

**Submission
No 100**

INQUIRY INTO CHILD PROTECTION

Organisation: Jannawi Family Centre

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Jannawi
Family Centre

SUBMISSION by Jannawi Family Centre

to the

Parliament of New South Wales

INQUIRY INTO CHILD PROTECTION

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Introduction

Jannawi Family Centre welcomes the opportunity to make a submission to the Parliament of NSW Inquiry into Child Protection. Jannawi is a small NGO with 9 staff employed in part time roles. This submission provides a response based on practice experience and knowledge gained from working directly with children at significant risk and their families in the local area. It will not refer to extensive literature reviews and research regarding the factors facing at risk families, as we believe it is important to highlight the issues which arise in our interventions and our observations of what may create positive change in the lives of children and families.

Jannawi recognises that NSW faces problems in child protection not dissimilar to other states in Australia and which have come about as a result of historical complex organisational, political and structural pressures. We understand that as a NGO offering services funded by the NSW Government, that we are also responsible for the safety, protection and welfare of children in our community and wish to be part of solutions. We believe it is important not to blame individual practitioners, managers or senior executives within organisations and agencies providing services.

Who We Are

Jannawi Family Centre is a specialist tertiary child protection service funded by the NSW Family and Community Services. It was established in the late 1970's as a therapeutic pre-school known as the Wiley Park Centre to provide a child protection intervention program to local children. Following a restructure, it re-opened in 1991 and re-named with permission to use the Dharug word Jannawi, meaning 'with me'. Jannawi is located in Wiley Park, a south west suburb of Sydney which is a religiously, culturally and linguistically diverse area. Jannawi is committed to reducing the incidence of child abuse and neglect and assisting families to provide a safe environment for their children. Within this broad purpose we work with children who have experienced all forms of harm, and provide specialist intervention for children and families who have experienced or continue to experience Domestic & Family Violence and Child Sexual Assault.

Jannawi aims to provide a holistic model of service delivery to children aged 0-12 years and their families who live in the Sydney District. This includes specialist child protection counselling; case management; risk assessment; parent skills development, education and support; child development interventions; home visiting; group work; advocacy; referral; direct practical support; transport and court support. We provide a restoration service for children in OOHC which includes facilitated contact. We also:

- Consult, collaborate with and actively support individuals, agencies and networks that share our purpose;
- Provide training and consultation for staff from welfare, health, education and children's services to enhance their ability to respond to 'at risk', abused and neglected children and their families;
- Contribute to service system and policy development through various networks.

Our Philosophy is that the best possible outcome for children and families is achieved when:

- All communication with clients and relevant others is open and honest.
- The physical and psychological safety and wellbeing of children is always the primary focus of our intervention;
- Children and families access comprehensive and integrated programs that provide both therapeutic and practical interventions that acknowledge relevant social, economic and political contexts;
- The effects of abuse and trauma are acknowledged in terms of the impact on relationships and how people think, feel and behave and;
- Programs are delivered by a skilled and professional team of staff in a positive, respectful and consistent manner.

Jannawi greatly appreciates the opportunity to provide a submission and believes that whilst there have been positive changes which have been implemented over the years regarding child protection, we welcome a closer focus on the resource allocation to responding and servicing children at risk and families in need.

Inquiry Into Child Protection

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

It is evident in our local area that there has been a significant increase in the reporting of children at risk which has not been matched by resources to investigate and adequately assess reports of children and young people at risk. There is a discrepancy also of the responsibilities for professionals to *report* and notify risk, however not to *respond* in order to address this risk. Over the years, this has given the perception that it is the role of Community Services to investigate and assess reports, however the threshold increase to 'significant' has created a gap in expectation and that assessment alone is sufficient. Cultural changes are required

