

## NSW Department of Education and Training Development of Wellbeing Units NSW Secondary Principals' Council Position Paper - 26th March, 2009

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**Background:** The 2008 Wood Special Commission of Inquiry into Child Protection Services in NSW has provided recommendations for implementation by several government agencies, including NSW Department of Education. DET is currently working to implement one recommendation that will see the development of a DET Wellbeing Unit. **See Appendix A: Key Reforms**

Concern about children at risk is increasing. The Wood Report has suggested a refocus from an assessment of a single event relating to a child or young person to a comprehensive assessment of that child or young person.

Currently the Department of Community Services (DOCS) is receiving 600 000 calls per annum and is not able to deal effectively with this volume. The inadequacy of feedback provided to mandatory reporters may be causing an increase in the number of calls as repeated calls are made about the same incidents.

A key recommendation is that only 'significant risk of harm' calls are directed to DOCS and all other calls are directed to a NSW DET Wellbeing Unit (WBU). If the WBU assesses a call as requiring DOCS intervention it would advise referral to DOCS or make the referral to DOCS.

DOCS is developing a structured decision making tool to assist all government agencies including NSW DET to assess the level of risk of harm for children and young people. DET will develop an electronic referral template for principals to submit a report to the WBU. This may replace the need for a phone report.

Following Wood's recommendation the new legislation before parliament has had the statutory penalty for mandatory reporters not reporting removed.

The primary functions of the Wellbeing Unit could include:

- a) Providing advice, support and assistance to principals regarding the reporting of risk of harm;
- b) Providing advice, when requested, about further action;
- c) Monitoring the provision of services when appropriate;
- d) Providing training and support in local areas;
- e) Providing quality feedback to Principals regarding actions undertaken to support child or young person; and/or
- f) Facilitating links with other government and non-government agencies e.g. health.

DET is working with the Department of Health to consider co-location of DET and Health wellbeing units.

Legislation impact requires the DET WBU to be functioning from Term 1 January 2010. The model is required to be articulated by the end of June 2009. Recruitment will be undertaken in July/August 2009. DET will also need to adjust DET policies and practices to reflect the Wood recommendations. Wood has recommended trials to identify best practice.

Non-attendance is now reportable leading to an increase of 25 HSLO positions for 2010.

DOCs is to inform schools of children and young people who have been placed in out of home care.

It is envisaged that the WBU will complement existing regional and state DET support services through collaboration and facilitating connections between existing and additional non-government and government service providers when appropriate.

**Recommendations:** The SPC:

- Provide scenarios that may require a response from the DET Wellbeing unit; and
- Work with DET to provide information that will ensure the WBU is developed to best support the wellbeing of NSW children and young people by supporting principals with mandatory reporting procedures and accessing the best welfare services available.

## **Appendix A: Special Commission of Inquiry into Child Protection Services in NSW Key Reforms**

- Amendment of the Children and Young Persons (Care and Protection) Act 1998 is proposed so as to require that only children and young people who are suspected, on reasonable grounds, to be at risk of significant harm should be reported to DoCS.
- Each of the Area Health Services, The Children's Hospital at Westmead, the Department of Education and Training, NSW Police Force, the Department of Ageing Disability and Home Care and the Department of Juvenile Justice should create a Unit which advises staff on whether a report should be made to DoCS and, if the proposed report does not disclose a risk of significant harm, the Unit should assist the child or young person by, among other matters:
  - a. referring them to a newly created Regional Intake and Referral Service. That service is to be located within a non-government organisation and it will determine the nature of the services required and refer the family to the appropriate non-government organisation or other state or Commonwealth agency for services such as case management, home visiting, intensive family support brokerage, quality child care, housing and/or parenting education
  - b. referring them to the early intervention program Brighter Futures Special Commission of Inquiry into Child Protection Services in New South Wales vii
  - c. working with the child or young person, alone or in combination with another appropriate agency or non-government organisation, to address their need for assistance or specialised services.
- Reports made to DoCS, which are assessed as being a report that a child or young person is at risk of significant harm should be investigated by DoCS if the matter is urgent or the risk is high or the child is young. Otherwise, if eligible, the family should be referred to Brighter Futures. If not eligible, the family should be referred to a Regional Intake and Referral Service which should be able to link families with the most appropriate local service to meet their needs.
- The Regional Intake and Referral Service should be operated and staffed by a non-government organisation with one or more child protection caseworkers, seconded from DoCS, the number of staff will depend on anticipated demand for that region.
- Integrated, multi-disciplinary and co-located child and family services should be established in locations of greatest need to deliver services to children, young people and their families.
- Non-government organisations and state agencies should be funded to deliver services that should cover the continuum of universal, secondary and tertiary services and should target key developmental stages and transition points in the lives of children and young people. Such services should include:
  - a. home visiting, preferably by professionals, high quality child care, preferably centre based, primary health care, school readiness programs, routine screening for domestic violence, preschool services, school counsellors, breakfast programs and early learning programs
  - b. sustained home visiting for at risk families, parent education, supported playgroups, counselling services, the Home School Liaison Program and accommodation and rental assistance
  - c. drug and alcohol counselling and rehabilitation services, sexual assault counselling, forensic services for sexual assault victims, Physical Abuse and Neglect of Children services, services for 10-17 year olds who display sexually abusive behaviours and allied health services such as speech pathology and mental health services.
- Secondary and tertiary services that include intensive, short term, in-home and crisis interventions and that also provide links to other services following intensive support should also be available and able to respond where needed.

- In addition, work should be undertaken to extend current programs including, Brighter Futures, family preservation services provided by non-government organisations, free early childhood education before commencing school for low income families, family and domestic violence programs and the Safe Families Program – Orana Far West.
- The capacity of non-government organisations, Aboriginal and non-Aboriginal, to staff and deliver these services to children, young people and families, particularly those who present with a range of needs including those which are complex and chronic, should be developed.
- DoCS, Area Health Services, The Children’s Hospital at Westmead, NSW Police Force, the Department of Juvenile Justice, the Department of Ageing, Disability and Home Care, the Department of Education and Training and nongovernment organisations should use a common assessment framework to identify and respond to the needs of children, young people and their families, particularly in the areas of serious and chronic neglect, parental substance abuse, risk taking adolescents, serious mental health issues and high risk domestic violence cases.
- Each key agency should identify their most frequent clients, referred to by DoCS as frequently reported families and who, for DoCS are estimated to number between 2,500 and 7,500 families. An integrated case management response to these families, which includes participation by relevant nongovernment organisations should be provided, together with mechanisms for identifying new families and for enabling existing families to exit with suitable supports in place.
- Specialists in substance abuse, mental health, domestic violence and other similar areas should assist DoCS caseworkers in case allocation, planning, assessments and interventions by attending CSCs on a regular basis.
- Agencies, including non-government organisations should be free to exchange information for the purpose of the safety, welfare and well-being of a child or young person, and for that to occur, amendment is required in relation to the existing privacy legislation. In addition, enhanced interagency collaboration and acceptance of responsibility for child protection is recommended.
- Within three years, case management of families in Brighter Futures should be transferred to Lead Agencies. The responsibility for out-of-home care should similarly be progressively transferred to the non-government sector. The Inquiry supports a revised scheme for voluntary out-of-home care.
- A workforce strategy should be established which takes into account the need of non-government organisations to employ additional skilled staff and to accommodate the transition of early intervention and out-of-home care casework to the non-government organisations.
- Caseworkers should be employed on a temporary basis, or reassigned from Brighter Futures or out-of-home care work as case management is transferred to the non-government sector, to manage those children and young people who will require DoCS services in relation to statutory intervention.]