

2.3.3 How do we ensure CFARNS successfully engage with Aboriginal children and children with complex needs?

Key themes emerging from input:

- There needs to be a regional CFARN trial – otherwise no evidence base.
- Personnel – ‘up skill’ staff via training, utilise cultural consultants, cultural knowledge.
- Resources – cultural identity tool.
- Good, clear communication with all involved; respectful non-judgmental communication.
- Acknowledge the voice of the child – being child focussed.
- Partnerships.
- Remove red tape.

Participants at the Western Adelaide focus group highlighted some concerns regarding this question, highlighting that Aboriginal children and children with complex needs were very different from each other, with different needs. They suggested this should have been two separate questions.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	<ul style="list-style-type: none"> • Being involved in developing cultural identity tool. • Building cultural capacity. • Feedback form/from Elders. • Needs to be regional CFARN – trial otherwise no evidence base. • Fund organisation to support this. • The establishment of a dedicated Family Scoping Unit will help with this. • Have the agencies involved with family working together with us – GET FAMILY CONSENT. • Need to consider local content – country vs metro. • Team requirements about engagement. • Service Agreements. • Services to the family (home visiting?) • Up-skill staff – appropriate recruitment and training of new staff. • Working with people who have healthy relationships established previously – Family/child identify who they want to work with. • Training and education on both sides. • Access to people who they can consult with (skilled staff) around disabilities, Aboriginal culture, behaviour etc. • Fuel vouchers – ways to help people attend, particularly in remote areas. • Neutral mutual ground to hold conversations. • Knowledge of community – lanyards etc. that show local involvement/respect – not tokenistic. • Child Wellbeing practitioners – extend this to every school. • Ownership and control for family over as much of the process as practical. • Aboriginal workers. • Culturally appropriate resources – understanding of differences in needs etc.

	<ul style="list-style-type: none"> • Rapport building. • Build networks and have referral pathways. • Identify who the cohort of the resources are. • Representatives from Aboriginal services and services that support children with complex needs. • Elder contact and involvement early on. • Services can be flexible around delivery with schools and at home. • Building relationships with key Aboriginal Partnerships. • Understanding of how complex needs can affect family dynamics. • Elder representative or cultural and kinship information and support. • Trust connection – respect and understanding.
<p>Focus Group 2 - Adelaide</p>	<ul style="list-style-type: none"> • Engagement is key. • Adult services often have difficulty in having child/family focus. • Education about trauma to a born and unborn child needs to be with the practitioner. • Does the family know they are referred to CFARN? • Review the CREATE model and take learnings into the CFARNs model. • Good, clear transparent communication with all services involved. • Consult with family and wider connection what would support them. • Major protective factor is sense of urgency for children in persistent situation of abuse and neglect. How can you build environments that activate, encourage experience of agency for these children? • Feedback loop! • Acknowledge children’s insights and wants. • Strengthen child-aware/child-sensitive practice in adult services in CFARNs – recognise, build on and use the expertise that DASSA has done in this area. • Being child focused against being family focused. • True co-design principles of talking with families and children. Give a sense of agency and control to children and families. • Case plan mandatory – with family. Have them attend if possible.
<p>Focus Group 3 – Northern Adelaide</p>	<ul style="list-style-type: none"> • Partnerships. • Training. • Programs targeted for children in CP. • Definition of what are ‘complex needs’ – consistent. • Standardised CFARN care and processes as transient families. • Watto Purrinna – CFARNs at sites. • Remove red tape. • Work with carers to provide history. • Need Aboriginal workers and partner with Aboriginal workers. • Follow through, less barriers. • Work with elders to assist with the family. • Work with family in their timeframe. • ACPP – adhere to Act. • Aboriginal Consultants. • Not pass the child through system, (a different service provider) rather provide systems and services around the child. • Good to engage community, but need to stop consulting and start doing. PLEASE!

	<ul style="list-style-type: none"> • Make it easy for the family – introductions to other services e.g. NDIS. • More disability support services - visit frequently. • Aboriginal Agencies. • Workforce Skill Sets • Mobile Outreach Services. • Timely quick responses. • Soft entry points for parents. • Aboriginal workers. • Advocacy back that NDIS is not working with families struggling with kids with disabilities. • Skilled workers. • Transparent, Honest Open conversation. • Know what services/supports are out there. • Don't let workers run away from the hard issues! • Talk to Aboriginal workers if you don't understand. • Clarifying Agencies' roles and Action Plan – setting realistic goals. • Cultural sensitive staff. • Aboriginal services to be more active and involved. • Quicker parenting assessment for children with complex needs. • Be respectful! Don't be judgemental! • Have an alternative for Aboriginal families to engage with choice. • Quicker children assessment if they have complex needs. • Good communication between CFARNs – dedicated team. • Utilise cultural consultants. • Therapy specific to Aboriginal culture and experience. • Be responsible – be accountable. • Agencies – understand and be aware of the local Aboriginal community they work within. • Be respectful. • Family consultation. • Appropriate cultural supports and services. • Respect Process to engage. • Set realistic goals that are achievable for Aboriginal families and children. • Work with AMIC workers.
<p>Focus Group 4 – Adelaide</p>	<ul style="list-style-type: none"> • Work with the families in a respectful way – especially taking information – account individual needs. • Take the time necessary to establish in a meaningful way. • Family group conferencing – scoping. • Commissioner – guardian create. • Aboriginal staff in CFARN. • Work with DCSI around eligibility for NDIS. • Appropriate people working with community – culturally competent and responsive. • Assessing remote communities for care before needs arise. • Engage trusted respected Aboriginal people to promote and explain CFARN to community. • Define what the response means to them 'statutory'. • Aboriginal services in the 'network'.

