

INQUIRY INTO CHILD PROTECTION

Organisation: Cara House

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Submission for the Parliamentary Inquiry in to Child Protection

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Summary-

The field of child protection is in a current state of crisis. The demands on the workers to protect and house children, complete comprehensive risk assessments, compile court documents and complete a number of other extraneous and important tasks is increasing while funding and resourcing is decreasing. This leads to burnout or vicarious trauma for workers resulting in high turnover rates and a younger and more inexperienced workforce. The sector's resource, personnel and funding issues in combination with the current rates of intergenerational abuse, places children at risk for longer time frames. This can lead to an array of long term conditions in children, such as mental health concerns, drug or alcohol abuse, early pregnancy, high risk taking behaviours, isolation and more. In the climate of the Royal Commission into Institutional Responses to Child Sexual Abuse and Rosie Batty's campaign for changes to the family law system, now is the time to raise awareness and take proper action on our plight to save children's life. This will require further funding and personnel, better and more comprehensive systems, more extensive training and supervision, community initiatives and a comprehensive review of the Children's Court system.

Introduction-

The field of child protection is an ever growing arena. The Royal Commission into Institutional Responses to Child Sexual Abuse (2016) found that on a national level the number of children assumed into care rose by 82 per cent over the past decade. Once a child is removed from their family of origin (due to neglect, abuse or limited parenting capacity) they are assumed into the Care of the Minister (Anglicare, 2015). Both Family and Community Services (FaCS) and the Non-Government agencies (NGO's) all provide short term, long term and crisis foster placements for children and young people. All bodies are governed by the Child and Young Persons (Care and Protection) Act 1998 (Anglicare, 2015; Family and community services, 2014).

Many children entering care voluntarily or otherwise have been subjected to various forms of abuse including sexual, physical, psychological, emotional, family violence and neglect. These forms of abuse may expose children to psychological manipulation tactics, inappropriate exposures to sexual activity, feelings of stigmatization, isolation, hopelessness or powerlessness (Lewis-Harter, & Vanecek, 2000). Trauma responses to abuse are commonly defined as any actual or perceived event or threat that creates feelings of horror or hopelessness in the individual- these threats and events psychologically overwhelms the person's normal coping abilities (Briere & Scott, 2006). Type two (aka developmental or chronic) trauma is understood to be persistent, prolonged or of multiple types of abuse producing cumulative harm (van der Kolk, 2005) and it is usually under these circumstances that child protection workers remove children from their family of origin (Costello, 2009). Exposure to chronic trauma and abuse can create increased vulnerability to long term mental health conditions, drug and alcohol abuse, low self-regulatory capacities, minimal concentration, negative self-image, social isolation and other cognitive, social and emotional issues in the victim (Tarquinio, Schmitt, Tarquinio, Rydberg, & Spitz, 2012; Briere & Scott, 2006). It is suggested that the more frequent, elongated and during developmentally

vulnerable times, the more severe and long-lasting are the outcomes of the abuse (van der Kolk, 2005 & Dayediuk Gingrich & Seminary, 2009).

When linking this to child protection workers themselves, it becomes evident that workers are required to have comprehensive knowledge of normal and abnormal child development, family dynamics, warning signs of abuse scenarios and the capacity to intervene with different behavioural or socio-emotional trauma responses demonstrated by victims (Costello, 2009; Neil, 2014). In addition to these complex work tasks, workers must also be able to complete extensive administrative procedures, attend daily meetings and advocate for the needs of their clients under the very pressure filled and highly emotive circumstances (Costello, 2009; Neil, 2014). This stressful nature of work environment, creates a high turnover rate of staff which increases the likelihood that entry level workers are hired for frontline duties (Costello, 2009; Neil, 2014). That means that new child protection workers are required to assess family and individual needs, identify and implement appropriate interventions and make fast and difficult decisions about assumptions of children into care (Neil, 2014). The combination of working within a fast paced, high pressured and unpredictable working environment with the daily emotional stressors and ongoing exposure to traumatic events and hostile working conditions often results in burn-out, compassion fatigue and vicarious trauma for child protection workers (Neil, 2014; Stanley & Goddard, 1993). Rothschild (2006) explains that vicarious trauma in practitioners is the experience of overwhelm and stress (emotionally and neurobiologically) when exposed to traumatic events physically or through clients' retellings. This stress and overwhelm reduces worker capacity, effectiveness, relational rapport and increases hypervigilance, exhaustion and cynicism (Rothschild, 2006). Overall due to the resource and personnel demand issues as well as the ongoing growth of this sector, the child protection field is continuously in crisis and therefore requires better funding, recruitment, resources, supervision and training, as a

