INQUIRY INTO CHILD PROTECTION

Organisation: Uniting

Date received: 15 July 2016

Uniting

Submission

Uniting Centre for Research, Innovation and Advocacy (CRIA)

July 2016

NSW Legislative Council

Child Protection Inquiry

Uniting (NSW.ACT)

Address: PO Box 7137, Silverwater NSW 2128
Website: www.uniting.org

Prepared by:

Jacqui Nash, Toni Beauchamp, Tracey Fay-Stammbach, Cathy Stirling and Natalie Parmenter

Contact for further information:

Contact: Tom McClean
Title: Manager
Directorate: Uniting Centre for Research, Innovation and Advocacy (CRIA)
Phone:
Email:

Table of contents

About Uniting

Uniting is one of the largest providers of services to support vulnerable children, young people and families in New South Wales (NSW) and the Australian Capital Territory (ACT). Our purpose, in the child protection sector, is to provide high quality, innovative programs and research based advocacy to break the cycle of disadvantage and have a profound impact on the life chances of vulnerable children and young people.

This submission is informed by our wide-ranging experience delivering programs across the continuum of care to improve the safety and wellbeing of vulnerable children and young people.

Our child and family services

Uniting provides a range of services to disadvantaged children, young people and families in NSW and the ACT. Our programs span prevention and early intervention, intensive family support, out-of-home care (OOHC), aftercare, family counselling and mediation, disability services, early learning, community development and accommodation and support for young people experiencing homelessness.

Uniting delivers targeted early intervention programs including Families NSW, Aboriginal Child, Youth and Family Strategy, Child, Youth and Family Support, Youth Hope, Getting It Together and Community Builders. We also deliver the Brighter Futures and Intensive Family Based Services (IFBS) programs in the Central Coast, Mid North Coast, South West Sydney and Orana Far West, as well as the Family Referral Service (FRS) in Orana Far West and South West Sydney.

Uniting delivers the innovative Newpin (New Parent and Infant Network) program in six locations including Western Sydney, Wyong and Ingleburn. A seventh Newpin program will open in Newcastle in 2016-17. Newpin is an intensive child protection and parent education program that works therapeutically with families under stress to break the cycle of destructive family behaviour and enhance parent-child relationships. Newpin was selected to trial the use of Social Benefit Bonds (SBB) in NSW. The Newpin SBB is underpinned by an outcome-based contract between the NSW Government and Uniting, where investors receive a return based on the proportion of children restored to their parents. The SBB approach focuses on supporting families through restoration.

Uniting is a large provider of OOHC services on the Mid North Coast, Orana Far West, Western Sydney and South West Sydney. These programs include foster care, residential care and aftercare for young people who have left OOHC.

Jaanimili, our Aboriginal Services and Development Unit (see below), is currently providing support to build the capacity of local Aboriginal and Torres Strait Islander organisations in Dubbo, Narromine and Wellington, and also in Western Sydney to deliver the new OOHC services 'Ngurambang' and 'Gaba Yula'.

Jaanimili Aboriginal Services and Development Unit

As a mainstream not-for-profit organisation, Uniting is strongly committed to addressing disadvantage among Aboriginal and Torres Strait Islander people. Jaanimili, our Aboriginal Services and Development Unit, has an important leadership role in providing cultural

guidance to Uniting services and staff to ensure that our programs are accessible to and culturally appropriate for Aboriginal and Torres Strait Islander people.

Our work in this area is underpinned by our Aboriginal Service Delivery Principles. These emphasise, among other things, the importance of building strong relationships and partnerships with Aboriginal and Torres Strait Islander organisations and communities. Uniting also uses a range of proactive strategies to assist recruitment of Aboriginal and Torres Strait Islander staff and build a strong Aboriginal and Torres Strait Islander workforce.

Jaanimili operates a number of Aboriginal-specific programs, including Jaanimili Early Links, the Aboriginal Aftercare Statewide Service and Bringing Them Home (which provides counselling and support to people affected by forced removal policies and practices of past governments). Additionally, the Aboriginal Intensive Family Support Service provides short-term intensive and flexible in-home support to assist Aboriginal and Torres Strait Islander families at risk of relinquishing the care of their child or young person with a disability.

Executive summary

Uniting welcomes the opportunity to provide this submission to the NSW Legislative Council Child Protection Inquiry.

The 2008 *Special Commission of Inquiry into Child Protection Services in NSW* (the Wood Commission) identified several serious problems with the child protection system in NSW and made an extensive list of recommendations to address them.[1] This led to a number of significant reforms of the child protection system, including:

- an emphasis on early intervention and on child protection being 'everyone's business';
- raising the mandatory reporting threshold to 'risk of significant harm' (ROSH); and
- the transition of early intervention and out-of-home care (OOHC) casework to the non-government sector.

Despite these notable changes, many of the systemic problems they were intended to address persist. The Child Protection Helpline is still struggling to cope with demand, and consequently many children suspected of being at risk of significant harm are not receiving a response from the Department of Family and Community Services (FACS). Further, many children, young people and families are not able to access quality services designed to meet their needs and reduce their chances of ending up in the statutory child protection system. This is due to a range of factors, including inadequate investment in prevention and early intervention services and non-government organisations (NGOs) not receiving sufficient funding to deliver quality programs and recruit suitable staff. Even those families who are able to access a service may not receive the best response, because overly-rigid program silos mean that service providers are not always able to adapt when families' needs evolve.

The transition of responsibility for OOHC to NGOs, and the increasing reliance on NGOs to deliver services to children and young people who are suspected of being at risk of significant harm, has also created new challenges. For example, it is essential to achieve consistency across the sector with respect to carer assessment processes and training requirements. Such consistency is vital to the implementation of appropriate processes, support and safeguards to ensure the safety and wellbeing of children in care, irrespective of the OOHC provider. Working collaboratively and good practice around information sharing are now more important than ever.

There is also an urgent need to examine why Aboriginal and Torres Strait Islander children are ten times more likely to be in OOHC than non-Aboriginal or Torres Strait Islander children,[2] and to work with Aboriginal and Torres Strait Islander communities to develop and implement strategies to address this issue.

---

[1] See Wood, J. (2008). *Report of the Special Commission of Inquiry into Child Protection Services in NSW: Executive Summary and Recommendations*. NSW: Department of Premier and Cabinet.
[2] SNAICC (2014). *Family Matters – Kids Safe in Culture, Not in Care: An invitation to change the lives of Aboriginal and Torres Strait Islander children*, p.3.

Summary of recommendations

These are the recommendations we have made in the body of this document. In making them, we wish to emphasise that we have a good working relationship with the Department of Family and Community Services, both at the central and district level. We make these recommendations in a constructive spirit, and (where appropriate) we are willing to work with the Department to implement them.

Recommendation 1

The Department of Family and Community Services consider implementing local helpline models in other regions. This implementation should include resources for engaging with local service providers, and to ensure that the service system is able to cope with the needs of children and families who are not screened in for a statutory response.

Recommendation 2

The Department of Family and Community Services should make it standard practice to provide SARA assessment reports to NGOs when a referral is made to a program.

Recommendation 3

The Department of Family and Community Services should explore opportunities to conduct joint assessments where doing so will not compromise the NGO's ability to work effectively with the family concerned.

Recommendation 4

The Department of Family and Community Services provide NGOs with increased funding for salaries to enable NGOs to attract suitably qualified staff who can meet the more complex needs of children, young people and families.

Recommendation 5

The Department of Family and Community Services review existing funding arrangements and consider an alternative model for service delivery which is flexible, responsive and outcomes-focussed. This should include funding contracts of 4-5 years.

Recommendation 6

The Department of Family and Community Services work with AbSec to develop a culturally appropriate assessment tool for assessing prospective Aboriginal or Torres Strait Islander foster carers.

Recommendation 7

The Department of Family and Community Services develop a consistent framework and minimum standards for initial training required for authorisation of foster and kinship carers.

Recommendation 8

The NSW Government establish a comprehensive policy approach to improve the support provided to kinship care placements, including children in long-term guardianship arrangements. The development and implementation of this policy should include close consultation with AbSec and Aboriginal and Torres Strait Islander organisations.

Recommendation 9

The roles of oversight bodies including the Office of the Children's Guardian, the Department of Community Services and the NSW Ombudsman need to be clearly delineated. In particular, there is a need to provide NGOs with clear and consistent protocols for managing, responding to, reporting and investigating reportable allegations. Training should be provided to NGOs about the role of each body and NGOs' obligations with respect to each.

Recommendation 10

The Department of Family and Community Services review existing procedures and develop a process for identifying Aboriginal and Torres Strait Islander children when they first come into contact with the Department, drawing on the approaches used in Victoria and South Australia.

Recommendation 11

AbSec should be resourced and supported to develop the cultural competency of the non-government child protection workforce in working with Aboriginal and Torres Strait Islander families and communities. This workforce development initiative should build on the experience AbSec gains working with the Department of Family and Community Services.

Recommendation 12

The NSW Government develop and resource a comprehensive strategy to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander children. The strategy should be developed in collaboration with SNAICC and reflect the key strategies in the *Family Matters* framework.

Recommendation 13

The Department of Family and Community Services should define early intervention as early in a child's life and/or early in the life cycle of a problem, and use this definition consistently.

Recommendation 14

The NSW Government provide additional funding for genuine early intervention services.

Recommendation 15

The Department of Family and Community Services review how Community Services and Housing NSW can work together better to support restoration.

Recommendation 16

The NSW Government increase funding of the Aboriginal Aftercare Statewide Service to enable employment of additional caseworkers in areas of the State with high numbers of Aboriginal and Torres Strait Islander young people leaving OOHC and ensure that the service model is sustainable.

Recommendation 17

The NSW Government increase funding of (mainstream) aftercare services to enable services to respond effectively to the increased number of young people leaving OOHC and address geographical gaps in service provision in regional areas of the State.

Recommendation 18

The NSW Government provide funding security for aftercare services by providing (at least) three-year contracts.

Recommendation 19

The NSW Government continue to provide funding for disability-specific intensive child and family support services.

