

**Submission to the Special Commission of Inquiry into Child
Protection Services in NSW**

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1. About The Benevolent Society

The Benevolent Society is Australia's oldest charity. Since 1813, we have identified major social challenges and worked to meet them head on. We aim to tackle social inequality by building caring and inclusive communities. We deliver leading edge programs and services, find innovative solutions to complex social challenges and call for a more just society. Our strength lies in our expertise across the lifespan, delivering services for children and families, older people and in women's health, community based and respite care, community development and social leadership programs.

The Benevolent Society currently operates child and family services throughout greater Sydney, the Central Coast, Central West, New England and Hunter areas in NSW. We have also expanded into South East Queensland where we are setting up an Early Years Centre, funded by the Queensland Government. The focus of all our services is on working with communities to build resilience and address disadvantage.

We have considerable experience in child protection, providing a range of long-term, intensive interventions to DoCS-referred high risk families in Central, Eastern and South West Sydney.

Attachment A details our child and family services including referral pathways, numbers of families supported and funding sources.

Our approach to providing child and family services is strongly shaped by both current research and thinking in this area and our own experience initiating and implementing integrated child, family and community initiatives in high need communities.

Our work with children, families and communities is underpinned by a philosophical approach that:

- Has a strengths or assets approach to individuals, families and communities
- Strengthens relationships between individuals, families and communities
- Focuses on the systemic issues, as well as the interpersonal ones
- Is holistic, comprehensive and long-term
- Supports long-term intervention to prevent abuse and neglect of children
- Is committed to nurturing children and families.

2. The broader context of child protection

“...reducing the causes of child maltreatment is one of the most obvious routes to improving children’s health and development. And removing the causes of maltreatment is the job of government, communities, families, children and young people, housing, health, education and all children’s services, not just child protective services.”

Dr Michael Little¹

This Inquiry is a valuable opportunity to address issues in the Department of Community Services. However, The Benevolent Society believes it essential to consider child protection services in the context of the whole system of services that impact on children and families. Better outcomes for children and families will only be achieved if the full range of government agencies, community and non-government organisations including health, education, early childhood education and care, housing, and police are included in a whole-of-system response to children’s safety, welfare and well-being.

It is now widely recognised that child abuse and neglect have causes that extend beyond the immediate family. They do not exist in isolation. The neighbourhood and culture that surround an individual and family are a powerful influence on how that family functions.²

For example, we know that child neglect is a significant factor in juvenile crime³; poverty is significantly linked to rates of physical and emotional abuse; child abuse and neglect impact upon educational achievement; educational achievement impacts upon adult life opportunity for children in out of home care⁴; and child abuse and neglect are linked to major health issues such as mental health, drug and alcohol dependency.

We know from Tony Vinson’s work that there are pockets of social and economic disadvantage in Australia, linked to patterns of entrenched intergenerational disadvantage. Professor Vinson’s 1997 report *Dropping off the Edge* highlights communities that are “caught in a spiral of... poor health, high imprisonment and child abuse”.

These communities are increasingly being shut out from the benefits of a prosperous economy, its culture and political system: they are socially excluded.

Social exclusion is creating conditions where new generations of children will find it harder to learn, be physically and mentally healthy, live in secure housing, live safely and get jobs or training opportunities once they leave school. Social exclusion compromises children’s well-being, impacting most on children who are of Aboriginal or Torres Strait Islander descent, have a disability, are affected by parental mental illness or drug and alcohol abuse, have a history of abuse or neglect, or witness domestic violence⁵. *Growing up in Australia*⁶ found

¹ Little, M. Keynote address to the *Australasian Conference on Child Abuse and Neglect 2007*

² Vinson, T., Baldry, E., and Hargreaves, J. 1996. ‘Neighbourhoods, networks and child abuse’, *British Journal of Social Work*, 26, pp.523-543.

³ Weatherburn, D. and Lind, B. 1997. ‘Social and Economic Stress’, *Child Neglect and Juvenile Delinquency*, NSW Bureau of Crime Statistics and Research

⁴ Cashmore, J. and Paxman, M. 1996. *Wards Leaving Care: A Longitudinal Study*.

⁵ *Call to Action for Australia’s Children*, Child and Family Welfare Association of Australia, 2007

⁶ Australian Institute of Family Studies. *Growing up in Australia*. Longitudinal Study of Australian Children

that low community connectedness and low support from outside the immediate family are among predictors of poor infant development outcomes.

In the light of this research, and our own experience of working with very diverse communities, is that we need to recognise that different communities have different needs and need local, tailored solutions. To be effective, this work must be done with a long-term strategic, commitment. Our experience is that it takes time frames of between five and ten years to be effective in bringing about the change necessary to strengthen communities. Too often, short term 'fixes' made up of programs with limited funding are promoted as solutions, and then disappear once funding agreements expire, only to leave the job 'half-done'.

We recommend a strong policy framework that focuses on developing outcomes for particular communities. One way to approach this could be linking such a policy framework to the NSW State Plan. We also believe that we need community-based solutions rather than addressing any one problem in isolation.

Case Study: Communities for Children (CfC)

The Benevolent Society currently runs a primary prevention service called "Communities for Children" which is funded by the Commonwealth under their Stronger Families and Communities strategy. It is aimed at developing child friendly communities and targets families with children aged 0-5. It works with the whole community rather than just specific families as communities are best placed to understand their needs and develop solutions that are most relevant to them.

Our Campbelltown CfC program has established a home visiting program for new or isolated families, with families recruited through door-knocking. This program is connected to a transport service to help families access community activities. The CfC has also set up a community café in partnership with the YWCA. The café serves low cost breakfast and lunches and offers daily activities for children and families including playgroups, parenting groups, story time, and toy/book library visits.