preliminary support before attempting to raise issue with the periphery tasks of child protection workers.

Key issues-

To address the primary concerns of this Parliamentary enquiry-

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

Child protection notifications have doubled across the past decade and the sector of Out-of-Home-Care alone has grown from 21,248 children in care between 2011-2012 and rose to 51,539 children during 2013-2014 (Family and Community Services, 2013 & 2015). All too often, multiple risk of harm reports (ROSH reports) are made to the Helpline before any intervention is deemed appropriate by Family and Community Services. This inaction can leave children at risk for extended periods of time. Early intervention is the key to identifying at risk children and promoting safety and healthy development. Specialist services with expertise in the field of child protection, case management, trauma, child development and recovery are required to better educate and train extensions workers (e.g. teachers, early childhood staff). People in extension fields around children may be in the best position to best identify possible abuse scenarios at an early stage. Too often children who have suffered abuse at home attend school daily and their abuse continues unnoticed even though warning signs are evident. Abused children can be deemed ‘the naughty child’ as they haven’t completed homework tasks, demonstrate limited concentration, aggressive or socially isolating behaviours or skip classes entirely. With appropriate trauma-informed training,

these behaviours may be identified as early warning indicators that children require support and child protection services. A case example of this is a young person who voluntarily entered care at age 12 years as a result of chronic physical abuse. The young person refused to go home after the previous night, during which his father had beat him and his two siblings (brother aged 14 and sister aged 8) with a hammer. Although these children attended school on a daily basis with multiple bruises no reports were made to the Helpline. On the day of the voluntary entry to care, the eldest child attended class with a concussion and fractured skull. These major injuries went unnoticed as the perception of the young person was that he did not concentrate or engage properly in class. He was also prone to aggressive outbursts and was socially isolated making him labelled as a 'naughty child'. If the school had been properly educated about trauma and abuse, child development and child protection, the teacher's may have made mandatory reports at a much early stage in these children's lives.

Unfortunately, there are many barriers to child protection services intervening once schools and other reporters do identify abuse and call the Helpline a) limited capacity for lay persons to relay appropriate information b) type of child disclosures c) threshold-based risk assessments and d) limited OOHC placements. Often children disclose in fragmented manners, across time and in multiple forms to multiple people (van der Kolk, 2005; Briere & Scott, 2006; Royal Commission, 2016). This means that many lay persons may be given partial disclosures. When this occurs there may not be enough information to report or the reporter may not be able to relay all important information about the incident. This is an issue as the cumulative risk of harm status will not be met at the Helpline and no follow up can occur. As disclosures are often so fragmented, reports to the Helpline often not allocated and numerous reports are needed before a child's safety can be assessed and intervened upon. This means the very frontline system in place to identify and assess child safety is not adequate to support reporters, child development factors or identify risk early.

