

Supplementary questions

Benevolent Society

- 1. How long has the issue of youth crime been prevalent in your region and why do you think it's continued?**

The crime in our community has been an ongoing issue for a number of years, our statistics reflect the continued crime that we are experiencing, the community is witnessing an increase specifically in youth related crime with many elderly residents being targeted on multiple occasions. We are witnessing an increase in the number of young people carrying weapons for 'protection' such as machetes and other blades, these weapons are also being used while executing home invasions.

We are also witnessing an increase in the youth 'Posting and Boasting' their crimes including videos and images of offenders while in the victims' homes during home invasions. You will find evidence of this on Instagram under the following pages [REDACTED] to name a few examples.

As mentioned in my opening statement at the inquiry, a number of local youths have shared stories with me over the years that include stories of terrible hunger, unsafe living conditions, homelessness, exposure to Domestic Violence, Drug & alcohol abuse, sexual assault & relentless racism. As a trusted person among the local youth the level of personal stories they have shared has really opened my eyes to the hardships that they face on a daily basis & I believe all of the above are contributing factors to the statistics we are seeing in relation to crime, and more specifically youth crime in our community.

I believe that a big contributing factor to the continued & increased crime in our valley is due to the youth not having a safe place to go to 'hang out' and engage with programs and services in an informal or non-structured manner, this was evident when I was managing the local Kempsey PCYC club, once we had established the trust of the local youth, we saw a high engagement rate, with youth dropping in daily to 'chill out' and relax, during this time we were able have open and honest conversations with the youth about the kind of things that they felt they wanted and needed from our service and the wider community.

Some of the common themes that were mentioned in their terms were...

- “Somewhere to go at night to ‘hang’ out, because we don’t want to be at home”
- “Somewhere to get ‘a feed’, there isn’t much food at home & I’m hungry”
- “It would be good to be able to go and play footy with my mates”
- “Somewhere to listen to some music and chill”
- “Access to wifi to chill & watch social media, and do tik tok dances”

Another reason I feel the youth are continuing to engage in criminal activity & anti-social behaviour is due to the below factors.

- We are seeing an increase in the number of youths being risk assessed out of services, this was openly discussed at a recent YAM’s meeting that we attended. It was identified that they youth were then ‘falling through the gaps.
- A number of local services such as Youth on Track are currently at capacity & have expiring waiting lists.
- There is not enough funded programs and services outside of the hours of 9am – 4pm, this impacts the youth having a safe place to go when needing to remove themselves from their home environment.
- As it has been identified, a number of young people are currently living in unsafe and substandard living conditions at home, this is resulting in the youth congregating in public spaces such as the streets, and local shopping centres.
- Local youth turning to social groups for a sense of identity and belonging, this is resulting in a sense of gang mentality in our community & we are seeing serious conflict between the different parts of our community such as South, West, Greenhill. Older youth are influencing and encouraging criminal type behaviour in the younger cohort.

2. With respect to any programs you deliver for young people for which you receive funding:

- a. How many programs are you currently delivering and what is each program called?
- b. What is the purpose and audience of each program?
- c. How many young people do you have on your books within each of the programs that you deliver?
- d. How many full-time equivalent staff in each program?
- e. How many days per week are you doing direct engagement with young people in

each program?

f. How many (if any) young people are on waiting lists or have been referred for each program but are not able to be supported at the moment?

Community Partner - Mission AUSTRALIA

Program: Coastal Connections

Description: The Coastal Connections Worker is employed to deliver a suite of evidence-based parenting programs to families living in the Macleay Valley, these Evidence Based programs include Tuning into Kids, Circle of Security, Triple P Positive Parenting, Parents as Teachers & Bringing Up Great Kids. The programs can be delivered in groups or one on one depending on individual client needs. Coastal Connections support families to access information, social supports, and the resources they need to access education, health, welfare, or pathways to community participation. Coastal Connections works holistically with Aboriginal and non-Aboriginal families and focuses on building the capacity and resilience of parents so that they can address challenges that can affect families. During engagement with the families, the Coastal Connections worker is able to assist with referrals into other organisations and programs as required.

Audience: Parents and Carers with children aged 12 and under.

