Child Protection Reform Implementation
Focus Groups – Summary Report
March 2017

Word Cloud depicting the most frequently used words by participants of focus groups. The larger the word, the more often it was written.

2.4 Out of Home Care

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Involve - Understand - Empower

2.4 Out of Home Care

2.4.1 The Out of Home Care area is very large and includes family based residential and commercial care. Providers of the various programs and services include family, community members, non-government sector and government sector.

What can we do to ensure a joined up approach to addressing the issues in the Out of Home Care space? How can we ensure that children and young people are at the centre of this approach?

Key themes emerging from input:

- Staff training – including Aboriginal staff training others, recruit staff with collaborative practice skills, joined up training in Government and non-government, same training across system, training in trauma.
- Culturally appropriate service delivery and ongoing cultural and community connection for the child.
- Listen to the voice of the child; the voice of the carer.
- Governance structure, overarching strategy to link areas, streamlined policies and procedures.
- Role of carers - paid therapeutic full time care role for foster carers.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	• Recruitment process of staff – up-skilling and assigning appropriate staff to each child. • Care Team Meetings work together – opportunities to do this. • Retain quality staff and provide appropriate training and education, and protect them from burn out. • More therapeutic care environments. • Decisions need to be made based on the child's needs with information current from professionals directly involved with the child. • Ensure the priority is on the needs of the child and the capacity of the child's carer to meet their needs. • Scoping for families – appropriate matches for our kids in the right care environment. • Team approach. • OOHC Directorate established will likely improve integrated services and consistency. • Representatives from each agency to form part of an OOHC Panel. Resource share etc. • More trauma informed training opportunities for carers. • More regularity in seeking feedback from our young people. • Consistency in care teams and reduced number of carers in team consistency in routine. • Train everyone and refresh previous training.

	• Communication and education between key stakeholders. • Case Manager Approach with interagency meetings. • Culturally responsive. • Adequate resourcing – skilled staff and trauma informed approach. • Consistency between providers. • Consultation with families **early.** • Consideration of sibling relationships. • Centralised Hub space. • Improve resources and time to build rapport. • Resources. • Care team meeting approach. • Shared training across the sector e.g. trauma. • Team around the child. • Concern re Regional Guardianship teams not being part of OOHC directorate. Concerns voice of regional guardianship – children don't be heard. • More connections with friends and people in the community. • We feel these questions are metro-centric. In regional areas we work hard to establish and maintain relationships amongst service providers. • All children immediately referred to therapy when they come into care due to trauma and including foster carers. • Commercial care staff have more 'case management' for day to day decisions. • Therapeutic training for foster carers.
Focus Group 2 - Adelaide	• Aboriginal Families: – Need to engage with extended family. – Need Aboriginal workers. – Ongoing cultural fitness for non-Aboriginal workers. • CFARNs need to be able to refer and consult with Aboriginal and Torres Strait Islander specific services. • Early intervention – strong collaboration with clear roles/responsibilities – Government & NGO. • Aboriginal staff alongside non-Aboriginal staff to co-educate each other. • Recruit to retain staff to create trust within the Aboriginal community. • Needs to be outreach based not just phone. • What is complex? Disabilities, childhood trauma, on the spectrum, AOD/Mental Health. • Is it appropriate for Aboriginal children and young people to be made to come from remote areas to city? • Connect with elders in the community. • A blend of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander staff in CFARNs. • Technology to use language for Aboriginal Groups. • Aboriginal children and young people need to be identified separately. • Complex needs. • Aboriginal staff to educate others.
Focus Group 3 – Northern	• Ongoing Cultural and Community connection for the child – don't give up with children returning home. • Structured training – consistent standards across agencies. • Involve the services – involve foster and kinship carers and families who provide day-to-day (and every night) care for children and young people in

