Submission No 66

INQUIRY INTO CHILD PROTECTION

Organisation: Public Service Association of NSW

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Public Service Association of New South Wales
General Secretary: Anne Gardiner ♦ President: Sue Walsh
160 Clarence Street, Sydney
GPO Box 3365, Sydney NSW 2001

Telephone: 1300 772 679
Facsimile: 02 9262 1623
Internet: www.psa.asn.au
ABN: 83 717 214 309

In reply please quote: A16/0545:DH:mb

The Honourable Greg Donnelly
Chair, Legislative Council General Purpose
Standing Committee No. 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

By email: gpsc2@parliament.nsw.gov.au

Dear Mr Donnelly

Inquiry into Child Protection

The Public Service Association of NSW welcomes the opportunity to participate in this inquiry. As the union that represents employees in Community Services, we are proud to communicate their unique insight into the state of the Child Protection System in NSW.

We would welcome the opportunity to provide further evidence to the Committee in any hearing called in this inquiry.

Yours faithfully

Steve Turner
ACTING GENERAL SECRETARY

8 July 2016

Submission to the Inquiry into Child Protection

Legislative Council
General Purpose Standing Committee No. 2

July 2016

Forward

The safety of our children and young people is everyone's concern. One of the government's core responsibilities is to adequately protect children from harm and the Public Service Association's members in Family and Community Services (Community Services) are working with kids and their families to do just that. I am proud of the professionalism and dedication they display on a daily basis.

This submission was informed by a survey of our members and we were overwhelmed by the response. The messages that we received from our members were clear - we need to get out and look after more children at risk and their families. To do that more casework staff are required and they need to be freed-up from their desks as much as possible. More needs to be done to care for our casework staff and to have their welfare better looked after. We also need more and better options for kids in Out-of-Home Care and the government needs to look at plugging the gaps in service provision over the longer term that the NGO sector has been unable to fill.

This submission was prepared with the support of our members, and it is my pleasure to recommend it to you on behalf of the Public Service Association of NSW.

Steve Turner

Assistant General Secretary

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The statutory responsibilities for the care and protection of children and young people in NSW should remain the core function of the Department of Family and Community Services (**FACS**) (Community Services).

Recommendation 2
FACS should regularly report publically on the numbers of Risk of Significant Harm (**ROSH**) reports that are responded to by way of face-to-face assessment, 'Secondary Assessment Stage 1 (SAS1) completed - other information or referral' and 'SAS1 completed – closed competing priorities'.

Recommendation 3
The NSW Government and FACS should introduce measures, including enhanced risk management assessments and expanding the number of caseworkers, to ensure that all ROSH reports are appropriately assessed and that responses are properly aligned with risks.

Recommendation 4
The NSW Government should increase the numbers of funded Caseworker positions and commensurate levels of system and support staff to ensure that by 30 June 2018:

1. no ROSH reports are closed because of competing priorities, and

2. at least half of all ROSH reports result in a face-to-face assessment by Community Services Caseworkers.

Recommendation 5
FACS should develop a commitment to comprehensively look after its employees in light of the specific risks in child protection work. This should cover:

- better early identification and mitigation of factors that may increase the risk of worker stress, unsafe working conditions, fatigue, mental health leave and workers' compensation.

- a policy that directly deals with the issue and prevalence of vicarious and secondary trauma among casework staff.

- improved support for workers facing excessive hours, unsafe working conditions or other stress to promptly rectify the situation and ensure appropriate supervision, mentoring and mental health supports (if needed) to transition to a sustainable employment situation.

- enhanced supervision and management guidelines which promote a duty of care,

especially relating to work load, work hours and work stressors, with a focus on identifying vicarious and secondary trauma, with training to support this.

- Greater emphasis in induction and training on work health and safety issues specific to the practice of child protection casework, including secondary and vicarious trauma.

- greater job-sharing and part-time work opportunities noting information will be easier to share between caseworkers with the new Child Story system.

- reviewing options for more working at home or remote working opportunities.

- reviewing options for increased opportunities for job and task rotation.

- reviewing options for reduced working hours without a reduction in pay and improved patterns of work to reduce stress and burn-out and increase the quality of care.

- fair policies that encourage a work-life balance for casework staff, especially those who are parents or carers, with a presumption that flexible working requests will be approved unless there are exceptional circumstances.

- centralised mechanisms to monitor forfeiture of flex-time and excessive annual leave balances to identify any unsafe patterns of working hours and inability to access leave.

- improved opportunities for sabbaticals, purchased leave, leave without pay and other provisions to help reduce stress.

Recommendation 6
Community Services should regularly scope, monitor and report on those factors indicative of the health and safety of casework staff, including:

- staff turn-over.
- excessive annual leave balances.
- incidence of sick leave.
- forfeiture of flex-time.
- workers compensation claims.

Recommendation 7
FACS should undertake a review of the overly complex child protection operating framework, with reference to other models in Australia and overseas, in order to develop and implement a plan to simplify and streamline the administrative and procedural processes for casework staff.

Recommendation 8
FACS should review the framework and implementation of *Practice First* as part of its continued roll-out to determine how *Practice First* principles and objectives can be better integrated with revised benchmarks, targets and reporting etc. to ensure that these focus

on key quality outcomes rather than excessive output metrics.

Recommendation 9
FACS should adequately resource administration at Community Service Centres by providing additional general administrative officers for CSCs, and at least one clerical support officer for every casework team.

Recommendation 10
FACS should re-establish a specialist central Policy unit to support the unique demands of child protection casework.

Recommendation 11
FACS should re-establish a better resourced central unit to support the Office of Children's Guardian's Out-of-Home Care accreditation process to reduce the burden on casework staff.

Recommendation 12
FACS should recognise that there are long term role for both Community Services and the NGO sector in the provision of Out-of-Home Care.

Recommendation 13
FACS should identify areas in which the NGO sector cannot meet demand in Out-of-Home Care and rebuild capacity for Community Services to deliver specific services in the longer term.

Recommendation 14
Community Services should be funded to develop and test new evidence-based strategies for Out-of-Home Care to:

- expand the pool of foster care families with better matching of higher risk children to suitable families, examining innovations here and overseas.

- provide improved options for children in the Out-of-Home Care system who do not live in a family home (often sibling groups, high need adolescents and children with challenging behaviours) with less reliance on Residential Care or more extreme options such as motel accommodation.

- provide improved quality in Out-of-Home Care, enhanced stability of placements, and enhanced education, mental health and quality of life outcomes for children in Out-of-Home Care, including after leaving care.

