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.

Part 2 - Child Safety Pathway

becky hirst consulting
Involve - Understand - Empower

2.2.2 Communication and education of the community on the Child Safety Pathway has been strongly recommended.

How could we do this?

Key themes emerging from input:

- Campaigns - Letterbox drops, positive messages in media, toilet door posters, social media, TV advertising, radio, school newsletters.
- Personnel - Child Wellbeing Practitioners, Community Liaison Officers in DCP, responsive CARL staff, school councillors, Aboriginal Community Capacity Officers, CAFHS nurses, antenatal and obstetric staff.
- Information – website, social media, online advertising, apps.
- Through the education system, through local government, sports clubs, shops, childcare, churches.
- Community forums, community champions.
- Youth involvement.
- Aboriginal community involvement including Elders.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	• Child Wellbeing Practitioner. • Community Forums for NGOs etc., training. • Letterbox drops. • Community Liaison Officers in DCP. • Utilising SAPOL (somehow?) • More resources. • More child protection topics in University degrees. • Easier to find access to website via Google or Chrome. • Media – positive messages. • Include child in Safe Environment Training. • Use Positive experiences to promote support available. • Involve – Create. • Through the Education System. • Schools. • Social Stories. • DCP to provide Child Safe Environments Training. • TV advertisements. • Toilet door posters. • Making it part of the conversation with health. • Social media advertising and online training. • Improve the quality of Child Safe Environment Training provided to mandated notifiers. • Media campaign to encourage community to ask families who are struggling how they can help. • Educate key stakeholders initially. • TV – Social Media. • Internet advertising.

	• Realistically making CARL accessible (long wait times). • Greater roll out of CSE training to wider variety of people. • Community Forums. • TV advertising and online advertising. • Media campaign – key stakeholders and focus groups (like today). • DCP training and information sessions readily available for other agencies and the community about DCP business. • Child Safety a community responsibility. • More resources.
Focus Group 2 - Adelaide	• Responsive CARL staff. Education both for reporters/MN as well as the staff receiving calls. • Speak to agencies/service/notifiers re: 'what makes a notification on reasonable suspicion'. Some time spent at point of notification to give feedback re the notification. • Continual professional development. • Feedback to notifier. • Provide 'buddying' and mentoring. • Most experienced staff on triage. • Most experienced staff in the triage team. • Supervision of staff. • Competent staff members. • Determination of triage worker is key. • CARL to provide clear referral/support service. • Culturally appropriate response. • Referral to substantive agency – MAAU. • Practical solutions and support strategies that could assist in intervention. • Universal screening tools to be used by Government/NGO i.e. FSF risk assessment. • Vicarious trauma. • Responsive CARL staff. • Build relationships with families. • Sufficient resources to allow more education to notifiers.
Focus Group 3 – Northern Adelaide	• Forums – empower and educate public. • School age – education. • Parent education at school. • Make general mandatory notifier – education free. • Youth involvement in communication/testing. • CSP must be responsive to questions. • Posters – in all departments – hospital and public. • Mini course through parenting cycle. • Social media – child protection commercial. • Media – flood the market. • Facebook and Apps. • Reinstate Kids Helpline. • Information sessions on Child Safety Awareness. • Positive stories on outcomes for children. • Educate clergy. • Kids Helpline – connection to CARL.

	• Testing information through Aboriginal communities. • Information for children. • Media campaign. • Frame it in context of Child Rights and Community Strengths. • Advertising – all avenues. • Other agencies also educating the public on what their services offer. • Introduce to community events/activities e.g. sports, community centres and religious environments. • Develop community champions. • Flyers in Doctors' offices and other key places. • Use school wellbeing programs. • A4 Posters providing information – schools/hospitals and community areas. • TV commercials and radio – community forums. • Let them know what happens to their report (without breaching confidentially). • Let them know when to report again (if necessary). • Poster – visual easy to read what to and what not to report (what is or is not reportable). • When to call CARL – e.g. when to go the E.D. commercials. • Include families in decision making and to take responsibility. • Community advisory Committee – build confidence in the community. • Information about other services (e.g. D.V, Health). • Key workers – champions – shared purpose.
Focus Group 4 – Adelaide	• Don't replicate MAP. Bring agencies together better. Solutions - agencies having access across data systems so Health can see data from DCP etc. • Information from CS Pathway to community/services to inform what they can/cannot do in response to family. • Public Awareness Campaign. • Review of RAN training and its delivery. • Educate CSP and Neighbourhood Safety Houses – identified /safe houses. • Building regional networks. • Family Scoping Unit. • Family Group Conferences. • Include information in Child Safe Environment Training. • Information Sharing Guidelines Mandatory Training and ongoing training. • Public education campaign about CP thresholds – pathways available. • Targeted strategies for mandated notifiers and non-mandated. • CFARNs network of providers to educate. • C3 Automatic practising data.
Focus Group 5 – Port Augusta	• Interagency connection. • Referral services. • Media education/attention – solution focus. • Community services phonebook. • Work on getting community confidence back. • Use all forms of media to educate public including schools, child care centres, social media and TV advertising. • Flexibility in system to work with families identified before intakes, i.e. stronger families need to open to refer with DCP – no capacity to work.

