

2.2 Child Safety Pathway

2.2.1 Child protection is everyone’s business. What role could the Child Safety Pathway play in educating notifiers (and communicating to the broader community) of what they can do to respond to concerns and prevent child abuse?

Note: This question was refined during our focus group process. The below question was used at the Mount Gambier focus group as 1a.

It has been suggested that the Child Safety Pathway needs to ensure that communication is given back to notifiers – close the loop. How could we do this?

Key themes emerging from input:

- Via social worker/social work team – face to face
- Email – but is it safe and confidential?
- SMS
- Feedback to community members and service providers
- Call back – in a timely fashion
- Build relationships with families
- Need sufficient resources
- Reference number
- Let reporter know how their report will be actioned
- Safe & confidential process

Note: A large amount of the input received from this question was not in response to the specific question regarding closing the loop with notifiers. Participants interpreted the question to be more about general education of notifiers and the process for making notifications.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	<ul style="list-style-type: none"> • Face to face with Social Worker? • Social Work Team purpose-built to dedicate to the task. • Email/SMS back what is going to happen next. • If extra resources are prioritised – this should be on the lower end as it has no direct impact on the child. • Is email safe? Confidential? • Feedback to community members and service providers. • If a mandated response is not recommended then feedback allows service providers to complement other services. • Education: Re: criteria of assessment. • This question was very limiting. The table had lots of discussions about the nature of the feedback to notifiers. • Email if online and call back if a call – in a timely fashion.

	<ul style="list-style-type: none"> • Compulsory SMART training for staff. • Call back or face to face (by NGO). • Code issued when report is made to ID notifier. • Email response offered at time of notifications. • Resources – decreased case-loads to allow time to feedback. • Generic email? Acknowledging receipt of the information. Where is the investigation process at? What is the outcome? Through the child wellbeing Practitioners! • Interview with people who make multiple notifications about a Young Person. • Email all with where it's going next and assessment.
<p>Focus Group 2 - Adelaide</p>	<ul style="list-style-type: none"> • Responsive CARL staff. Education both for reporters/MN as well as the staff receiving calls. • Speak to agencies/service/notifiers re: 'what makes a notification on reasonable suspicion'. Some time spent at point of notification to give feedback re the notification. • Continual professional development. • Feedback to notifier. • Provide 'buddying' and mentoring. • Most experienced staff on triage. • Most experienced staff in the triage team. • Supervision of staff. • Competent staff members. • Determination of triage worker is key. • CARL to provide clear referral/support service. • Culturally appropriate response. • Referral to substantive agency – Multi-Agency Assessment Unit (MAAU). • Practical solutions and support strategies that could assist in intervention. • Universal screening tools to be used by Government/NGO i.e. FSF risk assessment. • Vicarious trauma. • Responsive CARL staff. • Build relationships with families. • Sufficient resources to allow more education to notifiers.
<p>Focus Group 3 – Northern Adelaide</p>	<ul style="list-style-type: none"> • Be welcoming – there are some rude ones out there at present; some are dismissive. • Take information. • Like White Ribbon – Media input and education. • Call back service. • Getting through and follow up. • Call back feature. • Information given that more notification will result in action. • Different channels for different notifiers. • Reference number. • A consistent response from staff – pathway. • Educate mandated notifiers of their obligations. • Respond a lot quicker. • Know where you are in the queue. • Give caller ideas of options.

