



Supplementary questions for the
Association of Children's Welfare

ACWA acknowledges the Cadigal People of the Eora Nation as the traditional owners of the lands where ACWA stands and wish to pay respect to their elders, past and present.

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General Purpose Standing Committee No. 2
Inquiry into child protection
Supplementary questions for Association of Children's Welfare Agencies
27 September 2016 hearing

- 1. 40.4% of children are re-reported to helpline after plan closure. Are there enough resources in the system to provide proper plans, and to prevent re-reporting? (page 7 of submission)**

There is a need to increase effectiveness of current processes related to the assessment of children being notified to FACS. As the State government moves toward the application of an evidence based approach to the procurement and evaluation of non-government service provision, where appropriate, the same approach should be applied to government delivered services.

To FACS's credit they are currently undertaking a small pilot reviewing the reliability of the FACS ROSH assessments. Preliminary reports shared with the Early Intervention Council, (of which ACWA is a member), reveal that incorrect ROSH risk assessment at is common and has a direct impact on the rates of re reporting. Achieving an acceptable level of reliability in this assessment process is a key determinate in the effectiveness of our child protection system. Higher accuracy levels relates to skill, the application of knowledge and collegiate and system support.

More effective sifting of the volume of notifications will result in well-matched referrals to services that can provide an appropriate help.

We point page 10 in our submission that noted the innovative multiagency service provision piloted on the Central Coast.

In short, ACWA argues that more funding for assessing notifications cannot, by itself, deal with the wasteful 'churn' of re reports.

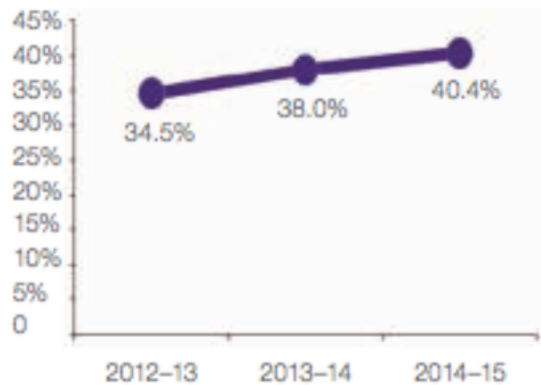
a. How do these figures compare historically?

FACS would be better able to respond to this question. The graph that was referenced in our submission (FACS, Statistical Report, 2014-15, p.8) shows an upward trend from 2012-2015.



Reducing re-reporting

Percentage of children re-reported within 12 months following plan closure with goal achieved



b. Could these children who are being re-reported be assisted by early intervention type programs to prevent re-escalation?

We believe that many of these children and families could benefit from the right early intervention support. However, if the early intervention is inappropriate the problem will continue to escalate. The services provided need to be clearly matched to the need, and be provided at a high level of skill.

Ideally, the sector will have a mixture of both evidence based programs, and generalist programs. Such a mix ensures that a narrow criterion for entry that typically applies to evidence based programs that are run with high levels of fidelity to the program model. This mix ensures that families in need are not excluded from funded services because they do not meet the specific criterion of entry.

2. What is driving the increase in exceptions placements? (page 11 of submission)

ACWA has been advised by FACS that the forward estimates related to the number of children and young people in care were based on historical figures taken from a three year period - and did not account for the increase of the length of time children were staying in care.

It is our understanding that exception placements are used to provide the additional places that were not been provided for in the allocations from Treasury to the FACS budget in the year 2015/16.

3. Does the government have any strategy to reduce the reliance on exceptions placements? (page 7 of submission)

We believe so. This financial year FACS have approached the method of rolling out the total of approximately 700 places for the year by allocating them in two blocks. (An initial 350 in a first tranche with a second 350 to be allocated as the need becomes apparent). Thus retaining flexibility with this second tranche. This plan has been presented to NGOs at the ACWA OOHRC Reforms Forum (Simone Czech, 7 September 2016). ACWA has also been assured that the current estimations for children and young people coming into care and staying in care are more reliable than in the previous financial year.