Recommendation 15
FACS should develop a firm and consistent revised policy for the delivery of Out-of-Home Care services having regard to:

- More stringent controls on contestable funding for out of home care, with the quality, accountability, suitability and outcome record for any out of home care provider

thoroughly assessed as part of any contract review/extension or in the case of a new contract.

- The best evidence-based service models for children with challenging behaviours or other characteristics that make it difficult to place them in foster homes or with NGO care providers

- Identification of areas in which the NGO sector cannot meet demand and planning for rebuilding capacity for Community Services to meet this demand gap including a clear criteria for when FACS should take the lead role in the provision of OOHC having regard to the quality, accountability, suitability, transparency, safety and stability of services.

Recommendation 16
The NSW Government should reiterate the commitment of agencies involved in Joint Investigation Response Teams of working co-operatively and effectively to provide the best outcomes for children, young people and their families.

1.2 Terms and acronyms used in this submission

Casework staff refers to the variety of roles have who undertake child protection casework. It includes Caseworkers (including Joint Investigation Response Teams, Intensive Support Services, Child & Family Regional Unit and Helpline Caseworkers), Managers Casework, Manager Client Services, Casework Specialists, Client Service Officers (involved in direct service delivery), Helpline Team Leaders and Casework Support Officers.

Child includes both child and young person within the definitions in the *Children and Young Persons (Care and Protection) Act 1998*

CSC Community Services Centre

FACS Department of Family and Community Services

JIRT Joint Investigation Response Team

NGO Non-Government Organisation

OOHC Out-of-Home Care

PSA Public Service Association of NSW

ROSH Risk of Significant Harm

SAS1 Secondary Assessment Stage 1

2 Introduction

The Public Service Association of NSW (**PSA**) is an active, member-driven union. Our members have a long and proud tradition of improving the lives of the people of New South Wales through delivering a diverse range of services in the public sector and related entities, state owned corporations, TAFE NSW and universities. We proudly represent 39,000 members spread over almost 5,000 worksites.

The PSA represents employees throughout the Department of Family and Community Services (**FACS**), including the Community Services division.

We welcome the opportunity to participate in this inquiry. The PSA is proud of the skill, professionalism and dedication of its Community Services members in providing such a valuable service to the most vulnerable members of our community.

This submission has been developed in consultation with members and delegates in Community Services and draws upon their insight and experiences. Prior to compiling this submission, the PSA conducted a brief survey of our caseworker members across the state. The aim was to gather the feedback and views of caseworkers about their current working environments. The survey included the following question; *"What do you see as the most pressing issues currently facing Community Services caseworkers right now? Please be as specific as possible."* 95.6% of all respondents answered this question, and some of the responses we received feature throughout this submission. The vast majority identified excessive workload as the most pressing issue.

2.1 What has changed since *Keep Them Safe*?

Almost eight years has passed since the Honourable James Wood AO QC published the Report of the Special Commission of Inquiry into Child Protection Services in NSW. The PSA provided evidence to this Inquiry based on the experience, insight and expertise of our members. We highlighted many issues including the acute workload pressures faced by casework staff, the drive to produce statistics rather than deliver quality services, issues with the information technology systems, problems with the recruitment and retention of staff, the lack of support for the workforce and the lack of co-operation from other agencies in achieving outcomes for children at risk.

The PSA welcomed the vast majority of the recommendations made in the Report and the government's response to those recommendations in *Keep Them Safe*. We sought to hold Community Services to account to deliver on those commitments.

> **PSA member comment:** *Pressure is being put on caseworkers to have more matters allocated to them to meet the needs of the agency without any acknowledgment that this is leading to a decline in the quality of the service they are able to provide to each child.*

Since *Keep Them Safe*, there have been some significant improvements. The change of the reporting threshold to 'at risk of significant harm' (**ROSH**) has allowed our members to focus attention on those children and young people most at need. Following a long PSA campaign involving industrial action at some 38 Community Services Centre (**CSC**) sites, FACS has worked hard to ensure that almost all caseworker vacancies are filled. More funding has been directed to prevention and early intervention, and *Practice First* has signalled a cultural shift in casework practice.

Yet much remains to be done. While the number of reports dropped significantly as a result of the change in the reporting threshold, it has grown steadily since then and far too many children reported to be at ROSH do not receive a face-to-face response from Community Services caseworkers. The number of children in Out-of-Home Care (**OOHC**) has increased rather than declined. While there has been an increase in funding, a vast majority of that has gone to Non-Government Organisations (**NGOs**). Caseworkers remain overwhelmed by the demand for their services, and there is still a failure on the part of Community Services to develop strategies to retain staff and look after them better.

Our members want to see further improvements made so that the children they work with on a daily basis can have the best lives possible. They are uniquely placed to provide insight into the short-comings of the child protection system and to propose recommendations to address these.

2.2 Community Services is essential to child protection

The Children and Young Persons (Care and Protection) Act 1998 entrusts FACS with the solemn duty of safeguarding the safety, well-being and welfare of children and young people in New South Wales. FACS is responsible for supporting the family as a safe and nourishing environment for children to grow; for the receipt, investigation and assessment of reports of children and young people at risk of significant harm; and for the intervention on behalf of vulnerable children and young people when necessary.

The people of NSW hold FACS to account for the fulfilment of this most serious obligation, and are justifiably horrified when a child suffers harm as a result of any failure. The NSW government must be vigilant to ensure that the key elements of its duty are not out-sourced or otherwise derogated from. There is an obvious and essential relationship between the functions of receiving, recording and acting on reports of significant harm, and that link should not be weakened or broken.

> **PSA member comment:** *There is not enough staff to cover the workload. Staff are under an incredible amount of pressure to keep children safe however we are sacrificing our own families in order to do so. We work incredibly long hours and we carry the world on our shoulders. We carry the responsibility of these children's lives.*

The difficulties that arise when child protection functions are split across multiple providers are obvious to our members, and include:

- A dilution of data and consequential risks – that case information for each child, their relationships and prior issues may become spread out across different providers rather than being fully centralised, with ROSH assessments and responses possibly incomplete or inadequate as a result.

- Variable decision-making and service provision between different providers resulting in inequitable or unpredictable results for vulnerable children, when outcomes need to meet the highest standards of quality, safety, consistency, transparency and fairness. The 2015 NSW Auditor-General's Financial Audit Report noted that:

  Performance measures for NGOs are not outcome focussed or benchmarked

  Contracts with non-government organisations (NGOs) do not include outcome focused performance measures or include measurable targets. There is no benchmarking of NGO performance against the Department or other jurisdictions.[1]

- The failure of NGOs to meet the same standards of staff recruitment, development, training and performance management that are mandated for caseworkers in the NSW public sector by the *Government Sector Employment Act 2013* and *Rules*.

