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.

2.4.3 Residential care placement

becky hirst
consulting
Involve - Understand - Empower

2.4.3 Having the right supports in place for children and young people when they enter a residential care placement is vitally important for them to heal from their trauma. What are the essential parts of this care support system, particularly in regard to Aboriginal children and young people?

Key themes emerging from input:

- Listening to the child's voice; stories.
- Mentoring programs, school programs.
- Cultural competency of carers, staff.
- Therapeutic support, narrative therapy, counselling, therapeutic placements, trauma informed response.
- Support to develop cultural identity, connection with Elders.
- Carers – skilled, training, support, professional development.
- Staff skilled and knowledgeable in working with highly traumatised children.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	• Mentoring programs – maintain the adult relationships even if placement changes. • Consistent expectations and boundaries. • Elders connecting with the children – allowing the children to connect with their culture. • Appropriate therapeutic model for Resi-care – consistent across providers. • Involvement in community activities. • Maintenance of friendships – reduces isolation. • Kinship connections – pre-organised access and greater amount of contact. • Ensure the carers have the required level of competency to provide a therapeutic care environment. • Team around child approach. All carers well informed re – each child – weekly meetings. • School programs in place. • Ensure carers home is a high level of cultural competency to support child's cultural identity. • Feel safe and cared for with consistent therapeutic support – trauma informed caregivers. • CAMHS support. • Consistency in care. • Feedback for what's working – their counselling difficulties etc. • Keeping the rest of family involved – extended family – uncles, aunts, grandparents, cousins etc. • Social Worker contact. • Involve child in setting up placements – menu, rules etc. Set up of placement (physically). • ACIST – kept up to date.

	• Opportunity to access mentors or other significant people to help build capacity in children. • Carers require greater access to tools to assist to keep children safe and reduce incidents of MPR. • Children who have experienced trauma need to have an allocated mental health therapist. • Carers not babysitters. Mentors teach independent living skills and role modelling. • Having a Case Manager for an extended period to form relationship and knowledge of child and family. • Appropriate mental health and counselling support. • Care placements available in APY lands, Cooper Pedy etc. • Better access to child protection specialised Psychologists etc., as CAMHS is not always suitable. • Trauma informed – therapeutic. • More child psychologists. • Child is included in decision making. • Understanding the importance of relationships and attachments. • Play based approach – skilled staff who understand trauma. • Counselling – safe and comfortable. • Therapeutic carers – training for carers. • Consistent carers. • Connection between families and the community. • Linking in with other service providers when appropriate. • Maintaining positive adult relationships e.g. old foster carers, respite carers, suitable family members.
Focus Group 2 - Adelaide	• Can we have access to databases or to Medicare, or other organisations to track relatives? Allocating proper time and resources to this task. • Work with Aboriginal agencies for clear eco maps with genograms. • Don't put Aboriginal and CALD groups in the same group. • Scoping to start with the first home visit – ask family. • Employ specific Genogram Cultural Officers (Aboriginal Family Support Services - AFSS) – well resourced. • Consider a once off Scope audit of current children in care. • How do we support kinship connections? • To start looking at community based care – beyond grandparents – many grandparents ageing and have many children in their care.
Focus Group 3 – **Northern Adelaide**	• Support the carer to support the child – don't isolate the child – continue positive support – e.g. teachers. • Lack of education on trauma. • Develop life skills – talking about relationships. • All staff skilled and trained in recognising trauma and child development needs. • Support to develop cultural identity clan, kinship – who relatives are? • Establish support network – roles with people responsible for sports – turning up when there is trouble at school. • Transitioning from care, e.g. respite placements with families. • Family group homes in Aboriginal community especially for remote Aboriginal kids.

	• Siblings together. • Links to and with maintaining Kinship/Cultural networks. • Transitioning into care with respect to child and trauma. • Seeing young people as more than their care type – have lives, interests. • Learned behaviour. • Culturally appropriate staff – culturally trained staff. • Narrative Therapy, Counselling. • Carers – training, support and ongoing PD. • Lack of love and belongings. • Consulting with children. • Warm, welcoming environment, where child can "own" their own space. • Therapeutic - psychologist etc. • Consistent care. • Vital information. • Appoint Advocate. • Appropriate carers. • Team approach – primary care model. • Respite for residential care. • Listening to the child's voice and fears/concerns. • Mental health staff that are skilled working with trauma. • Stable staff – house mothers and fathers. • Baseline assessment done straight away. • Understanding culture/assessing Ngangkaries. • Decent facilities – so the children are familiar with. • Staff are trauma informed. • Staff to come into facility to normalise environment and welcome. • Access to direct support for the child. Where is the opportunity for the child to express how the placement is going and how is this information responded to? • Aboriginal workers and staff. • Placements – close to home, family coming into placements. • Having placements and therapeutic placements. • Utilise this time for child to have access to therapy/counselling etc. • Remove barriers for Carers to access support/education with appropriate child care.
Focus Group 4 – Adelaide	• Consistent Care Team. • Trauma informed response. • Information about children up to date. • Individual therapeutic response. • Consistent therapeutic framework across providers (Government and NGOs). • NGOs are able to provide case management services to maintain connection with family. • DCP has case co-ordination vs case management responsibility. • Consistency around working with NGOs – permission needed from CM. • Consistent case management.
Focus Group 5 – Port Augusta	• Culturally appropriate location for each child. • Responsive to immediate issues or traumas arising (everyone's issues). • Skilled carers.

