

**Submission
No 78**

INQUIRY INTO CHILD PROTECTION

Organisation: Australian Services Union

Date received: 21 July 2016

Australian Services Union NSW and ACT (Services) Branch
Level 1 39-47 Renwick Street
Redfern, NSW 2016

18 July 2016

Via email:

To whom it may concern,

Re: General Purpose Standing Committee no. 2: Inquiry into Child Protection

Please find the Australian Services Union NSW and ACT (Services) Branch Submission to the General Purpose Standing Committee no. 2: Inquiry into Child Protection.

Kind regards,

Judith Wright
Acting Branch Secretary

ASU Submission

General Purpose Standing Committee no. 2: inquiry into Child Protection

Submitted: Judith Wright, Acting Branch Secretary

Organisation: Australian Services Union NSW and ACT (Services) Branch

Address: Level 1, 39-47 Renwick Street
Redfern, NSW 2016

Email:

Phone:

Date: Monday, 18 July 2016

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Hon Greg Donnelly MLC
Chair
General Purpose Standing Committee 2

18 July 2016

Dear Mr Donnelly

The Australian Services Union (ASU) represents workers throughout the not-for-profit and the social and community services sector. The NSW ACT branch of the ASU has members throughout NSW and the ACT. Our members work in local community services, regional and state wide organisations, community partnerships and hubs, all of the major charitable organisations and trusts, all of the social and community sector peak organisations, campaigning and advocacy organisations and all of the major faith based organisations. A survey of our members indicates that there is almost no one who is not involved at some level in the protection of children and young people. The ASU is therefore in the unique position of representing workers in almost every non-government organisation in NSW that has any level of responsibility for the protection of children and young people.

Many of our members and the organisations for which they work have made their own detailed submissions to this Inquiry, based upon their professional expertise. We respect the experience and skill of our members expressed in those submissions. Our members are best placed to address this Inquiry's terms of reference in relation to child protection as matter of individual risk and safety. We also support the view that the safety of children and young people is a matter of private *and* public concern. It is surely the first and foremost responsibility of government to protect those who cannot protect themselves – its children and young people.

While incorporating comments by our members on their child protection practice, the Union's submission is a statement about the protection of children and young people as a public issue. Australian and international evidence, some of which will be considered in this paper, demonstrates that the key risk factors for children and young people that may lead to their harm or death include poverty, homelessness, isolation, disability, mental health problems, alcohol and drugs of addiction and access to support.

Governments cannot be held responsible for many of the individual risk factors that exist for children and young people. Tragically it is likely that there will always be a need for government agencies to protect individual children and in some instances it will be necessary to remove those children from an unsafe place. This is generally the role of the Department of Family and Community Services (FACS), the Office of Children's Guardian and sometimes the police.

However, in our view the role and responsibility of government in the protection of children is not only about crisis management. The role of responsible government is also to ensure, as far as possible, the absence, or at worst the mitigation of those internationally defined key risk factors - poverty, homelessness, isolation, disability, mental health problems, alcohol and drugs of addiction and access to support - that place children and young people at risk of harm or death. The Union's submission will focus on these issues of public policy, while submissions by our members and the organisations for which they work will specifically address clinical and practice issues, for which they are qualified, skilled and experienced.

The terms of reference for this Inquiry specifically address funding and other issues relevant to the Office of the Children's Guardian and the Department of FACS. With respect, this submission regards child protection not as the sole responsibility of FACS or the Office of the Children's Guardian. Rather, we see the protection of children and young people as a whole-of-government responsibility. While we do not specifically address all terms of reference, those we do address, particularly (d), (g) and (h) are within this framework of child protection being a whole-of-government responsibility.

In the wake of federal, state and likely local government cutbacks and reforms throughout the social and community services sector, this Parliamentary Inquiry comes at a very important time for all vulnerable people and communities and therefore for all ASU members. Our members have been overwhelming in their response to our survey. They have told us that they want their union - the ASU - to make a submission to this Inquiry. We therefore thank the Committee for conducting this very important Inquiry and for providing an opportunity for the ASU to make this submission, which we hope will make a positive and constructive contribution to your thinking and your work.

Yours faithfully

Judith Wright

Acting State Secretary
ASU NSW ACT branch

The ASU and our members:

The ASU in NSW represents workers throughout the social and community services sector. Of specific relevance to this Inquiry, the ASU represents workers who are employed in the following areas:

- Youth and child protection
- Out of home care
- Refuges for women, children, families, young people and men
- Homelessness, housing and tenancy services
- Family support services
- Disability services
- Health and mental health
- Alcohol, gambling and other drugs of addiction and rehabilitation
- Aged care
- Rape, domestic and family violence
- Aboriginal services
- Migrant and settlement services
- Prisoner rehabilitation
- Community Legal Services
- Community and neighbourhood services
- Policy and advocacy services
- Community transport

ASU members are highly skilled practitioners. They hold qualifications in law, psychology, management, social sciences, welfare work, disability work, social work, youth work, child protection, aged care and community work, mental health, drugs and alcohol counselling and a long list of other specialist qualifications. Our members also include clergy of many faiths.

ASU members work to protect vulnerable babies, children, young people and families in their own homes, in out-of-home care, in refuges and in after care. Our members also work to protect those same people when they are homeless, living in cars, on the streets, 'couch surfing', and in other dangerous circumstances. Our members provide case work, crisis intervention, referral, financial and other support for individuals of all ages and families experiencing poverty, isolation and homelessness, gambling, drug and alcohol addictions, disabilities, mental health issues, overwhelming legal and financial problems, very young parents and those who are refugees or have other settlement issues. They work with children and young people who are experiencing or

escaping violence and those who are trying to deal with their cultural or sexual identity.

The abuse, neglect and harm of children and young people is a social and public health problem in Australia, as well as a children's rights issue. Child abuse and neglect may lead to a wide range of adverse consequences for children and adolescents. These include physical health problems, trauma and psychological problems, learning and developmental problems, behavioural problems, mental health problems, youth suicide, eating disorders, drug and alcohol abuse, aggression, violence and criminal activity, unplanned teenage pregnancy, homelessness, and death. ¹

Australian and international research of risk factors that may contribute to abuse and neglect and to poorer outcomes for children exposed to abuse and neglect include social and cultural factors, such as socio-economic disadvantage and social isolation as well as individual factors, such as whether the parent or child may have an addiction or physical or mental health issues. Key risk factors for abuse, neglect and harm of children and young people are ²:

Individual Risk Factors:

- Children younger than 4 years of age
- Special needs that may increase caregiver burden
- Disabilities
- Mental health issues
- Chronic physical illness
- Lack of parenting skills and experience
- Parents' history of child maltreatment
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Unstable and transient caregivers

Family Risk Factors:

- Social isolation
- Family disorganization and dissolution
- Family violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

¹ Alister Lamont Australian Government National Child protection Clearinghouse 2010

² Australian Institute of Family Studies and US Centre for Disease Prevention and Control, June 2016

Community Risk Factors:

- Community violence
- Concentrated neighbourhood disadvantage
- Poverty
- Residential instability
- Unemployment
- Poor social connections.

ASU members work in all of the areas of key risk set out above. This paper will therefore address these major risk factors in terms of both available research and the specific experience of our members. All of the workers, agencies and services to which we refer in this submission are government funded. Some are dealing with extremely dangerous people and situations. At their request and for these reasons we have de identified individual workers and organisations in some instances.

[Family] violence in minority communities often takes place against the backdrop of social and economic marginalisation.³ Marginalised communities may include Australian Aboriginal and Torres Strait Islander (ATSIC) communities, culturally and linguistically diverse (CALD) communities, Lesbian, Gay, Bisexual, Trans Gender, Intersex, Queer and Questioning (LGBTIQQ) communities, families living in rural and remote communities and families where either parents or children have a disability.

³ (M Flood and L Fergus, *An assault on our future: The impact of violence on young people and their relationships*, White Ribbon Foundation, 2008 and Domestic Violence Victoria).

I) Committee term of reference: The amount and allocation of funding and resources to intensive, targeted prevention and early intervention programs to prevent and reduce risk of harm to children and young people and the allocation of funding and resources to non-government organisations for the employment of case work specialists, case workers and other frontline personnel and all other associated costs for the provision of services for children at risk of harm and children in out of home care

Targeted Earlier Intervention Programs (TEIP):

Most NSW child protection services have some elements of the TEIP program funding. Some services are entirely dependent upon this funding. A draft TEIP reform package has been prepared for Family and Community Services (FACS) Minister Hazzard, based upon a sector consultation process conducted by ACIL Allen. Current TEIP funding for 9 separate FACS programs across the service delivery system has recently been extended for twelve months. Funding is allocated by program:

- *Families NSW*: pregnant families, families with children 0-8 yrs
- *Aboriginal Child & Youth Strategy (ACYFS)*: Pregnant Aboriginal families or with children 0-5 yrs
- *Triple P*: health, welfare and education professionals training to provide parenting programs to families with children 3-8 yrs
- *Child Youth & Family Support (CYFS)*: Families with children 0-12 yrs, young people 12 – 17 & their families
- *Youth Hope*: Vulnerable children & young people 9-15 yrs
- *Getting It Together*: Young people 12 – 25 yrs with issues around alcohol and other drugs of addiction (D&A)
- *Community Builders*: Disadvantaged communities
- *Staying Home Leaving Violence*: Women 18yrs+ separated from a violent partner who remain in their own home
- *Integrated Domestic & Family Violence Services*: People affected by domestic and family violence (DFV)

Other FACS programs are also critical components of the state government funded service system, providing services to different client groups (families and communities at risk):

- Brighter Futures
- Intensive Family Support
- Intensive Family Preservation programs
- A range of housing and homelessness interventions

- Cross agency programs such as 'Families NSW' and 'Keep Them Safe'

The ASU represents workers throughout the state who deliver programs under all TEIP programs.