4. What risks do these placements entail? (page 11 of submission)

There are significant financial risks associated with the current management of exceptions placements, in particular in relation to the arrears owing to some agencies. See appendix 1 for a table showing the arrears owing to some of our member agencies. NGOs need predictability of funding so that they can plan their work and their expenses accordingly. The recruitment and training of staff and development of strong work cultures that promote best practice are critical to achieving a child safe culture/environment. Where agencies are not able to draw on their established teams to provide the exception placements, they have to find other staffing solutions. In an industry where the quality of the workforce and work place culture is so paramount to keeping children safe, it is a concern if agencies are put in positions where they are unable to retain a permanent staff.

The risk related to the use of exception placements can be minimized if agencies are given a guarantee that these placements will be converted to permanent placements in time. While members report that in many cases exceptions placements have been converted to permanent placements thus providing the experience of stability for children, there have also been cases where children have been removed from agencies after a short time, when for example, a permanent position has become available in another region.

ACWA's position is that 'the system' should be built on the experience of stability for the child. This is not achieved when an administrative classification of the type of placement results in an inherent lack of stability – as is the case in exception placements.

How short-term are these funding arrangements? (page 11 of submission)

a. What effect does that have on agencies?

Agencies have to either stretch their existing staffing to cover the additional case management of more children. If a critical mass is reached, they can then employ staff but even so, it would be on a short term or casual basis.

ACWA does not have reliable statistics about the range of length of these placements, but members have reported both good results – where exceptions placements led to permanent placements and less favourable results – where children are quickly moved to a second placement. We do not know how frequently this has occurred.

b. In turn, what effect does that have on children?

Children are left in a precarious position (whether they know it or not) there is no guarantee that their placement will be stable. It adds an extra layer of complexity and potential instability to an already challenging environment.

5. How can the government legally obligate follow up support for children who were in care up until the age of 25 without resourcing those supports? (page 16 of submission)

ACWA advocates for the funding of services for young people after they leave care up until they are 25 years. ACWA understands from members that agencies do provide support to young people, but that it is not properly accounted for in current funding arrangements.

The government funds a small number of After Care services in NSW. With the view to building an evidence base in relation to program effectiveness in NSW, these services have sought to be independently evaluated (This has been raised continuously at the ACWA Transition to Independence Forum). We would then be in a position to make informed decisions about After Care allocations to support young people leaving care.

ACWA is not a legal specialist, but in our opinion the Government should not be able to obligate its responsibility for follow up support in relation to NSW legislation. Indeed, in some regards they do not obligate responsibility, by for example funding the after care services. However, the degree of support offered is important to get right. Agencies are restricted in continuing to support young people when there are no funds to cover the required staffing. The alternative can be overburdening current OOHC workers, which only comprises support to the children and young people still in care.

In the wider community many children do not leave home until after 18 years of age. Young people with an OOHC experience generally face all the pressures of other adolescents do, but also have trauma that in many cases can make their transitions to adulthood even more difficult, yet they are left with very little supports.

a. What risks does this lack of resourcing pose?

ACWA believes that quality transition planning and ongoing support should be seen as early intervention for young people with a care experience. The cost savings are evident in many studies including the recent Deloitte Access Economics (2016) report that relates to the Australian context (see also HM Government, 2014; and Ohio Fostering Connections, 2014).

As an example of risks to young people, one of our members anecdotally told us they have seen cases when young people have ended up in older male hostels, which can result in criminal activity and in extreme cases premature death. The government and system needs to ensure the safety and wellbeing of children and young people and a failure to extend care and provide appropriate supports will mean that many in this cohort remain at extreme risk throughout their entire lives.

b. What is the level of demand for these services?

The demand for aftercare support is significant and agencies are constantly seeing the young people who have “fallen through the gaps.” Exiting care into adult life without supports holds very high risk for these young people who are not only facing normative transition-to-adult challenges, but also working through their experiences in care, understanding/building their identity with relation to a number of things including their birth families, etc. Attached is a service system map that ACWA recently developed with the after care service providers that shows the vast gaps over the state (Appendix 2). They also all have waiting lists and find it difficult to cope with the demand for their services.

