

Submission
No 93

INQUIRY INTO CHILD PROTECTION

Organisation: Relationships Australia

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New South Wales Legislative Council
General Purpose Standing Committee No. 2
Inquiry into Child Protection
Relationships Australia NSW Submission

The work of Relationships Australia

Relationships Australia is a federated, non-government, not-for-profit organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. Relationships Australia provides a range of family support services to Australian families, including counselling, dispute resolution, children's services and relationship and professional education. We aim to support all people in Australia to achieve positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

Relationships Australia has been a provider of family relationships support services for 70 years. Our State and Territory organisations, along with our consortium partners, operate around one third of the 65 Family Relationship Centres across the country. In New South Wales, Relationships Australia has more than 400 staff in 30 locations across the state. The core of our work centres on family relationships. This involves working with individual family members, couples and family groups. We provide services which respect differences and are socially inclusive, recognising that individuals' backgrounds, values, family circumstances and connections are very diverse. These services draw on expertise in counselling, mediation and dispute resolution, relationship education, and information and referral. More broadly Relationships Australia NSW works to strengthen community connections which sustain positive relationships. We advance knowledge and professional practice through accredited education programs and research. Our endeavours are supported by strong collaboration within the national Relationships Australia network and with other partners.

Relationships Australia believes that violence, coercion, control and inequality are unacceptable in family relationships. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. These principles underpin our work. Relationships Australia supports integrated cross sector, multi-disciplinary responses to child protection and family and domestic violence, which focus foremost on safety. Violence in the family is a human rights issue and Relationships Australia supports a legal framework to respond to inequality, coercion and control, and the use of violence in families.

Specific Responses to the Inquiry Terms of Reference

Thank you for the opportunity to provide a submission to this Inquiry into Child Protection. Our submission response is not a comprehensive analysis of the research, or all the issues identified in the terms of reference, but rather our observations and experience from the perspective of those working on the ground to improve safety for children and their families. As such, we hope the following comments are useful in gaining a broad perspective and insight into the work and its' successes and challenges.

We also point the Standing Committee to our recent relevant submission to the Human Rights Commission on the topic of Domestic and Family Violence and children in 2015, which can be found at:

<http://www.relationships.org.au/national/submissions-and-policy-statements/submission-to-the-human-rights-commissions-examination-of-children-affected-by-family-and-domestic-violence>

1. *That General Purpose Standing Committee No. 2 inquire into and report on the role of the Department of Family and Community Services in relation to child protection, including:*
 - 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*

Whilst the 'Keep Them Safe' decision making tree is effective in assisting mandatory reporters to determine whether there is a sufficient risk within a situation to require them to make a report to Family and Community Services (FACS), it fails to speak to their ongoing concerns for the potential child/ren at risk and/or specify action required to monitor and support families.

Having made a report staff have commented that unless that report contains key words such as guns, knives, direct sexual abuse, and the age of the child is less than 12 months, we would normally receive a 'use your own resources' response.

The quote below from a staff member reflects an oft expressed sentiment about taking the time to make a report to FACS Helpline, with the likelihood that there will be no follow-up from FACS.

'So when I am considering reporting a case, in the back of my mind I wonder if it is worth my time, because I know that it won't go any further. I do always make a report, as I am required to do, because I hope, and I may be wrong, that the more people that report on an incident, such as schools, police, counsellors etc., that this is being documented and at some point, all of that reporting may lead to something that does ensure the safety or protection of a child.'

There is also concern about the gap of time between making a report and receiving a notification email and hearing what action has been taken especially the steps that have been put in place about children's safety. This delays our continued working with the parents.

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

Online reporting is regularly used by practitioners and is found to be easy to access and use. However, the decision making tree does not always adequately reflect the varying degrees of different risk factors for children, thus making reporting difficult at times. For example, there are times when the conclusion of the process is not to report, and if a call is made anyway, there can be advice that reporting was indicated.

It would be helpful if FACS and NGOs had a common assessment tool that was more specific than the Mandatory Reporter Guide. A common assessment tool would enable sharing of language and definitions and quicker communication of the level of risk.

It should be noted that there is always a risk to children's emotional wellbeing when being removed from their family of origin. This needs to be considered in assessing the risk and protective factors.