TEIP case studies:

Liverpool Women's Resources Centre:

The Centre has been operating for 30 years. The centre is entirely funded through Community Builders funding, but applies for other funding throughout the year to development and start new projects. There is also some funding from community donations and specific project (non-government) grants.

Clients are drawn from the Liverpool LGA. Clients include:

- Children from CALD backgrounds
- Indigenous women and children
- Women and children escaping family violence
- Women and children with post-traumatic stress issues related to domestic violence
- Mothers with drug and alcohol related issues
- Women and children in poverty
- Children who are in foster or other non-parent family care
- Women and children with mental health, behaviour and physical disability issues

Services include:

Information, referral, support, outreach, crisis counselling, lesbian support worker and group programs.

Help Line: Specialist referral and support for women with young children in relation to domestic violence, family law, financial and budget advice, crisis intervention when necessary.

Drop in service: For women and children at risk or in crisis – provide immediate place of safety, referral to specialist services (drug & alcohol, mental health, accommodation, medical, police etc) and intervention where necessary.

Brokerage: A small amount of money is raised in the local community to assist women and children in crisis. There is also assistance with food hampers, transport and DV support needs to name a few.

Sistas for Sistas Aboriginal Women's Support group: Reinforcing cultural skills and esteem, sharing and teaching personal experience, skills and strength, building self-esteem and providing an opportunity for ongoing support and monitoring of wellbeing so that intervention and/or referral can be provided where necessary

Creative Kids: After school project for children at risk or from families at risk

Aboriginal Women's Community Kitchen: Sharing and teaching healthy cooking skills, building self-esteem and providing an opportunity for ongoing support and monitoring of wellbeing so that intervention and/or referral can be provided where necessary

Grow well workshops: Sharing and teaching small area vegetable and other gardening skills, building self-esteem and providing an opportunity for ongoing support and monitoring of wellbeing so that intervention and/or referral can be provided where necessary

The Liverpool Women's Resources Centre also partners with other agencies such as Western Sydney University to provide practical experience and training to social work and other students. It also has a successful partnership with several local schools and other community based groups and agencies to provide domestic and family violence education programs

What our members say: Nikki says: *'Without TEIP funding our service would close. There is no similar program anywhere in this area. There is no other way to put it – there is nowhere else for them to go. These are some of the most vulnerable people in our community - the reality is that if we weren't here the women and children who use our service would be in a hospital, in a gaol or in care – at worse they will be in the morgue.'*

Rozelle Neighbourhood Centre:

Programs have been established by a project worker funded through FACS Hub funding.

Playgroup: Provides opportunity for informal community network building after giving birth. The demographic of women in the area includes older professional women and other recent arrivals to the area, who often become isolated after having children. Often their family supports are some distance away – interstate or overseas. This leaves the new mothers with few if any established local support networks. This group of women often suffer mental health issues, post-natal depression and other issues associated with domestic violence. Playgroup provides a soft entry opportunity for referral and crisis intervention where necessary.

Tenant Group: Participants are residents of public and community housing programs. Residents often suffer physical and mental health issues and disabilities, often isolated and suffering post-traumatic stress related issues arising from escaping domestic violence, often living with social and financial disadvantage. This program is targeted at forming community networks, increasing social cohesion and capacity building – living skills, budgeting, healthy cooking, etc

Love Bites: Coordination of specialist sexual assault and DV workers deliver a program to year 10 students in local high schools around building positive, health, and respectful relationships. The program is unique because having specialists deliver the program means that it is both a powerful tool of prevention as well as an opportunity for referral where necessary

What our members say: *Lisa says: 'What we're trying to do is build a stronger community - one where people provide support to each other ... (instead of having to rely on government departments). If our funding was not available there is no doubt that families – particularly those who are isolated and alone would fall down a hole that is very hard to get out of - because there would be no one there to refer them to the specialist support services they need to help them cope.'*

East Sydney Women and Children's Centre

Funded through the Integrated Domestic & Family Violence Services funding.

Clients are drawn from:

- At least 50 different cultural groups
- local indigenous community
- More than 50% are sole parents
- Significant number of clients suffer mental health and drug & alcohol issues related to long term domestic violence and complex trauma
- Individuals and families living in poverty

Provides specialist domestic and family violence services including:

- Specialist Counselling and case work for women and children who are victims of domestic violence
- Supported playgroups for families who may be experiencing domestic violence
- One-on-one parenting support (specialist casework and support)
- Partnerships with other local specialist services to provide:
 - Drug & alcohol and mental health rehabilitation programs to provide specialist intervention and support for women and children who are victims of domestic violence
 - Positive parenting groups and young parents support group – partner with local indigenous services and Sydney Children's Hospital
 - Outreach services in La Perouse for local indigenous women experiencing domestic violence

- Community education programs, for example at Knox Grammar School, Ultimo TAFE and others around developing positive relationships, supporting someone who is experiencing abuse, etc
- Professional Development for health care professionals, e.g. Prince of Wales Hospital, GPs and Allied Health Professionals (recognising and working with victims of domestic violence and their children)

What our members say: *Victoria says: 'Our funding is used to provide immediate services to women and children who are often in crisis, escaping a violent household. These are extremely vulnerable people who don't have the personal or physical resources to protect themselves and their children. We help them to do that and we help them to rebuild their lives and their families. Without funding we could not provide these services and we could not do the very important professional development work that we do.'*

Blue Mountains and Lithgow Family Support Services:

Funding received over the past two years through Child Youth & Family Support (CYFS) funding for FNSW and TEIP early intervention parenting programs.

Parenting support for families with children aged 0-12 years

- One-on-one parenting and family support
- Positive parenting groups
- Supported playgroups
- Regular home visits
- Pregnancy support groups and individual support
- Toddler training
- Practical parenting workshops

Clients are drawn from the following groups:

- Sole parents
- Victims of family and domestic violence
- Families where one or both parents have drug & alcohol issues and/or mental health issues
- Families where one or both parents, or one or more children have a disability or other physical or mental health issues
- Families living in poverty
- Couples with children
- Cultural and Linguistically Diverse families with young children
- Aboriginal & Torres Strait Islander families with children

The service has partnered with other local specialist services to provide specialist services from the Blue Mountains to Mount Victoria and Lithgow.

Projects have included programs for school aged and younger children targeting developing positive, nonviolent relationships, anger & emotions management, relationship building, dealing with domestic violence, etc

Port Kembla Community Project (now called Our Community):

Clients and participants include:

- Recent arrival refugee families
- Non English speaking background adults and children
- Young parents
- Males with issues related to anger, rage, drug and alcohol, mental health and other issues
- Families living in poverty

Projects over the past two years have included:

Men's Group: Targets men with issues related to mental health, anger and rage, isolation, drug and alcohol use etc. Weekly workshops develop social skills, personal capacity and capability building, friendship networks, positive relationship building, referral and crisis intervention where necessary.

Wood Fired Bread Making Group: Provides an opportunity for professional monitoring of particularly isolated individuals who are isolated, suffering mental health and other health related issues, develops social skills, personal capacity and capability building, friendship networks, positive relationship building, referral and crisis intervention where necessary.

Garden Care Groups: Local communities fund raise, replant and maintain local community gardens, bushland and facilities. Local families meet regularly to maintain the facility – developing local community and family networks, developing individual and family skills around garden and equipment maintenance, budgeting, permaculture, planning etc

Social enterprise - Weekly Veg Box: Grows chemical-free veg locally to build food security, and create jobs in the community, particularly for resettled refugees and young people. Based on a community supported agriculture system creating a direct relationship with local farms, working together to build a more sustainable community.

Food Buyers Group: Bulk buying, and preparing organic and / or sustainable and healthy food for families.

Green Connect: The project grows food and manages waste sustainably. It trains, employs, supports former refugees and young people to do this. In 2014 – 15; 1,120 tonnes of waste was kept out of landfill, grew and distributed 2,840 kilograms of local, seasonal, chemical free food, and employed 129 former refugees and young people. Teaches literacy, business planning, budgeting, how to interact with and utilise Australian community, government, business and other resources.

Green Connect Farm: Based at Warrawong High School, the project provides work experience and employment to young people at risk of leaving school early and with other high risk factors. It aims to teach basic school to skills and build personal skills. It also operates as an effective referral service for young people and families at risk. The project is self-sustaining with vege boxes provided to local markets and local charitable groups.

Southern NILS: A scheme that aims to provide no interest loans to people on low incomes that are living between north Wollongong and Windang Bridge. Micro financing of local micro businesses and family projects where families at risk need essential infrastructure (washing machine, refrigerator etc).