	<ul style="list-style-type: none"> • Acknowledging the time it takes to build relationships. • Long hard road – true collaborative approach to do thing differently. • Relationship Managers for Aboriginal communities. • Response/engagement through non-statutory agencies/relationships.
<p>Focus Group 5 – Port Augusta</p>	<ul style="list-style-type: none"> • Skilled to engage with children. • Tools to engage/communicate with child. • Cultural knowledge to appropriately engage. • Choice for child who they engage with. • Disability worker. • CFARN – other ideas – have ‘great’ agencies i.e. NDIS if child has a disability, on the CFARN but may not need to be a permanent member. • Check history of family. • Work collaboratively – scoping. • More ‘one on one’ services i.e. mentors. • Offer more alternative where children and young people can be i.e. youth centre and what is offered. • ID extended family for support. • Aboriginal staff – respected. • Need to unpack ‘trauma’ requires specific skill sets that social workers don’t have. • One Stop Shop – all services in one place. • Early Intervention. • Additional costs for country – bringing in consultants from Adelaide – up-skilling country staff in Adelaide. • Employ and up-skill Aboriginal professionals. • Connection with Aboriginal community – understand cultural contexts. • Education – educate children about how they can support each other. Educate parents/families about how they can support each other – Start Early. • Listen to their voice. • Being non-judgemental. Relationship building. • Early Intervention. • Staff to be receptive to learning. • Know your neighbours approach. • Work with Elders or community leaders – trust. • Culturally safe environments or locations. • Enable Aboriginal community in prevention and support for children and families. • Education/understanding NDIS. • Understand the culture – use Indigenous people. • No wrong door – can be referred to another agency from any agency. • Through their eyes. • Talk to the right people. Having the right people around the table – Elders. • Appropriate cultural representation involved. • Educating other services – members of CFARNS commit to ongoing cultural education. • Trust and strong building relationships at local level. • Strengths focussed. • ‘Winangay tool.

	<ul style="list-style-type: none"> • Aboriginal family birthing program – AMIC. • Elder involvement – group consultation. • Use the Elders.
<p>Focus Group 6 – Mount Barker</p>	<ul style="list-style-type: none"> • Maintain connection with family and community. • Build trust - LISTEN. • Hard to maintain culture outside of community. • Full suite of services around the child. • \$s to ensure connections maintained with family. • Linkage with health services – link across to ensure children connected to services. • Access to multi-disciplinary providers and ensure this happens. • Trauma based psychologist services. • Community advisory group – links – trusted people. • Employ Aboriginal workers. • Peer support. • Engage families to support each other across bloodlines. • Worries about payback. • Completely different approach/strategy. • Listen to their concerns and those self-reported by the families. • There is a conflict here re Aboriginal services and the need for ‘evidence backed’ services. This is a very white perspective re service effectiveness – many Aboriginal services do what they know works rather than what data indicates works. There are different forms of ‘evidence’, it’s not always data. ‘What counts can’t always be counted. What is counted doesn’t always count!” • Workers to be culturally competent and well trained. • Have well trained staff to understand Child Trauma, Child Development, Attachment, Disability etc. • Signs of Safety. • Inclusive with diverse voices from Aboriginal Community to be included. • Staff from various cultures. • Needs to be led by DCP not DECP to ensure solid understanding of Child Protection Assessment from the outset. • Including extended family members. • Have stakeholders from various cultural backgrounds. • Working with Elders in the community. • Staff from Aboriginal community to be involved and employed to work with Aboriginal families. • General ability to be flexible and have flexible response – children with complex needs.
<p>Focus Group 7 – Murray Bridge</p>	<ul style="list-style-type: none"> • Respectful approach. • Keep Aboriginal children connected to culture but acknowledge kin not always appropriate. Kin isn’t always best fit – can re-trigger trauma. • Look at options to develop Aboriginal advocates. • Invite all peak bodies to provide advice – prevent just invite people just involved. • Use existing links and Aboriginal services as link. • Ensure have family permission to have discussions. • Aboriginal run CFARN.

