

Effectiveness of the NSW Child Protection and Social Services System in Responding to Vulnerable Children and Families

Submission to the Committee on Children and Young People

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Introduction

CREATE appreciates the opportunity to respond to the *Inquiry into the Child Protection and Social Services System* and provide input that highlights the voices and experiences of children and young people with an out-of-home care experience. Providing comment upon the effectiveness of the system is best informed by those who are directly experiencing and living with the consequences of the system and associated services. This submission draws upon CREATE's extensive catalogue of research with children and young people who have an out-of-home care experience, both across Australia and within New South Wales specifically.

Early intervention within the child protection sector is traditionally discussed in terms of preventative measures for entry into the care system. CREATE acknowledges that better systems and support for families and children to prevent or mitigate the circumstances that trigger children and young people coming into care is necessary. However, the development and improvement of early intervention measures should not be at the expense of the 16,884 children and young people who live in out-of-home care across New South Wales (AIHW, 2020). For these and future children and young people who may come into care, this submission focusses on the areas for improvement and systemic changes required to ensure they have a better quality of life and a safe and happy childhood.


CREATE has provided responses to the following questions provided in the Terms of Reference.

- 1. How vulnerable children and families are identified and how the current system interacts with them including any potential improvements, particularly at important transition points in their lives;*
- 2. The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence-based prevention and early intervention responses that the current system should provide to improve life outcomes;*
- 3. The adequacy of current interventions and responses for vulnerable children and families and their effectiveness in supporting families and avoiding children entering out of home care; and*
- 4. The child protection intake, assessment, referral and case management system including any changes necessary to ensure that all children assessed as being at risk of significant harm receive a proactive and timely in-person response from child protection staff.*

Question responses

1. How vulnerable children and families are identified and how the current system interacts with them including any potential improvements, particularly at important transition points in their lives.

Early intervention occurs across a spectrum and involves actions that are both early in need and those that occur earlier in life. This includes programs not only for family preservation and preventing the entry of children into statutory care, but also for improving outcomes for the existing children and young people in out-of-home care and supporting them as they leave care (Social Ventures Australia, 2019).



As the national peak body representing the voices for children and young people in out-of-home care, CREATE is addressing these questions from the view of children who are in the care of the state and the transitions and multiple changes that are part of their lives, including when they transition from statutory care to adulthood.

Care Experience Stability Impacts

Stability in care is critical to the ongoing development and wellbeing of children and young people in all developmental domains including education, physical health, and social, emotional, and behavioural wellbeing (Campo & Commerford, 2016; CREATE, 2016). CREATE advocates that placement stability is a key goal for improving a young person's life in the out-of-home care system and that these care environments must meet their individual needs (McDowall, 2013). Essentially, this requires reducing the number of placements a young person experiences in care, and improving stability in terms of carers and caseworkers. In order to do so, measures to achieve stability must be well-resourced, and decision-making regarding a child or young person's placement must engage the child or young person in these processes.

In CREATE's 2018 National report *Out-of-home care in Australia: Children and young people's views after five years of National Standards*, 93% of young people felt safe and secure in their current placement. Participants from New South Wales reported high levels of placement stability, with 60% having experienced one or two placements while in care. However, 27% of the young people from New South Wales reported that they had been moved from a placement they did not want to leave in the past. Of these young people, only 17% were consulted about this move (McDowall, 2018).


Stability in care is impacted by multiple changes in placements, changes in schools, new carers, and frequent changes to caseworkers, all of which can have detrimental effects on children and young people. These effects can lead to emotional difficulties, poor psychosocial outcomes, and poor academic performance (Australian Institute of Family Studies (AIFS), 2015; CREATE, 2020h). Research also indicates that placement instability is a significant contributor to behavioural issues in children (Rubin et al., 2007) and its impacts have a flow on effect for a young person's ability to complete high school, pursue further study or training, or seek employment opportunities (CREATE, 2020h) or engage in important decision-making and care planning processes (e.g., cultural planning, leaving care planning), especially for Aboriginal and Torres Strait Islander young people (Hermeston et al., 2016; Mendes et al., 2016).

