Child Protection Reform Implementation
Focus Groups – Summary Report
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Word Cloud depicting the most frequently used words by participants of focus groups. The larger the word, the more often it was written.

Part 2.3 - Child Family Assessment and Referral Networks

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consulting
Involve - Understand - Empower

2.3 Child Family Assessment and Referral Networks

2.3.1 How do we ensure the range of providers (government and non-government) working with CFARNs prioritise a shared service response across agencies eg. CAFHS, Children's Centres, NGO's for large numbers of families with children identified at risk?

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

How do we ensure the range of providers (government and non-government) working with CFARNs prioritise service responses for families with children identified at risk?

Key themes emerging from input:

- Clearer indicators.
- "At risk" needs to be flagged in the referral process.
- Information sharing – processes, across all sectors (including NGOs), guidelines.
- Understanding of CFARN – purpose, goal.
- Clearer service agreements; strengthen partnership arrangements.
- Open & frequent communication – amongst staff, teams, across agencies – shared understanding, regular coordinated meetings.
- Flowcharts, pathways/escalation pathway, memorandum of understanding, common assessment tools, collective "Terms of Reference".
- Accountability – to each other, to families.
- Lead agency – with clout; single coordinating point.

Note: Within this question, many participants in regional focus groups highlighted the need for a pilot CFARN to occur in a regional location.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	• Clearer indicators. • 'At Risk' needs to be flagged – referral process. • Processes for information sharing across agencies. • All agencies know what CFARN is – purpose and end goal. • Clear communication pathways. • Clearer service agreements. • Proactive mandated early intervention (supported by legislation). • Building resources across the community. • Information sharing across sectors. • Respecting knowledge and skills. • Evidence based tool to apply to prioritisation. • Time to provide adequate ax. • Strengthen partnership arrangements.

	• Broader team networks. • Sharing information with NGOs. • Assessment (similar to Family safety frameworks) which provides a score – all agencies can use common tool – easy to interpret. • Public Forums – also using media. • Who is there who needs to be there? Keep everyone relevant in the loop – responsibility. • Assessment and criteria to assess highest risk. • Education of providers. • Written into Service Agreements. • Monitoring Body – to report back to. • Information sharing guidelines. • Triage system prior to CFARN and within. • If it isn't statutory how do we get families to engage? • Allocating resources so funding is available to do it. • Good working relationship between agencies – which we have. • Open and frequent communication amongst staff in and with teams. • Use the local community networks well, engage instead of alienate. • Learn from the Family Safety Framework. • Action Plans to be developed. • Focus on interagency collaboration to provide a response.
Focus Group 2 - Adelaide	• Healthy relationships – teaching in schools. • Multi-pronged approach – community education. • Overall website providing information on: – CPS – flowcharts. – Information on CA & N. – Strategies to respond (tip sheets). – Referral pathways. • SMS opportunity for notification – call back vs long waiting time. • Media education (reporting truth); intentionality of reporting; more positive. • Education programs in schools around different family models – normalise. • Create a learning culture e.g. changing and understanding of CA&N. • One Stop Shop – Children's Centres. • Multi-disciplinary approach – wrap around service response. • Safety education in schools and difference in family situations – normalise 'care' for children and young people. • School curriculum for education about relationships.
Focus Group 3 – Northern Adelaide	• Commitment and accountability FCAM service client etc. • Shared understanding. • Working together with families. • MOU. • Partnership Agreements. • Family Conferencing – family involvement. • Appropriateness of the service. • Information sharing. • Accountability. • Case meetings with all services involved with the client. • Sharing information.

	• Provide practical support e.g. HV (door knocking). • Confidentiality – limit to! • Early links. • How will CFARNs be resourced and how will service's response be funded? • Memorandum of Understanding. • Reporting/Accountability e.g. data collection – shared information. • Cultural Awareness Training. • Aboriginal Specialised Unit or CFARNs to work with Aboriginal families. • Educate fully, all providers on process in place. • ISG to be clear and transparent and educate. • Shared discussion and regular meetings co-ordinated. • Escalation pathways where agencies/schools etc. not following up. • A Co-ordinator role. • Triage system to be consistent. • Get the whole picture of the family from shared information. • Independent Lead Agency (NGO). • All cases remain under DCP umbrella so families are captured if they disengage. • Key workers – it is their sole role. • Information sharing agreements. • Quick feedback loop to keep child in mind. • Assign lead agency but everyone is accountable. • DL lists. • Usable system. • Systems talking – common information system. • Information sharing guidelines. • Clear pathways. • Communication – easier and less barriers.
Focus Group 4 – Adelaide	• What's happening in Country SA? • Feeding into local liaison groups. • Clear mandate to start with. What are we wanting from services? • Collective way to share information across systems. • Information sharing guidelines training and ongoing training. • Building better regional connections and relationships. • Resourced appropriately. Better use of existing resources. • What do we do if families are not engaging with services – looping communication? • Define 'Early Intervention' what risks or don't use it. In and out of scope. • Common framework that all work to and across all CFARNs and all providers. • Need an escalation pathway. • Mechanising with other organisations – invited to join network and 'sign up' to provide priority responses. • Common priorities across 3 CFARNs. • Clear roles and definitions to work by. • Common assessment tool. • Legislation and regulations to work by. • Collective 'Terms of Reference".

