

INQUIRY INTO CHILD PROTECTION

Organisation: Ms Trish Doyle MP

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**Submission to the
Legislative Council
General Purpose Standing Committee No. 2
Inquiry into Child Protection**



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Introduction:

I write on behalf of my community and provide this submission to the Legislative Council's Inquiry into Child Protection (General Purpose Standing Committee No. 2).

According to the Nigerian proverb "It takes a whole village to raise a child". It goes without saying that child protection is the responsibility of a whole society. Keeping children safe requires a wholistic approach which is an interagency responsibility. In preparing this submission, I commend the work of the wide range of Blue Mountains agencies that make a significant contribution to the safety and well-being of children and their families.

In NSW, government and non-government organisations are chartered with the responsibility to report child abuse concerns to the relevant authority. I note the important role of the broader child and family welfare system in my community (and in this State): family support services, youth services, the housing and homeless sector, the women's health and domestic violence sector, neighbourhood centres, Aboriginal services, disability services, schools and pre-schools, Council staff, our health centres and hospitals, Centrelink, Departments of Education, Health and Family and Community Services staff, the Police and emergency services.

I make the observation that all organisations I work with act out of a duty of care and concern for vulnerable children and their families. Blue Mountains agencies and their staff are highly professional and skilled and work together in the best interests of their clients and their community.

I have worked closely with the Blue Mountains Coalition Against Violence and Abuse (BM CAVA), and have consulted with a wide range of community services, including the members of the Blue Mountains Brighter Futures Consortium, to ensure that my submission captures the issues, challenges and triumphs of working to protect safety of children and support their families in the Blue Mountains. Individual constituents have also spoken to my office regarding their specific concerns re the child protection system.

Services and their staff inform me that their biggest frustration in addressing child protection concerns is a lack of available resources, barriers to intervening early enough to make a positive difference in the lives of children and families and time constraints that prevent interventions from happening when they are needed and for long enough.

I urge the Committee to take on board the views of the relevant peak-bodies and workers in the field and incorporate their feedback and recommendations into the Committee's final report.

Yours sincerely

Trish Doyle MP

Member for Blue Mountains

BACKGROUND:

A Brief History of Child Protection in Australia:

In preparing this submission I have reviewed the history of child protection in this country and acknowledge that over the past 100 years we have seen considerable change in this arena. We have moved from a position where children were seen as 'animals' and the property of their parents to an environment where we recognise the long-term impacts of child abuse and neglect and laws have been enacted to regulate and protect children.

Until the late 1800's there were no child protection laws. The laws to protect animals were used in the first cases of child protection and children were seen as 'human animals'. The New South Wales Society for the Prevention of Cruelty to Children (NSWSPCC) was established in 1890 and, by the end of the 19th century, most states in Australia had also established Children's Courts and developed legislation to protect children from the more "obvious" forms of child maltreatment, such as severe physical abuse (Tomison, 2001).

In the early 1960s the child protection landscape changed significantly with the publication of the research of US Dr Henry Kempe and his team who coined the term "battered-child syndrome". The authors argued that "battered-child syndrome" was a significant cause of childhood disability and death for children under the age of 3 years.

The research evoked significant media attention, which helped to increase public awareness of child protection issues. Many researchers have argued that media coverage throughout the 60s was just as important as the research itself (Tomison, 2001). Dramatic changes to approaches in protecting children soon followed in America.

In Australia developments in the late 1980s and 1990s continued to vary in each state, however, most states moved to "professionalise" the response to child abuse and neglect. This led to the widespread adoption of professional decision-making aids, guides and checklists that assessed the risks of child maltreatment (Holzer & Bromfield, 2008). The aids assisted child protection workers in determining if abuse and neglect had occurred, the risk of further harm, and whether the child should be removed from the family home. The focus on professionalising child protection services also saw most states move to a more legalistic approach to child abuse and neglect.

Under a legalistic framework, child protection work became predominantly focused on developing a legal response to allegations of child abuse and neglect and determining whether abuse or neglect was serious enough to warrant protective intervention (Tomison, 2001). This approach meant that for child protection workers, investigative and administrative work took up a significant amount of time.

Government funding for child protection and non-government family support services was also significantly reduced, which meant that support for families suffering from social problems was limited (Tomison, 2001). Child protection systems became the sole point

of contact for families at risk of abuse and neglect, which increasingly made it difficult for departments to meet demand.