Adelaide	care and treat them as a valued part of the care team. • Good support for carers. • Better family scoping. • Listen to the children's voices. • Communicate effectively with kinship carer. • Matching carers to the child (specialist/skilled). • Carer's role (supported and fill goals as a carer). • Consider all the best interest of the child: safety and wellbeing; culture; community and family. • Training and education of all involved. • No GOMIS in place too long! • Listen to the children – what do they want? – can this be reached with parent and service providers? • Training for Rotational Carers. • SMS based alert system – real time information. • Acknowledge the impact of trauma, grief and loss. • Culturally Assessment Process e.g. Kinship. • Scoping Family – Aboriginal. • Stabilise Placements - placement locations are too far from community. • Joint roster of carers – know where there are gaps. • Based system transparency about who has capacity. • Single system then build layers within it. • Child should come with full support package – currently rely on carers to advocate for these. • Delay in reimbursement for carers. • Carer allowance doesn't cover cost of care. • If you are a carer just have one system – not lots of different types. • Professional Foster Care. • Training. • Early Intervention. • Carers deserve better. • Standards of care for carers. • Remuneration. • Less confusing. • Simple practical help for carers. • Assessment process quicker – streamlined but quality. • Consistent policies – centrally available. • Respite available if required. • Transparent and simple. • Be honest about needs. • Non-invasive 'checks'. • Matching families – know our kids. • Information sharing. • Workers – Placement Services – chasing agencies.
Focus Group 4 – Adelaide	• Timely informed sharing with/between all the points in the system that the child 'touches' carers, schools etc. • Voice of child embedded in process of meeting Terms of Reference (TOR) – Job and Person Specifications (J&Ps). • Training in case – co-ordinate with carers and family.

	• Use Viewpoint – survey of National Standards. • Recruit staff with collaborative practice skills and abilities/attributes. • Leadership and supervisors encourage/facilitate Care Team approaches. • Care Team approach. • Governance structure – define who/what is in – bring in 'everybody'. • Overarching strategy to link areas. • Common Outcome Framework - CYP at centre. • Consistency of thinking – commons understanding. • Joint training sessions in Government and non-government. • Joined up from the top as a priority – non-negotiable. • Advocacy body funding to provide training at CAFWA. • Focus not on child in argy bargy. • OOHC strategy – mechanism for joined up approach.
Focus Group 5 – Port Augusta	• (a) – Local level decision making re placements. – Greater transparency – information sharing. – Case plans developed by other Care Teams. – Agencies can access certain areas of C3MS i.e. case plan; Medicare number; Medical information and school. • (b) – Speak to the child about what placement they want, where and involvement. – Collaborative approach to transition planning with all stakeholders. – Trauma informed practice. – Speaking with child (it doesn't always happen). – Extended family – widening scope. – ICPS. – Information sharing for the carers – full story – view of the child – issues and needs. – Every child under guardianship should have mental health support and therapeutic practices. – Services to meet children's needs. – Federal Government approach. – OPG. – Children allocated independent advocates. – Database with essential information about placements, case plans, medical etc., (Resi-Care, PBC etc.) – Creativity. – Ask the Carer – carer's voice. – Not withholding information about the child and young people. – I strongly object to the term OOHC. Children in foster care are in a home. Children in Resi-Care live in a home. Change is needed. – Needs to be more support for young people so that they aren't going from Resi-Care with a staff of 10 to living alone. Better transition with semi support. – Sharing of information – the carers need to know the child's story so they can care for the child in the best possible way. – Aboriginal families and carers may need additional support to be able to keep their children at home e.g. a grandmother who is caring for 5 kids