Programs currently funded through TEIP and delivered by our members reflect the Australian and international literature which evidences the value of investment in community resources that build communities and support families as the best means to address those key risk factors discussed previously. These programs strengthen families and communities as a means of mitigating key risk factors, thereby reducing the need to remove children and young people from their families and the risks that are heightened for children and young people in out of home care. In the event of breakdown and crisis they provide both soft entry referral and strong networks for expert intervention and protection, including out-of-home care, refuge accommodation, specialist mental health intervention, detoxification and rehabilitation etcetera.

What our members say: Lyn, manager at a regional outreach service for families at risk says: *‘What families usually need in crisis situations is a case worker to support them set goals and then navigate the various departments and organisations they need to deal with in order to get help for themselves and their children. Brighter Futures caseworkers are able to provide this case management. Domestic violence is commonly involved and the DV services are currently stretched beyond capacity to provide the long term support that is needed for a woman to make the changes that are needed to leave a DV relationship.’*

Consistently ASU members have told us that it is vital for workers and organisations in the child protection sector to work collaborate, to build strong networks and relationships as the best means of ensuring good outcomes for their clients and best practice among practitioners.

What our members say Lyn says: *'FACS Child Protection staff vary in their approach with some being very willing to work with community partners to support families and allow families to determine the direction of their case plan where others seem very inclined to remove quite quickly.'*

What our members say: Kim, with more than 20 years' experience in the field of child protection, now manager of a regional child protection service says: *'Protecting children and young people is multi layered. It is very complex. To be effective a child protection worker has to work holistically. Organisations in the area of child protection often work in partnership with other NGO's and government organisations.'*

What our members say: Anna, who is an experienced psychologist in a large faith-based child protection organisation, says: *'I think one of the issues is that FACS caseworkers come from a number of different disciplines not just the social sciences and are then trained 'in house'. This means that they don't necessarily have the same foundations to their practice as other community services workers. FACS caseworkers also attend ongoing training in house which means that they don't meet professionally, attend conferences or professional development with any other workers in the field. This means in effect that they are working in isolation, don't build up relationships with other workers or agencies in the sector or have their practice or ideas challenged.'*

The ALS says: *Our service acknowledges that Interagency information sharing, as provided for in Chapter 16A of the Children and Young Person (Care and Protection) Act 1998, often provides Community Services with additional information that can build a more comprehensive background picture that leads to greater informed decision making for children at risk.*⁴

Impact of competitive tendering on services for children and young people at risk:

TEIP, mental health, drug and alcohol and out-of-home care programs are currently all under review by their various funding departments. The consistent concern expressed by our members in those sectors is that the same structures imposed by the Going Home Staying Home reforms will now be imposed on these other sectors. Without any doubt, the overwhelming concern expressed by the social and community services sector is competitive tendering.

⁴ ALS 2016

Having witnessed the devastating impact of competitive tendering on refugees, experienced and skilled professional child protection workers, out-of-home care workers, mental health workers and addiction workers now fear that same impact in their own sector. It is with great concern that we point to international literature on competitive tendering and the marketization of child protection services, homelessness services, mental health services and disability services in the UK, which include frightening examples of the destruction of services and neglect of the most vulnerable in our community under this regime. There are also examples of specialist workers in these sectors being paid on zero hour contracts and billable hours, based upon one minute increments. While we certainly do not compare the NSW funding structure to these horror stories, this international evidence provides a very clear warning about the marketization of social and community services, which is of course, competitive tendering taken to its logical and terrible conclusion.⁵

While clearly there is always a need for review and improvement in any service, it would be of enormous concern to our members and indeed to the entire social and community services sector if the current reviews result in the imposition of funding structures that would in turn mean a reduction in the positive, constructive and effective programs such as those outlined in this submission, which have been built over many years and have a record of success across the state.

What our members say: Lisa, coordinator of Rozelle Neighbourhood Centre says: *'Putting domestic violence on the national agenda is all very well, but if we're going to provide the best possible service to our communities, we need to build professional capacity in the sector. That means building relationships, sharing information and resources. We recently applied for funding to run a training day for professionals in the area to share information about what they're doing so that we could provide better, more targeted and appropriate referrals – but we were told that there is no funding for this sort of project.'*

What our members say: Nikki, coordinator of Liverpool Women's Resources Centre says: *'Going Home Staying Home was supposed to be about more resources coming to the western suburbs. We desperately need specialist services for women who are escaping violence. If they're there I haven't seen them. What I have seen is the breakdown of cooperation and support that used to exist. Services are now competing for what was always a very small pot of funds for women's refuge and support services. What makes things worse now is that instead of working together to share what few resources were available, workers are now competing for funds – so they compete for everything and don't share at all. This has been a*

⁵ http://www.socialenterprise.org.uk/uploads/files/2012/12/the_shadow_state_3_dec1.pdf

devastating change to workers in this sector and of course it impacts very badly on our clients. We simply can't have that happen again in the TEIP reform process.'

Jo, is an experienced case worker at The Wash House, a specialist support and referral service at Mt Druitt for women and children escaping violence. The service has operated for more than 30 years and relies upon Community Builders and Staying Home Leaving Violence funds. The catchment area includes Blacktown LGA, which has the highest rate of domestic violence reports in NSW and one of the highest rates in Australia. Clients are often from CALD and ATSI backgrounds. They often have issues around mental health, drugs and alcohol and other issues arising from a history of domestic violence.

What our members say: Jo says: *'Workers at our service and in partner organisations are already very anxious about what will be the impact of the TEIP reforms. We saw what happened with Going Home Staying Home. While we did not lose our own funding, our partners were devastated. We rely heavily on these partnerships to provide the network of services that is needed to support women and children escaping violence. These are always complex issues and so they need an integrated response from a team of specialist community services.'*

Victoria, manager of a Sydney metropolitan specialist service for women and children at risk says: *'Family violence is a terrible risk to children and young people. One of the most significant issues arising from the Going Home Staying Home changes was the loss of specialist services for women leaving violence – lumping in women and children who are traumatised with general homelessness has been very damaging. There appears to be a lack of recognition of the very specialised nature of providing DV services. Dealing with family violence requires very specialist skills within a longer term trauma-based framework. These highly skilled workers also need professional clinical supervision because they themselves are vulnerable to vicarious trauma as a result of the issues they are dealing with every day. One of the fears we have is that the proposed reforms to TEIP will make this situation worse.'*

'In addition to the loss of these services, I have to say that the changes have impacted very badly on professionals in the sector. Domestic violence is not the same as any other area of work – constantly working with women and children in crisis leads to vicarious trauma in counsellors. We need specialist support and professional development if we are to maintain professional standards of service delivery. Our service has a reputation for providing world's best practice standards because as the manager I invest heavily in making sure that our team is well trained and well supported. Breaking down the relationships between services and forcing services to be preoccupied with tender applications means that we are being side tracked from what we need to do to build our team, our service and our community.'

What our members say: A policy officer in a community based organization that delivers out-of-home care, homelessness, and housing, health and family services, says: *Competitive tendering has not worked in our sector. Of course there are some services that don't work well. The best way to assess a service is not what they put in a formal tender document, but their history of performance – whether or not they have delivered. Services that are performing well should not be forced to spend their time and resources going through a lengthy and resource sapping tendering process. The NSW Government Procurement Policy already has very good provisions to engage providers using methods other than competitive tendering, such as direct negotiation. These methods can use information from well-functioning and transparent performance monitoring systems and make it possible to endorse good performers.'*

What our members say: A CEO of a large regional community based organisation, which delivers out-of-home care and other programs, says: *'Out of home care relies heavily on the relationships that we build up with other community based organisations. Local community services are best placed to understand their local communities and know how to respond to local needs, initiate and innovate. Competitive tendering is extremely time-consuming for those of us who must write the tenders. It also interferes with and interrupts relationships that have often developed over many years, so it is not a good use of our limited resources.'*

What our members say: The policy officer says: *Competitive tendering is not delivering the best outcomes. Corporate players that are now entering the human services sector are in a position to pay for professional tender writers. Often they have little or no experience in the field. They have no real idea of how much it costs to deliver a professional service. They employ professionals to write a winning tender and that is what they do. Often they underestimate the cost of service delivery to keep their price down. This means that they win the tender to deliver a very specialist service to an extremely vulnerable group of people – but there isn't enough money to do the job properly. Unfortunately, experienced services that are often very good at what they do, may miss out on tenders because they tender at the right price and they can't compete with the professional tender writers and their undercutting tender price. This is not a good way to deliver services. It is not a good way to maintain standards. Key performance indicators in human services can't just be about comparing bottom lines.'*

What our members say: The CEO says: *‘There is already a very high level of compliance requirements, accountability, administration, data collection and accreditation required of out-of-home-care services. There is now some discussion about introducing an additional quality assurance scheme. This will not reduce the number of children who are at risk and will not improve the quality of service as it will only serve to increase the administration burden. The high level compliance regime and contract management coupled with the accreditation status should mean the Department has adequate information to determine funding distribution when programs are due to be re-offered. Services that are not delivering should be firstly supported and assisted. If that does not assist then they should be performance managed rather than being defunded through a competitive tendering process. The reliance on competitive tendering and the results is often disruptive to the community and it interferes with continuity of service for vulnerable children and their families.’*

What our members say: The ASU represents workers at FAMS. FAMS say⁶: *‘The competitive tendering process can undermine relationships between organisations and frustrate cooperation. There can be no argument that NGO’s must be viable in order to remain providing quality services to vulnerable children and families. But that must be balanced with the need for place based services, accessible and trusted within their local community, with specialist expertise and local knowledge. FAMS accepts that there must be a level of contestability within the procurement process to ensure that those NGO’s best placed to deliver a quality service are funded. However, FAMS strongly opposes a blanket competitive tendering process.’*

Within funding contracts, FAMS strongly suggests that NGO’s should be supported to develop projects that focus on building relationships and developing innovative ways to work together using a cross sector approach. This could involve developing resources for learning and engagement opportunities to bridge the gaps in service delivery and create a well informed and educated multi-disciplinary service system. This could also include funding for partnership building. Currently funding does not reflect the time required to network and build connections, establish and form partnerships, cultivate solid governance arrangements, develop shared measurement systems and engage in real coordination and planning focused on outcomes for families and children. Ultimately, this work should contribute to a better functioning service system but required investment, time and resources to do it well.’

