

**Submission
No 47**

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Australian Services Union NSW & ACT (Services) Branch

Date Received: 22 December 2020



**Australian Services Union
NSW & ACT (Services) Branch**

ASU Submission

Inquiry into Child Protection and Social Services System

**General Purpose Standing Committee
Children and Young People**

Organisation: Australian Services Union NSW & ACT
(Services) Branch
Address: Level 1, 39-47 Renwick Street
Redfern NSW 2016
Phone: 02 9310 4000
Email: [REDACTED]
Date: 22 December 2020

The ASU and Our Members

The Australian Services Union NSW & ACT (Services) Branch (the “ASU”) represents workers in the social and community services sector throughout NSW. We have members in almost every metropolitan, regional, rural and remote community across the state. Of specific relevance to this Inquiry, the ASU represents workers who are employed in the following areas:

- Youth and child protection
- Out-of-home care
- Refuges for women, children, families, young people and men
- Homelessness, housing and tenancy services
- Family support services
- Disability services
- Health and mental health
- Alcohol, gambling and other drugs of addiction and rehabilitation
- Aged care
- Rape, domestic and family violence
- Aboriginal services
- Migrant and settlement services
- Prisoner rehabilitation
- Community Legal Services
- Community and neighbourhood services
- Policy and advocacy services
- Community transport

ASU members are highly skilled practitioners. They hold qualifications in law, psychology, management, social sciences, welfare work, disability work, social work, youth work, child protection, aged care and community work, mental health, drugs and alcohol counselling, and a long list of other specialist qualifications. Our members also include clergy of many faiths.

ASU members work to protect vulnerable babies, children, young people and families in their own homes, in out-of-home care, in refuges and after-care. Our members also work to protect those same people when they are homeless, living in cars, on the streets, ‘couch surfing’, and in other dangerous circumstances. Our members provide casework, crisis intervention, referral, financial and other support for individuals of all ages and families experiencing poverty, isolation and homelessness, gambling, drug and alcohol addictions, disabilities, mental health issues, overwhelming legal and financial problems, very young parents and those who are refugees or have other settlement issues. They work with children and young people who are experiencing or escaping violence and those who are trying to deal with their cultural or sexual identity.

The abuse, neglect and harm of children and young people is a social and public health problem in Australia. It is also a children’s rights issue. Child abuse and neglect may lead to a wide range of adverse consequences for children and adolescents. These include physical health problems, trauma and psychological problems, learning and developmental problems, behavioural problems, mental health problems, youth suicide, eating disorders, drug and alcohol abuse, aggression, violence and criminal activity, unplanned teenage pregnancy, homelessness, and death.¹ Australian and international research of risk factors that may contribute to abuse, neglect and to poorer outcomes for children exposed to abuse and neglect include social and cultural factors such as, socio-economic disadvantage and social isolation; as well as individual factors such as, whether the parent or child may have an addiction, physical or mental health issues. Key risk factors for abuse, neglect, and harm of children and young people are²:

¹ National Child Protection Clearinghouse. *Email Effects Of Child Abuse And Neglect For Children And Adolescents*. Melbourne: Australian Institute of Family Studies; 2010: 1-7.

² Australian Institute of Family Studies and US Centre for Disease Prevention and Control, June 2016

Individual Risk Factors:

- Children younger than 4 years of age.
- Special needs that may increase caregiver burden.
- Disabilities.
- Mental health issues.
- Chronic physical illness.
- Lack of parenting skills and experience.
- Parents' history of child maltreatment.
- Substance abuse and/or mental health issues including depression in the family.
- Parental characteristics such as young age, low education, single parenthood, a large number of dependent children, and low income.
- Unstable and transient caregivers.

Family Risk Factors:

- Social isolation.
- Family disorganisation and dissolution.
- Family violence, including intimate partner violence.
- Parenting stress, poor parent-child relationships and negative interactions.

Community Risk Factors:

- Community violence.
- Concentrated neighbourhood disadvantage.
- Poverty.
- Residential instability.
- Unemployment.
- Poor social connections.

ASU members work in all of these areas of key risk. This paper will therefore address these major risk factors in terms of both available research and the specific experience of our members. All of the workers, agencies and services to which we refer in this submission are government-funded. Some are dealing with extremely dangerous people and situations. At their request, and for these reasons we have de-identified individual workers and organisations in some instances.

Committee Reference 6: The adequacy of funding for prevention and early intervention services

The Department of Communities and Justice (DCJ) provides services across three key areas:

- Prevention and early intervention.
- Child protection.
- Out-of-home care.

DCJ also funds family and domestic violence services, housing and homelessness services, youth justice services, services specifically targeted at individuals, families, and communities, targeted programs for First Nations peoples, and people from culturally and linguistically diverse backgrounds.

Targeted Earlier Intervention Program (TEIP)

The Targeted Earlier Intervention Program combines five separately funded programs designed to provide support to children, young people, families and communities experiencing, or at risk of vulnerability. The program includes:

- Aboriginal Child, Youth, and Family Strategy.
- Child, Youth, and Family Support.
- Community Builders.
- Families NSW.
- Getting It Together.

Most NSW child protection services have some elements of the TEIP program funding. Some services are entirely dependent upon this funding. Other DCJ programs are also critical components of the state government-funded service system, providing services to different client groups, families, and communities at risk. These include funding for youth justice, housing and homelessness services, and specific programs for culturally and linguistically diverse communities, and First Nations communities.

The ASU represents workers throughout the state who deliver programs under all TEIP programs.

Examples of Services Delivering TEIP Programs

Liverpool Women's Resource Centre:

The Centre has been operating for more than 30 years and is almost entirely funded through TEIP. Clients are drawn from the Liverpool Local Government Area, including:

- Children from CALD backgrounds.
- Indigenous women and children.
- Women and children escaping family violence.
- Women and children with post-traumatic stress issues related to domestic violence.
- Mothers with drug and alcohol-related issues.
- Women and children in poverty.
- Children who are in foster or other non-parent family care.
- Women and children with mental health, behaviour, and physical disability issues.

Services include information, referral, support, outreach, and crisis counselling.

- *Help Line*: Specialist referral and support for women with young children in relation to domestic violence, family law, financial and budget advice, and crisis intervention when necessary.

- *Drop-in service*: For women and children at risk or in crisis – providing an immediate place of safety, referral to specialist services (drug & alcohol, mental health, accommodation, medical, police etc.), and intervention where necessary.
- *Brokerage*: A small amount of money is raised in the local community to assist women and children in crisis. There is also assistance with food hampers, transport and DV support needs to name a few.
- *Aboriginal Women's Support group*: Reinforcing cultural skills and esteem, sharing and teaching personal experience, skills and strength, building self-esteem and providing an opportunity for ongoing support and monitoring of wellbeing so that intervention and/or referral can be provided where necessary.
- *Creative Kids*: After-school project for children at risk or from families at risk.
- *Aboriginal Women's Community Kitchen*: Sharing and teaching healthy cooking skills, building self-esteem, and providing an opportunity for ongoing support and monitoring of wellbeing so that intervention and/or referral can be provided where necessary.
- *Grow well workshops*: Sharing and teaching small area vegetable and other gardening skills, building self-esteem and providing an opportunity for ongoing support and monitoring of wellbeing so that intervention and/or referral can be provided where necessary.
- The Liverpool Women's Resource Centre also partners with other agencies such as Western Sydney University to provide practical experience and training to social work and other students. It has a successful partnership with several local schools and other community-based groups and agencies to provide domestic and family violence education programs.

The Deli Women and Children's Centre:

Clients are drawn from:

- At least 50 different cultural groups.
- Local First Nations families.
- More than 50% are sole parents.
- A Significant number of clients who suffer mental health and drug & alcohol issues related to long term domestic violence and complex trauma.
- Individuals and families living in poverty.

Provides specialist domestic and family violence services including:

- Specialist Counselling and casework for women and children who are victims of domestic violence.
- Supported playgroups for families who may be experiencing domestic violence.
- One-on-one parenting support (specialist casework and support).