By the late 1990s, child protection services in all Australian states and territories were finding it difficult to cope with high numbers of reports of suspected child abuse and neglect. The legal/forensic approach was being criticised for subjecting low risk families to unnecessary investigations, while at the same time letting some high risk families fall through the cracks (Lonne et al., 2009). This led governments and child protection services to seek alternative solutions in the 21st century.

New models of child protection and family support were adopted in most states and territories in Australia (Bromfield & Holzer, 2008). Child protection approaches at the beginning of the 21st century recognised the vital role played by the broader child and family welfare system in supporting families and therefore preventing child abuse and neglect. New child protection models sought to achieve a balance between statutory child protection services and family support services. Under such models, statutory child protection services no longer drive the system but become one facet in an overall welfare system for children and their families (Bromfield & Holzer, 2008).

Although a greater focus has been placed on prevention and providing family support services to families at risk of child abuse and neglect, statutory child protection services in each state and territory continue to struggle to meet demand (Holzer & Bromfield, 2008)ⁱ [*Australian Institute of Family Studies - History of child protection services*].

Definitions:

Agreed policy definition of “significant harm”:

What is meant by "significant" in the phrase "to a significant extent" is that which is sufficiently serious to warrant a response by a statutory authority, irrespective of a family's consent.

What is “significant” is not minor or trivial, and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing.

In the case of an unborn child, what is “significant” is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.ⁱⁱ

The Child Protection System in Australia:

In Australia, statutory child protection is the responsibility of state and territory governments. Departments responsible for child protection provide assistance to vulnerable children who are suspected of being abused, neglected or harmed, or whose parents are unable to provide adequate care or protection.

Contacts made to these departments regarding allegations of child abuse or neglect, child maltreatment or harm to a child are called 'notifications'. Notifications are assessed to determine the level of intervention required (if any). The aim of an investigation is to

obtain more detailed information and to determine whether the notification is 'substantiated' or 'not substantiated'. A substantiation indicates there is sufficient reason to believe that a child has been, is being, or is likely to be, abused, neglected or otherwise harmed.

The relevant department will attempt to ensure the safety of the child through an appropriate level of continued involvement. This may include placing the child on a care and protection order and/or into out-of-home care. The provision of support services to the child and family may also be appropriate [<http://www.aihw.gov.au/child-protection/>].ⁱⁱⁱ

Child Protection Snap-shot:

In 2014–15:

- almost 320,200 notifications involving around 208,100 children, a rate of 39.2 per 1,000 children in Australia;
- almost 152,000 children received child protection services—around 107,100 were the subject of an investigation, 57,900 were on a care and protection order and 54,000 were in out-of-home care;
- Of the notifications, 48% (almost 152,100) were investigated, with 56,400 substantiations;
- In NSW notifications totalled 126,146 with 59,092 children receiving child protection services;
- Nationally, the most common source of the related notification was police (22%), followed by school personnel (17%). Only 0.3% of notifications came directly from the child involved^{iv}

[<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129554973>

Children receiving child protection services]

Out of Home Care:

- Nationally, the rate of children in out-of-home care in Australia rose between 2011 and 2015, from 7.4 to 8.1 per 1,000 (Table 5.7). Overall, 5,751 more children (an increase of 15%) were in out-of-home care at 30 June 2015 compared with 30 June 2011.
- At 30 June 2015, there were 15,455 Aboriginal and Torres Strait Islander children in out-of-home care, a rate of 52.5 per 1,000 children.
- Nationally, the rate of Indigenous children in out-of-home care was 9.5 times the rate for non-Indigenous children. Indigenous children in out-of-home care were over-represented across all age groups and this was particularly evident for Indigenous children aged under 10.^v
- In NSW there are around 22,000 children currently in out of home care.

In the past 3-4 years, there have been some indications of a slowdown in the rate at which child protection notifications have been rising; however, the number of children living in out-of-home care - which is a more accurate measure of severe cases of maltreatment or high-level risks in that children cannot remain safely in the care of parents - has continued to climb steeply.^{vi} [<https://aifs.gov.au/publications/family-matters/issue-96/public-health-approach-enhancing-safe-and-supportive-family-environments-children>]. This is particularly evident for Aboriginal children.

