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Elevating Family Preservation: Harnessing Sector Expertise for a Redesigned Service Model in NSW

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

Overview

The Family Preservation sector is hopeful and enthusiastic about the redesign of Family Preservation and the positive impacts changes may have on the children and families they support. They are aware of the constraints under which they are working and seek to work with Department of Community Services (DCJ) as a genuine partner in supporting children and families in ways that are proactive, agile and responsive.

Fams hosts regular sector forums with sign up of over 130 services providers. During recent forums, the focus has been on what the sector sees as essential considerations for the redesign, with several core ideas and points of agreement consistently raised. This document compiles these insights from the sector, offering a foundation for informed decision-making regarding the redesign from the perspective of those who understand it best; the people who work with these families every day to ensure the safety and well-being of children. The document is driven by intentions of compassion, hope, and commitment to making our system more effective.

Sector Insights

1. *When we talk, let's remember who we're talking about*

Language holds immense power, and the words we choose establish the framework for everything beneath them. If genuine transformation is to occur within the child protection system, it is imperative that our language reflects the care we aim to extend to the children who the system is designed to safeguard. Centring the child in all language, moving away from economic terminology, we ensure a constant reminder that the entire structure of this system is oriented towards the well-being and protection of children. As an illustration, we might replace "unit costing" with "per child/family investment" to better convey our commitment to their welfare. While we know changes to programmatic responses are essential, for these to be effective, we need to relate all that we do to the core reason for the systems existence; to protect children and support families.

2. *Move away from having to report to get support- TEI and Family Preservation as a continuum of care*

Early intervention and prevention aims to support families to thrive, and to do everything possible to prevent child removal. Viewing Targeted Early Intervention (TEI) and Family Preservation (FP) as interconnected steps on a continuum of care, offering varying levels of

support that can be adjusted according to a family's evolving needs (step up and step down), presents a more holistic approach.

The conclusion of Family Preservation services often reveals a need for ongoing support to sustain positive changes, mirroring the support provided by TEI. In rural areas, the absence of locally available TEI services often leads to re-referrals into Family Preservation as leaving a family unsupported at this critical point would put at great risk the change work that has been established.

For rural and regional services, the consolidation of TEI and Family Preservation services within one organisation or ensuring access to both service types within a community, would facilitate continuity of support and capitalise on established trust. This approach is crucial for sustaining behaviour change to ensure families are supported to exit the system permanently. This is particularly important for Aboriginal Community Controlled Services who at this time have limited TEI funding and therefore limited culturally specific TEI service referral options. The alignment of commissioning cycles of TEI and Family Preservation presents the ideal opportunity to consider implementing a continuum approach.

Family Preservation has the capacity to turn the trajectory of a family, particularly when the family has self-identified need for support and prior to family stability significantly deteriorating. Often, when a family becomes eligible for service via a DCJ referral, the family has been on community services radar for some time (particularly health and education) and is now in crisis. Stabilisation and crisis management then become the primary support focus, often spanning the first 6 months of service. This emphasis on crisis response impacts the time available for concentrating on building parenting capacity, the primary aim of Family Preservation, frequently leading to requests for service time extensions. Such extensions, while understandable in the context of immediate needs, can impact model fidelity, which has well-defined specifications regarding service duration.

Case study 1

A community service contacts the local DCJ CSC about a young Aboriginal mum who is homeless and about to give birth. DCJ contacts the Family Preservation Service and ask the service to take her on as a community referral to avoid the need to report due to the detrimental impact of multiple reports. As the service can only take 10% community referrals which has a long waitlist, the mum cannot be given service as it has not come officially through DCJ with a Universal Referral Form, even though DCJ and the service have assessed her as an appropriate and urgent referral.

Increasing the ratio of community referrals (currently 10% community, 90% DCJ) or having DCJ FP or IFP funded services considered within the 90% referrals, would enable early support for families, potentially reducing the necessity for crisis management. Granting more autonomy

and responsibility to NGO services in determining the appropriateness of stepping up or stepping down support for a family could lead to fewer helpline reports, decreased workload for DCJ, enhanced service responsiveness, and most importantly, improved service alignment and outcomes for both children and families.

