



Submission to the Standing Committee on
Social Issues

Inquiry into Child Protection Services

June 2002

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Part One: Executive Summary

UnitingCare Burnside

UnitingCare Burnside (Burnside) is one of the largest non-government providers of child and family services in New South Wales. As an agency of the Uniting Church in Australia, Burnside stands within the Church's concern for justice, particularly in relation to disadvantaged children, youth and families. Burnside advocates for the people who use its services with the aim of enhancing positive social change and influencing government policy.

Through services such as family support and family centres, out-of-home care for children and young people, educational support and community development, Burnside aims to protect children from abuse and neglect, break cycles of disadvantage and improve life opportunities. All of Burnside's services aim to strengthen family relationships, build life and parenting skills and provide support so that in times of crisis, family breakdown can be avoided and children are prevented from coming into care.

Burnside's Submission

This submission positions the concepts and practices of child protection within a **continuum of care and protection**. This continuum ranges from universal services for children, young people and their families at one end to mandated services required to provide protection and alternative long term care at the other (**see Diagram 2**). The submission addresses the changes necessary to develop and sustain a comprehensive and integrated service system to respond to the needs of children and young people. It also identifies the key pressure points that we believe are currently being experienced.

Although we acknowledge that all children and young people are vulnerable to some extent, this submission focuses on providing outcomes for the children and young people who are most likely to come into contact with a broadly based care and protection system. These are children and young people who are vulnerable and/or disadvantaged as a result of the interrelationship of family factors such as poor parenting skills, poverty, lack of education or employment opportunities, location and poor health. They and their families require targeted assistance if we are to minimise the risk of harm and provide opportunities for children and young people to thrive. Our arguments, analysis, case examples and recommendations are based on our internal research and practice experience in providing child protection, family support and out of home care services.

In writing this submission we have found it difficult to focus on solutions in the face of the extent of problems experienced by staff and service users in our daily work with the Department of Community Services (DoCS). We have therefore developed our vision of a successful care and protection system. This vision is included in the Executive Summary and is restated at relevant points in the text.

This Executive Summary forms Part One of the submission. Part Two establishes Burnside's credibility in the area of child and family services. Part Three addresses key factors underlying the conceptualisation, structure, management and resources required for a system to provide for a continuum of family support, child protection, and out of home care. Part Four discusses each of the Terms of Reference, with reference to the issues raised in Part Three. Specific recommendations related to the Terms of Reference are included in the body of the text and aggregated at the end of this Summary.

Blueprint for a successful care and protection service system

Burnside has a very significant role in working with DoCS and is therefore in a position to comment on issues relating to the Department's structure, functioning, management and resourcing.

From our position as a mandatory reporting agency, receiver of referrals, funded service provider and advocate for children, young people and families we are able to see the opportunities and the limitations of the system as it currently operates.

A system of services and supports for the care and protection of children and young people requires the recognition and practice of a shared vision, shared values, a respect and understanding of the respective roles of DoCS (as the statutory agency), non-government agencies (as a major provider of services), other government agencies and the goodwill and support of government and the broader community in order to function successfully.

Despite the promise and bipartisan support for the Children and Young People (Care and Protection) Act 1998, it is our observation that these elements are not in place. The management, administrative and professional systems currently operating within the Department of Community Services are inadequate, and at times in direct contradiction to the achievement of positive and long term outcomes for vulnerable children and young people in NSW.

The requirements for an effective care and protection service system for children and young people in NSW are:

- a clearly articulated, shared vision about children and families that seeks to support and enhance rather than demonise and judge
- implementation of all outstanding sections of the Children and Young Persons (Care and Protection) Act 1998
- agreed outcome measures that relate to opportunity and growth rather than numbers of reports or phone calls received by the Helpline
- a management structure within DoCS that facilitates effective implementation of the legislation
- clear lines of accountability for the three key aspects of the service system - early intervention and prevention, child protection and out of home care
- meaningful, timely and relevant participation of children, young people and families in decisions that effect their lives
- locally based, quality service that respond to the individual needs of children and young people
- the ability to make differentiated, timely and appropriate responses to reports of risk of harm and requests for assistance
- reliable and publicly available data on volume, scope and outcomes of services provided and required
- a professional and well resourced work force
- a research infrastructure that can identify and react to changing needs in the population and pro-actively identify useful policy and service provision initiatives
- efficient and efficacious allocation and use of resources.

Burnside's experience is that currently the Department of Community Services and many of the other stakeholders in the existing care and protection system are:

- unable to respond in an appropriate and timely way to the range of needs presented by children, young people and families. This includes providing responses to children at significant risk of harm
- wasteful and/or unaware of the most effective way to co-ordinate and use existing resources, including constructive and innovative arrangements with non-government service providers. This makes it extremely difficult to know how additional resources should best be utilised or whether, for example, the Helpline is an appropriate use of staff or resources
- poorly co-ordinated with little synergy between funding programs and no overall statement of intent in terms of social justice (assistance to the most disadvantaged) or universal services
- operating in an environment of mistrust, secrecy, dishonesty and poor management that is not consistent with the stated values of the agency (DoCS) or the Objects and Principles of the legislation
- unable to deliver procedural fairness with any consistency across NSW in child protection or out of home care
- unable to take advantage of opportunities presented by information and research on early intervention and prevention
- entrenched in a culture of negativity towards families, crisis management and helplessness in the face of the scale of the problem.

Despite the pessimism of the above Burnside believes that not only is it necessary to have a care and protection system that operates in the best interests of children and young people, **but it is also achievable**. The willingness of agencies such as Burnside to work constructively with Government should not be disregarded or underestimated. It is in this spirit that the following vision and recommendations have been developed.

BURNSIDE'S VISION IS AS FOLLOWS...

Assistance for children, young people and families

Families would not be judged for any apparent failure to care for and nurture their children. The vision for children and young people would be that they are seen as people in their own right and as such have the right to education, care, experiences and opportunities that enable them to grow and flourish intellectually, physically, socially and emotionally, to become contributing adults and members of inclusive and generous communities.

Where families, children and young people are known to be vulnerable or at risk of disadvantage or discrimination, local, targeted and sensitive early intervention services would be available to build on strengths and assist as necessary. These services will provide support with parenting, skill development and specific needs and will be available long-term, where necessary, and at critical transition points throughout the child's life. They would be non-judgemental and have, as part of their focus the building of strong and supportive communities and extended families.

Family support and other services would be able to purchase supports for families through the use of brokerage money (as in disability community options programs), and families would be able to use respite care to provide benefits to their children and themselves. Other services for vulnerable children and young people in areas such as health, education and transport would be available, co-ordinated and accessible.

When children, young people and families ask for help they would get it quickly, and locally. There would be user-friendly services they can approach and, where referrals are necessary, people would be assisted to contact other services or avenues of assistance. Local service users would know each other and ensure that families do not drop through the net. People would not be required to tell their stories over and over again.

The voices of children and young people would be listened to and respected.

Non-government services such as family support services would be adequately funded and valued for the work they do. There would be a culture of transparency, respect and professionalism. Governments would recognise that early intervention really does make a difference and genuinely value children and young people. They would ensure that vulnerable families, children and young people get the services they need.

Children and young people at risk of harm

Services would be in place to minimise the risk of harm of any child or young person. These services would include respite, shared care and other ways of providing safety for children and young people.

No child or young person would be worse off or more exposed to danger as the result of any Government intervention. No child or young person would be put at risk of greater harm as a result of poor processes, delays, lack of paperwork or any other reason.

Children and young people would know what being safe means, and how to achieve this and take control of their own environments as far as possible. They would also be involved in decisions about their own lives and services. Workers would respect their concerns about their own family, their fears and their developmental needs and levels of understanding.

Children and young people would understand the various steps involved in risk assessment, placement and court appearance. They would have a stable and reliable caseworker to whom they could turn at any time and other reliable adults in their lives. These caseworkers would have the skill, resources and time to help the child or young person deal with their experiences and plans for the future.

Children and young people would retain contact with their families wherever possible and be told the truth.

Services would work together to provide ongoing and intensive support to families and to restore children and young people to their family home wherever possible. The capacity of services such as temporary care would be enhanced and where such placements were required, they would be age-appropriate, stable and meet the needs of the child or young person.

Communities would be safe places for everyone.

Out of home care

Out of home care would respond to the needs of children and young people, create stable places for them to live while they are in care, assist them to deal with the impact of their experiences and help them maintain meaningful contact with their birth family and other significant people in their lives.

Case plans would be agreed on by all stakeholders and would address special needs and individual arrangements. Children and young people would influence decisions impacting on their lives including the day to day matters and long-term decisions. They would have a trusting relationship with a carer and a caseworker that would remain largely the same over time.

Children and young people would be aware of their rights and would have information about the Charter of Rights of Children and Young People in Out of Home Care. Children and young people would be actively encouraged to achieve their full potential educationally and would have the same school retention rate as children in the community.

There would be a range of options in service delivery, including, but not limited to foster care, high intensity foster care, residential care, kinship care, community placements, leaving and after care, and other individual arrangements. Short term and crisis placements would be available and would be used in a planned way to maximise opportunities for stability for children and young people.

There would be long term program funding that would increase capacity for placements so that every child and young person could have a 'matched' placement. There would be parity and equity in the funding of out of home care services. Aboriginal Children's Services would be funded at the same level as, or higher (based on need), than other out of home care services.

Foster carers would be valued and supported. Carers would be recompensed through fair, equitable and consistent payment of foster care allowances. They would receive appropriate training, receive regular visits from a caseworker whom they know and trust and have a person whom they could speak to at any time available for crises.

Kinship carers would be treated with respect and dignity, receiving allowances and quality casework support when they require it, based on their individual circumstances. The system would recognise a broad definition of kin. Kinship care placements would be planned.

There would be an increased use of alternative dispute resolution strategies (such as Family Decision-Making and Alternative Parenting Plans) to help families, children and young people come to workable arrangements. When needed, those arrangements would be formalised by the Court. The Children's Court would operate on child-centred time frames.

The Children's Guardian would conduct thorough annual reviews of all children and young people in care and exercise the other functions that are conferred on them by the Act.

Research and evaluation would be used by the out of home care system on a regular basis to ensure that services were the best that they could be. If your own child or close relative needed to come into this system, you would be confident that it would be a safe and beneficial experience for them.