Recommendation 20

The NSW Government work with the Commonwealth, State and Territory governments to develop nationally consistent arrangements for intra-jurisdictional and inter-jurisdictional exchange of information related to the safety and wellbeing of children.

Recommendation 21

The Department of Family and Community Services develop training and information resources on Chapter 16A, with a particular focus on the circumstances in which information should be shared. This training should be provided to relevant workers from both the government and non-government sectors.

Recommendation 22

The Department of Family and Community Services develop a more streamlined process for providing care leavers with access to their records.

Responses to the terms of reference

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

One of the major reforms which resulted from the Wood Commission was that the mandatory reporting threshold was raised to 'risk of significant harm' (ROSH). This change was introduced to reduce the number of reports made to the Child Protection Helpline (the Helpline), and the resources used to manage reports which did not require a statutory response.[3]

Despite the threshold having been raised, many of the problems with the Helpline identified by the Wood Commission persist. It is still unable to cope with demand. Uniting's practitioners report that long wait times are common.

A further concern is that even when a report has been made, there is still no assurance that a child will be seen. Too high a proportion of cases are being closed due to competing priorities, and these include cases where there are serious risks to a child's safety (as in the case study below). Our concern is consistent with recent data which shows that in 2015 just 29% of children in NSW who were screened in as being at ROSH by the Helpline received a face-to-face assessment.[4]

CASE STUDY 1:

Mel*, a mother of a 16 month old child, is a client of a Uniting (formerly UnitingCare Burnside) program. Mel transferred to the program from another one after initial ROSH concerns stabilised. There had been previous reports of domestic violence, the child consuming animal medication, unhygienic living conditions and that Mel had unmanaged mental health issues.

During the initial visit by the program, several concerns were identified. An eviction notice had been issued and rusty knives were found on the property. Dogs, cats and rats were being kept as pets and Mel appeared to see the child on the same level as the animals. The child was poorly supervised and the house was unclean, with animal food and litter trays accessible to the child.

The program had difficulty connecting with Mel but eventually found that she was now living in a caravan on a property with 100 dogs. A report was made to the Helpline about homelessness and the risk of potential harm to the child. There was no response by FACS and Uniting was informed that the case had been closed due to competing priorities.

During a later home visit issues were again identified, including lack of supervision, dangerous animals on the property and problems with the housing arrangement (e.g. no running water). Another report was made to the Helpline but there has been no response by FACS to date.

*Name has been changed

---

[3] Wood, J. (2008). op cit.
[4] Department of Family and Community Services (2016). FACS Caseworker Dashboard – March 2016 quarter. Retrieved from: http://www.community.nsw.gov.au/__data/assets/file/0004/373522/March_2016_quarter_FACS_Caseworker_Dashboard_updated.pdf

It appears that FACS continues to expend considerable resources on dealing with non-ROSH reports. In 2014/15, this amounted to 72,000 reports and 92,000 hours.[5] Around half of these non-ROSH reports are closed with no action taken.[6] As described below, there have been attempts to address this issue by trialling local helpline models in certain regions. These appear to be having promising results.

The Macarthur Intake and Referral Service (MIRS)

MIRS is a regional approach to implementing the Helpline which is being implemented in part of South West Sydney. When a reporter contacts the Helpline and follows the prompts to report a child that lives in the Campbelltown, Camden or Wollondilly Local Government Areas, their call is diverted to MIRS. MIRS has been operational since October 2014, and its goals include:
- helping to lower ROSH and non-ROSH reports by connecting vulnerable families to the local service system;
- educating mandatory reporters and NGOs about thresholds, processes and procedures for reporting (e.g. the Mandatory Reporter Guide);
- making more referrals to NGOs; and
- supporting the Community Service Centre to increase capacity to respond to high level ROSH reports.[7]

FACS has reported that an evaluation of MIRS by Ernst & Young found that it is appropriately targeted and effective. Notably, it has reduced the number of contacts at the Helpline, significantly decreased the number of non-ROSH reports and increased the number of children and young people who received a service.[8]

The Central Coast Multi-Agency Response Centre (CC MARC)

CC MARC is a new local child protection intake line and assessment model being piloted on the Central Coast in response to the *Safe Home for Life* reforms. It has a similar objective to MIRS, as it is also designed to reduce the number of non-ROSH reports. In turn, this enables Community Service Centres to dedicate more resources to responding to reports about children who are at greatest risk. Although CC MARC was only launched in November 2015, Uniting program managers report that it seems to be working well. Some of the benefits that have been observed include that CC MARC:
- strengthens local relationships;
- improves communication between FACS and NGOs; and
- provides a more seamless service for families.

However Uniting has some concern about how CC MARC may impact on the number of non-ROSH referrals to NGOs. The aim to reduce the number of child protection reports is likely to result in families who do not meet the threshold being 'pushed back' onto other services. We are concerned that the rest of the sector may be required to support an increasing number of families with increasingly complex needs, even though these may technically fall below the ROSH threshold. It is therefore critical to ensure that there are enough services available in the local area, and that they are sufficiently resourced, to meet increased demand, if the CC MARC initiative is to result in a stronger service system overall.

---

[5] Department of Family and Community Services (2015, November 10). *Non-ROSH Working Group Presentation to the Early Intervention Council*. Ashfield.
[6] Ibid.
[7] Department of Family and Community Services (2016, February). *Macarthur Intake and Referral Service.* Ashfield.
[8] Ibid.

Uniting strongly supports FACS continuing to explore ways of localising the Helpline, provided this is done in a way which does not compromise the consistency that the centralised Helpline provides, and that it is done in a measured and evidence-informed way. We believe that a local intake system is likely to be more effective in the long run, because staff who are based in an area and who handle reports primarily concerning children and young people living in that area are more likely to develop sound knowledge of the local community and service system, and good relationships with colleagues in local agencies and supports such as the Family Referral Service. They are therefore likely, over time, to make better decisions and more effective referrals, which should in turn contribute to better outcomes for children and young people.

Recommendation 1:

The Department of Family and Community Services consider implementing local helpline models in other regions. This implementation should include resources for engaging with local service providers, and to ensure that the service system is able to cope with the needs of children and families who are not screened in for a statutory response.

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

The safety assessment, risk assessment and risk re-assessment tool (SARA) used at Community Service Centres (CSCs) to assess the safety and risk issues for children, young people and families is generally considered by Uniting staff to be fit for purpose and user friendly.

There is, however, considerable scope for improving the overall process of intake and assessment through better sharing of information. Some of our programs report that CSCs will release SARA assessment reports to them. Where this occurs, it provides our programs with critical information which enables us to ensure our safety planning work is consistent with Community Services' work. However, this practice is inconsistent. Whether or not SARA assessment reports are released to us appears to be affected by a range of factors, such as the particular program requesting access and the culture of the CSC to whom the request is being made. For the reasons outlined above, providing SARA assessment reports to NGOs upon case management transfer would be beneficial. It would also help to ensure that FACS and NGOs are using the same measures and terminology.

A second solution would be to consider joint assessments by NGO and FACS caseworkers. These are currently being piloted in our Youth Hope program. In Uniting's experience, joint assessments have a range of benefits, including:

- enabling greater client engagement as a result of being with the family during critical periods
- fostering positive relationships between agencies
- providing a shared framework, understanding and language between FACS and Uniting
- providing a single point of assessment for the client, thus allowing for a streamlined transition into services.

Despite our positive experience, we would suggest joint assessments be adopted cautiously. Some services depend for their effectiveness on the service provider being able to establish a relationship with clients which may be jeopardized if the client believes the provider may be actively involved in a decision to remove a child.

The Child Assessment Tool (CAT)

The CAT is used to determine the appropriate level of care for a child in OOHC, based on their behaviour, health and development needs. Uniting has a number of concerns about the CAT and its implementation. The tool is primarily focused on social, emotional and behavioural issues, without adequate attention given to disability. Further, a CAT assessment is only completed in particular circumstances. These include:

- when a child enters care for the first time
- if a child re-enters care
- if a child's placement changes
- where carers (with children in their care) transfer from Community Services to an NGO provider.[9]

A CAT assessment thus only provides a one-off snapshot of a child at a particular point in time. However a child's behaviour, health and development needs may change

---

[9] Department of Family and Community Services (2014). Child Assessment Tool: User Manual. Retrieved from: http://www.community.nsw.gov.au/__data/assets/pdf_file/0016/320083/child_assessment_tool_user_manual.pdf

considerably over time. As such, it is important that the level of care needed by children in OOHC is monitored or re-assessed periodically rather than being a static rating. Our practitioners also report that it is a difficult and lengthy process to get a CAT assessment reviewed.

Recommendation 2:

The Department of Family and Community Services should make it standard practice to provide SARA assessment reports to NGOs when a referral is made to a program.

Recommendation 3:

The Department of Family and Community Services should explore opportunities to conduct joint assessments where doing so will not compromise the NGO's ability to work effectively with the family concerned.

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

The NSW Department of Family and Community Services (FACS) is significantly understaffed and under resourced given the level of demand it is facing. Uniting is deeply concerned about the range of detrimental effects this is having on practice.

Uniting staff believe FACS caseworkers have high caseloads. Although the caseworker to child ratio has improved from 1:25 in 2012-13 to 1:21 in 2013-14, it remains well above the 1:12 ratio recommended by the Ombudsman.[10] This is reducing the amount of time caseworkers are able to dedicate to each family, and thus may be putting children at risk. High caseloads may also be leading to burnout.

Uniting staff also report high turnover of caseworkers at FACS. This is problematic for several reasons. If caseworkers only work with families for short periods of time, it is unlikely that they will have enough time to develop meaningful connections with them. High staff turnover also impedes relationship building, information sharing and communication flow between FACS and NGO staff.

Uniting practitioners report that FACS caseworkers are also under pressure to close cases, and that as a result they tend to 'drop and run' (i.e. to close cases as soon as possible, even when this means taking a course of action that is not necessarily in the best interests of the family). We are concerned that pressure to close cases may be leading to decision-making which potentially puts children at risk (as illustrated by Case Study 2).