in the sector to mandatory reporter practices as notifying child protection concerns does not necessarily lead to better outcomes for children. Changes are needed to mandatory child protection training content, the use of the Mandatory Reporters Guide (MRG) and supporting mandatory reporters and practitioners in responding once a report is deemed not significant. Alternatively, it is important that for children who have been deemed to be at risk of significant harm, that there is an adequate statutory response to the risk identified and effective and meaningful interventions made to support children and families. There needs to be an increased capacity for caseworkers to sight and undertake face to face visits with children to investigate and assess reports. A significant concern for Jannawi is the failure to adequately investigate and assess children where there have been concerns raised regarding sexual assault. For children from Culturally and Linguistically diverse backgrounds, Aboriginal and Torres Strait Islander children or children who have experienced multiple harms and live in chaotic and unsafe environments, the barriers to disclosing sexual abuse are significant. However the current investigative processes require a 'substantiation' of harm which for many children is never reached and the use of a criminal threshold for charges to be laid as a standard of proof is highly flawed and places children already at risk, of further harm. The dual process of a CS Helpline and a Joint Response Unit (JRU) reporting process creates gaps in the procedures and practices of responding to children who experience multiple harms. It also places a criminal justice framework over and above a welfare framework rather than working alongside each other, and at times, this may not be the best or most suitable process for children and young people.

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

Jannawi believes it is important that there be an adequate safety and risk assessment tool to screen for and identify domestic and family violence as a child protection concern and that this be routine. This is based on the common occurrence of children being at increased risk of further harm and death when they reside in homes where domestic violence is present, yet unless the initiating report highlights this as the primary concern, it may not necessarily be screened for such as substance abuse or mental health. We take seriously the professional risks associated with responding to families where significant violence is present, and yet without adequate screening, it can further place individuals, case workers and practitioners at increased risk. The current tools used to identify and assess violence in the home are inadequate and if not adequately assessed or managed, can undermine the case planning process with families. At worst, it places victims and children at increased risk of harm.

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

Jannawi holds a clear position regarding the belief that children are best cared for in their own family. Placement of children outside the family should only be considered when the risks to the child's safety and welfare have been thoroughly assessed and all reasonable options for assisting and supporting the parent/s have been fully explored. For this reason, the allocation of resources and associated costs for the provision of services to the out Of Home Care sector in the past few years has blown to an unsustainable level and we believe is unacceptable and cannot continue. In doing so, it has also provided for philosophical shift of focus of the NSW child protection system to a risk averse environment and one where managing and holding risk is seen to be unacceptable, rather than being an essential component to any intervention. We believe that the amount of funding and resources to the Department be increased to provide for sufficient casework specialists and frontline personnel to respond to a greater number of children deemed to be at significant risk as these children are deserving of a face to face intervention and with personnel equipped to assess and manage significant risk. We also acknowledge that whilst there has been a significant shift to the NGO sector to respond to at risk families, this does not reduce the need for a statutory response which is a government responsibility to children in our society.

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 is important to note that there are a range of specialist NGO service providers and skilled frontline personnel which have provided high quality services to children at risk for decades. The transfer of significantly more funding to the NGO sector somewhat acknowledges the skills and knowledge, however concerns need to be raised when the focus is cost reduction. The growth in for - profit agencies may not necessarily lead to better outcomes for vulnerable children and the focus of shifting funding to the NGO sector should not jeopardise the safety and protection of vulnerable children. Services such as ours which were funded decades ago and have been providing specialist intensive long term therapeutic interventions for children in the community have not received any review or increase in funding since the initial programs were funded. This has created a significant discrepancy between newer established programs and services, and those which are well established in the community. We do not hold a position as to one being better than the other, but it is important to highlight that the amount and allocation of funding and resources needs to be consistent when contracting. Also, a competitive tendering process may be an effective process to use for infrastructure, however is not relevant and potentially dangerous when it creates division in a sector where collaborative practices are crucial to ensure safety and protection for children and young people.

Another concern relates to the discrepancy between remuneration of government workers and those employed in NGO's. Whilst there has been a hard fought equal

pay campaign, this has further exacerbated the gap between recently negotiated funding contracts and those established decades ago which have not kept up with the increasing costs of service delivery.

