Part 2.3.2 - Child Family Assessment and Referral Networks
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:*

<table>
<thead>
<tr>
<th>FOCUS GROUP</th>
<th>FEEDBACK RECEIVED</th>
</tr>
</thead>
</table>
| **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.
<table>
<thead>
<tr>
<th>Focus Group 6 – Mount Barker</th>
<th>Focus Group 7 – Murray Bridge</th>
</tr>
</thead>
</table>
| - 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.  
| - 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.  
| - 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.  

Focus Group 8 – Southern Adelaide

- Need lots of training e.g. cultural – domestic violence – alcohol and other drugs.
- 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.