<table>
<tr><td></td><td>
Media advertising powerful. Social media. Community information at shopping centres. Using adults to demonstrate inappropriate contact/abuse.
Advertising that is culturally appropriate.
Have trained people to educate other departments and agencies i.e. parenting skills.
More public Child Safe Training available.
School/education.
Talk to the community.
Use local people – elders.
Continuous media.
Huge media campaign.
Reducing constraints on intervention – contractual.
Education for all parents on strategies to parent their children.
Adverts/media involvement.
Get training into schools re – effects of drugs and alcohol and Domestic Violence on unborn babies.
Forums for media campaigns.
Safe spots to reports.
Basic language – picture examples.
What is abuse? Definition clearly explained to community.
Free number and APP.
Training in pre-natal classes about child abuse and children in care.
Being aware of different members of community. Different strategies for different groups.
Instead of waiting music – give information.
Flow chart to have understanding.
Care in how media campaign is managed.
Teaching children of all ages OK to report.
Media needs to be used in a positive way.
Other avenues to do reports instead of CARL – time consuming.
A program with support for Aboriginal Elders (grandparents) to enable them to care for their grannies.
Broad and targeted strategies.
</td></tr>
<tr><td>Focus Group 6 – Mount Barker</td><td>
Localised communication ‘any touch points’:

Radio and TV.
Doctors and health.
Local government.
Schools.
Churches.
Sporting clubs.
Shops.
Childcare.
Social media.
Local papers.

Access ways to the pathway.
Personalised and targeted.
Neonatal nurses.
School councillors.
</td></tr>
</table>

	• Supports for those who recognise themselves as abusers/potential abusers – letter drop approach. • Leaflets. • Teach Educators and other professionals to have hard conversations with parents in a respectful way. • Discussion groups with stakeholders environments that are facilitated to 'calibrate' what is child protection! • Consistency – defined 'bottom line'. • Underlying fear of prosecution (mandated notifiers) leads to over notifying. This needs clarity. • More explanation about the process and what constitutes a notification which will be actioned. • Education for key stakeholders/community re the DCP processes of assessment and what is child protection (regularly repeated/reviewed). • Child Safety vs Children Flourish – what do we want for our children and young people in SA? • Start with stakeholders (biggest referrers). • Define other layers of responsibility re notifications. What can I do to help this vulnerable child? • Trauma Training for all Education Staff. • Informing all stakeholder staff with very good mandatory online changes – screening panels in different agencies will start meaningful conversation and education.
Focus Group 7 – Murray Bridge	• DCP has the children – who looks after the children? • Network meetings of all service providers. • Duplicate community capacity officers in all DCP officers as per Kathy R. • More contact with DCP and Community Agencies – not just one person in office meeting the agencies. • School Newsletter – Social Media. • Be clear with messaging – what to look for and who to call. • Peer support – mentors. • Involvement of Aboriginal Organisations of notifications of Aboriginal families. • Increase responsibility for individuals to be part of CP system. • Utilising Aboriginal community controlled organisations in the process of notification – DCP – Health – PGAC bodies (NRA). • Improve training for teachers at university re: what to look for in Child Protection role. • NGOs funded to provide 'family support and child support' are religious groups who have history of removal of Aboriginal children. This is a big issue from Indigenous perspective. • Are services culturally appropriate? What are the barriers? • New roles for different government agencies in CP space – early intervention to statutory protection. • Broad communication with community – adverts on buses. • More services for mental health – where are out rehab shelters? • Develop stronger relationships between government organisations. • DCP to work closely with NGOs around pre Welfare Intervention – more NGOs supporting families. • Aboriginal Community Capacity Officers like the one in Murraylands – being a