Some comments from our Senior Counselling and Supervision staff include:

"I have heard from clients about some processes that I consider unusual and unhelpful. For example, a client who recovered care of their children (preschool), was to remain in contact with FACS for twelve months following which they would become responsible for supervising visits with the children's other parent, despite ongoing animosity, conflict and strong potential for violence. There had been alcohol and other drug issues, violence and

stalking behaviour. Despite the parents making considerable progress, the client decided to pay for the supervised visits to continue, rather than being placed in the position of threat to their safety or provide the;

(a) opportunity for the conflict to continue in front of the children and

(b) context for their original issues to re-emerge”.

“It seems that often women in particular, are put under undue pressure to leave a relationship or lose their children, when the FACS deems the partner unfit due to violence or abuse or alcohol and other drug issues. I consider there are better, more sophisticated and less heavy handed ways to support women and their children, and that reduce the risk to children, including the risk of removal. This also seems to be an economic issue and not evidence-based approach”.

“I have had clients (mothers) whose children have been taken into care because they have been living in a domestic violence situation with them not being the perpetrator of the violence. The mothers have separated from these men and moved into a safe place, yet do not get their child/ren returned to them. They can only visit for a short period under supervision. This is happening to very young children, where their attachment to a significant parent is very important to their future mental health and stability. It sometimes takes years before a parent and child are reunited. I would recommend that they [FACS] allow children to stay with a safe separated parent and support this parent especially if s/he has been a victim of domestic violence”.

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 role of the FACS Caseworker, and the support provided to them, is a crucial component in engaging families and collaborating with organisations in building a safety net and strengthening protective factors for children. Resourcing levels that allow for reasonable caseloads, holistic assessment and support for families, ongoing skill development opportunities, and models that facilitate co-designed interventions, are necessary to create best practice and a partnership approach.

FACS has appeared to function as an entry level position for new graduates from social work or equivalent qualifications. With the range of complex circumstances impacting families, including domestic violence, mental illness, alcohol and other drugs usage, poverty etc., this work requires more experienced and mature practitioners who are well supported and have training and experience working with complex issues.

Workers note that:

“The majority of FACS Caseworkers have been very young, white and middle class women, whose attitude towards my clients have at times been extremely negative. These caseworkers have not considered the grief and loss that the women clients are going through. Their attitude to me as a worker has also been quite negative and I have had to work hard to develop a rapport so as to get the best outcome for the family. Interestingly when I have had dealings with older male and female caseworkers the attitude has been noticeable more cooperative, understanding, insightful and well-mannered, resulting in a better outcome all round. Caseworkers require training and experience to work from a trauma informed perspective for the children and adults involved. This perspective would support increased positive and therapeutically beneficial outcomes for the families involved in child protection services.”

The Clinical Issues Team within the Office of the Senior Practitioner has been a valuable additional resource within FACS. Of particular note is the work being done by Kathy Horne and Zoe Sharman in locating the responsibility for the use of domestic violence with the men who are using violence and integrating this framework into the practices of the Caseworkers.

In RANSW’s work with male clients in Men’s Behaviour Change programs, men report that their assigned caseworkers are often women much younger than them. The male clients experience difficulty in discussing their circumstances, especially their use of violence with this cohort, whilst acknowledging that they need to. They also report that there is a high turnover of staff, and that caseworkers can be removed from their case without explanation. Whether they have a cooperative and trusting relationship or not, they are obliged to start with a new caseworker, disrupting the process of working towards restoration of care or contact with children.

Where men have used violence within their families, safety and protection of the children is paramount. This principle should remain top priority, and can result in limited or no contact between fathers and their children for inordinately lengthy periods such as two – six months and up to a year. Dislocation of the relationship is distressing not only for these fathers but likely for their children also. Supervised contact centres are in limited supply and locations. Increased provision of Child Contact services would be one factor in maintaining safe consistent contact where it is in children’s interests.

When parents apply for the restoration of their child/children and Case Plans are established by FACS, the plans often contain insufficient detail, be unclearly stated and/or unrealistic in their expectations of the clients, effectively setting them up to fail. Terms such as ‘make the appropriate changes in which to increase their parental capacity and become a parent able to safely care for the children’ are not always clearly understood.

One of our staff members, who has provided external clinical support to FACS staff commented: “I feel that FACS is severely underfunded, understaffed, and morale can be low given the level of detail they deal with. When I have conducted workplace mediations with employees from FACS, my impression is that if they were properly supported I wouldn’t be sitting there listening to their stories”.