	• Move services on site to help deal with trauma. • Handover information – case plans. • Matching children correctly. Placement meetings and consultation. • Staff training around the effects of trauma on child development. Funding needed to provide this. • Staff are skilled and knowledgeable to work with highly traumatised children. • All children in Resi Care must have a psychologist report. • Cultural appropriate. • Up-skilled workforce in Resi Care with ongoing support/training. Emotional support; child development; trauma response and resilience. • Continuous training. • Staff supporting with emotional, psychological etc., self-care. • Funded appropriately to provide therapeutic services i.e. will unit costing take this into account? • Flexibility with child's needs. • Safe and secure accommodation with support service I place for each child from the beginning. • Therapeutic intervention from the get go - children falling between the cracks. • Realistic funding for the service. • Employ and up-skill Aboriginal staff. • Multi-disciplinary teams in Resi Care (psychologist, Occupational Therapists, speech etc.) MH. • De-institutionalise – therapeutic practices – strength. • Care Team communication. • Support for young people leaving Resi Care with independent living and carers. • Working from a strength based approach. • More Principal Aboriginal consultants. • More recruiting strategies to employ Aboriginal workers. • Good understanding of trauma informed practice. • Aboriginal workers employed to work with children. • Consistency with care workers. • Mobile therapeutic team. • Cultural guidance to be maintained and consistent. • Psychological intervention. • In houses should have some Aboriginal workers? • Culturally appropriate provision of services e.g. environmental and western expectations. • Intervention services: psychological services provided; education provider for kids sent home; teacher on site.
Focus Group 6 – Mount Barker	• What could have been done to prevent in the first place? • Multi-disciplinary supports and care teams to assist carers. • Focussed on CYP needs, assess CAT and enable successful transition to family based care – a package of support. • Entry to school an issue. • Duty of Care on department in getting child to school and engaged. • Trauma informed practice model. • Therapeutic model. • Skilled, trained.

	• Things not put on hold 'holding cell'. • Resi-Care workers – take on case management – co-ordinated and focussed. • Carers need information and understanding around history/trauma to prevent triggers. • Understanding the disparity between chronological and cognitive/emotional development and designing support systems based on this. • Child focussed responses not responses that suit the system. • Regular face to face contact with their Case Worker (workable caseloads). • Peer support – mentor from own culture/community. • Programs for Aboriginal young people to visit and connect with country. • How do we make residential/commercial houses homes? • Need understanding of what child needs – individual responses. • Consistency of therapeutic supports – build better relationships. • Supporting staff with training and with ongoing supervision (professional) and support.
Focus Group 7 – Murray Bridge	• Trauma training for all carers. • Recognition of impact of early trauma and signs of trauma in children and babies. • Cultural camps – keeping kids in community in country. • Place children locally. • Look to other states who have successful programs (Victoria, MDAS – Mildura District Aboriginal Service). Health. • Value Resi-Care staff – have them all trained/educated in trauma, managing abused children giving them appropriate training – not be a 'friend'. • Going back to country family gatherings. • Access to therapy. • Sand play and art therapy. • Cultural safety plans. • External parties to come in to deliver programs. • Adequately reward staff – better pay for staff to attract quality workers and keep them. • Access to early intervention assessment. • Care team approach – multi-disciplinary team to support child. • Staff to be trained in physiological trauma. • Long term sustainable commitment to programs in Resi-care. • Ensure continuation of cultural connection for kids – visit to country – look at country based Resi Care places. • Connection to Elders.
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 crisis). • 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	• Aboriginal workers involved at the start of placement process. • Team to start work immediately. • Open to shared care options i.e. what does placement mean? More than 1 month, more than 1 family. • Normalising DCP not to be advised every step. • Knowledge of kinship in 'real way'. • Protective factors impact on by system. • Aunty and Uncle respectful terms. • Consult with appropriate stakeholders to deal with complex needs. • Workers need to be flexible to read situation – not so rigid. • Concerned about continuity – relationships; engagement; fragmentation. • Allocating case managers.

	• Train case managers. • Pay carers more. • Careful consideration of Young Person • S complex needs and extended families capacity to meet those needs and provide adequate care. • A lead person that works with the family and supported by team to gather information. • Thorough investigation into culturally specific kinship connection. • Need a standard approach for scoping. • Appropriate interpreters. • Consulting with Aboriginal/CALD community to like Nunga court. • Aboriginal/CALD workers with scoping team. • Linking with local community. • Family should be involved in case planning meetings where plans are made for children. • Specific dedicated unit. • Information gathering is done early, recorded and shared. • Relationship building/rapport building. • Access to (and funding for) good interpreting services. • Interviewing children (if appropriate). • Family Scoping Unit to work with case workers to help them engage better/develop respectful partnerships. • Culturally diverse and ask for support to deal with issues that the workers are not familiar with. • Kinship to be considered and used as a basis. Discussion with the family. • How are they recruiting for the Scoping Unit? Need for Aboriginal input into Selection Process. • Support/funding appropriate services. • Working with communities before crisis hits. • Education and support to help them remain engaged. • Commitment to increase kinship care and support. • Recognising each cultural/community group differs, in need and attitude. • Building strong networks with community elders. • The role of the Scoping Unit is to support in gathering information for the worker, without duplicating what the care worker is already researching. • Appropriate person to complete – not person who removes. Separated from this. • Where is information kept? Police Check, DCSI – scoping information used against people. • Foster carers (non-Aboriginal) not maintaining the Children's cultural connections to country language with extended family. • Addressing culture. Professional having respectful relationship – working in partnership. • Smaller caseloads for Scoping Unit workers. • Cultural liaisons.