Carers:

Across Australia, the vast majority (93%) of children in out-of-home care are placed in home-based care, primarily with foster carers or with relatives/kin.

At 30 June 2015, there were almost 9,900 foster carer households and around 13,700 relative/kinship households that had 1 or more children placed with them.^{vii}

TERMS OF REFERENCE:

In the following pages I have addressed the Inquiry's 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

The overwhelming message I receive from my community regarding the child protection system is one of extreme concern about the capacity of the system to keep children safe. Concern about system responsiveness, response times and lack of services rank as high priority concerns.

I frequently hear of cases where a non-government organisation or community member has made report to the Child Protection Helpline yet there is little evidence of any further risk assessment or investigation.

According to the he NSW Women's Domestic Violence Court Advocacy Service Inc:

WDVCAS workers have noted that there appears to be limited capacity for FACS to provide adequate support for young people at risk of significant harm.

WDVCAS workers have reported that there appears to be a far greater emphasis upon providing a FACS intervention when the concerns relate to a baby, infant or young child. Although WDVCAS NSW Inc. acknowledges that it is vital to protect young children at risk of harm due to their particular vulnerabilities and the long-term effects of abuse and/or neglect in early childhood, such practices result in vulnerable young people being left with very little support or assistance. WDVCAS NSW Inc. believes that increased ongoing resourcing of FACS would enable an improved response from FACS which would see more young people receiving urgent assistance, protection and support.

A grandmother recently contacted me seeking assistance about her serious child protection for her grandchildren. She described the following scenario:

I rang the hotline after doing the decision tree, which stated to report immediately & to seek medical or police intervention if you are able to.

This situation has been escalating over the last 12-18 months.

I was under the impression that the mother was the sole recipient of physical violence. It has come to light that the children also are assaulted by the stepfather.

This is the second report I have made to the Department in relation to these children. The previous time, I was advised to contact the school as well, which I did.

A caseworker went to the school & spoke to the youngest child, who is now terrified that the stepfather will find out & they will be hurt or killed.

I am extremely concerned about their welfare, the eldest was sexually abused on a regular basis by a friend of the family when they were younger & the youngest witnessed it. The person who did this has been convicted & is serving a custodial sentence for this offence.

The grandmother gave numerous examples to illustrate her concerns:

During the Sept/Oct school holidays last year the children went on a holiday to the theme parks, the eldest said something the stepfather did not like, he proceeded to choke them to the point they were gasping for air & found it difficult to breathe.

The eldest is in the choir & was practising, when he told her she was a terrible singer & to stop, this was just before dinner. The child stated they were not hungry, he grabbed her arm & squeezed it hard leaving a mark for sometime. The stepfather said not to talk to him like that.

April school holidays, the mum had to take the children to her sister's as the stepfather had threatened to kill her & them if she did not get them out of the house.

To date there has been no further action.

Another case brought to my attention:

I had a call from the Department saying a worker was on their way to my home with a child, they had just taken from school.

I was given no paperwork nor were we checked out by the department, the child, who was 14, asked to come to me as they knew me.

The next day the department rang me & said they were wrong in removing the child so they demanded that I pick the child up from school that afternoon & take her back to her family home.

The family home was where dad was & dad was on remand for his third domestic violence stint.

I refused to do that & stated to the worker that they removed the child therefore it was up to them to take the child back & ensure their safety. They hung up on me & refused to speak to me.

I picked up the child & the child stayed in my care for a period of time.

Eventually, the child went back to dad's & was beaten & hospitalised. The child then ended up at a refuge.

In regard to assessment I have been given examples where Community Services in fact defer the task of risk assessment of families to non-government organisations (NGOs).

Community Services have, due to policy and resource constraints, devolved much of its statutory child protection role to NGOs and only get involved when the matter comes before a court. In recent times, this has placed a considerable burden on NGOs who do not have the statutory powers to intervene. According to NGOs they are largely relying on voluntary engagement of families, leaves children and their families in a precarious position.

Experienced child protection and family support workers will tell you that, wherever possible, we should aim to provide supports and other intervention earlier in the cycle. They also advise that at times, parents will need to be ordered by CS to participate in programs. NGOs simply do not have these powers to ensure that parents engage.

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

The current system of mandatory reporting was introduced in 2010 following the reforms under the *Keep Them Safe* (KTS) framework. The aim of *Keep Them Safe* is to ensure that:

"all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential".