The role of government in protecting children from harm should be carefully guarded and the utmost care should be taken to ensure that it is not undermined. The potential consequences of any failure are too great.

Recommendation 1
The statutory responsibilities for the care and protection of children and young people in NSW should remain the core function of FACS (Community Services).

PSA member comment: *As a result of the pressure we are all under, we are seeing really experienced and knowledgeable caseworkers leave and this not only affects the children and young people we work with, but the morale of the CSCs and those of us who are left.*

[1] NSW Auditor-General's Financial Audit Report 2015, *Volume Eight, Family and Community Services*, p 26.

3 Risk of Significant Harm (ROSH) reports

3.1 Ensuring no child falls through the cracks

The numbers of ROSH reports and the number of children and young people the subject of these reports, has increased significantly since the one-off drop when the statutory reporting threshold was changed in 2010.

	2011-12	2012-13	2013-14	2014-15
ROSH Reports	99,283	104,817	125,994	126,146
Children and young people involved in ROSH reports	61,308	64,470	73,678	73,522
Face-to-face assessments	25,684	29,403	33,066	35,433
Number of children given face-to-face assessments	16,409	17,981	19,334	20,603

Source: FACS statistics, Objective 1, FACS Annual Report 2013-14 and FACS Annual Report 2014-15

Community Services reports that while caseworkers are managing to see more children involved in ROSH reports, currently only 29% of all children the subject of a ROSH report are given a face-to-face assessment,[2] and only about 28% of all ROSH reports are met with this level of service.[3]

The *Keep Them Safe Outcomes Evaluation* noted that:

> *Consultations with key stakeholders has* (sic) *indicated that in the UK and USA there is a clear expectation or statutory duty that every child with an initial determination of child abuse is seen unless there is a specific reason not to see the child.*
>
> *Although it could never be expected that 100 per cent of children should be seen, the only circumstances that do not warrant a face to face assessment are when initial enquiries indicate that the risk has changed since the case was passed to*

PSA member comment: *There are not enough caseworkers to respond to reports that are received of children at risk of significant harm. Therefore, children at risk are not being seen and this places emotional stress on caseworkers.*

[2] FACS Caseworker Dashboard – March 2016 Quarter, http://www.community.nsw.gov.au/__data/assets/file/0004/373522/March_2016_quarter_FACS_Caseworker_Dashboard_updated.pdf

[3] FACS Annual Report 2014-15, p 26.

the CSC [Community Services Centre], or that the initial assessment was mistaken and the child is not in fact at ROSH.[4]

Ideally, all children at risk of serious harm would receive a face-to-face assessment unless there was a very good reason not to do so. Community Services has much work to do to meet this standard.

Of more concern is the high number of ROSH reports that are never properly assessed because of 'competing priorities'. The NSW Ombudsman reported in 2014 that the number of ROSH reports that were closed for this reason in the 2012-13 period was 40,555, which is 38.7% of all ROSH reports made.[5] This is clearly unacceptable. The NSW Government must ensure that Community Services is sufficiently resourced so that every ROSH report is properly assessed in a timely fashion, and should be required to regularly report on this measure.

The increase in the number of child protection reports (ROSH, non-ROSH and other reports) has also adversely impacted in the ability of Community Services' main intake services, the Child Protection Helpline, to manage within reasonable expectations of service delivery. Members remain concerned that the call wait times has increased to 1 – 2 hours in peak times and that there has marked increase in the abandonment rate of callers. The increase in the number of reports has not corresponded with a relative increase in resources to manage the demand, thus placing even more pressure on staff and the child protection system as a whole.

The NSW government's stated priority is to reduce the percentage of children being re-reported at ROSH by 15%.[6] The most effective way that this can be done is to ensure that all reports are properly investigated and assessed at first instance. Some improvement could be made by developing work systems, but this target cannot be met without an immediate increase in the number of caseworkers and administrative support.

Recommendation 2
FACS should regularly report publically on the numbers of ROSH reports that are responded to by way of face-to-face assessment, 'Secondary Assessment Stage 1 (**SAS1**) completed - other information or referral' and 'SAS1 completed – closed competing priorities'.

PSA member comment: *The most pressing issue is trying to balance quality casework practice with the demand that we take on more matters, more families. You increase our workload and you decrease the quality of the work we provide to families.*

[4] Cassells et al (2014), *Keep Them Safe Outcomes Evaluation Final Report,* Sydney: NSW Department of Premier and Cabinet p 52
[5] NSW Ombudsman (April 2014), *Review of the NSW Child Protection System: Are things improving?,* p 7.
[6] Premier's Priorities, Protecting Our Kids, https://www.nsw.gov.au/premiers-priorities/protecting-our-kids

Recommendation 3
The NSW Government and FACS should introduce measures, including enhanced risk management assessments and expanding the number of caseworkers, to ensure that all ROSH reports are appropriately assessed and that responses are properly aligned with risks.

4 Our casework staff

4.1 More casework staff are needed

While the numbers of ROSH reports have increased, so too has the number of children in out of home care, a significant proportion of which remain in Community Services care. Despite this, caseworker numbers at Community Services have simply not kept pace.

The number of funded caseworker positions has decreased in the period since the Wood Report; from 2,187 funded full-time equivalent positions to 2,048.[7] The 2016-17 NSW Budget Paper reveals a loss of a further 56 full-time positions from statutory child protection,[8] but Community Services has not identified which have been slated for deletion. The PSA estimates that at most 1,400 positions are providing direct services to vulnerable children and their families.

These caseworkers are also responsible for the 12,355 children in OOHC that are in the care of Community Services (5,945 in statutory OOHC and 6,410 in non-statutory OOHC), which is 62% of all children in OOHC.[9] The majority of children in OOHC remain the responsibility of Community Services, and these remain a substantial source of work for casework staff.

This is clearly a failure of adequate resourcing and it places unrelenting and unsafe pressure on casework staff to try and see more and more children at ROSH and in OOHC through increasing caseloads. The government has a statutory and moral obligation to each and every child at risk and in care, and needs to adequately resource Community Services to meet its obligations. The PSA encourages the government to set appropriate benchmarks for the achievement of this goal, and considers a target of conducting face-to-face assessments in response to a majority of ROSH reports within two years as desirable and achievable.

PSA member comment: Caseworkers are being pushed to increase caseloads while juggling accreditation demands and increasing face-to-face assessments. I don't disagree with what Community Services is trying to achieve – I think their goals are worthy, it's just that I feel to achieve them we need more resources.

