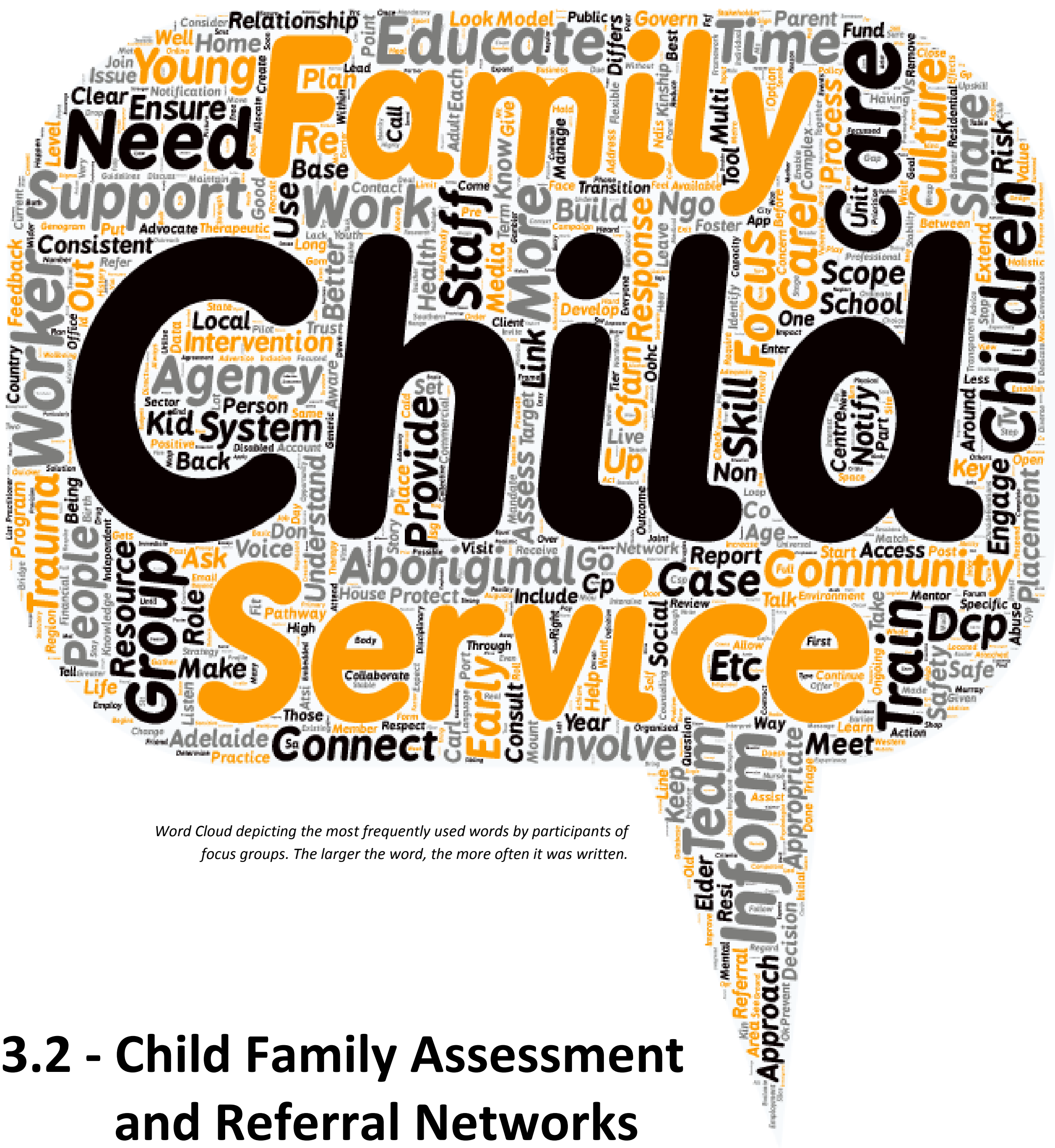
Child Protection Reform Implementation
Focus Groups – Summary Report
March 2017