In particular, Keep Them Safe includes actions to enhance the universal service system, improve early intervention services, better protect children at risk, support Aboriginal children and families, and strengthen partnerships with non-government organisations (NGOs) in the delivery of community services."

Under KTS a risk of harm assessment tool was introduced which assisted reporters to determine levels of risk and whether a report to Community Services (CS) is required or other strategies should be adopted.

Experienced workers in the field tell me that the risk of serious harm assessment tool is a 'blunt instrument'. It can yield quite unpredictable and inconsistent results. For example, cases where workers, based on their experience and knowledge of the case, deemed a family at low risk the tool will score highly and vice-a-versa.

The tool is "*quite black and white and true risk is better determined by talking through the case with an experienced child protection worker.*"

One example cited involved a woman who had her children removed by CS. In order to get her children back she needed to engage with the Brighter Futures program. This case presented significant risks to the children yet on the basis of the risk of serious harm tool, only ranked as low risk. A decision was made to override the assessment and CS referred to the local NGO.

The risk assessment procedures used in the Brighter Futures program seem problematic with often three assessments required during the engagement process. This seems to be a drain on resources as well as tedious for both clients and workers.

According to the he NSW Women's Domestic Violence Court Advocacy Service Inc:

WDVCAS staff hold concerns that FACS safety and risk assessment tools/practices may not give adequate weight or consideration to the effects of domestic violence upon the safety and development of children and young people particularly when the child is not considered the primary victim of the violence. Research indicates that both witnessing and experiencing domestic violence can have serious impacts on children's development and wellbeing.

It is all very well to carry out risk assessments however if there are insufficient skilled staff at the Department and within NGOs to follow-up and provide interventions that increase safety for children there seems to be little point in the process.

There is little capacity in the system to provide information back to the agency or individual providing the report.

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;

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

It has been reported to me that our local Springwood Office of Community Services has a severe and chronic shortage of child protection staff. This means they are simply unable to allocate child protection cases and, like the rest of the state, only 28% of cases are assessed.

As mentioned previously, resource constraints mean that the Department frequently only gets involved in cases when the case is heading for court and that in some offices case workers are employed specifically to prepare cases for court. As a result, serious cases of high level risk are referred by the Department to the local Brighter Futures program.

In the Blue Mountains Brighter Futures is auspiced by Wesley Mission, a regional NGO, who contracts the local Blue Mountains Brighter Futures Consortium to deliver the program.

Brighter Futures was originally designed to work with low risk (categories 3 and 4) families and offers a range of services including case work, group work, access to brokerage funds and a coordinated interagency approach.

Initially Brighter Futures was auspiced by NGOs and the Department and each agency offered specific services to a pre-determined number of families. Under this arrangement CS were able to take the higher risk families (categories 1 and 2 families) and the NGOs

dealt with the lower risk families. This was appropriate due to the different roles, statutory obligations, staffing levels and skill-sets.

Over the past two years or so, the Department no longer offers Brighter Futures. This represents a significant diminution of child protection funding and resources in this state. Therefore the Brighter Futures programs operated by the NGO sector now take higher acuity and higher risk cases.

It can be argued that the program was never designed to be delivered in this way and that having CS and the NGO sector working together to support families and children at risk is an essential component in the delivery of the program.

At the same time it appears that the Department's obligations and capacity to act have been sufficiently watered down that the onus is on the NGO sector to carry the weight of child protection in this state.

I note the submission to this inquiry from the NSW Women's Domestic Violence Court Advocacy Service Inc:

WDVCAS workers also hold concerns regarding the increase to the level of risk of cases that are now managed by the Brighter Futures program and other community based programs. This results in children at serious risk of harm receiving support from community agencies such as family support services that may not be as well- equipped as FaCS to safely assess and manage the risk faced by vulnerable children and young people or as well-resourced to provide the supports necessary. WDVCAS staff have expressed the view that FaCS require a significant increase in their ongoing funding to ensure that in instances where a child/children face a high level of risk of abuse and/or neglect in their home they should receive support from FaCS. WDVCAS staff have expressed their support for community based programs to continue supporting children and young people assessed to be at a medium risk of harm.