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

Where there is no planned intervention following reporting to FACS, organisations such as ours continue to use their own resources to provide services to families. Protection of children and family safety is a priority within all our programs, however our capacity to provide ongoing services without specialist additional resourcing is limited. We rely on our well established service partnerships to collaboratively support families, the challenge being that many services are attempting to manage high demand, complex needs and limited funding and capacity.

Additional resources to the Non-Government Organisations (NGOs) could reduce the load on the tertiary Child Protection System. It has become harder to find support mechanisms to refer vulnerable families to, with the impact of funding cuts and reforms. Specifically there are gaps in availability of Family Support and Intensive Family Support Services, Material Aid and Housing. Some families stay in violent homes because they are unable to source suitable and affordable accommodation.

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

The experience of a staff member, who has worked with relative/kin carers states that the assessment of their suitability to provide care for the children is quite rigorous and the need for this rigour understood by most. The post placement monitoring is fairly consistent, particularly with regard to attempts by parents to have contact with their child/ren outside the specified times. Breaching of orders is taken seriously by FACS, which although appropriate, is often not clearly communicated to carers and can result in stress and anxiety for the carers and the children.

The financial and emotional support for these relative/kin carers, who are often older grandparents, is inadequate and many struggle financially and emotionally.

A Senior Counsellor and Supervisor shared some thoughts about transitioning children from foster care to their parents:

“On the theme of attachment, it is disturbing when a child is reunited with parents and abruptly cut off from their foster parent, without a gradual transition of being able to phone their foster parent or see them again for a visit.

I would recommend that the process of a child going into, or out of foster placement allow children to transition gradually from one attachment figure to the next and back again. Of course there will be situations where this ideal could not be applied.”

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

No comment

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

Aboriginal and Torres Strait Islander organisations are better placed to provide expert comment on this issue.

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

The balance between population health level initiatives, and secondary and tertiary interventions is a tricky one within a changing political environment and shifts over time. All levels of strategy need to be resourced in a sustained way if we are all to work in concert together to address risk factors and strengthen protective factors for children. This means collaboration within the local service network and an integrated early intervention approach.

Our experience and the literature demonstrate that effective early intervention and prevention for families is founded on:

- building protective factors and addressing risk factors for children (National Child Protection Clearinghouse 2008)

- interventions that are family sensitive, child inclusive, strengths based, collaborative and culturally competent (Good Practice in Child Aware Approaches, Child Family Community Australia, 2014)
- a holistic approach involving a range of services/supports required for families and children to thrive. (Inverting the Pyramid – Enhancing Systems for Protecting Children, ARACY 2008).

In terms of funding, there seems to be a trend for pilot or project based services, with robust evaluation providing the evidence base for outcomes, quality and efficiency. This is a welcome trend, particularly where research and evaluation resources are properly factored into the model. However, at times there seems to be a serial pilot to pilot approach, not allowing the time for emerging best practice models to be tested and properly bedded down, and learning captured and applied more broadly. Interventions and shifts at both the community and organisational, as well as family level, take time. Community connections and social participation for families is a protective factor that needs to be supported alongside targeted therapeutic interventions. Experiences of socialisation, confidence, life skills, physical well-being and recreation are important alongside therapeutic and parent education services.

Longitudinal studies show that therapeutic interventions that focus on the family as a whole and that empower parents to implement more effective parenting practices and improve family functioning can deliver positive change in up to 60% of cases. Furthermore, such interventions are cost effective and significantly reduce the lifetime health and social costs associated with mental health disorders. (Dadds, M 2012).

There needs to be a focus maintained on the long game (beyond funding and election cycles), resourcing organisations well placed at the grass roots for this work, and building cross organisational/community behaviours that reflect joint responsibility. This should include resources for training of staff and better remuneration in order to attract and retain a gender and age balanced, culturally diverse workforce.

(i) any other related matter

- Auditing and monitoring of contractors providing transport for children for contact visits with their parents; workers have heard complaints about clothes and toys that were meant for the children going missing, transporters being late decreasing the limited amount of contact time, which out compensation and in one case inappropriate behaviour and questioning from a male driver.
- The manner of removal of children from their parents is often dramatic and distressing, e.g. some children are taken directly from school without seeing their parents in order to say goodbye and in one case where a child removed from school

was restored, was fearful of going to school and would act out. Police have been used to remove a child from the family home as the young caseworker was 'out of her depth' in dealing with a distressed parent who she feared may be aggressive. An Aboriginal family was walking with their children in a busy Sydney street when they were rounded up by three police cars and the children bundled into the cars with passers-by watching on.