Kids in care shouldn't be moved around a lot to different houses. They should be in the one spot. Their living situation shouldn't be confusing. (Female, 17 years; McDowall, 2018)

Considering my actual case worker continuously tends to change, I'm not sure who my caseworker is at the moment. I guess they could be more clear on specific dates and paperwork. I remember being mucked around a lot regarding both, being told that I had to be at a counselling session on a specific date, but it wasn't the correct date, and that certain things were supposed to happen because they incorrectly read papers regarding my mental health. It kinda seemed like they didn't know what they were doing. (Female, 24 years; CREATE, 2020i)

Children and Young People's Participation in Decision-Making

Children and young people's rights to participate in decisions that affect them is enshrined in the United Nation's *Convention on the Rights of the Child* (1989) and the New South Wales' *Charter of Rights* (Family and Community Services, 2020). However, reports have shown that at a practice level, a considerable number of young people are not aware of, or are excluded from the development of their case plan. In CREATE's 2018 National report that surveyed 1275 care experienced young people, only 44% respondents were aware of their case plan (McDowall, 2018). Of those who were aware of their plan, only 57% reported that they were involved in its development.



CREATE's recent state-based consultation with 30 care-experienced young people aged 12 to 18, (*Participation in New South Wales*; CREATE, 2020e), found that about 67% believed the system was doing well in respecting their right to participate and have a say about decisions regarding their care. However, the remaining 33% were not satisfied with how the current system respects their right to participate, with respondents indicating that they did not feel listened to or respected as the reasons behind their dissatisfaction. While the majority (90%) of participants in the study were aware of their case or care plan, only half (53%) were "quite involved" in its development.

Much of CREATE's research has found that participation requires positive interactions between children and young people and those involved in their everyday lives, such as carers, caseworkers, and extended families (CREATE, 2019; 2020b; 2020e; McDowall, 2016a; 2018). When young people in care do not have a stable, reliable, and supportive parent or guardian who is able to act as an advocate on their behalf, their voices may go unheard on matters that affect their lives. Therefore, the importance of building stable and trusting relationships with the adults in their life cannot be overstated. Positive interactions pave the way for developing trust and rapport which young people need to feel supported and comfortable to engage and speak on decisions that affect their lives, such as their living situation, education and family contact (CREATE, 2020f; McDowall, 2018).

Because children don't always get heard by adults and if we express specific fears we are often ignored and our concerns are not respected and we may be placed at risk. (Male, 12 years; CREATE, 2020e)

I felt like I was not being respected and well treated with the way my organisation had treated me and my brother, because they would do stuff like leave things till the last minute and never take in mind about our feelings. (Female, 14 years; CREATE, 2020e)


It is essential for state services to have strong policies and practices in place that ensure young people and children in out-of-home care understand their right to participate, and that the services are adequately funded and resourced to ensure children in care have access to enough qualified staff to meet the demands of the child protection system. This includes ongoing caseworker training; matching of caseworkers to young people; having handover processes between caseworkers; and making sure caseworkers are supported in their roles to enable positive interactions with young people (CREATE, 2020f).

Connection with Siblings and Family

An important issue for children and young people in out-of-home care is the extent of contact they have, or wish to have with their family members including their parents, siblings, grandparents, and other relatives. CREATE's 2018 National survey of 1275 care-experienced children and young people found that despite having "good placements" and positive relationships with carers who were supportive and catered to their individual needs, many young people still desired to maintain connections, and have contact with their birth family. Family contact can be a challenging task to coordinate and organise. Carers were found to be more supportive in facilitating family contact than caseworkers, with young people most frequently in contact with their siblings (42%), followed by grandparents (33%) (McDowall, 2018).

The key issue of sibling contact and connection emerged from CREATE's 2018 National survey, with only 53% of respondents with siblings in care living with at least some of their siblings, and 30% were completely separated from all of their brothers and sisters. Despite siblings being the most commonly contacted family member for young people in care, many wished to have more contact with siblings whom they did not live with. This is a consistent theme across CREATE's research (McDowall, 2015; 2018) and also contributes to their sense of stability.

Research tells us that when siblings stay together, children and young people are happier, have higher self-esteem, achieve better at school, have better relationships with their siblings and foster family, and are more likely to be reunited with their birth family (CREATE, 2020g). CREATE believes that siblings



in out-of-home care must be supported to stay together wherever possible; however, it is clear that this may not always be possible. The next best step would be to ensure siblings in care maintain regular contact with each other and that case planning should include discussions with the children and young people about sibling and family contact (CREATE, 2020g).

Transition from Care and the Need for Extending Support to 21


Transitioning from care is a critical and challenging transition point for young people. A clear and well-planned transition process is critical for increasing the likelihood of successfully leaving care, and also for the longer-term positive outcomes for young people across all developmental domains once they have transitioned from care. CREATE aims to ensure that children and young people in out-of-home care are able to successfully transition from care and are closely supported to do so. CREATE argues that care support should be extended to 21 years, to ensure young people transition to independence safely and with a minimum of stress (CREATE, 2018b).