[7] Community Services Annual Report 2008-09, p 7, FACS Caseworker Dashboard – March 2016 Quarter. The current figure cited in the FACS Caseworker Dashboard of 2128 includes 80 specialist caseworkers that were not included in the caseworker numbers in 2009.
[8] NSW Treasury (2016), *NSW 2016-17 Budget Paper 3* at 3-10.
[9] FACS Annual Report 2014-15, p 26.

Recommendation 4
The NSW Government should increase the numbers of funded Caseworker positions and commensurate levels of system and support staff to ensure that by 30 June 2018:

1. no ROSH reports are closed because of competing priorities, and

2. at least half of all ROSH reports result in a face-to-face assessment by Community Services Caseworkers.

4.2 Looking after our casework staff

Child protection work is by its very nature traumatic and hazardous. The abuse and neglect that our members encounter in their daily work is frequently distressing. The Wood Report stated that the amount of sick leave taken by Community Services staff was higher than average, and that there were a large amount of workers' compensation claims, including a large proportion of 'very large' claims being for psychological injury.[10] The Report noted at 3.83:

> *the nature of the work is inevitably complex and stressful, and is often required to be performed subject to stringent time pressures, particularly where it involves the urgent removal of children from the parents or carers or is carried out in the JIRT* (Joint Investigation Response Team) *context.*

In 2014, Professor Munro made a specific recommendation in her *Practice First* pilot review report which has not been acted upon:

> *Community Services should consider how to make more support available to caseworkers to help them cope with the increased psychological challenges of working closely with families where there are child protection concerns.*[11]

Not only is the work intrinsically stressful, but it is also conducted in a challenging environment. Computer systems at Community Services are often slow and unreliable, and our members report that supervision can be inadequate and *ad hoc*. Current policy and

> **PSA member comment:** *Staff at all levels are overworked. Staff's psychological wellbeing is suffering and in turn this impacts staff both personally and at work. I strongly believe that our staff have high levels of unmanaged vicarious trauma. Management isn't concerned and keeps prioritising more work that is becoming increasingly difficult to manage with policy changes and dwindling resources.*

[10] Report of the Special Commission of Inquiry into Child Protection Services in NSW (2008) at 3.77-3.83.
[11] Munro (2014), *Review of* Practice First *pilots Overview Report*, Sydney. NSW Department of Family and Community Services, p 24.

practice directions can be difficult to locate and administrative support is under-resourced. Further, there is a critical shortage of foster care placements meaning that children are spending more time in Community Service Centres (**CSCs**) and are often needed to be placed and supervised in motels and similar type non-home based emergency accommodation such as holiday apartments. Members remain concerned that there are not sufficient systems in place to ensure that motels and the like are not also being used by other services (such as Community Corrections) to house people who may pose risk of harm to children.

It is in this context that our members are being stretched to near breaking point in responding to their overwhelming workloads. They are given unrealistic and arbitrary caseload benchmarks and are allocated work regardless of capacity.

Our members are also concerned with the amount of resources that need to be devoted to Court related work, which reduces the time that caseworkers can spend with other vulnerable children. Community Services caseworkers are unfairly burdened with this work, as many NGO agencies lack the skills and capacity to do this work, and refer it back to Community Services.

The PSA recently conducted targeted workload surveys for Community Services' staff that revealed that 80% of respondents are regularly working excessive unpaid hours in an attempt to manage their workloads. Some of our members have been the subject of disciplinary proceedings that were initiated for not completing work within unrealistic timeframes on the basis that they are 'not adhering to departmental policy'.

The PSA has sought to be proactive on the issue of workload and has directed its members to make use of a workload planner that it developed. This has proved very useful for our members in managing and controlling workload, although our members have reported that some managers have resisted the use of the planning tool. Community Services has not provided any tool or means to manage workload, making the workload planner the only available, effective and accountable tool to assist our members to manage workload.

Community Services does not know the extent to which flex time is being forfeited by staff, as it does not keep central records of flex time. This creates a risk that employees may be accruing and/or forfeiting excessive flex time. In 2010, the NSW Auditor General highlighted this failure and made recommendations that were never implemented.[12] In 2015, the Auditor-General recommended that FACS implement initiatives to reduce annual leave

PSA member comment: *The face-to-face target per CSC that increases from month to month to include any deficit from the previous month. Our CSC target is something like 29; this month's target is over 110. This is impossible – if we have been struggling to see 29 children per month, how on earth are we ever going to see 110?*

[12] NSW Auditor-General's Financial Audit Report 2010, *Volume Six, Department of Human Services NSW,* p 68.

balances given the large number of employees with excessive leave balances.[13]

These are key indicators of the safety and wellbeing of Community Services' staff, and the PSA has repeatedly raised concerns about these and other issues, but no genuine or meaningful action has been taken by Community Services to address them.

In particular, the PSA has repeatedly raised concerns about the risk and incidence of vicarious and secondary trauma for casework staff, which is a particular risk of child protection work. To date, Community Services has failed to acknowledge this problem or do anything to address it. Members remain concerned that Community Services has not met its legislative work health and safety obligations to provide a safe working environment for child protection casework staff, and specifically has failed to provide systems that are designed to manage and prevent vicarious and secondary trauma associated with child protection practice. Currently Community Services does not refer to or raise awareness about vicarious and secondary trauma in the context of staff induction, training, ongoing professional development or supervision. The fact that Community Services currently does not have a policy specific to secondary and vicarious trauma[14] in the field of child protection practice remains of grave concern for our members.

Community Services must ensure that it properly cares for its staff, safeguarding their health and wellbeing, improving their job satisfaction, life-work balance and consequently outcomes for children at risk. There is ample evidence of the difference that dedicated case workers make to vulnerable children. A good example is FACS' own document: *Shining a light on good practice in NSW - stories from child protection and out-of-home care*.[15] The committed and professional workers at Community Services are the government's most valuable resource in protecting vulnerable children and it is time for Community Services to develop new ways of working for caseworkers that reduce stress, burn-out and unsafe working conditions.

New strategies could draw on trials and best practice from here and overseas. The Guardian has reported on a group of elder-care nurses in a Swedish retirement home who have made

PSA member comment: *There is a feeling that we are not doing the best we can for our clients because there is always pressure to be quick and do more with less. This contributes to the stress caseworkers are under and affects morale.*

[13] NSW Auditor-General's Financial Audit Report 2015, *Volume Eight, Family and Community Services*, p 17.

[14] **Vicarious trauma** is the emotional residue of exposure that casework staff have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. **Secondary traumatic stress** is the emotional duress that results when an individual hears about the firsthand trauma experiences of another.