6. What level of resourcing would be required to lift the age of care, as seen in England and Scotland? (page 16 of submission)

As previously stated, Deloitte Access Economics (2016) has release a report on the costings of extending care in Australia. It is a complex process and would depend on the uptake of service, types of service offered and many other factors. For example in Scotland extended care includes residential care (with varying degrees of intensity) whereas in England it is just offered in foster care. In both countries the out lay is large and one would expect the initial outlay here to be high. However, the cost savings in the long run and the duty of care we as a society have for these young people should not be overlooked. Appendix 3 is a case study on the positive impact of keeping young people out of the criminal justice system.

7. Please elaborate on instances where FACS receives a report regarding an NGO foster carer but the NGO is not informed.

a. Do you have examples?

In February 2016 an agency's Case Manager received a phone call from a FACS caseworker in relation to a 6-year-old child in their care. The FACS worker said she was following up regarding a ROSH report they had received for the child. It had been judged that the extent of harm included suspicious indicators consistent with sexual abuse and significant risk of sexual abuse. The Incident related to a 5 year old who disclosed sexual assault by one of the children in care. The incident was alleged to have occurred during the September 2015 school holidays, which was **6 months earlier** than the agency was informed. FACS were concerned that other children were at significant risk of sexual abuse. FACS questioned the agency's case manager in relation to how they had responded to the matter, but the agency had not previously been advised of any risk. The Program Manager called FACS to advise that this was the first occasion they had been notified of the ROSH report regarding the two children and wrote a letter of complaint to FACS.

b. What implications does this have for the NGO given its reportable conduct requirements?

If NGOs are not advised, or advised much later, of significant ROSH reports, then they are at risk of not fulfilling Ombudsman Act requirements and more importantly children may be left in situations of risk as NGOs are unaware of need to investigate/assess a report or allegation

c. How can this process be simplified?

A helpline should be required to pass on information if a report is made on a child in OOHC.

d. What risks does this pose to children?

Children could be left in seriously harmful situations with NGOs not being aware of the risk factors or adequately able to mitigate/investigate potential maltreatment.

8. What is causing the increasing trend of children under the age of 12 entering residential care?

A number of issues are effecting the increasing trend in children under 12 coming into care including:

- Lack of adequate provision for specialist programs for new entry immediate care

- No funding for specific needs of differential cohorts of children for example children with high needs and may need 24 hour supervision and the structure of a residential care program.
 - Insufficiency of carers paid at higher rate to provide 24/7 availability to accept immediate care of new entry children
 - A lack of short term solution to ensure that children are not in motel rooms when foster carers are not available for these children
 - Lack of adequate understanding of caseload ratios and higher costs for differential cohorts of children (For example, sibling groups and immediate new entries to care)
 - FACS inability to provide full cost contracts for provision of a continuum of care
 - It is used to enable siblings, who cover a wide age range, remain together
9. Do you believe the government is in control of these numbers? Is this something that they are prepared for?

In one sense the Government is in control of child abuse thresholds via developing legislation and amendments, and mandating or not mandating child abuse reports, this is directly related to numbers entering care. However, once these are in place it seems to be out of their control. Other factors, such as media driven campaigns (which may be politically based) influence the number of child removals causing ongoing tension in the OOHHC system when insufficient 'supply' of foster carers are available to meet spikes in 'need'. Government can 'prepare' by providing for specifically funded geographically/community based immediate care programs for children on interim care orders – such programs require specialist workers trained in rapid assessment of children and families for identification of the appropriate permanency outcome for a child according to the NSW permanency hierarchy.

The use of residential houses for young children who should be in foster care is the result of systemic pressures and shortfalls. Member agencies have related many instances when they are put under pressure by FACS staff to take children who should not be in residential houses, especially when they have vacancies. However, it must be remembered that in these instances, FACS staff are also under pressure to get children out of motel rooms. Having a range of funding models (as per answer to questions 9) would assist in meeting the needs of children who end up in residential care who should not be there.

It would be helpful for FACS to collect more data related to residential care. One critical piece of data that is missing is if siblings are in the same residential unit together.