One service manager described the impact on her service:

Our agency provides a range of child and family support programs from early intervention to child protection. Due to the lack of sufficient funding for frontline workers and skilled case workers at the higher level of child protection by Community Services (CS), community organisations such as ours receive a high number of referrals for support for families that may previously have been allocated to a CS worker.

Subsequently the expectation of the level of support that can be provided by community organisations does not meet the level of resourcing. This places added stress on services like ours as our workers are now expected to have a high level of knowledge in support children and families through trauma, domestic/family violence, drug & alcohol, mental health and neglect issues, without the stability of recurrent funding that would attract skilled and qualified workers for these roles.

Whilst the level of acuity has increased for the NGO Brighter Futures providers, the level of funding has not. In fact in some areas the level of funding has decreased. This is the case with allocation of brokerage funds and funding for supports like childcare.

Generally NGO workers are paid less than CS staff. Under Brighter Futures they have higher caseloads than their public sector counter-parts. This seems like a cost-saving strategy which has placed considerable strain on the agencies providing Brighter Futures.

A Brighter Futures Manager went on to say:

The stretching of worker's time also means that we are sometimes unable to meet with children & their families as regularly as we would prefer, which in turn may put children at risk of significant harm as family needs may not be addressed or noticed. Our service programs are all voluntary but with the increase in 'active' child protection referrals in conjunction with other presenting issues, there now appears to be an expectation from funders or community partners that our programs are extensions of the child protection system. It should be noted however our organisation does not have any legislative authority (nor would we want to) to enforce or coerce participation in our programs.

The roll on effect to the above is that programs that should be supporting non-complex or early intervention children & families now work with a number of children & families where there are highly active child protection concerns – thus moving away from their funded purpose and objectives. This in turn reduces support that can be provided early with children & families – programs of which are aimed at reducing the number of families from escalating higher on the child protection spectrum.

What families usually need in crisis situations is a case worker to support them set goals and then navigate the various departments and organisations they need to deal with in order to get help for themselves and their children. Brighter Futures caseworkers are able to provide this case management. Domestic violence is commonly involved and the DV services are currently stretched beyond capacity to provide the long term support that is needed for a woman to make the changes that are needed to leave a DV relationship.

Not only has the Department placed the full responsibility of Brighter Futures on the NGO sector without any additional funds or resources they have changed the policy setting so that Brighter Futures is now only offered for a twelve month period instead of a two year period as was first designed. Many involved in child protection and the Brighter Futures program believe that given the level of risk and inter-generational trauma experience by many families in the program, reducing the commitment to families to a twelve month program is merely setting them up to fail. To achieve sustainable change families need a longer term commitment and to be able to return to the program as needed.

Another Brighter Futures partner described their perspective of the devolution of the child protection system over recent years:

My agency has been involved in the delivery of Brighter Futures (BF) in the Blue Mountains as part of the BM Consortium since the inception of BF.

The first iteration of BF was for category 3 and 4 parents to receive support via BF and DoCS caseworkers looked after category 1 and 2 families. This system worked very well.

We had two years to work with the category 3 and 4 families and provide them with the intensive case work they needed. We found that after about a year in the program they were usually ready to participate in the group work that we offered and be supported to join community programs such as playgroups or youth centres. This meant that after 2 years of support the family was usually on track to better outcomes and had well established community connections and connections with universal services such as schools and Neighbourhood Centres and specialist services such as Community Legal service.

Then the program was changed so that we were required to work with the category 1 and 2 families in less time (18 months). This was a huge change as these families needed a much higher level of 1 on 1 support and usually never were that ready for the group work program we provided. We tried to make sure they had community connections as their time in the program was shorter even though their needs were higher.

We have found that the families we worked with in the first iteration of BF have usually stayed on track (in terms of not experiencing other child protection reports) as they received timely intensive assistance when their family was experiencing a great deal of stress.

Another program relevant to this inquiry is the Early Intervention and Prevention Program (EIPP). The EIPP is intended to work with families at an earlier stage before the matter comes to the attention of the Community Services. Given the changes evident in the Brighter Futures, i.e. the focus on high risk families, many of the families who would have previously been seen by Brighter Futures (BF) are now being engaged through the EIPP. Again this is happening with no additional funding, staffing or training.

According to a local provider:

In the current form of BF these families are seen by EIPP workers without any increase in resources to these workers – so these resources are very stretched. Also, the current safety assessment and risk assessment tools can mean that a family you can see who needs intensive help will not receive it as they do not meet the BF threshold and so you try to refer them to already at capacity services.