[15] Family and Community Services (2015) , *Shining a light on good practice in NSW - stories from child protection and out-of-home care*, http://www.facs.nsw.gov.au/__data/assets/file/0006/281922/CS_GoodPractiseReport_WEB.pdf

radical changes to their daily work in an effort to improve quality and efficiency. [16] In 2015, the nurses switched from an eight-hour to a six-hour working day for the same wage – a controlled trial of shorter hours. The head of elder-care observed that, "there is a lot of illness and depression among staff in the care sector because of exhaustion – the lack of balance between work and life is not good for anyone." This echoes issues for our child protection practitioners here. Additional staff were hired, but the trial is viewed as a success as staff wellbeing is better and the standard of care is even higher.

Technology can contribute to new ways of working and the PSA notes that FACS is developing new Child Story software – an issue that our members have been advocating on for many years. This should enhance the way in which child protection information is recorded, accessed and shared. Contracts have been awarded to three innovative companies for different components of the system. The new system is intended to replace a multitude of ageing and disconnected legacy systems, which meant caseworkers were spending huge amounts of time communicating and co-ordinating with the multitude of agencies they need to deal with, such as police, courts, health and schools. This new system should provide enhanced opportunities for more flexible work and better work-life balance for caseworkers.

Recommendation 5
FACS should develop a commitment to comprehensively look after its employees in light of the specific risks in child protection work. This should cover:

- better early identification and mitigation of factors that may increase the risk of worker stress, unsafe working conditions, fatigue, mental health leave and workers' compensation.
- a policy that directly deals with the issue and prevalence of vicarious and secondary trauma among casework staff.
- improved support for workers facing excessive hours, unsafe working conditions or other stress to promptly rectify the situation and ensure appropriate supervision, mentoring and mental health supports (if needed) to transition to a sustainable employment situation.
- enhanced supervision and management guidelines which promote a duty of care, especially relating to work load, work hours and work stressors, with a focus on identifying vicarious and secondary trauma, with training to support this.
- Greater emphasis in induction and training on work health and safety issues specific to the practice of child protection casework, including secondary and vicarious trauma.
- greater job-sharing and part-time work opportunities noting information will be easier

[16] Crouch (17 September 2015), *Efficiency up, turnover down: Sweden experiments with six hour working day,* The Guardian, https://www.theguardian.com/world/2015/sep/17/efficiency-up-turnover-down-sweden-experiments-with-six-hour-working-day

to share between caseworkers with the new Child Story system.

- reviewing options for more working at home or remote working opportunities.
- reviewing options for increased opportunities for job and task rotation.
- reviewing options for reduced working hours without a reduction in pay and improved patterns of work to reduce stress and burn-out and increase the quality of care.
- fair policies that encourage a work-life balance for caseworkers, especially those who are parents or carers, with a presumption that flexible working requests will be approved unless there are exceptional circumstances.
- centralised mechanisms to monitor forfeiture of flex-time and excessive annual leave balances to identify any unsafe patterns of working hours and inability to access leave.
- improved opportunities for sabbaticals, purchased leave, leave without pay and other provisions to help reduce stress and burn-out and improve staff retention.

Recommendation 6
Community Services should regularly scope, monitor and report on those factors indicative of the health and safety of casework staff, including:

- staff turn-over.
- excessive annual leave balances.
- incidence of sick leave.
- forfeiture of flex-time.
- workers compensation claims.

PSA member comment: *There is resistance among managers around staff insisting on using the workload planner, but it has got to a point that it is the only way we can protect ourselves from being allocated way too much work for the hours we are employed. All the systems within CSCs are breaking down and their answer is to keep pushing more and more work onto caseworkers. This is really impacting on our mental health and ability to do our jobs. Children and young people are not getting the type of service we want to provide them.*

4.3 Too much administration, too little time with children

On 16 June 2011, the then Minister for Community Services, Pru Goward, told Parliament:

> *We have to address a huge amount of bureaucratic red tape so that front-line workers can get on with the job and help these children.*[17]

Five years on, Community Services casework staff continue to be swamped in administration and a complex compliance-focused operating framework. A recent evaluation of the *Practice First* service delivery model found that 82.6 % of casework practitioners felt they spent too much time on administration, and 72.8% felt that this meant they spent too little time working with children and families.[18]

Despite all the positives associated with *Practice First* (discussed at 4.4 below), unnecessary and duplicated administration continues to hamstring this welcome initiative. The Evaluation Report completed earlier this year by the Parenting Research Centre noted:

> *Without exception, all CSCs reported that caseworkers' administrative burdens negatively impacted on their ability to perform their work in the way Practice First was designed to achieve.*[19]

Community Services has failed to address the structural impediments and administrative obstacles to free-up casework staff to more effectively work with children and families, and this continues to undermine other initiatives to improve service delivery. While record keeping and administration is important, it is crucial to use effective systems to streamline this aspect of child protection work.

A comment noted in the Evaluation Report sums up the current situation for casework staff:

> *Essentially we're working in a new way but still in the old system. Everyone became very disillusioned because nothing – and I have to say; nothing, zero has changed around policy, procedure to make our life easier that we do not have to be behind our desk.*[20]

PSA member comment: *Caseworkers are being tied to their desks completing records so management can retrieve statistics that do not reflect what actual work is being done with children and the families or the level of change being made.*

[17] Legislative Assembly, *Hansard,* 16 June 2011, p 2551.
[18] Wade et al (January 2016) *Practice First Evaluation Report,* Melbourne, Parenting Research Centre, p 15.
[19] Ibid, p 29.
[20] Ibid, p 40.

Recommendation 7
FACS should undertake a review of the overly complex operating framework, with reference to other models in Australia and overseas, in order to develop and implement a plan to simplify and streamline the administrative and procedural processes for casework staff.

4.4 An obsession with statistics undermines *Practice First*

The positive changes envisaged by *Practice First* have been referenced above. *Practice First* is described in the Evaluation Report as follows:

> Practice First *was developed as a service delivery model to improve systems, practices and culture relating to the assessment, decision making and support for children and young people identified as at ROSH.* Practice First *focuses on strengthening caseworker skills and capability and reducing administration so caseworkers are able to spend more time on direct client contact; increasing family and partner agencies' participation in decision making; and improving caseworker satisfaction and retention.*[21]

Our members working in *Practice First* sites have largely welcomed the change, and our experience is echoed by the findings of the Evaluation Report, which said that almost three quarters of respondents thought that Practice First improved their job satisfaction,[22] and almost 8 in 10 reported that it had helped them work more effectively with clients.[23]

The following extract from the Evaluation Report crystallises for our members why *Practice First* is so important for them and their clients:

> *Staff reported that pre-*Practice First *their focus had been on assessing risk and then making a decision to close the case, take it to court or give it to another agency to address, whereas under* Practice First*: "we've started to see that we have a role in fixing the problem."*[24]

The challenges associated with properly implementing *Practice First* while doing nothing about the administrative burden on practitioners was detailed in the Evaluation Report and addressed above. However, a further problem has emerged since the Evaluation Report authors collected their evidence in 2014, and that is the increased drive from Community Services for individuals, CSCs and Districts to meet statistical targets and benchmarks.

