NATIONAL COALITION ON CHILD SAFETY AND WELLBEING

ANNUAL MEETING

DISCUSSION ON THE FOURTH ACTION PLAN 2018-2020 OF THE NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN 2009–2020

MAY 2018

FamiliesAustralia

About Families Australia

Families Australia is a national, peak, not-for-profit organisation that strives to improve the wellbeing of Australian families, especially those experiencing the greatest vulnerability and marginalisation. Families Australia does this by providing policy advice to, and working with, the Australian Government and Parliament on behalf of more than 800 member organisations around Australia.

Since 2007, Families Australia has coordinated the National Coalition on Child Safety and Wellbeing (National Coalition), a consortium of around 200 non-government community service organisations and researchers from across Australia who work closely with the Commonwealth, State and Territory Governments to help devise and implement the National Framework for Protecting Australia's Children 2009-2020.

Acknowledgements

Families Australia wishes to acknowledge and pay respect to the Traditional Owners of the lands on which the meeting was conducted. We thank the Families Australia Board and National Coalition Steering Group for their leadership and support. It was an immense privilege to hear such a vast array of experience, wisdom and passionate commitment—thanks go to every participant for their contributions. Families Australia extends its appreciation to the Commonwealth Department of Social Services and all State and Territory Governments for their support of the Fourth Action Plan discussions.

Contact

Dr Brian Babington, CEO, Families Australia (Phone: 0417 550 149)
Email: brian.babington@familiesaustralia.org.au
Stella Conroy, Deputy CEO, Families Australia (Phone: 0422 384 000)
Email: stella.conroy@familiesaustralia.org.au

© Families Australia, Suite 2, Level 4, 24 Brisbane Ave, Barton ACT 2600 (Phone: 02 6273 4885)

Contents

Introduction

This is a report on the annual meeting of the National Coalition for Child Safety and Wellbeing (National Coalition) which was held on 29 March 2018 at the Department of Social Services' (DSS) National Office in Canberra. Families Australia, as convening organisation of the National Coalition, hosted the meeting.

This report is in two parts: Part 1 sets out the meeting aims and processes; Part 2 sets out the key findings from table discussions.

Part 1: Aims & process

The aims of the meeting were to:

1. share information about the progress and immediate future directions of the National Framework for Protecting Australia's Children 2009-2020 (the National Framework) including the Fourth Action Plan;
2. canvas measures to advance national child protection efforts, especially in light of the finalisation of the Royal Commission into Institutional Responses to Child Sexual Abuse in late 2017; and
3. discuss how National Coalition members can promote and inform the National Framework.

Approximately 100 delegates attended from the National Coalition, Commonwealth agencies (Departments of Social Services, Health, and Prime Minister and Cabinet) as well as State and Territory Government officials from NSW, NT and SA.

Following a Welcome to Country by Ngunnawal Elder Uncle Wally Bell, the meeting was officially opened by the Assistant Minister for Children and Families, the Hon. Dr David Gillespie MP. Dr Gillespie affirmed the Commonwealth's commitment to the National Framework and that the wellbeing and safety of children and their families would continue to be important into the future. His speech is available here.

Dr Brian Babington, Chief Executive Officer of Families Australia and Convenor of the National Coalition, spoke about ongoing national challenges for protecting children and the need to shift a greater quantum of investment toward early intervention and prevention under a public health model. His speech is available here.

Ms Cath Halbert, Group Manager, DSS Families and Communities Policy and Programs Group, and Dr Babington provided a brief overview of the 4th Action Plan (4AP) consultation process. A keynote address was then delivered by Ms Natalie Lewis, CEO, Queensland Aboriginal and Torres Strait Islander Child Protection Peak, which focussed on the vital importance of addressing the needs of Aboriginal and Torres Strait Islander children, families and communities. Her speech is available here; the video of her presentation is available here.