Case Study: Wheely Good Fun

Wheely Good Fun is a community building initiative run by the Benevolent Society with a strong focus on child protection outcomes. A mobile playgroup, it offers free two-hour play sessions and moves between several community parks across Liverpool and Campbelltown, easily accessible to isolated families. The group is coordinated by an Early Childhood Educator and Family Worker.

It is a non-stigmatising, 'soft entry point' for families who may be reluctant to seek help in a more formal setting. It is visible, accessible and open to all; and being an area-specific initiative it helps parents develop their own network of familiar faces and friends. Crucially, the playgroups link families to relevant health services such as an early childhood nurse, and occupational and speech therapists. This is particularly important for parents who rarely, if ever, visit an early childhood nurse independently.

The Family Worker works closely with the parents, giving them strategies for understanding and managing their child's behaviour and development. Parents also learn to 'play with purpose' to encourage the healthy emotional, cognitive and physical development of their child.

2.1 The public health model of child protection services

The Benevolent Society believes that the best way to improve the safety, welfare and well-being of children is to shift to a multi-layered “public health model” of child protection.

A well-balanced system has primary intervention as the largest component of the service system, with secondary and tertiary services progressively smaller components of the service system.⁷

Primary/Universal interventions are offered to everyone. They provide support and education before problems arise, for example, access to universal services such as child health centres, and public messages about the risks of alcohol to children, or alternatives to smacking children.

Secondary interventions target families in need. They provide additional support or help to alleviate identified problems and prevent escalation to child abuse, for example, targeted nurse home visiting programs for identified risk groups (with families identified and referred by universal services), family counselling, respite care.

Tertiary interventions are comprised of statutory care and protection services. They provide services where abuse and neglect has already occurred to help keep children safe and well, for example, the statutory child protection system which focuses on children in care and serious reports of abuse and neglect, family oriented drug and alcohol treatment, domestic violence counselling and court interventions, and family services for parents with a mental illness.

In the public health model, universal services for children and families are able to identify children in need at an early stage, before problems escalate. Universal services eliminate stigma and allow easy access to useful resources in natural settings such as schools, childcare centres, child health centres, and community-run programs such as playgroups and toy libraries⁸. Through contact with universal services, families who need them can be referred on to other specialist services such as speech pathology or support groups.

The *Growing up in Australia* longitudinal study of 5,000 Australian children found that parenting behaviour has a significant impact on the health and physical development, social and emotional functioning, and learning and academic competency of all children, even considering only families whose parenting skills are considered adequate. The authors of this research argue that these findings support the need for universal programs to help all

⁷ <http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.html>

⁸ Centre for Community Child Health (2003) *The Early Years Project: Refocusing community based services for young children and their families: A literature review*. Royal Children's Hospital, Melbourne.

parents with parenting skills. This research demonstrates that the social benefits of universal family services extend well beyond a reduced incidence of serious abuse and neglect⁹.

Unfortunately, the 'public health model' is not the reality in NSW where the service system for children and families is fragmented, poorly coordinated and subject to widespread disparity in access to services. This is despite initiatives such as Families NSW, Human Services CEOs Group and Premiers' Coordination mechanisms. Moreover, our system is heavily reliant on 'reporting' children as the primary way to protect them, with around 8 reports per 100 children each year¹⁰, and possibly up to one in five children being the subject of a report at some point in time during their childhood.¹¹

Instead of being referred to secondary intervention services via a universal service, children in NSW often have to be reported many times at the tertiary intervention level (ie DoCS) in order to be referred to a secondary intervention service such as Brighter Futures. Families are more likely to approach and receive support if they perceive the service to be distinctly voluntary, supportive and without the stigma of association with the Department of Community Services.

At the tertiary end of the spectrum, there is a need for these services to improve their links to secondary and primary services so problems are dealt with holistically, not just at the crisis point. For example, many drug and alcohol treatment programs are difficult to access and are not 'family focussed' making it difficult for substance abusing parents to get the help they need to overcome their addiction and the impact it has on their capacity to parent.

In addition, sectors need to make connections outside their own area of specialisation to solve problems. For example domestic violence is a significant child protection issue as it is the main primary reported issue for calls to the Helpline about risk of harm to children. Solutions to addressing the epidemic of domestic violence are beyond the scope of one agency. The availability of crisis and medium term housing plus support from NSW Police to navigate the apprehended violence orders and court appearances is critical to break the dynamic of abusive relationships. Unfortunately, however, services are patchy and availability is not always guaranteed. For example, in 2003/04 around one in two women who approached a refuge were turned away.¹² Domestic Violence Liaison Officers are not always located at police stations in high need areas.¹³ Many women have children affected by domestic violence have little choice but to return to their violent homes or insecure situations where they may be placed at further risk of harm or become trapped in the abusive relationship.

The fragmented nature of service delivery and existing narrow policy frameworks in these important health and safety areas means that it is very difficult to break the cycle of abuse,

⁹ Australian Institute of Family Studies (2006) *Growing Up in Australia: the longitudinal study of Australian children, 2005-06 Annual Report*. Extract from unpublished research by Steve Zubrick, Grant Smith, Jan Nicholson, Ann Sanson and Tanyana Jackiewicz.

¹⁰ Department of Community Services (2007) *2006-07 Annual Report - Performance Summary*.

¹¹ Scott, Dorothy. "The Child Protection Crisis in Australia - a Way Forward", Address to Parliamentarians Against Child Abuse, Parliament House, Canberra, September 5, 2006 by the Director of the Australian Centre for Child Protection, University of South Australia, p. 2.