Recommendations

Conceptualisation, Structure, Management and Resources

1. The management, administrative systems, practice and quality controls of the Department and other government and non-government agencies involved in care and protection should be driven by agreed outcomes based on the Children and Young Persons (Care and Protection) Act 1998.
2. The *Interagency Guidelines for Child Protection (2000)* should form the basis of the policy framework and practice.
3. All relevant government and non-government agencies should cooperate to develop an overarching and preferably bipartisan policy framework for children and young people in NSW, with specific reference to support for families, children and young people at risk and children and young people in care. This process should have central agency support and membership not be chaired by DoCS and have a clear timeframe.
4. All outstanding sections of the Children and Young Persons (Care and Protection) Act 1998 should be proclaimed immediately and adequate resources allocated to implementation.
5. The Evaluation Framework for the Act developed by the Social Policy Research Centre should be fully implemented.
6. DoCS should be retained as the Government agency with statutory responsibility for child protection. Police involvement should be retained using the Joint Investigation and Response Teams model where criminal prosecution may be required.
7. Three clear streams of management, funding and accountability for early intervention and prevention, child protection and out-of-home care should be established in DoCS as the key elements of an adequately resourced, planned and co-ordinated system. However, Families First and the Strengthening Communities Projects should not be transferred to DoCS at this point. Consideration may be given to alternative administrative arrangements once the policy framework is developed.
8. The necessary work should be undertaken to identify the current allocation of funding (both internally and to non-Government agencies) in each of these streams. Resources (both monetary and staffing) should, as a priority, be quarantined to provide the services required in each of these streams.
9. An analysis of need for increased resources should be completed. This should include clear priorities for remediation work and projections for future costings.
10. Additional resources to DoCS should be allocated in line with the priorities and analysis of each of the streams. Resources should not be automatically directed to child protection.

11. In the context of the legislation and agreed policy, a ten year plan should be developed for a universal and targeted program of family support and intensive family support; major systemic changes to out of home care, and equivalent investment in early intervention and prevention. This will require realistic and ongoing funding, community involvement and, ideally, bipartisan support.
12. Building on the work of the Grants Administration Review as established by the Budget subcommittee of Cabinet, the Government should determine and implement a consistent approach to the use, funding and accountability requirements of non-government agencies.
13. A co-ordinated approach should be taken to undertaking and examining research, identifying good practice, innovative services and strategies for improving outcomes for children and young people. Services and service sectors should then be funded accordingly.

Requests for Assistance

14. DoCS should be required to produce regular, transparent, publicly available data about how requests for assistance are currently being dealt with. This should include data on the current level of requests for assistance, who makes them, what they ask for and what referrals and services are provided.
15. The NSW Ombudsman should undertake an investigation into the cost effectiveness of the centralised reporting agency (Helpline) for requests for assistance.
16. Irrespective of whether the Helpline remains, DoCS local CSC's must become more service user and service provider accessible.
17. There should be immediate adequate funding of existing Family Support Services.
18. There should be provision of brokerage funds to Family Support Services to assist families with whom they work with practical items or to access other services. Funding currently held by the Department for Family Initiative Funding could be transferred to Family Support Services for use in this way, thus reducing the transaction costs to both non government organisations and DoCS.
19. There should be a state wide, funded program of planned respite care for families under pressure (*see attached paper*).
20. DoCS should establish, make available and use a data base with accurate, up to date information about local family support, child welfare and youth services to facilitate appropriate referrals.

Child Protection

21. As a priority, the Government should collect accurate data regarding the number of reports and requests for assistance, allocation of priorities, referrals, follow ups, investigations etc in a way that is transparent and useful for planning and allocation of current and future resources. This should not be undertaken internally in DoCS at this point in time.
22. The NSW Ombudsman should investigate the cost effectiveness and outcomes of the processes used to receive, assess, investigate and manage reports at the Helpline and in CSC's.
23. Performance measurements should be established and implemented regarding reports of children at risk with respect to response times, involvement of key agencies (including local CSC's), follow up and ongoing monitoring of children. Regular performance data should be made available.
24. There must be appropriate investigations and responses to reports of children at risk of harm as a result of neglect, emotional abuse or domestic violence. If an assessment is undertaken and no action is required by the Department, active referrals should be made in every case to family support services (nb existing Family Support Services will not be able to accept such referrals without adequate funding).
25. Distribution and allocation of child protection caseworkers in DoCS should be consistent with the level of need for child protection services in local areas.
26. Any system for receiving, assessing and investigating and following up reports should recognise in the way they respond to the initial report and ongoing investigation the role played by agencies doing ongoing work with families.
27. As a matter of priority, mandatory reporters require access to information about the risk assessment process used at the Helpline to inform their work.
28. Processes and protocols relating to faxed reports should be negotiated with non government organisations.
29. A new, comprehensive program of intensive family support that is professionally staffed and adequately funded should be established in the non-government sector.
30. Adequate services for older children and young people must be available. The service system should be able to provide flexible service options which will ensure that older children and young people's needs are taken seriously and they are prevented from becoming further at risk and homeless.
31. There must be a program of clinical supervision for identified child protection staff that recognises the particular difficulties associated with child protection work.

Out of Home Care

32. The Government should make a serious response to the Community Services Commission Report on the Inquiry into the Practice and Provision of Substitute Care (2000).
33. Proactive strategies should be in place to ensure that children and young people have equity of outcomes, irrespective of whether they are in short term, long term out of home care or in the care of their families¹.
34. 100% of children and young people in out of home care must have clearly written, accessible care plans, case plans and detailed files about their life history. A performance target should be set and achieved within a short timeframe.
35. There should be a Ministerial taskforce to establish the resources available and the real costs of providing out of home care and adequate case management. Central agencies should be involved and the Taskforce should not be chaired by DoCS.
36. Following this research, the Government should determine whether or not DoCS should remain a provider of out of home care services.
37. There must be long term program based funding for out of home care in NSW.
38. Adequate funding for aftercare support services must be made available to ensure that every child or young person who has been in care has access to adequate types and levels of support.
39. Outcomes measures for children and young people in care should be established and a comparison of the outcomes for children and young people in government, non government and private for profit agencies should be undertaken as a priority. Services and service sectors should then be funded accordingly.
40. If DoCS continues as a provider of out of home care, DoCS foster carers should be adequately trained and resourced.
41. There should be a program of clinical supervision for identified out of home care caseworkers that recognises the particular difficulties associated with this work.
42. The unworkable, high caseloads of DoCS out of home care caseworkers should be reduced in line with best practice in the area (for example, the Hudson caseload formula).
43. All foster care allowances and contingency funds should be transferred to the agency who has taken responsibility for case management. These funds should be used within a brokerage model.

¹ Please see attached Education Matters Statement for recommendations addressing one of the key areas of concern, the poor educational outcomes for children and young people in out of home care.

Part Two: The Scope of Burnside's Role in Child Protection and Out of Home Care

At any given time, more than 700 families and 350 individuals are receiving services from Burnside. Over a year, this figure amounts to more than 1500 individuals and nearly 2000 families.

Services for children, families and young people

Burnside provides services along the whole continuum of care and protection from programs for pregnant women and their partners, a universal professional home visiting service (Northern Lakes Home Visiting Service) and parenting groups, through to family support services (Hastings and Coffs Harbour), programs for children, young people and families where there is risk of family breakdown, school suspension or where there are risk factors for serious harm (eg Newpin and Family Centres), services for homeless young people (eg Doorways and the Drum), through to out-of home care (residential, high intensity and foster care) and services for people who have exited from the out of home care system (Aftercare). Some of the programs for young people provide support to a high number of service users who are parents themselves.

Burnside's programs working with children, young people and families include:

- Family Centres in Airds Bradbury, Claymore and Minto (funded by Burnside)
- Cabramatta Multicultural Family Centre (largely funded by Burnside, Drug Summit service funding)
- Coffs Harbour Family Support Service (CSGP funded, receives additional financial support from Burnside)
- Ermington Family Learning Centre (primarily funded by Burnside, one worker funded by DoCS)
- Family Work Western Sydney (funded by DoCS)
- Father's Support Service (funded by Department of Family and Community Services)
- Hastings Family Support (funded by DoCS, receives additional financial support from Burnside)
- Intensive Family Based Service (funded by DoCS, only DoCS referrals)
- Newpin Bidwill and Doonside (primarily funded by Burnside, some DoCS funding)
- Northern Lakes Home Visiting (funded by Burnside) and Northern Lakes Family Centre (funded by Area Assistance Scheme) on the Central Coast
- Reconnecting Adolescents and Parents Team (RAPT) on the Central (combined funding by Family and Community Services, DoCS and Burnside)
- DOORWAYS service for young people who are or are at risk of homelessness (SAAP funded)
- The Drum Youth Drop In service (SAAP funded with a Drug summit funded Drug and Alcohol worker) and Reconnect in Macarthur (Federal Department of Family and Community Services).

Burnside has made a commitment to placing our resources in communities of high need and using the best available knowledge about what works in service provision to frame and direct our services. The mix and range of services we provide has given us insight into working with families with a range of needs, of the value of getting in early with helpful services, and the possibilities for change, even in very difficult circumstances.

Burnside’s underlying practice framework is guided by an ecological approach. We seek to embed our practice in the community where we work, and build capacity and resilience in communities and individuals. We work in partnership with children and young people and families to identify and build on their strengths within a context that recognises that the safety and well being of children is always paramount. We understand that families are always important to children and young people, whether they are together or apart, and that the ties and connections of families, even where there are significantly negative experiences, remain important for most people throughout their life.

In 2001 the Burnside Service User Data Base recorded that 348 families² were referred to a Burnside program because of child safety or child protection issues. This is an underestimation of the number of families where there are child protection issues because some families were referred to us because of other issues (for example behavioural or developmental issues) and protection/safety issues not stated or known in the original referral arise during work with the family.

Table 1: Families referred to Burnside programs because of child safety/protection issues in 2001

Program	Families referred re: child safety/protection
Airds Bradbury Family Centre	46
Cabramatta Multicultural Family Centre	43
Claymore Family Centre	54
Coffs Harbour Family Support Service	39
Ermington Family Learning Centre	7
Family Work Western Sydney	29
Hastings Family Support	41
Intensive Family Based Service	25
Minto Family Centre	26
Newpin Bidwilll	17
Newpin Doonside	8
Northern Lakes Home Visiting	13
Total	348

² Most families using Burnside services have more than one child.

Out of home care

Burnside provides a range of out of home care services and support to children and young people and their families in out of home care. We have focussed on innovation in our work in residential ensuring that we focus on quality of care and appropriate case load levels in foster care. In out of home care we have invested in research and development in order to ensure that children placed in our care have the best opportunities for stability of placement, educational and emotional support and carers who are well resourced and supported. Burnside works with children and young people with high needs and behaviours that are difficult for them and those around them. We have developed programs that support these young people in the community. We are currently working on extending our model of out of home care service delivery for children and young people who have a disability and have funding from the Department of Aging, Disability and Home Care to explore best practice in out of home care with children and young people who have a disability.

At 6th April 2002, there are 88 children and young people in placements managed by Burnside in foster care, residential care, kinship care or community placements (not including short-term arrangements funded by Individual Client Agreements).