⁶ FAMS 2016

Recommendations:

1. Short term funding cycles have been a destructive force in the social and community services sector for reasons set out in the submission above. This form of funding has also been a negative feature of the workforce as skilled and experienced workers find themselves seeking alternative career paths because they cannot fund a family, mortgage or other normal expenses with any sense of security. The ASU is therefore committed to maintaining and supporting high quality and specialised social and community services. The community sector provides support for the most marginalised and vulnerable in our community.
2. The ASU opposes competitive tendering for community services and will always advocate for a fairer distribution of funds between smaller locally based organisations and larger state-wide organisations, and between specialist organisations and generalist support providers.
3. The ASU opposes for-profit providers making profits from the provision of essential community services.
4. The ASU supports sustainable funding cycles of 5 year service agreements.
5. The ASU is committed to agreed and planned indexation of community and social services funding.
6. The ASU values the important advocacy work of the community sector and will not seek to silence the voice of the sector and the people they support in gag-clauses or any other such restriction.
7. Recognition in funding for the specific needs of specialist family violence and child protection services, specifically including the need for long term trauma based counselling and funding of professional clinical supervision for family violence and child protection workers

II) Committee term of reference: The amount and allocation of funding and resources to universal supports to prevent and reduce harm to children and young people

Understanding the risk and protective factors for child abuse and neglect¹ is important for developing effective prevention interventions for vulnerable families. Although child protection authorities use specific risk assessment instruments to determine if a child is at risk of maltreatment, it is beneficial for all professionals who work with families to have a broad, general understanding of the factors that may place children at risk of harm, the factors that can protect them from harm, and the ways in which these risk and protective factors tend to interact.⁷

Women, children [and young people] who are of a minority identity may experience unique forms of family violence as it often takes place in the context of social and economic marginalisation that aren't experienced by mainstream women and children. Domestic violence in minority [and marginalised] communities often takes place against the back-drop of social and economic marginalisation.⁸ Marginalised communities in the Australian context include children and young people who live in poverty, are homeless and those who live in Aboriginal and Torres Strait Islander (ATSIC) communities, rural and remote communities, culturally and linguistically diverse (CALD) communities, families living with a disability and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning (LGBTIQ) communities.

Committee term of reference: Aboriginal and Torres Strait Islander children and young people

What our members say: Kim, who is the manager of a regional child protection service in NSW says: *'We work in an area with a relatively high number of Aboriginal families. I'm not sure why it is the case, but it seems that FACS officers are more likely to closely monitor Aboriginal parents where a child has been notified as being at risk and they are also more likely to remove a child – and remove them sooner if there is an Aboriginal parent. I would say that this is a common experience across organisations in this region.'*

⁷ Australian Institute of Family Studies: CFCA Resource Sheet— March 2013

⁸ DVVIC – the Victorian peak body for women and children experiencing domestic and family violence

Aboriginal children [and young people] are the most vulnerable group of children in Australia. In New South Wales, Aboriginal children and young people are significantly over-represented in the child protection system. Aboriginal children are 7 times more likely as non-Aboriginal children to be the subject of a substantiated report of harm / risk of harm.⁹

Linking families with support services to assist parents to care for their children is the least intrusive intervention and can provide parents with the assistance they require to ensure the children can remain safely with the family. Socio-economic disadvantage can often exacerbate risks that may lead to children being at risk of harm. Strengths based intervention can assist families to reduce risks factors and build on protective factors with support services to ensure that children are not a greater risk of harm due to preventable factors such as economic disadvantage.¹⁰ In this context it is of great concern that there have been significant cutbacks announced in the 2016-17 federal budget.

ASU represents workers in the community legal sector and at the National Association of Legal Centres (NACLAC) and the Aboriginal Legal Service (ALS). NACLAC said: The 2016-17 Federal Budget does not reverse the looming funding cuts or include any additional investment in legal assistance service, including Community Legal Centres, Aboriginal and Torres Strait Islander Legal Services, Family Violence Prevention Legal Services or Legal Aid Commissions.¹¹

In the same release, NACLAC Chairperson Rosslyn Monro said: ‘This year’s Budget is a missed opportunity to stop the funding cuts and ensure the most disadvantaged and vulnerable people across Australia have access to legal assistance.’ ‘We are also extremely concerned that funding cuts to Aboriginal and Torres Strait Islander Legal Services amounting to over \$6 million between 2014-2015 and 2017-2018 will continue, as will the underfunding of Family Violence Prevention and Legal Services and Legal Aid Commissions’ and National Aboriginal and Torres Strait Islander Legal Services deputy chairwoman Cheryl Axleby said: [It is] ‘totally unbelievable’ the government should seek to make cuts to indigenous legal services. ‘We really are at crisis point and we have been saying this for quite some time.’

⁹ Goldsworthy, Kathryn, ‘Child Protection and Aboriginal and Torres Strait Islander children’, September 2015, Australian Institute of Family Studies, Australia, < <https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>>.

¹⁰ Aboriginal Legal Service 2016

¹¹ See full release at:

http://www.naalc.org.au/cb_pages/news/MediaReleaseBudgetcutstolegalassistanceserviceshitvulnerablehardest.php

In the same statement, Aboriginal Legal Service (NSW/ACT) CEO, Gary Oliver said: ‘These significant cuts will mean more kids locked up’ and Shane Duffy, co-chair of Change the Record, a coalition of indigenous groups working to address Aboriginal incarceration and violence, said ‘Aboriginal women are 34 times more likely to be hospitalised for family violence than other women.’

It is noteworthy that the Productivity Commission in its report, *Access to Justice Arrangements* confirms the view of NACLAC, Gary Oliver, Rosslyn Monro and their colleagues.¹² The report specifically deals with violence against children and young people and in this regard specifically pointed to the need for the Aboriginal Legal Service (ALS) and Family Violence Prevention Legal Services to be adequately funded as a means of dealing with violence. It recommended urgent additional funding of \$200m p.a. for legal assistance services.

What our members say: Julia, who chairs a specialist Aboriginal family violence service in regional NSW said: *Funding non-Aboriginal organisations to deliver child protection services to Aboriginal communities is demonstrably a failure. The high rate of removal of children and placement of children in long term out-of-home care has been damaging to children and young people, their families and communities, as well as to the relationship between Aboriginal Australians and government departments.*

Recommendations:

There is a clear need to build relationships with the Aboriginal community, particularly given the mistrust many Aboriginal communities have for the government resulting from a history of forced removals. The ASU represents workers at the ALS and supports the ALS submission to this Inquiry. We specifically also recommend:

1. Greater investment in culturally appropriate, Aboriginal community controlled early intervention services in the area of child protection. Such services are integral to both reducing the rates at which Aboriginal children are entering out of home care, and in effecting successful restoration of children to the care of their families or those children already within the out of home care system.
2. There needs to be recruitment of Indigenous staff who understand first-hand the lived experiences of Aboriginal Australians and who are able to engage with cultural competence needs to be a strategic priority for Family and Community Services. Likewise investment in adequate training to build cultural competency within the child protection workforce remains an area in need of better resourcing.

¹² *Productivity Commission Access to Justice Arrangements No 72 2014*

3. Research and evidence supports Aboriginal controlled services as having a far greater capacity to effectively engage Aboriginal children and families. On this basis, there should be greater investment in Aboriginal intensive family based services; in particular, transitioning the six intensive family-based support services which are currently operated by the Department of Family and Community Services to the Aboriginal NGO sector¹³.

It is important that while these services operate on behalf of government agencies, that they are seen to be operating independently of those government departments. These services are focussed on prevention and would reduce the currently high level of removal of children and young people in NSW.