11. Please elaborate on the risks to children posed by this practice.

Risks raised by member agencies include:

- Children can be adversely affected by their exposure to young people who have complex mental health problem and difficulties regulating their emotions and behaviors.
- There is little evidence that placement of children under 12 in residential care enables subsequent successful placement in foster care – recent research (Lyons Obeid and Cummings, in Whittaker et al., 2015) indicates that unless a child has an identified available placement prior to entry into residential care they are likely to stay in residential care until they age out, this is a particular risk for the placement of children under 12 into residential care
- Any decision to place a child in residential care should be based on sound assessment and therapeutic plan within an available specialised setting, not simply because no other placement (bed) is available – residential care should only be used when essential to identified therapeutic care needs of a child and should not be inappropriately used to ‘solve’ problems elsewhere in the care system (including lack of sufficiency of funded foster care/foster carers)
- Rotating staff shifts create instability and lack of continuity for children, this is particularly damaging for young children under 12 placed in residential care – children placed in residential care are frequently those who have experienced early problems in developing attachments, and those experiencing multiple placements and breakdowns hence a cohort least able to thrive in settings with lack of consistent care as result of rotating shifts of direct care workers
- Residential care risks peer-to-peer abuse and – the behaviour of other children’s can be difficult for children and young people to cope with and contribute to their increasing disturbance. There is also increased opportunity for bullying, linked to adjustment difficulties and this can create further stress for young people (Pinchover and Attar-Schwartz, 2014)
- Continuity of care and the ability to establish permanent connection are critically important to children under 12 who have already experienced placement disruptions. Recent Australian research (Jones and Loch, 2015) shows that the average placement stay in standard residential care in Victoria was only seven months. Even when intensive therapeutic care was provided, stays were on average 30 months.
- As residential care is frequently used for children whose behaviour presents significant challenges as a result of multiple breakdowns, their experience of care may involve broken placements and these experiences of ongoing change may compounds feelings of rejection and an increasing inability to trust adults and form meaningful relationships with them and their peers
- Behaviour management may take time to be effective in residential care. Peer pressure from within the group can lead to modeling of more dangerous activities than prior to entry to residential care, this is particularly risky for children under the age of 12

References:

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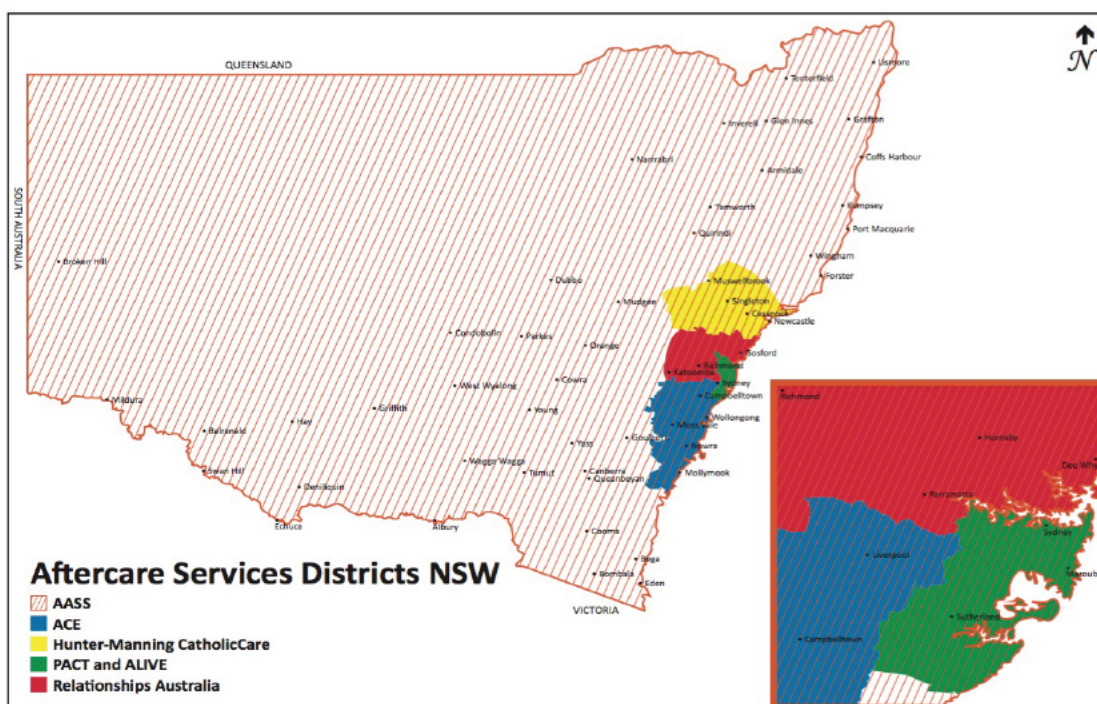
Appendix 1: Arrears owing on exceptions placements

This table shows that high level of money owed to a sample of ACWA members. It creates undue financial risks for agencies.