Case Studies

The following case studies illustrate the holistic framework, complexity of needs and sustained engagement and support required to adequately respond to the needs of children and families. They describe the profound impact upon families of domestic and family violence, including homelessness and poverty and the overall failure of the legal system to act early and prioritise safety above other factors, including at times fathers' rights (to a fair trial, to access to children). Collaborative effort, sufficient resourcing and a strengths based capacity building approach to families underpin this work.

CASE STUDY 1

RANSW's Western Sydney Family Referral Service (WSFRS) worked with a family referred by the Police Child Welfare Unit (CWU) for domestic violence. The referral was for an incident involving the client's ex-husband threatening to kill her and her three daughters. The client had escaped the violence with her three daughters, aged 6, 12 and 17, with nothing but her handbag and the clothes on their backs and was living in hiding awaiting the next court date. The husband would be facing seven counts of assault and three breaches of the AVO's along with a grievous bodily harm charge.

The husband broke two vertebra in the client's neck, which her 17 year old daughter had witnessed. She drove herself to hospital completely numb on one side as she knew that calling an ambulance would invite questions about what happened, which, she believed, would mean the end of her life. She was hospitalised for five weeks and had surgery to insert a bone graft and synthetic vertebrae.

The husband had also placed a tracking device in her car without her knowledge and tracked her for months before she found it. She was beaten for asking why the device was placed in her car. When the court date arrived, the husband was granted bail and the matter adjourned.

The client disclosed to a WSFRS Family Advisor (FA) that she and her children had been severely physically, emotionally, and psychologically abused for the past 19 years. The client was sure that if her husband was to discover where they were living that he would kill them.

She knew that her husband had access to firearms because he had woken her by sticking a revolver to her head.

The client had been engaged with Penrith Women's Health Centre, who had been offering counselling for the client and her 12 year old daughter. She had been approved for a Start Safely application by Housing NSW and was living in a property at reduced rent. The Staying Home Leave Violence Program worker, facilitated through Penrith Women's Health Centre, had also been working with the client, offering court support and a claim for counselling through Victims Services and Support.

The client needed financial aid for food, bills, etc. but her main concerns were around the effect of the violence on her daughters, particularly the 17 year old, who was undergoing her HSC trials, and had to be cross examined by her father on the stand. Her youngest daughter, who was only six years old, was experiencing extreme anxiety six months after leaving the violence in the home. This anxiety produced physical symptoms of vomiting up to four times a day, not sleeping or eating, and crying uncontrollably upon having to go to school or to bed. The client's 12 year old daughter had been writing letters to the Police and Courts begging them to put her father in prison and kept a journal in her phone of evidence that was later used in court.

A WSFRS Senior Family Advisor (SFA) and FA completed two home visits with the client for assessment of needs and it was clear that this was an extremely severe Domestic and Family Violence (DFV) case.

The following is a list of referrals made for this client and her children:

- A list of financial aid supporting services in her area where she was able to connect to and receive assistance.
- A clinical psychologist to visit the 17 year old. The psychologist's expertise lay in assisting students with the pressures of the HSC as well as assisting with trauma and PTSD. As The 17 year old was a witness to the assault where her mother's neck was broken, she was required to appear as a witness in court.
- FA contacted the children's schools and spoke with school counsellors and year advisors in order to make sure they were aware of the safety needs of the children while in school and that the children were receiving the necessary support.
- FA provided the 17 year old's year advisor with a letter of support to strengthen her application for 'special circumstances' considerations in light of her upcoming HSC.
- FA researched and linked the client's youngest daughter with a qualified play therapist for an initial six sessions paid for by WSFRS brokerage. There were provisions made for further support where the play therapist recommended that she would need long term, weekly therapy.