4. Regular consultation with specialist Aboriginal services and identified community leaders about culturally appropriate responses to family violence

5. Resourcing of specialist Aboriginal services and identified community leaders to establish a 'safe place' for addressing violence from a community health and legal perspective¹⁴

6. The ASU supports the recommendation of the Productivity Commission, NACLAC and the ALS for an urgent injection of funding to enable the ALS to continue to function and to expand its services in rural and regional NSW and to include additional specialist family violence workers

Children and young people with disabilities

What our members say: Tilly is an experienced program manager with a large regional out of home care provider. Her clients are aged 0 – 17 years. Tilly says: *'Many children and young people have no voice – they are either not able to communicate or they are not believed when they say something – both because they are children and because they have a disability. The changes that have happened in this sector through competitive tendering have meant that there has been a lack of continuity, a lack of consistency and a breakdown in the relationships and networks that allow children and young people to develop trust and a relationship with people who will trust what they say.'*

¹³ Aboriginal Child, Family and Community Care State Secretariat (AbSec), "Our Expectations for the 2016 NSW Budget", May 2016, available at www.absec.org.au

See also:

Media Release, Department of Family and Community Services NSW, "NSW Budget, Aboriginal Services Funding", 27 May 2016.

Aboriginal Child, Family and Community Care State Secretariat (AbSec), "Our Expectations for the 2016 NSW Budget", May 2016, available at www.absec.org.au

¹⁴ NSW Women's Alliance July 2016

Many organisations and workers in the disability sector are reluctant to reach out now because there is no consistency in terms of the regulations that apply and the personnel in government agencies. We used to work with ADAC – now they are all gone. It's very important that there is funding for impartial, qualified, community based advocates to replace them.'

Findings of a Victorian Inquiry which focused on the impact of the new National Disability Insurance Scheme (NDIS) were published in 2015. The Report found that there is a high incidence of violence against women and children with disabilities. It is extensive and of a pervasive nature. Yet until recent years, there has been a profound silence around the experiences of violence among women with disabilities. Compared to women and children without disabilities, women and children with disabilities are more likely to experience violence and for more extended periods of time.

Issues for [women and] children with disabilities have largely been excluded from most generic policies and from responses to the issue of family violence. Women and children with disabilities have historically been largely invisible in both the disability and women's movements. These factors combine to produce a situation where women and children with disabilities can experience extreme marginalisation and consequently are at increased risks of violence.¹⁵

The second and final report of the Victorian Inquiry investigated why abuse among this client group is not reported or acted upon, as well as best practice in preventing, identifying and responding to abuse, and the powers and processes of Victoria's current investigation and oversight bodies. The Report provides testimonies and personal stories of the abuse of people with disability, their carers and families. These devastating accounts provide substantive evidence of the widespread nature of sexual and physical assault, verbal abuse, financial abuse, and neglect that have occurred across the disability sector, and continue to occur. The Committee also heard about the link between neglect and unexplained deaths.

There is clear and compelling evidence that children and young people with a disability are at substantially higher risk of violence and neglect than those who do not have a disability. This risk is magnified where other risk factors exist, such as poverty (often due to dependence upon statutory benefits),

¹⁵
http://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/58th/Abuse_in_disability_services/FCDC_58-02_Abuse_in_disability_services_-_Final_report.pdf

homelessness and inappropriate housing, isolation, lack of access to community based support services etcetera.

While the NDIS is now being rolled out across NSW, it is disappointing that both the 2016 federal and NSW state budgets failed to commit to disability appropriate affordable housing initiatives, or other community based support services for families with children and young people with a disability who are leaving violence, or who are transitioning to the community after leaving violence.

Recommendations:

It is of great concern that there was no new funding in the most recent state or federal budgets for disability advocates.

1. Long term sustainable funding for disability advocates
2. Long term, sustainable funding for disability appropriate affordable housing initiatives
3. Funding for community based support services for families with children and young people with a disability who are leaving violence
4. Funding for specialist affordable housing for (usually) mothers with children or young people with a disability who are transitioning to the community after leaving violence
5. Awareness training for all health care professionals, educators and social and community service workers in the specific needs of children and young people with a disability so that indicators of risk can be recognised, communication facilitated and access to specialist resources made available

Children and young people who are geographically isolated:

There is a tendency to overlook the diversity within and between rural communities and to view them as a homogenous group. Without understanding the unique characteristics of a rural environment, it is impossible to respond appropriately and fully to women and children in these communities who experience family violence.¹⁶

¹⁶ DV Victoria and Rural Women Victoria

Women, children and young people living in rural areas are sometimes at great distances from support services. Physical isolation means that they may have no social supports around them. Families may live a distance from the nearest available childcare or other community supports, there may be few job opportunities and inadequate public transportation which can increase the vulnerability of families, children and young people in rural and regional areas to family violence. Children and young people are also particularly susceptible to social isolation and financial control in regional, rural and remote areas.

Factors compounding difficulties for children and young people rural, regional and remote areas include:

- Geographic isolation
- A lack of public transport
- A lack of telecommunication technology and infrastructure
- A lack of crisis accommodation and other services
- A lack of financial support
- Fears of breaches of confidentiality if family violence is disclosed

What our members say: Sue is an experienced case manager with an out-of-home provider in a rural area. Sue says: *'There are times when I spend more than an hour just to take a child to a doctor. It will take me the whole day to drive to visit a family and take them to a service. This means that there is no way that I can give each of the families in my case load the same quality of service that families in a metropolitan area would receive. We are funded for the same caseloads as workers in metropolitan areas. This is totally unrealistic and shows no understanding of the work that we are doing or the circumstances in which we are working.'*

Recommendations:

1. The distances, lack of public transport and other physical obstacles that exist in rural, regional and remote communities means that case workers, particularly those in out-of-home care spend large amounts of time transporting clients and their families. Better funding of specific community transport services in these communities would mean that specialist caseworkers' time could be better spent with those families. The funding model for community transport in these

communities also needs to be addressed in order to properly reflect the distances and difficulties of providing transport

2. Many foster carers and out-of-home care workers in rural, regional and remote communities care for high need children without the support that would be available to foster carers and out-of-home workers in metropolitan communities. In many instances it is months between face to face contact with FACS, the Office of the Guardian or other organisations for these carers and workers. Funding to support relationship building between organisations and carers in rural, regional and remote areas would allow for better support, accountability and skills development, particularly with challenging children and young people.

3. In the same way that carers and workers in regional, remote and rural communities do not have face to face contact with government agencies and others for long periods of time, they also lack access to regular training and upskilling. Additional funding for training that is accessible, including funding for accommodation and travel where necessary would be of great benefit.

Culturally and Linguistically Diverse (CALD) children and young people

What our members say: Ernestine, who is herself from a CALD background and is the manager of a community based migrant resources service in western Sydney says: *'CALD families are not more prone to violence. Their children and young people are not more at risk because they are not white Australians. They are more at risk because they are less likely to know their rights, less likely to know where to get help and less likely to access services where that service is provided by someone who only speaks English and does not understand the cultural taboos around talking about 'family' issues outside the family.'*

Families from culturally and linguistically diverse backgrounds face a range of complex issues. For children from culturally and linguistically diverse backgrounds, the effects of exposure to violence may be compounded by cultural differences from the mainstream community, increasing their sense of vulnerability and isolation.¹⁷

¹⁷ [Kids Matter \(link is external\)](#) (2012-13). [Cultural diversity and children's wellbeing \(link is external\)](#) This resource provides an overview of influences related to cultural diversity that may affect the social and emotional development and wellbeing of children from CALD backgrounds. The role of schools in supporting CALD families is also highlighted.

Kaur, J. (JK Diversity Consultants). (2012). [Cultural diversity and child protection \(link is external\)](#). A review on the Australian research of the needs of CALD and refugee children and families. This paper reviews the available research literature on CALD and refugee families in the Australian Child Protection System.

Children and young people from culturally and linguistically diverse backgrounds are particularly vulnerable to the effects of violence and face barriers in seeking assistance or disclosing their experience as they may:

- Be challenged by a limited understanding of English
 - Lack extended family and community support
-
- Encounter difficulties in accessing legal and support services owing to language and cultural differences
 - Be unaware of their rights and of laws prohibiting family violence in Australia and relating to immigration
 - Lack knowledge of housing, income and support services designed to assist women, children and young people who experience family violence
 - Fear that reporting violence will compromise their future residency in Australia or their entitlement to programs and services
 - Fear that their confidentiality will be breached by service providers
 - Originate from societies in which there are strong cultural prohibitions against children and young people talking about family issues outside of the family of the community.¹⁸

What our members say: Bettina has worked for more than 20 years in the field and now works as a family support worker in a large western Sydney MRC says: *While things have improved it is still very hard to find a FACS officer who speaks the language or understands the cultural issues that exist for many of the families I work with. It is very clear to me that parents are very loathe to seek professional help when there is violence in a family. People from different cultures have different attitudes to family violence. Often children and young people believe that they will be punished. They also fear that the family will be separated or that they may be sent back to whatever country they came from.*

What our members say: Kim, who is the manager of a community based child protection program in regional NSW says: *Organisations and individual workers in migrant and settlement services rely heavily upon each other. We recognise that we can't possibly know everything about every culture and language group. We are based in local communities so we develop strong local knowledge and strong local networks. Because we work closely together we know who to call for advice and information so that we can provide information in a culturally sensitive and appropriate way. Unless you provide support that is genuinely accessible, what you do is irrelevant and those children and young people continue to be at high risk of abuse or neglect. This means that they are also at risk of either being removed from their family or of going on the run – which of course means a new level of risk and danger.*

¹⁸ Domestic Violence Victoria 2016

Recommendations:

1. Funding for development of best practice responses to CALD communities in mainstream courts, legal and other family violence services.
2. Recruitment of CALD staff who are bi lingual or multi lingual and understand first-hand the lived experiences of CALD Australians and who are able to engage with cultural competence needs to be a strategic priority for Family and Community Services.
3. Investment in adequate training to build cultural competency within the child protection workforce remains an area in need of better resourcing.
4. Regular consultation with specialist CALD services and identified community leaders about culturally appropriate responses to family violence.
5. Resourcing of specialist CALD services and identified community leaders to establish a 'safe place' for addressing issues around family violence and the rights of children.¹⁹
6. The ASU supports the recommendation of the Productivity Commission and NACLAC for an urgent injection of funding to enable community legal centres to continue to function and to expand their services in rural and regional NSW and to include additional specialist family violence workers, who are from CALD communities and have specialist training for dealing with CALD communities.
7. Investment in community education for parents and pre/school education for children and young people providing information about children's rights and how to access safe adults (such as school teachers, pre-school teachers, child care workers in after school programs, youth workers, community and neighbourhood centre workers etc) to find assistance.
8. Develop programs with key community leaders (faith based centres, community schools, sporting organisations, cultural groups etc) to provide community education and strong community messages about children's rights, how and where to seek assistance.