Other issues relating to the assessment of risk is that every time a child moves to a different area, a different CSC is engaged. So if a particular FaCS or JIRT service have already investigated reports (and are therefore in the best position to follow up) the report from the Helpline will be sent to a new centre. This means that cumulative harm and rapport are again lost in the communication exchanges and are not reliable to indicate the amount of abuse any one child has been subjected to in their lifetime. As the perpetrators' names are also not linked in the system, they can use the Helpline system to their advantage- they can abuse multiple children to a low level and never be assessed for risk as it does not meet cumulative harm. If the child protection system linked perpetrator names within ROSH reports, community risk of harm may be demonstrated. Therefore, the system currently in use does not adequately identify cumulative risk or community risk well enough. Another factor impacting child's safety at the initial reporting site is that there are simply not enough personnel or resources for the organisation to allocate cases to undergo further investigation. This results in numerous ROSH reports being made before intervention can take place. In addition to this, if a child is already considered safe in an OOHC placement these matters are often deemed 'historical' and not followed up by child protection or JIRT authorities. This can mean that perpetrators are never held accountable for their crimes and recidivism continues, potentially leaving other children at continued risk. A case example of this was when one sibling group, who were residing in separate placements each allocated to different local Community Service areas, all disclosed being subjected to various forms of abuse by one perpetrator. Each of the children's disclosures alone did not meet the cumulative risk of harm and as the perpetrator's name was not flagged in the Helpline system, this also did not raise alarm. The information about the perpetrator and abuse was linked six years later by an NGO worker during a file read (a practice sometimes made available upon case management transfer). The case was deemed 'historical' so JIRT did not investigate or become involved.

Instead, a general police command unit was employed to complete the child interviews and the specifically designed JIRT unit who are trained to complete child interviews and make appropriate referrals did not assist in the investigation.

Another consideration is the nature of disclosures of children (particularly those who have experienced sexual assault) and how the system responds. The child protection system (particularly JIRT and the courts) needs to take into consideration the patterns and experiences of children who disclose. It must be noted that children might disclose abuse partially, slowly, spontaneously and even by accident (Royal Commission, 2016). Strategies to help children disclose include: building trust and rapport with the child, taking an interest in them, asking open ended questions, using child friendly settings and letting them know that they are believed. Because some children disclose sexual abuse and then retract their allegation, it is important to be aware of external pressures and thoroughly document an early or initial disclosure (Royal Commission, 2016). Esposito, (retrieved 2016) suggests “Don’t assume a recantation means that abuse has not or is not occurring”. Children often choose not to disclose abuse or only partially disclose abuse to JIRT officers during interviews. This can result in a case being unsubstantiated or not being reallocated when the child is later ready to disclose more information. Thus, at initial stages the Helpline system does not provide enough detailed information for the operators to complete comprehensive risk assessments and follow up systems such as JIRT are often unable to follow up historical events or previous partial disclosures. These factors may place the community at ongoing risk. As the child protection is an already overwhelmed system and we cannot remove or cope with the extent to which children are at risk, this becomes an intergenerational and community based issue requiring further advocacy campaigns. The field of child protection requires more funding for: better systems, more personnel, recruiting and training more foster carers,

increasing community awareness and providing more early intervention support for adults genuinely struggling to care for their children.

c) the amount and allocation of funding and resources to the Department of Family and Community Services 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.

Funding, resources and employment are a major issue that FaCS must contend with on a daily basis. In June 2016 another 100 roles were cut from the Central District leaving the sector concerned with how to cope with this added stressor in an already overburdened field (Browne, 2016). Workplace conditions related to resource and staffing struggles can result in a high turnover of staff and the FaCS workforce is constantly in crisis and becoming younger with less experienced. People practising in this field must be able to work long hours, including long hours of overtime, at the same time as holding off burn-out and vicarious trauma (Neil, 2014). This high turnover then impacts negatively on the clients as consistency, relational rapport and transmission of information is lost frequently. The freeze on recruitment (seen in approximately 2014) was to the great detriment of FaCS and the wider community of abused children. Due to turnover in combination with a staffing freeze, the workers left were required to take on more cases which placed an exorbitant amount of additional pressure on the child protection workers. There are currently hundreds of unallocated cases within each CSC leaving many children and families 'lost in the system'. The cycle of this crisis oriented workplace will continuously lead to staff burnout, turnover and employment of young and inexperienced workers. To formulate best practice, a workplace requires a mixture of experienced and new workers who are not overwhelmed and under resourced. In addition to this, many of the roles within FaCS are seen as specialist roles