Participants then joined six roundtable discussion groups based on the four proposed 4AP key priority and action areas. The consultation document is available here. Members of the National Coalition Steering Group or Families Australia Board facilitated roundtable discussions that were recorded by DSS representatives. Each roundtable discussed questions relating to the proposed key priority and

action areas and developed short presentations during a final plenary session. Each table was invited to consider and discuss the proposed questions in relation to their chosen action areas. The groups had an opportunity to review and advise how governments and the non-government sector can most effectively implement the proposed 4AP actions to have the greatest impact on children and families.

Delegates were encouraged to provide examples and case studies of 'what works', what information was required, and which stakeholders needed to be involved to achieve the desired outcomes. Professor Daryl Higgins, Australian Catholic University, facilitated the plenary session where each roundtable provided key insights to all delegates.

Part 2: Key findings

The main points from each proposed 4AP national priority and action area discussions are listed below. Transcribed notes based on each proposed priority are attached.

Priority 1: Improving outcomes for Aboriginal and Torres Strait Islander children at risk of entering, or in contact with, the child protection system.

Q1 What can we do differently to better meet the needs of Aboriginal and Torres Strait Islander children and families across all actions?

The roundtable working on this issue suggested changing the wording of the proposed priority to: *Improving outcomes for Aboriginal and Torres Strait Islander children and families*, which changes the emphasis of action and embraces the value of family and cultural relationships in non-stigmatising ways. With regard to funding the proposed actions, delegates made the following recommendations:

- Funding should be pooled to address inadequacy of income and help achieve best outcomes.
- There should be a cultural weighting in favour of Aboriginal Community Controlled Organisations (ACCOs).
- Health services could be more widely utilised as an entry point of access for families. This would require greater integration between health and social services support at jurisdictional levels in ways that underpin Commonwealth policy agendas (early intervention and prevention).
- The Aboriginal and Torres Strait Islander workforce in both ACCOs and mainstream service delivery organisations should be expanded. This funding stream would enable and support evidence-informed culturally specific practice and resources, including culturally relevant healing trauma programs, strengthening partnership requirements between ACCOs and mainstream services to ensure that the sectors gain greater knowledge and skill in the use of culturally appropriate tools, resources and assessment processes.

The group also highlighted the passivity of language used in the proposed actions relating to Aboriginal and Torres Strait Islander children and families. For example, 'uphold' and 'support' were seen as weak terms which would not help 4AP achieve its goals. Accountability language needs to be included and stronger participatory governance is particularly important in relation to decisions around transition from care.

Q2 What are the most effective and practical ways to implement these proposed actions?

- Aspire to a full education for Aboriginal and Torres Strait Islander children and address expulsion and suspension rates (formal and informal) for children in care.
- Enable a comprehensive understanding of the elements of Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), particularly relating to placement and permanency.
- ATSICPP needs to be embedded in systems, prioritised and appropriately resourced.

Q3 How can we make the most impact?

- For Aboriginal and Torres Strait Islander children and families, culturally appropriate knowledge and process are considered fundamental to improving outcomes and addressing the exponential rise in Aboriginal and Torres Strait Islander children going into care.
- Fully implement the ATSICPP, for example, family finding and leading in decision making.
- Mainstream service providers needed to actively partner with ACCOs for those discussions.

Q4 How can we measure success and report on progress for these actions?

- National indicators should identify: (a) what is working; (b) fund what works; and (c) look at emerging data linkage across departments similar to that happening in NSW and SA.

Q 5 What role could the non-government sector play in implementing or advising on these actions?

- Enhance partnerships that privilege ACCOs to work with mainstream service providers to change the trajectory of Aboriginal and Torres Strait Islander children into OOHC.

Q6 What research, data or knowledge is needed to implement these proposed action areas effectively?

- Need data that will emerge from changes underway in various jurisdictions.

Q7 What don't we know?

- Services often don't know what they do not know.

————

Priority 2: Improving prevention and early intervention through joint service planning and investment.

