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.

2.4.2 Family scoping

becky hirst
consulting
Involve - Understand - Empower

2.4.2 The establishment of a Family Scoping Unit has been identified as priority by staff and key partners.

This is to ensure that extended family and the roles they can play in the child and young person's life are considered at the point (or as soon as thereafter) a child or young person enters care. How do we ensure that the scoping of family is done well and at the earliest possible point? How can this be achieved for Aboriginal children and children from cultural and linguistically diverse backgrounds?

Key themes emerging from input:

- Family tree; genograms for all clients and undertaken immediately – training in their use.
- Links to Aboriginal community – liaising with cultural consultants, links with Elders.
- Personnel – adequate resourcing with skilled staff, staff with knowledge of language and cultural needs.
- Tools – cultural identify Aboriginal Life story books.
- Sharing of information – one 'pool' of information across all agencies.
- Start scoping as soon as the child is reported.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	• NGO/other agency support to scope/build our own program with dedicated resources and community links. • Have staff who know language and cultural needs – up-skill all staff so consistency in response/approach is organised. • Counselling and support for the child. • Appropriate and plentiful resources (e.g. staff) enough capacity to do this well. • Building a team who can respond in short time-frame. • FSU working with community before breakdowns – early intervention. • Working with other organisations. • Understanding and respecting culture and language – cultural competence and interpreters. • ACIST tools – cultural identity. • Ensure release of information from other services to assist in scoping, • Local connections for Aboriginal and CALD groups. • Links with local Aboriginal service providers. • Ensure case workers are adequately resourced to engage in scoping with families at a local level. • Key worker in each DCP office to scope for kinship teams – particularly regional. • Genograms or ask other services who know the family. • Should be part of the Child & Family Assessment Unit. • Use information available through Aboriginal organisations. • Ensure good relationships with local Aboriginal or culturally and linguistically diverse services. • Social Workers being able to place a referral so it is addressed quickly. • Regional gets place on the back burner for centralised teams in Adelaide. • Adequate resourcing with skilled staff. • Matching the right family to the right child.

Focus Group 2 - Adelaide	• Employment of staff to look at their values to ensure they are child focused: seeing the child frequently and asking the young people what they like. Therefore imbedded into assessment process. • Young people should be involved in every decision made about them. • Include child and young people's views in the procedures and tools used by DCP. • Children and young people are attached to advocacy agency. • Kinship voice especially for Aboriginal families. • More information passed on to NGOs to facilitate care for children. • Improve training for social workers re; specialised skills for CP work. • What the need is for children? Clarify this – this needs to be child focused. • Joined up – an OOHC Strategy (which is currently being developed by DCP – Policy) and reporting. This will provide overarching strategy, shared by government and sector. • Not enough information re; health, trauma, behaviour and history. • Resource placement services to be able to be proactive. • Don't necessarily need to know what the incidents are – but need to know the needs. • More DCP staffing required. Joined up approach is time consuming but vital. • Include carer's voice. • Sharing information guidelines and transparency. • Expand and embed matching and profiling meetings. • Be child focused
Focus Group 3 – Northern Adelaide	• Family Scoping when person's pregnant. • People from the cultural backgrounds of the child – connection to cultural network. • Skilled experienced workers. • MOU with organisations that can assist with connections - Elders – specific family and AHW. • Re visit families after time e.g.6 weeks to 12 weeks. • Aboriginal Practitioner Network. • Grapevine. • Liaising with cultural consultants. • Family Care Meetings. • Be sensitive about what information is recorded on/genogram – check with families. • Don't stop looking. • Resource Scoping Unit. • Family Management Plan – before care (e.g. Mental Health Care Plan for Fire Safety Plan). • Genogram – comprehensive. • Sharing information across agencies. • Ensure Genograms are undertaken immediately. • Recognising and respecting extended family care and family arrangements. • Undertake immediate scoping at point of contact. • Genograms needed for all clients. • Talk with family. • Aboriginal Life Story Books need to be used for our children. • Aboriginal Cultural Tool to be addressed by all staff to ensure