Burnside provides the following out of home care services:

- Burnside Foster Care Program (including long term foster care, planning placements and professional care)
- Minnamurra (residential placements)
- Residential Youth and Family Service (residential placements)
- Byrnes (residential placements)
- Burnside Youth Futures (formerly High Intensity Fostering Service, provides high intensity foster care and community placements on the North Coast)
- Community Placements (high intensity foster care and community placements in Orana Far West and crisis placements from DoCS referrals)
- The Family and Youth Support Program (primary casework/ supervisory role young people in care, intensive in home support and casework with young people at risk of family breakdown/homelessness/coming into care, intensive casework with young people being restored to the care of their families)
- Education support program for children and young people in care or at risk of coming into care
- Family Decision Making processes (assisting families to make decisions around placement options etc in child protection and out of home care matters).
- Aftercare support (Western Sydney program is funded by Burnside, ACE Aftercare in South Western Sydney is funded by DoCS)
- New program currently in development in Orana far west to provide respite care for young people at risk of homelessness or of coming in to care as a result of family conflict.

Table 2: Burnside OOHC Core Program Placements as at 4/4/02

Type of Program	No. Children/Young people
Long term foster care	47
Professional Foster Care Placements	5
Foster Care Planning Placements	1
High intensity placements (North Coast and Orana Far West)	16
Residential care	15
OOHC placement – FAYS have primary casework role	4
Total	88*

* This figure does not include short term care provided through ICA's that are additional to core program capacity or ongoing Aftercare support for young people previously in our care.

Throughout the development and expansion of services Burnside has been able to develop a range of supports for vulnerable families, innovative approaches to working with disadvantaged communities and innovative approaches to out of home care. We have also been able to recognise the opportunities presented by international research about the importance of early intervention and prevention.

Part Three: Conceptualisation, Structure, Management and Resources

This section focuses on the need for an outcomes based system for early intervention and prevention, child protection and out of home care. It then defines the critical functions of a care and protection system and conceptualises how a framework for a continuum of services could be developed and implemented. There are a series of recommendations at the end of this section dealing with the reforms, research and action that is required.

Before it is possible to define the elements and/or services required in a successful care and support system it is necessary to identify the outcomes to which funders, providers of services and the general community are prepared to commit. These outcomes need to be clearly articulated, measurable and appropriate to the achievement of long-term goals and intergenerational change. It must be consistent with the legislative framework.

The outcomes should also be phrased in positive terms, for example measuring increased school retention rates for children or maintenance of family connections for children in care, rather than using the current prevailing mode of measuring the system's efficiency based on factors such as the increase in child protection reports etc.

Essential functions of a care and protection system

The functions that are required to be implemented by a care and protection system largely fall into these key areas:

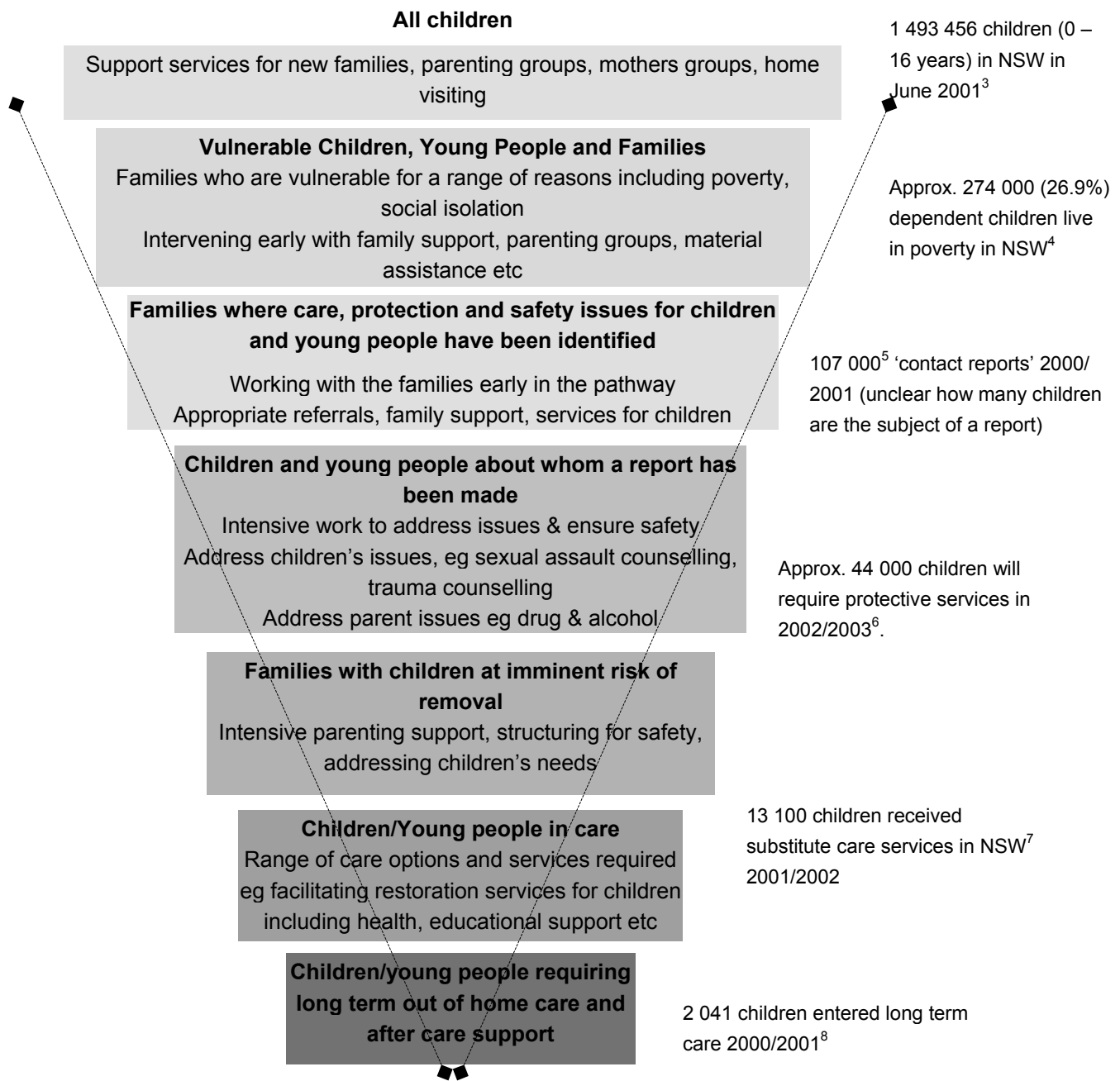
- A locally based, user-friendly, simple and non-judgemental entry point for families
- Adequate provision and funding of a range of flexible, local, and where necessary intensive and long term, services to support families who are in need. This might also include effective and appropriate referral to services that may provide interventions aimed at a community, family or individual level
- Exercising statutory powers to receive, record, investigate and assess reports of children and young people at risk of harm, including ongoing monitoring of children at risk
- Making decisions regarding appropriate responses for children and young people at risk of harm with regard to their safety, welfare and well being that inform action taken by the courts in relation to children and young people's care and protection needs.
- Ensuring that there is a system in place to provide high quality out of home care services for children and young people who are in care in a voluntary or non-voluntary capacity. Such a system must be focussed on improved outcomes for children and young people in care. This includes ensuring that:
 - there is a flexible range of service options to meet the needs of children and young people in care (this may include foster care, intensive foster care, residential care, kinship care, community placements, respite care)
 - appropriate standards are met for the assessment, resourcing and support of foster carers and kinship carers
 - services are in place to support the birth families of children in care, particularly where there is a realistic opportunity of restoration
 - Aftercare services are in place to provide support for children and young people as they make the transition out of care.

A continuum of care

This section explores the changing needs of children, young people and families who may require some assistance within a broadly based care and protection system. It then shows the broad range of services needed within a continuum of care framework.

Diagram 1 (over page) shows the thresholds which children, young people and their parents cross in order to access services such as family support, parenting support, early childhood services or child protection services. The diagram demonstrates that at the early intervention end of the system, the potential for service provision is broad, numbers are higher and the intensity is less. Where there are risk factors that have a negative impact on children's well being or on parent's capacity to parent the numbers of people involved become less, but the intensity of the service provision becomes greater. The cost of service provision is greater at this end of the system as is the risk of adverse outcomes for children and young people if services are not available or are unable to facilitate positive change and make children and young people safe. In addition, as this end of the spectrum the possible negative consequences arising from lack of action are greater.

Diagram 1:



³ Australian Bureau of Statistics (2002).

⁴ Harding & Szubalska (2000).

⁵ DoCS Annual Report 2000/2001.

⁶ DoCS Budget Papers 2002/2003.

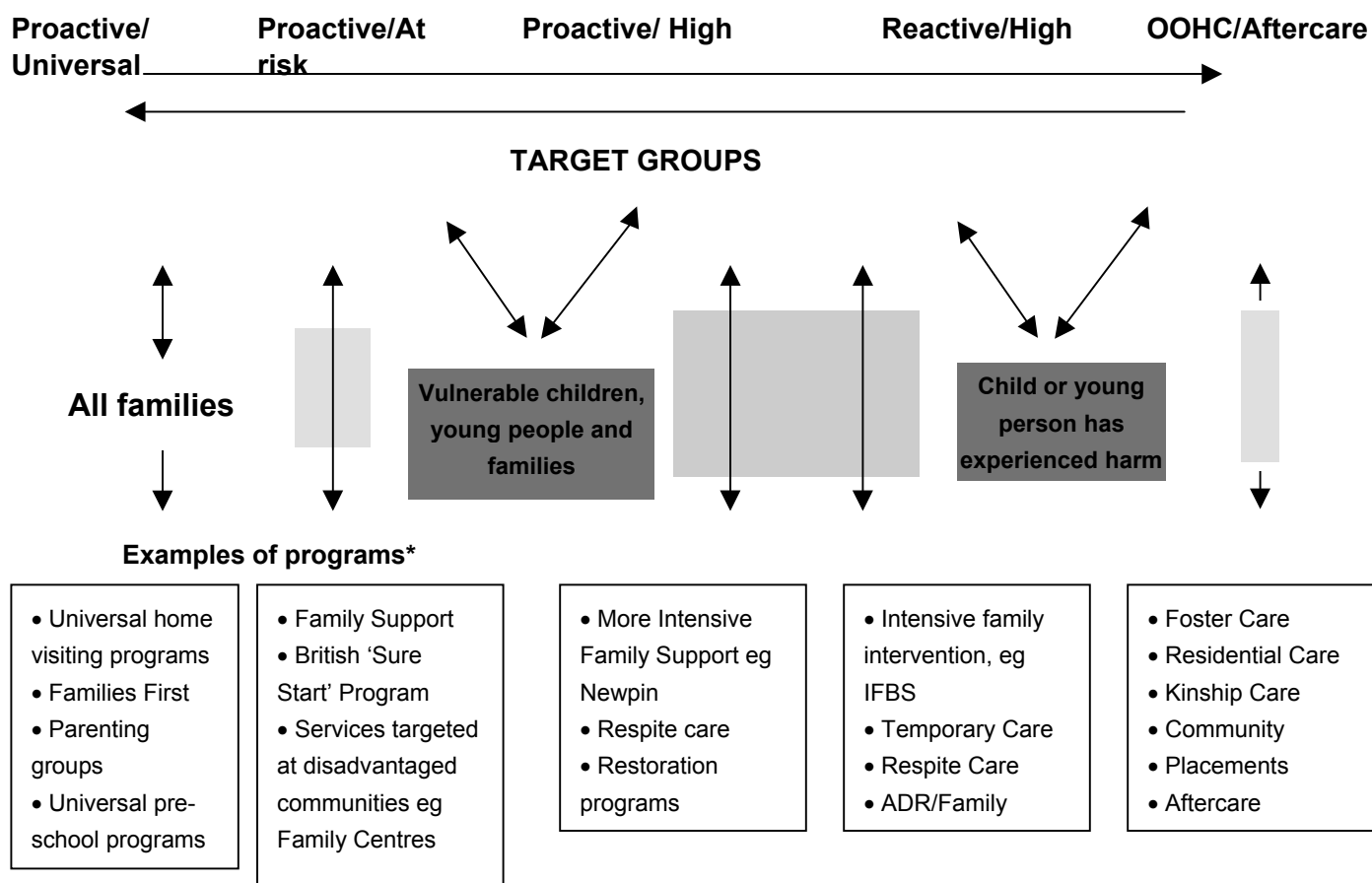
⁷ DoCS Budget Papers 2002/2003.