CASE STUDY 2:

A father, Zac*, and his 2 year old daughter had been referred to a Uniting program. FACS had placed the child with Zac under certain conditions, including that he would attend a perpetrator domestic violence men's program and alcohol and other drugs (AOD) counselling. Zac engaged well with the caseworker, worked on his parenting skills and attended other programs requested by FACS.

The child's mother was transient, struggling with AOD misuse and violent outbursts. She had requested regular access visits with her daughter but repeatedly failed to attend.

The Uniting caseworker and program coordinator attended a FACS case conference where FACS made it clear that they wanted to close the case as soon as possible. An issue preventing closure was access visits with the mother. FACS suggested that Zac could supervise this access despite the fact that there was an Apprehended Violence Order (AVO) in place. A worker from FACS stated that they have changed AVOs to address the issue of access in the past and could do so here so that the case could be closed. Uniting would not support this, as the potential for violence from both parties would make this an unsafe proposition for the child and would undermine the safety and security of the child with her father.

*Name has been changed

Resource constraints in the system more broadly are also impacting on referrals. Our staff report that FACS seems to be making referrals to whichever program has a vacancy,

---

[10] Audit Office of NSW (2014). *New South Wales Auditor-General's Report: Volume Nine 2014: Focusing on Family and Community Services*, p.16.

rather than to the program which is most suitable for the family. This is contrary to best practice, as each program is designed to meet a particular need and therefore differs from others in fundamental ways (e.g. timeline, intensity, nature of intervention). Participation in an inappropriate program is unlikely to provide a family with the support they need.

<u>Practice First</u>

FACS is currently rolling out Practice First, a new model for child protection service delivery developed by FACS in 2011. The Practice First framework embeds working more collaboratively with partner agencies through:

- group supervision
- better communication with partner agencies
- spending more time with families
- determined effort to keep families together (where safe for children).

Practice First currently operates at 36 CSCs, and will eventually be implemented in all 82 CSCs.[11] It is vital that FACS has sufficient funding to roll out Practice First effectively, as the model appears to be having promising results. Uniting staff have reported positive changes in practice in CSCs where Practice First is being implemented, including more clinical supervision, less punitive functioning and a change in the language used by FACS. An evaluation is currently being conducted to assess whether the Practice First model results in more responsive service delivery and improved outcomes.[12]

---

[11] Department of Family and Community Services (2015, July). Practice First: information for partner agencies. Retrieved from: http://www.facs.nsw.gov.au/__data/assets/pdf_file/0004/326281/Practice_first_info_for_partner_agencies.pdf

[12] Social Policy Research Centre (undated). Practice First Evaluation. Retrieved from: https://www.sprc.unsw.edu.au/research/projects/practice-first-evaluation/

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

Non-government organisations provide an increasing proportion of services for at-risk children and children in OOHC.

<u>Resourcing</u>

Uniting, like many other providers, welcomes this opportunity. But we are concerned that there has not been adequate attention paid to the resources which we require to provide the kind of care the government hopes to achieve by giving us this responsibility. The sector must be supported, for example, to implement appropriate recruitment, development and retention strategies, or we will not be able to secure a workforce that is capable of reliably managing the increasingly complex needs of the clients we work with. We are also concerned that current contracting arrangements are affecting our capacity to provide effective support for children, young people and families.

There are several reasons why non-government providers are playing an increasing role in the acute child protection system. Each of these has slightly different implications.

FACS is increasingly referring children and young people who have been screened in at the Helpline to NGO-provided services. Many of these programs were originally designed and funded to work with lower risk clients, and are thus being moved up the intervention continuum to work with clients who require a high level of support. Caseworkers need to work with such clients more intensively and over a longer period of time. However while many of our programs have experienced this significant change in the types of clients they are working with and are having to adjust their practice accordingly, there has not been a commensurate increase in funding to deliver these programs. For example, Brighter Futures has been moved up the intervention continuum to work with ROSH clients but has not received an increase in funding. This is resulting in increased workloads and may be compromising the quality of services. If NGOs are expected to provide services to clients who require a high level of support, it is imperative that they receive sufficient funding to be able to deliver effective programs which meet the needs of this cohort.

Separately, the NSW Government has transferred responsibility for a significant proportion of service provision and OOHC to the NGO sector, following recommendations from the Wood Commission. Here, inadequate funding has implications for recruitment. The importance of NGOs being able to recruit suitably qualified staff in light of the transition of early intervention and OOHC casework to the NGO sector was recognised by the Commission. It recommended that 'NGOs should receive sufficient funding to develop the infrastructure needed to attract experienced staff'.[13] This has not occurred, with many of our program managers reporting that it is very difficult to recruit and retain qualified staff. As FACS is able to offer considerably higher salaries (approximately $20,000 per annum more), NGOs struggle to attract staff with appropriate experience, skills and qualifications. This problem is particularly acute in rural and remote areas. If NGOs are required to deliver services to families across the continuum and to provide OOHC it is

---

[13] Wood, J. (2008). op cit, Rec 10.8.

essential that they receive adequate funding to enable them to employ skilled, appropriately qualified workers.

Uniting believes that expenditure required to ensure an effective child protection system should be considered an investment, whether it be provided by public bodies or non-government partners. The costs of OOHC are significant, both in human and financial terms. Children and young people who have been in care are at greater risk of a wide variety of poor outcomes later in life, in domains such as health, education, employment, housing and contact with the justice system. These poor social outcomes have significant consequences for the public budget – whether it be due to repeated engagement with the child protection system, spending time in OOHC, reliance on unemployment benefits or public housing, or spending time in prison. Effective child protection can help reduce the likelihood of vulnerable children experiencing these poor outcomes, and of the state incurring these costs.

Uniting supports the NSW Government's efforts, in recent years, to explore ways of funding social services on an investment or outcomes-oriented basis. We suggest that the government consider ways of supporting providers across the sector to adopt this approach, not just large providers who can afford large research and business development teams. Some options for doing this include developing and providing access to longitudinal datasets showing individuals' interaction with publicly funded services over time. These datasets should be as comprehensive as possible (and should ideally link State and Commonwealth expenditure to individuals). These can be used to analyse the long term impact of policy interventions on individuals and cohorts, and to develop baseline cases for measuring the impact of innovative service models. Uniting acknowledges that this would need to be done in a manner consistent with privacy principles and legislation, among other things.

Contract-related issues

Uniting program managers have noted that there are several other problems with current contracting arrangements which are undermining our capacity to meet our clients' needs and to achieve good outcomes.

The way in which programs are funded on short-term cycles has a detrimental impact on workforce planning. Due to uncertainty about the future of programs, NGOs are only able to employ staff on short-term contracts. It is particularly inappropriate to fund programs which work with families with complex issues such as intergenerational abuse and trauma on a short-term basis. This is because it takes longer to engage with these families, build good relationships with them and to achieve change.

Uniting is also concerned that FACS contracts are reducing program duration. For example, Youth Hope has been reduced from two years to one and Intensive Family Based Services (IFBS) has been reduced from twelve months to six. There appears to be an expectation that programs should be able to achieve a quicker turnover with the same amount of funding. However it is unrealistic to expect that programs will necessarily be able to achieve good outcomes for clients in a shortened timeframe. Engaging with children, young people and families generally takes a long time. Further, caseworkers are unlikely to have enough time to be able to link families with wraparound services (e.g. psychologists), as publicly funded services often have waitlists of twelve months or more.

Current funding arrangements are having the effect of creating revolving doors for families whose needs cannot be met in a short timeframe.

Another problem is that the amount of funding provided to different NGOs to deliver the same programs is not always equitable. For example, some NGOs are funded more than others to deliver the Brighter Futures program. By contrast, intensive programs such as IFBS appear to be more equitably and consistently funded.

The way in which programs are funded is also creating program silos. Rigid program guidelines provide detailed specifications around how funds are to be spent and eligibility criteria. This makes it difficult to transition clients between programs, even if it becomes apparent that a different program would be more suitable for them. We would strongly support FACS working to adopt a more integrated approach to service delivery with fewer silos in order to better meet the needs of children, young people and families in NSW. In this regard, we would draw the Committee's attention to the innovative work currently being led by the ACT government around integrating services for at-risk families, in which Uniting is participating.

For the reasons outlined above, it is clear that there is a pressing need to re-think how to create a more flexible, outcome-focussed system which enables children, young people and families to access the right service at the right time.

Recommendation 4:

The Department of Family and Community Services provide NGOs with increased funding for salaries to enable NGOs to attract suitably qualified staff who can meet the more complex needs of children, young people and families.

Recommendation 5:

The Department of Family and Community Services review existing funding arrangements and consider an alternative model for service delivery which is flexible, responsive and outcomes-focussed. This should include funding contracts of 4-5 years.

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

<u>Foster care</u>

Research shows that effective foster care:

> depends on the quality of carers. This means that good carers are recruited, the small number of ineffective ones are counselled out, and the natural commitment of carers is enhanced by high quality training and supplemented by appropriate supervision/support.[14]

It is therefore critical that agencies use effective assessment tools to select foster carers, and that carers are provided with appropriate training and support.

Assessment

Uniting is concerned about the lack of consistency in assessment procedures for prospective carers. The *NSW Child Safe Standards for Permanent Care* (*Child Safe Standards*) require that 'appropriately skilled and experienced carers…are selected through fair and consistent processes'.[15] However, there is no prescribed assessment process that must be followed when assessing a prospective carer, and consequently processes may differ considerably between agencies. Although many agencies assess prospective carers using the *Step by Step* assessment tool,[16] it is not implemented consistently.