Partnerships with other local specialist services to provide:

- Drug & alcohol and mental health rehabilitation programs to provide specialist intervention and support for women and children who are victims of domestic violence.
- Positive parenting groups and young parents support groups – partnering with local Indigenous services and Sydney Children's Hospital.
- Outreach services - local Indigenous women experiencing domestic violence.
- Community education programs at local high schools and TAFE around developing positive relationships, supporting someone who is experiencing abuse, etc.
- Professional Development for health care professionals, e.g. Prince of Wales Hospital, GPs and Allied Health Professionals (recognising and working with victims of domestic violence and their children).

What our members say:

Nikki, manager of a service for women and children living with violence in South West Sydney, says: *'Without TEIP funding the service would close. There is no similar program anywhere in this area. There is no other way to put it – there is nowhere else for them to go. These are some of the most vulnerable people in our community - the reality is that if we weren't here the women and children who use our service would be in a hospital, in a gaol, or in care – at worse they will be in the morgue.'*

Victoria, manager at an Eastern suburbs service for women and children living with violence, says: *'Our funding is used to provide immediate services to women and children who are often in crisis, escaping a violent household. These are extremely vulnerable people who don't have the personal or physical resources to protect themselves and their children. We help them to do that, and we help them to rebuild their lives and their families. Without funding, we could not provide these services and we could not do the very important professional development work that we do.'*

Lyn, manager at a regional outreach service for families at risk says: *'What families usually need in crisis situations is a caseworker to support them, set goals, and then navigate the various departments and organisations they need to deal with to get help for themselves and their children. Brighter Futures caseworkers are able to provide this case management. Domestic violence is commonly involved and the DV services are currently stretched beyond capacity to provide the long-term support that is needed for a woman to make the changes that are needed to leave a DV relationship.'*

Consistently ASU members have told us that it is vital for workers and organisations in the child protection sector to work collaboratively, to build strong networks and relationships as the best means of ensuring good outcomes for their clients, and best practice among practitioners.

What our members say:

Lyn says: *'DCJ Child Protection staff vary in their approach with some being very willing to work with community partners to support families and allow them to determine the direction of their case plan, whereas others seem very inclined to remove quite quickly.'*

Kim, with more than 20 years' experience in the field of child protection, now manager of a regional child protection service, says: *'Protecting children and young people is multi-layered. It is very complex. To be effective, a child protection worker has to work holistically. Organisations in the area of child protection often work in partnership with other NGOs and government organisations.'*

Anna, an experienced psychologist in a large faith-based child protection organisation, says: *'I think one of the issues is that DCJ caseworkers come from many different disciplines, not just the social sciences and are then trained 'in-house'. This means that they don't necessarily have the same foundations to their practice as other community service workers. DCJ caseworkers also attend ongoing training in-house which means that they don't meet professionally, attend conferences or professional development with any other workers in the field. This means, in effect that they are working in isolation, don't build up relationships with other workers or agencies in the sector, or have their practice or ideas challenged.'*

Sector Reform and the Impact of the COVID-19 Pandemic

Currently, there is sector reform across all funding areas impacting child protection services. These reforms include TEIP, mental health, drug and alcohol and out-of-home care programs, specialist homelessness services, and family violence services. Beginning at the end of a Summer of natural disasters, it is likely that the current health crisis will overlap with the commencement of the next fire season in NSW. As we have learned from the recent bush

fires and floods, disaster does not end the day the fires go out, or the last positive COVID-19 test is recorded. The recovery period takes many months of rebuilding fractured lives and communities. The injury and pain for many go beyond fire or lung damage.

As the impact of the current pandemic affects our entire community, we must acknowledge that many communities are also dealing with the trauma and dislocation of months of ongoing drought, fires, smoke, and in some instances flooding. There is ample and growing evidence of increased family violence, particularly directed towards children. The current pandemic has amplified victims' risk of violence where they are now forced to stay at home from work, school and childcare with perpetrators of violence. Residential and rehabilitation programs have been largely closed, meaning those affected by drugs and alcohol have been forced to return to their homes, further exposing their families to drug and/or alcohol-fuelled violence. In many homes, there are now people experiencing violence for the first time as they confront unemployment, homelessness, social dislocation and poverty arising from natural disasters, compounded by enforced social isolation during the current pandemic.

In this context, our members confirm research that reports:

- There has never been a higher risk of escalated violence in those families where there is already violence.
- There has never been a higher risk of new violence and sexual assault, particularly directed toward children.
- There has never been a higher risk of unemployment, poverty, homelessness, drug and alcohol abuse.
- There has never been more pressure on those services and professionals relied upon to deliver essential and life-saving services to children and families living with violence.
- There have never been greater barriers to accessing essential services for our most vulnerable children and families.
- There has never been a higher level of social and community dislocation, particularly in regional communities.
- Organisations have closed services or are barely managing to continue operating, particularly in regional communities impacted by natural disasters in addition to the current pandemic.
- Escaping from violence is almost impossible as refuges, childcare, community centres, and other means of escape are overwhelmed or closed, particularly in regional communities.

For many services, trying to deal with the impact of natural disasters, a pandemic and a recession, the idea of sector reform is overwhelming. In view of these circumstances, the ASU recommends a postponement of any sector reform during the current period of crisis. A twelve-month postponement in the commencement of new contracts would acknowledge the work that has been done already, would not impose any additional cost on government or any service and would provide stability to the sector. It would:

- Allow existing services to continue in the community, providing frightened and vulnerable people access to their usual network of services and professional supports.
- Provide current services time to develop the skills and infrastructure to respond to the current pandemic and the recovery from recent and ongoing natural disasters.
- Retain existing networks amongst personnel, agencies, and organisations, providing the best possible access to services for the most vulnerable in our community.
- Allow all services to focus upon vulnerable clients rather than procurement, redundancies, closing services, and trying to refer highly vulnerable clients and children at risk to new services.
- Mitigate against inevitable job losses in the sector associated with sector reform and the current recession.
- Allow successful tenderers to recruit and train new staff.

- Allow successful tenderers to seek new premises, renovate and procure equipment. This will assist in the recovery from COVID-19 by generating economic stimulus across the state.
 - Renovation and equipment procurement has been almost impossible as many areas seek to rebuild communities destroyed by fire, flood and other disasters/ Compounded by the current pandemic, finding new accommodation, purchasing even basic office products, and finding tradespeople prepared to visit, quote and complete essential renovations has been difficult

What our members say:

Melinda is the coordinator of a community services hub in Southern Sydney: *'Most of us are still working from home. We've been trying to learn how to use the new data exchange and other systems on top of everything else. We just don't have the expert staff to deal with these things – even though we're trying really hard. I'm finding this really overwhelming.'*

Kate coordinates a youth outreach program in the Sutherland area: *'Trying to keep our services running is more than a full-time job at the moment. We have desperate young people with nowhere else to go. They're in and out of school because of the pandemic, they're not safe at home and they know they're not going to find a job during the recession. Most of the jobs they could have looked at are gone – hospitality, cleaning etc. I just feel like giving up when they call and say my paperwork isn't right.'*

Lucas is the CEO of a service for the CALD community in the Inner West: *'Federal funding is no longer available for a large part of the work that we do. TEIP funding will mean big changes. We don't fit into any of the categories that used to fund us. Unemployment is a massive problem in this area. We know what that means for children at risk. We'll work it out. But there will be job losses and some programs will close.'*

Julia is a senior manager of a service for First Nations families in the Northern Rivers area: *'Unemployment is always higher here, but it is through the roof now. There is funding under TEIP but it's hard to work out how to access the new systems when there are all these other things going on. It's just impossible to fit everything in. Domestic violence is a hard one because there are so many changes to funding now – new areas, different services, people are changing at all the services, and no one is sure how long their funding will last – too many changes all at once.'*

Impact of Competitive Tendering on Services for Children and Young People at Risk

Without any doubt at all, the overwhelming concern in relation to funding across the social and community services sector is competitive tendering. Funding for community services comes from three main sources:

- State funding.
- Federal funding.
- Federal-State Partnership Agreements.

The largest component in all community sector funding grants is always labour costs. For most not-for-profit organisations this is around 70% - 80% of the total value of the tender. Since the 1990s, funding at all levels of government has been based upon 'competitive tendering'. This has resulted in organisations competing against each other to win government funding. As organisations race to have the lowest cost in this tender race, inevitably, they have tried to cut everything they can out of the labour costs, because this is the most costly part of their tender.