	already may need help to keep them in her home. – Adoption. – Talking about the case plan with carers, kids, support workers etc., – Less red tape. – Decisions made as close to the child as possible – For Aboriginal families notifications are a call for help - they don't have resources to look after their own. – Listen to what Resi-Care would like to see. – Is there a disconnection between the different providers? Do all speak the same language? – Induction course for carers – needs to be more in depth – ask carers what they need. – Work more together i.e. transparency. – Stay child focused – put adult issues aside. – Same training across system. – Consistency across services and service providers. – Transparency communication. – Leaving care planning. – Making sure foster care assessment tools are updated, and easy to use in order to get better outcomes. – Flexibility for regional agencies to find solutions (we can be very creative!). – No withholding of information. – Need for more transparency between agencies i.e. Resi-Care providers and Muggy's. – Commercial care exit points. – Equal information sharing between agencies. – Permanency planning (earlier). – Formal partnership meetings. – Streamlined policies/procedures and protocols amongst agencies. – Certain 'metro' functions moved back to regions (removing the sites of systems). – Care Team meetings. – Flexible approach from agencies (adaptable to individual circumstances). – Carer to have knowledge of reasons/issues child was removed. Child focus. – Commercial Care last resort.
Focus Group 6 – Mount Barker	• New structure – OOHC looks fragmented and assumes GOM18 – not all kids fit the model – country areas particularly. • Shared stories lacking as go across areas in system. • Ensuring Children/Young People stories are known by care teams. • Highly directive system impact on ability to enable outcomes e.g. risk management. • What works is counter to the system we work in. • Who do Children/Young People identify as their family of belonging – enables focus on child – CYP defines – 'biological is best' mindset in some areas/staff. • What are the needs of the child? • System prescribes rather than child needs – flexible rather than contractual. • Concurrent long term planning. • Better understanding of how a child communicates – how to hear what saying/not saying/behaviour/other clues!

	• What is child showing us? • Balance between what child says vs best interest – important. • Effective Care Teams – carer engaged and delegate responsibilities. • Placement matches – matching and allocation – personal story from those that know it. Enables best choice e.g. single placement unit project –– Resi-Care. • Foster families – respite care for those children in Resi-Care. • Multi-agency and carers/NGOs and **all** key people to meet to discuss joined-up approach – have stakeholders involved. • Assessing all cases on case by case basis. Taking into account voice of child/carer. • Look at how 'red tape' prevents carers taking more children e.g. 3 children rule. Needs to be on a case by case basis. • Children and Young People interest may be met by placing in larger household group with extra support. • Develop a system where the child's needs determines where the referral goes e.g. which agency can best meet the child's needs. • Give carer agencies access to C3MS – when notes written re placement (respectful of confidentiality). • Opportunities for carers to come together. • Time for DCP to engage with carers and carer agencies – meaningfully at systems and local levels. • **(b)** – Use of CREATE, Office of Guardian etc., to consult re OOHC systems more. – More Young People councils – especially for YP in Resi-Care. – Voice needs to be included – open approach – flexible. – Provide foster carers an amplified voice. They are the 'experts' on the child. • Develop guidelines for clear and consistent communication.
Focus Group 7 – Murray Bridge	• More placements – more money – more resources. • Revoke GOM18 orders if appropriate. • Unregistered workers verses professional streams. • Need training in trauma – evidence based. • System doesn't match up with needs of children with trauma – roster system – no stability – workers to understand attachment. • Joint planning – government and non-government. • Promote OPG more widely. • Provide more residential care housing when can't find home based placement. • No more hotels – government to provide units with trained workers when family based home not available. • Have family home based environment and bring in support people to assist for reunification.

	• Kinship care in with foster care. • One model of practice across OOHC and kinship. • Professionalisation of Foster Care. • Educate community on what role they can play. • Attract a more professional profile. • Professional Foster Carers. • Kinship options come first at family pre-stage.
Focus Group 8 – Southern Adelaide	• Siblings. • If we are truly ensuring children and young people are at the centre - should we be thinking about Residential Care as being "Good enough" for children re traumatising children in these systems? • Child's voice? • Training is current barrier - timeliness for foster carers. • Having access to clinical services for all children who enter care. • Therapeutic Intervention. • Adequate resources when children are removed. • Maintaining child's routines – habits, routines, interests (building interests). • Need to transition young people to different placements in better ways – and let workers keep in contact. • Remember the young people when making decisions about their care management. • Paid therapeutic full time care role for foster carers. Assist with recruitment and needs of child. • Kinship placements relationships to be continual process. • Exploring and scoping placements early on. • Keeping young person/family informed of process and their transition. • Stability and safety for the child. Ask the child? • Working with education more closely regarding assessment. • Improved information for NGOs regarding family care placement. NGOs getting all required information. • Understanding of child's history. • Aim for no child to live in an environment that doesn't include family (define family). • Self-placement from child's perspective. • Making process easier for foster carers. • More responsive to placements for training and assessment. • Full disclosure – access to information that is timely and effective. • Take into account children's individual needs when considering care options. • Have one social worker for a sibling group. • No rotational care facilities – multi-workers. • Working in partnership. • Therapeutic services available no matter the placement type. • Lead up to placement breakdown supported earlier. • Consistency of key workers – service providers and DCP workers. • Primary care giver at centre of focus. • Transitions need to be better. • Relevant information about child's behaviours for foster carers. • Supports across life domains. • Shared multi-agency case plan.