A further concern is the use of standard assessment procedures to determine whether Aboriginal and Torres Strait Islander people are suitable to become carers. A study by the Australian Institute of Family Studies (AIFS) found that this is problematic for several reasons, as standard assessment procedures:

- are based on Western parenting practices and living standards and thus do not account for cultural differences in things like family structures and living arrangements
- may unfairly exclude some adults with a criminal record (e.g. those with juvenile records or who have committed minor offences)
- do not effectively determine a person's suitability to care for an Aboriginal or Torres Strait Islander child
- use a communication style which is not well-suited to the way Aboriginal and Torres Islander people communicate.[17]

Consequently, there is a real risk that Aboriginal and Torres Strait Islander people who would make good carers are being prevented from doing so. Developing a culturally appropriate assessment tool could help address the current shortage of Aboriginal and Torres Strait Islander foster carers.[18] This could draw on the Winangay Aboriginal Kinship Carer Assessment tool, a culturally appropriate assessment model developed by

---

[14] Sinclair, I., Wilson, K. and Gibbs, I. (2005). *Foster Placements: Why They Succeed and Why They Fail*. London and Philadelphia: Jessica Kingsley Publishers, p.243.

[15] Office of the Children's Guardian (2015). *NSW Child Safe Standards for Permanent Care*, Standard 18.

[16] McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P. and Saunders, P. (2004). *The Availability of Foster Carers: Main Report*. NSW: Social Policy Research Centre, p.54.

[17] Bromfield, L., Higgins, J., Richardson, N. and Higgins, D. (2007). *Why standard assessment processes are culturally inappropriate: Perspectives of professionals from Aboriginal and Torres Strait Islander agencies, non-government agencies and government departments*. Melbourne: Australian Institute of Family Studies.

[18] For further discussion, see Arney, F., Iannos, M., Chong, A., McDougall, S. and Parkinson, S. (2015). *Enhancing the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: Policy and practice considerations*, CFCA Paper No.34.

Aboriginal and Torres Strait Islander people.[19] This tool is currently being formally evaluated.

Training

It is essential that carers receive appropriate, evidence-based training so that they are equipped with the skills and knowledge necessary to meet the needs of children and young people in their care. This is reflected in the *Child Safe Standards*, which prescribe that all carers must have appropriate training for their role and opportunities for professional development.[20] However while all agencies are required to provide initial and ongoing training for carers, there is little guidance as to what this training should involve or what form or forms it should take. As such, the training received by carers varies considerably across the State. While the *Shared Stories Shared Lives* tool is widely used for providing initial training for carers,[21] it is not used by all agencies. Having a framework setting out the minimum standards for pre-authorisation training would help to achieve greater consistency in the initial training received by carers.

It is also important that carers participate in ongoing training. Research shows that foster carers value and benefit from such training.[22] However while our practitioners report that there seems to be an increasing awareness about the importance of training, not all carers participate in it. This may be for a variety of reasons, including unsuitable training times, course costs, travel time, lack of childcare or transport costs.[23] It is therefore critical that OOHC providers are aware of the barriers which are preventing carers from participating in training and that they have sufficient resources to address them.

There is a particular need for training which meets the needs of Aboriginal and Torres Strait Islander carers, as well as carers of Aboriginal and Torres Strait Islander children. An AIFS study found that carers want training that is timely and culturally relevant, and that Aboriginal and Torres Strait Islander carers do not always feel comfortable attending mainstream training.[24] When they do attend such training tension can arise because of differing values around child rearing.[25] The study also found that non-Aboriginal or Torres Strait Islander carers want training to enhance their ability to provide culturally-sensitive care to Aboriginal and Torres Strait Islander children in their care.[26]

Support and supervision

In addition to training, foster carers also need access to support and supervision. This not only helps to ensure the safety and welfare of children in their care, but also makes foster carers feel more valued and confident.[27] Providing carers with support is fundamental to retaining them as carers, with research showing that one of the primary reasons that carers cease fostering is because of perceived lack of support.[28] Types of support which

---

[19] See http://winangay.com.au
[20] Office of the Children's Guardian (2015). *NSW Child Safe Standards for Permanent Care*, Standard 20.
[21] McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P. and Saunders, P. (2004). op cit, p.54.
[22] Sinclair, I., Gibbs, I. and Wilson, K. (2004). *Foster Carers: Why They Stay and Why They Leave*. London and Philadelphia: Jessica Kingsley Publishers, p.168.
[23] McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P. and Saunders, P. (2004). op cit, p.68.
[24] Richardson, N., Bromfield, L., Higgins, J. and Higgins, D. (2007). *Training carers: Perspectives of professionals from Aboriginal and Torres Strait Islander organisations, non-government agencies and government departments*. Australian Institute of Family Studies, p.3.
[25] Ibid, p.4.
[26] Ibid, p.5.
[27] Office of the Children's Guardian (2014, July). *Foster Carers: Recruitment, Assessment, Selection, Support and Training*.
[28] Aldgate, J. and Hawley, D. (1986). *Recollections of disruption: a study of fostering care breakdowns*. London: National Foster Care Association; Denby, R., Rindfleisch, N. and Bean, G. (1999). Predictors of foster parents'

foster carers value include regular casework and casework visits, the ability to contact someone from the agency at any time and support groups.[29]

Carers also need to be able to access services which support the children and young people in their care. These include things like specialist services (e.g. counselling, speech therapy), family contact and school-based support services, as well as cultural mentoring for Aboriginal and Torres Strait Islander children.[30] Being able to access such services helps carers meet the holistic needs of children in their care, and may also help to relieve strain on carers. However Uniting practitioners report that access to such services is highly variable. This is due to a range of factors, including lack of awareness about these services and how to access them, waiting lists or because they are not available in the local area.[31]

<u>Kinship care</u>

Kinship care is the fastest growing form of OOHC in Australia and is increasingly the preferred placement for children and young people who are no longer able to live with their birth parents.[32] At 30 June 2015, 49% of children in OOHC in NSW were placed with relatives or kin.[33] In addition to children and young people in statutory OOHC, a large number of Australian children are cared for in informal arrangements with relatives and kin.

One of the main reasons kinship care is a preferred placement option is because it builds on the existing connection between carers and children and helps preserve children's connections to their cultural identity. However, lower cost to government - due to the disparity in financial and non-financial support provided to kinship carers compared to foster carers - is another factor that may be contributing to the increase in kinship care.[34]

Many kinship carers are from similarly disadvantaged backgrounds as the birth family. International research indicates that kinship carers are more likely to be single older women, experience high levels of financial hardship, have lower rates of educational attainment and have poor health status.[35]

Aboriginal and Torres Strait Islander children and young people are more likely to be placed in kinship care than their non-Aboriginal and Torres Strait Islander counterparts. In 2014-15, 3,439 or 55% of Aboriginal and Torres Strait Islander children in statutory OOHC in NSW were in kinship/relative care placements.[36] It is therefore essential that policy and

satisfaction and intent to continue to foster. *Child Abuse and Neglect*, *23*(3), 287-303. doi:10.1016/S0145-2134(98)00126-4

[29] Triseliotis, J., Borland, M. and Hill, M. (1999). *Fostering Good Relations: A Study of Foster Care and Foster Carers in Scotland – Interim Report*, p.172-173; McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P. and Saunders, P. (2004). op cit, p.73.

[30] Higgins, J., Higgins, D., Bromfield, L. and Richardson, N. (2007). *Children with complex needs: Perspectives of professionals from Aboriginal and Torres Strait Islander organisations, non-government agencies and government departments*. Melbourne: Australian Institute of Family Studies.

[31] Ibid.

[32] Smyth, C. and Eardley, T. (2008). *Out of Home Care for Children in Australia: A review of literature and policy*. NSW: Social Policy Research Centre.

[33] Australian Institute of Health and Welfare (2016). *Child protection Australia 2014–15*. Child welfare series no. 63. Cat. no. CWS 57, Canberra: AIHW, p.101.

[34] Vimpani, A. (2004). Challenges for professionals working with children placed in kinship care and their families: A clinical study and literature review. *Developing Practice: The Child, Youth and Family Work Journal*, No. 10**,** Winter 2004, 24-35.

[35] Worrall, J. (2009). When Grandparents Take Custody - Changing Intergenerational Relationships: The New Zealand Experience. *Journal of Intergenerational Relationships*, *7*(2-3), 259-273. doi: 10.1080/15350770902851106.

[36] Productivity Commission (2016). *Report on Government Services: Community Services*, Table 15A.19.

practice frameworks for Aboriginal and Torres Strait Islander children and young people placed in kinship care are culturally appropriate.

The larger proportion of Aboriginal and Torres Strait Islander children in kinship care and long-term guardianship also raises the issue of inequitable distribution of resources on racial grounds – in effect if not in intention.[37] For example, young people in long-term guardianship are not eligible for financial support when they transition from OOHC to independence.

Despite the growth of kinship care in recent years, the evidence on whether it provides better outcomes for children and young people than other forms of OOHC is mixed. Research does indicate that kinship care placements tend to be more stable and less likely to result in the child or young person experiencing multiple OOHC placements – a key risk factor for negative health, education and wellbeing outcomes.[38] Research also indicates that children in kinship care are more likely to be placed together with siblings.[39]

However, there is evidence that the duration of unsafe or poor quality placements may be longer for kin placements compared to foster care.[40] This may be because children and others are less likely to report harm when placed with kin and kinship placements are less likely to be monitored than foster care, resulting in less detection.[41]

The increased use of kinship care placements in recent years has not been matched by an investment in appropriate assessment, monitoring and support strategies. It is essential that kinship care placements are not presumed safe because of family connections. Kinship carers have to manage complex relationships with birth parent(s) and other family members. In some cases, the complexities for kinship carers of managing contact arrangements with relatives and the tensions that may stem from family loyalties can impact on the safety of the child.

FACS guidelines require statutory kinship carers to be assessed in the same way as foster carers. However, a 2009 study of kinship care arrangements in NSW reported that the stringency, focus and tools used for initial assessments varied significantly between services, and that many assessments took place after the initial placement.[42] Uniting requires that kinship carers complete the same assessment and training processes as foster carers. However, this does not seem to be a consistent practice across the OOHC sector.

The Wood Commission found that 'it is clear that relative/kinship carers have received less training and support than other authorised foster carers'.[43] In its submission to the Inquiry, Community Services accepted that:

> The level of assessment, training and support provided to statutory relative/kinship carers should be broadly at an equivalent level to that provided to un-related authorised foster carers, although it is acknowledged that there may be points of difference between the two carer groups. For example, although the training need of both groups may have many

---

[37] Thorpe, R. (2002) cited in Paxman, M. (2006). *Outcomes for children and young people in kinship care: An issues paper*. Ashfield: Centre for Parenting and Research, NSW Department of Community Services.