¹² <http://www.wrrc.org.au/fundraisingcampaign/wheretofinddata/view>

¹³ NSW Ombudsman, *Domestic Violence: Improving Police Practice*, December 2006

and extremely harmful for the children who either continue to live in these families, or who end up living in out of home care as a result of their circumstances.

We recommend that NSW introduce a true public health model with strong central leadership from government, a commitment to resourcing it and working to a set of common statewide outcomes for children and families. It must include non-government organisations, which are often the best at flexible service delivery and knowing the needs of the communities with which they work. It must be supported by a strong policy framework with a tough mandate for interagency cooperation and be embedded in a strong evidence base.

2.2 Partnerships in Early Childhood, an innovative prevention program

The Benevolent Society recently established a hybrid primary/secondary prevention service called “Partnerships in Early Childhood” (PIEC). PIEC links families to support services and programs by utilising childcare centres as a ‘bridge’ for families to other services and programs, and also by establishing supported playgroups. PIEC is primarily funded by the Commonwealth Department of Family and Community Services and operates in 18 childcare centres in the Central Coast, Eastern Sydney, and South West Sydney.

The program involves placing a child and family worker and/or psychologist in a childcare centre or preschool to provide support to staff, children and parents, and to train staff to better understand children’s behaviours, which in turn improves their ability to support high needs children and their families. The family workers/psychologists often also run playgroups to reach out to families in the broader community.

The Social Policy Research Centre from the University of NSW has evaluated 513 child participants in PIEC childcare centres and found the following statistically significant outcomes:

- a reduction in parent-reported “difficulties scores” in child social and emotional development (with increasing difficulties scores generally being correlated with increasing risk of parental abuse)
- a reduction in parent-reported “dependency ratings” (with higher dependency ratings being associated with increasing risk of parental abuse).

Anecdotally, there are many instances where parents of children at risk of abuse or neglect have been connected with community services that have reduced their stress levels and improved family wellbeing. Two examples are set out below.

Case Study – PIEC through a preschool

N had two children, one who attended a PIEC childcare centre, and one who attended school. Both children were residing with extended family members at the time they came in contact with the PIEC program. N was sexually abused as a child and still had unresolved feelings towards the perpetrator and her family. She had a history of depression, anxiety and substance abuse. She was pregnant and her

partner was threatening to end their volatile relationship if she did not terminate the pregnancy.

The PIEC psychologist conducted formal and informal consultations with N, at home and at preschool, to provide support and to clarify needs, strengths, and priorities. The psychologist referred N to pregnancy counselling services, relationship counselling services, a self-development course, and provided information about relaxation techniques. The psychologist also consulted with preschool staff to share relevant information in order to optimise support for N and her preschooler.

As a result of this intervention, both of N's children were able to live with her full-time. The preschooler appeared happy at home and behaved more predictably. N appeared more calm and confident. She maintained the pregnancy and her relationship, and appeared less vulnerable to the partner. The preschool staff became more aware of N's strengths and efforts, and as a result were less judgemental and more supportive of her.

Case Study – PIEC through a supported playgroup

One mother (K) who attended a playgroup supported by a PIEC psychologist, reported to the psychologist that she was feeling isolated, acutely stressed about her relationships and parenting, and was considering self-harm.

The psychologist provided a sounding board for K, and also referred her to a local family support service, which she contacted.

The psychologist phoned K at home once or twice a week to see how she was going and if there was anything else she could offer K to assist her wellbeing (and therefore her ability to parent effectively). After a period of support K reported that her relationship and parenting were back on track to the extent she and her family felt confident to relocate.

3. Early intervention

Early intervention programs provide a critical layer of support for children and families who need more assistance than that provided by universal services.

It is commendable that the NSW Government is developing an early intervention framework to guide policy and program design and development¹⁴, and measure agency performance, yet it remains to be seen how it translates into practice. In the meantime, the positive initiative *Families NSW* (previously *Families First*), which showed great promise in coordinating the delivery of services across government to families with children under 8 years, has lost momentum since it was relocated from The Cabinet Office to the Department of Community Services.

¹⁴ NSW Government, Premier's Memorandum 2007-20, found at: http://www.dpc.nsw.gov.au/publications/memos_and_circulars/ministerial_memoranda/2007/m2007-20

Although the Communities Division of DoCS was established to focus on community development programs to benefit children and families, this work is increasingly overshadowed by the Department's statutory child protection work. Our view is that DoCS should focus primarily on its statutory work rather than also trying to deliver community development, early intervention and prevention programs.

Non-government organisations (NGOs) are in an ideal position to work with communities, form trusting partnerships and help develop local solutions to local problems. We would welcome the expansion of NGOs' role in community development based early intervention. However, this approach will only be effective if it is well resourced. An under-resourced non-government early intervention strategy would fail children and families and fail to solve the problems facing the child protection system in NSW.

We recommend that DoCS current early intervention work be transferred to non-government organisations with adequate resourcing.

3.1 The Brighter Futures early intervention program

The Brighter Futures secondary intervention program aimed at getting families off the statutory child protection pathway is a solid commitment to families in need, but is not meeting its full potential in its current configuration.

Our experience in establishing and delivering Brighter Futures is that DoCS is impeding the effective functioning of the program by attempting to play the role of funder, contract manager, gatekeeper, and service provider. An over-emphasis by DoCS on monitoring and process means that our service resources are consumed with administration rather than being able to focus on delivering outcomes for children and families.

The Benevolent Society is delivering the DoCS-funded Brighter Futures early intervention program in eight regions of NSW. We are the largest non-government provider of the program, with capacity to work with 653 families.