- FA liaised with the client and Victims Services and Support to apply for further financial grants to cover the child's therapy in the future as well as any other claims for financial, counselling, and recognition.
- FA applied and was approved brokerage for a voucher for a petrol card for the client to travel to appointments.
- FA provided the necessary information and application forms for the client to apply through the courts for "Airport watch" due to the risk of the father taking the children out of the country.
- FA liaised with all services involved including Penrith women's Health service, Staying Home Leaving Violence, Domestic Violence Court Advisory Service (DVCAS), Domestic Violence Liaison Officer (DVLO), Local Area Command (LAC) NSW Police and their CWU, reporting to each service the high risk and concern regarding the husband having access to firearms and the level of safety risk.
- FA researched and provided literature around "helping anxious children" to assist the mother due to her feelings of helplessness and inability to manage the youngest child's severe anxiety and fear.
- FA held the client until all family members were linked and benefiting from the referrals made, such as play therapy, counselling, case management, etc. and will await the outcome of the upcoming court proceeding to determine if the father will be incarcerated.
- FA made a warm referral to Women's Legal for further and ongoing legal advice.
- FA further applied for brokerage for transport to and from the court house via taxi and has ensured that the client will have support both on her way to and in court.
- The client's car broke down and it was her only means to transport her children safely to and from appointments so again FA applied for brokerage and was granted the go ahead to get the client's car back on the road.
- The client's six sessions had been completed with her psychologist but FA researched and gave the client more options to see another counsellor within her local area.
- Xmas Hamper was provided through Christ Mission Possible for the family.

During this time the husband had been to more hearings in court for breaches of the AVOs and was granted bail each time. He was eventually given a seven month suspended sentence.

Recently the husband was back in court for another breach and during the hearing the client's home address was disclosed via a 000 emergency recording, which was used as evidence of the breach. The husband turned to the client and in the courtroom and threatened her stating that she had better find somewhere else to live.

This was recorded in the transcript. When the magistrate read this police were dispatched. The husband was arrested at the train station and held until he was transferred to prison. At the time of this submission the husband is still in custody awaiting sentencing for the breaches and to stand trial in Federal Court for the gross bodily harm charges.

CASE STUDY 2

The mother was referred to WSFRS by the Police CWU following a violent incident with her 17 year old son. Initially the mother declined. The FA persisted using soft engagement skills and were able to do an initial assessment from the WSFRS Centrelink Outreach Office. She presented as depressed and lacking hope.

The 17 year old was now in detention following a subsequent act of violence. The mother disclosed that she has been diagnosed with the breast cancer gene and is needing a bilateral mastectomy as soon as possible. She had been told that she needs to give up smoking for at least three months before surgery. She is finding it difficult to stop smoking due to the stresses in her life. Additionally she cannot afford the next specialist's appointment.

She has four children aged 22, 17, 10 and 8. The eldest is not in contact with the family, the 17 year old is involved with the Juvenile Justice System, and her 10 and 8 year old live at home with her. The father of youngest two children is incarcerated for a domestic violence incident toward the mother. She suffers from extreme social anxiety and, as such, has no friend network for support. She cannot travel on public transport due to her phobia, adding financial strain due to the maintenance and running of a car.

The 17 year old and 7 year old suffer from ADD/ODD. The 7 year old displays behaviours of absconding and aggressive behaviours towards school peers and his mother. She and her youngest son require glasses but she cannot afford to have prescriptions made. She has no local family support as her brother and father live in Cessnock and her mother died of breast cancer. She is unable to pay for school uniforms for the two younger boys. WSFRS provided the following support:

- grocery and fuel vouchers
- payment of spectacles for mother and son
- payment of initial specialist appointment for mother
- payment of Edmund Rice sibling camps for youngest two sons to attend to provide respite as mum was having difficulty dealing with child's behavioural issues,
- payment of uniforms for two youngest children
- referrals to counselling, respite camps
- referral to a smoking cessation specialist

Following the initial engagement with mother purchased nicotine patches to help her quit smoking, attended the initial specialist appointment and subsequent appointments with the surgeon, which was paid for by WSFRS and subsequently underwent surgery. The mother had applied for a Department of Housing transfer to Cessnock to be closer to family. She received notification that a property was available to inspect. The WSFRS supported the mother to attend the inspection through a petrol voucher for the trip to Cessnock. The mother accepted the house which is three from her father/children's grandfather.

Contact

Should you require any further clarification of any aspect of this submission or need information about the services Relationships Australia NSW provides, please contact: Kerrie McFadden, EGM Partnerships and New Business