[38] Paxman, M. (2006). op cit.

[39] Worrall, J. (2009). When Grandparents Take Custody – Changing Intergenerational Relationships: The New Zealand Experience. *Journal of Intergenerational Relationships*, 7(2-3), 259-273. doi: 10.1080/15350770902851106.

[40] Child Safety Services (year unknown). *Kinship care: A literature review*. Retrieved from: https://www.communities.qld.gov.au/resources/childsafety/foster-care/kinship-care-literature-review.pdf

[41] Paxman, M. (2006). op cit.

[42] Ibid.

[43] Wood, J. (2008). *Report of the Special Commission of Inquiry into Child Protection Services in NSW: Volume 2*. NSW: Department of Premier and Cabinet, p.648.

similarities, relative/kinship carers may require additional input and support around managing family contact issues.[44]

However, it is unclear what action FACS has taken to improve processes for assessment, training and support of kinship carers since that time.

The Victorian Ombudsman's investigation into OOHC in 2010 found that there is an inherent tension between minimising intervention to 'normalise' kinship arrangements and the need to provide adequate oversight and support.[45] In our experience, kinship carers often want continued access to casework and services. A study on risks to stability in foster and kinship care in NSW found that kinship carers without caseworkers did not know who to turn to when they needed help with children's issues.[46]

In 2010, Uniting conducted a research review and consultations with staff and members of the Grandparents and Parents Again (GAPA) support group. Issues consistently raised by grandparent carers included the impact of the caring role on their health and wellbeing, social isolation, poor access to financial and legal assistance and the need for assistance in managing relationships with the children's birth parents, including contact arrangements.[47]

Key elements of an effective system for kinship care

A report for the Benevolent Society by the Social Policy Research Centre identified key features of an effective kinship care program including:

- carer assessment and authorisation - consisting of an initial check to make sure children are safe and their immediate needs are being met, followed by a more in-depth assessment
- ongoing casework support using a model which provides support for the whole family, including the carer, child, birth parent/s, siblings and other family members
- training and opportunities to access peer support groups - informal approaches to training were reported to be the best way to encourage attendance by kinship carers (e.g. coffee mornings or information sessions)
- financial support, which should be on par to that provided to foster carers
- respite care, and
- practical assistance to manage contact with birth parents and other family members.[48]

The research suggests that different 'tiers' of support should be considered - ongoing case management for kinship carers who require it and a less intensive service providing a 'safety net' for carers who need support at specific times.

Recommendation 6:

The Department of Family and Community Services work with AbSec to develop a culturally appropriate assessment tool for assessing prospective Aboriginal or Torres Strait Islander foster carers.

---

[44] Ibid, p.649.

[45] Ombudsman Victoria (2010). *Own Motion Investigation into Child Protection – Out of Home Care*, p.18.

[46] McHugh, M. (2009). *A Framework of Practice for Implementing a Kinship Care Program – Final Report*. Sydney: Social Policy and Research Centre.

[47] UnitingCare Burnside (2010). *Grandparent Kinship Care in NSW: UnitingCare Burnside Supporting Grandparent Kinship Carers.* UnitingCare Children, Young People and Families.

[48] McHugh, M. (2009). *A Framework of Practice for Implementing a Kinship Care Program – Final Report*. Sydney: Social Policy and Research Centre.

Recommendation 7:

The Department of Family and Community Services develop a consistent framework and minimum standards for initial training required for authorisation of foster and kinship carers.

Recommendation 8:

The NSW Government establish a comprehensive policy approach to improve the support provided to kinship care placements, including children in long-term guardianship arrangements. The development and implementation of this policy should include close consultation with AbSec and Aboriginal and Torres Strait Islander organisations.

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

Oversight bodies such as FACS, the Office of the Children's Guardian (OCG) and the NSW Ombudsman play a critical role in ensuring the safety, welfare and wellbeing of children and young people at risk of harm or in OOHC. Uniting believes that the NSW Carers Register (the Carers Register) is particularly important. However we are concerned about the administrative burden of the accreditation process, and about the lack of clarity around the lines of accountability and responsibility between the various oversight bodies.

The NSW Carers Register

In 2015, the OCG established the Carers Register to support better information sharing between designated agencies relating to authorisation of carers. The Carers Register holds information about authorised carers, individuals who apply to become authorised carers and their household members. Designated agencies are responsible for entering carer application and authorisation information into the Register.

The establishment of the Carers Register is a key strength of the system of oversight in NSW. However, it is vital that information can be shared with OOHC providers in other states and territories, to help prevent applicants and authorised carers who pose risks to children moving between jurisdictions. The Royal Commission into Institutional Responses to Child Sexual Abuse is currently examining this issue.[49]

It is also important to note that the Carers Register is not intended to replace the systems and processes used by designated agencies to assess applicant carers and their household members, and to authorise suitable individuals as authorised carers. Consequently, it will not address the issues raised earlier relating to assessment and training of carers.

Accreditation

The OCG is responsible for auditing agencies and ensuring that they meet the minimum standards for providing care to children. Uniting strongly supports the existence of this independent accreditation system, and has experienced first-hand the rigour with which the OCG applies it. We would support efforts to minimise the administrative burden on agencies provided this did not compromise the effectiveness of the system.

The need for greater clarity around accountability and responsibility

The respective roles and responsibilities of the NSW Ombudsman, the OCG and FACS in relation to the oversight of child protection and OOHC are currently not sufficiently clear. This makes it difficult for NGOs to communicate and comply with their responsibilities with respect to each government body. The protocols for initiating or following up a reportable allegation notification are not clearly differentiated between these bodies. For example, in some instances Uniting staff have been informed about reportable allegations from one or more government bodies and have been asked to conduct investigations even though the government body ultimately responsible for managing the child protection issues associated with the conduct in question is already aware of and has made a decision about the allegation. This difficulty in understanding the relationships and flow of

---

[49] Royal Commission into Institutional Responses to Child Sexual Abuse (2016). *Institutional Responses to Child Sexual Abuse in Out-of-Home Care: Consultation Paper*.

information among these bodies contributes to inefficiency and duplication of work by NGOs. Uniting believes that it is critical that all NGOs have a clear understanding of the different roles of these oversight bodies and of their reporting obligations with respect to each one. NGOs require clear and consistent protocols from the OCG, the NSW Ombudsman and FACS to enable them to respond efficiently and to effectively manage responding to, reporting and investigating reportable allegations.

Recommendation 9:

The roles of oversight bodies including the Office of the Children's Guardian, the Department of Community Services and the NSW Ombudsman need to be clearly delineated. In particular, there is a need to provide NGOs with clear and consistent protocols for managing, responding to, reporting and investigating reportable allegations. Training should be provided to NGOs about the role of each body and NGOs' obligations with respect to each.

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

Aboriginal and Torres Strait Islander children and young people continue to be significantly over-represented in OOHC in NSW. In 2014-15, there were 6,210 Aboriginal and Torres Strait Islander children in OOHC placements in NSW, which represented 37% of all children and young people in OOHC.[50] Further, the number of Aboriginal and Torres Strait Islander children in OOHC is continuing to increase, rather than stabilising in line with the trend for children in OOHC generally.

As outlined in our response to Term of Reference (TOR) (e), Aboriginal and Torres Strait Islander children and young people are more likely to be placed in kinship care than their non-Aboriginal or Torres Strait Islander counterparts. Therefore, the strategies discussed relating to kinship care are particularly relevant to improving outcomes for Aboriginal and Torres Strait Islander children in OOHC.

In seeking to develop strategies to address the over-representation of Aboriginal and Torres Strait Islander children in the child protection system and OOHC it is essential to recognise and address the complex and interlocking nature of issues faced by Aboriginal and Torres Strait Islander communities and the impacts of intergenerational trauma. These impacts include destruction of connection to community and culture, unresolved grief and trauma, high rates of depression, mental illness and self-harm, domestic and family violence, loss of parenting skills and mistrust and fear of using services, particularly government services.

The Western Australian Aboriginal Child Health Survey found that there are significant associations between the social and emotional wellbeing of Aboriginal and Torres Strait Islander parents/carers and their children and the past policies of forced separation. The study found that Aboriginal and Torres Strait Islander carers who were forcibly separated from their family were:
- one and a half times more likely to have had contact with mental health services
- more likely to have lived in households where there were problems caused by the overuse of alcohol and gambling.

The children of Aboriginal and Torres Strait Islander parents or carers who were forcibly separated from their family:
- were almost twice as likely to be at high risk of clinically significant emotional or behavioural difficulties
- had levels of alcohol and drug use that were approximately twice as high as children whose primary carer had not been forcibly removed.[51]

These findings echo the experience of Uniting and Jaanimili in working with Aboriginal and Torres Strait Islander families. They highlight the need to improve the availability of intensive family support services which provide holistic support to Aboriginal and Torres Strait Islander parents/carers and children, and which have capacity to work with families over an extended period of time. Uniting welcomes the recent NSW Government State Budget announcement relating to increased investment in dedicated intensive family preservation for Aboriginal and Torres Strait Islander families and funding to enable

---

[50] Productivity Commission (2016). op cit.

[51] Zubrick, S., Silburn, S., Lawrence, D., Mitrou, F., Dalby, R., Blair, E., Griffin, J., Milroy, H., De Maio, J., Cox, A. and Li, J. (2005). *The Western Australian Aboriginal Child Health Survey: Forced Separation from Natural Family, Forced Relocation from Traditional Country or Homeland, and Social and Emotional Wellbeing of Aboriginal Children and Young People: Additional Notes.* Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

continuation of integrated Aboriginal Child and Family Centres. Alongside this, there also needs to be a greater focus on earlier intervention for Aboriginal and Torres Strait Islander families. Issues relating to early intervention are discussed further under TOR (h).