Brighter Futures provides support for families who have children 0–8 years and are experiencing a vulnerability such as domestic violence, parental drug or alcohol misuse or parental mental health issues. From DoCS' perspective, the aim of the program is to 'catch' families who fall between mainstream services and tertiary child protection services and provide them with early support before they escalate into the child protection system.

The Benevolent Society's Brighter Futures services commenced on a staggered roll-out from January 2007 (although we were part of a smaller pilot program prior to this date).

DoCS is endeavouring to play a multi-faceted role in this program:

- Funder and contract manager
- Gatekeeper – all referrals go through an eligibility check by DoCS prior to being accepted into the program.

- Service provider – DoCS is establishing early intervention teams in every region to work alongside the NGO teams.

By assuming responsibility for multiple roles, DoCS has created a cumbersome program where:

- Excessive emphasis is placed on monitoring, process and procedure rather than delivering outcomes for children and families
- Services are under-utilised due to bureaucratic limitations on DoCS' ability to quickly and effectively process referrals
- Families are put off joining the program because their details will be screened by DoCS

We strongly believe that the efficiency and effectiveness of the program would be greatly increased if DoCS limited its role to that of funder and contract manager and undertook this role in a much less intrusive way.

Our experience in delivering programs funded by other agencies is that other Departments are more successful in establishing the framework and process for programs but standing back and allowing NGOs to add value by drawing on their own experience to deliver outcomes. One example is the Personal Helpers and Mentors Program (funded by FaHCSIA) – the Department has established the program eligibility criteria but trusts the program deliverer to screen applicants against these criteria to ensure they are eligible.

We recommend that DoCS' role in early intervention be limited to that of funder and contract manager, and call for the coordination of initiatives such as *Families NSW* to be undertaken by The Department of Premier and Cabinet.

3.1.1 Issues and limitations of Brighter Futures

Note: according to our Service Agreement with DoCS, each of our Brighter Futures services has an allocated number of families it should be working with when at full capacity and must fill these places with 60% of families referred through the DoCS Helpline and 40% of families referred through community pathways.

a. Under-utilised capacity due to insufficient referrals

As Attachment B illustrates, across NSW we are significantly under capacity, due in large part to insufficient referrals from DoCS. At 18 January 2008 we had 45% of DoCS places filled, compared to 67% of community-referred places. In some areas the community-referred places are running at close to 100% filled.

b. Poor quality referral information from DoCS

Many of the referrals our Brighter Futures teams receive do not result in families becoming part of the program. Tables 2 and 3 of Attachment B highlight the New England region as an

example: of the 71 families referred by DoCS, 56 families did not become clients. This was the case for only 9 of the 30 families referred through the community referral pathway.

Poor quality referral information (eg missing or incorrect phone numbers) means that workers are not able to contact families. This was the case for 60% of the New England DoCS referrals that did not result in engagement. Community referrals tend to provide better quality information because they are often from an agency who has already been working with the family.

C. Inappropriate referrals from DoCS

Increasingly we find that DoCS is referring families to us that they deem eligible but, when we conduct a suitability visit, we find that the family is not suitable – for example, they may have high levels of risk that make them more suitable for a tertiary intervention.

It is clear that the pressures and inability of the statutory child protection system to respond and the lack of services designed to cater for children who are at higher levels of risk of harm is playing a much greater role in determining which families are now being referred to lead agencies as “eligible” for the “early intervention” Brighter Futures program.

Case Study

One of our services recently had a family of 10 referred with a long history of statutory child protection interventions and very recent risk of harm incidents of a very serious nature (ie the father’s serious mental illness included escalation incidents of self-harm and attempted suicide and a history of him feeling “unsafe around his children” as well as violent behaviours including “brandishing a knife”, “burning the children’s toys, DVDs and books” etc and psychiatric ward admissions). The family had refused further assistance from the DoCS child protection worker and the case had been closed by DoCS which apparently decided no statutory action was warranted. By closing the case from the child protection system this appears to have then allowed DoCS to refer the case to the Brighter Futures lead agency program for “early intervention”.

The incidence of inappropriate referrals to Brighter Futures means that there are often lengthy delays in families receiving assistance. Some families are left ‘bouncing around’ in the system between programs, as illustrated by the case study below.

Case Study

A community agent telephoned the local DoCS Community Service Centre, concerned about a client who had requested respite for her two children aged 1 year and 2 years. The mother had previously had three children removed from her care. The mother was agitated and wanted her children taken urgently as she was unable to cope. On providing this information to the Case Work Manager the community agent was directed to refer to our Brighter Futures service “as they have plenty of money to provide services and DoCS didn’t have enough carers to provide a service”. When the community agent contacted our Brighter Futures service, they were informed that the referral was inappropriate for the program as

given the crisis nature of the request, the referral did not meet DoCS' eligibility criteria. Subsequently the family's circumstances escalated into child protection.

D. Families declining to participate because of DoCS' involvement

Many families recognise that the Brighter Futures program would meet their needs but choose not to participate due to the DoCS' role as gatekeeper in the eligibility screening requirement. Families are not comfortable with their personal details and data going to DoCS for collection, storage and use in monitoring the implementation of the program and the formal evaluation.

Case Study

A recent case referred by DoCS involved an expectant mother on methadone who had formerly been a ward of the State. She declined the program indicating her sole reason for refusal was that she was not comfortable with the connection the program had with DoCS. This mother's case history, as is very often the case with former wards of the State, indicated that a holistic program like Brighter Futures would have been the right program to assist her to give her child a very different experience from her own. While referrals to other services were provided to this young woman, there is no comparable service that could have provided her with the level and quality of co-ordinated support that could be anticipated as likely to be needed by her and her child. Thus an important opportunity to assist this family and break intergenerational cycles of abuse may have been missed due to DoCS' dual role as statutory child protection authority and gatekeeper into the program.