¹⁹ See also NSW Women's Alliance 2016

9. The State Government should support the ASU submission to the Award Modernisation process which seeks an additional allowance for workers with community languages.

Impact of sexual identity on children and young people:

Social isolation is a key risk factor for children and young people. While geographical, cultural, linguistic and Aboriginality can be sources of isolation, sexual identity can also be an isolating factor, particularly for young people, which can place them at risk when there is a hostile community even where no other risk factors exist.

Around 10 per cent of young Australians experience same-sex attraction, most realising this around puberty. They may be more likely to experience bullying at school and/or greater difficulty connecting with others. In an Australian study, 61 per cent of young non-heterosexual people reported experiencing verbal abuse and 18 per cent reported physical abuse.²⁰

Almost half of gay, lesbian, bisexual, trans and intersex (GLBTI) people hide their sexuality or gender identity because they fear violence or discrimination, with young people aged 16 to 24 more likely to do so than any other age group.²¹ Young LGBTIQ people with a history of verbal, sexual and/or physical victimisation and abuse have higher levels of social and mental health problems than heterosexual young people – including sexual risk-taking, dangerous use of alcohol and drugs, dropping out of school, homelessness, self-harm and attempted suicide.²²

The Safe Schools Coalition was founded in Victoria and delivered with federal government funding in schools nationally, including in NSW from 2013. The program was designed in response to clear and compelling evidence based research from Australia and internationally about the devastating and lasting impact of homophobic bullying of young people, particularly in schools,

²⁰ Beyond Blue at: <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>

²¹ William Leonard, Marian Pitts, Anne Mitchell, Anthony Lyons, Anthony Smith, Sunil Patel, Murray Couch and Anna Barrett. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Monograph Series Number 86. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

²² Beyond Blue at: <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>

including the tragic suicides of some young people. It was supported by a range of community organisations and government agencies including the Family Planning Association, Beyondblue, the Black Dog Institute, Twenty10, Q Line and others.

What our members say: Matt is an experienced psychologist who works in a regional mental health program for a large faith based organisation. Matt says: *I am a gay man who grew up in a loving family in regional NSW. I knew I was gay at a young age but I was not stereotypically gay – my family and other people did not know that I was gay. But I knew from the media and from what people, including my family members said that it was wrong to be gay. This made me question myself – my identity. I heard and saw horrible things about gay people and felt that those horrible things were being said about me – it meant that there must be something wrong with me. This was really traumatic for me as a young person growing up. I saw people who were gay or lesbian being bullied and I was frightened. I felt unsafe and instead of concentrating on doing well at school I was concentrating on protecting myself. I constantly felt unsafe and feared being stigmatised or bullied. Eventually someone did find out at my high school that I was gay and I was bullied.*

As a mental health care practitioner now I find it absolutely amazing that governments do so little to address this problem. I'm a psychologist. I've done OK for myself. But the toll this sort of thing takes on you is real and it's horrible. I've seen some really tragic outcomes for young people as they develop.'

There is clear evidence of the risk factors affecting young LGBTIQ people. It is an area that can and should be funded by government. However, both the NSW state and federal government budgets in 2016 failed to commit any funds for LGBTIQ community organisations to deliver awareness raising, education, advocacy or inclusion training that could help prevent violence against LGBTIQ young people and mitigate against other risk factors, including early school leaving, homelessness, mental health problems, drug and alcohol abuse, street violence and ultimately – suicide.

In our view it is extremely short sighted and damaging that the Safe Schools program was defunded by the federal government in 2015. We are reassured that the Victorian government has announced that it would fund the Safe Schools program in Victoria for the next three years. However, there remain children and young people throughout Australia who are now at real risk without the benefit of this evidence based and successful program.

Recommendations:

1. There needs to be investment in specialist services to enable delivery of awareness raising campaigns, education, advocacy and inclusivity training in all government agencies and non-government services dealing with children and young people at risk.
2. There needs to be investment in specialist services to enable delivery of awareness raising campaigns, education, advocacy and inclusivity training for all health care, social and community services and education professionals, including medical practitioners, psychologists, teachers etc
3. The NSW Government should fund the Safe Schools project in NSW
4. There needs to be investment in specialist crisis support and accommodation services for LGBTIQQ young people who are experiencing or escaping violence.²³
5. There needs to be an expansion and extension 'Come As You Are' program funding through Headspace programs to provide for specialist LGBTIQQ programs
6. It is important to not pathologise being LGBTIQQ – funding should be provided to high schools and community organisations to mainstream positive and creative opportunities for LGBTIQQ young people to engage with mainstream services and social opportunities. These services also provide soft referral opportunities when conducted by trained professionals
7. There needs to be provision of specialist refuge and out of home care for young LGBTIQQ people escaping violence

Impact of poverty and homelessness on children and young people:

What our members said: Lyn, who is the CEO of a Family Support Service in regional NSW said: *Stable, secure and affordable housing is the biggest factor in giving a family the base needed to allow them to make connections with organisations and community groups as well as specialist child protection services who can support them to break the cycles of poverty and disadvantage which are often at the base of child protection issues.*

²³ See also NSW Women's Alliance 2016

The ASU represents workers employed at NCOSS and other peak organisations in NSW. NCOSS says: Sydney has a higher rate of poverty than any capital city in Australia at 15% and thousands of people experience homelessness every night. More than half of low to middle income families are experiencing housing stress, and this is a major driver of child poverty here in NSW.²⁴

There are almost 900,000 people in NSW who are experiencing poverty today. More than one in five of those people are children. 13.8 percent of children under the age of 15 are experiencing poverty – a rate higher than any other mainland state. Almost 1 in 7 children live in households below the poverty line.²⁵

International evidence consistently confirms that socio economic disadvantage – poverty – is a major risk factor for abuse and neglect of children and young people in their family and community. It is a particularly potent indicator when combined with other factors, such as living in a rural or regional area, being from an Aboriginal or CALD community, having a disability or health problem, or being otherwise isolated. Poverty also means that those children and young people are also more likely to have health and behavioural problems, experience housing and food insecurity, and not achieve their full potential at school.

We know that Aboriginal people, people from CALD backgrounds, people with disability, people who are unemployed, people with mental health concerns, older people and young people are at greater risk of experiencing poverty and disadvantage.

The ASU represents workers at Homelessness Australia. Homelessness Australia says: Nationwide [homelessness] services are currently experiencing unprecedented demand and the affordable housing crisis has been well documented. It is expected that the 2016 Census will find an increase in the number of homeless people – rough sleepers, young people and women and children escaping domestic and family violence.

Beyond 2016/17 things become even more bleak for people at risk of or experiencing homelessness as the forward estimates have not included any extension of the National Partnership Agreement on Homelessness (NPAH) which is due to end in June 2017. The NPAH represents \$115 million per annum of Federal funding that enables hundreds of homelessness services nationally to provide programs to women and children affected by family violence, rough sleepers, young people leaving state care and those at risk of homelessness. 80,000 clients [around Australia] are supported each year, to rebuild their lives, by programs funded under the NPAH. Without these programs many of these clients will be unable to be assisted, and will remain homeless or fall into homelessness. [The federal budget also failed to provide funding for indexation in the current year, further reducing the funds available to the sector.]

²⁴ (NCOSS 2015).

²⁵ *ibid*

We have to work towards scaling up our response to homelessness in Australia – reducing an already stretched service system with no investment in affordable housing- is just not good enough. Services are at breaking point and communities across Australia will continue to see more and more people turned away from services and on the streets. We need some national leadership on ending homelessness.²⁶

Recommendations:

The ASU represents workers at the YFoundation. The YFoundation says: It is vital that all young people have access to a safe, supportive environment, which they identify with and feel a strong connection to. A stable home and place promotes growth and fosters positive development. A lack of housing affordability means that a having a stable place to live and develop a connection to is being put out of reach of many young people, especially those from disadvantaged background.²⁷

1. The NSW Government should support homelessness services in NSW by supporting continuation of the NPAH beyond 2017 and be accordingly indexed so that front line homelessness services can continue to provide essential housing and support services for people experiencing homelessness.