⁸ DoCS Annual Report 2001/2002.

Diagram 2 shows the continuum of services that are needed to ensure a comprehensive, positively focussed system for child protection, out of home care and family support.

This continuum shows that all families potentially can use services at any point along the continuum. At any one time, families may move in either direction along the continuum, requiring services of more intensity at one point in time and, where interventions have positive outcomes for children’s well being, moving back towards the less intense end of service provision.

Diagram 2: Promotion-Prevention-Protection Continuum



*** A number of programs provide services at different points along this continuum for more than one target group.**

The continuum includes universal services for all families and targeted services for particular children, young people and families who require a different type of service or a more intensive intervention. The Families First program in NSW has a limited component of universal intervention for families and a limited component of more intensive services. While this is a helpful start for families with young children, the lack of an integrated, comprehensive program for all families means that this will only ever have a limited impact. The use of targeted services is an important component of the continuum, because of the opportunities for intervening early where there are a number of risk factors that may expose children, young people or their parents to a less positive pathway.

These critical transition points are highlighted in grey in the diagram. Appropriate service provision at these points has the potential to address the underlying issues that could result in a family going in one direction or the other along the continuum. For example:

- The Intensive Family Based program works with families referred by DoCS where there are issues impacting seriously on children's health and well being. This intensive six week program has shown positive outcomes in reducing the threat of harm to children within their families and assisting them to stay with their families.
- Burnside NEWPIN works largely with women who are experiencing depression that is impacting on their capacity to parent their children and whose children are at risk of harm. One of the particular strategies for NEWPIN is to assist women to acknowledge and address their personal issues through a therapy group and at the same time promoting change in family relationships by helping women to reconnect with their children through play.

For most families who become involved in the care and protection system, there is a range of points at which early intervention or supportive interventions could prevent the situation becoming more stressful. As shown in **Diagram 1**, the cost of *not* intervening with those families where children are at risk is much greater than providing support at stressful times. For example:

- Early results of Family Decision Making processes have shown that children can benefit from processes that seek to build on family strengths and involve a wide range of family stakeholders. By finding ways of caring for children in their families, children can be prevented from entering the out of home care system in a way that maximises planning and co-operation.

A range of government and non government agencies are required to provide services and that a conceptualisation of a continuum of services would require a co-ordinated approach to ensure that a range of services were available at any one point. For example:

- The use of respite care could not only relieve the stress of both parents and children where there are escalating issues, but may also be used in combination with a detoxification program provided by NSW Health.
- Shared data collection by DoCS and the Department of Education, Training and Youth Affairs would assist in tracking the educational outcomes for children and young people in care.

As Part Two of this submission will show, there is a critical need for a new stream of program funding to be available to recognise and build on the current work being done by family support and other services in intensive family support. It is clear that current resources available through the Community Services Grants Program, which were originally intended provide general family support services, are inadequate for the task of providing both early intervention and prevention work at one end of the continuum as well as the intensive support for families where there are serious concerns. A major new investment is required for those families where children are at risk. Such an investment, would free up current resources to work at the prevention end of the continuum, with the clear benefits that can bring to the lives of children, young people and their families.

Recommendations

1. The management, administrative systems, practice and quality control of the Department and other government and non-government agencies involved in care and protection should be driven by agreed outcomes based on the Children and Young Persons (Care and Protection) Act 1998.
2. The *Interagency Guidelines for Child Protection (2000)* should form the basis of the policy framework and practice.
3. All relevant government and non-government agencies should cooperate to develop an overarching and preferably bipartisan policy framework for children and young people in NSW, with specific reference to support for families, children and young people at risk and children and young people in care. This process should have central agency support and membership and not be chaired by DoCS and have a clear timeframe.
4. All outstanding sections of the Children and Young Persons (Care and Protection) Act 1998 should be proclaimed immediately and adequate resources allocated to implementation.
5. The Evaluation Framework for the Act developed by the Social Policy Research Centre should be fully implemented.
6. DoCS should be retained as the Government agency with statutory responsibility for child protection. Police involvement should be retained using the Joint Investigation and Response Teams model where criminal prosecution may be required.
7. Three clear streams of management, funding and accountability for early intervention and prevention, child protection and out-of-home care should be established in DoCS as the key elements of an adequately resourced, planned and co-ordinated system. However, Families First and the Strengthening Communities Projects should not be transferred to DoCS at this point. Consideration may be given to alternative administrative arrangements once the policy framework is developed.
8. The necessary work should be undertaken to identify the current allocation of funding (both internally and to non-Government agencies) in each of these streams. Resources (both monetary and staffing) should, as a priority, be quarantined to provide the services required in each of these streams.
9. An analysis of need for increased resources should be completed. This should include clear priorities for remediation work and projections for future costings.
10. Additional resources to DoCS should be allocated in line with the priorities and analysis of each of the streams. Resources should not be automatically directed to child protection.
11. In the context of the legislation and agreed policy, a ten year plan should be developed for a universal and targeted program of family support and intensive family support; major systemic changes to out of home care, and equivalent investment in early intervention and prevention. This will require realistic and ongoing funding, community involvement and, ideally, bipartisan support.

12. Building on the work of the Grants Administration Review as established by the Budget subcommittee of Cabinet, the Government should determine and implement a consistent approach to the funding and accountability requirements of non-government agencies.
13. A co-ordinated approach should be taken to undertaking and examining research, identifying good practice, innovative services and strategies for improving outcomes for children and young people. Services and service sectors should then be funded accordingly.

Part Four: Terms of Reference

This Part begins with a general analysis of Burnside's experience with child protection and out of home care services in recent years based on the findings of our internal research. It then addresses the three key terms of reference of the Inquiry: requests for assistance, capacity to deal with reports and capacity to provide out of home care placements. At the beginning of each section is Burnside's vision of what a functioning system would look like and then an analysis of key problems in the system and case examples.

Since 1999, Burnside has collected information about issues about our work with DoCS that have been raised by staff to inform our advocacy work and ensure that we are able to identify factors impacting on the work of our agency. The findings of our internal research in 1999, which is remarkably consistent with the findings of similar research in 2002, were that:

A picture of Burnside's experiences emerged that was remarkably consistent across program and geographic areas. Over the past 12 months the Department's ability to record and respond to notifications of children at risk, make referrals of families, children and young people to appropriate Burnside services and work in partnership with Burnside in the best interests of the child have decreased significantly.

...The key issues that emerged showed cause for concern in relation to the structures, systems, processes and staffing practices in the Department of Community Services across NSW. The issues raised were of a very serious nature and showed that the best interests of children were not uniformly serviced by a Department that is under resourced, under staffed and operating in a crisis management mode.

In 2000 these issues stayed largely the same, with some updated concerns that were specifically related to poor functioning in local offices, including issues such as:

- difficulty in getting approvals for case plans for children and young people in out of home care,
- difficulties in getting approvals for funding of contingency items,
- areas where there are overwhelming numbers of reports and a lack of resources,
- Department unable to remove children who require care and protection because of a lack of placements and resources.

In 2001, the key issues related to the introduction of the DoCS Helpline and Burnside's staff frustration and serious concerns regarding the implementation of the Helpline, waiting times for making reports, follow up of reports and adapting to the new system of reporting with a minimal amount of shared information about how it should work.

In 2002 we undertook separate investigations into the current issues in out of home care and child protection. The concerns raised by staff reflected those issues raised in 1999, 2000 and 2001 in both out of home care and child protection.

Our research in 2002 specifically dealing with child protection issues found that:

- Making reports about children at risk of harm is still difficult and time consuming.
- Responses to reports and follow up of issues of risk of harm is slow and driven by crisis, resulting in a lack of attention to children at longer term risk, but not in crisis.
- Investigation of reports of children at risk of harm and ongoing follow up and monitoring of children and young people at risk is largely missing from the system.
- The capacity of the system to respond to the actual needs of children and their families is minimal.
- Procedural fairness for families and children who are removed appears to be inconsistent at best, non-existent at worst.
- The intentions the Children and Young Persons (Care and Protection) Act 1998 are constantly being undermined in an environment characterised by crisis, poor staff morale and inadequate resources.

Further consultations with staff for this submission about the Terms of Reference of this Inquiry reinforced the findings of our research in early 2002 and raised some new issues around service provision, partnership arrangements with the Department and ongoing resourcing issues.

Research with Burnside out of home care services showed that the management and provision of out of home care by the Department is seriously flawed. The research found that Burnside's capacity to work with children, young people, carers and families to achieve the best possible outcomes in placements, education, personal development and family contact is undermined by having to deal with a system that is largely not working.

From this research, Burnside made the following conclusions about the management, funding and operation of out of home care by DoCS.

- There is no planned approach to placement
- There are inconsistent requirements and expectations about what is required for case management in out of home care
- There are unsigned and unpaid contracts
- There are increased transaction costs for Burnside services resulting from DoCS practices
- There is inconsistency across regions/areas
- There is a poor focus on needs of children and young people in care
- There is no apparent capacity to implement the out of home care provisions of the Children and Young Person's Care and Protection Act 1998.

The recent experiences of our programs reflect the findings of the Community Services Commission's Inquiry into the Practice and Provision of Substitute Care in NSW in 2000. The issues raised by Burnside in our submission to that Inquiry remain valid.

4.1 The adequacy of systems to receive and respond to requests for assistance concerning children, young people and families

BURNSIDE'S VISION FOR ASSISTANCE FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

Assistance for children, young people and families

Families would not be judged for any apparent failure to care for and nurture their children. The vision for children and young people would be that they are seen as people in their own right and as such have the right to education, care, experiences and opportunities that enable them to grow and flourish intellectually, physically, socially and emotionally, to become contributing adults and members of inclusive and generous communities.