As part of its response to the *Bringing Them Home* Report, the Australian Government funded a number of programs for the social and emotional wellbeing of Aboriginal and Torres Strait Islander people including the *Link-Up* and *Bringing Them Home* programs. However, these programs have limited geographical coverage and there is a clear need to enhance availability of and access to healing centres for Aboriginal and Torres Strait Islander people in NSW.[52] The *Family Matters* framework (discussed below) includes a focus on implementing trauma and healing informed approaches.

The Aboriginal and Torres Strait Islander Child Placement Principles

The importance of culture to the wellbeing of Aboriginal and Torres Strait Islander children who are placed in OOHC is acknowledged in the Aboriginal and Torres Strait Islander Child Placement Principles which apply in all Australian jurisdictions. The principles aim to enhance and preserve Aboriginal and Torres Strait Islander children's connection to family and community, and sense of identity and culture.[53]

The order of preference for placement of an Aboriginal or Torres Strait Islander child is:
- with a member of the child's extended family or kinship group
- with a member of the Aboriginal or Torres Strait Islander community to which the child belongs
- with a member of some other Aboriginal or Torres Strait Islander family residing in the vicinity of the child's usual place of residence
- with a suitable non-Aboriginal or Torres Strait Islander person.[54]

In NSW, the principles state that an Aboriginal or Torres Strait Islander child can only be placed with a non-Aboriginal or Torres Strait Islander person if members of the child's extended family or kinship group and an appropriate local Aboriginal or Torres Strait Islander organisation have been consulted.[55] Further, the non-Aboriginal or Torres Strait Islander carer must ensure that the child will have continuing contact with their Aboriginal or Torres Strait Islander family, community and culture.[56]

Uniting is concerned that the Aboriginal and Torres Strait Islander Child Placement Principles are not always consistently implemented. Also, the principles are often narrowly interpreted as a placement hierarchy, without recognition of their broader aims. It is important that the broad intent of the principles, to keep Aboriginal and Torres Strait Islander children within their families and communities, is understood by the general public, practitioners and policy-makers. This includes an understanding that to implement the principles, and to reduce the number of Aboriginal and Torres Strait Islander children being removed from families, there needs to be a focus on culturally appropriate early intervention, prevention, family preservation and restoration activities, rather than simply a focus on the placement hierarchy.[57] As discussed below, greater attention is also needed

---

[52] Wilczynski, A., Reed-Gilbert, K., Milward, K., Tayler, B., Fear, J.. and Schwartzkoff, J. (2007). *Evaluation of the Bringing Them Home and Indigenous Mental Health Programs.* Canberra: Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing.

[53] Arney, F., Iannos, M., Chong, A., McDougall, S. and Parkinson, S. (2015). op cit.

[54] *Children and Young Persons (Care and Protection) Act 1998* (NSW) s 13(1)(d). The *Adoption Act 2000* (NSW) s 35(2) also prescribes a similar order of preference for prospective adoptive parents.

[55] *Children and Young Persons (Care and Protection) Act 1998* (NSW) s 13(1)(d); *Adoption Act 2000* (NSW) s 33.

[56] *Children and Young Persons (Care and Protection) Act 1998* (NSW) s 13(6)(b).

[57] Arney, F., Iannos, M., Chong, A., McDougall, S. and Parkinson, S. (2015). op cit.

to ensure that Aboriginal and Torres Strait Islander children are identified in a timely manner and strengthen processes for cultural planning and support.

Ensuring Aboriginal and Torres Strait Islander children are identified in a timely manner

Late identification of Aboriginality is a key barrier to effective implementation of the Aboriginal and Torres Strait Islander Child Placement Principles. Aboriginal and Torres Strait Islander children will only benefit from the principles if their Aboriginality is identified in a timely manner. When this does not occur, Aboriginal and Torres Strait Islander children may not be placed with appropriate carers or receive suitable cultural planning and support.[58] For example, in some cases a child's Aboriginality may only be discovered when adoption is being contemplated, due to the way in which the Court enforces the requirement to make reasonable inquiries about whether a child being considered for adoption is Aboriginal or Torres Strait Islander. Late discovery of Aboriginality has been a common factor in many adoptions of Aboriginal and Torres Strait Islander children in recent years. According to FACS:

> In the majority of NSW cases where Aboriginal children in out-of-home care have been adopted since 2011, their Aboriginal heritage became known after placement and during the adoption process and/or the children were of an age to give consent to their own adoption.[59]

Currently, there is no reliable process to accurately identify Aboriginal and Torres Strait Islander children at entry to the NSW child protection system. When a child with unconfirmed Aboriginal or Torres Strait Islander status is placed with Uniting it is often very difficult for us to clarify this status. Contributors to this include the poor quality of information we receive at the point of referral in some regions and lack of access to the information held by FACS on its client information database (the Key Information and Directory System). Delays in confirming Aboriginal or Torres Strait Islander status mean we cannot proceed with cultural planning or adoption in a timely manner. This highlights the need for more systematic efforts by FACS to identify and confirm Aboriginal or Torres Strait Islander identity at a much earlier point.

In some jurisdictions like South Australia and Victoria attempts have been made to identify and address the cultural needs of Aboriginal and Torres Strait Islander children when they first come into contact with the child welfare department.[60]

Cultural planning and workforce development

According to the Secretariat of National Aboriginal and Islander Child Care (SNAICC), there are two key aspects of effective cultural planning and support which are required once a child is identified as Aboriginal or Torres Strait Islander.[61] Firstly, children and young people require documented information regarding their personal history and heritage, which they can keep and refer to in adult life. The second aspect involves supporting the child or young person to connect or stay connected with their Aboriginal or Torres Strait Islander community – this is an ongoing aspect of cultural care.

Currently, the process in NSW to ensure effective cultural planning and support for Aboriginal and Torres Strait Islander children in OOHC is seriously inadequate. Our experience is that cultural plans are often poor or non-existent. A national survey

---

[58] AbSec (2015). Guardianship orders for Aboriginal children and young people. Retrieved from: http://www.absec.org.au/images/pdf/Submissions/GuardianshipOrdersPositionPaperNovember2015.pdf

[59] Department of Family and Community Services (2015). *Issues Paper- Establishing an Institute of Open Adoption*, p.17.

[60] Libesman, T. (2011). *Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care.* North Fitzroy: SNAICC.

[61] Ibid.

conducted by the CREATE Foundation in 2013 found that approximately 30% of Aboriginal and Torres Strait Islander participants stated that they had a poor knowledge of, and connection to, their family history.[62]

We are aware that FACS is close to finalising and implementing a new Care and Cultural Planning template in consultation with the Aboriginal Child, Family and Community Care State Secretariat (AbSec) and the President of the Children's Court. The implementation of the template is an important starting point for ensuring that cultural plans are developed and implemented in a consistent way for all children entering OOHC. The template will also provide an important tool for FACS to identify systemic policy and practice issues relating to cultural planning for Aboriginal and Torres Strait Islander children.

Alongside this process, there needs to be a stronger focus on building the capacity of the child protection workforce in working with Aboriginal and Torres Strait Islander families and communities and understanding Aboriginal and Torres Strait Islander cultural practices. Uniting understands that FACS is currently planning to work with AbSec on developing the cultural competency of the FACS workforce in working with Aboriginal and Torres Strait Islander families. We suggest that this workforce development initiative should be expanded to include the OOHC sector.

The *Family Matters* framework

Family Matters – kids safe in culture, not care is a national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in their family, community and culture. The campaign aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in OOHC within a generation (by 2030). It is led by SNAICC and supported by a Strategic Alliance of over 50 organisations. Uniting has endorsed the campaign and is a member of the Strategic Alliance.

The *Family Matters* vision calls for implementation of four key strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children in Australia's child protection systems:

- **Increasing Aboriginal and Torres Strait Islander participation** in decision-making for the care and protection of children through representative community participation models, genuine partnerships and Indigenous-led support services.
- **Supporting families and communities to stay together** through increased investment in targeted and intensive support services, and Indigenous led-design and delivery of integrated child and family services.
- **Implementing trauma and healing informed approaches** including through government resourcing Aboriginal and Torres Strait Islander communities to develop their own healing approaches, and the development of a trauma informed child and family workforce.
- **Embedding accountability to Aboriginal and Torres Strait Islander priorities** within Australia's child and family service systems, including through Aboriginal and Torres Strait Islander oversight roles in every state and territory.[63]

Recommendation 10:
The Department of Family and Community Services review existing procedures and develop a process for identifying Aboriginal and Torres Strait Islander children when they

---

[62] McDowall, J. (2013). *Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013)*. Sydney: CREATE Foundation.
[63] Further information on *Family Matters* is available at: http://www.familymatters.org.au/

first come into contact with the Department, drawing on the approaches used in Victoria and South Australia.

Recommendation 11:

AbSec should be resourced and supported to develop the cultural competency of the non-government child protection workforce in working with Aboriginal and Torres Strait Islander families and communities. This workforce development initiative should build on the experience AbSec gains working with the Department of Family and Community Services.

Recommendation 12:

The NSW Government develop and resource a comprehensive strategy to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander children. The strategy should be developed in collaboration with SNAICC and reflect the key strategies in the *Family Matters* framework.

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

Early intervention programs play a critical role in the child protection system, as providing support to families to address issues early on helps reduce the risk of harm to children and young people.[64] Uniting is therefore deeply concerned that there is inadequate investment in early intervention services in NSW. As discussed below, currently the majority of funding is for programs which provide support for families who have already had contact with the child protection system. By this point many children are already on a negative trajectory, and families are often facing multiple and entrenched vulnerabilities which are difficult to shift.

Defining early intervention

There are several ways in which early intervention can be defined. These include intervention which occurs:
- early in a child's life; or
- early in the life cycle of a problem; or
- before statutory intervention is required.

It is unclear how FACS defines early intervention, as highlighted by the recent consultation paper for the Targeted Earlier Intervention reforms. The paper states that the FACS definition of early intervention is 'both intervening early in age and early in the course of an issue'.[65] However many of the programs listed in the paper which are classified as 'targeted earlier intervention' programs work with clients with complex needs who have already been subject to ROSH reports.[66] It is difficult to see how these programs could be considered early intervention. Clearly defining what is meant by 'early intervention' and consistent use of this definition would help alleviate confusion in the sector.