Competitive tendering favours larger, established and for-profit organisations that have more staff and resources to devote to tender writing. In fact, some larger organisations now employ full-time tender writers and even smaller organisations often pay to employ professional tender writers when important tenders are due. This squeezes out smaller organisations and 'niche'

organisations that respond to specific community needs. For example, a small child protection service in a First Nations community in far Western NSW is likely to have very different needs and resources to a well-established, faith-based child protection organization in Sydney's Inner West. Neither is more or less important. Neither community is more or less in need of services and community development. However, both organisations are clearly very different in terms of resources and how they are able to deal with a competitive 'template' tender process upon which each will rely for essential funding. In addition to the obstacles created for smaller organisations, this approach to competitive tendering also tends to create a one-size-fits-all sector that does not address the needs of communities, especially people and communities that do not 'fit' the template nature of modern tenders.

Impact on the Workforce

Federal and State governments argue that competitive tendering and individual contracts, which are the preferred model of employment for current federal and state governments and for-profit organisations – encourage 'efficiency', and claim that the 'best' will win tenders, leading to improvement in service quality by providing users with 'choice' about the services they access. The reality is that competitive tendering has led to a downward pressure community sector funding, particularly on labour costs. There has been an increase in the 'on-demand' workforce, employed on insecure and fixed-term employment contracts. Competitive tendering has directly led to:

- A significant proportion of employees in the sector being engaged on a part-time and/or casual basis.
- A significant proportion of employees being engaged on temporary contracts.
- Limited or no access to paid overtime.
- High turnover of employees leading to very limited access to long service leave.
- Low wages meaning limited accumulation of superannuation benefits.
- High levels of unpaid work.
- Little or no training, or employees undertaking unpaid training in the employees' own time.
- Little or no professional (clinical) supervision.
- Little or no non-work support (training leave, Paid Parental Leave, Family and Domestic Violence Leave, COVID leave etc).
- Little or no end-of-employment support (redundancy, outplacement etc).

In response to this deteriorating funding situation arising from competitive tendering, we propose that all government tenders should be based upon a floor price, below which no tender can be lodged. This would mean that rather than a 'race to the bottom' by community sector organisations competing for vital funds by cutting back on essential workforce expenses, all tenders would be required to include funding provision for basic standards. As we continue to struggle through a pandemic and global recession, this new price floor will provide organisations and their employees, who are themselves helping vulnerable people and communities to survive and rebuild, with job security, protection when they are ill, injured or their employment is ended. A price floor for government funding will encourage workers in the sector to develop a career, and so support workforce development, sector stability and enable a better trained and qualified workforce.

A floor price below which no organisation can tender will encourage organisations in the sector to collaborate and share resources, working together rather than against each other in an endless competitive spiral downwards. This approach is, therefore, also in the best interests of vulnerable clients and communities. We propose a model floor price, based upon six elements:

1. Wages cannot be lower than Federal Award (SCHADS Award) rates including:
 - ERO increases.
 - Correct classification.
 - Allowances.

- Penalties and loadings.
- 2. Provision will be made in the price for time not worked including:
 - Workers compensation.
 - Annual leave, including five weeks annual leave for shift workers.
 - Personal leave.
 - Long service leave.
 - Paid Parental Leave.
 - Paid family and domestic violence leave.
- 3. Adequate overhead costs including:
 - Provisions for an adequate supervision ratio depending on the nature of service.
 - Professional (clinical) supervision.
 - Provisions for onboarding of staff – induction, buddy shifts.
 - Provisions for regular team meetings.
 - Provisions for ongoing professional development and training – including covering the cost and time of attaining any qualification requirement of the program (e.g. Diploma qualification for therapeutic care workers in out-of-home care services).
 - Provisions for Workplace Health and Safety Representatives at a reasonable ratio to be trained and perform their work in accordance with NSW legislation.
 - Provisions for funding services in rural, regional, and remote area that take into account the additional cost of operating in geographically isolated communities.
- 4. End of contract considerations including:
 - Redundancy and notice requirements in case of contracts not being renewed.
 - Outplacement services.
- 5. Continuity of service provisions:
 - Price should be modelled on maximising permanent employment (Full-time and Part-time) rather than casual or fixed-term contracts or rolling contracts.
- 6. Providers required to comply with Industrial Law:
 - Requirement to consent to arbitration in contracts.
 - Capacity for disputes to be raised with Communities and Justice if Industrial entitlements are not provided.

It is with great concern that we point to international literature on competitive tendering and the marketisation of child protection services, homelessness services, mental health services and disability services in the UK. These include frightening examples of the destruction of services and neglect of the most vulnerable in their community under this regime. There are increasing reports and examples of exploitation and diminishing wages and conditions for casual workers, and so-called 'platform' or 'gig economy' workers. Alarming, these reports extend to the community services sector. Some examples have been reported by the current Royal Commissions into Aged Services and the Disability Sector.³ There are also examples of specialist workers in these sectors being paid on zero-hour contracts and billable hours, based upon one-minute increments. This international evidence provides a very clear warning about the marketisation of social and community services, which is, of course, competitive tendering taken to its logical and terrible conclusion.⁴

³ <https://agedcare.royalcommission.gov.au/system/files/2020-08/RCD.9999.0460.0008.pdf> and <https://www.abc.net.au/news/story-streams/disability-royal-commission/>

⁴ http://www.socialenterprise.org.uk/uploads/files/2012/12/the_shadow_state_3_dec1.pdf

What our members say:

Nikki, coordinator of a child protection and family violence service in South West Sydney: *'We desperately need specialist services for women who are escaping violence. What I have seen is the breakdown of cooperation and support that used to exist. Services are now competing for what was always a very small pot of funds for women's refuge and support services. What makes things worse now is that instead of working together to share what few resources were available; workers are now competing for funds – so they compete for everything and don't share at all. This has been a devastating change to workers in this sector and of course, it impacts very badly on our clients. We simply can't have that happen again in the TEIP reform process.'*

Jo is an outreach worker at a family and domestic violence service in Western Sydney: *'Workers at our service and in partner organisations are already very anxious about what will be the impact of the TEIP reforms. We saw what happened with Going Home Staying Home. While we did not lose our own funding, our partners were devastated. We rely heavily on these partnerships to provide the network of services that are needed to support women and children escaping violence. These are always complex issues and so they need an integrated response from a team of specialist community services.'*

Victoria, manager of a Sydney metropolitan specialist service for women and children at risk says: *'There appears to be a lack of recognition of the very specialised nature of providing DV services. Dealing with family violence requires very specialist skills within a longer-term, trauma-based framework. These highly skilled workers also need professional clinical supervision because they themselves are vulnerable to vicarious trauma as a result of the issues they are dealing with every day. One of the fears we have is that the proposed reforms to TEIP will make this situation worse. In addition to the loss of these services, I have to say that the changes have impacted very badly on professionals in the sector. Domestic violence is not the same as any other area of work – constantly working with women and children in crisis leads to vicarious trauma in counsellors. We need specialist support and professional development if we are to maintain professional standards of service delivery. Our service has a reputation for providing the world's best practice standards because as the manager, I invest heavily in making sure that our team is well trained and well supported. Breaking down the relationships between services and forcing them to be preoccupied with tender applications means that we are being side-tracked from what we need to do to build our team, our service and our community.'*

Norma, CEO of a large regional community-based organisation, which delivers out-of-home care and other youth homelessness programs, says: *'Out of home care relies heavily on the relationships that we build up with other community-based organisations. Local community services are best placed to understand their local communities and know how to respond to local needs, initiate support and innovate. Competitive tendering is extremely time-consuming for those of us who must write the tenders. It also interferes with and interrupts relationships with other services and organisations that have often developed over many years, so it is not a good use of our limited resources.'*