Where families, children and young people are known to be vulnerable or at risk of disadvantage or discrimination, local, targeted and sensitive early intervention services would be available to build on strengths and assist as necessary. These services will provide support with parenting, skill development and specific needs and will be available long-term, where necessary, and at critical transition points throughout the child's life. They would be non-judgemental and have, as part of their focus the building of strong and supportive communities and extended families.

Family support and other services would be able to purchase supports for families through the use of brokerage money (as in disability community options programs), and families would be able to use respite care to provide benefits to their children and themselves. Other services for vulnerable children and young people in areas such as health, education and transport would be available, co-ordinated and accessible.

When children, young people and families ask for help they would get it quickly, and locally. There would be user-friendly services they can approach and, where referrals are necessary, people would be assisted to contact other services or avenues of assistance. Local service users would know each other and ensure that families do not drop through the net. People would not be required to tell their stories over and over again.

The voices of children and young people would be listened to and respected.

Non-government services such as family support services would be adequately funded and valued for the work they do. There would be a culture of transparency, respect and professionalism. Governments would recognise that early intervention really does make a difference and genuinely value children and young people. They would ensure that vulnerable families, children and young people get the services they need.

Key Issues: Requests for Assistance

Burnside's experience with requests for assistance is extremely limited because of the lack of focus on implementing this area of the legislation by the Department and the lack of information about requests for assistance. People who use Burnside's services appear to be largely unaware that they can request assistance from the Department. Apart from this, many of our service users may be unwilling to request Assistance because of previous dealings with the Department.

In her second reading speech on the Children and Young Persons (Care and Protection) Bill 1998, the Minister for Community Services said, about requests for assistance:

Clause 21 of the bill states in very simple form that either a parent or child may seek the assistance of the Department and the Department must do what it can to support and assist the family to obtain the services which will enable the child or young person to remain in, or return to, family care. This is a small but simple reform. So often the first time that the Department becomes aware of a family in crisis is when there is a report, and if they ask for help, it has often in the past been treated as if it were a notification of abuse and neglect. We want to encourage parents to come forward and seek assistance in the knowledge that they will not be treated as abusive parents but will be treated with respect as parents who need external support to assist them in their difficult parenting tasks. This will not to be taken as a sign of failure, but instead is a realistic assessment of where help is needed to assist them and strengthen their ability to care for their family.

It appears that no process has been developed to differentiate requests for assistance from reports of children at risk of harm. This is clear from the comments by the Director General of DoCS at The General Purpose Standing Committee No. 2 Friday 22 June 2001 (Examination of proposed expenditure for the portfolio areas). The Director General, Ms Niland, said:

One of the key aspects of introducing the Helpline was that, for the first time in DOCS, every single thing that came in the door was being recorded as a child protection report, whereas previously that had not occurred.

The lack of a differentiated response to requests for assistance is very problematic. By using the same risk assessment process for requests for assistance as for reports of children at risk of harm, the Department has undermined its earlier intentions of becoming a more customer focussed organisation with a positive public profile. By counting requests for assistance as reports, the number of reports is artificially inflated.⁹

Burnside staff raised the following issues about requests for assistance:

- The Helpline is daunting for community members to use, people are not willing to wait for long periods, leave messages etc. This is even more difficult for families who do not have a private telephone.
- Service users are reluctant to contact DoCS for assistance as a result of fear that they will lose their children or bring on themselves an intrusive or punitive intervention.
- Anecdotal evidence suggests that referrals to family support services have decreased since the introduction to the Helpline and this may suggest that either families are not finding the way through to seek help or that procedures followed in allocating matters from the Helpline to local Community Service Centres (CSC's) are delaying referrals to support services.
- People who need help are often keen to speak to someone locally. As CSC's move away from having a 'shop front' to being located in areas not accessible to people off the street, they are unable to seek help directly.

⁹ Figures from the DoCS Annual Report 2001/2002 show the Department's analysis of the data puts about 1.5% of all of the reports are actually requests for assistance.

The lack of information currently available about requests for assistance makes it almost impossible to comment conclusively on the Department's current capacity to receive or respond to requests for assistance. However, given the difficulty Burnside programs have had in achieving a response where children are at risk of harm, but not at immediate risk of death or serious injury in the short, it seems unlikely in the extreme that the Department itself could respond to or even process and make appropriate referrals regarding requests for assistance. Even if it were possible for the Department to process such requests, it is unlikely that any major increase in requests for assistance could be currently accommodated by family support or other services. The lack of an additional stream of funding for intensive family support means that there is very little room in the system for additional referrals.

Burnside is concerned that the current approach to receiving requests for assistance actually acts against good practice in referral by removing them from their local context, responding to them in a way that is undifferentiated from child protection and placing a number of obstacles (for example two risk assessment process, one at the Helpline and one at the local CSC) in the way of a speedy response. It is not clear that it is actually possible to have differentiated response to requests for assistance and reports at the Helpline.

Our experience in responding to families in need is that a local response is the only accessible pathway for people to access services. Requests for assistance should have a localised customer service response that utilises and strengthens relationships between the local Community Service Centres and local service providers.

Family Support

Burnside believes that the role of Family Support Services in providing quality services cannot be underestimated. Burnside is disappointed that the NSW Government has failed to provide any budget enhancements to family support services again this year in the 2002/ 2003 State Budget. The lack of a significant enhancement to the Community Services Grants Program means that there can be no growth in family support services in the next year. The government appears to have accepted that family support services should continue to run down through lack of opportunities to relieve staff of over burdened case loads and relieve the pressure in communities where many families are waiting to access services. Some services will close or stop accepting referrals because they are unable to cope with the demand given the lack of staff, support and other resources.

Case Example

Burnside's Coffs Harbour Family Support (CHFSS) service is an example of the drastic situation many family support services are now in. Based in one of the highest need areas for child protection services in NSW, CHFSS is the only family support service in the immediate area. Despite the level of need, CHFSS now has almost no capacity to see new clients when there are child protection concerns. This work is almost exclusively with families referred by the Department of Community Services, most of whom have been the subject of substantiated reports of risk of harm. CHFSS are proposing to largely close the service to new referrals from outside the organisation for intensive family and parenting support for three months in order to offer a quality service to the more than 50 families waiting for that service. This is a difficult decision because the largest area of unmet need in that area is intensive family support with families where there are identified child protection concerns that have been reported to DoCS.

Recommendations

14. DoCS should be required to produce regular, transparent, publicly available data about how requests for assistance are currently being dealt with. This should include data on the current level of requests for assistance, who makes them, what they ask for and what referrals and services are provided.
15. The NSW Ombudsman should undertake an investigation into the cost effectiveness of the centralised reporting agency (Helpline) for requests for assistance.
16. Irrespective of whether the Helpline remains, DoCS local CSC's must become more service user and service provider accessible.
17. There should be immediate adequate funding of existing Family Support Services.
18. There should be provision of brokerage funds to Family Support Services to assist families with whom they work with practical items or to access other services. Funding currently held by the Department for Family Initiative Funding could be transferred to Family Support Services for use in this way, thus reducing the transaction costs to both non government organisations and DoCS.
19. There should be a state wide, funded program of planned respite care for families under pressure.
20. DoCS should establish, make available and use a data base with accurate, up to date information about local family support, child welfare and youth services to facilitate appropriate referrals.

4.2 The adequacy of systems to receive, investigate and assess reports of children and young people at risk of harm

BURNSIDE'S VISION FOR CHILD PROTECTION SERVICES

Services would be in place to minimise the risk of harm of any child or young person. These services would include respite, shared care and other ways of providing safety for children and young people.

No child or young person would be worse off or more exposed to danger as the result of any Government intervention. No child or young person would be put at risk of greater harm as a result of poor processes, delays, lack of paperwork or any other reason.

Children and young people would know what being safe means, and how to achieve this and take control of their own environments as far as possible. They would also be involved in decisions about their own lives and services. Workers would respect their concerns about their own family, their fears and their developmental needs and levels of understanding.

Children and young people would understand the various steps involved in risk assessment, placement and court appearance. They would have a stable and reliable caseworker to whom they could turn at any time and other reliable adults in their lives. These caseworkers would have the skill, resources and time to help the child or young person deal with their experiences and plans for the future.

Children and young people would retain contact with their families wherever possible and be told the truth.

Services would work together to provide ongoing and intensive support to families and to restore children and young people to their family home wherever possible. The capacity of services such as temporary care would be enhanced and where such placements were required, they would be age-appropriate, stable and meet the needs of the child or young person

Communities would be safe places for everyone.

4.2.1 Making reports to the Helpline

In recent internal research, Burnside staff reported that making reports about children at risk of harm continued to be difficult. Staff highlighted the continuing difficulties that they had in getting through to the Helpline within the timeframes that were appropriate for their work. In particular, staff commented that despite the message system at the Helpline, they continued to wait on hold for 20 minutes or more to get through to a caseworker. Staff were particularly concerned that if they used the Helpline message system, their call may be returned after hours and the following trail of messages may result in the report not being made for some days. This was seen as unacceptable. Consequently, they continued to wait on the telephone because of the urgency of the matter and at other times, staff were worried that they would be absent when the call was returned.

Case Example

A sample of 28 reports, affecting 44 children, made by Burnside staff to the Helpline between 1st of May and 30th of June 2001 showed that:

- in 25% of cases, the report related to two or more types of harm
- more than half of the children were 3 years and under, with more than 80% relating to children 5 years and under
- in almost two thirds of cases, Burnside staff received no information about any follow up by the local Community Services Centre with children, young people and families who were the subject of a report.

Reports by Community members

Burnside staff raised the issue of the impact of long waiting times on community members making reports. This was particularly relevant for Burnside programs who were strongly advocating for parents to work with Burnside staff to make reports about issues or incidents in their own families that were placing children at risk of harm.

Case Example

One service reported that two mothers who were making reports regarding issues in their own families had hung up after waiting more than 20 minutes for a caseworker at the Helpline. They then asked the service to make the report. The staff member observed that for parents already in stressful situations and coping with distressing events, this was very unhelpful.

Faxed reports

Burnside services report that when they are unable to get through to the Helpline by telephone, they usually fax their reports through. Response by the Helpline to faxes appears to vary. Some Burnside staff found that there was regular follow up of faxed reports for more detail and risk assessment, other staff reported that follow up of faxed reports was irregular and often there was none at all. A number of services reported that they had no idea what happened to reports after they had been faxed through. As a result they were often forced to make repeated calls to the Helpline and the local CSC to find out whether the report had been recorded and whether it had been allocated or acted on¹⁰.

There has been little or no training for non government agencies around how to make effective reports, either by fax or over the telephone. DoCS's government partners such as the NSW Police Service, the Department of Education and NSW Health have had extensive negotiations over protocols for faxed reports. No such discussions have taken place with DoCS's non-government partners. It is clear that Burnside and other non government agencies regularly fax reports and a co-operative approach to maximise the opportunities for doing this in such a way as to achieve the best outcomes for the child and family involved is clearly needed.