	everything/needs are met. • Databases linking across Government and Interstate. • Facebook and APP. • P/C to every family contact. • Flexible. • Scope at earliest point. • Can there be sharing arrangements? • Freedom of Information, files need to be factual for clients. • Single repository of information. • Training/workloads that support a good service. • Family group conferencing in circle. • Consistent re-unification. • Who is most appropriate person to make decision? • Rely currently on families to provide information. • Visiting relatives or phone calls. • Information shared between workers. • Family Tree. • Do complete scoping for respite connections. • Team/Unite – the beginning of the system – CSP. • Aboriginal team in front end. • Thorough Scoping. • How does the child get to the family Scoping Unit? • Entry level of positions recognising the cultural knowledge. • ACIST tool to be completed as soon as possible. • Scoping experts – each point in the system.
Focus Group 4 – Adelaide	• System imperative – can't place without scoping -time- frame within 24 hours. • Link in Directors/Elders in community. • Genogram to identify kin without CP history. • Needs to be resourced well – case load. • Scoping unit build body of knowledge of genograms. • Apply Family Scoping early –at Child Safety Pathway. • Establishing a system of feeding back into Case Management. • Ensuring that family relationships are recorded in C3MS. • Including other significant persons. • Policy re children at risk of entering care must have extensive Family Scoping completed. • Engage kinship workers at first point of contact/early in the investment process. We need more kinship workers. • Link in with information that NGOs are holding about families. • Scoping before child enters OOHC with criteria. • Scoping must occur before a long term placement. • Point in time – non-negotiable flags. • Link to family conferencing. • Facebook as a tool for scoping.
Focus Group 5 – Port Augusta	• Resources. • Kinship workers attached to teams. • Interpreters. • Consistency and structure to process.

	• Early Intervention – ideal if kinship care could be sought before they got into OOHC system. • Local level resources. • Early scoping from the get go. • Have one 'pool' of information for all agencies. • Multi-agency approach is required. • Aboriginal identity and culture as protective factors. • Additional resources (dedicated role). • Early consultation with Elders and with community. • Increase regional services e.g. Mental Health. • Humanising the child to provide better matching. • Introduction of Family Scoping in the beginning from notification. • Linking into 'Elders' groups. • Scoping team – 1st – local people. 2nd – could use the central body as a second opinion. • Individualism for children. • Establishing key partner/stakeholder meetings locally to determine extended family. • Aboriginal family practices – more Aboriginal workers. • Good genograms. • Early Intervention strategies. • Needs to have staff at the local level with local knowledge. • Be engaged at the investigation stage (AST). • Building upon genograms as knowledge comes available. • Service provided by the NGO, rather than DCP – perception by the public/families. • Staff are skilled in researching family genealogist – knowledge of Aboriginal networks. • Staff are located in the DCP office (greater engagement). • Community knowledge. • Early referral to kinship and integrated practice.
Focus Group 6 – Mount Barker	• Genogram outside conversation with biological parents. • Raw time so conversations can be difficult. • Why separated out from case workers? • Kinship care workers currently do this – how does this work? • Keep it at ground level. • Fragmented if dedicated unit. • Local staff, know families – more resources for local staff. • Spend $s on ground level not dedicated extra processes. • Aboriginal people know their connections well – develop relationships – come and tell us – map it all the time. • Use community connections and respected elders. • Known connections. • Aboriginal worker and DCP worker in each office. • Remove 'family scoping' responsibilities from case manager responsibilities. • Consider regional family scoping unit. • Have a Federal system where this information is available. • Look beyond family to everyone who is important to the child. Do so by asking the child.

	• Strengthening Specific Child Only placements – currently these carers have to do training through care agencies (this takes months!) before providing care. • How can we do community level scoping where appropriate? • Inclusion of carers in process. • Building relationships with CALD and Aboriginal Elders/communities. • Allowing continuity of connection across placements. • Who is important to the child? Don't narrow definition – listen to the child.
Focus Group 7 – Murray Bridge	• Aboriginal Advisory Group for all children placement. • Keep in local community. • No placement of city children in country placements unless family placement (kinship). Country children should not go to Adelaide. • Cultural Consultant (local). • Training in use of genograms. • Worker in Intake Scoping families at the front line. • Learn from the stories – break down the barriers – families and cultures are different. • Front line workers to scope family. • Ensure front line staff aware of how to do genograms for Aboriginal kids. • Stronger focus on exploring kin/family for children in care – ongoing and thorough. • Multi-agency conversations. • Services need to support the existing family strengths, rather than fighting against them. • All DCP offices should have a Life Story Book from every child in cases like Murray Bridge. • DCP get better at exploring family post GOM18 – can they go back home earlier? • ACIST – must be completed. • Place children in emergencies with known and trusted community members. • How do we capture the 'story' of a child's life from other agencies? Need to be able to share data between each other – develop 'child specific' data base.
Focus Group 8 – Southern Adelaide	• Resources. • Aboriginal Placement Principle. • Workers – Indigenous and multi-cultural staff – community leaders. • Keeping children under orders even if placed in extended families – safety and support for future. • Where does the initial contact sit? • Early contact services, family interstate etc? • A scoping team connected to community and services. • Look at wider referral networks – which agencies are linked in and know the family well – not just within DCP. • Look to other services e.g. Children Centres where knowledge already exits about community/cultural links.