Participant Numbers: In 2023- 2024 this program engaged with 49 Unique Participants.

Staffing Arrangements: 1 x PPT program facilitator 4 days a week, Monday – Thursday.

Program Delivery Schedule: 2 parenting program groups per term. The target number per group is 4-8 parent/carers, that is, 8-16 unique parent/carers per term.

Capacity: This program is not currently at capacity and is accepting referrals.

Community Partner: PCYC KEMPSEY

Program 1: Fun FRIENDS and FREINDS for life.

Description: The Fun FRIENDS curriculum builds young children's social and emotional skills through fun, play-based activities. By learning resilience early, children gain confidence for a smooth transition into school and foster positive relationships with family and peers. It teaches strategies to handle challenges, reduce anxiety, and improve focus, confidence, emotional regulation, and empathy. This program is currently delivered in local primary schools in small engaged groups.

Audience: Primary School aged children

Participant Numbers: In 2023-2024 the Friends program engaged with 81 Unique Participants.

Staffing Arrangements: 2 x PPT Facilitators

Program Delivery Schedule: This program will be delivered via 9 or 10 x 1 hour weekly sessions during the school term.

PCYC will deliver 4 programs per term. 2x Friends for Life 2x Fun Friends

Capacity: This program is currently at capacity.

Program 2: U-NITES.

Description: U-NITES is a weekly activity program at PCYC Kempsey for children aged 8-12, offering a variety of structured activities in a safe and supervised environment from 4pm-9pm Friday nights. The program aims to support participant wellbeing, positive social interactions and access to a nutritious meal on the night. Transportation to and from the program is provided. There is a limit of 30 participants per session.

Audience: Children aged 8-12yrs.

Participant Numbers: In 2023-2024, The UNITES program engaged with 146 Unique Participants.

Staffing Arrangements: 1 x Club Manager, 1 x PPT program facilitator, 1 x PPT bus driver, 3 x PPT Activity Officers, police & volunteers when available.

Program Delivery Schedule: Every Friday night, 4PM – 9PM - (This includes school holidays)

Capacity: This program currently is at capacity.

Program 3: Tiny Tots playgroup.

Description: Tiny Tots is a social playgroup offering parents and care givers a chance to socialise and connect with their children. Facilitated by PCYC, it enhances parent-child relationships and learning through play opportunities. This playgroup is offered in the PCYC club and rotating outreach locations around the Macleay Valley.

Audience: Parents/Carers and Children aged 0-5yrs

Participant Numbers: In 2023-2024 the Tiny Tots program engaged with 228 Unique Participants.

Staffing Arrangements: 1 x PPT Program Facilitator, 1 x PPT Activity Officer.

Program Delivery Schedule: One session per week (during school term) at Kempsey PCYC Club.

One session per week (during school term) at changing outreach locations.

Capacity: This program is currently at capacity and demand is greater than expected.

Community Partner: Dalaigur Pre-school & Scribbly Gum Pre-school.

Program: Connecting

Description: The connecting Program is delivered directly to students enrolled at both Dalaigur and Scribbly Gum Dalai Preschools, with transport to and from the services provided for families.

The program consists of 3 main components:

Culture; Children learn traditional cultural practices as well as Dunghutti language from local educators and elders. This program aims to promote healing for children, families, and the community. The children then share their learning with the wider community.

Early Intervention Support; The Connecting program aims to strengthen access to allied health services for children with developmental delays, provide access to services while at Preschool in a culturally safe setting, empowering children to be in the best possible position before transitioning to school.

Health and Nutrition; The nutrition component ensures children meet daily dietary needs and continues supporting families with healthy food choices and continued meal support.

Audience: Children aged 3yrs – 5yrs

Participant Numbers: In 2023-2024 Dalaigur engaged with 133 Unique Participants & Scribbly Gum engaged with 68 Unique Participants.

Staffing Arrangements: 22 x staff at Dalaigur & 20 x staff at Scribbly Gum (this includes, bus drivers, cooks, educators, admin & management)

Program Delivery Schedule: NSW School Terms 8.30 to 4.00pm 5 days per week
Dalaigur Pre-School – Monday/ Tuesday/ Wednesday
Scribbly Gum Dalai – Thursday/ Friday

(The program will run 200 sessions a year) this equates to 5 days per week / 10 weeks per quarter as per NSW school terms.