Q1 What can we do differently to better meet the needs of Aboriginal and Torres Strait Islander children and families across all actions?

- Use what is working rather than re-inventing the wheel. Don't waste existing resources, capacity and capability, for example, carers/family/communities already have support structures, particularly in Aboriginal and Torres Strait Islander communities and have expertise in culturally safe and appropriate practice tools developed by agencies such as SNAICC, VACCA and Winangay.

Q2 What are the most effective and practical ways to implement the proposed actions?
- Engage deeply with Aboriginal and Torres Strait Islander elders and communities, and strengthen the focus on aspiration versus deficit models.
- Strengthen children's decision making because evidence suggests they do not feel heard.
- Identify and work with a range of child and family decision makers.
- Improve early support and planning especially for children with disability to enhance the quality of service provision for them and minimise the risk of entry to child protection.

Q3 How can we make the most impact?
- Change default reliance on residual services and systems. The focus must be on early intervention and prevention with the aim of keeping children out of child protection systems.
- Integrate the universal service platforms as the basis from which all policy planning and implementation will occur for 4AP.
- Strengthen, help mothers/parents in first 1000 days with integrated ante-natal support (build on to the current Maternal and Child Health systems and QLD First 1000 days projects).

Q4 How can we measure success and report on progress for these actions?
- Useful baseline measures are needed for all pilots to encourage greater leverage from the learnings generated by pilot studies. We need to clarify what we are testing and implementing with the place-based trials, i.e. intergenerational disadvantage.
- Amplify the evidence base on integrated service delivery particularly in relation to better results and keep tabs on emerging evidence.

Q5 What role could the non-government sector play in implementing or advising on these actions?
- Identify and work with a range of child and family decision makers in ways that encourage greater focus on the 'best interests of the child' – be clear about that definition.
- Keep track of emerging outcomes particularly in relation to community participation in decision making.
- Share learnings and evidence from collective impact sites such as Central Goldfields and build on these prospective positive outcomes rather than start again, which wastes existing community efficacy.

Q6 What research, data or knowledge is needed to implement these proposed action areas effectively?
- Develop an evidence base that is responsive, adaptive and nationally consistent.

Q7 What don't we know?
- What we are measuring is currently not clear.

_____

Priority 3: Improving outcomes for all children in OOHC by enhancing placement stability and ensuring lifelong relationships and a sense of belonging, identity and connection to culture and community, through reunification, and other permanent care options, including adoption.

Q1 What can we do differently to better meet the needs of Aboriginal and Torres Strait Islander children and families across all actions?
- Ensure cultural sensitivity on stability and family reunification processes combined with intensive support (ATSI/CALD/Disability).

Q2 What are the most effective and practical ways to implement the proposed actions?
- Focus on relationships for children and young people both short and long-term – across the life course.
- Embed identity and connection to culture and community needs in decision making.

Q3 How can we make the most impact?
- Tailor support for young people in OOHC framed to meet their needs for flourishing into adulthood.
- Recognise that "permanency" is a function of "placement stability" and that consistent definitions are needed across jurisdictions and across the numerous and complex operating guidelines and legislation.
- Synchronise jurisdictional Adoption and Child Protection Laws to minimise inappropriate interpretation by judges and magistrates.

Q4 How can we measure success and report on progress for these actions?
- Measure the same things/definition consistency/outcomes measurement versus administrative or outputs measurement.
- Need a methodology for measuring placement stability and what those outcomes should be.
- Improve benchmarking, currently there are limited benchmarking abilities within jurisdictions. A way forward may be provided by the quality assurance trial in NSW/wellbeing/permanency/stability.
- Develop collaborative approaches for accessing shared Child Management System (CMS) data between NGO and Government such as DV across jurisdictional boundaries.