	• Better relationship building with Aboriginal culturally diverse communities when things are going well (i.e. not when in crises). • Good idea to have a separate unit for this purpose. • Multi-cultural community team to be resourced appropriately within DCP. • Dedicated position to do the scoping work – need to do before they are removed from home. • Broader, definitions of family. • Aboriginal Elders. • Having Aboriginal staff members linked into CFARN/Family placement. • CAFGS Aboriginal nurse to connect. • Connecting with agencies that already have connections in community. • Attending Aboriginal events. • Spend time and interact with family – maintain relationships. • Genograms**.** • Ask the cultural group involved. • Links with community elders. • Responsibility for child to know cultural identity. • Relationships built first. • Culturally appropriate case workers – Aboriginal case workers – mentors. • Who has connection with family already? Source and connection. • Make sure there are specific roles at intake phase. • Ask the child – consider family or close friends. • Go to the Aboriginal community and ask them this question. • Genograms which are shared which linked wider family groups. • What do we do for non-Indigenous? • CALD consultants – Aboriginal consultants. • Checking agency knowledge of family. • Connect with people already involved with family – build a picture. • More support ongoing for young adults that were removed as a child.

	• Listen to and value what they do. • Start scoping as soon as child reported – before child removed. • Making sure agency is talking to the appropriate family member – Aboriginal and Torres Strait Islander & CALD. • Understanding cultural differences. • Cultural group contacts.
Focus Group 9 – Western Adelaide	• Better model of care for children. • More money into supporting Aboriginal kinship care. Recruitment of carers. • Assessment needs to be reviewed. • Good tools and models. • Early scoping of family. • Need to review scoping and be open to moving placement when family identified. • DCP not to be scared to ask the questions, have the conversation. • Focus on child safety and caring environments. • Balance of information sharing: child; parents; family; community. What is relevant to provide care? • Residential care environments have a 'key worker'. • Pathway for leaving care. • Consistent approach to interpretation of policy. • Care environments to be very child focused – therapeutic responses in care environments. • Case Plans for every child which includes the child's view. • More money allocated. • Consistent expectations regardless of setting for care. This is well known. Same expectations for kids. Same expectations for carers. • Support for NGOs in addressing HR issues – industry awards e.g. casualisation of workforce. Up-skilling of staff. • Aboriginal recruitment officers. • More workers in CP with roles that are focused on positive relationship and advocacy for Young Person. • More input from Young Person in regards to long term care. • Give equal decision making power across agencies. • More money. • Talk nicely to each other. Better information sharing. • Child leadership group. • Communication – same information going to all sectors/carers. Sharing information. • More money for foster carers – equitable across agencies. • Give equal accountability across agencies. • Young person better informed about reasons for decision in care placement. • More inclusion of the child or the child's voice in decision making. • Children in care system having consistent caring relationship role models. • Continual supervision and training is non-negotiable therefore is part of the time commitments. • All children in care are traumatised.

	• Care Plan and Case Plans – something in writing. • Training in approach. Staff experience. Matching staff with Young People/clients. PD with supervision. • More inclusion of carers/family in decision making for the child. • More information given to CYP re - why in care. • Open communication. • Working together rather than silos. • Supporting carers. • Cultural consultation. • Ask the child – engage the child. • Joint database for all OOHC. • Joint training. • Transition from Care Plans please. • Exchange information. • Transparency. • More discussion with children. • Open communication with carers. • Holistic approach. Why the children are at risk? Can we address those issues within family unit? • One therapeutic model for all children. • Need to stop operating in silos. • Early Intervention paramount. • Social workers permitted to operate at ground level with values and principles that they are trained in rather than having to always retrain. Must be registered. Trauma Informed Practice.