E. Lengthy delays in processing community referrals

According to the Brighter Futures Service Provision Guidelines (December 2007, pg 26), DoCS should make an eligibility assessment regarding a community referral within three working days of it being submitted by the Lead Agency. This is not the case in reality. As at 21 January 2008, one of our services was still awaiting an eligibility decision regarding two outstanding referrals from September 2007, three from October, two from November and one from early December 2007.

These delays are extremely problematic and have a significant impact on families who need support.

F. Inadequate DoCS staffing

It is our experience that DoCS has difficulty recruiting and maintaining levels of experienced staff, which is likely a contributing factor to the issues identified above. DoCS Early Intervention Managers are frequently redeployed into other DoCS programs and relief staff appointed, therefore knowledge and consistency of the program is reduced. Some DoCS Early Intervention Managers have dual roles, ie Manager of Out-of-Home-Care as well as Early Intervention – priority of Early Intervention is therefore reduced. In some regions there are very limited numbers of DoCS Early Intervention caseworkers.

In addition, by putting child protection and early intervention services side-by-side, DoCS Workers are often so busy responding to crises that they do not have the capacity to process referrals.

G. Restrictive quota of DoCS referrals versus community referrals

DoCS' *Research to Practice Note – Active engagement: Strategies to increase service participation by vulnerable Families (November 2005)* states that their review of the literature and research on engagement of families indicates that to increase initial uptake of services agencies should “recruit families through the community rather than ‘authorities’.” It has been our experience that families are much more likely to engage well with the Brighter Futures program if they have entered via the community agency referral pathway or self-referred over the DoCS Helpline pathway.

By requiring that 60% of referrals come via the DoCS Helpline, DoCS has inadvertently created a situation where once the lead agency has met its 40% community referral pathway, families who are eligible for the program but who have not yet been the subject of a notification of concern to the DoCS Helpline are effectively forced to wait for months for a vacancy or until their situation escalates potentially into a child protection crisis and a notification is made to the Helpline before they have any chance of entry.

Case Study:

Recently, a community agency referred a separated father with learning difficulties and his two young children with child behaviour management issues and developmental delay to the service. The family's issues were complex but the referring agency and the father recognised the appropriateness of the Brighter Futures program for their situation and the referring agency concerned did not believe a notification to the Helpline was appropriate. However, the family did not become clients for three months as we had to place the family on a waiting list because our quota of community places was full. Even though we had vacancies in our DoCS quota we were directed by DoCS to quarantine them only for Helpline referrals, not overflow community referrals.

4. Statutory Child Protection

4.1 Mandatory reporting

We believe it is important to maintain mandatory reporting as it plays a role in increasing community awareness of child abuse and neglect. To maintain this awareness and avoid confusion we recommend maintaining the current mandated reporters.

Similarly, while domestic violence is an issue that substantially contributes to the overall number of reports, we feel that NSW must continue to recognise the impact that domestic violence has on children's safety and wellbeing. As previously stated in section two, domestic violence and its impact on women and children needs to be addressed through an integrated policy and service framework.

We believe that the existing reporting threshold of concerns that a child aged under 16 is at risk of harm is too low and recommend that the threshold be raised. If this is done, however, it is critical that systems be put in place to ensure that families who do not meet the threshold for statutory intervention receive the support that they need.

The Benevolent Society believes that the best way to serve the children and families of New South Wales is to develop a system that broadens the responsibility for child protection beyond the statutory child welfare agency, DoCS.

One example that we recommend be explored is the Child FIRST (Child and Family Information Referral and Support Teams) system in Victoria. A community-based intake and referral service, Child FIRST links vulnerable families to services without directing them through the child protection service. Regional Child FIRST teams receive reports of concern for a child's wellbeing, as well as providing information and advice.

Many NGOs would welcome undertaking this role. During the design and development stage of Brighter Futures, The Benevolent Society suggested this model to DoCS.

We recommend maintaining mandatory reporting and the current mandated reporters while raising the existing reporting threshold. We call for the introduction of a community-based intake and referral service.

4.2 Duplicate reports and feedback

It is our opinion that many duplicate reports arise from the anxiety and frustration that reporters experience when they do not know if any action is being taken. In the absence of any information and continued concerns for a child's safety, they re-report. We believe that reporters need not only feedback, but also need advice on what they themselves should do next for the child they are in contact with.

Useful feedback and advice can help reporters interpret subsequent events relating to the child and improve the quality and accuracy of future reports. It will ensure that the role of reporter is respected, potentially reduce duplicate reports, and keep children safe.

Our staff tell us that they generally do not receive any feedback from DoCS, other than confirmation of a report being received. Where more detailed feedback is provided it is based on the existence of a strong, respectful relationship between a DoCS caseworker and a Benevolent Society caseworker.

While maintaining families' rights to privacy is important, we are concerned that the current privacy legislation may inhibit good outcomes for children and may be in need of reform.

We recommend providing reporters with feedback and advice, with a review of current privacy legislation.

4.3 Exchange of information

The current system allows for the provision of information *from* DoCS *to* other agencies. We suggest investigating systems that focus on exchange of information *between agencies*, such as that used in the United Kingdom.

While we recognise that there can be a tension between privacy considerations and the best interests of children and their families, exchanging information will be essential if we are to build a holistic system that gives families access to a wide array of supports, particularly if DoCS does not eventually provide early intervention services.

We recommend investigating systems for exchange of information between agencies.

4.4 Intake

The Benevolent Society feels strongly that the current centralised call centre model is not serving children and families well. We are also aware, however, of the problems with a decentralised system that the Helpline was introduced to address.

