

**Submission  
No 12**

## **CHILD PROTECTION AND SOCIAL SERVICES SYSTEM**

**Name:** Ms Cassandra Niko

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**Child Protection and Social Services System Inquiry  
NSW Parliament**

Dear Mr Matthew, Mason-Cox and Committee,

I (Ms Cassandra Niko) welcome the opportunity to provide feedback on the Inquiry into the Child protection and Social Services system.

The views and opinions expressed in this submission are my own and may not reflect those of any current or previous professional or other personal relationships. My views and opinions expressed in this submission are based on my educational and professional knowledge and experience.

I have a Bachelors Degree in Social Science and Social Work and have been working in the non-government child-protection industry for approximately 7 years. I have experience in Residential Youth Care, Early Intervention and Family Preservation providing clinical/therapeutic interventions to children and their families. I am currently a Program Manager at an NGO who is responsible for providing interventions to children and families to prevent entry into out of home care across the Greater Sydney region.

I appreciate the effort required in collecting and considering all responses to cover such a complicated yet vital area of Australian society.

In this submission I have made comment on those areas where I feel may be improved the most and which would simultaneously have the greatest effect on outcomes for early intervention and child protection.

- 2. The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence-based prevention and early intervention responses that the current system should provide to improve life outcomes;*

Broadly speaking and in my experience, I believe there are two crucial areas which contribute to obvious and significant failings in the current system:

**Education:**

There is a common theme of government and non-government service providers that have a general lack of education around vulnerabilities that children and families face. This lack of understanding and knowledge can often lead to teachers, doctors, childcare workers and other professionals missing early indicators of these vulnerabilities. For example, a child who may be usually be settled and engaged, suddenly starts displaying challenging behaviours. Professionals with a limited understanding may label the child as “difficult” or “naughty”, rather than the potential that the child has been exposed to trauma.

Furthermore, limited understanding around complexities and vulnerabilities may also create assumptions and judgements towards those people who are struggling. For example, social housing applications are delayed due to seemingly personal opinions on complex issues such as drug abuse and mental health. Which also may have a negative impact on the current NSW Premier's Priorities to reduce homelessness by 2023.

Lastly, the NSW Premier's Priorities have set a goal in relation to bumping up education results for children. Teachers have a unique opportunity to create a safe and predictable environment for children who are experiencing chaos. However, the limited education around trauma and the impacts this has on children's behaviour, increased stress of supporting a high number of children in classrooms and a strong focus on academic progress, at the expense of personal and social development unintentionally skews teachers towards children who are already engaged and otherwise unaffected by significant trauma/vulnerabilities. Thus, missing children who need the most support to increase their literacy and numeracy skills.

### **Industry cooperation:**

Cross-industry collaboration has been typically poor in my experience, largely due to siloed operations, goals and KPIs which often manifests in the form of maligned and/or divergent incentives.

In my experience this system does not operate as a true multi-disciplinary team would, in the allied health industry for example. The current system consists of many diverse stakeholders who rarely interact, share very little information, and generally do not collaborate at an individual or holistic case level.

For example, NSW Housing may have a KPI of reducing the number of people in public housing, causing delays in housing applications being assessed for vulnerable children and their families. This is likely to subject children to further experiences of trauma and result in their entry into Statutory Out of Home Care, which may go against the current NSW Premier's Priority of creating permanency for children and reducing numbers in Out of Home Care and missing opportunities to provide prevention or early intervention to those already present and within the system.

### *3. The adequacy of current interventions and responses for vulnerable children and families and their effectiveness in supporting families and avoiding children entering out of home care;*

The current response and interventions for vulnerable children are typically poor due to the lack of accessible and sufficient tertiary and on the job training for case workers across both government and non-government programs. For example; there are people who are severely underqualified in roles that require a niche expertise to provide effective interventions, resulting in interventions not being delivered at all or are poorly delivered, which not only limits families abilities to feel supported and make sustainable changes, but is also placing undue stress, pressure and anxiety on the ill-equipped yet incredibly well-intentioned practitioners.

The NSW Premier's Priorities outlines the goal to reduce re-reporting within the first 12 months of successful case plan goal achievement. However, early intervention services are

consistently having the time-frames of their funding reduced in order to exit children and their families in a shorter time, so more children can receive support. Unfortunately, this impacts on the ability to provide targeted and evidenced-based interventions to mitigate risks. This often results in a “quick fix” or “band aid” solution rather than effective, long term sustainable change and re-reporting within a 12-month period.

- 4. The child protection intake, assessment, referral and case management system including any changes necessary to ensure that all children assessed as being at risk of significant harm receive a proactive and timely in-person response from child protection staff;*

In my experience the current child protection intake, assessment, referral and case management system is inconsistent and fragmented, leading to confusion and avoidable frictions within the system. These features lead to unnecessary delays for in-person responses and results in reactive decision making. For example; the department may choose to not respond to a risk of significant harm report where they are linked in with a service, however when things escalate and multiple reports are received months or years later, reactive decisions may be made to place children in the Out of Home Care system – an understandable response at the time given the urgency, however a suboptimal response overall given the potential for significantly earlier action and/or prevention.

- 6. The adequacy of funding for prevention and early intervention services;*

Long term, sustainable change is a longer and slower process that requires more than 12 months’ worth of service provision, therefore requiring more funding and a more realistic and longer social investment horizon to produce better outcomes and be able to effectively measure the outcomes.

The ‘Their Futures Matter’ report highlights key needs to address in vulnerable families which include; sustained treatment for parental mental health, addressing domestic and family violence, treatment and support to prevent and treat drug and alcohol abuse and ensuring access to education for children and young people. In my experience, there is a significant lack of funding in the drug and alcohol treatment space, with increasing waitlists for rehabs and effective treatments. Initiatives such as ‘The Whole of Family Team’ through DCJ and Health is a great example of a wholistic approach, however would benefit significantly more if they were able to engage concurrently with a ‘Brighter Futures’, ‘Intensive Family Preservation’ or ‘PSP Family Preservation’ type of service to focus on children’s needs and support further healing from trauma.

I hope that these comments have been useful and would be happy to provide further explanation or discussion if that would assist.



Your Sincerely,  
Cassandra Niko  
11/12/2020