In NSW, young people currently transition from the care system at the age of 18. Studies consistently have found that a high proportion of care leavers are particularly disadvantaged in accessing the same social, educational, housing, and employment opportunities that other young people obtain with the support of their families and close social support networks (Courtney & Hook, 2017; Courtney et al., 2018; McDowall, 2016b; Mendes et al., 2011). Consequently, these young people experience a multitude of poor life outcomes such as lower educational attainment, employment rates, and criminal justice interactions. Further research has found that 30% of young people experience homelessness in the first year after leaving out-of-home care at 18 years (McDowall, 2020); are two to three times more likely to be pregnant and become young parents compared to their non-care peers at the same age (Radey et al., 2016), and are increasingly vulnerable to having poorer mental health outcomes (Muir et al., 2019).

According to the *National Standards for Out-of-Home Care* (Department of Family, Housing, Community Services and Indigenous Affairs, 2011), leaving-care planning with a young person should begin no later than at 15 years, and should include young people's voices at the centre of decision-making so that the plans are meaningful and useful. CREATE's national research, however, showed that in 2018, less than one quarter (24%) of care-experienced young people aged 15-18 knew of their leaving-care plan (McDowall, 2018).

In CREATE NSW's consultation with 45 young people about supporting out of home care places to 21 (CREATE, 2020h), 22% of participants reported they had not spoken to anyone about where they would live after they turned 18, and 24% were unsure of where they would be living after exiting the care system. The majority of young people also felt they would be unprepared to leave care at 18 years, and expressed the least confidence in independent living skills such as managing finances and finding accommodation. About 75% indicated that extended care to 21 would be helpful in their transition, because it provided continued stability, maintained important social networks and relationships, and offered young people more time and support to successfully prepare themselves for independence and adulthood. All of these are necessary enabling factors for a successful transition from care, and for achieving positive future housing, education, study, and employment outcomes.

Some young people need the support until they are 21 because they have had many difficult challenges in their lives to overcome and accept. They may be not mature enough to make decisions or not have the right support and information to help them make good decisions. Their lives are turned upside down and around, and suddenly abruptly stopped. New challenges are hard once again to put into motion for your life, and making decisions is extremely hard you don't know if they are going to work for you; and if things don't work out, then how long are you going to live until things work out for yourself. If supports are in place until 21 then young people can get help they may need. Making decisions can be extremely difficult when there is no extended family to help; they can feel confused and frightened. There is no one they can turn to



for advice. They don't want to end up homeless, jobless, on drugs, or in jail, or turn to crime by thinking that these people are the only ones who care about them. They need to know there is support available. (Male, 17; CREATE, 2020h)

Despite the New South Wales government's current system having Aftercare service provisions in place, young people at CREATE Youth Advisory Groups have voiced clear concerns regarding the awareness, accessibility, and connectivity of these services with those who require this support. Overstretching of aftercare services indicates a flawed and failing system structure which is inconsistent with the quality of post-care supports available in other jurisdictions (i.e., ACT, TAS, SA, VIC and WA). CREATE believes a better service response to support young people transition from care is to defer the age for leaving care until 21, and that legislation be amended to ensure that all young people in care in New South Wales have access to these supports.

Deloitte Access Economics' (2016) socioeconomic cost-benefit analysis found that extending placements and support up to 21 could provide the New South Wales government a life-course cost saving of \$2.57 for every dollar invested. As well as providing long-term financial benefits to governments, this simple change would generate short, medium, and long-term benefits for the young people, including for young people to remain housed, able to continue their education and training, supported to enter the workforce, having improved health, and fewer criminal convictions. This would be similar to the benefits afforded to the majority of young people who enjoy a gradual and assisted transition to adulthood with the support and safety net of their families.


The key findings from the Deloitte Access Economics report (2016) also highlighted that if care were extended to 21 years, the projected social benefits would reduce homelessness from 39% to 19.5%; hospitalisation from 29% to 19%; criminal arrests from 16% to 10%; and drug and alcohol dependence from 16% to 2.5%. It also reported an increase in educational engagement from 4% to 9% and that additional benefits would be seen across other domains, including improved mental health, and physical health outcomes; reduced intergenerational disadvantage; and an increase in social connectedness.

In Victoria, the Andrew's state government recently announced the extension of care to 21 for all young people in care to ensure that they have a stable foundation to begin their lives (Premier of Victoria, 2020). CREATE applauds this decision as it is a positive step forward, and a decision that resembles the safety net provided by family support with the opportunity to return to the family home, that other young Australians have (Australian Bureau of Statistics, 2015).

