

# Leading Change for Enhanced Child and Family Outcomes: NGO Sector Expertise on the Proposed Redesign of the NSW Family Preservation System

Presented to The Hon. Kate Washington MP, Minister for Families and Communities

May 2024

## Overview

The sector is deeply committed to ensuring the success of the redesign, aiming for exceptional outcomes for children, young people, families, and communities with the ultimate vision of keeping more children with family.

This briefing note provides a high-level summary of the response submitted to DCJ regarding the Family Preservation Redesign Discussion Paper. The response reflects the collective perspective of more than 80 senior leaders in Family Preservation, each a member of the Fams Family Preservation Sector Network. Input was gathered through three separate two-hour consultations. This submission underwent final review by 15 sector leaders from different organisations, collaborating as the Fams review team.

The key focus of the Fams response is to privilege the voice of the sector to ensure that any proposed changes support the best possible outcomes for children and families, with a keen eye to the practical aspects of implementation.

The sector is pleased to see previous recommendations included in the proposed redesign, particularly the increased flexibility to adjust support intensity as needed, support families earlier, bring innovation into service delivery alongside efforts to establish a strong evidence base, holding cases open to foster collaboration and engagement between families, DCJ and NGOs, and the initiation of "Communities of Practice". They see immense potential in the redesign but emphasise the need for adequate resources and support through streamlined systems and processes. Improving communication and clarifying roles between DCJ and NGO services presents a key avenue for maximising the redesign's impact.

## Sector insights

The following provides a summary of sector insights, ideas, and critiques of the proposed redesign. These are shared in the spirit of genuine partnership with the Minister and DCJ to ensure collectively we work together to keep children safe and with family.

### 1. Inclusion of additional guiding principles of Family Preservation

Guiding principles are crucial to anchoring the redesign and continuous review of the service system in the fundamental values and ideals that underpin Family Preservation. The sector identified 2 further principles viewed as foundational to ensuring we meet the primary objective of Family Preservation; to keep children safe, at home with their families and prevent removal.

### *Inclusion of “Community-centred” as a guiding principle*

Multiple commissions of enquiry into state-based child protection services have emphasised the importance of collective responsibility in raising children, often expressed through the adage “it takes a village to raise a child.”

The inclusion of *community-centred* as a guiding principle would ensure service delivery is rooted in the community, Place-Based, guided by community needs and underscores the fundamental importance of families being supported within their connections to community and cultural groups. This clarifies the role of Family Preservation, clearly identifying it as a system driven to prevent entry into the statutory system by keeping families connected and within community.

To effectively achieve the goals of Family Preservation, being to keep children safe, at home with their families and prevent removal, while also addressing wider health and wellbeing concerns, the principle of *community-centred* is crucial to integrate into as a key component of a responsive Family Preservation system.

### *Inclusion of “Upholding dignity, safety and honouring resistance” as a guiding principle*

Family Preservation services should be grounded in a deep understanding of the pervasive and ongoing effects of interpersonal and systemic violence on individuals, families, and communities. People actively respond to their circumstances, including resistance towards systems that have inflicted harm on their family or within their family’s history. The service system must, therefore, in recognition of these injustices, accept a foundational responsibility to cultivate practices that prioritise dignity, cultural humility and self-determination, by understanding people’s context and building upon their innate strength, abilities and resilience, starting from the first contact with a family.

Including this principle gives guidance to what is needed to prioritise to get tailored outcomes; focusing on the broader context of persons lived experience, their voice and agency, prioritising reflective practice, transparency and family-led decision making and investing in strong relationships to ensure holistic service provision. Establishing services that are safe and uphold a persons’ dignity creates an environment where parents, as leaders and change agents within their families, engage with Family Preservation support meaningfully and effectively, resulting in the breakdown of barriers and lasting change for their children and family.

## **2. Increasing responsibility for allocation to NGO’s**

The sector acknowledges and supports the prioritisation of the most at-risk families for referral. However, they note that DCJ’s under-resourcing has delayed referrals, leaving services waiting with available capacity in DCJ referral positions, and lengthy waitlists for community referrals. To address this issue, the sector proposes granting more autonomy and responsibility to NGO services by implementing a prioritisation approach and removing fixed percentages for referrals.

The proposed ratios, in conjunction with other design changes, will lead to increased pressure on DCJ. Changing the system to allocate the majority of responsibility for family allocation to community-based organisations, rather than DCJ, could significantly improve access and reduce system pressure. Having DCJ identified priority cohorts, but managed within community, would adhere to the sector proposed principle of *community-centred*.

### **3. Prioritisation rather than ratios**

The proportions of 60 per cent DCJ, 30 per cent triage, and 10 per cent community do not align with what the sector perceives as the right balance and stress the importance of incorporating *community-centred* into Family Preservation as a guiding principle. They highlight the critical role of community referrals, including self-referrals, in keeping families connected to their communities and reducing involvement in the statutory system.