	voice/contact person for community. Information sessions. • Agencies cannot be seen as independent roles – all part of bigger response that needs to be co-ordinated/collaborative. • Embedding information in all professional training and the wider sector – schools and retail. • Schools are the common dominator in every town – use to disseminate information/education.
Focus Group 8 – Southern Adelaide	• Collaborative communication strategy with all stakeholders. • More training for mandated notifiers. • Changing language from risk to vulnerability. • A school visiting program that educates children about child protection like Police/Fire. • Use education and child care services to get messages out about CSP. • More child wellbeing practitioners in all kindergartens and schools across the state. • Improving the image of social workers. • Written pamphlets in key locations. • Reducing stigma through communication for families in need – training on child safety pathway for mandatory notifiers. • More resources back into the Primary Services. • Key agencies involved in Multi-agency assessments – team taking responsibility for educating own sector about Child Safety Pathway. • Embed message and general understanding message of SAFETY. • Child care focus. • CAFHS nurses – milestone/health checks. • Education starts at beginning of parenting with key services – CAFHS, Children Centres. • Why age 2? Might not see them before then. • Mass media campaign. • Human relationships and networks with people (not just documents)! • Medical Practitioners. • Antenatal; Obstetrician; Paediatrician; GPs. • Communication between Agencies. • Public campaign to promote reporting for support. • Connect with current round tables to use them in connection with community – get messages out. • School Community – education and information sharing. • Start in Kindy and in schools – school community. • A phone App.
Focus Group 9 – Western Adelaide	• Understand the problem: Listen. • Early support • Aboriginal family team. • Separate pathway for Aboriginal families: build system in a culturally appropriate way. • Access to interpretation especially in health. • Information written in language available early. • Recognition that there is not a simplistic way to translate referral service. • Computer generated information – Apps. • Access to Aboriginal Health Service.

	• Providing a list of resources to the notifier so they know how to get family/child help. • Education and professional development; radio, social media, TV in community. • Children – primary and high schools. Hospitals and Child Care Centres. • Education – it is OK to report. • Federal Law – update education. • Constantly reviewing information regarding children. • Be Australia wide – not state (training). • Create from Aboriginal knowledge systems based on Aboriginal ways of Knowing, Being and Doing. Reflective of IAHA Cultural Responsiveness Tool. • Is multi-agency assessment team followed through with multi-agency response or will it still remain with DCP? • Create a gateway service to access to referrals. (A number to call for up to date services). • Identifying community services and offer training in responding and resolving. • Multi-disciplinary Professionals involved in cases. • Has CARL been consulted? • Confidentiality concerns addressed for appropriate sharing of information to support young people and children – better outcomes. • Child studies in education system – not gender specific or targeted. • Early Intervention in terms of education – specifically secondary (primary). • Provision/education of notifiers/community with information on community and government services to support intervention. • Better support for notifiers. • Experience and knowledgeable centre call staff of options to support/address notifiers –concerns they may be low level. • Improved training and education for notifiers e.g. behaviour. • Community collective responsibility for Child Protection (Early Intervention). • Better understanding of risk. • Better information sharing (and systems). Multi-agency (MAPS). • Asking open questions. Teacher to be better educated in talking with children when they disclose. • Reduced flow to DCP through Early Intervention. • Triage replication – duplication concerns. • Not minimalizing neglect or abuse in attitudes of community – more awareness. • Information centre to provide services/information to community re support/approaches available. E.g. address DA – food provision. • Replication of MAPS. More about information sharing rather than ACTION. • Tier 2s should all go to MAL not just 0-2 years. • Employ more people to answer calls and read emails. • MAL teams 0-2 years. • Media push to increase whole population on providing support rather than (or as well as) notifying. • No follow up when notification made. • Notifiers not feeling complex or concerned about notification. • RANN training to be updated re how to question children to illicit information – open questions.

	• Work in collaboration with NDIS –dove tail into that program for children with disabilities. • Departments to talk to each other. • Need robust referral pathways. • Health and community links – holistic.