2. There appears to be no strategic plan or budget allocation for transitional housing for those families leaving refuge accommodation, women with children who are leaving refuge accommodation or young people leaving out-of-home care in either the federal or NSW state 2016 budgets. There is also no commitment or budget allocation in either the federal or NSW state budget to long term, safe and sustainable affordable housing. A lack of affordable housing exacerbates the stress associated with poverty, disability, mental and physical health problems and addiction, as well as family violence.

Lack of appropriate and affordable housing is a high indicator for children at risk and is a factor that can and should be addressed by government.

3. The 2016 NSW Government Budget has committed no new money to government-funded refuges and frontline services that are the first responders for women, children, young people and families.

²⁶ Dr Michael Coffey, Homelessness Australia, May 2016

²⁷ Chris Stone, YFoundations 2016

4. The ASU represents workers at the NSW Women's Alliance. The NSW Women's Alliance says: The majority of domestic and family violence services and homelessness services in NSW are already substantially exceeding client targets.²⁸ Yet there is no increase in resource allocation for responding to domestic and family violence indicated in the NSW 2016 Budget forward estimates.

5. There was also no new allocation of funding for the Staying Home Leaving Violence (SHLV) project which would allow the program to be extended beyond the current programs. International evidence is consistent in confirming that children and young people are at higher risk of leaving school and leaving home when there is violence in their home. Similarly, we know that children are more likely to be removed and placed into out-of-home care when there is violence in their home.

SHLV has been evaluated and found to be a highly successful way to keep non-violent members of a family together, which is widely regarded as the best way to mitigate or eliminate other risk factors.²⁹ Again, this is an identifiable and well researched factor in reducing children and young people at risk. It can and should be addressed by government.

We welcome the NSW Budget allocation to the Start Safely project, which provides rental assistance to (most often) women and children escaping violence.

What our members say: Kathryn McKernan is the CEO of Homelessness NSW. Kathryn says: *Unfortunately this money is effectively a subsidy to landlords rather than improving the capacity of those mothers, children and young people to live safely and independently.*

Our members have also welcomed the rollout of the Safer Pathway program. However, currently there are insufficient details to allow a proper assessment of how this project will operate or how it will relate to other government and non-government agencies and organisations.

ASU members have said that they welcome the NSW State Government budget allocation for the establishment of a Domestic and Family Violence Innovation Fund. However, as there is little or no detail provided in the budget papers, it is difficult to say whether this will impact measurably on children and young people at risk.

²⁸ NSW Women's Alliance, July 2016

²⁹ *ibid*

The ASU represents workers at the Women's Electoral Lobby (WEL). WEL says: *Women's refuges save lives. [We] need a properly funded women and children's safety program. Domestic and family violence services are grossly under resourced in Australia. We are back to the seventies with community groups setting up women's refuges without government funding. Premier of Victoria, Daniel Andrews, has shown the way by announcing a half billion dollar program within days of tabling of the Report of the Victorian Royal Commission into Family Violence.*³⁰

Family violence is a key indicator for children and young people being at risk. Women who escape violence often have young children with them when they flee. The ASU represents workers employed at women's refuges throughout NSW. In 2015 the Coalition commissioned a survey of services funded following the Going Home Staying Home reforms.

What our members say: Spokesperson for the Coalition, Fran Hayes said: *'Our report examined all of the women's refuges listed on the FACS website. The results were conclusive. More than half of the refuges said that they no longer received funding for child focussed workers and they also did not receive funding for specialist children's programs. This is because of the way that funding packages are delivered under Going Home Staying Home. This is a major problem for refuges because many of the children are very traumatised and over the years they had developed specialist programs and skills for working with those children. Of course they still try to deliver what they can but it is extremely difficult work and without funds it is very difficult to deliver programs properly.'*

Impact of mental health issues, alcohol and other drugs of addiction on children and young people:

What our members say: The ASU represent workers at the YFoundation. The YFoundation says: *It is vital that all young people not only feel safe, but are actually protected from risk factors that may impede their developmental process. During childhood and adolescence, young people must receive the necessary support to ensure they develop a strong safety system, both internally and within their external networks.*³¹

Substance misuse, mental health problems and domestic violence are commonly associated with child protection involvement and are described as key risk factors for child abuse and neglect. There is substantial research documenting the association between these parental problems and poor outcomes for children. Children are particularly vulnerable to cumulative harm in families

³⁰ Helen L'Orange AM, Chair, Women's Electoral Lobby Australia, 3 May 2016.

³¹ Chris Stone, YFoundations 2016

with multiple and complex problems in which the unremitting daily impact of multiple adverse circumstance and events has a profound and exponential impact on children, and diminishes their sense of safety and wellbeing.³²

Similarly children and young people with mental health problems have a higher risk of being the victim of family and community violence. They also have a higher risk of self-harm and suicide. The challenges of living life affected by a mental health disorder cannot be overstated.

Many factors can combine to compound the negative life experiences of those with poor mental health. Children and adolescents with emotional and behavioural problems have lower self-esteem, are less likely to achieve well in school and engage productively with their peers.³³

Young people are said to ‘carry the greatest burden of mental illness.’ This is because more than 75% of all severe mental illnesses occur prior to the age of 25. In a 2000 study that specifically targeted the mental health issues of children and adolescents aged 4 – 17 years, it was estimated that 14% experience mental health problems.³⁴

It is vital that all young people, particularly during the formative stages of their growth and development, are physically, socially and emotionally well. Being well and feeling healthy will promote self-worth and confidence. A young person who feels physically and emotionally strong is more likely to engage in healthy activities, seek out positive relationships, and feel optimistic about their future.³⁵

One of the most successful programs for assisting young people with mental health problems has been the Early Psychosis Youth Services (EPYS). The program works with young people aged between 12 and 25 who are at high risk of, or have experienced, a psychotic episode for the first time. It involves specialist teams that treat patients, while also helping them secure accommodation, return to school or find work. They also support families to improve patients' chances of recovery. The program's model of care, created in Australia, had been adopted in Canada, the UK, Denmark and Hong Kong.

What our members say: Chris, who is an experienced social worker in a specialist youth mental health program says: *‘We welcome funding for mental health services in this year’s state budget, but it won’t be enough to make up for the loss of funding from the federal government. The Federal Department of Health has written to us to say that they will ‘discontinue implementation of the EPYS*

³² Bromfield & Miller, 2007

³³ Kids HelpLine, Beyond Blue,

³⁴ Kids HelpLine

³⁵ Chris Stone, YFoundations

model of care'. This will mean that there will be a cut of \$156 million funding to 75% and a further cut next year of 30%. Services are already stretched to capacity and unable to meet the needs of all young people and their families. Cuts like this will mean less young people will get the care and support that they need early on, increasing the likelihood of more acute problems in their future and a further strain on out health care system.

The ASU represent workers at Headspace, a specialist program for young people with mental health problems. Professor McGorry, one of Australia's leading mental health experts, who helped develop the EPYS program, which operates out of Headspace, said that *'almost certainly, lives will be lost'* and that *'dismantling the program would mean losing not just individual specialists in psychosis, but also the teams that conduct holistic treatment for patients'*.

A senior source at one of the program's centres, who preferred not to be named, said that while they could continue to treat patients over the next year on reduced funding, he feared that ultimately it would *'go back to how things were before [the program], with people slipping between the gaps, with conditions too complex for primary care and deemed not serious enough for the state system'*.³⁶

What our members say: Linda, who is the CEO of a metropolitan rehabilitation service for recovering addicts with children, says: *We work very closely with government and non-government services to ensure that our clients have the best possible chance of recovery and the best possible chance of making things work with their children. Most of our clients have multiple problems – they are very complex cases. We know who does what well and where they are and we can plug our clients into the best services very quickly and be assured that they will be well looked after when they leave us. This gives them and their children the best chance of success.*

Everyone in the sector is worried about the reforms that are being introduced into drug and alcohol services this year. We're worried about competitive tendering. It is such a specialist area and we rely on each other so much – none of us want to see this damaged by being forced to compete against each other for funds instead of cooperating to get the best we can from each other in the interests of our clients and their children. I don't see how this can help.'

Recommendations:

³⁶ SMH: 29/4/16

1. Greater investments into and application of trauma-informed therapeutic interventions are needed. Trauma informed practice should be standard in all services being accessed by young people.
2. Improve access to mental health and trauma specialist services including DFV counsellors, family counsellors and psychologists.
3. Commit resources to increasing the evidence base on prevention of, and early intervention in, poor health during adolescence.
4. Invest in developing a robust and well-trained workforce that is prepared and equipped to support the needs of adolescents by designing and delivering specific training for health service professionals working with young people, to improve understanding of the age group and their needs.³⁷
5. While reform is necessary in the sector, competitive tendering should not be introduced as the procurement model in the health department for application in mental health, alcohol and other drugs of addiction services.