The advantages of a centralised call centre should be a rapid response to reports, increased expertise at the point of report, and consistency of response and data recording. In our view the DoCS Helpline has not achieved what these goals. The Helpline is clearly unable to cope with the overwhelming number of reports it receives. Our workers experience long waiting times for a caseworker when they report by phone, and long response times following fax reports.

Reporting concerns about child abuse or neglect can be a cause of anxiety for reporters, who may wish to seek advice and guidance before making a report. The Helpline model makes it extremely difficult for people to discuss a child's situation and receive advice, creating a system in which 'everything is a report'.

We also believe that good assessment and referrals require local knowledge and understanding. Similarly, local knowledge is necessary to find solutions for the communities and families where children are at risk. Centralised intake effectively reduces the ability of local agencies to share information, gather intelligence and work together to develop community wide solutions for vulnerable families. Our workers point out that prior to centralised intake, they were able to call Community Service Centres (CSC) to discuss a family's situation and to ask for advice and support. Families were more likely to receive assistance or be referred to a community service without a report necessarily being made.

We suggest that the Helpline be maintained for the foreseeable future, but that supplementary systems be explored to improve the intake process. Some possibilities to research include:

- A community-based intake and referral service to receive reports of concern for wellbeing and to provide information and advice.
- A review of the qualifications and training required for Helpline workers in recognition of the fact that telephone support work is complex, demanding and requires a high level of skill and supervision.

- The introduction of a Statewide advisory service for reporters seeking advice but not necessarily making a report.
- A system to deal with 'ongoing reports' whereby workers who are already working with a family can contact their local CSC directly rather than have to report via the Helpline.

We recommend maintaining the centralised intake system and introducing a range of supplementary systems to improve intake such as a statewide advisory service, regional Community Service Centre support roles and community-based intake.

The most important aspect of an intake system is the capacity to centralise information records rather than centralising the 'location' of reporting. We recommend exploring options that combine a centralised database in conjunction with local knowledge.

4.5 Recording information

In our opinion there are problems with recording information at DoCS, although we cannot be sure of whether they are due to the KiDS data system or lack of staff capacity. Our child protection managers regularly receive incomplete, inadequate information from DoCS when they refer a family to us. They are generally not able to see the history of DoCS' work with the family, placing the burden on the family to have to tell their story again. We have previously described the poor quality information that our Brighter Futures services receive from DoCS, such as missing or incorrect phone numbers (see section 3.3.1).

Accurate recording and effective retrieval of historic information are essential, and DoCS workers need an information system that is user-friendly. Technology systems need to be well-resourced and designed specifically for the people who will use it.

We recommend improving or replacing KiDS with a user-friendly centralised database.

4.6 Assessment and investigation

We believe that the system needs to shift away from the current forensic, investigative approach to a holistic, family-centred orientation. The current incident-based assessment system does not take account of the complex needs of some families, including their life history, their immediate environment and their local community. This style of assessment is an adversarial approach that can be a barrier to engaging families.

The child and family sector spent many years in the 1990s researching and debating the merits of various assessment systems. This focus on assessment models draws attention away from the most critical element of effecting change which is building relationships with children and families. While it is important to assess immediate risk, it is critical that caseworkers engage families by focusing on their strengths and resources.

We suggest exploring examples of more holistic approaches to assessment and investigation. One such is Enhanced Client Outcomes (ECO) introduced in Victoria in 1998 in

an attempt to move away from the dominant forensic approach of the time. Under the ECO approach, child protection workers contact community workers who are in touch with a family and seek further information from them before deciding on further action. The result is a decrease in the number of investigations - and thus a reduction in the number of families in the child protection system who do not need to be there.¹⁵

We recommend moving to a holistic, family-centred assessment model.

4.7 Neglect

A strong universal child and maternal health system and early intervention system helps to identify neglect. It is crucial that neglect of children is detected early as we know that long term neglect causes brain dysfunction in children and is a significant contributor to juvenile crime¹⁶.

It is inappropriate to set up a single intervention response to neglect because the causes of neglect are complex and often linked to substance abuse involving highly stigmatised, hard to engage families. In addition, the incident based nature of reporting means that children experiencing neglect may have multiple reports to DoCS, which, when viewed in isolation rather than as a pattern of behaviour are prioritised as less urgent to respond to than incidents involving suspected violence or abuse. These families need consistent, long-term support with a worker they trust who can link them to a wide range of support services to deal with the background issues causing neglectful behaviour. DoCS is either not able to, or is unwilling to do this work, because of the sustained nature of the contact required with family and the limited statutory interventions available to it. The non-government sector is well placed to be a referral point for families where neglect is a reported issue because of their experience in working with families over the long-term to achieve change.

4.8 Indigenous communities

A strong, universal support system that provides multiple soft entry points is critical to engaging all vulnerable families, and vulnerable indigenous families in particular.

We welcome the Federal Government's recent announcement of a pilot nurse home visiting scheme targeting indigenous children under eight years, and recommend researching other services that are effective. *Bush Babies* is a supported playgroup in Orange for Aboriginal parents and children under four years. Led by the NSW Aboriginal Child, Youth and Family Strategy it is a collaboration of Schools as Communities, Child and Family Nurses, various government agencies and community services. It is well attended by the local community. South Australia's *Family Home Visiting Program* is a voluntary program based on families meeting certain criteria or needs identified during the universal visit offered to all new parents. It has a particular focus on indigenous families and includes Indigenous Cultural Consultants who assist the nurse home visitors.