FaCS Child Protection staff vary in their approach with some being very willing to work with community partners to support families and allow families to determine the direction of their case plan where others seem very inclined to remove quite quickly.

I am informed that the data collection and evaluation associated with Brighter Futures is very onerous and time consuming, impacting on already very under-funded programs. A local service provider commented on the impact of this accountability:

we partnered with who used Carelink data base to collect information on the service provided to the families in the program. This was very time consuming for both the case worker and the BF manager with no extra paid hours given to staff to cover the time to attend mandatory meetings and to enter data into the data base.

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

Approximately ten years ago a project was funded through the Western Sydney Area Assistance Scheme (WSAAS) to support kinship carers. The Kinship Carers program was auspiced by Springwood Neighbourhood Centre and was funded for two years.

The program provide most worth-while and established support groups in the Blue Mountains, Hawkesbury and Penrith areas. The program also produced some local kinship carer resources to assist carers navigate the service system and get their own needs and those of their children met.

I recommend greater investment in programs like this, however, they require a longer term funding commitment to produce long-lasting impacts and outcomes.

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

With record numbers of children entering out of home care, there are serious capacity issues in meeting the safety, physical and psychological needs of these children and young people.

There is a mix of agencies providing out of home care. Some have a long history of working with this group of children and young people and have skilled staff. However there are many 'new players' whose expertise is questionable.

I have heard stories of young people in out of home care presenting to hospital emergency departments because agency staff have been unable to deal with the young person's behaviour.

I have also heard of situations where the child or young person is accommodated in a hotel room for days on end. This seems a completely inadequate solution and one that is likely to end in disaster.

Given the Baird Government's cuts to Out of Home Care in this year's budget, the situation for out of home care is likely to worsen.

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

Aboriginal children remain at significant risk of removal from their families. The effects of the Stolen Generations and inter-generational trauma and disadvantage continue to produce adverse outcomes for Aboriginal children and their families.

Aboriginal organisations and their advocates including Link-Up and the Aboriginal Legal Services are best placed to advise the Government regarding strategies to close the gap and reduce these rates of out of home care for our Indigenous children and young people.

I note that the Aboriginal Child Youth & Family Strategy (ACYFS) is currently under review as part of the TEIP. I urge the Department to ensure that targeted programs working with Aboriginal families and the wider community continue to be the centre-piece of Aboriginal child protection strategies.

I also commend the work of local Blue Mountains Aboriginal organisations and programs in supporting healthy families and positive parenting.

I congratulate the contribution of the Blue Mountains Aboriginal Culture and Resource Centre through its Aboriginal Playgroups and Family Support program.

I also congratulate the Blue Mountains Healthy For Life program for working in a culturally sensitive and wholistic way in addressing Aboriginal health including the health and well-being of families.

For the past three years, Blue Mountains City Council has employed a Project Officer, Jamie Murray, to work with Aboriginal boys and men. This program was funded for three years through Community Builders funding. Again this short term funding will soon come to an end and this program will be terminated.

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

According to the Department:

Targeted earlier intervention services aim to identify and alter the behaviour or development of individuals and families who show signs of an identified problem, or exhibit risk factors or vulnerabilities, by providing the resources and skills necessary to combat identified risks and by building inclusive communities.

There is unambiguous proof that evidence based prevention and early intervention can lead to measurable and substantial reductions in the factors that place children and families at risk of poor outcomes.

In previous points I have discussed the role of the Early Intervention and Prevention Program (EIPP). According to FACS, *“this service type targets low to medium risk children aged 0 – 12 years and families where presenting problems, if left unattended, would likely escalate to the point where either:*

- *a more intensive service, such as that provided by Brighter Futures, would be required or*
- *risk of significant harm is identified.”*

This program is ideally placed to intervene early in the child protection cycle yet this program is under resourced. This program should be strengthened including the lengthening of timeframes in which families can be engaged. The criteria should be extended to allow families with early teenage children to participate (currently children up to 12 years are included). Additional funding is required to enable the EIPP services to meet existing need, let alone meet future need as the child protection system struggles to meet the needs, particularly of low risk families.

I note the current review being undertaken by the Department of Family and Community Services under the framework of the Early Intervention and Prevention (TEIP) Reforms. This review will determine the future of many local community services. As part of the TEIP reforms the future of the Families NSW Early Intervention Family Program will be reviewed.