Other jurisdictions including Tasmania, the Australian Capital Territory and South Australia have all adopted the extension of care to 21 in policy, and a trial is currently underway in Western Australia. However, it is surprising that NSW, the jurisdiction with the largest proportion of the care population, and one at the forefront of research into the care experience, has not acknowledged the substantial benefits of extended care by agreeing to provide support for young people to remain with their carers if they wish until they turn 21.

Removing children at risk, and then failing to do our very best to protect and nurture our next generation causes further harm to these children and young people and does not set them up for a better future. This inquiry provides a timely opportunity for the NSW government to consider alternative early intervention measures. Extending care to 21 can be considered an "early intervention" likely to improve the life outcomes of children and young people who are already in care, remaining consistent with contemporary community standards and norms, and calls to action (CREATE, 2020h; Deloitte Access Economics, 2016).

Please, I need the support to go on after 18, so I can stay with my carer. I need to be looked after like other kids my age. I missed out on being cared for by my parents properly, and need to be cared for now. My life will be better forever if I can stay longer with my carer. I will need direction and boundaries after 18. (Male, 15; CREATE, 2020h)



2. The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence-based prevention and early intervention responses that the current system should provide to improve life outcomes.

Children and young people in out-of-home care regularly interact with multiple agencies. Their experiences are impacted by the fact that they are under the care of the state and this submission highlights their poor access to health services and mental health impacts; instability in education; over-representation in youth justice interactions; and the need for improvement in accessing the National Disability Insurance Scheme (NDIS) and its interaction with the child protection system.

Health

Given that many children and young people are brought into out-of-home care because of abuse and neglect, it is vital that they receive the best health care available. CREATE's 2018 National survey found that the majority of young people across Australia rated their general health positively. In terms of access to health services, 93% of respondents reported that they have regular health checks (at least once a year) with a doctor, but were less consistent with visits to the dentist (McDowall, 2018). Most young people were able to get help from doctors, dentists, and counsellors quite easily, but those living in residential care seemed to encounter more difficulties in accessing help regarding their health.

Young people identified having positive relationships with the people in their lives, being active and healthy, being safe, and having stable placements as important for their health and wellbeing (CREATE, 2020c). Similar findings were discussed in the New South Wales consultation about extending support to 21 where young people believed that having extra time to remain with their carer and being supported would have positive impacts on their mental and emotional health (CREATE, 2020h). This was because they would continue to feel connected, have a sense of stability and normality in terms of a place to stay and with people who they had relationships with, and would result in reduced stress during such a pivotal transitional stage. These concerns were more pronounced for young people who had experienced significant trauma, struggled with existing mental health challenges, or lived with a disability.


When you are in the system, you don't get the same upbringing as others would get so you need more support. You can't just cut someone off. (Female, 15; CREATE, 2020h)

Most people are comfortable in a job by 21 and therefore have better headspace to look after yourself. (Female, 16; CREATE, 2020h)

Education

Education is an important gateway to health and emotional wellbeing, job satisfaction, economic prosperity, and independence. An absence of education contributes to enduring disadvantage across the life domains which can influence a young person's life after they exit care. Evidence shows that children and young people in care are more likely to experience poorer educational outcomes including early school leaving, particularly for those placed in residential care (Townsend, 2012; McDowall, 2011; 2020). They also tend to have poorer outcomes in terms of behavioural and disciplinary issues, higher rates of truancy, lower grades, and are less likely to progress to tertiary education or training (AIHW, 2015; Beauchamp, 2015).

Because many young people in care have had experiences of complex trauma, they are more likely to experience mental health issues, challenges with behaviour regulation, and complex support needs (Beauchamp, 2015; Bollinger et al., 2017). These factors, in addition to changes to a young person's placement and schools all contribute to educational instability (Beauchamp, 2015).



Although year 12 completion rates amongst young people in care have increased from 35% (in 2009) to 57% (McDowall, 2020), these statistics are well below the national year 12 (or equivalent) rate of 88% at January 2019 (ABS, 2019; Productivity Commission, 2020). It is important that all children and young people in care are supported to complete school and reach their potential.

In order for young people to feel supported and encouraged to complete their schooling, CREATE (2015) argued that education must be: (a) featured in all aspects of care planning to ensure environments are orientated to positive and enduring educational experiences; (b) prioritised in outlining the strategies needed to address the child or young person's disrupted placements and associated compromised attainment; and (c) addressed in "transition from care" planning to ensure consideration of enrolment in further and higher education along with dedicated financial support (Mendis, 2012).