Capacity: Dalaigur Preschool is currently at Capacity with a waiting list of 30.

Scribbly Gum Preschool is at Capacity with a waiting list of 30.

Community Partner: UNITING Kempsey

Program 1: Women Can

Description: **Women Can** is a supported group for mothers/carers of children aged 8-12 who have experienced domestic violence. It provides a safe space for women to understand the dynamics and effects of domestic violence on their children. The program equips mothers with the skills to support their child's self-esteem, development, and safety. It runs parallel to the Kids Can program for children.

Audience: Parents/Carers of children aged 8yrs-12yrs.

Participant Numbers: In 2023-2024 the Women Can program engaged 14 unique participants.

Staffing Arrangements: 2 x PPT facilitators.

Program Delivery Schedule: Women Can will be run as 4 sessions, covering 8 modules. One group per term.

Capacity: This program is not currently at capacity

Program 2: Kids Can

Description: **Kids Can** is a therapeutic group for children aged 8-12 exposed to domestic violence. It offers a safe space for children to process their experiences and learn coping strategies. It includes homework to encourage communication with their parent or carer.

Audience: Children aged 8yrs – 12yrs

Participant Numbers: In 2023-2024 Kids Can engaged 21 Unique Participants

Staffing Arrangements: 2 x PPT Program facilitators.

Program Delivery Schedule: Kids Can will run 1 group per term in 6-8 sessions with timeframes being adapted to individual groups

Capacity: This Program is not currently at capacity.

Program 3: Parenting after DV

Description: Parenting After DV helps parents build healing relationships with their children, creating a safe environment for growth and recovery.

Audience: Parents/Carers and Children aged 8yrs – 12yrs.

Participant Numbers: in 2023-2024 Parenting After Domestic Violence 14 Unique Participants.

Staffing Arrangements: 2 x PPT Program Facilitators.

Program Delivery Schedule: 2 x half day workshops, run 4 times per year (once/term)

Capacity: This program is not currently at capacity.

Community Partner: SHINE for Kids

Program: RISE

Description: The RISE Education Program is a place-based, early intervention program supporting primary aged children with a parent in custody. RISE gives K-6 students access to a vital support system encouraging their learning and development. It provides every student with an independent adult mentor supporting the student academically, socially and culturally. Tailored one-on-one support in the classroom ensures children with an incarcerated parent are positively engaging with education and provided the holistic support and resilience they need to not just survive an exceptionally difficult period in their lives but thrive academically. These support sessions allow RISE to become a resource to provide informal referral and advice for children and families. Weekly one on one support in the classroom for up to 20 primary aged students is provided by our trained RISE education volunteer mentors.

Audience: Primary school aged children.

Participant Numbers: N/A This Program was de funded in 2023-2024.

Staffing Arrangements: 1x PPT Program Facilitator.

Program Delivery Schedule: N/A

Capacity: This program was at capacity and had a waiting list.

The Benevolent Society

The Communities for Children (CfC) program takes a whole of community approach to supporting early childhood development and wellbeing with a focus from birth to 12 years old, however can include up to 18 years and their families.

Building on local strengths, CfC works to meet the needs of individual communities. This includes building local service capabilities in the early intervention and prevention space.

Facilitating Partners play a facilitation role on the ground in the local communities in which their program is funded. Facilitating Partners work to create capability in partnership with local service systems, as well as holding local knowledge and experience. They collaborate with other organisations to provide a holistic service system for children and families.

The Communities for Children Facilitating Partner (CfC FP) program is a place-based model of investment supporting children and families in 52 disadvantaged communities across Australia.

Funded Community Partners use an early intervention approach that supports families to improve their relationships with each other; improve parenting skills; and ensure the health and wellbeing of children.

The CfC program is currently funded until 30 June 2026 in the Kempsey area.

3. In your evidence you said, 'I think the gaps are coming down to restrictions around funding.' What changes do you think need to be made to funding processes and structures to:

a. Encourage collaboration between service providers?