	<ul style="list-style-type: none"> • Pathway needs to be central point to determining service/response/pathway. • Tell us what they are going to do. • Educate medical staff, GPs and hospitals. • Identify who is reporting to reduce the 'I thought you were going to...' • Set up a consult hotline to get advice. • Engage Aboriginal communities through: <ul style="list-style-type: none"> – Community Consultative Committee. – Joint training and awareness of Child Protection (CP) matters. – Include NGO services. • Reduce time limit – when community reporting to CARL. • Review the Reporting Abuse and Neglect (RAN) Training for professionals. • More training opportunities for NGOs and educate school sites that do not understand the system. • Aboriginal Specific Team in Child Safety Pathway – Yaitya. • Call back response for those who are wishing to report Child Abuse! • Make online process easier. • More training for non-staff re reporting the child. • What do you think we could do to help this child/family? • Consultation and joint problem solving. • Call back system. • Review mandated notification training. • Specific questions to gather information – escalation. • Better trained staff. • Ongoing training for CSP staff around Cultural Competency. • Educate Community – workshops on Child Protection. • Answer calls promptly – acknowledge skills. • Let report know how their report will be actioned – to reduce re notifications. • Identify at Risk Families earlier to provide support/intervention through CFARNs.
<p>Focus Group 4 – Adelaide</p>	<ul style="list-style-type: none"> • Information sharing at the beginning – not just one way from the notifier. • Coaching about local services. • Build education capacity to provide early intervention. • Educating about CP thresholds – what is child abuse – diversionary pathways. • Refer into local services. • Helpline – focus and concept. • Understand – what notifiers understand about CP and the system and keep it current. Every agency dedicated CP person (champion). • Across Government/non-government – education campaigns. • Other agencies building education into their policies, standards and procedures. • Put child Safe Environment Trainers in Child Safety Pathways. • Coaching about local services and how the notifier can help the family. • Information sharing – two ways – give information back to notifier –what they can do – professional.
<p>Focus Group 5</p>	<ul style="list-style-type: none"> • NGO trained staff to specialise in CP notifications (for community based). • Greater training for community.

<p>– Port Augusta</p>	<ul style="list-style-type: none"> • Referring families (in house) to services before notifications made. • GP. • Media/TV saturation on child rights/safety reporting. • More understanding of everyone’s role e.g. health professional, SAPOL and DCP. • Whole of community education. • Simplify communication to community. • Timely response so that people aren’t discouraged from calling. • Hold ‘music’ is information. • Education before they ring CARL so CARL aren’t doing the education. • Media/Education. Risk and Safety advertisement promoting child protection. • Scaling guide another filter within Child Safety Pathway. • More frequent training and updates. • Consistent message about reporting to all notifiers e.g. new grads. • Specific regional information – very different in country to metro. • CARL information line. Separate to Report line. Information on Apps and website. • A telephone line like the 1300 sick/health line for advice prior to CARL. • People need to feel safe when reporting. • Educated in that CP is everyone’s role. • Time it takes to report too long. • Need triage immediately. • Advising caller what other steps they may take to intervene/responds to abuse ‘CSE training’. • Role of child well-being co-ordinators/practitioners. • Advertise what ‘child abuse’ actually is. • Public service announcement. Media advertising to educate Community Members. • Slogan – What can you do? For general public/community. • All intakes at all response levels have a response. If no response then referred back. • Education around what is a valid concern. • People need to know what the process is. • Witness of incident be responsible.
<p>Focus Group 6 – Mount Barker</p>	<ul style="list-style-type: none"> • Public awareness – neglect is... <ul style="list-style-type: none"> – Education programs – schools, kindy and health. – Community responsibility. • Not over-reporting e.g. once without a raincoat. Human error vs neglect. • Pathway parties – transparency in success/failure will help credibility. • Community support level in supports. • Localised efforts. • Data on notifiers – use patterns to inform and understand, broader approach – targeted at common themes. • Healthy eating programs e.g. strath – OPAL (inclusive). • Information line about observations – is this OK? Not CARL. • Name of CARL – can be a perceived barrier to reporting. • Flowchart –if this....then do... • Awareness of what DCP and Child Safety is.