	• Ask the young people what they want? • Intervene earlier to prevent OOHC. • Better and clearer systemic response to matching young people to placements. • Clear and consistent OOHC framework across the state. • Let's work towards not having Out Of Home Care. • Ask them what they want? • Regular care planning meetings – child involved (if possible) – consistency of staff and carers. • More information on child at point of transition from commercial care or residential to foster care. • Consistent workers. • Direct conversation with children. • Keep young people in the local area they are connected with – even if placements have to change. • Hold ups to transfer of case management prevents best outcomes – make workers local.
Focus Group 9 – Western Adelaide	• These are two very separate issues – should be separate questions. • More family involvement. • More Aboriginal child protection workers. • Aboriginal worker – funding for Aboriginal and Torres Strait Islander) people. • Scholarships for Aboriginal people. • Having people that are appropriately certified and culturally competent. • Right workers to engage. • Culturally appropriate services and supports with appropriate skilled staff. • Experience workers. • Complex problem therefore complex solutions. • Overlay of culture and current research. • Long term contracts and stability in the workforce. • Ask community. • Aboriginal family out in community and flexible. • Community person involved – outside department. • Research that is led by Aboriginal people. • Aboriginal Researchers who research and write evaluation on programs by Aboriginal people. Karen Martin 'Aboriginal Ways of Knowing, Being and Doing'. • High proportion Indigenous workers. • Being trauma informed when working with children with complex needs. • Breaking down stigma of workers to Aboriginal people. • Consultation with Principal Aboriginal Consultants (PACs). • More action less talking. • Person approach towards the children. • Multi-disciplinary teams. • Implement the plans rolling out. • MOU. • Having a panel that certifies a non-Aboriginal social worker as being culturally competent. Not just attendance at 1 or 2 sessions. • Need to build hope in sector – communities are sick of disadvantage. • More Aboriginal workers in child protection.

	• Training for all workers to recognise and respond to unique cultural needs. • Past experience is essential. • Acknowledging the big step in accessing help – build trust. • Grouping Aboriginal people with complex needs but all children in care or at risk have complex needs. • Community consultation. • Have Aboriginal and Torres Strait Islander) workers in each centre. • Cultural sensitivity training around Aboriginal culture. • Ask the Aboriginal community. • Better voice for Aboriginal community. • Build trust and safety before addressing complex issues. • Ensuring a multi-disciplinary service. • Inclusive/divers staff – provide cultural and appropriate training to staff. • Cultural practices embedded through every stage. • Connections with the community and key people e.g. Elders. • Need to create a platform for Aboriginal people to respond to Aboriginal people. • Extend beyond 0-2years. • Address the gap between NDIS and child protection. • Staff and carers have training in cultural awareness. • Who will support past 2 years of age? • Contract with NGOs need to reflect the need for time/length of involvement – no limits. • Staff to be trained in trauma informed practice and child development/behaviour. • Professional training for workers – DCP, Youth workers, social workers in areas of development and attachment. • Support linking to NDIS. • Understanding complex needs – draw on experts. Employ experts or sub-contract out (Disability workers nurses for High Health needs.) • Understanding Aboriginal culture/family structure – more culturally aware. • Practical support and community engagement. • Allow time to engage/get to know. • Support for families to reconnect with family and culture. • Centralised pool for regions to draw on who are available to country too. Appropriate population of Aboriginal workers on the network.