Risk assessment

Burnside staff have reported varied experiences of the risk assessment process used by the DOCS Helpline. The strength of the risk assessment process was seen when Helpline staff were highly skilled and able to use the risk assessment tool appropriately. This was a lottery - all services reported that they had experiences with inexperienced or poorly trained Helpline staff. Staff therefore reported both very positive and very negative experiences of this process. Of concern was the variation in practice and the consequent potential for variation in outcomes for children.

Burnside staff have also reported that they do not fully understand the 'level' system used by the Helpline to indicate to the local CSC the urgency of the report. Non government organisations have not had access to information about the risk assessment process used by the Helpline to determine the 'level' attached to a report. Along with other non-government organisations, Burnside has repeatedly sought information from the Department of Community Services about the risk assessment process used by the Helpline. This would assist our staff to structure their reports and consider the range of issues that need to be covered in the report.

It should be noted that staff at the Helpline and staff at local CSC's undertake separate risk assessment processes, using different risk assessment tools. The Department has offered some limited briefings for non-government organisations on the new risk assessment process to be utilised by caseworkers at CSC's.

Reports made by mandatory reporters such as Burnside are usually based on strong information gained from close work with the family over a period of time. This must be recognised by the system through a differentiation of response to reports made by staff from mandatory reporting agencies and those made by members of the general community.

¹⁰ It is possible that all telephone calls to the Helpline for this purpose would be counted separately as a new report for the purposes of Departmental data collection.

4.2.2 Responses to reports, including investigation

Information about follow-up of reports by local CSC's

Burnside staff have consistently reported that they do not regularly receive information about action taken by local CSC's about action or proposed action to be taken on a report. This is despite usually being the primary agency working with the family about whom the report is made.

Case Example

In one Burnside program a worker visited a family with whom she had been working for some time on Christmas day with a small gift for the baby. She had previously made a report about risk of harm to the baby, but had received no information as to whether action had been taken. The baby had been taken into care and reminder of this on Christmas Day was extremely distressing to the baby's mother.

Burnside staff report consistently that making a report also means contacting the local CSC several times in order to attempt to emphasise their concerns about children or needs of parents or to find out what, if any, action had been taken. This causes considerable transactional costs for Burnside.

Issues around communication have been problematic in the system for some years. This had previously been somewhat ameliorated by local relationship development and arrangements. Both the advent of the Helpline and the overwhelming of CSC's due to an increased volume of reports requiring action has had a detrimental effect on those local relationships. This, in turn has impacted on the ability of local agencies to work co-operatively with the local CSC. It appears that the diminished local presence of CSC's has been an unintended negative consequence of the changes in the way reports are made and followed up.

Follow up with families where there are children at risk appears to be most likely where the family is registered with the Department as a result of previous concerns and has an allocated DoCS caseworker. Burnside staff have expressed concerns that reports about children in families who had only recently come to our attention were unlikely to be followed up within a reasonable timeframe (within the month) unless there was threat of death.

Case Example

One Burnside service in a high need regional area reported that the local CSC had told them that they were only responding to new reports when they were classified as Level 1, which they had been told required a 24 hour response because there was the imminent risk of child death. Level 2 and Level 3 (serious injury and long term issues) reports were not followed up at all. Some registered cases were receiving a minimal service, particularly if there was advocacy by a local non-government organisation regarding issues for the children or issues such as housing.

This raises concerns that very serious, although not necessarily immediately life threatening risk of harm to children, could not be properly investigated in many of the very high volume areas of NSW in a timely manner, if at all. The lack of follow up for these cases may contribute to the escalation of some situations such that children are at an increased risk of harm as a result of the lack of action. This is increasingly of concern as many family support services are unable to take new clients because of a lack of resources and the dearth of services able to provide intensive family support becomes more critical. This situation is in the broader context of diminished capacity of DoCS caseworkers to provide casework services to families as they are even more oriented towards crisis responses.

Burnside staff have also raised concerns that 'no further action' was taken on a report because Burnside was involved. In some situations it appears that, the involvement of Burnside was a way for the Department to not have to take responsibility to investigate and act on reports regarding those children. In other situations, this was an appropriate response, but only where the Burnside service was clearly working on issues that were related to the report. Burnside staff constantly express their frustration about DoCS lack of action, because it is not our role to investigate child protection matters.

Case Example

A Burnside worker made a report regarding Jay who is 8 years old. Jay's mother was suicidal and as a result Jay was extremely fearful for both her mum and herself. Jay contacted a family friend for assistance. Jay has gone to live with the family friend. The family friend lives in a one bedroom flat and Jay sleeps on the floor on a mattress. Jay is very emotionally disturbed and as a result has had numerous educational/therapeutic interventions. Complicated transport arrangements have been made to enable Jay to continue to attend her school where she feels comfortable. This has been done without support from the Department.

When the report was made, it was allocated to the local CSC. When the intake worker from the local office contacted Burnside nine days later, she explained that no action would be taken, as there were more urgent cases and that Burnside's involvement was seen as providing a level of protection. This means that no additional resources have been provided to ensure that Jay remains safe and that should she return home, the issues causing the move have been addressed.

As resources become less available, investigation and decision making regarding children at risk seems to be increasingly missing from the system. The Department, as the statutory authority in this area appears to be compromised in its ability to respond in an appropriate and timely manner to reports. This is particularly concerning, given that reviews of child deaths in NSW have shown that missed opportunities to provide support or intervention were a feature of child deaths analysed by the Child Death Review Team (CDRT) in NSW (for example, CDRT, 2001).

Out of home care services are particularly concerned that as a result of decreased capacity to investigate and take action on abuse and neglect, children and young people are left unsupported in abusive situations for longer. When children in this situation come into care, they are often very disturbed and have been very damaged as a result of lack of action. This in turn can be manifest in behaviour that is difficult for them and those around them and placement instability (especially if foster carers are unsupported to cope with children's high level of need). This situation is unacceptable for children and young people in NSW.

4.2.3 Responses to children at risk as a result emotional abuse, neglect and domestic violence

There is agreement among Burnside programs that the experience and impact of neglect (both physical and emotional neglect), domestic violence and emotional abuse on children and young people is largely not being responded to in the current approach to assessing and investigating risk of harm. Our experience of this lack of attention to these issues is that this can escalate issues in families and result in longer-term harm for children and young people.

Due to the long term and often incremental impact of neglect and other types of harm that are not immediately 'visible' on children and young people, it rarely becomes a crisis that can be classified as immediately life threatening or dangerous. This means that until the neglect experienced by a child or young person transforms into an immediate safety issue (for example repeated instances of young children running on the road unsupervised or repeated reports of used syringes littering a house), that in the current crisis driven environment, it is unlikely to be a priority.

The importance of addressing issues related to neglect is emphasised by the long term effects of chronic neglect that have emerged from some of the prominent literature, for example:

- The causal effect between child neglect and juvenile offending (Weatherburn and Lind 1999).
- The effect of neglect on brain development in very young children, with the impact of over stimulation on some parts of the brain and under stimulation of other parts of the brain reduced capacity in some areas, such as empathy and problem solving (Perry 1997).
- The impact of neglect on the development of children's social interactions and understanding of social environments – the 'hole in the centre of children's social world' (Garbarino and Collins 1999).

Our experience of current child protection responses in NSW goes against the evidence about the importance of addressing neglect that has gained prominence in the Australian and international child protection literature. If addressed early, these issues can often be constructively worked with through family support and with counselling. However, unaddressed they may escalate to a crisis, at which point, *after the damage has been done*, the system may respond.

Case Example

A report was made by fax to the Helpline early in 2001 by a Burnside worker in relation to a 4 month old baby whose mother had recently attended the service a number of times. The baby's basic physical and emotional needs were not being met, and the report explicitly stated that the baby appeared to be failing to thrive. (The baby was described as thin, unresponsive, undemanding, and showed development below age). Concerns were also expressed in the report about the baby's siblings (both under 3 years old). Two days later the reporter contacted the Helpline again about the matter, concerned that there had been no follow up of the report. A form was faxed to the Coordinator from the Helpline covering basic information about the child and family, which she filled in and returned. At no stage did the Burnside worker speak to a Helpline or DoCS caseworker. The Burnside worker attempted to visit the family to check on the well being of the baby several times over the coming weeks, but was unable to contact them herself or through local networks.

Six weeks later, a DoCS Caseworker from the local office contacted the Coordinator to confirm the details of the family, saying it had been allocated to her that day. She said that the report had not been given high priority rating at the Helpline and had been unallocated at the CSC for the previous five weeks. The DoCS Caseworker made a home visit that same day. The baby and siblings were removed under an emergency care and protection order. The baby was hospitalised for some weeks. The other siblings were placed in temporary foster care.

The children were later restored to their mother who undertook to make a number of changes and to attend a Burnside service.

Approximately eight months later, Burnside made another report concerning the children because of unexplained bruising. Again the children were removed, again the youngest (by now approximately 14 months) was placed in hospital. Whilst in hospital, no arrangements were made for the baby's care on release. It was only after advocacy by Burnside to DoCS Senior that care arrangements were developed. Following a period in care, the children were again restored to their mother. The Department plans to take the case to court in the coming months. By the time some resolution has been achieved, the baby will be more than two years old.

The lack of priority given to the original report about neglect issues, combined with poor communication, inadequate practice and a lack of resources resulted in poor outcomes for the children involved. More than one year after the original report was made, there is no stability for the children nor is a clear plan in place to address the issues of concern.

4.2.4 Services for older children and young people

Burnside staff have identified a lack of follow up and service provision for older children and young people as an issue of serious concern. The need for specialist adolescent case workers in areas with high numbers of young people (for example South Western Sydney and the Central Coast) was highlighted as was the importance of action for older children (for example, children over seven years).

A number of services reported their concerns about the problems emerging in families where children had been subject to long-term abuse and neglect and where there had been no interventions to protect them earlier. Some programs identified that by the time children were taken into care, they were extremely damaged and as a result had developed behaviours that were difficult to manage along with entrenched psychological and health issues.

Other programs were concerned about the difficulties experienced by young people who had been removed as children and restored to their families without support as a result of placement breakdown and were now experiencing growing crisis as they approached adolescence. Staff were seeing the long term impact of poor practice, patchy service provision and insufficient permanency planning over the long term. They were concerned that there were no significant improvements in DoCS practice and a marked decrease in the Department's ability to respond overall. These factors perpetuated inadequate responses for children and young people over time.

4.2.5 Procedural Fairness

Concerns about procedural fairness have become more prominent amongst Burnside staff in recent times. Non government agencies have been concerned about the infringements on the rights of children, young people and families in the care and protection system for many years. However, it seems that the sheer volume of work and the difficulties in managing that workload, teamed with an inadequately resourced support system outside of government, have resulted in a diminished focus on procedural fairness.