> **PSA member comment:** The *Practice First* model appears to have less relevance in casework now and more focus is put on statistics and data rather than the relationships between caseworkers and children, young people and families.

[21] Ibid, p 5.
[22] Ibid, p 66.
[23] Ibid, p 31.
[24] Ibid, p 20.

We are being told by our members that the work is becoming less about the children and more about the numbers and statistics. A new focus on monthly statistical performance data and performance targets issued to the 15 Districts is the driver to increase performance. Casework staff are experiencing unprecedented pressure to 'up their numbers'. Caseworkers are regularly told that the performance targets imposed by Community Services for their District and CSC must be achieved – 'no excuses.'

In the short term, this has improved certain productivity measures, but it is at the cost of workers' health and safety as well as the erosion of quality practice, which then results in poorer outcomes for vulnerable children and families.

Community Services was warned about this in the review of the *Practice First* pilot sites. The overview report compiled by Professor Eileen Munro noted:

> *Computerised, quantitative data about service processes … provide a poor indicator of the quality of work being done with families … Moreover, the emphasis on counting processes has negative consequences in that in order to enter the necessary data to allow counting, caseworkers must prioritise this over spending time with families to build relationships and allow for comprehensive assessment, absorbing time and distorting priorities away from keeping a clear focus on children's safety.*[25]

The report went on to state that:

> *setting targets for actions taken in relation to children and young people is intended to incentivize those actions but they are also potentially harmful.* [26]

This has had a negative impact on practitioners. Based on recent feedback from casework staff that we have received, Community Service's current obsession with statistics, targets and benchmarks is effectively undermining their own commitment to *Practice First*. This is driving casework practice backwards and, based on the work we have done with our members, is resulting in:

- an acute fall in staff morale
- erosion of staff satisfaction in their work

PSA member comment: *Personally, I find it frustrating when they quote statistics that suggest we are seeing more children than ever before, but they ignore that often it's just a single visit and we don't get an opportunity to engage with children and families and do quality casework. It's all about increasing numbers.*

[25] Munro (2014), *op cit*, p 32.
[26] Ibid, p 36.

- excessive and unsafe workloads
- subsequent staff injuries and attrition
- reduced administrative support
- increased administrative burden
- erosion of quality casework
- poorer outcomes for children and families

Recommendation 8
FACS should review the framework and implementation of *Practice First* as part of its continued roll-out to determine how *Practice First* principles and objectives can be better integrated with revised benchmarks, targets and reporting etc. to ensure that these focus on key quality outcomes rather than excessive output metrics.

4.5 Not enough administrative support

Increasingly, casework staff are left without administrative support, both locally and centrally. Our members inform us that they are experiencing significantly more pressure to take more cases and have more administrative responsibilities, while at the same time access to administrative support is more limited.

As the size of the Community Services workforce has contracted, it is the support positions that have been cut. This has left local CSC-based administrative positions experiencing work overload in trying to keep abreast with the increasing demands placed upon them by their respective Districts. This includes new reporting systems such as the new Office of Children's Guardian Carers Register, which has dominated CSC administrative resources in the last year. While the recent addition of 70 new Casework Support Officers is a step in the right direction, there are some 80 CSCs in the state and the practical difference felt in direct service delivery is slight.

Centrally, the OneFACS restructure has seen the disbandment or reduction in important support positions such as in policy and program implementation. There has been a breakdown in the lead and coordination of state-wide initiatives which were focused on simplifying procedures and administrative processes. As a result, casework staff continue to work in an overly bureaucratic, administratively and procedurally complex operating framework, weighted too heavily towards compliance as opposed to quality.

The quarantining of casework positions is now coming under threat, as CSCs are buckling under the burden of finding staff to perform administrative work that was previously done centrally. As a result of Districts being forced to restructure to meet these demands, an increasing number of direct service positions are being used for other operational work. A recent example of restructuring in the Hunter New England District (the largest Community

PSA member comment: *More needs to be delegated to a larger administrative team so that, as a child protection caseworker, I can focus on making my assessments and reports for court.*

Services District) has seen an increase in the manager casework to caseworker supervision ratios from the funded ratio of 1:6 to 1:7 (and possibly up to 1:9), as three manager casework positions in the Metro (Newcastle) region will no longer be filled. Managers casework have one of the most difficult and demanding roles of all, frequently working excessive and unsafe hours as they struggle to make themselves available for their caseworkers while managing crushing administrative and reporting demands.

In 2014, the *Practice First* pilot sites Outcomes Report recommended that:

> *Community Services should provide additional administrators so that they are able to fulfil their intended roles within* Practice First *and substantially reduce the bureaucratic demands on caseworker's time, thereby allowing them more time for the challenging tasks that need their specialist expertise.*

Since then the opposite has happened, undermining the efforts of caseworkers to do quality casework and make a difference to the disadvantaged children and families in the state. Unless the above problems are taken seriously and adequate resources are allocated to the administration of child protection, reporting and re-reporting rates will not decline and more children will be forced to enter an OOHC system ill-equipped to offer them a better future.

It is interesting that the 2008 NSW Garling Review into Public Hospitals recommended the establishment of Clinical Support Officer roles so that clinicians could be freed to undertake patient care rather than excessive administrative duties.[27] This was to enhance patient safety. In the Government's *Caring Together* response, Clinical Support Officer positions were funded with around 500 on board by 2011.[28]

Recommendation 9
FACS should resource administration at Community Service Centres by providing additional general administrative officers for Community Service Centres, and at least one clerical support officer for every casework team.

