INQUIRY INTO CHILD PROTECTION

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Inquiry into Child Protection

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About Metro Assist

Metro Assist welcomes this opportunity to respond to the NSW Legislative Council’s Inquiry into Child Protection.

Metro Assist is a not-for-profit organisation which provides services in migrant and refugee settlement, family support and early intervention, financial counselling, tenant advocacy, employment support, No Interest Loans, community development and engagement. Our organisation’s family services operate across two Department of Family and Community Services (FACS) Districts; the Sydney District and Metro South West Sydney(SWS). We are currently funded through the following streams:

- Community Builders (Community Hubs in Ashfield and Strathfield)
- Families NSW (family workers in Inner West Sydney)
- Child Youth and Family Support (family workers in Inner West Sydney), and
- Brighter Futures (specifically for culturally and linguistically diverse [CALD] families in Bankstown and Fairfield).

Our service has operated for 30 years and is one of eleven Migrant Resource Centres in NSW and a member organisation of Settlement Services International. Metro Assist’s service catchment takes in the Inner West, Canterbury and Bankstown, with some services extending into Fairfield.

The majority of our clients are from culturally and linguistically diverse (CALD) communities and refugee backgrounds. We encounter families with complex vulnerabilities including mental health and developmental delays, relationship breakdown, family violence, extreme poverty and isolation, and limited knowledge of local services and awareness of the law, including child protection laws. They are further disadvantaged by low English language proficiency and are highly reliant on others to direct them to appropriate support services.

Our caseworkers are highly experienced in working with CALD and refugee families and have a strong understanding of cultural issues including customs, practices, roles and nuances within communities.

The following responses are based largely on our service experiences and observations as they relate to the particular points of the Inquiry, not all, as outlined by the General Purpose Standing Committee Number 2.
Responses

a) The capacity and effectiveness of systems, procedures and practices to notify, investigate and assess reports of children and young people at risk of harm.

Within the Department’s SWS District, our organisation has participated extensively in co-design workshops over a period of 18 months as part of the Safe Home for Life (SHFL) reforms. The process has generally focussed on increasing the rate of case allocations. Starting at a benchmark of around 1 in 5, the group addressed some of the administrative and procedural complexities, and looked at stronger engagement of funded NGO providers.

The co-design process was particularly useful in bringing together the Department and NGO providers in constructive discussion with the shared objective of putting the child’s interest as the centre of the service system. Services, including our own Brighter Futures program, have demonstrated their willingness to work with the Department and have trialled such things as joint home visits and safety assessments. We have also engaged in new triage arrangements operating through the Fairfield Community Service Centre (CSC), with the aim of delivering quicker case allocation based on the capacity and vacancies within NGOs.

Anecdotal information indicates that there has been an improvement in case allocation rates towards 2 in 5 in the SWS District. Some of these arrangements have led to stronger take-up rates of the Brighter Futures program, which is voluntary; and improvements in the quality of information through ‘warm’ referrals from the Department to NGOs.

Overall, such collaborative arrangements have merit and are demonstrably effective in establishing a more streamlined response. The Department’s SWS Regional Office has been supportive in bringing together Brighter Futures providers and key CSC staff in establishing referral protocols and better utilisation of resources among the NGO sector.

However, our experience shows that there has been some confusion among Departmental staff who may have different interpretations of the arrangements and which sometimes lead to unrealistic expectations of NGO providers. As an example, cases are sometimes allocated to our service without Department staff checking on vacancies. Normally, services would email vacancies to the Department on a regular basis and to a regular ‘mailbox’. When questioned, our team was told that they could go onto our waiting list and the Department would close its involvement. In our opinion, this is simply shifting people from one waiting list onto another, which is not conducive to effective practice and places all the risk on NGO providers. We have since instructed the Department that we will not accept cases if there are no vacancies.