Q5 What role could the non-government sector play in implementing or advising on these actions?
- Change the narrative about care for children. Palm Island example/good stories are rarely in the media.
- Develop a good practices warehouse of resources.
- Hold decision makers and implementers to account at all levels including community leadership.
- Focus on cultural change based on relationship building versus the dominant focus on admin.

Q6 What research, data or knowledge is needed to implement these proposed action areas effectively?

- Require national consistency in many areas – legislation, practice, data and policy.
- Need to capture data that will contribute to measuring the quality of transition planning.

Q7 What don't we know?
- What data looks like for family reunification, carer outcomes for children and families?

_____

Priority 4: Improving organisations' and governments' ability to keep children and young people safe from abuse.

Delegates responded to both of the proposed priority action areas: (a) priority action area 1: implement National Statement of Principles for Child Safe Organisations (CSO); and (b) proposed priority action 2: Address barriers to sharing child protection information.

Q1 What can we do differently to better meet the needs of Aboriginal and Torres Strait Islander children and families across all actions?
- No response to Q1 was recorded.

Q2 What are the most effective and practical ways to implement the proposed actions?
- Develop a clear framework for talking with children that is underpinned by children being valued as citizens in their own right.
- Principles of CSOs needs to operate under and maximise a child wellbeing framework.
- Guidelines on information sharing must be based on a culture of child safety and wellbeing.

Q3 How can we make the most impact?
- Adopt leadership KPIs that ensure organisation and community awareness is raised.
- Ensure children's views and perspectives are incorporated into plans and actions.
- Provide practical role modelling of respect and regard for CSO Principles.

Q4 How can we measure success and report on progress for these actions?
- Need new technical solutions regarding privacy.

Q5 What role could the non-government sector play in implementing or advising on these actions?
- Ensure that the CSO Principles are reflected in funding agreements and work plans.
- Demonstrate transparency and governance in information sharing across jurisdictions and across NGOs.

Q6 What research, data or knowledge is needed to implement these proposed action areas effectively?
- Need consistency across definitions and legislation to improve statistical measures.
- Need technological solutions to help map and support.

Q7 What don't we know?
- What child-centred outcomes data requirements should be for Australia.

Attachments

Priority 1: Improving outcomes for Aboriginal and Torres Strait Islander children at risk of entering, or in contact with, the child protection system.

Facilitators: Natalie Lewis, Professor Leah Bromfield and Bev Orr OAM

What can we do differently?
- Use health as an entry point of access for families – need greater integration between health and social service support at state levels in ways that underpin Commonwealth policy agendas (early intervention and prevention).
- Uphold (fully implement) the proposed action areas in Aboriginal ways – kids and families must be involved in the process.
- Ensure adequacy of staffing to deliver services
- Propose a cultural weighting relating ACCOs and non-Aboriginal orgs working with ACCOs.
- Ensure Aboriginal and Torres Strait Islander led workforce development.
- Create individual health plans in the context of child protection.
- Create referral pathways (not currently in place).
- Use holistic approaches.
- Identify needs indicators to help health services.
- Create multi-disciplinary health checks.
- Upskill staff.
- Common outcomes – encourage pooled funding to help address current inadequacy of income to achieve best outcomes. The proposed priorities assume organisations have enough income.
- Ensure that treatment, trauma, cultural healing is based on Indigenous cultural frameworks.
- Put the mirror back onto mainstream Australia – demand and leverage for cultural capacity.
- National indicators are required: (a) see what's working; (b) fund what works; (c) don't measure too much; and (d) NSW QA might help with data linkage across departments

Things we should NOT do - No more pilots!

Solutions and/ or strategies
- Need funding for long-term and adequate time to establish relationships and supports.
- ATSCIPP – needs comprehensive understanding of the elements particularly relating to placement and permanency. It needs to be embedded in systems, prioritised and appropriately resourced.
- Importance of children's cultural identity must not be lost due to administrative practices.
- Recognition that all agencies involved in a child's life are responsible for cultural identity.
- Health and wellbeing are essential elements to achieve good outcomes.
- Need to ask the right questions to ensure that cultural identity is not lost – not just system questions.

