



To: **The Committee Secretary,
Standing Committee on Health, Ageing and Community
Services,
Legislative Assembly for the ACT,
GPO Box 1020,
CANBERRA ACT 2601**

Email: LACommitteeHACS@parliament.act.gov.au

From: **Barnardos Australia**

Contact: **Robert Urquhart PhD
Head of Knowledge, Outcomes and Research
rurquhart@barnardos.org.au**

Subject: **Submission – Inquiry into Child and Youth Protection
Services Review ACT Legislative Assembly (Part Two –
Information Sharing Under the Care and Protection System)**

Date submitted: **23 September 2019**

Barnardos Australia (Barnardos) thanks the ACT Government Standing Committee on Health, Ageing and Community Services for the opportunity to contribute our views to its Inquiry into Child and Youth Protection Services. We welcome the Committee's focus (Part Two of the Inquiry) on the ability to share information in the care and protection system in accordance with the Children and Young People Act 2008, with a view to providing the maximum transparency and accountability and to maintaining community confidence in the ACT's care and protection system. Our comments below relate to this element of the Inquiry.

Background: Barnardos knowledge of this area

Barnardos is a family support and out-of-home care (OOHC) agency, which assists approximately 15,000 children and their families in New South Wales (NSW) and the Australian Capital Territory (ACT) each year, including 1400+ children and young people in out of home care (OOHC) in NSW and the ACT. In our family support work we aim to reach vulnerable children at risk of separation from their families, and we work in areas with significant Aboriginal populations¹ such as Western Sydney, Central West NSW, the South Coast and Inner Sydney. In the ACT, the family support programs of our Children's Family Centre Canberra work extensively with Aboriginal children and families, in close collaboration with Gugan Gulwan Aboriginal youth centre and Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS). Our Learning Focus Aboriginal Homework Club program based in Queenbeyan, provides support to 45 Aboriginal children of primary school age three times per week.²

¹ Note that we use the term "Aboriginal" throughout our response to reflect that in the NSW and ACT there are only very small numbers of people who report they are of Torres Strait Islander origin.

² A quarter (24.63%) of our Southern NSW (Queenbeyan) clients are Aboriginal.

We are committed to supporting families in caring for their children and to ensure permanency for children who cannot safely live at home. In 2018-19 we achieved 37 adoptions from care, including the one achieved in the ACT.³

Our experience of information sharing procedures and protocols

Since the implementation of the A Step Up for Our Kids reforms in 2016, Barnardos Australia has provided foster care, kinship care, support for care leavers (18-25 year olds), permanency services (Adoption or Enduring Parental Responsibility) and therapeutic support. As the Lead Agency of ACT Together, a consortium of agencies working together to provide all services across the Continuum of Care, Barnardos has had extensive opportunities to observe the effectiveness of information sharing arrangements first hand. Barnardos' extensive experience of the process and outcomes of information sharing in the ACT and NSW jurisdictions, together with our practice knowledge of applying the principle of the best interests of the child, informs this submission.

What would improve the ability to share information in the ACT care and protection system?

Barnardos strongly supports maximising the application of principles of transparency and accountability, as well as gains in productivity and timeliness of response, to be achieved by strengthening the ability to share information in the care and protection system.

Overall, we note that:

- In our experience, there have been improvements in the area of information sharing, which flowed from implementation of the Step Up reforms, and in particular, the transfer of case management to the NGO sector. Positive examples include:
 - delegation of the care team declaration to responsible people within ACT Together allowing information sharing in care teams in a timely way as organised by ACT Together; and,
 - information provision to ACT Together as part of the case management transfer which has been strengthened since the inception of ACT Together (e.g. timely information provision as required from the CMT team to ACT Together).
- Improvements of this kind demonstrate that information sharing works best when case management is in place with ACT Together, and when there is a functional care team.
- We note also that the sharing of pertinent information between Community Services Directorate (CSD) caseworkers and our Children's Family Centre Canberra family support staff works well. This includes robust informal communication pathways which both sides utilise in order to share necessary information (e.g. fortnightly feedback to CSD caseworkers for those families that maintain CSD involvement and regular case reviews that both sides attend). We therefore have focussed our comments below on areas within OOHC services that we believe can be strengthened.