The importance of early intervention

Research shows that abuse and neglect during childhood has a range of negative impacts on children.[67] Neurobiological research shows that child abuse sets off a ripple of hormonal changes that wire the child's brain to cope with a malevolent world.[68] As a result, children who have experienced abuse and neglect are often impulsive and aggressive, have poor self-regulation and experience high levels of anxiety.[69] They are at greater risk of a range of negative outcomes, including early school dropout, involvement

---

[64] Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Canberra: Australian Research Alliance for Children and Youth (ARACY).

[65] Department of Family and Community Services (2015). Targeted Earlier Intervention Programs – Sector Consultation Paper, p.11. Retrieved from:
http://www.community.nsw.gov.au/__data/assets/pdf_file/0005/335165/CS_TIER_consultation_paper.pdf

[66] For further discussion, see UnitingCare Children, Young People and Families (2015). *Submission on the Targeted Earlier Intervention Programs – Sector Consultation Paper*.

[67] Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, *14*(4), 245-258.

[68] Teicher, M. and Samson, J. (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, *57*(3), 241-266.

[69] Delima, J. and Vimpani, G. (2011). The neurobiological effects of childhood maltreatment: an often overlooked narrative related to the long-term effects of early childhood trauma?. *Family Matters*, 89.

in the juvenile justice system, substance misuse, becoming a victim or perpetrator of domestic violence, mental health issues and having poor parenting skills.[70] If left untreated, child abuse and neglect increases the likelihood of intergenerational abuse and neglect which is costly to both the individual and society.[71]

As such, it vital that there are services available to children, young people and families which help prevent child abuse and neglect from occurring (rather than waiting for child abuse and neglect to occur and then responding). It is particularly important that there are services available which assist families with young children, as research shows that the first 1000 days of a child's life are critical to ensure they start life on a positive trajectory.[72] This is recognised in the Third Action Plan of the *National Framework for Protecting Australia's Children*, which includes a focus on early intervention during the initial period of a child's life, particularly the first 1000 days.[73]

There is strong evidence that early intervention programs improve children's outcomes in a range of domains, including academic achievement, behavioural and emotional competencies, educational attainment, delinquency and crime and employment.[74] Investment in early intervention services is also cost effective, with a recent review by ARACY finding:

> The return on investment for prevention and early intervention is consistently greater than costly remedial responses; preventative investment reduces downstream expenditure on remedial education, school failure, poor health, mental illness, welfare recipiency, substance misuse and criminal justice…It is most cost effective to invest in early intervention that resolves issues as they emerge and are malleable, rather than responding to crisis, toxic stress and trauma, which is both more challenging and more expensive to resolve.[75]

Research has shown that well-designed services generate a return to society ranging from US$1.80 to US$17.07 for each dollar spent on the program.[76]

The need for greater investment in early intervention services

There is an urgent need for additional funding for early intervention services in NSW. Our program managers report that many programs which are funded to provide early intervention services are increasingly working with children and families where there is already a high level of risk and a range of complex issues. Consequently, caseworkers are working with families for longer and more intensively. These programs are providing these families with a much higher level of support than an early intervention service, despite only being funded to provide the latter.

Further, because these programs are now working with clients where there is a risk of significant harm they are no longer providing genuine early intervention to the families with a lower level of need who they originally serviced. There is thus a significant gap in the continuum of care. While there is a lack of early intervention services across NSW, the problem is particularly acute in rural and remote areas. The lack of early intervention

[70] Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (1998). op cit.
[71] Widom, C., Czaja, S. and DuMont, K. (2015). Intergenerational transmission of child abuse and neglect: Real or detection bias?. *Science*, *347*(6229), 1480-1485.
[72] Karoly, L., Kilburn, M. and Cannon, J. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, Arlington and Pittsburgh: RAND Corporation.
[73] Commonwealth of Australia (Department of Social Services) (2015). *National Framework for Protecting Australia's Children – Third Three-Year Action Plan 2015-2018*, p.8.
[74] Karoly, L., Kilburn, M. and Cannon, J. (2005). op cit.
[75] Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). op cit, p.34.
[76] Karoly, L., Kilburn, M. and Cannon, J. (2005). op cit, p.112.

services available to families means that the opportunity to intervene early to reduce the risk of harm to children and to prevent child abuse and neglect from occurring is being missed.

Recommendation 13:

The Department of Family and Community Services should define early intervention as early in a child's life and/or early in the life cycle of a problem, and use this definition consistently.

Recommendation 14:

The NSW Government provide additional funding for genuine early intervention services.

i) Any other related matter

Restoration

The *Safe Home for Life* reforms prioritise restoration and family preservation, with restoration the first preference under the permanent placement principles.[77] For restoration to be a realistic possibility families need to address the issues which led to removal, yet there is a dearth of effective services for parents who have had their children removed. Uniting's Newpin program, one of the few programs of this nature, is achieving promising results. In the first two years of the Newpin SBB, the program achieved a family restoration rate of 62% (against a 'business as usual' rate of 25%) with 66 children being restored to their families and children from a further 35 families being prevented from entering OOHC.[78] However Uniting only delivers the program in six locations in NSW and has limited capacity. Uniting is therefore pleased that the NSW Government recently announced that it will be investing in new evidence-based intensive preservation and restoration programs for more than a thousand additional families and children.[79] These programs should help address the current unmet need for services which support restoration.

Broader social problems over which parents have little control may also be a barrier to restoration, such as lack of affordable housing. Practitioners from Newpin report that there have been several instances where the Children's Court has determined that restoration is in the best interests of a child, but this has been delayed because of lack of suitable housing. Where this occurs, children must remain in OOHC until their parent/s can find appropriate housing. This results in considerable costs for FACS, as explained in Case Study 3.

> **CASE STUDY 3:**
>
> Rachel* is a client of Uniting's Newpin program. Final orders were made granting restoration of Rachel's five children. However the three bedroom unit she was living in was deemed to be unsuitable for the family, and therefore Rachel's children had to remain in OOHC while she tried to find alternative housing. Restoration was delayed for four months – the length of time it took before Rachel was offered a five bedroom house in the local area. Based on figures from the Productivity Commission's *Report on Government Services* (2016), every night Rachel's five children could not be restored due to lack of appropriate housing cost the government $716. This means that providing OOHC for her children during the four months it took for her to secure housing would have cost the government approximately $86,000.
>
> ***Name has been changed**

Recommendation 15:

The Department of Family and Community Services review how Community Services and Housing NSW can work together better to support restoration.

Transitions from OOHC to independence

Uniting is deeply concerned about the poor outcomes experienced by young people who are transitioning from OOHC. Young people leaving care or who have left care are over-represented in the statistics on homelessness, early school leaving and contact with the

---

[77] *Children and Young Persons (Care and Protection) Act 1998* (NSW) s 10A(3)(a).

[78] Office of Social Impact Investment (2015, August 21). Newpin continues to perform well in its second year. Retrieved from: http://www.osii.nsw.gov.au/news/2015/08/21/newpin-continues-to-perform-well-in-its-2nd-year/

[79] Hazzard, B. and Berejiklian, G. (2016, June 18). NSW budget - reforms for kids needing care. Retrieved from: http://www.facs.nsw.gov.au/about_us/media_releases/nsw-budget-reforms-for-kids-needing-care

criminal justice system. They are also more likely to have children at an early age and are at greater risk of having their own child taken into care.[80]

In part, this is due to the early and sudden nature of leaving care, poor preparation and planning, and lack of support after they have left care. Improving outcomes for young people who are leaving care requires a dual focus on improving the quality of care and providing better support to young people as they are transitioning from care.

Until recently, there has been limited attention to this issue in NSW. There are now some encouraging signs that this is beginning to change. Uniting welcomes the recent NSW Government State Budget announcement relating to increased investment in helping young people transitioning from OOHC into stable housing and support with education, training and jobs. This is an important starting point in addressing this issue as there are currently few housing options tailored to the needs of young people transitioning from care in NSW.

However, really improving outcomes for young people who are transitioning from OOHC will require a sustained commitment and collaboration by all levels of government and the NGO sector. Notably, 'helping young people in OOHC to thrive in adulthood' is a key priority under the Third Action Plan for the *National Framework for Protecting Australia's Children.*[81]

By providing good support to young people as they transition from care we can reduce their progression into prolonged use of high cost services. As CREATE argues, 'A relatively small investment now will save a huge social and economic cost in the future'.[82]

Aftercare support

There are some specialist aftercare agencies funded to provide intensive case management for young people transitioning from OOHC with complex needs in NSW. As well as providing aftercare support, the programs have a consultative role in supporting OOHC agencies and FACS to develop leaving care plans with young people.

However, these services are under-resourced and are not able to meet the level of need. For example, our ACE Aftercare program covers a large area spanning South West Sydney and parts of the South Coast of NSW. The service, like other aftercare providers, has received no increase in funding beyond CPI since it was established in 1997. Over this time, the number of referrals has increased substantially but the number of staff has remained unchanged. The disparity between the level of need and the funding level means that some young people leaving care are missing out on support or do not get it in a timely way.

There are also geographical gaps in the provision of specialist aftercare services particularly in regional and rural areas of the state.

It is critical that aftercare services have funding security. Since 2011, aftercare services have been on a series of short-term funding contracts (of six months or a year). This funding uncertainty impacts on the ability of services to attract and retain good staff and makes planning difficult. It also means that services are reluctant to go out and actively promote the program. Consequently, many young people transitioning from care are likely to be unaware of the program or how they can get help with difficulties.

---

[80] See, for example, McDowall, J. (2009). *CREATE Report Card 2009 - Transitioning from care: Tracking progress.* Sydney: CREATE Foundation.

[81] Commonwealth of Australia (Department of Social Services) (2015). *National Framework for Protecting Australia's Children – Third Three-Year Action Plan 2015–2018.*

[82] McDowall, J. (2008). *CREATE Report Card 2008: Transitioning from Care.* CREATE Foundation, p.9.