McDowall (2018), however, found only 34% of respondents were aware of having some form of Individual Education Plan (IEP). Young people in foster care (37%) were more likely to be aware of their IEP than those in kinship (31%) or residential care (25%). The report also noted that while 46% did not feel like they required any extra support for their education, others identified that extra tutoring with schoolwork and homework and more financial support for computers and tablets would be beneficial for their education.

A number of challenges at school are known to impact a young person's educational experience and can lead to changes in school and a loss of stability. These include bullying, learning difficulties, behavioural issues, discipline methods and suspension. CREATE's 2018 National survey identified that bullying seemed to occur mostly at school (25%), followed by within their placement (9%) and online (6%) (McDowall, 2018). Young people in residential care, again, were found to be more likely to experience bullying at school, at their placement and online compared to young people living in other placement types.


CREATE's recent consultation exploring supported placements to 21 found that young people were more likely to complete year 12, or engage in further study or training if they were able to remain supported by their carer compared to living independently (CREATE, 2020h). This research is consistent with both international and local literature exploring the benefits of extending placement and the need to continue providing a sense of stability and support for young people in care beyond 18 years of age as they navigate early adulthood (Deloitte Access Economics, 2016; Munro et al., 2012).

Turning 18 and my money stops and everything changes is worrying to me. I feel I am not ready to take on new challenges yet. Turning 18, I would still be in school doing my HSC. My carer I can talk to, but I still have the worry about everything changing and it is too much that everything will stop or change when I turn 18. Staying with a carer until 21 would be good. I will have time to explore my options with further time and give me more flexibility to choose further study or work. (Male, 17; CREATE, 2020h)

Youth Justice

The Australian Institute of Health and Welfare *Young people under youth justice supervision* report (2020b) found that 26% of those in youth detention in 2018–19 had been in out-of-home care between 1 June 2014 and 30 July 2019, with 11% having had five or more placements in the last 5 years. Another 22% under youth justice supervision in 2018–19 had been in out-of-home care in the last 5 years. Young people who cross-over both the child protection and youth justice systems experience greater disadvantage than the general youth justice population, and often present with more complex needs (Mendes et al., 2014).

CREATE's *Youth Justice Report* (2018e) highlights that young people with a care experience engaged in the youth justice system, as either an offender or victim, felt unsupported and stigmatised, with the



majority of participants dissatisfied with their experiences with the police who were not respectful, helpful, or open to listening to the young people. From this report, four key recommendations were made. Firstly, police, court officials, and workers in juvenile detention facilities should adopt a trauma-informed approach when working with young people in out-of-home care. Second, young people need to have the opportunity to have their voices heard as this is one of their rights. Considering some young people engaged in offending behaviour or ran away from placement because they felt unsafe, and other young people reported being a victim of abuse in their placement, there is a need for child protection workers to encourage young people to speak up about their concerns, knowing they will be taken seriously and will not be unfairly blamed.

The third recommendation stated that greater clarity regarding the roles and expectations of caregivers and professionals in supporting young people through the justice system was needed (CREATE, 2018e). Child protection, youth justice, and community service agencies who provide placements for young people in care, need to work together to develop clear protocols about how best to support young people who may have contact with the youth justice system. The last recommendation highlights that stigma for young people in care needs to be addressed.

I don't think they get trauma or behaviours expressed by children and young people in care so there isn't a lot of understanding towards them. It's a lot about punishment rather than rehabilitation. It's more you did the wrong thing regardless of the reasons behind it. (Female, 22; CREATE, 2018e)


CREATE argues that the over-representation of young people with a care experience in the youth justice system is unacceptable. To ensure these young people receive appropriate support, there needs to be a prioritisation of prevention strategies across jurisdictions, increased collaboration between youth justice and child protection systems, and the adoption of a trauma-informed youth justice system. These reforms will increase safety for communities, mitigate reoffending behaviour, and assist young people to achieve the best outcomes for their lives (CREATE, 2018d).

National Disability Insurance Scheme

The prevalence rates recorded for young people with a disability in out-of-home care vary, with the Australian Institute of Health and Welfare (2020a) reporting 16% of children and young people in out-of-home care in NSW were living with some form of disability, while a survey by the CREATE Foundation (McDowall, 2018) in NSW found this rate to be 30%, with 80% accessing some type of support for their disability (e.g., counselling, medication, school support). Regardless both of these rates are higher than the prevalence rate in the general population in New South Wales, with Australian Bureau of Statistics *Survey of Disability, Aging and Carers* (2018) estimating that 8.8% of children and young people aged 5 to 14 years and 9.2% of young people aged 15 to 24 years have a disability.