PSA member comment: *Caseworkers want to provide a quality service to children and do their best to bring about positive change in families and they are being undermined at each step.*

[27] "*The units and wards, and all of the clinicians need to be supported as well, and new and more cost effective members of the team need to be introduced into the workforce and so I recommend the creation of a position called a clinical support officer who can undertake roles presently fulfilled by senior and junior clinical staff but which can be undertaken by less, but nevertheless suitably, qualified individuals*" – from Garling SC (27 November 2008), Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, at 1.125, http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0003/34194/Overview_-_Special_Commission_Of_Inquiry_Into_Acute_Care_Services_In_New_South_Wales_Public_Hospitals.pdf

[28] Travaglia et al (2011), *Report of the mid program evaluation of 'take the lead'*, Sydney, Australian Insatiate of Health Innovation. http://www.health.nsw.gov.au/nursing/projects/Documents/midprogram.pdf

Recommendation 10
FACS should re-establish a specialist central Policy unit to support the unique demands of child protection casework.

Recommendation 11
FACS should re-establish a better resourced central unit to support the Office of Children's Guardian's Out-of-Home Care accreditation process to reduce the burden on casework staff.

5 Out-of-Home Care (OOHC)

5.1 Failings in the OOHC system – an acute lack of placements

The availability of foster carers for crisis, short and long term placements has significantly deteriorated over the past 2 years while demand for these placements continues to rise. The PSA has been advised that recently the Child and Family District Unit (which is responsible for sourcing placements) for one district was attempting to secure placements for 30 children at one time, including one baby, without any success.

With a shortage of suitable placements, many children are placed out far away from their own communities, and sibling groups are being separated. Aboriginal children are being put out of country and/or with non-Aboriginal carers.

It has now become common place for children to spend days at the CSC office while caseworkers try to secure a placement. There have been occasions when children have had to sleep overnight in the CSC supervised by their caseworkers or other workers. Sometimes children are in the CSC for up to a week without any constructive engagement or service provision in that time. This is considerably disruptive and potentially hazardous for casework staff. There is risk for both the children and staff resulting from this practice. CSCs are not suitable environments for children to be held for any significant period of time.

They are not only separated from their families but also being cared for by strangers, which is contributing to their trauma. While authorised carers have to meet very high standards to be able to care for children, there is no real firm process to check that the NGO workers and other agency workers (such as nursing aides) supervising children have the skills to meet the needs of the child. Children are in effect being babysat, with minimal stimulation or structure in their days. Traumatised children removed from abusive homes are being further traumatised by the experiences of living 'in transit', with no stable placement, no regular carer, separated from family and siblings and often with no regular contact because of the

PSA member comment: *For OOHC caseworkers, the situation of children (including babies) regularly in hotels, motels and caravan parks is heart-breaking. There are no Community Services placements, very few NGO placements and the ones they have are often not good or the carers are trying to return to Community Services as they are getting less support from the NGOs.*

distance from other family members.

The financial cost of this practice is also immense. For example, the PSA is aware that recently a 6 year old was placed in a motel, separated from her siblings, and at a cost to Community Services of around $18,000 a fortnight. This issue is depleting District budgets, disrupting caseworkers and having a serious impact on staff morale and their ability to perform their role.

5.2 Failings in the OOHC system – a shortage of carers

It is common knowledge that there are not enough foster carers throughout NSW to cope with the demand for placements. This has led to an interim strategy of having Community Services resume its role to recruit, assess and train new foster carers, even though NGOs receive all funding allocation for this function. The resources for this have had to be found within existing Community Services resources.

The shortage of carers is most acute for placements for Aboriginal children. Caseworkers spend considerable time trying to access a placement. It is an onerous and time-consuming task. Time spent trying to find a placement is time taken from working directly with children and families.

5.3 Failings in the OOHC system – an over-reliance on the NGO sector

The risk in outsourcing essential care services has not been managed well by Community Services. While the practical effects have been felt by our members, the risks were highlighted in the 2015 NSW Auditor-General's Report, which stated that:

> *Many services traditionally delivered by the Department are being transferred in varying degrees to NGOs, along with substantial funding. The NGOs are heavily dependent on this funding without being directly accountable to the NSW Government for how these funds are spent. The current process is based on service providers self-assessing performance and providing financial acquittals.*
>
> *Legislation determines what Auditors-General can do to ensure accountability and this has a significant influence on their effectiveness. Other jurisdictions now have legislation to ensure Auditors-General provide independent assurance about service delivery outcomes and financial accountability in these types of arrangements ('follow the money' powers).*
>
> *This is not the case in New South Wales, where the Auditor-General does not*

PSA member comment: *The OOHC system is failing; there are not enough placements so children are being moved from crisis placement to crisis placement, in hotels or being returned to the family they were removed from as it is assessed a lower risk to the child in returning them than it is to expose children to systems abuse.*

currently have 'follow the money' powers. [29]

Most checks on NGOs conducted by Community Services relate to governance and administrative issues and do not focus on the quality of care or outcomes for children and young people. If there is a specific issue relating to a child's care, it is incumbent on the NGO to self-report. This can understandably result in the agency not formally addressing concerns in order to avoid attention from Community Services. When there has been a critical incident, some agencies have been known to 'shut down', which provides a further gap in service delivery. This is symptomatic of a system that is focused on risk aversion rather than child safety.

Relying on NGOs has also created silos in service delivery. Often agencies seem to lack an understanding of the context in which OOHC takes place. This impacts on the work they do with children and young people, their families and in the NGO's dealings with Community Services. They deliver services to the extent of their funding and no more. For example, there have been instances where agencies have restored OOHC children to their families without adequately assessing or supporting them. This then results in a breakdown of this placement and leaving children at risk of further harm.

There are further limitations to the services that NGOs are able to provide. Due to their size, many simply lack the resources to provide the full range of services needed by the children in their care. For example, most agencies do not have access to internal psychological or therapeutic services and are not likely to purchase them due to the costs, which means that children miss out on necessary support.

This results in children's needs not been met and an escalation in their level of need. Some agencies end up referring children to free universal support services to save money, but there are frequently inadequate for the level of need that OOHC children and young people might have.

This is particularly the case for children with high and complex needs. There is high incidence of these children 'bouncing back' to FACS as they are too difficult for NGOs to manage.

It is an also an issue for Aboriginal children in OOHC. There is an over-representation of

PSA member comment: *Appalling situation with OOHC; no placements, children in motels and CSCs, NGOs unable to manage cases and returning them to CSCs to manage with no funding. NGOs are unable to do the related legal work for the children transferred to them that is part of their funded role. This falls back on Community Services to do also with no funding. NGOs in our district are closing down, getting out of OOHC and handing the children back.*

[29] NSW Auditor-General's Financial Audit Report 2015, *Volume Eight, Family and Community Services*, p 28.

