

The logo for URBIS, featuring the word "URBIS" in a bold, white, sans-serif font. The text is contained within a white square frame that is partially open on the right side. A white vertical line extends from the top of the frame down to the top of the page, and a white horizontal line extends from the right side of the frame across the top of the page, creating a grid-like structure.

**URBIS**

# **REVIEWS OF THE NSW CHILD PROTECTION SYSTEM 2008-2019: AN ANALYSIS OF KEY FINDINGS AND DEGREE OF IMPLEMENTATION**

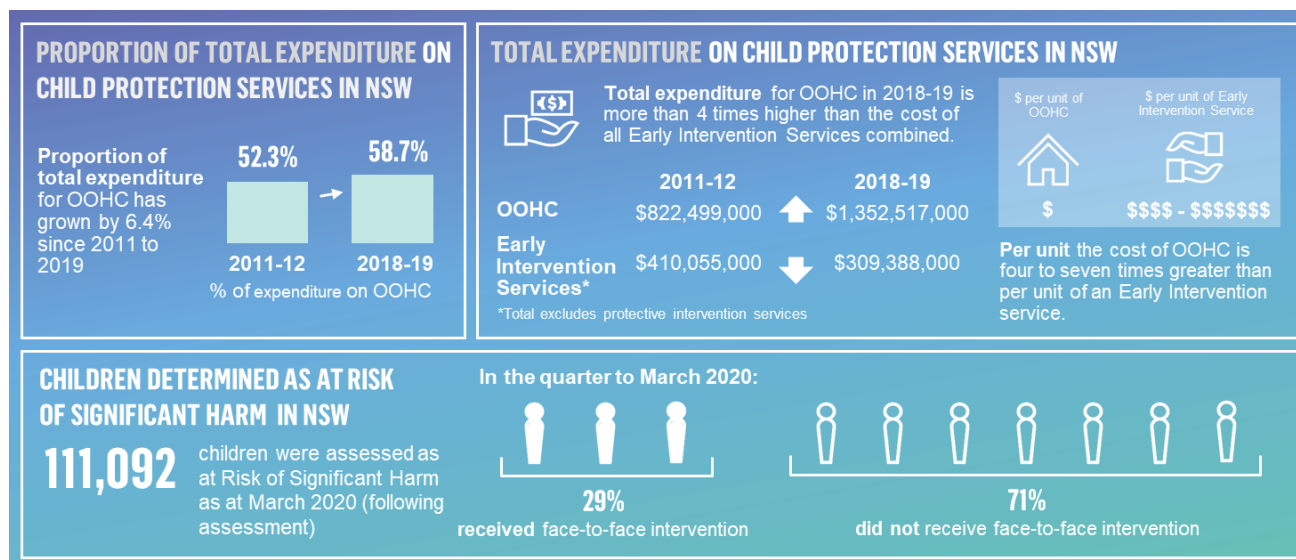
Prepared for  
**NSW FAMILY SERVICES INC (FAMS)**  
30 November 2020

# EXECUTIVE SUMMARY

Despite extensive investment by the public sector, and reform across the child protection sector, too many children in NSW remain unsafe. In the year to March 2020, more than 110,000 children were assessed as at risk of significant harm, with only 29% of these children in this time period receiving a face to face intervention.<sup>1</sup> Simultaneously, the rate of children in Out-of-Home Care (OOHC) has been increasing for a decade, with spending on OOHC significantly outweighing that spent on targeted early intervention services.<sup>2</sup>

The NSW Committee on Children and Young People self-referred an inquiry into child protection and the social services system on 23 September 2020, with submissions to the inquiry due on 11 December 2020. In their role as an advocate for children and families, the Fams submission will argue that evidence-based early intervention and prevention services are key to supporting vulnerable children and families, with the potential to keep children and young people from entering the OOHC system. Furthermore, Fams will present evidence that while significant government and community investment is being made into the child protection system, funding remains focused on crisis care versus targeted early intervention services. Consequently, NSW is not seeing improvement of sustained and positive outcomes for children and their families.

To provide a strong evidence-base for the Fams submission, Urbis has undertaken a review of past inquiries into the NSW child protection system between 2008 and 2019, to determine the extent to which these inquiries have arrived at consistent findings and their recommendations have been implemented.