¹⁵ Community Care Division, Victorian Government Department of Human Services, *An Integrated Strategy for Child Protection and Placement Services*, 2002

¹⁶ Dakota County Board of Commissioners, *Child Neglect Study*, 1998

In our experience, one of the prerequisites for providing high quality, culturally appropriate services and programs for indigenous families is creating a work environment that attracts indigenous staff who will want to work with us, and their communities, over the long-term. In 2007 we developed a comprehensive, organisation-wide approach to recruiting and retaining Aboriginal staff.¹⁷ We actively recruit indigenous staff and provide them with the support and flexibility necessary for them to engage and work with their community.

4.9 Children's Court

While we recognise the right to legal representation for all parties when legal intervention must occur, we strongly support a less formal and legalistic forum than the Children's Court with a focus on alternative dispute resolution and family group conferencing. It is problematic that the Children's Court moves at the pace of legal system - we need a forum that is able to follow children's developmental timeframes. We would welcome an investigation of alternative systems.

5. Out of Home Care

The Benevolent Society's child protection services currently support children who are being reunited with their family, however we have not provided fostering or accommodation services for children since 1986. Our view as a provider of child protection services is that DoCS' role in out of home care should be restricted to funding body and not provider.

6. Interagency cooperation

Our experiences of interagency cooperation are that we are moving backwards not forwards in NSW.

There is mounting evidence on the importance of working together across organisational boundaries if we are to get families the services they need. Many of the child death inquiries cite lack of interagency (and intra-agency) communication as a factor leading to the death.

A number of mechanisms were set up in the 1990s during the Wood Royal Commission into the NSW Police Service. These mechanisms held promise. Importantly, there was an Office for Children and Young People established in a central agency (The Cabinet Office) which was able to both broker CEO level agreement about roles and responsibilities as well as coordinate implementation of the *Interagency Guidelines for Child Protection Intervention*.

Unfortunately, this central role no longer exists and we believe that without it there is not adequate attention paid to coordination of child protection work, and the service system that surrounds it. DoCS is not able to play this role as they do not have the mandate to tell other line agencies what to do or to intervene when other agencies are not fulfilling their role.

Our suggestions for addressing the problems with interagency cooperation are as follows:

¹⁷ *Aboriginal Employment Strategy*, The Benevolent Society, 2007

- Strong central agency leadership in coordinating and monitoring the *Interagency Guidelines for Child Protection Intervention*. This could be a reinstatement of an 'Office for Children and Young People', or a body with a broader role including a role in overseeing other community interventions, located in the Department of Premier and Cabinet.
- If a decision is made to separate early intervention and child protection then now is the time to consider regional models, linked to the central agency where funding decisions and community need are more adequately linked. Regional boards made up of senior decision makers could be responsible for funding decisions that meet community need. Models such as the Commonwealth's Communities for Children initiative are evidence that communities can make excellent decisions and judgments about services for children and how to coordinate and work in partnership.
- Interagency cooperation is time consuming and must be resourced. People are unable to work together well unless this is recognised as a key part of their work and they are allowed to allocate time to this approach to work. In particular, DoCS workers must have the time allocated so they can follow the interagency guidelines. We see tangible outcomes for children where interagency work is resourced.
- Child Impact Statements, required by all government departments and funded NGOs when developing new policies and initiatives, would ensure that outcomes for children and children's rights are kept at the forefront of decision-making across all portfolios and sectors.¹⁸

The Enhanced Client Outcomes model adopted by Victoria (see section 4.6) is just one example of an approach that recognises and draws upon the expertise of other professionals, involving them in case planning and decision-making processes.

A number of child welfare agencies in the United States have introduced models that co-locate child protection workers with community and other government workers. Initial data from initiatives in Louisville and St Louis suggest that co-location improves service coordination and access to services for families, leads to better informed referral decisions and improves collaborative relationships between child protection and community workers.¹⁹ In some initiatives, co-located workers form "one-stop-shop" family centres where the child protection staff become part of a neighbourhood resource rather than an intrusion on families' lives²⁰.

Case study – Central Coast Networks of Practice

The Benevolent Society's Central Coast Networks of Practice is a network of child and family service workers in Wyong and Gosford, who come together to share their

¹⁸ NSW Child Protection Council, *Overcoming structural barriers to the prevention of child abuse and neglect - a discussion paper*, 1997

¹⁹ Deborah Daro, University of Chicago, *Before substantiation: The role for child welfare agencies in preventing maltreatment*, 2003

²⁰ Frank Farrow, Centre for the Study of Social Policy, *Building Community Partnerships for Child Protection: Getting from here to there*, 1997

learning, ideas and approaches with the aim of improving service provision for families with young children.

With a small, ongoing investment of \$125,000 from Families NSW, the project promotes a preventative and early intervention approach to working with children and families and aims to build skills and expertise among workers. Participants share local knowledge and their experiences across disciplines and work together to improve outcomes for families.

The network holds regular practice forums and learning and development sessions. It provides the workers with opportunities to learn new approaches to working with children and families, based on the latest evidence and research.

“Enabled more integrated service delivery. Improved collaboration and informal networks which work to support families.” Feedback from participant

“Enabling more holistic approach to work and linking client/families to other services known to me.” Feedback from participant

We recommend that there be a central agency to coordinate and monitor the Interagency Guidelines. We call for a well-resourced regional model which unites the government and non-government effort for interagency coordination. We also recommend investigating the use of Child Impact Statements across government agencies and NGOs.

7. Oversight agencies

7.1 Ombudsman

In our experience, the Ombudsman has sufficient powers as an oversight body to review child deaths, to handle complaints and oversee workplace child protection issues. There is however, a difference in making recommendations and having those recommendations adopted by the agencies they are aimed at. There is a question about whether the Ombudsman could be more influential in bringing about change, but it is difficult to see how legislative changes could assist in this regard.