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

Part 2.3.2 - Child Family Assessment and Referral Networks

becky hirst
consulting
Involve - Understand - Empower

2.3.2 How do we ensure that the voice of the child and the family is embedded into the CFARN model?

Key themes emerging from input:

- Involvement – children, families.
- Advocates – child advocates, family advocates, public advocates – nominated advocates.
- Involve children and families in the meetings – ask families what works for them.
- Use their words, writing and drawings.
- Accountability.
- Assessment and engagement tools – embedded in processes.
- Collaboration between Government and non-government sector.
- Use of non-government language – use their language.

All input received:

FOCUS GROUP	FEEDBACK RECEIVED
Focus Group 1 - Mount Gambier	• Family Advocate. • Detailed report from the school. • CFARN team to meet with family within specified time. • Public Advocate? • Education for families. • Holistic case management. • Include family view on reports with disclaimer (not to jeopardise safety). • Safety networks for adults in community. • Capture every opportunity with child to own changes. • Get kids involved. • Families and children involved. • Evaluation and review of process even exit interviews. • Child Advocate. • Goal setting with family, family directed. • Family led decision making meetings. • Their words, writing and drawings. • Child centred with nominated advocate (from agency). • OOG – get kids in talking about his, kids who have just left care to be consulted. • Invite children to the meeting to tell their story. • Safety networks for children in schools. • Services engaged in childcare settings to gather information. • Words and pictures. • Invite parents to the meeting and kinship/extended family. • Parenting supports and resources. • Empower Advocacy with support. • Assessment and engagement tools to draw out responses e.g. embedded in process mandatory, e.g. three houses tool.
Focus Group 2	• Referral →Act → Report Back • Resources for CFARNS.

- Adelaide	• Clear roles and responsibilities for CFARNs across Government/NGO → MOU. • All involved in case planning need to sign and adhere to ISG. • Clear education to community on how CFARNs' work. • Everyone needs to be accountable. • DCP Chief Executive to have power to compel other Government agencies to act. • Strengthen/looking at N&G Footprints as a model to adopt and resource it adequately. • Let's grow and collaborate as a NGO sector to work to our strengths. Let's evaluate our outcomes for families and work to our strengths. Discover where this is already working and expand and learn.
Focus Group 3 – **Northern Adelaide**	• Checking what the child means – is it accurate and transparent? • Acknowledge child starts in-utero – move power in antenatal space. • Child Advocate – key members in foster child's life involved in meetings. • Carer family to be involved. • Accurate information. • Ask the child. • Information captured in real time in conjunction with carer and the child. • Physical environment – child friendly welcoming. • Working together. • Build flexibility to ensure 'fits' each family. • Cultural context. • Flexible funding options. • Appropriateness of services and service providers. • Interactive communication. • Strengths based. • Shared understanding. • Consultation. • Ask families. • Realistic referral pathways and expectation. • Tailoring service to need, flex up/flex down. • Culturally appropriate case management. • Prompt skilled assessment of child. • Voice of child can be heard through many avenues – grandparents etc. • Health. Nurses/Other service advocacy. • Talking to parents on their behalf. • Skilled prompt assessment of family needs. • Invite family to CFARN meeting. • This needs to be team's sole focus – not have other jobs. • Considering timing of meetings and ensuring all can attend. • Develop culturally appropriate models of Engagement with children and families e.g. Narrative Approach. • Clients to have a voice. • Families need to debrief. • Ensure that there is an Aboriginal person supporting the family. • Involve objective support persons to help families with understanding, communicating and dealing with emotions. • Ask families what they need.