III) Committee term of reference: Other matters

Legal services:

In 2014 The Financial Rights Centre commissioned a report to examine the role and efficiency of community legal centres (CLC's) – the so-called Stubbs Report. The report addressed the economic efficiency of CLC's against key performance indicators and dealt primarily with communities defined by key indicators of risk for children and young people. The ASU represents workers in community legal centres, including the Financial Rights Centre.³⁸

Community Legal Centres in NSW have historically undertaken policy and law reform as part of an integrated suite of services designed to meet the legal needs of those disadvantaged socially and economically, and to improve access to the legal system and to justice for such individuals and groups. For at least two decades, it has been argued by the CLC sector, academics, institutional leaders and decision makers that combining policy and law reform activities with a primary focus on frontline services leads to a more efficient use of resources through reaching more people than could be achieved by casework alone; assists in the proper operation of the legal system through helping people to obtain

³⁷ Paul Stone, YFoundation 2016

³⁸ Stubbs J Adding Public Value: The integration of frontline services and law reform in the NSW Community Legal Sector , August 2014

appropriate legal remedies; and leads to more just outcomes for disadvantaged individuals, groups and society as a whole through changes to policies or legislation with unintended consequences or perverse outcomes.³⁹

Stubbs finds that policy and law reform activities undertaken by CLC's provide good value to society, are generally of high merit, and meet the social and economic objectives of government and the sector when assessed against key outcome measures. Policy and law reform activities appear to be targeted widely, and are grounded in case work, and so respond to an identified need in the community. While many of the activities are targeted towards more disadvantaged groups within the community, this is largely because these people form a large part of the client base of community legal centres.

Importantly, Stubbs finds that there is an important role for the sector in continuing its work in policy and law reform, integrated with front line services, to maximise the efficient use of resources, further the objectives of government, and support access to justice for all people, particularly those most disadvantaged in Australian society.⁴⁰

It is significant that in its report, *Access to Justice Arrangements*⁴¹, the Productivity Commission confirms the view of the Stubbs report, ASU members at NACLAC and throughout the social and community services sector in recognising the cost efficiency of community legal centres, including specialist community legal centres. The report specifically deals with violence against children and young people and makes clear and priority recommendations for an urgent additional funding of \$200m p.a. for legal assistance services.

Recommendations:

1. The ASU supports the call for an urgent injection of funds, in line with the recommendations of the Productivity Commission and NACLAC for ongoing sustainable funding of the community legal centre network in NSW.
2. Invest in a genuine and community based consultation, including peak bodies such as NACLAC, ALS, NSW Women's Alliance, DVNSW, YFoundation, RapeDV Australia, the Ethnic Communities Council and others with respect to the establishment of specialist family violence courts, including specialist workers and facilities for children and young people affected by violence, based upon

³⁹ *ibid*

⁴⁰ *ibid*

⁴¹ Productivity Commission Access to Justice Arrangements No 72 2014

experience and best practice models developed in other jurisdictions such as Victoria

Supporting workers in the social and community services sector

1. Workplace stress and vicarious trauma:

Work can impact on the mental health of staff. In demanding occupations such as child protection burnout and vicarious trauma are the most common impacts. Burnout results from contact with people and difficult or impossible workloads or deadlines. Burnout can occur in any industry or workplace and is not specific to child protection or trauma work.

Vicarious trauma results from contact with trauma, traumatised populations and trauma material. Workers can experience either or both but only those who have contact with trauma material or traumatised populations will experience vicarious trauma. The impacts of vicarious trauma are similar to the impacts of post-traumatic stress disorder (PTSD) but generally not as severe as those impacts experienced by a person who has directly experienced the trauma.

Child protection work involves exposure to emotionally disturbing information about children, young people and their families. These can be extremely traumatic situations. The capacity to empathically engage with this information and listen, validate, understand and respond to the trauma of others is a vital aspect of service delivery. Exposure to traumatic material involves risk to the emotional and psychological health of staff. These risks can lead to vicarious trauma.

Vicarious trauma, if not managed can be a debilitating emotional and psychological impact of connecting with the traumatic and disturbing life events of other people. Vicarious trauma can accumulate over time, through interactions with a variety of clients and can change the staff member's overall view of the world and the people around them. It can affect cognitive functioning and values, and can be debilitating.

What our members say: Victoria, manager of a Sydney metropolitan specialist service for women and children experiencing violence says: *'There appears to be a lack of recognition of the very specialised nature of providing DV services. Dealing with family violence requires very specialist skills within a longer term trauma-based framework. These highly skilled workers also need professional clinical supervision because they themselves are vulnerable to vicarious trauma as a result of the issues they are dealing with every day. Domestic violence is not the same as any other area of work – constantly working with women and children in crisis leads to vicarious trauma in counsellors. We need specialist support and*

professional development if we are to maintain professional standards of service delivery. Our service has a reputation for providing world's best practice standards because as the manager I invest heavily in making sure that our team is well trained and well supported.'

The 2007 WorkCover NSW Safe Work Awards recognised the NSW Rape Crisis Centre, now the Rape & Domestic Violence Services Australia as the Winner for the Best Solution to an Identified Workplace Health and Safety Issue. The Centre is funded by the NSW Department of Health but remains a not-for-profit organisation with a community based management committee. It is recognised internationally as setting the benchmark for professional practice in the area of rape and family violence counselling and is also now regarded as one of the world's leading centres of excellence in vicarious trauma research, training and counselling. The Centre employs a team of extraordinary, highly skilled and qualified counsellors with extensive experience in the area of sexual assault and domestic violence.

The service currently provides a 24-hour telephone and online crisis support and referral service for people who have experienced sexual and family violence. The NSW Rape Crisis Centre has recognised that their counsellors will experience vicarious trauma, that it is a work health and safety issue and that systems to manage the impact so they do not become an injury are essential.

The Service uses the occupational health and safety hierarchy of control to direct its multi-pronged approach to monitoring and managing the impact of vicarious trauma. This work is embedded in all aspects of counsellor support and quality assurance. Tools include employing qualified and experienced counsellors, providing extensive orientation and support, having clear guidelines and directions for counselling work and ensuring all counsellors participate in regular formal supervision. The Centre ensures that the levels and types of support are dynamic. It provides ongoing professional development, measures individual vicarious trauma indicators and monitors vicarious trauma levels against those indicators. The Service implements a personalised self-care and management plan for each counsellor.

The initiative has achieved tangible benefits since its introduction. By confirming that vicarious trauma is a tangible injury, it can be acknowledged, diagnosed and managed before it adversely impacts on the worker. It is noteworthy that there have not been any compensation claims for psychological injury resulting from vicarious trauma since the program's introduction. In 2015 the Centre saved \$85,000 in its annual workers compensation bill as a result of this work. The saving paid for the vicarious trauma management plan.

In awarding the Centre, the Judges said: 'This is a systematic and best practice approach to controlling a known hazard, protecting the health and wellbeing of counselling staff and preventing psychological injuries. This solution is outstanding, with potentially broad application across large and small health and community services. This service demonstrates a very high level of awareness of

and commitment to OHS in general. It sets an excellent example for other organisations.'

The ASU represents workers at the Rape and Domestic Violence Service Australia. Executive Officer of RDV Australia, Karen Willis said: *'I think that any organisation that is employing highly skilled, compassionate, caring individuals, and requires them to work with some of the most vulnerable in our community, and does not ensure that the worker's vicarious trauma impacts are acknowledged and managed is acting unethically. The organisation is saying that it is accepting that there is a risk to the mental and emotional health of its staff and not doing a thing to mitigate that risk. This is unacceptable no matter how you look at it.'*

Recommendations:

There is clear and compelling Australian and international evidence on the impact of working with families under pressure. Working with children and young people at risk is specifically recognised as a key factor in the diagnosis of vicarious trauma and other stress related illnesses in those who work in child protection.^[2] This is an issue that confronts workers in government and non-government organisations and agencies, faith based and secular services and affects all professions. It is an issue that has serious and potentially long term harmful effects on the individual concerned, their family and work colleagues as well as on clients. It impacts individual and organisational productivity and also has a financial impact in terms of workers compensation and other related health costs.

The research and other work done by Rape & Domestic Violence Services Australia has been ground breaking and is now the undisputed model for international best practice among organisations and agencies involved in trauma work. This approach to the prevention, diagnosis and treatment of vicarious trauma resulting from working in the field of child protection sexual assault and domestic violence has been shown to both prevent and mitigate the impact of vicarious trauma on workers and organisations.

1. That there is specific recognition of the impact and risks associated with vicarious trauma upon workers dealing with families, children and young people at risk, family violence and sexual assault.
2. That a joint consultative committee should be established that includes the directors of appropriate government departments and Rape & Domestic Violence Services Australia to develop a training program and a program for professional clinical supervision for all agencies and services engaged with families, children and young people at risk and family violence and sexual assault.
3. That there should be funding available to implement a sustainable professional training program and professional clinical supervision in a manner determined by this joint consultative committee

2. Portable Long Service Leave:

Increasingly the social and community services sector has become a mobile workforce. This trend will only increase with the advent of the NDIS, Aged Care reforms together with state funding reforms and changes. The sector is marked by a largely female demographic, more likely to retire with no savings, no superannuation and less likely to own their own home. Highly skilled, qualified and experienced professionals leave the sector because of remuneration and security other income issues. The ASU strongly supports the development of a portable long service leave scheme, similar in nature to that currently operating in the ACT and in other industries for SACS workers. We point to the Victorian Upper House Inquiry into this issue as being an important first step towards the introduction of the scheme in NSW.