Under this proposed prioritisation model, DCJ referrals would receive primary consideration, followed by triage and community referrals, including internal referrals within agencies across differing programs, particularly Domestic and Family Violence programs. The Anrows report, NSW Human Services Dataset to analyse child protection involvement for families experiencing domestic and family violence, alcohol and other drug and mental health issues (2024), found missed opportunity in the use of the early intervention service Brighter Futures for families experiencing DFV, MH issues, and AOD use.

Using the proposed prioritisation approach aims to optimise resource utilisation, including internal service capabilities, while ensuring that high-priority DCJ referrals are promptly accepted by NGOs. Further, experience has identified in times of community crisis, like environmental disasters, having flexibility to prioritise while also meeting the immediate needs of a community can enhance service access and reduce system pressure.

There is serious concern from the sector that implementing fixed ratios will hinder service access, escalate system pressure, and skew the system towards offering support when risk is highest and readiness to change is diminished. Conversely, delegating the responsibility of family allocation to NGOs, using prioritisation as guidance, is considered an effective strategy to enhance service accessibility, alleviate system pressure, and ensure that families experiencing higher risks receive the necessary priority.

### **4. Self-referrals as critical to Family Preservation**

The sector is concerned about the absence of opportunities for families to self-refer to Family Preservation services in the proposed redesign, and the impact on public perception of Family Preservation if self-referral is removed. Providing self-referral options offers families a route to exercise agency and self-determination, particularly crucial for those families who have experienced current and historical trauma from system involvement.

Practice experience indicates that families frequently reach out for support when they are ready and motivated to make meaningful change. This is often after a prior unsuccessful referral attempt and when they are aware a new ROSH report has been made leading to extremely high motivation.

### **5. Remove requirement of ROSH report for community referrals**

Requiring a ROSH report for a community referral is seen as a hurdle to engaging with services and will likely escalate reporting figures. While understanding the potential necessity of concurrent ROSH reports, mandating them as a requirement for accessing services contradicts efforts to reduce reporting, and may impede a families' ability to choose whether to engage with the program. Sector expertise suggests that many community referrals are made to increase safety and support to avoid further ROSH reports, particularly for Aboriginal families. There is serious concern that this condition would disproportionately affect Aboriginal and

CALD children and families, exacerbating existing mistrust in the system and increasing the overrepresentation of Aboriginal children in the child protection and out-of-home care system.

## **6. Managing ongoing and escalating risk**

The sector is not yet clear about the respective roles and responsibilities in terms of managing risk. While it is understood that if the case is open with DCJ that a service can go directly to the case workers, what steps, actions and accountabilities are the responsibility of DCJ following the direct report are unclear.

Despite not being legally bound by the Care Act, the sector carries significant risks, possesses invaluable knowledge and expertise, and upholds moral and ethical obligations to families. Given the sector's relational and ethical obligations to ensure child safety, mere compliance with mandatory duties doesn't suffice to ease concerns. Understanding the actions DCJ will take in response becomes essential. Nonetheless, it is viewed that being able to report directly to caseworkers will be of benefit and alleviate systemic stress at the helpline.

For those families without an open case, the sector continues to hold concern that reports of escalated risk will continue to be closed at helpline due to Family Preservation services being involved. They would like assurance that under the redesign service involvement will not lead to an automatic closure.

## **7. Misattribution of system and service constraints on parents**

Services have noted a surge in referrals for parents with intellectual disabilities. Although these families generally thrive in Family Preservation programs, sustaining change post-support remains a challenge resulting in re-referral when risk resurfaces. To effectively facilitate lasting change, it is crucial to ensure that all necessary supports are in place, including both Family Preservation and disability support concurrently, tailored to the specific needs of each family. This requires a balanced approach with the right level of flexibility, intensity, and sustained service engagement. Services must collaborate cohesively, aligning with the family's goals, leveraging each service's expertise to avoid adding unnecessary burden to the family.

It's critical to emphasise the importance of offering appropriate support that is adaptable and responsive to evolving family needs throughout service provision. This includes implementing a clear plan post Family Preservation case closure to ensure children stay with their families and thrive. Provision of adequate brokerage to ensure families can access assessments, enabling access entitled funding of support like the NDIS, is essential in preventing the misattribution of system and service constraints to parents, reducing the risk of unnecessary child removal and the ensuing legacy of harm for both parent and child.

## **8. Adequate hours to ensure success**

The sector does not believe the proposed 200 hours would adequately cover service provision for the reasons provided below, and that contracting based on hours will have unintended negative consequences. They believe the ideal duration of service is a minimum of 12 months,

with the assumption that the majority of families will require 18 months of service. Essential, time-intensive activities undertaken in Family Preservation include:

- Family finding for Aboriginal families
- Advocacy, particularly critical to supporting Aboriginal families
- Implementing staff safety strategies in remote and high-risk locations
- Supporting families with larger numbers of children
- Providing additional support needs to CALD families
- Essential investment in relationship building with families
- Face-to-face support, noting most Family Preservation work cannot be completed via telehealth due to skills used by caseworkers to support change (e.g. co-regulation between the worker and parent, role modelling, and development of strong rapport through use of body-based nonverbal communication), digital poverty and impacted telecommunication infrastructure in rural and remote areas.