	• Visualise information for client so they have a better understanding. • Be aware of cultural matters e.g. gender, sorry business. • Talk in the language the client understands – no department language. • Communication – clear to all parties involved. • Sharing information. • Asking each family what works for them. • Quick feedback of all information.
Focus Group 4 – Adelaide	• Observe children – hear them from other agencies. • Family Group Conferencing model. • Public Forums. • Lived experience – people participation – at all levels and during development • Advisory – create groups. • Family case meetings with family – early, during planning – family set goals.
Focus Group 5 – Port Augusta	• Engaging family, child and their networks into the care team/solution (allocate lead agency) and feedback into the CFARN – sharing of information. • Open, honest conversation at the beginning. • Child and family advocate to represent them (family) at the CFARN (Liaison role). • Understanding childhood development. • Training and skilled workforce to understand voice of the child/family. • Early Intervention – multi-disciplinary approach – ages and stages. • Build in child engagement strategy takes time. • Voice of child being heard is impacted by lack of visits by DCP case workers due to heavy caseloads. • Consistency in case management/practice model across the state. i.e. SBC includes voices however hasn't rolled out consistently. • A child can have a free line to talk to someone about what they want. • Sibling groups are split when removed – keep together. • Involve family in resolving Child Protection issues they face. • System needs to be less bureaucratic, less 'clunky'. • More Family Care meetings – let families and agencies be prepared for meetings – enough time. • Review process/procedures of agencies e.g. Child & Youth Health to enable them to enter all homes for post-natal checks regardless of history, family or vibes. • Children allocated independent advocates to ensure their needs are met. • Resources available to do real social work i.e. more staff. • Include in legislation that voice of children and families is part of the process. • Careful placement – cultural. • Listening to the carer. • Child advocates. • Families have a voice at FCM. • Listen to the advice of gazetted cultural response. • Too many different workers for children – no bond. • Understand how parents feel - that they are grieving that they need time to implement changes to their parenting.

	• Consultation/meeting specifically for family and child. • Child advocate present who speaks with the child. • More staff to listen to the children – skillset training. • Agency contact shouldn't be driven by incidents. • Early Intervention and prevention needs to increase – reactive response is often rushed.
Focus Group 6 – Mount Barker	• Listening to what would make a difference. • Trust in whoever is providing a service. • Aboriginal health workers – build relationships. • Community group/peer support. • Practitioner skill – recruit and train. • Bureaucratic process vs real engagement and support. • Aboriginal connectedness and trust in staff. • Promote as positive/preventative measure. Not punitive. Assisting child not focussing on the mother. • Develop skill sets for non-verbal cues in infants – eye contact – responsive bonding. • Working with both mother and child attachment perinatal care/services. • Need to include space in models to be child/family focussed. • Signs of Safety. • Focus on the 'safety issues'. • Use of information gathering tools with children (there houses etc.) • Using documents/communication that are 'user friendly' for parents (literacy disability etc.) and children. This involves lots of time to build relationships. • Include children/young people in the design of the CFARN (and consulting ongoing!). We appreciate the complexities of this.
Focus Group 7 – Murray Bridge	• Good relationship – better communication Care Team approach – holistic. • Referrals by/to School Wellbeing group. They have training that is with Child at the centre. • Good communication. • Child Wellbeing Workers in every school e.g. 5 workers in every school. • Better support in schools e.g. breakfast club 'in house'. • Multiple workers building relationship with family – holistic care team. • Aboriginal families want children to remain in kin so won't work with CP system – how do we bring different approaches in to allow for kin involvement. • Empower families to speak to services. • How can we involve the family in working with CFARNs in each case? Collaborative approach between CFARN and family. • Advocates. • Behaviours are strong indictors of CP issues – but when non-verbal how do we deal with this in reporting? When focussed on -0-2 age bracket? • Have Aboriginal specific CFARN. • History dictates how to work with Aboriginal people – e.g. Church homes. • Ask them (have a mechanism to enable to do this). • Mechanism forsaking the child's view. • Child representative/mentor in schools. • How do we utilise skill sets to work with people e.g. Aboriginal as well – need advocacy and understanding.