## ABOUT FAMS

Fams advocate for better public policy, advising on how to achieve sustainable outcomes, and acting to help keep vulnerable children safe, and build strong and supportive families and communities. Children are kept safe by quality human services that help children and families when and where they need it. Specifically, Fams contribute to population outcomes through:

- Building skills and knowledge in outcomes-based frameworks to enable organisations to collect and use data to inform practice and collaborate to provide better results for clients, practitioners and organisations; and
- Systematic policy and advocacy to inform and enable the government to implement solutions that support vulnerable children, families and communities.

<sup>1</sup> DCJ (2020), Caseworker Dashboard March 2020 Quarter, [https://www.facs.nsw.gov.au/data/assets/pdf\\_file/0004/784903/Caseworker-Dashboard-March-2020-quarter-final.PDF](https://www.facs.nsw.gov.au/data/assets/pdf_file/0004/784903/Caseworker-Dashboard-March-2020-quarter-final.PDF)

<sup>2</sup> Productivity Commission (2020), *Report on Government Services, Part F, Ch. 16*, <https://www.pc.gov.au/research/ongoing/report-on-government-services/2020/community-services/child-protection/rogs-2020-partf-section16.pdf>

## KEY FINDINGS

<p><b>Reviews of the NSW child protection systems between 2008 and 2019 consistently arrive at similar findings regarding the failings of the system</b></p>	<p>The four reports included in this review (Wood report 2008, Tune review 2016, Donnelly inquiry 2017, and Family is Culture 2019) all highlighted the significant failures of the NSW child protection system to adequately protect vulnerable children and families, despite decades of reform. Common findings related to:</p> <ul style="list-style-type: none"> <li>▪ The need for the child protection oversight architecture to be simplified and improved.</li> <li>▪ The volume of reports being unmanageable, with many children who are the subject of a suspected risk of harm report not receiving an appropriate response.</li> <li>▪ That support for young people leaving OOHC must be sufficient to ensure they are able to transition to independence.</li> <li>▪ The inadequate funding for early intervention and prevention services resulting in a system that is difficult to reorient from one of crisis response.</li> <li>▪ The clear need to address the overrepresentation of Aboriginal children and families in the child protection system.</li> <li>▪ That interventions and investments must be evidence-based.</li> <li>▪ The need for workforce capacity to be strengthened and caseworkers to be adequately supported to do their job.</li> </ul>
<p><b>Less than two-thirds of recommendations from the reviews have been fully or mostly implemented</b></p>	<p>This review examined the implementation of recommendations contained within three reports (Family is Culture 2019 was excluded given the recency of this report). The NSW Government broadly supported the recommendations contained within the Wood report 2008 and the Tune review 2015. In relation to the Donnelly inquiry, the NSW Government supported some recommendations (12 of 28), although noted many key reforms already underway addressed many of those that were unsupported. In total, only 100 of 161 recommendations across the three reports have been mostly or fully implemented.</p>
<p><b>Recommendations not implemented are focused on independent oversight, early intervention, redesigning intake and assessment and whole-of-system reform</b></p>	<p>Across the three reports, there are several recurring themes in the recommendations, which broadly relate to: expanding early intervention services; strengthening independent oversight; redesigning/improving intake and assessment processes and practices; improving leaving care planning and support; and, building the evidence base for interventions that work to reduce entries into OOHC and improve outcomes for families. Recommendations that remain not implemented have immediate resourcing implications, and focus on boosting funding for early intervention, increasing independent oversight, redesigning intake and assessment and whole-of-system reform to reduce entries into OOHC.</p>
<p><b>Consistent findings and significant investment into implementation have not lead to the systemic change desired</b></p>	<p>It is beyond the scope of this review to determine why successive inquiries into the NSW child protection system that have arrived at broadly consistent findings have not had their recommendations fully implemented, or been able to catalyse significant systemic change. The problems are well understood, but there appears to be barriers, either in capacity, authority, will (or a combination of these), to implement all the recommendations as intended. As such, the capacity for reforms to achieve the ambitious objectives outlined in each report is limited.</p>