Agency Name has been de-identified	Amount of money owing from exception placements	Length of time it has been owing (e.g. 3 months/ 6 months)				Number of placements it relates to
		1-30 days	31-60 days	61-90 days	90+ days	
Agency 1	\$691,213.19	\$88,140.42	\$108,853.85	\$494,218.92		10
Agency 2	\$1,902,735.26	\$1,127,398.10	\$576,184.35	\$199,152.81		
Agency 3	\$9,969.39		\$9,969.39			4
Agency 4	\$53,000.00				\$53,000.00	3
Agency 5	\$124,184.62			\$124,184.62		5
Agency 6	\$151,850.73	\$59,415.53	\$29,778.88	\$59,557.76	\$3,098.56	
Agency 7	\$570,305.87	\$295,449.33	\$133,232.34	\$59,815.19	\$81,809.01	
Agency 8	\$2,650,000.00					32
Totals	\$6,153,259.06	\$1,570,403.38	\$858,018.81	\$936,929.30	\$137,907.57	54

(Note: this data was collected by ACWA from a sample of its members between December 2015 and January 2016)

Appendix 2: Aftercare Service map



(Note: the Aboriginal Aftercare Statewide Services has only 2 caseworkers for the whole state. The Hunter-Manning service has only 1.)

Appendix 3: Aftercare case study

CASE STUDY	Preventing young people from being caught in an escalating cycle of offending
	This case study highlights the role of aftercare services in helping to prevent young people who are transitioning from out-of-home care from having further involvement with the juvenile or adult correction system. Without the support of aftercare, the young person would have been incarcerated and it is likely that his involvement with the justice system would have escalated over time. The case study also illustrates the holistic and intensive nature of support provided by aftercare services.
Background	Daniel* was the fourth of thirteen children, who was removed and placed into the care of Community Services at approximately 18 months of age. He was placed in 14 placements between the ages of 18 to 30 months and experienced continuing instability until he was 13. From the age of 13 until he turned 18, he resided in one stable placement. He was asked to leave the family home on his 18th birthday when his care order expired. At the time of referral, Daniel's girlfriend was pregnant with their child. At that time, Daniel was facing incarceration due to driving offences. He also had a Work Development Order (WDO) for \$11,000 debt with the State Debt Recovery Office. The young person was referred to ACE by an OOHC provider for support with gaining employment and stable accommodation and parenting support.
Intervention and Outcomes	Daniel was facing six months incarceration for four driving while disqualified offences; however, due to his history and engagement with ACE the sentence was suspended with a good behaviour bond conditional that he remains engaged with the program. With support from ACE, Daniel has been able to clear his WDO debt. Daniel moved in with the family of his closest childhood friend, which is a stable and loving environment where they make an active effort to engage him as a family member. He states that this is the closest he has felt to "being part of a real family". Daniel has enrolled in a Certificate III in Community Welfare. He would like to use his own care experiences in a positive manner and eventually work in residential care. He immediately obtained his Working with Children's Check and gained a work placement through his former OOHC provider on his own initiative. Continued overleaf...

CASE STUDY	continued...
Intervention and Outcomes continued	Unfortunately Daniel was caught driving whilst disqualified and disengaged from his studies. However, due to his engagement with ACE, he was again given a suspended sentence with a good behaviour bond, conditional that he remain engaged with the program. Daniel has since obtained full-time employment, which he has successfully maintained for the past three months. He was previously wary of counselling, but now attends regular appointments with a psychologist and states that he is finding that they are leading to greater self-awareness and improved decision making. Daniel maintains contact with his young child and his interactions with her and the mother of his child remain positive. *Names have been changed.



Additional appendix: Arrears owing on exceptions placements

This table shows that high level of money owed to a sample of ACWA members, which creates undue financial risks for agencies.

Agency Name has been de-identified	Amount of money owing from exception placements	Length of time it has been owing (e.g. 3 months/ 6 months)				Number of placements it relates to
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