(e.g. learning and development or JIRT) and are rarely advertised to the wider community. When they are advertised, these roles are usually on a full-time basis only. This reduces the recruitment pool to the already shrinking and younger workforce within FaCS itself. Many professionals in the field of trauma, social work and alike have many relevant skills along with the required experience that may bring new life to the system. An example of how the limited staff can lead to children being left in abusive situations for longer is at the Helpline. The limited number of frontline staff and their supervisors assisting with risk of harm level, means that callers are left on hold for extensive periods (i.e. 20- 90 minutes). As callers are often distressed at the time of reporting abuse, their self-regulation and prefrontal cortex may be less engaged. When combined with a lengthy hold period, distressed callers may not report the abuse as being on hold can act as a deterrent, thus, leaving children at risk for longer.

Another issue related to funding is that FaCS are restricted to refer children and families to specific identified services rather than specialised services (e.g. counselling). Cara Counselling is the only trauma centre in Sydney who provides services for children and adult clients. Cara House provides specialised and appropriate services that would be of much benefit to the children and families entering the child protection system. Cara workers facilitate individual, dyadic and family trauma therapy, group therapy funded by Victim's Services, foster carer coaching, trauma training and worker supervision or consultancy. Cara House is held in high esteem with many of the FaCS services and NGO's and yet many of these services are restricted in their capacity to refer to Cara due to workplace restrictions. This means that the approved support services are often overwhelmed and children are placed on long waiting lists. By engaging external support agencies more children could receive timely, appropriate and specialised interventions that may reduce negative long term outcomes correlating to trauma and abuse experiences. Early intervention in this form may

assist to reduce the long term costs associated to intergenerational transmission of abuse, drug and alcohol dependency, criminal acts or mental health concerns.

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.

Once a child is removed they are placed in an out-of-home-care placement and they are then deemed 'safe'. Unfortunately, there is often a delay in finding an appropriate placement and children are often left to sit in FaCS offices due to the inadequate number of carers available at any given time. Once a child is placed with an appropriate short term carer, contact visits and legal proceedings have already commenced. Unfortunately there is often marked hold ups in court proceedings which causes children to remain in short term care for extended periods. This not only reduces the number of placements available in NGO's, but also takes a space on the caseworker's caseload and most importantly can impact on the child's attachment formation and post-trauma healing through relational closeness.

The rate of pay for each type of placement is based on a CAT score. The varying levels of behaviours and indicators seem appropriate for the level of funding at this time. However, many children develop mental health conditions or demonstrate difficult behaviours once they are placed in long term placements. This can often lead to placement breakdown and the continued cycle of the child's distress. Therefore, CAT scores should also include a review section for the number of placements experienced by the child or young person so that counselling or mental health support can be more readily accessed. In addition to this, NGO's are required to fill certain quotients of the various levels of care as well as

transfer cases from FaCS. If NGO's have their quotient of higher level placements overfilled they cannot upgrade carer payments to reflect the appropriate CAT score of that child as funding is not made available. This means that even though a child of high needs demands more resources and carer capacity, that the funding is not made available to the NGO to support the placement appropriately.

Generally speaking, the social workers are not readily recognised as professionals with a high level of expertise. This gross misperception means that human services roles are often underpaid and the emotional component of the work is overlooked resulting in compassion fatigue and burnout. Workers in the field recognise that to complete their very important work, they are required to work for longer periods for lesser pay. Recruitment should now begin to address differences between registered workers, number of years of experience and other such factors to better fill specialist roles. Specialist caseworkers or specialised roles could assist NGO's to undertake more timely and effective investigations and interventions. The Royal Commission (2016) heard cases related to all forms of abuse and found that 40% of claims were related to sexual abuse. The Royal Commission into Institutional Responses to Child Sexual Abuse (2016) have outlined their concerns that within the context of OOHC, sexual abuse is under-reported as most children do not disclose when the abuse is being perpetrated. They also state that the current OOHC system is unable to adequately protect children from abuse or appropriately respond if abuse is disclosed (Royal Commission, 2016). The items identified by the Royal Commission need to be adequately addressed to support NGO's to better deal with abuse in care. Should the Royal Commission provide follow up services to assist NGO's in combination with more qualified workers in more readily available casework specialist roles, these ongoing abuse issues may be better addressed.