Encouraging collaboration between service providers is vital but often challenged by the competitive nature of funding, which can create silos instead of partnerships. Building relationships takes time, but frequent staff turnover and funding restrictions make it difficult to maintain consistency. Limited funding for networking or collaboration activities, coupled with strict accountability for how time is spent, further complicates efforts to work together effectively. Prioritising funded opportunities for networking and relationship-building is essential for fostering meaningful and sustained collaboration.

b. Enable greater flexibility for regional service providers to meet community needs?

EVID BASED PERCENTAGE – Under our head funding agreement we are required to fund 50% evidence-based programs, this has been very difficult to achieve in our community, we find that a lot of approved Evidence Based programs do not meet our communities current needs, this impacted our ability to continue to fund SHINE for kids.

SHINE for kids were undertaking the promising practices process to seek Evidence Based approval for their RISE program, this turned out to be a very time consuming & expensive process for them, as a result of this they withdrew from the process resulting in The Benevolent Society needing to defund their program and find another community Partner to deliver an approved Evidence Based Program to ensure we met our contractual obligations.

DUPLICATION & Competition- Current funding structures are designed to create a sense of competition between organisations, we often witness organisations moving outside their 'lane' to try and secure funding to continue to fund their overheads.

This contributes to the silo effect we are seeing withing the youth & families sector, organisations often feel a need to protect the specifics around their programs and funding streams due to a fear of loosing the funding to a competitor.

We also see this in relation to participants, organisations are often fearful of not being able to secure their target numbers & meet their requirements due to other programs designed for the same cohort of community running at the same time in community.

This impacts the willingness of organisations to collaborate and pool resources to better service the community and achieve better outcomes.

CULTURAL UNDERSTANDING – In our community we see a high need for programs that support healing, connection to culture and cultural identity. However there are no Evidence based programs that are approved to focus on the delivery of culture & these frameworks often fail to account for the deep, intangible aspects of culture that significantly influence outcomes like child safety, connection, and well-being.

Transport & Nutrition- Funding is often limited or not approved to be spent on transport to and from our programs, this is a consistent barrier that participants face when trying to access services in our community, this has a larger effect such as payments being suspended, medical appointments being missed & school attendance.

When participants are attending programs, there is often little to no budget allocated for meals to be provided, this is an ongoing challenge that we have seen increased due to the current cost of living crisis in our community.

REPORTING REQUIREMENTS – The current reporting requirements for funding has a big impact in the number of hours allocated for face to face delivery. All data systems are built and designed to collect quantitative data and not qualitative, this is challenging when trying to capture the true impact of our programs on the ground in our communities. We would like to see more flexibility around reporting styles especially when it comes to cultural impact which we predominantly capture through story telling.

FUNDING TIMELINES – The often-short timelines around funding can become challenging for Community Partners to have enough time to implement a new program, recruit new staff, train new staff, engage with participants, build trust & deliver programs & capture impactful data. This short timeframe can compromise the depth and sustainability of programs, as trust and careful planning are critical for long-term success and meaningful impact.

4. In your evidence, you said:

The other big gap I noticed in our community is around allied health access, and the waiting times in regard to getting perhaps NDIS assistance or diagnosis or access to mental health facilities, even for our youth.

In your experience:

a. How long can the wait times be for access to these services? Examples from stories.

The long wait times for allied health services for young people in Kempsey/Macleay Valley can be attributed to several factors that we as community development workers hear:

High Demand- Increased rates of mental health, developmental needs and other health concerns among our young people have led to a surge in demand for services.

Workforce Shortage- There are limited numbers of allied health professionals such as psychologists, occupational therapists, available in Mid north Coast.

Geographic Challenges- Being regional area, the Macleay Valley often struggles to attract and retain allied health professions- this could be because of limited infrastructure and perceived isolation.

Underfunded services- Local services may lack resources to expand their teams to reduce waitlists, particularly for bulk bill or low-cost options.

Systemic Barriers- Referrals, funding approvals, or administrative processes can delay access to services, particularly for those relying on the NDIS, Medicare, or other government programs.