Peter, a policy officer with a regional out-of-home care provider says: *'Competitive tendering is not delivering the best outcomes. Corporate players that are now entering the human services sector are in a position to pay for professional tender writers. Often, they have little or no experience in the field. They have no real idea of how much it costs to deliver a professional service. They employ professionals to write a winning tender and that is what they do. Often, they underestimate the cost-of-service delivery to keep their price down. This means that they win the tender to deliver a very specialist service to an extremely vulnerable group of people – but there isn't enough money to do the job properly. Unfortunately, experienced services, that are often very good at what they do, may miss out on tenders because they tender at the right price and they can't compete with the professional tender writers and their undercutting tender price. This is not a good way to deliver services. It is not a good way to maintain standards. Key performance indicators in human services can't just be about comparing bottom lines.'*

Norma, CEO says: *‘There is already a very high level of compliance requirements, accountability, administration, data collection and accreditation required of out-of-home-care services. There is now some discussion about introducing an additional quality assurance scheme. This will not reduce the number of children who are at risk and will not improve the quality of service as it will only serve to increase the administrative burden. The high-level compliance regime and contract management coupled with the accreditation status should mean the Department has adequate information to determine funding distribution when programs are due to be re-offered. Services that are not delivering should be firstly supported and assisted. If that does not assist, then they should be performance managed rather than be defunded through a competitive tendering process. The reliance on competitive tendering and the results are often disruptive to the community, interfering with the continuity of service for vulnerable children and their families.’*

FAMS, the state peak body representing family and child protection workers, say⁵: *‘The competitive tendering process can undermine relationships between organisations and frustrate cooperation. There can be no argument that NGOs must be viable in order to continue providing quality services to vulnerable children and families. But that must be balanced with the need for place-based services, accessible and trusted within their local community, with specialist expertise and local knowledge. FAMS accepts that there must be a level of contestability within the procurement process to ensure that those NGOs best placed to deliver a quality service are funded. However, FAMS strongly opposes a blanket competitive tendering process.’*

Within funding contracts, FAMS strongly suggests that NGOs should be supported to develop projects that focus on building relationships and developing innovative ways to work together using a cross-sector approach. This could involve developing resources for learning and engagement opportunities to bridge the gaps in service delivery and create a well informed and educated multi-disciplinary service system. This could also include funding for partnership building. Currently, funding does not reflect the time required to network and build connections, establish and form partnerships, cultivate solid governance arrangements, develop shared measurement systems and engage in real coordination and planning focused on outcomes for families and children. Ultimately, this work should contribute to a better functioning service system but requires investment, time and resources to do it well.’

Recommendations

1. The ASU supports funding based upon a minimum ‘floor price’, underpinned by a six-plank model detailed in this submission for all tenders in the community services sector
2. The ASU opposes competitive tendering for community services
3. The ASU supports sustainable funding cycles of 5-year service agreements.
4. The ASU is committed to agreed and planned indexation of community and social services funding, in addition to funding to fully fund the Equal Remuneration Order (ERO) pay increases for employees in the community services sector.

⁵ FAMS 2016

Committee Reference 8 – any other related matter

Understanding the risk and protective factors for child abuse and neglect is important for developing effective prevention interventions for vulnerable families. Although child protection authorities use specific risk assessment instruments to determine if a child is at risk of maltreatment, it is beneficial for all professionals who work with families to have a broad, general understanding of the factors that may place children at risk of harm, the factors that can protect them from harm, and how these risk and protective factors tend to interact.⁶

“Women, children [and young people] who are of a minority identity may experience unique forms of family violence as it often takes place in the context of social and economic marginalisation that isn't experienced by mainstream women and children. Domestic violence in minority [and marginalised] communities often takes place against the backdrop of social and economic marginalisation.”⁷ Marginalised communities in the Australian context include children and young people who live in poverty, are homeless, those who live in Aboriginal and Torres Strait Islander (ATSIC) communities, rural and remote communities, culturally and linguistically diverse (CALD) communities, families living with a disability, and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning (LGBTIQ+) communities.

Aboriginal and Torres Strait Islander Children and Young People

What our members say:

Kim, the manager of a regional child protection service in NSW, says: *‘We work in an area with a relatively high number of Aboriginal families. I’m not sure why it is the case, but it seems that DCJ officers are more likely to closely monitor Aboriginal parents where a child has been notified as being at risk and they are also more likely to remove a child – and remove them sooner if there is an Aboriginal parent. I would say that this is a common experience across organisations in this region.’*

Aboriginal children (and young people) are the most vulnerable group of children in Australia. In New South Wales, Aboriginal children and young people are significantly over-represented in the child protection system. Aboriginal children are seven times more likely as non-Aboriginal children to be the subject of a substantiated report of harm/risk of harm.⁸ Linking families with support services to assist parents to care for their children is the least intrusive intervention and can provide parents with the assistance they require to ensure the children can remain safely with the family. Socio-economic disadvantage can often exacerbate risks that may lead to children being at risk of harm. Strengths-based intervention can assist families to reduce risk factors and build on protective factors with support services to ensure that children are not at greater risk of harm due to preventable factors such as economic disadvantage.⁹ In this context, it is of great concern that there have been no real funding improvements announced in the 2020-21 federal budget.

In its report, *Access to Justice Arrangements*¹⁰, the Productivity Commission specifically deals with violence against children and young people and points to the need for the Aboriginal Legal Service (ALS) and Family Violence Prevention Legal Services to be urgently funded as a means of dealing with violence.

⁶ Australian Institute of Family Studies: CFCA Resource Sheet— March 2013

⁷ DVVIC – the Victorian peak body for women and children experiencing domestic and family violence

⁸ Goldsworthy, Kathryn, ‘Child Protection and Aboriginal and Torres Strait Islander children’, September 2015, Australian Institute of Family Studies, Australia, < <https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>>.

⁹ Aboriginal Legal Service 2016

¹⁰ *Productivity Commission Access to Justice Arrangements No 72 2014*

What our members say:

Julia, who chairs a specialist Aboriginal family violence service in regional NSW said: *'Funding non-Aboriginal organisations to deliver child protection services to Aboriginal communities is demonstrably a failure. The high rate of removal of children and placement of children in long term out-of-home care has been damaging to children and young people, their families and communities, as well as to the relationship between Aboriginal Australians and government departments.'*

Recommendations

1. Greater investment in culturally appropriate, Aboriginal community-controlled early intervention services in the area of child protection. Such services are integral to both reducing the rates at which Aboriginal children are entering out-of-home care, and in effecting the successful restoration of children to the care of their families or those children already within the out-of-home care system.
2. There needs to be a recruitment of Indigenous staff who understand first-hand the lived experiences of Aboriginal Australians and who are able to engage with cultural competency. This needs to be a strategic priority for Family and Community Services. Likewise, investment in adequate training to build cultural competency within the child protection workforce remains an area in need of better resourcing.
3. Research and evidence support Aboriginal controlled services as having a far greater capacity to effectively engage Aboriginal children and families. On this basis, there should be greater investment in Aboriginal intensive family-based services. It is important that whilst these services operate on behalf of government agencies, that they are seen to be operating independently of those government departments. These services are focussed on prevention and would reduce the currently high level of removal of children and young people in NSW.
4. Regular consultation with specialist Aboriginal services and identified community leaders about culturally appropriate responses to family violence.
5. Resourcing of specialist Aboriginal services and identified community leaders to establish a 'safe place' for addressing violence from a community health and legal perspective.¹¹
6. The ASU supports the recommendation of the Productivity Commission, ACLC, and the ALS for an urgent injection of funding to enable the ALS to continue to function and to expand its services in rural and regional NSW, and to include additional specialist family violence workers.