A recent CREATE consultation in NSW with 28 care-experienced young people engaged with the National Disability Insurance Scheme (NDIS), found that over half (52%) of respondents felt quite well supported by the NDIS system, with many of these same young people receiving support from their carers, case workers, and other advocates. However, only 45% of young people felt they were reasonably involved in decisions about the NDIS, with the remaining 55% identifying that NDIS staff showed little or no interest in their opinions (CREATE, 2020d).

Young people also found the NDIS confusing and they required a lot of help from their carers to fill in paperwork and attend NDIS meetings. Participants voiced their concerns about accessibility and interactions with the NDIS and solutions that would improve the current system. This consisted of better support for integrating accessible and young person-focused practices during the NDIS application process, reviews, and service engagement. Young people also stressed the importance of ensuring NDIS staff are well trained in communicating respectfully with young people with disabilities, including the need to include them in planning, listening and considering their views and needs, and that staff training sessions should be informed by young people who have disabilities.



Finally, appropriate funding for individual and systemic advocacy is needed to help young people navigate and interact with the NDIS more easily (CREATE, 2020d).

I found this process very heartbreaking and difficult due to the fact that the lady who was reviewing my plan was being very insensitive and rude . . . and that lady had no right to treat me like I was an incompetent person just because I had a disability. (Female, 24; CREATE, 2020d)

Implementing these actions will benefit young people with a disability in care who need to access NDIS services.

Across all service domains including health, education, youth justice, child protection, and NDIS, young people with a care experience have voiced a clear need for better support mechanisms to promote a sense of stability, and training using strengths-based, trauma-informed and child-friendly strategies for caseworkers is required.

3. The adequacy of current interventions and responses for vulnerable children and families and their effectiveness in supporting families and avoiding children entering out of home care.


A true early intervention and preventative measure for children and young people coming into care is to work with young people with a care experience who are young parents and to surround them with support to assist them raise their children to ensure that their children are less likely to enter care themselves.

Young Parents with a Care Experience

Young people preparing to transition from care face numerous challenges, such as an increased risk of early pregnancy or parenting, which subsequently complicates their transition journey through compound stressors, such as hormonal changes, poor quality of sleep, and additional financial strains (Australian Human Rights Commission [AHRC], 2017). Care experienced young parents may also have reduced coping capacity, due to having experienced sexual, physical or emotional abuse, placement instability, and a lack of positive parenting role models whilst in care. Despite a lack of population data in Australia, Mendes (2009) suggests that the rate of pregnancy amongst care leavers is 24 times higher than the rate of teenage pregnancy in the general population.

In 2017, the National Children's Commissioner released *The rights and needs of young parents and their children* report which found that young parents encounter a number of barriers to parenting independently, such as health concerns, low incomes, and a lack of family or partner support, low educational attainment, stigma, and judgement by professionals in the services they access, and great difficulties accessing safe and affordable housing. It is vital that greater focus and support is given to young parents with a care experience so that they are able to thrive and keep their families together and prevent their children from coming into care (AHRC, 2017).

Many young parents with a care experience have voiced their experiences of stigmatisation from health-care professionals because of their age and care history. These perceptions of negative attitudes from social workers and health professions leads to diminished trust and underutilisation of these services. Research has found that young mothers can be reluctant to seek support as they fear potential negative repercussions (McArthur & Winkworth, 2017). This fear may become heightened for young parents with a care background, especially if they have not yet left care (Widom et al., 2015).



You get so much hate for being a young parent. They tell you you'll be a terrible parent, that you don't know what you're doing... People assume you're going around sleeping with anyone and anything. They assume you're an incompetent parent and instead of supporting you they sit down and judge. (Female, 19; CREATE, 2018f)

Another CREATE consultation with 13 young parents in NSW found that they felt they had minimal preparation for their transition from care (CREATE, 2018a). While almost half of the participants had a leaving care plan, young people revealed that they were often excluded from developing the plan and that planning was usually rushed. Some young parents also reported experiencing negative outcomes upon leaving care, such as low educational attainment and experiencing homelessness, highlighting the social disadvantage that many care leavers encounter.

Additionally, participants felt that becoming a young parent complicated their transition from care because of the increased financial burden and struggles of trying to manage competing parenting demands, studying, and working. Caseworkers were cited as being integral supports for enabling a young person to access financial assistance and employment, and to find affordable day care for their children which they would not have known about without a caseworker (CREATE, 2018a).

However, several young parents recounted more negative experiences with their caseworkers, with six young people denoting that they felt unheard and unsupported as children in care, and this contributed to a lack of trust and willingness to seek assistance from other social support services. About 62% of young parents in the study also felt their caseworkers were “not at all involved” in their leaving care preparation and that often their caseworkers changed (CREATE, 2018a).