Aboriginal aftercare

At the end of 2014, Jaanimili entered into discussions with FACS and AbSec to re-establish a state-wide Aboriginal aftercare service in NSW. FACS provided funding for Jaanimili to operate the Aboriginal Aftercare Statewide Service (AASS) from May 2015 to 30 June 2016. Additional funding has been provided by Uniting, including the costs of conducting a program evaluation.

Although an Aboriginal aftercare service had previously existed in NSW, this is a new service. Funding for Aboriginal aftercare had ceased at the time discussions were occurring between Jaanimili and FACS. There was an acknowledgement that there was a continued need for a service providing culturally-appropriate support to Aboriginal and Torres Strait Islander young people leaving OOHC.

The AASS is funded by FACS for two caseworkers to cover the entire state. Given this geographical scope, Jaanimili placed the caseworkers in regions with the highest numbers of Aboriginal and Torres Strait Islander young people in OOHC – Western NSW (Dubbo) and the Central Coast. The service provides casework support, brokerage and advice to assist Aboriginal and Torres Strait Islander young people to transition to independence and meet the goals of their leaving care plans. The caseworkers also provide consultancy support to assist OOHC providers to develop culturally appropriate leaving care plans for Aboriginal and Torres Strait Islander young people.

Many clients of the AASS have high level and complex needs that require more intense service provision. Often they have disengaged from the OOHC system before the age of 18 and are experiencing high levels of disadvantage. The AASS provides clients with support across a broad range of areas including homelessness/unstable housing, cultural and family support, education and employment, material support, legal support and victims support. Consequently, many clients require sustained support, liaison and advocacy with federal and state government agencies.

The ability of the service to provide case management is constrained under the current funding model as there are only two workers covering the whole state. Also, given that the role of the caseworkers also includes consultancy support to OOHC agencies, they are limited in the time they can allocate to individual clients. Other key challenges stemming from the current funding model include the extensive time and costs in travelling to regional areas and lack of administrative support. Jaanimili is discussing with FACS the need to shift to greater provision of case management in future delivery of the program. This requires greater resourcing so that additional caseworkers can be located in areas with high numbers of eligible clients.

Experience implementing the AASS has also led Uniting to conclude that there is a high level of need among OOHC providers for assistance with cultural care planning and development of culturally appropriate leaving care and aftercare plans. Our caseworkers have visited most OOHC agencies during regional visits and provided training on cultural care planning and culturally appropriate leaving care planning. However, they have found there is a general lack of knowledge within some OOHC organisations on processes for leaving care planning and preparation. Very few clients are presenting to the service with an endorsed leaving care plan (and without endorsement by FACS, young people are not able to access FACS leaving care/aftercare financial support or the Federal Government's Transition to Independence Allowance).

Uniting is continuing discussions with the Department to seek a sustainable level of funding for the service. However, if resources are not increased we envisage that we may need to reduce the geographical scope of the service to cover Western NSW and the

Central Coast areas only. This would result in a major gap in provision of support to Aboriginal and Torres Strait Islander young people leaving OOHC in the remaining areas of the state.

Recommendation 16:

The NSW Government increase funding of the Aboriginal Aftercare Statewide Service to enable employment of additional caseworkers in areas of the State with high numbers of Aboriginal and Torres Strait Islander young people leaving OOHC and ensure that the service model is sustainable.

Recommendation 17:

The NSW Government increase funding of (mainstream) aftercare services to enable services to respond effectively to the increased number of young people leaving OOHC and address geographical gaps in service provision in regional areas of the State.

Recommendation 18:

The NSW Government provide funding security for aftercare services by providing (at least) three-year contracts.

<u>The need for continued funding for programs which support families with disability</u>

Uniting is concerned about the future funding for a range of services which provide crucial support for families with a child or children with disability. These include:

- Intensive Family Support Options (IFSO), a voluntary program which provides intensive casework support over 8-12 weeks for families with a child or young person with disability. It targets families under high levels of stress or in crisis, and where children are at risk of entering OOHC.
- Extended Family Support (EFS), a twelve-month intervention for families experiencing significant stress and who are at high risk of seeking alternative living arrangements for their child or children with disability.
- Stay Connected, a program which provides support for children in Years 5-10 with Autism Spectrum Disorder and/or intellectual disability who are at risk of school suspension or expulsion. This is achieved through case management, transition support and groups for developing social skills, friendships and self-esteem.

These disability-specific intensive child and family support services are currently funded through block grants by Ageing, Disability and Home Care (ADHC) and will likely disappear with the transition to the National Disability Insurance Scheme (NDIS). In the Hunter and New England trial sites where ADHC block funding for intensive supports for families in crisis has already been discontinued and the NDIS rolled out, local service providers have observed that these services have largely disappeared in the transition to National Disability Insurance Agency (NDIA) plans and budgets. The loss of these programs would cause additional hardship for vulnerable children and families. Without the assistance of programs which intervene early and help these families address problems, strengthen their capacity and build resilience, they are likely to be at greater risk of contact with the child protection system.

A child with a disability is a family with a disability. Families with disability are often socially isolated with little to no access to informal supports to assist in times of need or crisis. Uniting is concerned that the individualised funding model of the NDIS is inadequate to support the continued delivery of holistic, family-centred supports which respond to the needs of the child, as well as parents and siblings who often provide informal care to a child with a disability. Additionally, the crisis support these programs provide generally cannot be predicted, and as such cannot be appropriately represented in

NDIA plans and budgets. Uniting has found that the holistic supports offered through existing ADHC funded programs (e.g. domestic assistance, travel, therapy) are not being represented in NDIA plans and budgets.

Experience from the trial sites has also found that there are insufficient skilled professionals to deliver these critical supports to families. Yet it is crucial that services are able to recruit qualified practice professionals who are equipped with the knowledge, skills and experience required to support vulnerable and high-risk families with disability, particularly families from Aboriginal and Torres Strait Islander backgrounds.

Of critical concern are families, particularly Aboriginal and Torres Strait Islander families living in regional, rural and remote NSW who are geographically and socially isolated. Typically these families have little or no access to community supports such as housing, health, drug and alcohol therapy and domestic violence supports. Continued funding would ensure these families receive early intervention which equips them with crucial resources to reduce the risk of child relinquishment or removal.

Due to the difficulties of transitioning disability-specific intensive child and family support services to the NDIS, these programs may need to be funded through an alternative source which recognises the interrelationship between child protection and disability. Uniting believes that continued funding for these programs would be a sound investment for the NSW Government as it will deliver considerable net savings.

Recommendation 19:
The NSW Government continue to provide funding for disability-specific intensive child and family support services.

Information sharing

Good information sharing practices are essential to ensure the safety of children and young people. The need to improve information sharing was recognised by the Wood Commission,[83] and led to the introduction of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (NSW). Chapter 16A provides for the exchange of information between agencies where this promotes the safety, welfare or wellbeing of children or young people. It is underpinned by the principle that ensuring the safety and welfare of children should take precedence over protection of confidentiality or privacy.[84]

The transition of many services from government to NGOs has created additional challenges for information sharing. It has increased the need for open and efficient exchange of information, however this is yet to be achieved. For example, our OOHC programs need access to a child's full child protection history and carer background information to properly understand the child's needs and to be able to identify and manage risks. Despite this, on several occasions when Uniting has sought such information we have been informed that we cannot access the full case files of children who have been transferred to us 'for legal reasons'. Further, even when we have been able to access information there have often been considerable delays. In our experience it can take several months to receive information after requesting it from the Department under Chapter 16A.

Uniting recommends that the NSW Government work with the Commonwealth, State and Territory governments to develop nationally consistent arrangements for sharing information which concerns the safety and wellbeing of children. This is in line with the

---

[83] Wood, J. (2008). op cit, Rec 24.6.
[84] *Children and Young Persons (Care and Protection) Act 1998* (NSW) s 245A(2)(b).

proposals from the Royal Commission into Institutional Responses to Child Sexual Abuse.[85] It is also consistent with the Third Action Plan of the *National Framework for Protecting Australia's Children*, which identifies addressing barriers to information sharing within and across jurisdictions where there are concerns about child wellbeing as an area for action.[86]

It is also worth noting that research shows that even when legislation prescribes that concerns about children's safety and wellbeing should take precedence over privacy concerns, lack of understanding of the relevant legislation can be a significant barrier to information sharing.[87] It is therefore vital that both FACS and NGO workers are well informed about the legal framework for information sharing in NSW.

Recommendation 20:

The NSW Government work with the Commonwealth, State and Territory governments to develop nationally consistent arrangements for intra-jurisdictional and inter-jurisdictional exchange of information related to the safety and wellbeing of children.

Recommendation 21:

The Department of Family and Community Services develop training and information resources on Chapter 16A, with a particular focus on the circumstances in which information should be shared. This training should be provided to relevant workers from both the government and non-government sectors.

Access to records

Care leavers should be able to access their records easily. However, the experience of our aftercare staff is that there are often lengthy delays when young people seek access to their records from FACS. A more streamlined and coordinated process should therefore be developed to ensure care leavers can access their records in a timely way. Further, care leavers should have access to appropriate support (e.g. a counsellor) when reading their files, as this can be a traumatic or distressing process. Although in NSW aftercare services often assist young people who want to access their files and provide therapeutic support, not all care leavers receive support from aftercare services.

Recommendation 22:

The Department of Family and Community Services develop a more streamlined process for providing care leavers with access to their records.

---

[85] See Royal Commission into Institutional Responses to Child Sexual Abuse (2016). *Institutional Responses to Child Sexual Abuse in Out-of-home Care: Consultation Paper*.

[86] Commonwealth of Australia (Department of Social Services) (2015). *National Framework for Protecting Australia's Children – Third Three-Year Action Plan 2015-2018*, p.5.

[87] Keeley, M., Jane, B., Bates, S., Katz, I. and Choi, A. (2015). *Opportunities for information sharing: Case studies: Report to the NSW Department of Premier and Cabinet*. Sydney: Social Policy Research Centre.