Children and Young People with Disabilities

What our members say:

Tilly is an experienced program manager with a large regional out-of-home care provider. Her clients are aged 0 – 17 years: *'Many children and young people have no voice – they are either not able to communicate or they are not believed when they say something – both because they are children and because they have a disability. The changes that have happened in this sector through competitive tendering have meant that there has been a lack of continuity, a lack of consistency and a breakdown in the relationships and networks that allow children and young people to develop trust and a relationship with people who will trust what they say.'*

Findings of a Victorian Inquiry which focused on the impact of the new National Disability Insurance Scheme (NDIS) were published in 2015. That report's findings have been echoed in the current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Both report a high incidence of violence against women and children with disabilities. It is extensive and of a pervasive nature. Yet, there has been a profound silence

¹¹ NSW Women's Alliance July 2016

around the experiences of violence among women with disabilities. Compared to women and children without disabilities, women and children with disabilities are more likely to experience violence and for more extended periods of time.¹² Issues for [women and] children with disabilities have largely been excluded from most generic policies and responses to the issue of family violence. Women and children with disabilities have historically been largely invisible in both the disability and women's movements. These factors combine to produce a situation where women and children with disabilities can experience extreme marginalisation and consequently are at increased risks of violence.¹³

The Victorian Report and the Royal Commission have started to investigate why abuse among this client group is not reported or acted upon, as well as the best practice in preventing, identifying, and responding to abuse. The powers and processes of investigation and oversight bodies are also within the ambit of these inquiries. They have both provided testimonies and personal stories of the abuse of people with disability, their carers, and families. These devastating accounts provide substantive evidence of the widespread nature of sexual and physical assault, verbal abuse, financial abuse, and neglect that have occurred across the disability sector, and continue to occur. There is clear and compelling evidence that children and young people with a disability are at substantially higher risk of violence and neglect than those who do not have a disability. This risk is magnified where other risk factors exist, such as poverty (often due to dependence upon statutory benefits), homelessness and inappropriate housing, isolation, lack of access to community-based support services etc.

Recommendations

It is of great concern that there was no new funding in the most recent state or federal budgets for disability advocates. The ASU recommends:

1. Long term, sustainable funding for disability advocates.
2. Long term, sustainable funding for disability appropriate, affordable housing initiatives.
3. Funding for community-based support services for families with children and young people with a disability who are leaving violence.
4. Funding for specialist affordable housing for (usually) mothers with children or young people with a disability who are transitioning to the community after leaving violence.
5. Awareness training for all health care professionals, educators, and social and community service workers in the specific needs of children and young people with a disability. This enables indicators of risk to be recognised, communication facilitated and access to specialist resources made available.

Children and Young People who are Geographically Isolated

There is a tendency to overlook the diversity within and between regional communities and to view them as a homogenous group. Without understanding the unique characteristics of a rural environment, it is impossible to respond appropriately and fully to women and children in these communities who experience family violence.¹⁴ Women, children and young people living in rural and regional areas are sometimes at great distances from support services. Physical isolation means that they may have no social supports around them. Families may live a distance from the nearest available childcare or other community supports, there may be few job opportunities and inadequate public transportation which can increase the vulnerability of families, children and young people in rural and regional areas to family violence. Children and young people are also particularly susceptible to social isolation and financial control in regional, rural and remote areas.

Factors compounding difficulties for children and young people in rural, regional and remote areas include:

¹² <https://disability.royalcommission.gov.au/news-and-media/media-releases/royal-commission-details-violence-abuse-neglect-and-exploitation-people-disability-interim-report>

¹³ http://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/58th/Abuse_in_disability_services/F_CDC_58-02_Abuse_in_disability_services_-_Final_report.pdf

¹⁴ DV Victoria and Rural Women Victoria

- Geographic isolation.
- A lack of public transport.
- A lack of telecommunication technology and infrastructure.
- A lack of crisis accommodation and other services.
- A lack of financial support.
- Fears of breaches of confidentiality if family violence is disclosed.

After more than twelve months of natural disasters impacting regional areas in particular, and now a pandemic and recession, people in many rural, remote and regional areas are struggling. Many of our members have been living and working in their communities through a series of disasters stretching back for twelve months, since the commencement of an early NSW bushfire season in 2019. In addition to often dealing their own trauma and loss, they have been working with vulnerable families and particularly with children who have been completely overwhelmed by months of drought, fires and smoke, then often floods and now a pandemic. Highly vulnerable individuals and families in regional NSW have been living with personal trauma, family dislocation, community disruption and economic devastation for nearly twelve months.

The effects of trauma can be far-reaching, potentially limiting people's ability to return to work in the same role at the same capacity as before their traumatic experience. This is particularly the case where a person has lived through multiple bushfire events in their lifetime, which is a hallmark of many people's experience in regional NSW. A further issue is that for many people who have survived the fires, they have not only lost their home and community but are likely to have also lost their usual job or source of income during the bushfire, which can have an exponentially demoralising effect on their ability to find new employment.

What our members say:

Sue is an experienced case manager with an out-of-home provider in a rural area: *'There are times when I spend more than an hour just to take a child to a doctor. It will take me the whole day to drive to visit a family and take them to a service. This means that there is no way that I can give each of the families in my caseload the same quality of service that families in a metropolitan area would receive. We are funded for the same caseloads as workers in metropolitan areas. This is totally unrealistic and shows no understanding of the work that we are doing or the circumstances in which we are working.'*

Recommendations

1. The distances, lack of public transport and other physical obstacles that exist in rural, regional and remote communities mean that caseworkers, particularly those in out-of-home care spend large amounts of time transporting clients and their families. Better funding of specific community transport services in these communities would mean that specialist caseworkers' time could be better spent with those families. The funding model for community transport in these communities also needs to be addressed in order to properly reflect the distances and difficulties of providing transport.
2. Better funding for training and professional supervision for community sector workers already working in regional communities would also encourage new workers to enter the sector. This workforce development would provide sustainable, good quality jobs for regional communities and would allow essential infrastructure to be developed in those communities.
3. Fund services in rural, regional, and remote areas according to a floor price that will take into account the additional cost of operating child protection, homelessness, family violence and other critical services in geographically isolated communities.
4. Many foster carers and out-of-home care workers in rural, regional and remote communities care for high need children without the support that would be available to foster carers and out-of-home workers in metropolitan communities. In many instances it is months between face-to-face contact with DCJ, the Office of the Guardian or other

organisations for these carers and workers. Funding to support relationship-building between organisations and carers in rural, regional, and remote areas would allow for better support, accountability, and skills development, particularly with challenging children and young people.

5. In the same way that carers and workers in regional, remote, and rural communities do not have face-to-face contact with government agencies and others for long periods of time, they also lack access to regular training and upskilling. Additional funding for training that is accessible, including funding for accommodation and travel where necessary would be of great benefit.

Culturally and Linguistically Diverse (CALD) Children and Young People

What our members say:

Ernestine, from a CALD background and is the manager of a community-based migrant resources service in Western Sydney, says: *'CALD families are not more prone to violence. Their children and young people are not more at risk because they are not white Australians. They are more at risk because they are less likely to know their rights, less likely to know where to get help, and less likely to access services where that service is provided by someone who speaks their first language, where Anglo-service-providers may not understand the cultural taboos around talking about 'family' issues outside the family.'*

Families from culturally and linguistically diverse backgrounds face a range of complex issues. For children from culturally and linguistically diverse backgrounds, the effects of exposure to violence may be compounded by cultural differences from the mainstream community, increasing their sense of vulnerability and isolation.¹⁵ Children and young people from culturally and linguistically diverse backgrounds are particularly vulnerable to the effects of violence and face barriers in seeking assistance or disclosing their experience as they may:

- Be challenged by a limited understanding of English.
- Lack extended family and community support.
- Encounter difficulties in accessing legal and support services owing to language and cultural differences.
- Be unaware of their rights, and laws prohibiting family violence in Australia and relating to immigration.
- Lack knowledge of housing, income and support services designed to assist women, children and young people who experience family violence.
- Fear that reporting violence will compromise their future residency in Australia, or their entitlement to programs and services.
- Fear that their confidentiality will be breached by service providers.
- Originate from societies in which there are strong cultural prohibitions against children and young people talking about family issues outside of the family of the community.¹⁶

¹⁵ Kids Matter. (2012-13). Cultural diversity and children's wellbeing. This resource provides an overview of influences related to cultural diversity that may affect the social and emotional development and wellbeing of children from CALD backgrounds. The role of schools in supporting CALD families is also highlighted. Kaur, J. (JK Diversity Consultants). (2012). Cultural diversity and child protection. A review on the Australian research of the needs of CALD and refugee children and families. This paper reviews the available research literature on CALD and refugee families in the Australian Child Protection System.

