

Centre for Relational Care

17 May 2024

Child and Family Directorate, Strategy, Policy and Commissioning Division
Department of Communities and Justice
Submitted via email at FamilyPreservationSubmissions@dcj.nsw.gov.au

Submission: Redesigning Family Preservation in NSW Discussion Paper April 2024

The Centre for Relational Care welcomes the opportunity to provide a submission on the Discussion Paper on Redesigning Family Preservation in NSW.

We are an independent not-for-profit advocacy body formed in 2023 which is seeking to transform Australia's care systems toward relational models of practice. Our work is built on evidence that a system that puts child connection and relationship first, works best. We call this a "Child Connection System". We are growing a community of people with extensive and diverse experience in child protection and out-of-home care systems to guide our work.

We encourage the Department to adopt a relational approach to the redesign of the Family Preservation system. Some of the essential characteristics of a relational system are:

1. **Relationships are at the centre.** An essential outcome is for all children and young people to have meaningful, enduring, genuine relationships with the adults who are raising them. This deceptively simple goal has been assumed - but is missing - in existing care systems.
2. **People and organisations who offer support to children, young people and their families, prioritise building positive, sustainable relationships above all else.** This provides the foundation for effective support.
3. **The wider system is designed to support relationships, as its highest priority.** Approaches that prioritise and strengthen relationships are incentivised, and barriers to building relationships are removed. The methodology to evaluate programs focuses on child and family wellbeing, and the quality of the child's relationships.

To help show a relational approach to Family Preservation, we have attached a stylised Journey Map.

This Redesign provides a timely opportunity for big picture thinking about how to embed a relational model within Family Preservation and across the whole care system. If you would like to discuss this submission, please contact me at sophi@centreforrelationalcare.org.au

Yours sincerely



Sophi Bruce
Startup CEO

Encl: *Journey map of a relational support system versus current system*

Amara and Casey's journey

Every experience of the child protection system is unique to the child, family, carers, and support workers involved.

This journey map is a simplified example of how the current system can lead to poor outcomes for children and their families.

In contrast, a focus on the child's need for meaningful, genuine relationships with the adults who are raising them, can lead to very different outcomes.

Note: These scenarios are fictitious high-level representations to show how different systems can lead to different trajectories for children and their families. They are not intended to fully represent individual cases. Each step in the journey has further layers of complexity.

CURRENT CHILD PROTECTION SYSTEM



A neighbour is concerned that Amara is not caring properly for her child, Casey. He calls the Child Protection Helpline to report that Casey is frequently on the streets late at night without adult supervision, and Amara appears to have issues with drugs.

The Helpline caseworker assesses there may be a Risk of Significant Harm (ROSH) and files a report. The ROSH report remains in the Department's queue due to overwhelming demand. Amara is not informed that a notification has been raised about her family.

The ROSH report is investigated and Amara's family enters the child protection system. Amara feels judged and fearful of what may come next. The family is referred to various support programs. However, demand exceeds supply, so both Amara and Casey are unable to receive the counselling, home visits and supervision recommended by the caseworker.

A failure to provide Amara with adequate support leads to an escalation of problems and increased risk to Casey's wellbeing. The family feels unsupported and distrustful of the system. The initial caseworker has resigned, and a new caseworker is assigned. The caseworker decides that on balance of risk, Casey should be removed from Amara's care.

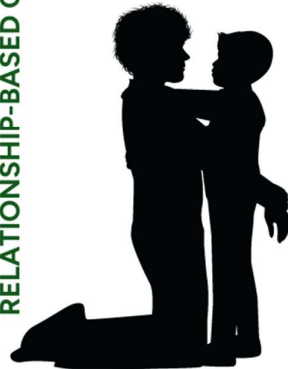
Casey's wellbeing suffers and he no longer has any safe adults he can trust to build back his confidence.

After 14 more placement breakdowns and five different schools, Casey enters residential care, where he is cared for by multiple shift workers. He is not allowed to go to basketball practice as his team is now too far away. He is only allowed to contact Amara once a month.

Casey's experiences of trauma, including being removed from his family, are manifesting in aggressive behaviour. His placement breaks down. A new carer is found three hours from his last placement, so he has to change schools.

The case goes to the Children's Court and the caseworker presents the evidence to justify removal. The Court finds that Casey cannot be safely returned to Amara at this point. There is no kinship carer available so Casey is placed with an agency. He spends three weeks in a motel with shift workers, until a placement with a foster carer becomes available.

RELATIONSHIP-BASED CARE SYSTEM



Community-based care services reach out to a mother, Amara, to see how she is going. They have been keeping in touch with Amara since she visited the local Early Childhood Health Centre shortly after Casey's birth. In this latest visit, they are concerned Amara is struggling to cope.

Amara and her family are connected to a place-based and community-led social support network. The support workers listen to Amara to find out what she needs, her capabilities, and what is important to her family.

Both Amara and the network care team identify that the risk of harm to Casey is increasing, leading to a 'Child Connection' notification for early intervention. Further targeted supports are wrapped around Amara based on her needs and family goals, including weekly counselling sessions.

The network care team continues to visit Amara and Casey regularly to check on their wellbeing and coordinate support services.

The care team asks Amara how she and Casey are doing, and if she feels a strong connection to at least one person in the team. She says things are hard but manageable. She trusts the team and is comfortable seeking help from them, without fearing they will remove Casey. She feels a particular connection with Trish, who has been part of the team from the start.

During visits with the family, they discuss Casey's ongoing emotional dysregulation. Casey says he is open to seeing a psychologist. The team coordinates the referral. Knowing how positive sport is, they also help Casey join a basketball club, paying fees and arranging a volunteer to drive him to practice.

Amara is making progress, however she is facing financial stress and falling behind on her rent and energy bills. The team liaises with a financial counselling service to provide Amara with support.

Amara is continuing to struggle. The network care team arranges practical supports including cleaning. They also help Amara join a family peer support program so she feels less isolated. The team assesses the risk to Casey of remaining at home, including the risk of relational deprivation if he is removed. On balance, and based on working closely with Amara and Casey over the previous months, plus input from Amara and Casey, the decision is made for Casey to stay at home.