Focus Group 5 – Port Augusta	• Accountability to respond to families. • MOAA. • Agencies don't opt out of working with families because: domestic violence, they yell at staff, mental health issues and they don't engage. • Are involved in CFARN even if not actively involved with family. • Regular meetings. • Report back on actions. • Collaboration between agencies. • Agencies need to challenge families about the issues. • Agencies don't opt out because they are a voluntary service and the client doesn't want to engage. • Agreement by CFARN for agencies to disengage from family. • Early Intervention from conception. • Inter-generational abuse stops young mothers from going to family for help when they have children. • In order to have a shared response we need to know what others do. • Too much 'gate keeping'- re information sharing. • Response times inter-agency. • Person to provide resources for regional locations who don't have access to Adelaide. • Role of each agency needs to be clear. • Question why metro are pilots with no regional pilot. Historically the department have piloted change in metro to roll out regionally and major issues have been identified. • More localised level of working with stakeholders. • Processes need to be clear. • A system universal that would populate the agency that was needed. • Information access for NGOs. • Joint responsibility and accountability. • Part of Induction/recruitment regarding agencies. • Agencies – government and non-government need to have staff with the skills to engage with families and have knowledge of response to a range of social, health etc., issues – up-skilling. • Transparency across agencies. • Federal response to child protection – uniformity. • More services in country regions (lack of services to refer to). • Need for more resources to country to ensure no waiting lists – high case leads. • Every agency needs to understand their role and other agencies roles. • Mandated agency participation in meeting (FSF). • Aboriginal staff at entry points. • Specific role for ongoing education – role is purely to visit agencies and educate. • Wrap around services must be available in the country – e.g. psychologists. • Service gaps – common referral criteria. Alignment is important. • NGO access – no barriers. • Recourses. • Create a 'one stop shop'. • Agreed process e.g. assessment form.

	• How do we engage the most at risk families in local communities? • Family Safety Framework model – MAPS expanded to CP. • Not 'city centric'. • What is role of linking families in CARL in the new CFARN model? • Multi-agency – hubs/teams/response team. • Done at local level. • Key lead agency that is not DCP. Like family safety framework. • Education of people to recognise that when families need assistance because children are at risk. • Improved sharing of information.
Focus Group 6 – Mount Barker	• Lacking in Adelaide Hills Regional country! This is needed. • Legislate. • Co-ordinating body. • Similar to interagency referral pathways that worked previously. • CAMHS – need to be included. • Critical to ensure all agencies involved to prevent fragmentation. • Care Team response – wrap around services. • Sufficient ability to meet demand. • Clear response times and communication back to referrers. • Accountability. • Lead agency and 'clout' to make it happen. • Hub offices and approach – co-location e.g. SAPOL incident, DCP report. • Change in high need families is often slow – success might not fit department timescales. • Trusting relationship with the system – families. • Care of what works for families. • Balance 'talking heads' with 'ground level' goals and outcomes. • All agencies on CFARN need to understand the difference between risk and safety (DCP staff don't always understand this). • One computer system/data system that all NGOs have access to and report to. • 'Child in need meetings' (monthly) to facilitate child protection is everyone' business (e.g. UK model). This includes the family/young people. • How to ensure meetings are not just 'talking heads' but translate to meaningful outcomes. • It is critical they carefully consider where the threshold for CFARNS is set – Tier 2 notifications are generally too serious and chronic to be responsive to non-statutory/voluntary services especially where there is chronic drug use. • Shared mandated response and understanding of families being mandated to attend parenting programs etc. • Ensuring co-ordinated response for families across all agencies. • Information sharing and education across government and non-government.
Focus Group 7 – Murray Bridge	• More mandatory direction from DCP and government to meet regularly with the agencies e.g. a forum (monthly). • A designated person that controls all the referrals for a family. • Don't be city centric – country can do same community work. Trial in Murraylands not just city south or north. • Case management model, memorandum and understanding of other agencies.