³ National statistics are not yet available for all adoptions from care in 2018-19. In 2017-18, where data on national trends is available, Barnardos achieved 36 open adoptions in NSW and two in the ACT which represented 26% of the 140 adoptions in NSW and 27% of all adoptions from care nationally. NSW achieved 140 of the 147 carer adoptions finalised in Australia in 2017-18.

- There are six specific areas where the ability to share information between services and sectors should be strengthened in order to maintain community confidence in the ACT's care and protection system and for the best interests of the child to be held paramount. Gaps and inconsistencies in existing information sharing practices are listed below.

Gaps in information

1. *At the time of clients entering the OOHC system following removal and referral for placement*
 - There is often a lack of information available at the time of referral from Child and Youth Protection Services (CYPS) as the statutory authority to ACT Together. Information lacking includes: the reason for removal, involvement of the family and child with CYPS prior to removal, and the child's emotional and behavioural presentation and their needs. This impacts significantly on the ability for suitable and successful placement matching and in some circumstances puts children and carer/carer families at risk.
 - The reasons for this are unclear (e.g. whether it is due to 'missing' information/information not held or collected by CYPS, or constraints on the referring (government) worker to communicate information, or a combination of both factors).
2. *When children are on short term orders*
 - The most common orders are one year orders and this could follow an extended period of interim orders. During this time, it is not common for ACT Together to receive a copy of the CPAR (Child Protection Assessment) or any comprehensive information. We understand that copies may not be shared because CYPS is seeking to protect sensitive information about the birth parent, however, this constitutes a serious barrier to disclosure of possible risk to foster carers.
 - The child's full story may not emerge until case management transfers when the child receives long term orders, which in the ACT can be up to two years.
 - The unintended consequence is that NGO caseworkers are currently constrained in their understanding of the child's vulnerabilities arising from their abuse history, which in turn limits the ability of caseworkers to respond to the child's needs and engage in comprehensive and meaningful planning.

Inconsistent sharing of information

3. *Health information*
 - Sharing of health information, particularly with carers, is highly problematic. Carers are often not provided with information about the interventions about the child they care for or their health needs. There is a lack of understanding among some health professionals about what information can be shared with carers and under what authority this occurs. This issue is currently noted as an issue of major concern for carers and is on the work plan of the Carer Wellbeing Subcommittee.

4. *Kin finding for children who are in short term foster care*

- There is inconsistent sharing around kinship finding when children are in short term foster care.
- The Step Up for Our Kids contractual arrangements specifically requires Barnardos to satisfy ourselves that kin has been explored and ruled out if we are to offer foster/residential care. It is also in the best interests of children that this is confirmed.
- However, it is difficult for ACT Together to know when kin has been explored and identified. We are often given assurances that there are no kin for a child referred or in placement, however, we have no way of evidencing this. Our current practice is to request that this be documented at the time of case management transfer to ACT Together (which sometimes occurs more than two years after referral), but this information is often not available.
- This creates challenges in terms of placement decision-making when kin come forward or are identified at a later stage.

5. *Child Concern Reports*

- There is inconsistent sharing of information about Child Concern Reports for children who are being referred to ACT Together.
- It is difficult for ACT Together to know if Child Concern Reports are being provided consistently. Anecdotally we understand that there are a cohort of carers that do have reports against them for children already in care.
- If there are Child Concern Reports we do not know about, we may not have fulfilled our obligations under reportable conduct. We do not currently have the visibility to be confident about this.
- We understand from CYPS that we should receive these when they occur. We would welcome follow-up to ensure that this has and will continue to be implemented consistently in all cases.

Recommendations

It is our view that:

1. There is a need for improved information provision at time of referral for OOHC placement with ACT Together.
2. ACT Together should receive a copy of the CPAR (Child Protection Assessment) as soon as it has been completed.
3. Mechanisms for the effective and timely sharing of health information, including with carers, should be explored by a joint working group of Government, NGO service providers and foster carers, notably through the Carer Wellbeing Subcommittee.
4. As a matter of explicit policy (a) the outcomes of kin finding when children are in short term foster care, and (b) Child Concern Reports where case management is held by ACT Together, should be transparently and routinely shared with NGO service providers.