	• Need lots of training e.g. cultural – domestic violence – alcohol and other drugs.
Focus Group 8 – Southern Adelaide	• Child advocate/parent advocate. • Critical that all areas of baby and children's development is understood (CAFHS). • Making meetings a safe and secure place for families when they are involved. • Outreach support for home visits. • Skilled workers and time. • On agenda of each meeting – voice of the child. Child advocates – time taken to ask and observe. • Children are involved where possible on what they need to be safe – be specific. • Who advocates for the families and children? • No waitlist or limits on therapeutic intervention. • Time for good assessment with family and child. Hear their story and views as part of an assessment. • Getting to know the family and their context being more curious than judging. • Safe/warm entry points for families – playgroups – home visiting – shopping malls etc. • Assertive Outreach Referral systems. • Providing workshops and support to parents – keep them out of system. • Ask them. • Be inclusive in each step of birth families – keep them involved. • Give birth families' de-identified profiles of foster families. • Assertive outreach going to the family. We are here to help – not what can we do. • Having them attend meetings. • Follow up from each meeting to ensure voice of child and family is sought. • Feedback from positive experiences from families. • Relationships first. • Educate parent to hear voice of child. Understand parent's upbringing. • Understanding the impact of cumulative and trans-generational trauma. • Flexibility – support for families through transport. • Who has a relationship with the child and can be their voice? • Under 2's – be seen visibility information sharing – different services – parents attending. How services relate to families – language – respect and viewpoint. • Opportunistic. • Ask them. • Decisions on timeframes for benefit/safety of child. • Encouraging birth families to have a voice. • Building relationships with family. • Being mindful of our attitudes towards birth families and understanding their circumstances. • Developmental progress assessed.
Focus Group 9 – Western Adelaide	• Need to make Job Descriptions clear i.e. must build connection with community and network. • Contracts with NGOs to be tight – clear KPIs. • Need a review team. • Early Intervention option.

	• Competitive tendering – then need to work co-operatively with other organisations –clear partnerships/funding agreements. • Government look outside of the regular organisations. • Money into Aboriginal specific organisations. • Culturally appropriate risks. • Culturally appropriate representation on panels selecting organisations 'right lens over tender'. Not 1 person – community representative has to be community driven. • Shared language – early intervention team around child. • Emphasis on referrals within agencies to access support of other agencies. • Family needs to be included in assessment process. • Supported inter-agencies approaches/models. This may mean paying an agency for involvement. • Remove block funding – pay on outcomes. • More emphasis on using family support services for early intervention. • Address challenges for NGOs carrying high level of risk. • Someone (an independent body) to monitor where referrals are going and ensure they are evenly spread. • Explore different funding models so agencies don't exclude child protection as it is not their 'core business'. • Advocacy/advocates e.g. CWP to support families through. • Streamlined choice. Clarifying roles/ability to assist family and child. • Consistent practice guidance across agencies/providers. Someone to monitor/provide. • Educating Service Providers with regard to their role in child protection. • Panel to plan intervention. • MOUs. • Raise the profile of DCP and the work it does and how much it does. • Technology Software – communication shared. • Process should be open/transparent with funding. • Adequate funding and flexibility in application and service provision. • Make changes to the information sharing guidelines. • Unborn child concerns: follow up frameworks (mandatory). • Silos – reducing or removing. • Emphasis in strong relationships with all agencies e.g. government, non-government, carers and residential care. • Multi-discipline approach to dealing with CP and assessment of family. • Ensure enough funding so that all that need services can access. • DCP building collaborative approach to child protection. • Clear on roles and responsibilities – funding. • Encourage partnerships and processes to ensure agencies meet and share information regularly. • Information sharing e.g. databases. • Assessment and information provided to other services working with the family so that all are aware of the risks for the children. • Working together. • Co-ordination role needed. • What are the checks and balances to families who do not wish to engage? • What about children over 2 years of age.

	• Using ISGs seamlessly and effectively/timely. Consultation as appropriate. • Linking in with existing services. • Community information sessions with NGOs and service providers. CAFAR, CP etc. • Age range should be expanded. • Open communication between all NGOs.