I proposed a few things and they didn't run through it with me. It was just submitted and they didn't give me any direction. They just gave me money for education and dental, etc. but that was all. I didn't even know that I had a plan until someone told me about it. Caseworkers constantly changed so we never knew who we had or if we even had one. (Female, 20; CREATE, 2018a).


A recent narrative review of the literature by Purtell and colleagues (2020) has found that placement instability, disengagement from schooling, and a lack of sexual education in school, particularly for young people placed in residential care or group care, may explain early pregnancy and parenting more than previously thought. Their research highlights the potential role of ambiguous loss where young people in care attempt to fill an emotional void due to a loss of family, by becoming a parent and starting their own family. Continued educational engagement did appear to be a critical preventive factor for early pregnancy and parenting.

This review also highlighted surveillance bias—a concept where young parents who had been in care are flagged and then are subject to closer supervision as they become pregnant (Purtell et al., 2020). It was believed that young people who are unsupported during their transition from care may be more vulnerable to being involved with abusive partners who may go on to harm their children, regardless of whether the child is biologically theirs or not. Because of the surveillance bias, young parents may be too afraid to seek help and assistance for fear that their child will be removed (Purtell et al., 2020).

While current practice of removing children is invoked to “break the cycle”, little attention is being given towards the fact that placements in care can perpetuate this cycle later down the track, and that unresolved trauma and grief of having a child removed may influence a young parent’s decision to have another child who they may not be able to keep.

Every single time I met with them [caseworker] they said that if I didn't do what they said then they would take the baby. They didn't understand how to deal with someone who has trust issues. (Female, 21; CREATE, 2018a)

CREATE continues to argue that targeted support and resources must be made available to young parents. This should include targeted interventions to reduce the stigma of young parenthood, as



well as earlier sexual education classes in schools and more health services targeted for parents with a care experience (CREATE, 2018c). Improvements to the assessment process to mitigate “surveillance bias” and assess young people’s parenting abilities is also required to stop the children of young parents with a care experience from unnecessarily coming into care.

CREATE’s (2018a) consultation with young parents provides recommendations that would be beneficial to improving the support and services young parents need. This includes: (a) increased promotion of young parenting programs, specified shelters and support services; (b) more resources invested to minimise caseworker turnover and lower caseloads to facilitate stronger relationships with young people in care and increase responsiveness to reinforce help-seeking behaviour; (c) promoting the use of strength-based caseworker practices that include input from young parents; and (d) facilitating peer-support and mentoring programs to increase young parents’ sense of parenting abilities. Additionally, McDowall (2020) also stressed child-care support as a key need identified by young parents.

Given the significance of caseworkers for those in care, better support and collaborative case planning with young people is needed so that their plans are meaningful and useful. Plans should incorporate access to reproductive education, identifying sources able to provide information regarding contraception, sexual health, and the details of support services and organisations that may help if a young person does become pregnant.

4. The child protection intake, assessment, referral and case management system including any changes necessary to ensure that all children assessed as being at risk of significant harm receive a proactive and timely in-person response from child protection staff.


Touch points in the child protection system are continual from intake to regular case management and engagement. Assessment and referrals in this context can also refer to when children and young people identify they need assistance or support including when they wish to make a complaint or have matters addressed. It is essential that systemic reform includes a strong focus on improving the consistency and professionalism of the workforce, and that children’s right to participate in decision making and have their voices heard is respected.

Relationships with Caseworkers

A young person’s care experience, the quality of caseworker support, relationships with caseworkers, and the overall well-being of the young person are all interconnected. CREATE believes that children and young people need strong and trusting relationships with their caseworkers to ensure their voices are heard and acted upon (CREATE, 2020f). Stability is required to develop trust and understanding between the caseworker and the child or young person. As caseworkers are instrumental in the development and maintenance of the case plans for those in care, it is important that they receive appropriate training and possess the right skills and attitudes that contribute to the safety and well-being of the child or young person.

Regular changing of caseworkers adversely affects the young person and requires them to start over and build a new relationship, to re-tell their story which may potentially trigger trauma, and to place their trust in another person who may or may not stay the course (McDowall, 2018; CREATE, 2020f). While staff turnover and changes to caseworkers are unavoidable, it is critical to address how these changes can be appropriately and effectively managed to ensure that young people receive quality support amidst potential periods of service-level disruption, discontinuity, and uncertainty.