We are also seeing an eagerness among some Departmental Officers to quickly close cases as soon as any new joint visiting and assessment arrangement is struck with our service. In our opinion, cases should not be closed on the first contact, but that a few visits are made and that the full case history be shared with the provider, before the handover and the Department closes the case.
Recommendation:

1. That referral and vacancy arrangements be determined at a District level, and that such arrangements are communicated and understood by the Department’s Triage Managers and caseworkers.

b) The adequacy and reliability of the safety, risk and risk assessment tools used at Community Service Centres.

Metro Assist’s Brighter Futures caseworkers underwent training in the use of the SDM Safety Assessment Risk Assessment (SARA) tool and have been using it over the past year. It is our understanding that the Department’s safety and risk assessment tools incorporate the escalation to a statutory response.

In our opinion, improvements can be made to safety assessment instruments to include cultural factors, including parents’ awareness and knowledge of child protection issues, factors which are sometimes misunderstood by child protection workers who have limited experience in working with CALD families.

Recommendation:

1. That a common set of instruments be established for use across the Department and NGO organisations to facilitate collaboration, and that all workers be trained in their use.

d) the amount and allocation of funding and resources to non-government organisations for the employment of casework specialists, caseworkers and other frontline personnel and all other associated costs for the provision of services for children at risk of harm, and children in out of home care.

The question of funding to the NGO sector is one of critical importance. It is widely identified that NGOs are taking up more and more of the caseload from the Department, including more complex cases where there is a risk of significant harm to the child. This has been the case in the context of the Brighter Futures program in the Department’s Metro South West region and MOUs have been struck between Lead Agencies and the Department, prioritising the allocation of ROSH cases to NGOs.

This has been a direct result of the Department seeking to improve the number of children allocated to services across the region, which until twelve months ago stood at 1 in 5 cases being allocated. Our understanding is that there has been some minor improvement in the number, but it is still far from satisfactory.

We believe that the ideal objective would be to work towards family restoration, with child removal as a last resort. Many of our refugee clients have also experienced significant trauma arising from their experiences of conflict, grief and separation which require specialist support. More broadly, greater resources need to be directed to NGOs to support clinical services such as psychologists to
work with clients to address vulnerabilities such as domestic violence, addiction and depression. A recent trial in our Brighter Futures program engaged the support of a psychologist demonstrated a deeper engagement of the parent/s and a stronger commitment to addressing their vulnerability and engagement with the program overall. Other specialist roles such as speech therapists, drug and alcohol counsellors and other therapists would provide similar positive outcomes for families. Providing such services in a timely manner requires a greater transfer of resources to the sector.

The cost of childcare is another area which is being eroded within the provision of Brighter Futures. Some services have experienced a reduction in funding to match the unit costs determined by the Department. This creates tension between casework and childcare provisions and results in childcare being traded off in order to maintain an appropriate level of casework support. The Department should factor in a realistic cost of childcare which reflects the market.

Recommendations:

1. That funding is increased to NGOs, to recruit or broker specialist support and therapeutic services as more complex cases are transitioned from the Department of the NGO sector.

2. That brokerage for childcare be reviewed and upgraded to reflect market costs and demand.

h) The amount and allocation of funding and resources to universal supports and to intensive, targeted prevention and early intervention programs to prevent and reduce risk of harm to children and young people.

The prioritisation of ROSH cases has seen a ‘cascading’ of more intense casework from Intensive Family Support and Brighter Futures into other early intervention programs. With Brighter Futures priority going to ROSH cases, what would have been non-ROSH Brighter Futures cases now flow onto lower intensity Families NSW and Child Youth and Family Support (CYFS) programs, thereby raising the casework expectations and period of engagement with clients. For our service which works CALD and refugee background families, the higher levels of complexity means that the engagement often exceeds the prescribed period of engagement associated with these programs. This places a cost burden on organisations which work to a unit cost rate determined by the Department and which seldom reflects the increasing complexity of cases in early intervention programs.

Recommendation:

1. That unit costs associated with early intervention programs (Families NSW and CYFS) are reviewed to reflect the growing intensity of engagement and casework which is currently being experienced by providers.

#END#