Whilst there is acknowledgement that practitioners in NGO's are required to manage and work with significant risk in families, the funding of a variety of programs to work with families has created a situation where services which have extensive and valuable expertise in working with families have not received any additional funding in order to provide services. Newly established programs with little to no practice based evidence in turn, may receive funding more closely aligned to current (and deserving) wage levels and therefore are better able to remunerate staff with the necessary specialist skills and knowledge to undertake work with high risk families. There is then again further discrepancy between the government and non-government sectors and these overall inconsistencies are inefficient and do not honour or adequately recognise the importance of the interventions. The majority of government funding is spent on staff wages and provides little else for other associated costs which are crucial such as external consultations, training and running of services that work with high risk populations. The equal pay process was a major achievement, however the costs created by the Equal pay Remuneration order has not been fully met by the funding bodies and has instead created additional costs and discrepancies for those services that have employed staff under the SCHADS Award.

Another significant point is the philosophical shift of funding to the OOHC sector and little to no incentives being offered for restoring children to their families of origin and establishing and maintaining safety. This has created a climate of intervention which is to disproportionately focus on OOHC as an intervention in itself, rather than provide families with adequate, meaningful interventions which have a child protection focus. Jannawi understands the weight and difficulty in making a decision to place a child in care and we do not minimise the enormity of the decision and the circumstances where it is the only option available. However, without a focus on family preservation and not developing a skilled workforce that is mandated to respond and intervene effectively, the shift occurs where OOHC is employed as a 'solution' to being unable to manage and hold risk. This in turn leads to a growth in children in OOHC and limited promotion of, or support for, restoration. The resources and allocation to supporting children in care is valid, however is disproportionate to children who live with their families in unsafe and high risk situations. This is economically not viable and placing children in care exacerbates other issues for children who have been exposed to traumatic and unsafe environments. The children that we work with have repeatedly informed us that they want people to help their parents.

The amount and allocation of funding needs to acknowledge programs which provide intensive, therapeutic and longer term interventions with clear practice frameworks around addressing risk and violence. Programs which purely support 'parenting' practices when parents are substance misusing, living in high risk and volatile environments or have experienced childhood trauma find these programs ineffective

and also 'miss the mark'. The majority of funded parenting programs do not adequately or sensitively acknowledge trauma and violence and do not provide adequate therapeutic interventions which create and maintain purposeful change in families. This needs to change.

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

Jannawi believes that carers are not sufficiently provided with the relevant training, and support needed to care for children with significant needs and who have experienced trauma. We acknowledge the difficult role they play in the current child protection system, however also acknowledge that many are not adequately prepared, or provided with the relevant background context in order to provide the care the children may need. Also, the support they are given at times is not tailored to their individual circumstances and is heavily focused on behavioural interventions rather than trauma informed care. Many carers make a decision to care for children based on good intentions; however this is a position which cannot be sustained or maintained. Kinship carers are also left to manage family relationship and dynamics to keep children in their families safe and this can create additional pressure and ongoing conflict which they need to manage on their own. Divided loyalties, unclear boundaries and lack of acknowledgement of a families own exposure to trauma and unhealthy and abusive dynamics within the family context is at times not adequately assessed. We have seen many children be exposed to ongoing abuse and neglect by being placed in the original kinship environments which led to their own parents being harmed and unable to adequately care for them. This is unacceptable and raises questions regarding certain assessment processes.

Jannawi also views some children's ongoing behavioural issues as a sign of current unsafety, not necessarily due to past trauma. For children in care, their ability to express concerns and worries in the placement are greatly limited and therefore the need to audit and undertake regular review from independent sources is important. We acknowledge the sensitive balancing act required between ongoing monitoring and intrusion in the lives of children in care, however children in OOHC are already experiencing intrusion and disruption in their lives. We do not believe the current oversight of carers is sufficient. Out of Home Care Providers are also at risk of being required to recruit and maintain carers to meet demand, and this pressure has the potential to lead to standards of care being lowered or risks to be minimised or overlooked so that a placement is found or maintained.

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

It is Jannawi's view that all service providers undertake training in how to work with ATSI children, young people and families in a culturally sensitive, safe and respectful way. Training needs to include knowledge of intergenerational trauma as it relates to past welfare practices which led to the Stolen Generations and the current practices

which continue to create distrust, pain and suffering. It is our view that training in NSW in how to engage and work effectively with Aboriginal and Torres Strait Islander peoples needs to be mandatory and should no longer be optional or occurring when agencies are deciding it important. Each government department should also be ensuring their staff are adequately trained to understand the historical, legal and social context impacting on ATSI peoples.