e) the support, training, safety, monitoring and auditing of carers including foster carers and relative/kin carers

As mentioned above, the Royal Commission has found that NGO's are ill-equipped to identify and address abuse in care settings. The Royal Commission is in the best position to address their concerns and provide better training and support to NGO's so that this issue can be reduced. In addition, although the Children's Guardian set standards that NGO's are required to meet to gain their organisational accreditation, every NGO has different procedures and policies to meet these standards. For instance, some organisations provide little ongoing training and only require foster carers to complete the mandatory Shared Stories Shared Lives training package. This package is presented prior to authorisation as a foster carer. The experience of being a foster carer can be very different to idealised perceptions of those individuals seeking authorisation prior to having a child placed. Thus better and more universal standards of ongoing training about topics such as being a foster carer, working with agency workers, children with trauma and abuse histories, Life Story Work, working with birth families etc. is required and needs to be addressed by the Children's Guardian.

f) the structure of oversight and interaction in place between the Office of the Children's Guardian, Department of Family and Community Services, and non-government organisations regarding the provision of services for children and young people at risk of harm or in out of home care

Information sharing and collaboration still seem to be an item of difficulty. The new reform to provide early case management transfers to NGO's can place added pressure and duties on NGO workers. As the case has been transferred and is no longer allocated to a FaCS

worker, obtaining records, referrals, legal documentation can be difficult. Often NGO's are unaware if legal documents e.g. Section 82 reports have been filed on their behalf by FaCS departments, NGO's are given little input into care plans and they are provided limited updates about court proceedings. Furthermore, NGO's are required by the Act and Children's Guardian to complete comprehensive and accurate Life Story Work. However, limited access is granted to NGO workers to complete file reads to obtain the information. Further to this, when access is granted, there is often a lot of information redacted or missing. This means that the standard of Life Story Work being completed can meet the requirement of the Standards as set by the Children's Guardian but, the completeness and helpfulness of that information is inconsistent. There is minimal oversight or interactions between the NGO and The Office of the Children's Guardian. The Office of the Children's Guardian provides a 5 yearly audit of NGO's however, representatives rarely engage with frontline workers themselves. This disconnection can lead to the governing body being out of touch with the demands of workers, gaps in supports and decreases the likelihood of positive changes to the field.

g) specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people

The current reality is that the Indigenous population of Australia is over represented in the nation-wide child protection system and out of home care placement pool (Hollinsworth, 1998). The Child Protection Australia report for 2013-2014, outlines that Aboriginal and Torres Strait Islander children are 7 times more likely to be in placed in the child protection system than their non-indigenous counterparts. This issue has been created over a lifetime of white dominance, colonisation, dispossession, stolen generations and transgenerational trauma. Therefore, no easy fix is at hand and instead, community healing

initiatives are required. This is a societal-entrenched problem and the Aboriginal people need to be engaged to have input into this item of enquiry.

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.

As mentioned above, early intervention plays a key role in keeping children safe. Funding is required for early intervention programs like Brighter Futures, education and training of any persons working with children and families is required. An item particularly lagging in this field is a strong community awareness project (similar to the current domestic violence campaign). Abuse and neglect of children is still a taboo topic in Australian society and mainstream media reports it in limited and controlled levels. In the current climate of the domestic violence campaign and the Royal Commission into sexual abuse now would be an appropriate period to bring this societal issue to light.

i) any other related matter.