¹⁶ Domestic Violence Victoria 2016

What our members say:

Kim, the manager of a community-based child protection program in regional NSW, says: *‘Organisations and individual workers in migrant and settlement services rely heavily upon each other. We recognise that we can’t possibly know everything about every culture and language group. We are based in local communities, so we develop strong local knowledge and strong local networks. Because we work closely together, we know who to call for advice and information so that we can provide information in a culturally sensitive and appropriate way. Unless you provide support that is genuinely accessible, what you do is irrelevant, and those children and young people continue to be at high risk of abuse or neglect. This means that they are also at risk of either being removed from their family or of going on the run – which of course means a new level of risk and danger.’*

Recommendations

1. Funding for the development of best practice responses to CALD communities in mainstream courts, legal, and other family violence services.
2. Recruitment of CALD staff who are bilingual or multilingual and understand first-hand the lived experiences of CALD Australians. Being able to engage with cultural competence needs to be a strategic priority for Family and Community Services.
3. Introduction of a Community Languages Allowance (CLA) in the community sector, similar to that which is in operation in the public sector.
4. Investment in adequate training to build cultural competency within the child protection workforce remains an area in need of better resourcing.
5. Regular consultation with specialist CALD services and identified community leaders about culturally appropriate responses to family violence.
6. Resourcing of specialist CALD services and identified community leaders to establish a ‘safe place’ for addressing issues around family violence and the rights of children.¹⁷
7. The ASU supports the recommendation of the Productivity Commission and ACLC for an urgent injection of funding to enable community legal centres to continue to function, and to expand their services in rural and regional NSW, to include additional specialist family violence workers who are from CALD communities, and have specialist training for dealing with CALD communities.
8. Investment in community education for parents and pre-school education for children and young people, providing information about children’s rights and how to access safe adults (such as school teachers, pre-school teachers, child care workers in after school programs, youth workers, community and neighbourhood centre workers etc.) to find assistance.
9. Develop programs with key community leaders (faith-based centres, community schools, sporting organisations, cultural groups etc.) to provide community education and strong community messages about children’s rights, how and where to seek assistance.
10. The State Government should support the ASU submission to the Award Modernisation process which seeks a Community Languages Allowance to be extended to community-based workers, similar to that which applies in the public sector.

Sexual Identity as an Isolating Impact on Children and Young People

Social isolation is a key risk factor for children and young people. While geographical, cultural, linguistic and Aboriginality can be sources of isolation, sexual identity can also be an isolating factor, particularly for young people, which can place them at risk when there is a hostile community even where no other risk factors exist. Around 10 per cent of young Australians experience same-sex attraction, most realising this around puberty. They may be more likely to experience bullying at school and/or greater difficulty connecting with others. In an Australian study, 61 per cent of young non-heterosexual people reported experiencing verbal

¹⁷ See also NSW Women’s Alliance 2016

abuse and 18 per cent reported physical abuse.¹⁸ Almost half of gay, lesbian, bisexual, trans and intersex (LGBTIQ+) people hide their sexuality or gender identity because they fear violence or discrimination, with young people aged 16 to 24 more likely to do so than any other age group.¹⁹ Young LGBTIQ+ people with a history of verbal, sexual and/or physical victimisation and abuse have higher levels of social and mental health problems than heterosexual young people – including sexual risk-taking, dangerous use of alcohol and drugs, dropping out of school, homelessness, self-harm and attempted suicide.²⁰

The Safe Schools Coalition was founded in Victoria and delivered with federal government funding in schools nationally, including in NSW from 2013. The program was designed in response to clear and compelling evidence-based research from Australia and internationally about the devastating and lasting impact of homophobic bullying of young people, particularly in schools, including the tragic suicides of some young people. It was supported by a range of community organisations and government agencies including the Family Planning Association, Beyond Blue, the Black Dog Institute, Twenty10, Q Line and others.

What our members say:

Matt is an experienced psychologist who works in a regional mental health program for a large faith-based organisation. Matt says: *'I am a gay man who grew up in a loving family in regional NSW. I knew I was gay at a young age, but I was not stereotypically gay – my family and other people did not know that I was gay. But I knew from the media and from what people, including my family members, said that it was wrong to be gay. This made me question myself – my identity. I heard and saw horrible things about gay people and felt that those horrible things were being said about me – it meant that there must be something wrong with me. This was really traumatic for me as a young person growing up. I saw people who were gay, or lesbian being bullied, and I was frightened. I felt unsafe and instead of concentrating on doing well at school, I was concentrating on protecting myself. I constantly felt unsafe and feared being stigmatised or bullied. Eventually, someone did find out at my high school that I was gay, and I was bullied. As a mental health care practitioner now, I find it amazing that governments do so little to address this problem. I'm a psychologist. I've done OK for myself. But the toll this sort of thing takes on you is real and it's horrible. I've seen some really tragic outcomes for young people as they develop.'*

There is clear evidence of the risk factors affecting young LGBTIQ+ people. It is an area that can and should be funded by government. However, both the NSW state and federal government budgets failed to commit any funds for LGBTIQ+ community organisations to deliver awareness-raising, education, advocacy, or inclusion training that could help prevent violence against LGBTIQ+ young people and mitigate against other risk factors, including early school leaving, homelessness, mental health problems, drug and alcohol abuse, street violence and ultimately – suicide. In our view, it is extremely short-sighted and damaging that the Safe Schools program was defunded. There remain children and young people throughout the state who are now at real risk without the benefit of this evidence-based and successful program.

Recommendations

1. There needs to be investment in specialist services to enable the delivery of awareness-raising campaigns, education, advocacy, and inclusivity training in all government agencies and non-government services dealing with children and young people at risk.

¹⁸ Beyond Blue at: <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>

¹⁹ William Leonard, Marian Pitts, Anne Mitchell, Anthony Lyons, Anthony Smith, Sunil Patel, Murray Couch and Anna Barrett. (2012). Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Monograph Series Number 86. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

²⁰ Beyond Blue at: <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>

2. There needs to be investment in specialist services to enable the delivery of awareness-raising campaigns, education, advocacy, and inclusivity training for all health care, social and community services and education professionals, including medical practitioners, psychologists, teachers etc.
3. The NSW Government should fund the Safe Schools project in NSW.
4. There needs to be investment in specialist crisis support and accommodation services for LGBTIQ+ young people who are experiencing or escaping violence.²¹
5. There needs to be an expansion and extension of 'Come As You Are' program funding through Headspace programs to provide for specialist LGBTIQ+ programs.
6. It is important to not pathologise LGBTIQ+ people and communities. Funding should be provided to high schools and community organisations to mainstream positive and creative opportunities for LGBTIQ+ young people to engage with mainstream services and social opportunities. These services also provide soft referral opportunities when conducted by trained professionals.
7. There needs to be a provision of specialist refuge and out-of-home care for young LGBTIQ+ people escaping violence.
8. The State Government should not proceed with mandatory Diseases testing legislation. It is an unjustifiable attack on the human rights and civil liberties of people, including children and young people, who may have specific vulnerabilities, and those who are most likely to be stigmatised. The inclusion of children between the ages of fourteen (14) and eighteen (18) years of age within the scope of the legislation is particularly egregious. People under the age of eighteen years should be excluded from the scope of the legislation. Medical evidence indicates the number of children at risk of infection in this age group being fewer than five (5) children in the past year. On any assessment of risk, the fact that minors are included in the proposed legislation is an overreach and unconscionable, inevitably impacting the mental health and criminalisation of children and young people who are already marginalised and at risk.

Impact of Poverty and Homelessness on Children and Young People

What our members say:

Lyn, the CEO of a Family Support Service in regional NSW said: *'Stable, secure and affordable housing is the biggest factor in giving a family the base needed to allow them to make connections with organisations and community groups, as well as specialist child protection services who can support them to break the cycles of poverty and disadvantage which are often at the base of child protection issues.'*

Even before the current pandemic, the NCOSS Poverty Report says: "Sydney has a higher rate of poverty than any capital city in Australia at 15% and thousands of people experience homelessness every night. More than half of low to middle-income families are experiencing housing stress, and this is a major driver of child poverty here in NSW".²² There are almost 900,000 people in NSW who are experiencing poverty today. More than one in five of those people are children. 13.8 per cent of children under the age of 15 are experiencing poverty – a rate higher than any other mainland state. Almost 1 in 6 children live in households below the poverty line.²³

International evidence consistently confirms that socio-economic disadvantage – poverty – is a major risk factor for abuse and neglect of children and young people in their family and community. It is a particularly potent indicator when combined with other factors, such as living in a rural or regional area, being from an Aboriginal or CALD community, having a disability or health problem, or being otherwise isolated. Poverty also means that those children and young people are also more likely to have health and behavioural problems, experience housing and food insecurity, and not achieve their full potential at school.