- Aspire for full education for Aboriginal and Torres Strait Islander children and address expulsion and suspension rates (formal and informal) for kids in care.
- ACCOs currently experience an inadequacy of income to perform to best outcomes—the proposed priorities assume organisations have adequate income.
- Strengthen all proposed action areas and ensure resources, prioritise and ensure participation.
- Need to work holistically including across all Government agencies.
- Better integration of services such as health and education.
- Share and draw on learnings from other community programs.
- Clarify what permanency looks like for Aboriginal and Torres Strait Islander communities before funding and rolling out programs.
- Need nationally consistent measures and strengths language such as strengths and difficulties questionnaire.
- How is reunification supported? How do we measure it? Different for different families – timeframes, location, cultures and service footprint in remote communities can contribute to difficulties for reunification but are not insurmountable.

Concerns to be addressed in terms of 4AP planning and implementation
- The proposed second action area does not include assessment or inclusion of kinship/ needs/ health or planning tools.
- The language of proposed actions require rewording to signify that each proposed action will have an active implementation focus for example, 'Implement active efforts to support Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs).
- Non-Aboriginal providers don't know what they don't know.
- Expertise in non-Aboriginal orgs for grant writing means they get funded, which is a big barrier for Indigenous groups.
- Examples of ACCOS not applying for programs as they were not culturally appropriate then being awarded the funding.
- Language of the proposed actions is too passive – requires inclusion of strengthening aspects such as targets and measures.
- Concern about what the system does not know such as children's Aboriginal history and identity, tick boxes that don't record Aboriginality/ identity and the sector needs Aboriginal specific tools.
- Many children come into care due to family violence – this cause must be addressed.
- Reduce red tape – unnecessary reporting and cross-accreditation/ticking boxes.

Priority 1 Wrap-up/Presentation
Key recommendation is to **change the wording of the priority to**: *Improving outcomes for Aboriginal and Torres Strait Islander children and families* (gives emphasis to the value of family, de-stigmatises)
1. Funding: Pooled and provide cultural weighting to ACCOs.
2. Mirror to mainstream: ACCO led / regardless of ACCOs leadership, mainstream services need to show responsibility for cultural competence e.g. VACCA cultural competence framework.
3. Importance of culturally specific practice: dedicated funds are required for the actions to be done well / culturally specific assessment, resources, tools e.g. Winangay / treatment of

trauma that is culturally relevant and healing / endorse programs owned and grown by Aboriginal people.

4. Passivity of language is problematic e.g. uphold and support are weak terms. We need accountability language included / governance and participation are essential e.g. transition from care / can't assume existing resources are adequate.

5. Centrality of family violence within the community and its impact on children coming in to OOHC – not just Aboriginal violence.

_____

Priority 2: Improving prevention and early intervention through joint service planning and investment.

Facilitators: Simon Schrapel AM and Andrew McCallum AM and Bev Orr OAM

Clarifying the issues

What are we trying to prevent? (Abuse and neglect)

Are we aiming to improve family functioning?

What don't we have control of?

What do we need more of?–(public health approach/ environmental lens/ socio-economic lens)

We need greater clarity of language to enable and encourage community understanding of the concepts early intervention and prevention.

What do we mean by prevention in social policy – is there evidence of a trickle-down effect on child abuse and neglect or parenting?

Have we worked out how to manage the impact of intergenerational trauma on health/ social/ co Do we adequately understand structural impediments versus services issues e.g. poverty or access on children's daily lives?