Continuity of care is especially important for children and young people as instability impacts their ability to form relationships, and adversely affects young people’s ability to seek support and discuss any concerns they have about their treatment in care. CREATE’s 2018 National survey found that on



average, children and young people would experience about five or six changes in caseworkers while in care (McDowall, 2018). Over one-third experienced difficulties in accessing their caseworkers when they needed to contact them, and those in residential care had particular issues in contacting their caseworker. Further consultation into the views on caseworker relationships with 30 children and young people in New South Wales found that almost 47% of participants either had no scheduled contact with their caseworker or were unsure if they had contact. A further 39% reported experiences of poor communication, a lack of information sharing (e.g., excluding young people from decision-making), and uncaring or rude caseworkers (CREATE, 2020i).

CREATE's research has continued to highlight the voices of children and young people expressing the need for stability from their caseworkers. Young people with a care experience have voiced the need for caseworkers to be more supportive and responsive, and that better planning for continuity of care when caseworkers change is vital given the flow on impacts that it can have on their lives (McDowall, 2018; CREATE, 2020f; 2020i).

Having a Say and Providing Feedback

Children and young people in care must be supported to exercise their right to be meaningfully and genuinely engaged in decision-making processes. All child-protection workers and carers should be committed to encouraging and facilitating children and young people to participate in decisions by adopting a child-centred approach in obtaining young people's views (CREATE, 2019; McDowall, 2016a).

CREATE's *Participation in New South Wales: The views and experiences of young people with an out-of-home care experience in New South Wales* report (2020e) highlights the importance for ensuring children and young people are given opportunities to participate in decisions about their care. It also demonstrates that having good caseworkers that young people trust and have established relationships with facilitates better communication and opportunities for young people to share their views and raise concerns about their life in care.

When it comes to raising concerns or making a complaint, CREATE argues that listening and responding to the views of children and young people in out-of-home care systems is a cornerstone of best practice (CREATE, 2020b). When children and young people feel confident to speak up, they are more likely to feel confident to provide feedback or make complaints to their caseworker or the Department, which is necessary to ensure young people remain safe and well. A well-functioning child protection system is underpinned by an independent, child and young person friendly, transparent, accessible, and responsive complaints mechanism. Independent oversight of out-of-home care systems is essential to ensure children and young people's individual and systemic concerns are heard and addressed (CREATE, 2015).

CREATE has developed two Best Practice Guides, one on participation (see CREATE, 2020b) and the other on child-centred complaints handling (see CREATE, 2020a), both are underpinned by what children and young people have indicated they want and need and the guides provide key principles for good practice.

Children and young people with an out-of-home care experience deserve the right to be treated as individuals, rather than just "cases" or a "number." Best practice therefore requires reviewing and personalising case plans to suit the unique circumstances of the young person. This involves asking young people what they need, how they feel, and how they would like to be supported by their caseworker, and epitomises what professionalism in this space should look like. The voice of the child or young person, and if appropriate, their significant or extended network of supporters, becomes the foundation for planning and enacting support. This often means that the caseworker takes on the role of partner and collaborator rather than sole decision-maker (CREATE, 2020e).



Conclusion


CREATE's research and consultations with children and young people in care highlight several key areas that have failed to provide the best possible experiences and outcomes for children in care. This includes the need to achieve greater stability and support by minimising changes to placements, carers, and caseworkers, and by adapting more strengths-based and child-friendly and safe approaches in service interactions that include participation and input from young people in care. Urgent systemic reform is therefore required. Without reform, young people in care will continue to be stigmatised, less supported, and may be disadvantaged in their lives after care compared to their non-care peers. CREATE reiterates the need to view improving the outcomes of children already in the care system, as well as extending the support available to young people after they leave care, as early intervention approaches that contribute to better outcomes and ensure those in care are given the best start to their future life.

Thank you for the opportunity to respond to the *Inquiry into the Child Protection and Social Services System*. For any questions or further information please contact Mohita Kapoor, NSW State Coordinator on 0432 670 443 or at mohita.kapoor@create.org.au or Noelle Hudson, National Influencing Manager on 042 955 437 or at noelle.hudson@create.org.au



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About CREATE

CREATE Foundation is the national peak consumer body for children and young people with an out-of-home care experience. It represents the voices of over 45,000 children and young people currently in care, and those who have transitioned from care up to the age of 25. Its vision is that all children and young people with a care experience reach their full potential; its mission is to create a better life for children and young people in care.

To do this CREATE:

- **CONNECTS** children and young people to each other, CREATE, and their community to
- **EMPOWER** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to
- **CHANGE** the care system, in consultation with children and young people, through advocacy to improve policies, practices and services and increase community awareness.

CREATE's mission is achieved by providing a variety of activities and programs for children and young people in care, and conducting research and developing policy to help advocate for a better care system.