The sector estimates families at medium to high risk typically need around 350-400 hours of service. Given the potential shift towards higher-risk families with proposed referral changes, it's suggested that this range better reflects the time required to complete service. Nonetheless, the sector does not endorse a funding model based on hours allocated per family.

## **9. Concerns for operational challenges impeding success**

Within the redesign there are several proposed changes that the sector is deeply concerned will increase operational pressure on DCJ in what is an already incredibly stressed and stretched system. While many of these changes are welcomed in theory, there is fundamental disbelief that the current system has capacity to implement these changes, and fear that responsibility to cover this resource gap will be placed on NGO's and impact children, young people, and families.

## **10. Adequate resourcing and funding to ensure success**

Achieving success with the redesign hinges on acquiring additional funding and resources, particularly since it has been firmly established that sustaining the current Family Preservation model demands more investment. It is crucial to boost funding during the transitional period to support the adoption of the redesign, allowing for the establishment of temporary roles dedicated to oversight, implementation, and change management. This phased approach will ensure transparent communication and the development of necessary backend resources, preventing caseworkers from being burdened with ambiguity and enabling them to focus on frontline work.

Some services currently offer only medium service intensity, raising concerns about their ability to handle families requiring high service intensity with existing staffing arrangements. There is apprehension that opening services to all referrals, including more complex and families with higher-risk profiles, might lead to staff turnover in the Family Preservation workforce without adequate support. Regional and rural areas face increased implementation challenges such as limited access to therapeutic services for referrals and small local recruitment pools. To address this concern, access to training, capacity building and development opportunities are essential to prepare staff and services to confidently manage the change in referred family's support needs.

## **11. Valuing sector knowledge and expertise**

Broadly speaking there's a consensus held by the sector that DCJ should acknowledge and appreciate the extensive professional training and skills possessed by NGO service staff to a greater extent. This lack of trust in the NGO sector became apparent in the "What We Heard" paper, highlighting DCJ's perception of the NGO sector as being "less skilled and qualified" (p13). The sector is comprised of professionals who are highly qualified and exceptionally skilled.

Training opportunities and communities of practice with DCJ's and NGO services together are viewed as a potential mechanism to enhance trust between the two arms of the child protection system. This would support DCJ to see in practice expertise and clinical skills the NGO sector use to assess risk, increasing trust in the NGO sectors clinical judgement.

There's a considerable opportunity to incorporate and formalise lessons learned from regions where practices like triage referrals, adaptable service responses, and the involvement of the sector in DCJ allocation meetings had exceptional outcomes. These insights have the potential to contribute to a thriving Family Preservation service system.

## **12. Investing in relationships between DCJ and the NGO sector**

Building strong relationships and providing clear guidance are paramount to implementation success. The NGO sector advocates for collaborative training initiatives involving DCJ and NGOs to foster deeper understanding and support, strengthening these pivotal relationships. The introduction of "Communities of Practice" is strongly welcomed as it offers a practical strategy for promoting collaboration and knowledge exchange, ultimately facilitating the development of relationships throughout the child protection landscape.

By reaffirming the Family Preservation principles within the redesign as shared foundational values across DCJ and NGOs, we can establish a common language, clarify roles and responsibilities, highlight the value of each service system component, and ensure the practical implementation aligns with our shared vision for Family Preservation.

## **Conclusion**

The Family Preservation sector eagerly anticipates the next steps in the redesign process. Committed to collaboration with DCJ, the sector aims to build a stronger, more responsive, child- and family-centred system to reduce child maltreatment and keep children safe within their families.

As the peak body for Targeted Earlier Intervention and Family Preservation, Fams looks forward to continuing the strong, collaborative partnerships with the Government, DCJ, and the Family Preservation sector through the redesign process. Fams is committed to driving real systemic change for children and families supported by Family Preservation services.

## Endorsement

The following organisations have provided formal endorsement to the Fams Ministerial briefing in response to the DCJ Family Preservation Redesign discussion paper:



## About Fams

Fams is the peak body in New South Wales that supports the early intervention and prevention sector. This sector provides critical services for children, young people, families, and communities.

Fams works collaboratively with Government, Policy and decision-makers, non-government organisations, academic organisations, peak bodies, family and community services sector, Aboriginal Community Controlled Organisations and organisations working with diverse communities. We advocate for improved policies and resources for children, young people, families, communities and services.

The below principles are modelled in all aspects of planning, service delivery, management and administration:

- Children and families should be safe.
- Children and families receive services that are flexible and responsive to their needs.
- Children and families can access services embedded in their community.

- Children and family's growth and development is enhanced by research supported practice.
- Children and family's social, cultural, racial and linguistic identities are affirmed and strengthened.
- Children and families work together with services in relationships based on trust and respect.

## Contact

For more information about this submission, please contact:

Lauren Stracey, Acting Chief Executive Officer – 0412 610 997 or at [lauren@fams.asn.au](mailto:lauren@fams.asn.au)