	<ul style="list-style-type: none"> • More specific supports/agencies for country. • AFCAF – Aboriginal Family Care Advisory Forum – look to reinstate. • Community reps on CFARN. • Aboriginal specific CFARN. • Involving Aboriginal community and agency in referral and actions. • Aware of the past injustices! • Holistic approach – SEWB. • Listen to right people in Aboriginal community and other service providers involved before making decisions about the family. • Look at options to employ Elders in CFARNS. • Aboriginal workers be part of CFARNS. • Holistic approach view. • Culturally appropriate services. • Engage process and parents or extended family. • Aboriginal business is everyone’s business. • Holistic approach – care team community approach. • Aboriginal specific CFARNS. • Listening to families and agencies to be better at pre-intervention. • Working with Aboriginal organisations. • Pilot for CFARN country specific and Aboriginal. • Appropriate times to engage the address the issues. • Need more therapist particularly in CAMHS for trauma – they have the skill set. • Funding \$\$\$. • Aboriginal workers – Aboriginal Mentors.
<p>Focus Group 8 – Southern Adelaide</p>	<ul style="list-style-type: none"> • DECD becomes dominate – marginalises others - neutral spaces needed. • Ensure everyone who needs to be at the table is. • Complex: assertive work/referrals – get in the home. • More Aboriginal and Torres Strait Islander workers. • Resource – Aboriginal specific services – listen to these services (workers). • Understanding Aboriginal child rearing and culture. • Working as a collective – collaboratively – empowering – more as equals less hierarches. • Giving birth families and child a voice\not being entirely crisis driven. • More support and training for Aboriginal and Torres Strait Islander workers and their own support network. • Build relationships (staff and families) this takes time! • Linking beyond metro region in relation to families in remote/regional areas. • Ongoing scoping of family/kin workers. • Having a link to specific family members. • Challenge of diversity in Aboriginal and Torres Strait Islander workers and their respective communities. • Providing outreach. • Aboriginal liaison workers. • Different ways of engaging Aboriginal and Torres Strait Islander families. • Aboriginal cultural awareness training for all staff. • Cultural context within pregnancy, birth and beyond for Doctors, Nurses and Midwives.

	<ul style="list-style-type: none"> • Using family/community networks – strengths. • Having an advocate for funding and support for health and medical needs. • Cultural assessment high priority. • Understanding cultural needs. • Timely access of services. • Holistic approach for family. • Response time of NDIS/NDIA. • Link with youth justice. • Cultural consultants – Aboriginal Family Support Services (AFSS). • Aboriginal staff. • Access to information on complex needs. • Culturally appropriate workers. • Concern that Aboriginal children and complex needs lumped together. • Engaging community – what works for you? • Cultural awareness and sensitivity. • Specialist workers (case team approach) – quality smiles. • Talking to community Elders. • Buy in from community. • Aboriginal staff recruitments and retentions. • CFARN to link into other existing Aboriginal workers e.g. CAFHS. • Care Teams Meeting and communication. • Consistency of workers/carers. • Annual reviews. • All the essential professionals are involved. • Achievable outcomes agreed to be practical. • Disability. • Give community a voice. • Links with NDIS and access. Coordination of plans. • Having Aboriginal workers.
<p>Focus Group 9 – Western Adelaide</p>	<ul style="list-style-type: none"> • Must have community involved. • Must be culturally appropriate. • Schools and education: link in to share knowledge early i.e. Aboriginal parent groups. • Not optional to ‘opt out’ i.e. OOG need to offer culturally appropriate services. • Not being restricted by boundaries. • Be responsive and ‘joined up’ between N + S + C. • Create core teams around families and empower families to have a voice and direct the intervention they need. • Parents need to be included. • Workers with specialist training. • Workers representing the child (e.g. violence intervention). • Consider who needs an advocate and whether it’s shared i.e. 1 advocate for child, 1 advocate for parents or 1 advocate per child in family. • Consumer engagement committees to improve profile and promote dialogue. • Child protection workers in NGOs. • Easier access to accurate assessments so support services fully understand the needs of the child and the family.

	<ul style="list-style-type: none"> • Making sure the whole process is collaborative and ongoing. • When speaking with family initially ensure the family's goals are included in the plan. • Assertive engagement. • Child advocates. • Highly skilled staff in attachment relationships and trauma informed practice. • Documentation if it is case management purpose – needs to be accountable. • Don't make it tokenistic. • Soften profile of DCP. DCP do more work which may be seen as positive. • Smaller caseloads for workers – affords more time to develop rapport. • Ensure continuity of the worker so the voice doesn't get lost or watered down. • More informed response based on family history and cultural/economic circumstances. • Needs to be inclusive service. • Have a conversation with the child. • Family group conferences. • Child focused decision making. • Decisions and action for young person being trauma informed. • Technology using devices for initial contact. • Define what stage we hear the voice of the child – clear process to do this. • Cultural sensitivity – communication, understanding, interpreters. • Move away from 'risk averse' models. • Consistent carers and workers for families and young person. • Include them into the process. Child and family Assessment need to be based on what the family can achieve. • Transparency early on with affected families. 'Client Centred'. • Consistency across organisation. • Multi-disciplinary representation for family. • Services referred to sustainability. • Making sure families and children are involved. • Focus on safety & risk for children. • Policy & Procedures to ensure child and family voice is heard. • Long term involvement with family.
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