In our internal research this was an area of serious concern for staff, particularly in relation to how children were removed, the way decisions were made about matters to go to court and the expectations for parents to meet prior to restoration. Staff noted that within these processes, where decisions were taken with insufficient consultation the real needs and views of children and young people were largely lost.

Poor communication with agencies involved, lack of information for families and a lack of a consistent approach to practice issues by the Department resulted in a sense that there was very little planning and support around how children at risk were removed or restored to their families. There was also a strong sense that there was no consistent approach to the removal of children. Staff reported situations where children at a high risk of serious, long lasting harm were not removed and cases where children were removed when there were strong possibilities for change with appropriate supports.

Case Example

A young woman under 18 years, placed her young baby voluntarily in care for what she understood to be six months. She was concerned about her capacity to care for her baby as a result of her drug use and homelessness. During that time she attempted a detoxification program, but was unable to sustain her attendance due to issues with personal relationships in the program. She began using again and continued to be homeless. Throughout this time she maintained regular contact with her baby who was in foster care. After some months she moved back in with a family member and seriously attempted to deal with her drug use. With the support of a Burnside service she began to take steps to find independent housing. She remained drug free, continued to have regular contact with her baby and secured accommodation in the private rental market.

Towards to end of the six-month period, she began to seek information about her baby's return. The DoCS caseworker involved said the Department would be seeking a long term care order for the baby as they were not convinced that she had made appropriate changes to be able to provide care for her baby. It had never been explained to the mother that, as a result of using voluntary care her child may be removed permanently.

At a pre-court hearing with a Children's Court registrar, the young woman, a Burnside youth worker, two DoCS worker's and the child's solicitor, the young woman asked what she was required to do to have her baby returned to her care. The staff from DoCS replied that as she had not shown sufficient commitment to obtaining appropriate accommodation or to stopping her drug use they would seek a long-term order, placing the baby in the care of the Minister until she was 18 years. When the young woman explained that she was both drug free and had found accommodation, the DoCS staff responded by making derogatory remarks about the location of the accommodation. When pressed by the other parties the DoCS staff cited a list of achievements the young woman would have to meet if they were to consider returning the baby to her care. One was "parenting skills". They were unable to explain exactly what parenting skills meant or how she could demonstrate that she had achieved them. Burnside invited DoCS to supply a list of skills that they require the young woman to achieve and committed to making a regular report on her progress. The matter is scheduled to go before the Children's Court. The baby remains in temporary foster care.

4.2.6 Practice Issues

The case studies featured in this submission highlight that there are a range of issues related to practice in child protection investigations and follow up. This does not negate the excellent work done by many DoCS staff. In the context of the crisis driven system with an inadequately resourced outside support base with limited capacity, it is unsurprising that there would be instances of poor practice.

The key question is whether there are appropriate procedures in place to identify or address practice issues in the Department.

For example, it is unclear whether or not systems of performance management and clinical supervision for Caseworkers are in place. Anecdotal evidence suggests that it is unlikely that there are functioning systems in place to provide meaningful clinical supervision for staff in CSC's. Child protection work is difficult, distressing, emotionally taxing and at times results in threats to the safety of caseworkers. Without structured, meaningful supervision, it is difficult to see how good practice could be maintained, learning needs or practice issues addressed. Likewise, without a functioning performance management system in place, it is difficult to imagine how appropriate responses to poor performance or performance issues could be addressed. The recent report by the NSW Ombudsman about the Department highlighted the problems that are ensuing as a result of inadequate staff management and support at all levels.

Burnside staff suggest that, particularly in some of the CSC's with the highest volume of child protection reports, there is a high number of staff on stress leave and that the turnover of workers is disproportionately high. This may be an affect of not only the stressful and high volume work, but a lack of appropriate clinical and performance support for those staff.

It is very difficult for all staff to work in an environment of mistrust and secrecy. Unless DoCS and non-government staff are valued and respected within a system that is transparent, supportive and fair there will continue to be difficulties in communication and partership.

Recommendations

21. As a priority, the Government should collect accurate data regarding the number of reports and requests for assistance, allocation of priorities, referrals, follow ups, investigations etc in a way that is transparent and useful for planning and allocation of current and future resources. This should not be undertaken internally in DoCS at this point in time.
22. The NSW Ombudsman should investigate the cost effectiveness and outcomes of the processes used to receive, assess, investigate and manage reports at the Helpline and in CSC's.
23. Performance measurements should be established and implemented regarding reports of children at risk with respect to response times, involvement of key agencies (including local CSC's), follow up and ongoing monitoring of children. Regular performance data should be made available.
24. There must be appropriate investigations and responses to reports of children at risk of harm as a result of neglect, emotional abuse or domestic violence. If an assessment is undertaken and no action is required by the Department, active referrals should be made in every case to family support services (nb existing Family Support Services will not be able to accept such referrals without adequate funding).
25. Distribution and allocation of child protection caseworkers in DoCS should be consistent with the level of need for child protection services in local areas.

44. Any system for receiving, assessing and investigating and following up reports should recognise in the way they respond to the initial report and ongoing investigation the role played by agencies doing ongoing work with families.
26. As a matter of priority, mandatory reporters require access to information about the risk assessment process used at the Helpline to inform their work.
27. Processes and protocols relating to faxed reports should be negotiated with non-government organisations.
28. A new, comprehensive program of intensive family support that is professionally staffed and adequately funded should be established in the non-government sector.
29. Adequate services for older children and young people must be available. The service system should be able to provide flexible service options which will ensure that older children and young people's needs are taken seriously and they are prevented from becoming further at risk and homeless.
30. There must be a program of clinical supervision for identified child protection staff that recognises the particular difficulties associated with child protection work.

4.3 Availability of appropriate placements and outcomes for children and young people in out of home care

A VISION FOR OUT OF HOME CARE

The reformed out of home care system would value the people in it. It would be able to deliver positive outcomes for children and young people, and would be underpinned by the wholly proclaimed Children and Young Persons Care and Protection Act 1998. The reformed system would look something like this...

It would respond to the needs of children and young people, create stable places for them to live in while they are in care, assist them to deal with the impact of their experiences and help them maintain meaningful contact with their birth family and other significant people in their lives.

The way that this would be achieved would be captured in a case plan that was agreed on by all stakeholders and would address special needs and individual arrangements. Children and young people would influence decisions impacting on their lives including the day to day matters and other long-term decisions. They would have a trusting relationship with a carer and a caseworker that would remain largely the same over time. Children and young people would be aware of their rights and each would have information about the Charter of Rights of Children and Young People in Out of Home Care. Children and young people would be actively encouraged to achieve their full potential educationally and would have the same school retention rate as children in the community.

Out of home care would be provided by designated agencies, who were accredited by the Children's Guardian. There would be a range of options in service delivery, including, but not limited to foster care, high intensity foster care, residential care, kinship care, community placements, leaving and after care, and other individual arrangements. Short term and crisis placements would be available and would be used in a planned way (eg concurrent planning) that maximises opportunities for stability for children and young people.

There would be long term program funding that would increase capacity for placements so that every child and young person could have a 'matched' placement. This funding would be based on the Purdon costings and be program based rather than per child based. The funding would cover staffing and infrastructure costs. This would lead to improved staff retention and program stability.

There would be parity and equity in the funding of out of home care services. Aboriginal Children's Services would be funded at the same level as, or higher (based on need), than other out of home care services.

This system would value and support foster carers. It would assess and train carers so that only those who have the capacity and appropriate skills have children placed with them. Carers would be recompensed through fair, equitable and consistent payment of foster care allowances. They would receive appropriate training, receive regular visits from a caseworker who they know and trust, have a person whom they could speak to at any time available for crises and receive consistent and timely payment of agreed on contingency items and other expenses. It would ensure that those carers were indemnified for damage to their property that occurs as a result of their caring role.

Kinship carers would be treated with respect and dignity, receiving allowances and quality casework support when they require it, based on their individual circumstances. The system would recognise a broad definition of kin. Kinship care placements would be planned.

There would be an increased use of alternative dispute resolution strategies (such as Family Decision-Making and Alternative Parenting Plans) to help families, children and young people come to workable arrangements. When needed, those arrangements would be formalised by the Court. The Children's Court would operate on child-centred time frames.

Caseworkers, regardless of which agency they worked in, would have a reasonable caseload (for example based on the Hudson Caseload Formula) that they would be able to manage effectively. They would have regular (at least fortnightly) contact with the children in their care. For those caseworkers in non-government agencies with primary casework responsibility, they would have a contact name and telephone number for a person in the Department to speak to about issues regarding implementation of the case plan or new issues that arise. This person would return calls and have appropriate delegation, or speedy access to someone with the appropriate delegations to deal with relevant funding matters.

The Children's Guardian would conduct thorough annual reviews of all children and young people in care and exercise the other functions that are conferred on them by the Act. There would be speedy resolution of issues regarding suppression of names and addresses of foster carers where needed. A system of accreditation of designated agencies would assist agencies to improve practice where needed and recognise consistent good practice and sound management through long term accreditation.

Research and evaluation would be used by the out of home care system on a regular basis to ensure that services were the best that they could be.

In short, the system would be able to offer a significant improvement in the quality of life for every child or young person coming into it. The people running the reformed out of home care system would be able to say that if their own child or close relative needed to come into this system, they would be confident that it would be a safe and beneficial experience for them.

Key Issues: Out of Home Care

The Inquiry by the Community Services Commission into the out of home care found that successive attempts to reform the out of home care system has failed to “create a quality support and care system for children and young people in out of home care” (Community Services Commission 2000: p. iii).

Burnside’s submission to that Inquiry made the following blunt assessment of the state of out of home care from our perspective as a non government partner and service provider:

The system is broken and what remains is a haphazard series of unrelated programs, with some providing better care than others in an inequitable, poorly distributed way. The system is based on the needs of the bureaucracy rather than the needs of children. This is revealed in the way that the system is developed in an ad hoc way with no real attempt to systemically address issues such as capacity, quality and independent monitoring.

The children for whom services are crafted are at times barely visible in the rhetoric of inputs and outputs that make up discussions of the contractual economics of providing care. This is despite valiant attempts by children and young people to grasp the agenda and passionate advocacy by agencies and workers who are prepared to challenge the prevailing systemic orthodoxy for the rights and requirements of individual children and children and young people in care as a group.

The State of Out of Home Care

The Community Services Commission’s Inquiry report mapped out the way forward for out of home care and their key directions for change present an opportunity for remaking the system effectively. The Key Directions for Change outlined in the Report are:

- supported care
- responsive programs
- improved service delivery
- inclusive system
- seamless service delivery
- building capacity
- effective implementation.

The lack of a serious response to this inquiry by the NSW government is very disappointing. The ideas put forward by the Commission were well received by many non government organisations and showed the way forward for out of home care. Burnside is seeking to ensure our own service delivery reflects these directions.

It is critical to the future of out of home care in NSW that it be separated from child protection within DoCS. Out of home care must have a separate, protected staff and budget allocation in order to ensure that resources are not used up by the child protection system. Transparent information about funding arrangements and the split of funding within the Department is necessary before this can be implemented.