²¹ See also NSW Women's Alliance 2016

²² (NCOSS 2019).

²³ *ibid*

We know that Aboriginal people, people from CALD backgrounds, people with disability, people who are unemployed, people with mental health concerns, older people and young people are at greater risk of experiencing poverty and disadvantage. Homelessness Australia says that even before the current pandemic and recession: “Nationwide [homelessness] services are currently experiencing unprecedented demand, the affordable housing crisis has been well documented and there is currently no resolution to the failure of the recent Federal Budget to confirm payment of ERO funding or indexation to homelessness services, there is still no commitment on federal-state partnership funding beyond the last financial year. We must work towards scaling up our response to homelessness in Australia – reducing an already stretched service system with no investment in affordable housing is just not good enough. Services are at breaking point and communities across Australia will continue to see more and more people turned away from services and on the streets. We need some national leadership on ending homelessness.”²⁴

Recommendations

Lack of appropriate and affordable housing is a high indicator for children at risk and is a factor that can and should be addressed by government. The YFoundation says: “It is vital that all young people have access to a safe, supportive environment, which they identify with and feel a strong connection to. A stable home promotes growth and fosters positive development. A lack of housing affordability means that a having a stable place to live and develop a connection to is being put out of reach of many young people, especially those from a disadvantaged background.”²⁵

1. The NSW Government should support homelessness services in NSW by supporting a continuation of the federal-state partnership funding, which must be indexed, and include ERO funding so that front-line homelessness services can continue to provide essential housing and support services for people experiencing homelessness.
2. There appears to be no strategic plan or budget allocation for transitional housing for those families leaving refuge accommodation, women with children who are leaving refuge accommodation, or young people leaving out-of-home care in either the Federal or NSW state budgets. There is also no increased budget allocation in either the Federal or NSW state budget to long term, safe and sustainable affordable housing. A lack of affordable housing exacerbates the stress associated with poverty, disability, mental and physical health problems and addiction, as well as family violence.
3. Family violence is a key indicator for children and young people being at risk. Women who escape violence often have young children with them when they flee. The majority of domestic and family violence services and homelessness services in NSW are already substantially exceeding client targets,²⁶ yet there is no increase in resource allocation for responding to domestic and family violence indicated in the NSW Budget forward estimates. The NSW Government Budget has not committed any new money to government-funded refuges and frontline services that are the first responders for women, children, young people and families.
4. While we welcome the fact that there was no *decrease* in funding for family and domestic violence services in NSW, we are disappointed that there was also no increase in funding for the Staying Home Leaving Violence (SHLV) project. Australian and international evidence is consistent in confirming that children and young people are at higher risk of leaving school and leaving home when there is violence in their home. Similarly, we know that children are more likely to be removed and placed into out-of-home care when there is violence in their home. SHLV has been evaluated and found to be a highly successful way to keep non-violent members of a family together, which is widely regarded as the best way to mitigate or eliminate other risk factors.²⁷

²⁴ Dr Michael Coffey, Homelessness Australia, May 2016

²⁵ Chris Stone, YFoundations 2016

²⁶ NSW Women’s Alliance, July 2016

²⁷ *ibid*

Again, this is an identifiable and well-researched factor in reducing children and young people at risk. It can and should be addressed by government.

What our members say:

DV NSW and Women's Safety NSW are peak industry organisations for the family and domestic violence sector²⁸: Despite high rates of domestic and family violence in NSW, including increases in violence directly caused by COVID-19, politicians have failed to address the issue.

"Increases in funding to the domestic violence sector in the NSW budget were small and do not match the current need for services in the community. In our most recent survey with member services, 51% stated a need for more resources to ensure women experiencing violence and abuse, who have complex needs, can access specialist support. Despite earlier promises, there has been no new commitment to ensure adult and child victim-survivors can access the domestic and family violence case management support they need to achieve lasting safety and wellbeing. The NSW community is deeply concerned about the impact of domestic and family violence, yet the words 'domestic violence' were not mentioned once by the NSW Treasurer in yesterday's budget speech" says DVNSW Interim CEO, Delia Donovan.

"Whilst domestic and family violence accounts for over 40% of homelessness, there has been no increase to specialist homelessness services, and the NSW budget announced 86% less investment in social housing in the short term than we have asked for. A lack of safe housing means women and children experiencing violence face homelessness or be forced to remain living with a violent perpetrator due to lack of options" says Ms Donovan.

"The NSW budget is in stark contrast to the \$5.3 billion recently announced for new social housing in Victoria." The DVNSW 2020 Housing Policy, released 15 July 2020, called upon the NSW government to: Invest in the construction of 5,000 social housing properties every year for the next 10 years, and increase the funding for the Specialist Homelessness Services Program by 20%. Much of the funding for domestic and family violence has been previously announced or is recurrent from previous budgets. "We need a substantial investment to respond to and prevent domestic and family violence. Without this we will continue to see lives ruined and, in all too many tragic cases, lost" says Ms Donovan.

Impact of Mental Health Issues, Alcohol and other Drugs of Addiction on Children and Young People

Substance misuse, mental health problems and domestic violence are commonly associated with child protection involvement and are described as key risk factors for child abuse and neglect. There is substantial research documenting the association between these parental problems and poor outcomes for children. Children are particularly vulnerable to cumulative harm in families with multiple and complex problems in which the unremitting daily impact of multiple adverse circumstance and events has a profound and exponential impact on children, diminishing their sense of safety and wellbeing.²⁹ Similarly, children and young people with mental health problems have a higher risk of being the victim of family and community violence. They also have a higher risk of self-harm and suicide. The challenges of living life affected by a mental health disorder cannot be overstated.

Many factors can combine to compound the negative life experiences of those with poor mental health. Children and adolescents with emotional and behavioural problems have lower self-esteem, are less likely to achieve well in school and engage productively with their peers.³⁰ Young people are said to 'carry the greatest burden of mental illness'. This is because more than 75% of all severe mental illnesses occur prior to the age of 25. In a 2000 study that

²⁸ <https://www.dvnsw.org.au/wp-content/uploads/2020/11/201118-Domestic-violence-funding-in-the-NSW-budget-fails-to-match-need-D....pdf>

²⁹ Bromfield & Miller, 2007

³⁰ Kids HelpLine, Beyond Blue.

specifically targeted the mental health issues of children and adolescents aged 4 – 17 years, it was estimated that 14% experience mental health problems.³¹

It is vital that all young people, particularly during the formative stages of their growth and development, are physically, socially, and emotionally well. Being well and feeling healthy will promote self-worth and confidence. A young person who feels physically and emotionally strong is more likely to engage in healthy activities, seek out positive relationships, and feel optimistic about their future.³²

What our members say:

Peter is an experienced social worker and manager of a large community based, state-wide mental health organisation, with services in metropolitan, regional and remote communities: *‘Services were already stretched to capacity before COVID-19 and the recession, and unable to meet the needs of young people and their families. The lack of investment in community-based and preventative mental health strategies in the Federal and State budgets will mean people simply won’t have the supports they need. Many people with mental health issues don’t fit into the NDIS framework and so they just slip out of sight. This can be a disaster for children and young people who are at risk. If they and their families don’t get the support they need, they are at extremely high risk.*

Linda, the CEO of a metropolitan rehabilitation service for recovering addicts with children, says: *‘We work very closely with government and non-government services to ensure that our clients have the best possible chance of recovery, and the best possible chance of making things work with their children. Most of our clients have multiple problems – they are very complex cases. We know who does what well and where they are, and we can plug our clients into the best services very quickly and be assured that they will be well looked after when they leave us. This gives them and their children the best chance of success.’*