Families NSW is a population level, whole of government prevention and early intervention strategy that aims to improve the health, safety and resilience for children, families and communities. Once again I recommend a strengthening of this program to divert as many families away from the child protection system as possible.

The TEIP reform process will have a significant impact on the wider service system, in particular universal services such as Blue Mountains neighbourhood centres, the Blue Mountains Women's Health and Resource Centre, and other services funded through Community Builders.

Universal services provide a soft-entry point to more complex, specialist services. This is particularly important when working with disadvantaged families and those on the margins. It is imperative that the universal services sector be strengthened to enable it to engage with families and provide appropriate referrals to more specialist services whose brief is child protection.

Many services currently funded through Community Builders in my electorate believe that the gains achieved through the development of a well-connected and proactive community sector are at risk due to this reform process. In a child protection that is struggling with a lack of funding, services fear that funding will be removed from the universal service system and be diverted to targeted services.

These services perform a valuable role in providing information and referrals, they offer skills-based programs, social support programs to reduce isolation, programs that enhance emotional and mental health. These roles are critical in supporting families at risk. The role of these services should be recognised and funded accordingly with long term, five year funding contracts.

When considering child protection and the safety and well-being of children and their families, the issue of housing must be a top priority. With the current housing crisis facing many families, particularly low income families, in this state, stable and affordable housing is a dream for many rather than a reality. As one family support manager noted:

Stable, secure and affordable housing is the biggest factor in giving a family the base needed to allow them to make connections with organisations and community groups as well as specialist child protection services who can support them to break the cycles of poverty and disadvantage which are often at the base of CP issues.

Another significant gap for children is access to mental health and counselling services for children and young people. Currently there are long waiting lists for children requiring counselling and mental health care and a lack of capacity within the system. There is a lack of skilled professionals with expertise in working with children and young people. Greater investment is required in services sensitive to the needs of children and young people to ensure a timely response to referrals.

i)any other related matter.

Domestic Violence:

It is not possible to look at child protection without considering the issue of domestic violence.

According to the Queensland Department of Community Services:

In 1996 a large survey of female victims conducted by the Australian Bureau of Statistics (Women's Safety Australia) found that 38.3% of women experiencing violence from a current partner said that children had witnessed the violence. A more recent study found that 48.5% of women who experienced violence by a previous partner said that children in their care had witnessed the violence.³³

Significantly, a majority of research studies indicate that in 30% to 60% of families where domestic and family violence is a factor, harm through other forms of child abuse has also occurred.³⁴ Respondents to the 1988 Queensland survey reported that children experiencing domestic and family violence were also victims of physical abuse in 68% of cases, emotional abuse in 70% of cases and sexual abuse in 8% of cases. In the same study it was found that 64% of perpetrators witnessed domestic violence as children.

The combination of being both a victim of child abuse and being exposed to violence is also associated with more severe impacts, and has been termed a "double whammy" for children.

At the same time this state has witnessed a wide scale destruction of the long established women's refuge movement with a loss of specialist women's domestic violence (DV) refuges.

Without specialist DV refuges, women and children escaping domestic violence have been placed into inappropriate generalist hostels with a lack of skilled staff on-site. This has also resulted in a loss of specialist child support programs previously provided through the women's refuge movement.

The child support programs aimed at assisting traumatised children and at the same time providing respite to their traumatised mothers. Coupled with a lack of child-sensitive referral points in the community, this represents a significant loss of capacity to support children who have experienced domestic violence.

TRAINING AND SUPPORT FOR WORKERS:

Working in the field of child protection requires a high level of skill. There must be greater investment and training, support and supervision of staff in both the government and non-government sectors.

i REFERENCES:

I Australian Institute of Family Studies – History of child protection services

ii FACS Web-site

iii <http://www.aihw.gov.au/child-protection/>

iv <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129554973>Children receiving child protection services

v <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129554973>Children receiving child protection services

vi <https://aifs.gov.au/publications/family-matters/issue-96/public-health-approach-enhancing-safe-and-supportive-family-environments-children>

vii <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129554973>Children receiving child protection services

viii <https://www.communities.qld.gov.au/resources/childsafety/practice-manual/prac-paper-domestic-violence.pdf>