As made clear by the Community Services Commission Inquiry report, new funds are needed in out of home care and new approach to funding is required to build the capacity of the system if all children and young people who require a placement are to have access to the right kind of placement for their needs. Central agencies of government must be involved in building and implementing this process.

4.3.1 Management of out of home care

Lack of consistent approach to out of home care by DoCS

Internal research with Burnside services showed that poor and inconsistent management of out of home care by DoCS was a crucial issue impacting on the number of placements and quality of work possible within this system.

Burnside services noted that the way out of home care was managed, and the resulting the quality of the relationship that was developed between Burnside and Area offices, related strongly to personalities in each office. Most Burnside programs provide services that go across more than one DoCS Area. They report that relationships with one could be very positive, resulting in very positive outcomes for children and young people, while relationships with another Area could result in frustration, delays and difficulties with placements.

This lack of clear and consistent processes for out of home care within Area offices or across Area offices is a major issue for providers.

Lack of consistent process is evident to Burnside in areas such as:

- Referral (see 4.3.2)
- Placement
- Funding of contingencies for children and young people in care
- Negotiation of Individual Client Agreements (ICA's).

Case Examples: Placement

Area placement panels are either not being constituted or not meeting on a regular basis in some Areas.

Where Area Placement Panels are not functioning, there does not seem to be any process at all.

Placements negotiated on the basis of particular care allowances (for example a promise to provide the Care +1 or Care +2 allowance where there are particular issues) and then failure to deliver on such allowances when contracts are provided.

Children and young people on short term placements in high intensity programs have then been moved to the care of DoCS own foster carers on much reduced rates of support and allowances, yet the child or young people's behaviours have not been completely resolved.

Case Examples: Contingencies

A caseworker was asked to provide written reasons for provision of additional educational support for a young person in a high intensity fostering placement who had not attended school for 1 – 2 years previously. Such contingencies are allowable expenses in the DoCS Manual.

In one Area there has been reluctance to reimburse funds for a young person to travel to maintain contact with a significant family member, while in another part of the state, this has not been an issue for a young person in a similar situation.

4.3.2 Practice Issues

Referrals

Building appropriate placements for children and young people is largely based on appropriate and quality referrals that enable the right service response to be developed in the first instance. Poor referral systems and practices by the Department impact on Burnside's capacity to provide appropriate and stable placements for young people. Maintaining quality of service and focus on positive outcomes for children and young people is challenging in the current environment. The current environment is characterised by pressure to take placements, increasing focus on short term or crisis 'band aid' placements and a lack of consistent processes for making placements.

Services highlighted ongoing poor practice in relation to referrals to Burnside out of home care services, including:

- inappropriate referrals,
- pressure to take an increasing number of crisis or short term referrals,
- referral processes being slowed down by poor information provision
- referrals made by caseworkers who have never met the child or young person,
- referrals being made with no information about the child or young person's background or needs available at all or information deliberately omitted.

Case Examples

A young person was placed with a Burnside service on the basis of an ICA with none of the crucial information available at the time the placement was made or within the negotiated 5 days as per the ICA Header Agreement or during the length of the placement (for example, no Medicare card or number, no case history, no information about family and family contact, no educational background information, no recent placement history). The Burnside caseworker spent considerable time researching and finding information that was crucial to managing the placement and providing some reasonable life story work for the young person.

In one situation an initial call seeking assistance for a placement was received at 1pm and the young person was placed into our care at 3pm the same day. The service did not receive any case history, care plan or file, Medicare card or contact details for a family member.

A young person with a particular mental health issue that was exacerbated by change was referred to a high intensity program for placement in order to facilitate his attendance at behavioural counselling and schooling. The young person had a stable and strong placement with family members. He did not wish to leave this placement and his carers did not wish to be separated from him. The Burnside program involved then advocated for, developed and initiated an alternative approach that more closely met the young person's and his carer's needs.

Inappropriate referrals of DoCS carers to Burnside family services was raised as an issue. Poor practices in recruiting, training and supporting their own carers had led to the Department seeking assistance from Burnside.

Case Example

Foster carers working for DoCS have been referred to the Intensive Family Based Service for support to prevent placement breakdown as a result of the lack of support they receive from the Department.

Care/Case Plans

Children and young people are regularly placed in our care without a care or a case plan being developed or supplied prior to, on their arrival or soon after. The lack of planning increases work for Burnside staff and reflects a crisis in the system.

The consistent inability to collect information about children and young people and their history is also reflected in the important area of Life story work. Life story work is an important focus for all out of home care services. Burnside staff working with older children in care report that it is not uncommon for children or young people to have had no previous work done on their life story prior to arrival in a Burnside service at age 15 years.

Case Example

Community Placements undertakes life story work with children and young people in both long term care and short term care. Young people referred to this program generally have experienced more than 20 placements and have been in care for considerable time. However, often life story work has been started with these children and young people for the first time with Burnside, when the young person is between 10 and 17 years.

Placement Stability

The impact of poor planning, lack of appropriate process, referrals and support can be seen in the outcomes for children in care. Multiple placement breakdowns, loss of files, lack of action on children's needs, loss of family contact are all a direct result of a system that cannot focus on the needs of the children and young people in it.

Case Examples

A 14 month old baby in care with Burnside had nine placements before being placed in a long term placement with Burnside.

A very disturbed three-year-old had nine placements in nine months before being placed with Burnside. This child has subsequently remained in one foster care placement for nine months at Burnside.

Staffing

Staff highlighted continuing issues concerning staffing within the Department. There is a regular turnover of DoCS out of home care staff in some Areas, with many DoCS caseworkers being on stress leave and their positions remaining unfilled for extended periods. Where positions remained vacant, children and young people in care regularly have no allocated worker with whom our services can work on the placement, accessing information etc.

Case Examples

One young person in a short-term placement with a Burnside service for 5 months had no allocated DoCS worker for the first three months of the placement.

Burnside workers having to constantly renegotiate payment for contingencies because new staff have a different understanding of what items have been agreed for payment.

The staff turnover in DoCS also means that there is considerable loss of expertise in the Department, resulting in constant renegotiation of agreements or issues with new DoCS staff.

After Care Planning

Children and young people regularly have no aftercare plans when they arrive in a Burnside service. This is particularly concerning for those young people who are placed in our high intensity fostering services close to the time when they will be leaving care.

There is no standard format for aftercare plans and there appears to be very little consistency in their development. Information on any aftercare planning that may have been undertaken is rarely attached to a referral.

4.3.3 Funding/Administration of Out of Home Care

As issues raised already indicate, the administration of out of home care across NSW is, at best, inconsistent. Poor administrative procedures and lack of process in the overall running and management of out of home care results in a poor focus on the needs of children and young people and increased workloads for non government providers such as Burnside.

Program based funding in out of home care is largely based on an historical program framework. Burnside regularly seeks changes in funding agreements to reflect the actual services being provided, but there has been no clear and transparent process for this to occur. As a result, funding contracts for some Burnside services are not related clearly to outcomes on services provided, despite sign off by the Department on changes to service provision style.

Intense work on costing models for out of home care by both the government and non-government stake holders in forums such as Care 2000 and Care 2001 has not resulted in coherent programmatic funding approaches for the spectrum of out of home care services in NSW. The Department has not been able to secure sign off from Treasury to implement the Care 2001 funding structure.

Individual Client Agreements

Individual Client Agreements (ICA's) (previously known as Individual Service Plans or ISP's) are the one area of the out of home care system that appears to show a growth in funding.

From our own experience of providing out of home care services to children and young people that are funded by ICA's (meaning that they are additional to the capacity of the core program) we have seen growth in this area.

ICA's can present the possibility of seeing individual case plans developed and appropriately funded. However, because this is not part of a planned approach to out of home care more generally, they are usually unsustainable in cost terms and perpetuate the climate of crisis and lack of planning. They do not (in general) make a contribution to overall program development and stability. ICA's often use a disproportionate amount of worker time (increased where the referral process has been incomplete).

Also of concern in relation to ICA's is the growth of new private providers who are providing services almost exclusively, or totally exclusively based on funding received from ICA's. Anecdotal evidence suggests that these providers charge more for their services than non government services and provide a lesser service. Some workers have called this "baby sitting" for DoCS in a crisis. There are real concerns about how practice is monitored in these agencies.

Case example

A disproportionate amount of work required to organise and fund an ICA negotiated to provide 5 hours of intensive support per week to a young person.

Where there is no one to verify an ICA in a situation where a young person does not have an allocated worker and no one else in the local office is prepared to sign the ICA. This means that when invoices are provided for the costs associated with the care provided under the ICA, there is no supporting documents to verify that the invoices were agreed to prior to the placement.

Service Development

There is almost no ongoing core program funding in out of home care to undertake crucial service development work in areas such as carer recruitment and training. This is particularly problematic as the number of suitable carers decreases and the number of children requiring foster care placements increases¹¹. This is largely an artefact of increasingly individualised approaches to funding out of home care and the lack of program based funding to keep up with demand.

As the Community Services Commission Inquiry found, there is a chronic need for capacity building in out of home care. Service development and innovation is only possible where it has an appropriate structure to be developed within.

¹¹ 2002/2003 Department of Community Services budget paper project an increase of 10% in children and young people requiring out of home care placements.

Recommendations

31. The Government should make a serious response to the Community Services Commission Report on the Inquiry into the Practice and Provision of Substitute Care (2000).
32. Proactive strategies should be in place to ensure that children and young people have equity of outcomes, irrespective of whether they are in short term, long term out of home care or in the care of their families¹².
33. 100% of children and young people in out of home care must have clearly written, accessible care plans, case plans and detailed files about their life history. A performance target should be set and achieved within a short timeframe.
34. There should be a Ministerial taskforce to establish the resources available and the real costs of providing out of home care and adequate case management. Central agencies should be involved and the Taskforce should not be chaired by DoCS.
35. Following this research, the Government should determine whether or not DoCS should remain a provider of out of home care services.
36. There should be long term program based funding for out of home care in NSW.
37. Adequate funding for aftercare support services must be made available to ensure that every child or young person who has been in care has access to adequate types of and levels of support.
38. Outcomes measures for children and young people in care should be established and a comparison of the outcomes for children and young people in government, non government and private for profit agencies should be undertaken as a priority. Services and service sectors should then be funded accordingly.
39. If DoCS continues as a provider of out of home care, DoCS foster carers should be adequately trained and resourced.
40. There should be a program of clinical supervision for identified out of home care caseworkers that recognises the particular difficulties associated with this work.
41. The unworkable, high caseloads of DoCS out of home care caseworkers must be reduced in line with best practice in the area (for example, the Hudson caseload formula).
42. All foster care allowances and contingency funds must be transferred to the agency who has taken responsibility for case management. These funds should be used within a brokerage model.

¹² Please see attached Education Matters Statement for recommendations addressing one of the key areas of concern, the poor educational outcomes for children and young people in out of home care.

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