The Winangay Resources are a positive, practice and culturally appropriate resource to use with ATSI families. The resources promote appropriate language and visuals to communicate respectfully, honestly and transparently with ATSI peoples the risks and concerns held for their children and uses a strengths based, collaborative approach to address the concerns and case plan for safety. These resources also support workers to have conversations and support children to remain within their families and kinship groups. It is Jannawi's view that current service system interventions with Aboriginal and Torres Strait Islander children needs to change and that the number of children in OOHC is unacceptable.

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 majority of the parents attending our service have experienced intergenerational trauma and have their own experiences of childhood abuse which was not adequately addressed or responded to in the past. The current concerns which require statutory intervention for their own children relate to domestic violence, physical abuse, intra familial sexual assault, drug and alcohol misuse or criminal activity. The failure to address past concerns has led to current concerns for the next generation and there is little agreement within the sector as to what the term early intervention means, as it may not necessarily mean 'low risk'. Universal supports are crucial to provide ongoing support to families and to address any factors which will lead to children being hurt, and if this is greatly impacted or reduced, there are repercussions which will only require further intervention at a later date. The current funded programs create gaps within the service system and the focus of child protection intervention is diluted or at times, lacking until an 'incident' occurs. Universal supports with a focus on safety are important within the system and a sector which is trauma informed is also important. It is our view that there is a limited focus on therapeutic interventions for whole of family and without this, children, young people and families are inadequately supported in creating change if past trauma is not addressed and healing and recovery is not promoted. At the present time, the current funded models do not adequately support or provide sufficient child protection and domestic violence counselling, instead focusing on practical interventions and a focus on referral. These are valid, but the system also requires services that will undertake the meaningful and intensive interventions over a longer period of time.

There also needs to be a focus on effective, ethical and safe practise which intervenes where domestic violence is identified as a concern. These models need to: acknowledge the gender based explanations of violence; include comprehensive risk assessments of power and control; articulates the risks to children and young people; acknowledge trauma and the way in which it impacts on parenting; take a human rights approach which places responsibility on the perpetrator of the violence and focuses on establishing and maintaining safety. Other models and approaches which ignore or do not adequately assess and place emphasis on safety can create unsafe circumstances for victims and this has long term consequences for individuals. There needs to be skilful and specialist interventions which engage perpetrators of violence and working with fathers who use violence in families. Violence is a significant child protection concern and one which women are made responsible for the safety and protection of their children, whilst they themselves may be at risk of harm and violence. This is an unsustainable and socially unjust practice and one which we believe has led to a significant increase in children being placed in Out of Home Care. In using the term 'parents', this hides the fact that it is primarily working with and engaging mothers to create change and not recognising the super-responsibility women already experience in managing the violence and caring for children. There needs to be a shift in how we talk with and engage men to take responsibility for violence they use within families.

There needs to be an acknowledgement that the child protection system primarily works with adults, who in their own childhoods, have experienced significant interpersonal trauma which includes sexual abuse, physical abuse, violence and neglect. This may continue to be present and the results of childhood abuse and neglect includes mental health concerns, substance abuse, further violence in interpersonal relationships or communities and interactions with the criminal justice and mental health systems. The majority of families require specific support to address the impact of the trauma and so a focus purely on parenting programs does not address this issue. A trauma informed child protection system, whether or not people have experienced trauma, would create a responsive and sensitive service system for all individuals who come in contact with it.

Conclusion

There have been numerous inquiries into child protection at state and national levels in Australia. Jannawi Family Centre is committed to supporting best practice and appropriately resourced service systems. We believe that it is the community's expectation that an effective child protection service system is one that has suitably qualified, remunerated and skilled practitioners and trauma informed services that can respond adequately to children and young people at risk.

We look forward to the opportunity to discuss the issues raised in this submission and support the NSW Government in its efforts to provide an effective and efficient child protection system to its citizens.