3. *Disrupting the cycle of rereport and closure and looking to alternatives*

Children and families in Family Preservation services are getting caught in a cycle of rereport, when there is an escalation in risk without a corresponding response from DCJ. When a service has attempted to address the escalated risk to no avail and determines it is too unsafe to continue service, helpline reports are made by the service to report the increased risk. These reports are generally closed at the helpline, as the SCRPT tool determines a lower risk level as there is a service involved, even when it is the same service that identified the risk level as too high to continue their work.

Case study 2

A Family Preservation service is working with a mum and dad who both have significant disability and are parenting 5 children also with significant disabilities. The service is providing 2-3 home visits a week for support with parenting. The service provided is clearly not meeting the needs and complexities experienced by the family. One week, the mum is severely assaulted by one of her children and hospitalised. The Family Preservation service believes Intensive Family Preservation would better meet the family's needs, but can't directly refer in. Rosh reports are made but closed at the helpline as the family is already with a service.

Likewise, if risk reduces within a family receiving Intensive Family Preservation support and they wish to transition to Family Preservation, to access Family Preservation services without significant wait time (via DCJ referral) a report also needs to be made. Again, this impacts DCJ resources, but most importantly, contributes to greater number of reports for a family even when positive progress is being made and holds up access to IFP services for other families.

The accumulation of unnecessary reports poses an increased detrimental risk for Aboriginal children and families, particularly considering the challenges highlighted by AbSec regarding the Structured Decision Making (SDM) system. This situation further contributes to the overrepresentation of Aboriginal children in the care system.

One strategy to support remediating this issue is to include a professional judgement weighting in helpline assessments when DCJ funded services are reporting escalated risk in order to

access to step up services. Also, giving FP and IFP more opportunity for direct referral into services to reduce helpline reports like point 2 above, would mean families are treatment matched and responded to in a timelier way. This could be done in consultation with DCJ to present the case, but without the need to go via the helpline.

4. *Flexibility in service models to ensure they are responsive to community need*

To adequately respond to community need, service design needs to ensure flexibility to meet the needs of the families in the context of their community, including responding to service scarcity in rural and regional areas. For example, having in-house therapists that families can access that are specific to the needs of families in family preservation, with capacity for comprehensive treatment plan development would significantly enhance the quality of care for children and families.

5. *Consider previously trialled and successful models*

SafeCare® and Voices and Choices have been trialled in NSW and demonstrated positive benefits to families engaged in these programs. The sector has raised concerns that these two programs do not seem part of the current design conversations and would like them to be considered. Sector experience in delivery is that the warm referral, centring the voice of the child and the family autonomy components of Voices and Choices, were particularly impactful to initial and sustained engagement with families, and that "DCJ walked with NGOs to ensure family engagement".

6. *Collaborative partnerships to ensure engagement*

Best outcomes for children and families occur when there is a strong relationship between DCJ and NGO services. Examples of service excellence specific to Family Preservation include DCJ consulting with the NGO prior to referral, attending first visits together and discussing worries and concerns, and delivery of group supervision with both DCJ and NGO staff in attendance. The sector has also identified that keeping cases open for a period of time post referral, rather than closing at referral, would support transition to service and ideally, reduce reporting as consultation could occur directly with DCJ. Implementing a "system of care" with both DCJ and NGO's seen as partners and embedding these kinds of practices would be fundamental aspects to the Family Preservation redesign.

7. *Adequate funding to ensure service capacity*

The absence of an increase in funding is having a substantial impact on services. CEOs are stepping in to cover reception duties due to financial constraints preventing staff replacement. Brokerage funds are nearly non-existent, hindering the necessary crisis responses required to establish a family's ability to participate in family preservation work. Families needing NDIS assessments to access the support they are entitled to that would facilitate family capacity building and change are reliant on the small amount of brokerage money services can access.

Essential paediatric assessments can no longer be afforded, leading children to sit on public waitlists for over 12 months and longer in regional and rural areas, meaning children are still on waitlists when Family Preservation support is closing. Critical professional development is not feasible without making drastic cuts elsewhere. Services are managing this by not funding

administration staff, loading responsibility onto managers which in turn reduces their availability to support their staff for debrief, creating a system of stress and burnout.

As one service provider explained-

"At the moment my program does not have an administration staff to assist me with the everyday running of the program. This is due to lack of funding. We have decided not to replace the team leader role while the staff member is on maternity leave due to being in deficit in the program. I am doing the three jobs at the moment.