	<ul style="list-style-type: none"> • What is a notifiable situation? • Education and community awareness. • CARL Line x 2- professional and community. • Education for notifiers re how to talk with children when they disclose. • Family and Community support. • Provide feedback on actions/decisions at time of call especially for professionals re teachers. Including clarification of decision – clear guidelines so timely response can be given. • Review of Child Safe Environments training to ensure consistency of training (not notifying everything small!) and involvement of DCP staff in training. • Screening of notifiers could occur in different agencies. • Resource to manage the volume. • Should the mandatory notification legislation be changed? Question implies different training for notifications from CARL – but training should be altered further upstream. • Value broad family and community. • Transparency re assessment process who might be involved – potential impact on key trust relationships.
<p>Focus Group 7 – Murray Bridge</p>	<ul style="list-style-type: none"> • Call Triage Team – can empower callers to take other actions. • A phone App that people can put on their phones (general public) that gives them access to notify with education on media about notification and process. • Children placed back into unsafe situations without consultation with other providers. • More education across other organisations in regards to what should be notified - try and stop clogging system. • Better support for pre-intervention – support families before crisis occurs. • Clarity around Mandatory Notifiers – what is Notifiable – when to notify? • More money resources from DCP to do Early Intervention – earlier. • Feedback to notifiers and provide advice on other ways to intervene/assist family – other supports. • Collective responsibility is clear and have a team of supports. • CARL – recorded information while waiting in the queue. Ability to notify at the local office. • Disseminate information broadly via media, including social media, and support and enhance existing information outlets. • Utilise existing programs to get the message out e.g. AC Care – communities for children. • Information to the most disadvantaged about what they can do about child protection. • Safety begins with parents and then community education, have a society that really values children. • Notification to be the start of a conversation that continues – current system doesn't allow this. • Faster response times to reports. • DCP to be clear about who else is involved in providing support currently and provide advice on where to go for other services – information sharing and service co-ordination. • Commercials about the process of notifying on the telephone while people

	<p>wait to be put through.</p> <ul style="list-style-type: none"> • Local level – ability to self-referral to Early Intervention programs in the area. • More telephone access in system (more staff taking calls) – ring in and leave number. • More resources for Report Line – more education for other organisations. • Education across community e.g. definition of Notification Process and Notification Assessment. • Which agency should be responsible for what services? It’s not clear who does what and who has responsibility. • Concerned that if state have a relationship with a family that DCP won’t take on responsibility and will leave it with reporting agency. • Minimise notifiers – worry/anxiety by education. Safe and confidential process.
<p>Focus Group 8 – Southern Adelaide</p>	<ul style="list-style-type: none"> • Assessments for UCCs Antenatal. • Better education/training to mandatory notifiers. • Early Intervention filtering and funnelling out. • Sharing information using ISG. • Family by family – more of these services! Advising and linking. • Analyse context and provide advice on what can be done to assist the family. (Local community support) i.e. navigating Centrelink. • Do we need to notify no change? The importance of multiple agency notifications. • “Family Safety Framework”- builds knowledge – information sharing. • Tier 3 Early Intervention- using student placements? • Perpetrators to be involved in the process. • Triage – information/support – help for families – answer questions for notifiers. • Providing feedback to notifier if there are other avenues/services for support. • Education around types of questions/information that might be asked to aid assessment. • How is this reform different to current model? • NT system do call back on their CARL line – so caller one only wait on hold for 5 minutes. • Collaboration with other services. • Media campaign (Care 4 Kids) – community events. Resources into Community Health. • Education – when to notify, what to notify – what they can do? • Child Safe Environments – training needs to be updated. • Feedback from CARL –what’s happening? • Shared assessment tool – best practice pathway. • Public campaign for raising awareness in community – support before report. • Information of support services to notifiers. • Systems that can be navigated. • E-call time frames to turn around and understanding of urgency by notifiers. • Recognition of professional expertise when phoning in. • Capacity to make multiple notifications at once (limited). • Targeted educational support where multiple reports are experienced ongoing. • Services to understand waiting time on E-CARL.

	<ul style="list-style-type: none"> • Make training/information relevant to specific site/organisation. • CSP – taking the lead to ask notifiers if they are happy for a service to contact them to engage them in service/support and telling them/referring to a service – they may not go. • Education community around new system.
<p>Focus Group 9 – Western Adelaide</p>	<ul style="list-style-type: none"> • Child focus. • Permanency – stability. • Transparent decisions. • If they have to be in emergency OOHC or residential care then make it more appropriated for the child. • Funding and services to meet the social determinates of health and wellbeing for families and children. • Information sharing across agencies. • Trauma informed. • Consistent worker/continuity of service. • Ensuring that all children get a timely response. • Meaningful intervention. • Prevention universal. • Aboriginal people to self-govern. • Stability in placement. • Early Intervention for families and children. • Value the carers. • Community based Family Support Services (no stigma). • Responsive. • Coordinated child focused. • Child focus – best practice for individual child. • Early Intervention – home visiting for all children from point of pregnancy. • Keeping children safe at home – have a voice.