One of the major problems and possibly the biggest issue with child protection is the court and legal system to which it is bound by. Although the Child and Young Persons (Care and Protection) Act 1998 stipulates that a child has the right to feel safe and protected this is often overlooked in the court proceedings as the birth parent has more rights than the child. Often the Independent Child Liaison does not even meet the child in question before attending court. The child's voice is easily lost in the chaotic and adversarial court proceeding and decisions about long term placements or restorations are often untimely. Decisions are often not trauma- informed or child- based. Magistrates and Judges are resistant

to learning new skills on trauma knowledge and developing their practice. This is to the detriment of the child and often results in untimely rulings and encompasses limited understanding of trauma, attachment, disclosures, perpetrator tactics and child development.

Proposed changes-

Children in our society are at risk of being overlooked by frontline officers, under resourced organisations and by the court system, all of which are designed to protect them. The harsh reality is that some of the key issues addressed in this enquiry cannot and will not progress until the legal system undergoes a major overhaul. It is now imperative that our society increases the weighting of a child's rights by training Magistrates and creating new laws and new doctrine of precedence's in line with trauma and abuse evidence. This of course will take time, money, training, resources and above all the support of those working within the system. Until that time, other items that could be implemented during the interim include:

- a) Use the Helpline reporting system in a more effective way to provide more comprehensive information to the operators who provide frontline services in compiling initial risk assessments and cumulative status.
- b) Provide more staff funding in the Helpline department to reduce the lengthy hold periods that callers are exposed to as this acts as a deterrent to reporting abuse.
- c) Flag perpetrator names in the Helpline system to activate community risk of harm status. This would allow for investigations to proceed based on the number of times a perpetrator's name is indicated rather than a cumulative risk of harm status to one child.
- d) Create a new branch of JIRT to address disclosures that are flagged with 'child is safe' or 'content is historical'.

- e) JIRT training and protocols need to be revised to better support children in their developmental capacity and ability to disclose. These changes should also allow for more in depth investigations to occur allowing for JIRT officers to use optimal strategies that support and motivate children when disclosing.
- f) Increase level of funding, resources and personnel number to FaCS departments.
- g) Open recruitment to allow for external and experienced persons to apply for part time and specialised roles.
- h) Fund community campaigns that increase awareness around childhood abuse or early intervention schemes.
- i) Fund community healing initiatives in relation to Aboriginal person's and increase the input of Aboriginal elders into child protection reforms.
- j) Assist the Royal Commission into Institutional Responses into Child Sexual Abuse to provide follow-up services to NGO's in relation to their recent findings.
- k) Request the Children's Guardian mandate a particular level of ongoing training of foster carer's within NGO organisations.
- l) Provide training to promote early intervention more readily.
- m) Make changes to the timeframes for court decisions to better meet the child's need for a permanent placement.
- n) Campaign against the resistance of both the Children's Court and Family Court to use a trauma-informed model in the court decision making process.

Conclusion-

At this time the field of child protection is overwhelmed, ever growing and crisis oriented (Niel, 2014). This highly stressful, volatile and faced paced area suffers from high staff turnover due to burnout, compassion fatigue and vicarious trauma resulting in a younger

and inexperienced workforce (Rothschild, 2006; Niel, 2014). Reluctance to provide appropriate levels of funding, resources and open recruitment leads to children being unallocated within the system and the overall positive progression of the field becoming stilted. Support systems are also becoming overwhelmed and children are placed on waiting lists to receive interventions due to restrictions placed on FaCS in relation to their referral processes. Better training, risk assessment procedures, collaboration, specialist roles and appropriate referrals are all required to reduce the likelihood that children remain in such extended periods of risk. In addition to this, a review of the Helpline risk-assessment database and protocol is required to identify at-risk communities and individuals faster. Furthermore, a significant issue that the child protection field is bound and restricted by, is the Australian court system failing to provide timely, child focussed and trauma-informed decisions. In combination with the above mentioned factors, all can lead to the long term struggles of individuals with mental illness, drug and alcohol abuse, social isolation, difficult behaviours and other such issues, that is to the cost of Australian society as a whole (Briere, Scott, 2006; van der Kolk, 2005). The climate is now ready for community initiatives and campaigns on this topic, by not engaging in this would be yet another failing to our children at risk.

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