We are also a worker down so that means staff are always at capacity even when they have a big family of 8 or more people. This places a strain on the case workers and burnout is eminent for many staff. Turnover of staff happens as there is no way to reduce the impact on staff with lightening up a case load or the team leader assisting for a period of time.

Staff cannot attend the training they need as the budget cannot sustain the turnover of new staff and the training needed.

Brokerage for clients is not as financially viable as it once was. We are getting a lot of families who are not linked in with NDIS. The reason they have not been able to access NDIS is they need to pay for assessments which can be $2,500-$3,500 per person. No other services will pay for these, and it is non-refundable from NDIS.

Other impacts are housing, moving house, skip bins and storage all which are big ticket items in the program.

I have worked in Brighter Futures/Family Preservation program since its inception in 2007. The program has always been viable but over the years with the cost of living, staff pay increases and changes to the program this has caused the program to deteriorate in regard to financial stability."

9. Rural, regional and remote specific considerations for commissioning

The 2021-2022 Australian Institute of Health and Welfare report demonstrated that child maltreatment increases with remoteness, with children in "very remote" regions of NSW more than six times more likely to maltreated than children in major cities (AIHW, 2023) highlighting the critical need for targeted responses to address inequity for children in regional, rural and remote areas. In a recent sector session dedicated to examining the distinct needs of Family Preservation in rural, regional, and remote areas, these key points emerged:

- Utilise the Modified Monash Model to determine whether a location is Metropolitan, rural, remote or very remote. This is the most recently developed model and utilised by the NDIS.
- The necessity for a rural/remote loading to accommodate heightened travel requirements (including fleet, fuel, and time) for reaching families. This provision would also enable services to furnish essential safety technology, such as Wi-Fi boosters for home visits or satellite GPS messenger systems, when engaging with families in remote locations. Safety strategies used in metro regions e.g., holding conversations outside the home so there is visibility, do not work when on farm. The isolation, coupled with the elevated likelihood of firearms on properties and the inability to call for help in

emergencies due to poor phone reception, exposes workers to unacceptable risks which could be mitigated with these kinds of technology.

- When determining client numbers in contracts, it is crucial to consider the time required for travel. Extensive distances to reach families significantly impact workflow and need to be factored into service agreements.
- Service scarcity necessitates staff to be versatile "Jack of all trades." Rural and regional service providers are willing to adapt to the needs of their community but require access to training and professional development. This is particularly crucial in enhancing knowledge and skills related to domestic and family violence, alcohol and other drugs, and mental health.
- Allocation hubs are not conducive to rural communities. While this model may function well in metropolitan areas, allocation hubs in Far West and Murrumbidgee disrupt collaborative partnerships with local CSCs and fail to leverage place-based knowledge in supporting families. Rural and regional service delivery requires superior communication for child and family outcomes, but also for worker safety.
- NGOs are being tasked with handling inappropriate referrals due to service scarcity. Referrals often downplay risk, leading NGOs to conduct further investigations, which is time-consuming. This situation results in NGOs either being unable to take on the referral, impacting vacancy rates and delaying the agency's capacity to handle appropriate referrals, or accepting inappropriate referrals, exposing them to higher risk than their service can appropriately manage, driven by a "if not us, then who?" mentality.
- Following a Local Government Authority (LGA) declared disaster, the data demonstrates an increase in family violence occurrences peaking at the 18-month mark post-disaster. To support families in the aftermath of declared disasters and minimise the need for re-reporting, introducing flexibility in service provision is essential. An example is granting 6-18 month program extensions for families, especially when there is a clear goal or identified family need, and the capacity to make progress. Evidence suggests that natural disasters are increasing in frequency and intensity, predominantly impacting rural and regional communities, so proactive planning is critical.

Conclusion

The Family Preservation sector eagerly anticipates reviewing the redesign draft. The sector is committed to working together with DCJ to build a stronger, more responsive, child and family centred system to reduce child maltreatment and do all that we can to keep children safe and together with family.

As the peak body for Targeted Early Intervention and Family Prevention, Fams looks forward building strong, collaborative partnerships with the government, DCJ and the Family Preservation sector to actively contribute to real systemic change for children and families supported by Family Preservation services.