7.2 Children’s Guardian

The Children’s Guardian with its current powers and functions works well as an accreditation and standard setting body. However, it does not meet the original intention of the legislation for the office to be a true ‘guardian’, with powers to review individual case files, investigate complaints and be an independent advocate for children and young people in care.

We recommend that the Children’s Guardian be independent and report directly to Parliament, rather than the Minister for Community Services. We call for the legislation relating to its ability to monitor children in out of home care to be proclaimed.

7.3 Commission for Children and Young People

The Commission for Children and Young People is an independent voice for children and young people in NSW, providing policy advice, conducting research and promoting children and young people's interests in many areas that impact on their lives. It is not, *per se*, an oversight body, nor an advocacy body exclusively for vulnerable children. Children do not have the power to exercise influence in the same way adults do, either through the ballot box or through organised interest groups. The Benevolent Society considers it valuable to have an organisation that influences government, non-government and the private sector to promote the safety, welfare and well-being of children as a class.

8. Recruitment and training

We often hear the argument that recruitment and retention is challenging because people don't want to do child protection work. Our experience of delivering child protection services since 1983 is that people do want to do this work when they see positive results for children and families.

When workers are supported to be effective, the work can be highly rewarding and workers are more likely to stay. In order to be effective, workers must be able to build relationships with families over the long-term and have access to professional development so they are confident that their practice is in step with the latest research and innovation.

Our staff report that DoCS is experiencing a high turnover of caseworkers. This is a challenge faced by most tertiary services, both government and non-government, and is extremely disruptive for families. One of the ways of tackling this challenge is to ensure that caseworkers have high levels of support and clinical supervision.

We are concerned that from our observations, DoCS caseworkers do not appear to have access to good quality, regular clinical supervision. Our staff report that they frequently take on an informal mentoring role for new DoCS caseworkers, providing advice and support that appears to be lacking within DoCS.

Under our own clinical supervision model we contract external supervisors who work fortnightly with each team of caseworkers and monthly with each manager. This model creates a culture of reflective practice, shared learning and support. It improves our casework practice leading ultimately to better outcomes for children and families. We acknowledge that such a model is costly, however we consider it absolutely critical to our child protection work. We strongly recommend that DoCS invest both time and resources in a clinical supervision model for its caseworkers and managers.

We suggest investigating the following options:

- Opportunities for DoCS caseworkers to undertake secondments with NGOs as part of their professional development.

- Improved training and development to support the transition from caseworker to manager.
- Options for shared learning and research across both the government and non-government sectors. There are a number of excellent resources for professional development, such as DoCS' Parenting Research Centre, that are under-utilised. The centre produces very good research and practice guidelines, which are primarily available to DoCS' own staff. Much of this relates to long-term family casework, which as this submission has argued, DoCS staff have little capacity to deliver given their current volume of work and the difficulty they have in retaining experienced workers. The investment in research would have a greater impact if it were a centre focussed on the professional development of both the government and non-government sectors, such as the Centre for Excellence in Child and Family Welfare in Victoria. Such a centre could build on the research and evaluation already undertaken by peak bodies such as the Association of Child Welfare Agencies (ACWA) and NGOs such as The Benevolent Society, Burnside and Barnados that is small in volume, but high in value, and done with exceedingly modest budgets.

It is also important to ensure wage parity between DoCS and non-government organisations. In our experience, government agencies sometimes view contracting out to non-profit organisations as an option for a cheaper workforce.

We recommend implementing regular, high quality clinical supervision for all DoCS caseworkers and managers.

We recommend a whole-of-sector approach to research and innovation with resources more targetted to agencies undertaking long-term work with families and communities.

SUMMARY OF RECOMMENDATIONS

The broader context of child protection (pages 4-9)

- to develop a set of common statewide outcomes for children and families
- to develop a strong policy framework, linked to the NSW State Plan, that focuses on outcomes for particularly communities
- to develop community-based solutions that build local community cohesion
- to introduce a public health model of child protection in NSW, that includes the non-government sector with a tough mandate for interagency cooperation and is embedded in a strong evidence base.

Early intervention (pages 9-14)

- to transfer DoCS current early intervention work to non-government organisations, with the same resourcing
- to limit DoCS' role in early intervention to that of funder and contract manager
- to transfer the coordination of initiatives such as Families NSW to The Department of Premier and Cabinet

Statutory child protection (pages 14-19)

- to maintain mandatory reporting and the current mandated reporters
- to raise the existing reporting threshold
- to introduce a community-based intake and referral service for cases that fall below the statutory reporting threshold
- to provide reporters with feedback
- a review of current privacy legislation that considers the best interests of children in relation to child protection matters
- to investigate systems to allow exchange of information between agencies
- to maintain the centralised intake system but introduce a range of supplementary systems to improve intake (eg a statewide advisory service, regional CSC support roles, community-based intake)
- to improve or replace KiDS with a user-friendly centralised database
- to move to a holistic, family-centred assessment model
- to investigate less legalistic alternatives to the Children's Court, such as alternative dispute resolution and family group conferencing

Interagency cooperation (pages 19-21)

- a central agency to coordinate and monitor the *Interagency Guidelines for Child Protection Intervention*
- to consider regional models for interagency coordination
- investigate the use of Child Impact Statements across government and non-government organisations

Oversight agencies (page 21)

- to make the Children's Guardian independent of the Minister and report directly to Parliament
- to proclaim outstanding sections of the Guardian's legislation

Recruitment and training (page 22-23)

- to implement regular, high quality clinical supervision for all DoCS caseworkers and managers
- to adopt a whole-of-sector approach to research and innovation with resources targeted to agencies that undertake long-term work with families and communities