Aboriginal children in the OOHC system and this is not reflected in the number of cultural appropriate placement options available in the NGO sector. Some have made pseudo-partnerships with Aboriginal agencies in order to be funded as providing Aboriginal placements but are not delivering adequate culturally appropriate placements. This has also resulted in many Aboriginal carers refusing to be transferred to these NGOs and others transferring back to Community Services once they have discovered the agency has failed to provide adequate cultural support for them and the children they are caring for. Aboriginal OOHC organisations are prone to cease providing services due to pressures and lack of support from the NGO sector, and the children they were caring for are then returned to Community Services.

Recommendation 12
FACS should recognise that there are long term role for both Community Services and the NGO sector in the provision of Out-of-Home Care.

Recommendation 13
FACS should identify areas in which the NGO sector cannot meet demand in Out-of-Home Care and rebuild capacity for Community Services to deliver specific services in the longer term.

5.4 Overall failure to reduce the reliance on OOHC

The number of children in OOHC in NSW has continued to rise despite various early intervention and prevention programs. Further, NSW rates of children in OOHC are high (10.8 per 1000 in 2014) compared to the national average (8.1). [30] The rate is also high compared to America and England, with rates of around 6 per 1,000.[31]

In 2013, the NSW Government created two social benefit bonds to reduce the reliance on OOHC:[32]

Newpin Social Benefit Bond – this bond funds the expansion of a UnitingCare Burnside program that works intensively with families to either safely return children in care to their families, or prevent children from entering care.

> **PSA member comment:** *We as caseworkers are re-traumatising children by splitting siblings in placements, placing children in multiple crisis placements, children are being abused in foster care. It is disgraceful that our job is to help children and families yet most of the time we are contributing to their trauma.*

[30] Australian Institute of Family Studies (June 2015) *Children in care Resource Sheet,* https://aifs.gov.au/cfca/publications/children-care
[31] CORAMBAAF(2015) *Statistics: England,* http://corambaaf.org.uk/res/statengland, Child Trends Databank (2015), *Foster care,* http://www.childtrends.org/?indicators=foster-care
[32] Office of Social Impact Investment, *Social Benefit Bonds, http://www.osii.nsw.gov.au/initiatives/social-benefit-bonds/*

Benevolent Society Bond – this bond funds services for up to 400 families over five years to help them deal with issues such as domestic violence, substance misuse, mental health, unstable housing and family functioning.

These Bonds have had some success, but they are small scale and restorations have resulted in actual or projected 'success' payments to investors. But these programs do not require the Social Benefit Bond model to work. The NSW Government should expand programs to reduce the reliance on OOHC that have evidence-based success rates, rather than expending funds on advisers to develop complicated bond products and directing bonuses to private investors.

Instead, Community Services should be funded to develop and test additional models to reduce the reliance on OOHC, drawing on the expertise of its own policy and caseworker staff. This would increase the evidence base so that the best programs can be rolled out more widely.

Recommendation 14
FACS should be funded to develop and test new evidence-based strategies for Out-of-Home Care to:

- expand the pool of foster care families with better matching of higher risk children to suitable families, examining innovations here and overseas.
- provide improved options for children in the Out-of-Home Care system who do not live in a family home (often sibling groups, high need adolescents and children with challenging behaviours) with less reliance on Residential Care or more extreme options such as motel accommodation.
- provide improved quality in Out-of-Home Care, enhanced stability of placements, and enhanced education, mental health and quality of life outcomes for children in Out-of-Home Care, including after leaving care.

PSA member comment: *Often we are able to identify what a child needs, but find a complete lack of suitable placements, treatment facilities, and associated services. We are dealing with some of the most emotionally damaged and behaviourally disordered children, but we do not have a hope in hell of providing what they need, particularly in regional locales.*

5.5 Overall failure of the OOHC Transition to NGOs

In 2009, there were 16,524 children in OOHC, today there are in excess of 21,000.[33] Of these, almost 8,000 children are now in statutory OOHC managed by NGOs.[34] This vast migration of children to the NGO sector has been rapid, and many agencies have struggled to cope. The transition of OOHC to the NGO sector has not delivered the quality of service expected or the level of service required, despite the fact that the vast majority of funds that have been injected into the sector have gone to NGOs.

The failings in the OOHC system have been outlined in more detail above. It has reduced the ability of Community Services to manage the children in its care and limited the options available to casework staff. In so doing, it has failed children, placing many at risk, subject to abuse and/or without an adequate placement. The NGO sector has been unable to meet all the service delivery demands in OOHC, and the Government needs to plan for Community Services to step in and resume a large role in the longer term.

Recommendation 15
FACS should develop a firm and consistent revised policy for the delivery of OOHC services having regard to:

- More stringent controls on contestable funding for out of home care, with the quality, accountability, suitability and outcome record for any out of home care provider thoroughly assessed as part of any contract review/extension or in the case of a new contract.
- The best evidence-based service models for children with challenging behaviours or other characteristics that make it difficult to place them in general foster care.
- Identification of areas in which the NGO sector cannot meet demand and planning for rebuilding capacity for Community Services to meet this demand gap including a clear criteria for when FACS should take the lead role in the provision of OOHC having regard to the quality, accountability, suitability, transparency, safety and stability of services.

PSA member comment: *The system is too process driven, often seems to lack common sense, and is not child focused despite all the rhetoric. It has become all about stats and not about quality. There is too much emphasis on tasks that merely make the stats look good. Morale is low and there is sense of helplessness and frustration in dealing with our own organisation.*

[33] Community Services Annual Report 2008-09, p 7, FACS stakeholder 2016-17 Budget Briefing , p 11, http://www.facs.nsw.gov.au/__data/assets/pdf_file/0020/318305/FACS_budget-summary_2015-16.pdf
[34] FACS Annual Report 2014-15, p 26.

6 Interagency collaboration

One of the recommendations of the Wood Report was for a better all-of-government response to child protection, and Joint Investigation Response Teams (**JIRTs**) have provided a good example of the potential for this type of collaboration to achieve quality outcomes for children.

However, our members have recently reported a shift in the way JIRTs are being viewed by NSW Police. Instead of working together to protect children, NSW Police seem more interested in securing convictions than in the safety requirements and therapeutic needs of the child. This has created tension between Community Services and NSW Police staff, and undermines the principles of JIRTs.

Recommendation 16
The NSW Government should reiterate the commitment of agencies involved in Joint Investigation Response Teams to working co-operatively and effectively to provide the best outcomes for children, young people and their families.

PSA member comment: *The current state of statutory child protection services with current staffing as it is simply not sustainable in the long term. I have worked for FACS for 10 years and the general feeling among staff has never been so bleak. It is a very sad state when you are constantly hearing that it would have to take a critical incident for things to change within the agency.*