	• CFARNs needs service providers to be mandated to meet requirements. • Economic rationalisation shouldn't be reason for prioritisation – resource what is required rather than choosing some families over others. • Accountability – a single co-ordinating point for each family – feedback loop. • Shared resource and data base that identifies services available. • Community roundtables – effective. • Streamline eligibility criteria. • CFARNs frontline workers need to be educated about how to approach collective response for early intervention. • CFARNs have to be resourced – can't expect existing services to do on top of existing business. • Need enough staff on ground to allow for collaboration. • All agencies need same prioritisation framework for family assessments. • Set meetings up on criteria and what is needed. • Make the process quicker, more accessible for families, clearer and simplify. • Sharing information across a wide range of agencies and locations. • Why is there no regional CFARN? • Intentional Network Meetings – action/outcome driven. • Provide physical space to allow co-location of services. • Agencies need same frameworks to allocate resources to identified families to ensure co-ordinated response. • Services available i.e. DASSA – one worker for one region. • One meeting of all service providers. • A designated, formalised meeting e.g. High Risk Infant Meeting. • One referral form – all services – managed by CFARN from the first contact.
Focus Group 8 – Southern Adelaide	• Shared statutory responsibility. • Engagement/linking specialised workers on Tier 2/Tier 3. • Maintaining a connection with Government departments and NGOs – not just refer to NGO and then step out. • Consistency in information sharing. • Accountability. • Case Manager for the family. • More care team/interagency work – despite people being time poor. • Linking with Housing SA. • Parents or child's advocate. • Clear roles and responsibilities for service providers. • Change word 'risk' to 'vulnerable'. • Sufficient resources – staff and professionals. • Clearer guidelines re ISG – more education on ISG – so people know when and how to use. • Wrap around team around family. • Link with DV services – homeless shelters. • Education - what is a children's centre? • Statutory power shared. • Information sharing across NGOs – shared government organisation's database. • Need to stop working in isolation. • Who leads the team response?

	• Pre-intake case conference. • Email loops – keep everyone informed with all players. • ISG protocol. • Access to information on database to know family. • Sharing of information. • With clear agreements of who will do what and responsibilities. • Shared assessment – shared language. • How to manage high volume of high risk families? • National CP system. • Case Plan vs Care Plan. • Regular meetings with all support agencies with a lead fair responsibility. • Improve information sharing guidelines. • Innovative ways to work together. • Shared expectations and shared responsibilities. • Cross state communication ☺. • Who is sitting around the table? • System similar to FSF (Family Safety Framework) agencies get together regularly with referred cases to discuss how to support child/family.
Focus Group 9 – Western Adelaide	• Online • Book • Handouts. • Anything in writing needs to be translated including Aboriginal – English. • Creative ways to get early help i.e. App: address yes if you feel at risk of self-harm i.e. Bobbly. • Look at what there already is Black Dog Institute. • Education in schools. • Research and pull together information re clearinghouse. • Rolled out information sessions. • Use existing networks. 1:1 discussions. • Media i.e. radio. • Community events. • Initial contact with CP receiving broader discipline response. • Provide information/flyers – parenting support systems; services; facilities; community centres/clubs. • Information of children/young people clear transition points. Hospital – home – kindy – pre-school – primary school and high school. • Online – section on website to education tab. • Registration of social workers specialised training/subject for social workers. • Social media. • TV commercial. • Assessments to work with children be completed by a multi-disciplinary team rather than one worker. • TV program “I’m a Social Worker get me out of here”. • Go on TV shows and explain process – e.g. Sunrise, Play School. • Education: Schools – volunteer, teachers, students and parents. • Hospitals, Day Care – anyone having anything to do with children. • Media (all). Professional development of professionals. School classes. • Communication to public that DCP is about intervention and support to

	families. • Better education or increased for young people on child safety and right to save development. • Culturally appropriate – use the association i.e. Liberian association. • Kindy/Preschool – specific document given to each family. • Culturally appropriate and accessible. • Schools – newsletter to every family. • Police/SAPOL. • Community Centres/Sports Clubs – newsletters. • Playgroups – child care (newsletters to every family). • Social media. • Hospitals and GPs. • Non-conventional methods of marketing – TV, movies, bus stops. • Interesting and marketable. • Kid's Helpline. • Create a game or App. • Magnets on fridge – letterbox drops. • Create an App. • Sexual Health Training available in Schools. • Accessibility for the wider community to understand abuse and neglect. • Increased understanding and knowledge of trauma and development in CP work force – impacts of abuse on children. • Trusted adults for children and young people to tell – in school and community. • Media campaign re caring/looking out for children who are at risk. • Early education in schools. • Information sources – websites, CPC, education, presentations, include in RAN – EI. • Social workers in DCP lack voice and understanding from community and CP sector of their roles. • Targeted to age/cultural background. • Accountability and feedback on notifications. • Magnets. • Presentations. • Education programs in institutions (school) and in wider community. • Provide to Uni/RTOs training workers across industries.