Transport issues- Families without reliable transport face difficulties accessing appointments, further compounding delay.

Actual stories from the Macleay Valley community

Age of patient: 8years

Gender: M

Type of service: paediatric

Wait time: have been waiting 2 years and have another 4 months wait

Travel: Coffs Harbour (1hr+)

Cost: \$400+

Impact: Not having the support of a paediatrician has caused multiple delays with my sons schooling, I have been unable to get him the medication that he requires to concentrate at school, this has resulted in me having to leave work multiple times due to needing to pick my son up from school early.

Age: 25

Gender: Female

Type of Service: Psychologist

Wait time: 18 Months + (ongoing)

Experience: Tried to get appointments in Taree, Port and Coffs Harbour, No one wants to help due to her age, we are needing this for her NDIS.

Impact: Not being able to see a specialist over the past 12-18mths has been very disheartening for our family. The constant disappointment within the mental health sector on the Mid North Coast has taken its toll.

She has missed out on vital opportunities regarding work, socialising and health care due to the lack of resources. Undiagnosed Asperger's is our main concern as well as anxiety and depression.

I've tried various establishments, and all they say is she needs to see a specialist before anything can get done. It is just a revolving door of disappointment. I also

found out she is still giving money to an online scammer who is taking advantage of her. I'm beyond broken, and she won't let me help. Living on no sleep and constant stress is killing me, literally.

Age of patient: 14

Gender: Male

Type of service: OT & psychology

Wait times: I have given up on the O.T as he is too old for one system and too young for the other. Psych we are doing zoom session with someone in Byron Bay but can only get once a month.

Travel: to access the O.T requires travel to Port Macquarie or Coffs Harbour & Psych is held via zoom as driving to Bryon Bay is out of the question.

Cost: psych \$280 per hr session.

Impact: Regular session for Psych would benefit my son to help process school and friendships due to his disability.

Age of patient: 11

Gender: M

Type of service: Psychology & Paediatrician

Wait times: Psyc via zoom only once a month. Paediatric over 12months+

Travel: psyc Bryon Bay but done via zoom. Paed Coffs Harbour (over 1hr away)

Cost: psyc \$280 per hr session. Paed \$340 for first consult then \$280 afterwards barely any rebate back from Medicare.

Impact: My son needs these services asap as he needs to be diagnosed for school purposes and has been seeking out friendships and his irrational impulsive behaviours, this has escalated at school to him taking part in violence, disobedience towards teachers and low-level crime outside of school.

Age: 5yrs old.

Gender: Female.

Specialist Service: Behaviour Therapist.

Wait time: I actually can't even get an in-person behaviour therapist. Everywhere I've tried (I actually cried the last call I made), their books are closed.

Impact: I've had her daycare teacher regularly approach me to her behaviour. Both time the teacher was so warn out and fed up with her that she was frustrated at me. (Note, daycare also failed to inform me of how severe she is until October and then made it clear she would be sent home, even if that meant every day).

So we've also had to change schools to a school more accepting of her and who can help her during those moments she really needs support.

b. How do those wait times compare with other regional areas (if known)?

We are unable to comment on other areas.

c. How does this impact the young people you work with?

We are regularly hearing of the impacts due the delays in getting access to allied health services in our community.

Families and individuals are sharing very deep and personal stories about their journey to try and receive access to the services that they not only deserve but desperately need to continue to function on a daily basis.

We are seeing and hearing some of the following effects.

- Parent/carers being injured, physically & mentally.
- Impacts on young people's educational journeys, both directly and indirectly.
- Financial impacts on families to cover the costs of medical expenses.
- Impacts on parent/carers ability to hold employment & therefore provide for their family.
- Loss of life due to suicide.
- Health impacts of the wider community due to lack of supports for victims and carers.
- Risk of Burnout and staff shortages for key roles such as Teachers and Educators.
- Disconnect between family units including grandparents and elders.
- Increased demand on emergency services such as Police, Fire & Ambulance.
- Overcrowding at immediate crisis service such as hospital emergency departments & mental health.

This is a continuum cycle, and the impacts are felt far and wide outside of the immediate patient and their homes, this crisis has an impact on whole of community.