Recommendations

1. Greater investments into and application of trauma-informed therapeutic interventions are needed. Trauma-informed practice should be standard in all services being accessed by young people.
2. Improve access to mental health and trauma specialist services including Domestic and Family Violence counsellors, family counsellors, and psychologists.
3. Commit resources to increase the evidence-base on prevention of, and early intervention in, poor health during adolescence.
4. Invest in community-based, preventative mental health measures as well as treatment and crisis intervention.
5. Invest in developing a robust and well-trained workforce that is prepared and equipped to support the needs of adolescents by designing and delivering specific training for health service professionals working with young people, to improve understanding of the age group, and their needs.³³

Legal Services

In 2014, The Financial Rights Centre commissioned a report to examine the role and efficiency of Community Legal Centres (CLCs) – the Stubbs Report. The report addressed the economic efficiency of CLCs against key performance indicators and dealt primarily with communities defined by key indicators of risk for children and young people. The ASU represents workers in community legal centres, including the Financial Rights Centre.³⁴ It is significant that in its report, *Access to Justice Arrangements*³⁵, the Productivity Commission confirms the view of

³¹ Kids HelpLine

³² Chris Stone, YFoundations

³³ Paul Stone, YFoundation 2016

³⁴ Stubbs J Adding Public Value: The integration of frontline services and law reform in the NSW Community Legal Sector, August 2014

³⁵ Productivity Commission Access to Justice Arrangements No 72 2014

the Stubbs report, ASU members at Australian Community Legal Centres (Formerly National Association of Community Legal Centres), and throughout the social and community services sector in recognising the cost efficiency of community legal centres, including specialist community legal centres. The report specifically deals with violence against children and young people, makes clear, and prioritises recommendations for urgent additional funding for legal assistance services.

Recommendations

1. The ASU supports the call for an urgent injection of funds, in line with the recommendations of the Productivity Commission and Australian Community Legal Centres (ACLC) for ongoing sustainable funding of the Community Legal Centre network in NSW.
2. Invest in a genuine and community-based consultation, including peak bodies such as ACLC, NSW Community Legal Centres (NSWCLC), Aboriginal Legal Service, NSW Women's Alliance, DVNSW, YFoundation, Rape and Domestic Violence Services Australia, Homelessness NSW, FAMS, the Ethnic Communities Council, and others with respect to the establishment of specialist family violence courts, including specialist workers and facilities for children and young people affected by violence, based upon experience and best practice models developed in other jurisdictions such as Victoria.

Supporting Workers in the Social and Community Services Sector

1. Workplace stress and vicarious trauma:

The nature of the work undertaken by specialist workers inevitably will impact the mental health of those workers employed to deliver services to children, young people, and families at risk. In demanding occupations such as child protection and family violence, stress, burnout, and vicarious trauma are the most common impacts. Burnout results from working with people in complex and demanding circumstances, and difficult or impossible workloads or deadlines. Vicarious trauma results from working with people who are themselves impacted by trauma, and trauma material. Workers can experience either, or both, but only those who work with people who are themselves traumatised, or who have contact with trauma material will almost inevitably experience vicarious trauma.

Child protection work involves exposure to confronting and disturbing experiences, and information about children, young people, and their families. These can be extremely traumatic situations. The capacity to empathically engage with people and this information, listen, validate, understand, and respond to the trauma of others is a vital aspect of service delivery. Exposure to traumatised people and traumatic material involves risk to the physical, and mental health of workers. These risks can lead to vicarious trauma. Vicarious trauma, if not recognised and managed can have a debilitating impact on those workers.

What our members say:

Victoria, manager of a Sydney metropolitan specialist service for women and children experiencing violence, says: *'Dealing with family violence requires very specialist skills within a longer-term trauma-based framework. These highly skilled workers also need professional clinical supervision because they themselves are vulnerable to vicarious trauma as a result of the issues they are dealing with every day. Domestic violence is not the same as any other area of work – constantly working with women and children in crisis leads to vicarious trauma in counsellors. We need specialist support and professional development if we are to maintain professional standards of service delivery. Our service has a reputation for providing the world's best practice standards because as the manager I invest heavily in making sure that our team is well trained and well supported.'*

NSW Rape Crisis Centre, now the Rape & Domestic Violence Services Australia (RDVSA) was recognised by SafeWork NSW as the Winner for the Best Solution to an Identified

Workplace Health and Safety Issue. The centre is funded by the NSW Department of Health but remains a not-for-profit organisation with a community-based management committee. It is recognised internationally as setting the benchmark for professional practice in the area of rape and family violence counselling and is also now regarded as one of the world's leading centres of excellence in vicarious trauma research, training, and counselling. The centre employs a team of extraordinary, highly-skilled and qualified counsellors with extensive experience in the area of sexual assault and domestic violence.

The service currently provides a 24-hour telephone and online crisis support and referral service for people, including children and young people who have experienced sexual and family violence. The service is contracted by the Royal Commission of Inquiry into Institutional Abuse to provide specialised support to people who experienced abuse as a child. The NSW Rape Crisis Centre has recognised that their counsellors will experience vicarious trauma, that it is a work health and safety issue, and that systems must be implemented to manage the impact so they can mitigate the risk of practitioners experiencing this workplace.

The service uses the occupational health and safety hierarchy of control to direct its multi-pronged approach to monitor and manage the impact of vicarious trauma. This work is embedded in all aspects of counsellor support and quality assurance. Tools include: employing qualified and experienced counsellors, providing extensive orientation and support, having clear guidelines and directions for counselling work, and ensuring all counsellors participate in regular formal supervision. The centre ensures that the levels and types of support are dynamic. It provides ongoing professional development, measures individual vicarious trauma indicators, and monitors vicarious trauma levels against those indicators. The service implements a personalised self-care and management plan for each counsellor.

This initiative has achieved tangible benefits since its introduction. By confirming that vicarious trauma is a tangible injury, it can be acknowledged, diagnosed, and managed before it adversely impacts on the worker. It is noteworthy that there have not been any compensation claims for psychological injury resulting from vicarious trauma since the program's introduction. The organisation has saved hundreds of thousands of dollars in its annual workers compensation liabilities as a result of this work. These savings have more than compensated for the vicarious trauma management plan. In awarding the Centre, the Judges said: *'This is a systematic and best practice approach to controlling a known hazard, protecting the health and wellbeing of counselling staff and preventing psychological injuries. This solution is outstanding, with potentially broad application across large and small health and community services. This service demonstrates a very high level of awareness of and commitment to OHS in general. It sets an excellent example for other organisations.'*

What our members say:

Executive Officer of RDVSA, Australia, Karen Willis said: *'I think that any organisation that is employing highly skilled, compassionate, caring individuals, and requires them to work with some of the most vulnerable in our community and does not ensure that the worker's vicarious trauma impacts are acknowledged and managed is acting unethically. The organisation is saying that it is accepting that there is a risk to the mental and emotional health of its staff and not doing a thing to mitigate that risk. This is unacceptable no matter how you look at it.'*

Recommendations

There is clear and compelling Australian and international evidence on the impact of working with children, young people, and families under pressure. Working with children and young people at risk is specifically recognised as a key factor in the diagnosis of vicarious trauma and other stress-related illnesses in those who work in child protection. This is an issue that confronts workers in government and non-government organisations and agencies, faith-based and secular services, and affects all professions. It is an issue that has serious and potentially long-term harmful effects on the individual concerned, their family and work colleagues, as well as on clients. Vicarious trauma impacts individual and organisational

productivity and also has a financial impact in terms of workers compensation and other related health costs.

The research and other work done by Rape & Domestic Violence Services Australia has been ground-breaking and is now a preferred model for international best practice among organisations and agencies involved in trauma work. This approach to the prevention, diagnosis and treatment of vicarious trauma resulting from working in the field of child protection, sexual assault, and domestic violence has been shown to both prevent and mitigate the impact of vicarious trauma on workers and organisations. The ASU recommends:

1. That there is specific recognition of the impact and risks associated with vicarious trauma upon workers dealing with families, children, and young people at risk, family violence, and sexual assault.
2. That a joint consultative committee should be established that includes the directors of appropriate government Departments, and Rape & Domestic Violence Services Australia to develop a training program, and a program for professional clinical supervision for all agencies and services engaged with families, children, and young people at risk, family violence, and sexual assault.
3. That there should be funding available to implement a sustainable professional training program and professional clinical supervision in a manner determined by this joint consultative committee.