There is inadequate understanding of ATSI cultures and how this should change practices (inherent racism) – needs workforce development at all levels (paid and volunteer)

Context issues

- Policy makers and practitioner tend to be disconnected from each other – therefore unable to utilise various skills and knowledge sets to improve outcomes.
- Does not look at what exists and is working on the ground – community development.
- Different mindset needed to be preventive, current programs focus on vulnerable children.
- Understanding how to intervene in different parts of the service system to prevent harm to children and young people.
- Issues arising for the child due to adult issues which include drugs/ alcohol/ mental illness.
- Poverty/ disadvantage.
- Children's voice is generally missing from decision making and planning contexts.
- Children's voice is often diminished if their view is different to the adult consensus.
- Many families are struggling, a small proportion end up in child protection.
- Improve collaboration in terms of relationships/ partnerships in local areas e.g. legal and health services/ CP and legal to help bring about reductions in child removal and enhance cross-sectoral collaboration.

Solutions for context issues (services and/or data)

- We must change the narrative by providing universal access to services (non-stigmatising).
- Children need to be co-creators of 4AP – a mechanism needs to be established and ongoing, based on relationship, trust and responsive conversation.
- We need universal service platform portfolios at the policy planning and implementation stages for 4AP - to encourage greater integration and impact from existing service provision.
- We need to deeply engage with the ATSI community and hold an aspirational versus deficit focus.
- We need scaled up intensity of programs and supports like C4C, which provide soft entry for parents to seek and obtain help.
- Help mothers/ parents in first 1000 days with integrated ante-natal support (we can do this by building on to the current MACH systems).
- We must have holistic services – the current piecemeal approach to service delivery is unhelpful and unsustainable.
- Work with communities to identify elders to undertake 'peer researcher' roles.
- Consider regional governance for place-based projects and funding.
- Encourage greater understanding of children and young people; incorporate their aspirations and needs into planning and service delivery processes.
- When considering childhood risk factors for child maltreatment, Governments and service sectors need to tap into a wider range of data such as health indicators, family planning and/ or material needs.
- An evidence base that supports responsiveness and adaptation.
- We need good baseline measures for all pilots.
- Collaboration requires trust, training, evidence and authorising environment.
- There is not strong evidence about integrated service delivery leading to better results; where might we find emerging evidence?
- We need ways to incorporate the view of community members and/or families.
- Planning is key, especially for children with disability to enhance the quality of service provision for them.
- Disability is over-represented in child protection – reduction in access to respite is a risk factor for entering OOHC.
- 4AP needs a focus on children with disability.
- Joint service planning – needs to include range of community supports and structures and not be based solely on the service system.
- Place-based trials, we need to know what we are testing i.e. intergenerational disadvantage.
- Improve understanding of enhanced working with ACCOs and Aboriginal and Torres Strait Islander models of care and healing from trauma.
- Use the VET (national vocational education and training) system - so we get consistency at the desired levels.

Intervention examples

- Early learning programs in refuges – to encourage and build adult service provider's capacity to support children in family violence settings.
- C4C – has evidence and degrees of community participation in decision making.

- Enhance capacity for community engagement and capacity in decision making (assets and strengths based approaches).
- Joint service planning (sectors, communities and business).
- ATSI led first 1000 days projects in QLD.
- Collective impact sites are showing green shoots for improved outcomes; we must build on these rather than start again/don't waste existing community efficacy e.g. Central Goldfields (VIC).
- Identify the touchpoints for a child that are different to their parent – where there may be trusted relationships and understand better how these supporters can support the child's views.
- Support children's engagement in decision making in relation to parental separation – evidence suggests they do not feel heard.
- Utilise new evidence such as a project being undertaken by UnitingCare SA that will collect data on school exclusions to create an index that will help map locations where high rates of exclusion occur and compare that with child protection data to help address education disadvantage for children experiencing various forms of vulnerability.

Summary of ideas generated by roundtable discussion

Balance of reactive/ proactive strategies

Communities are unique

Wrap support around families in first 1000 days

Family and children at the centre of policy and implementation

Innovation/ build capacity

Practitioners should be drawn from the community and supported to work within their local area

Improve our understanding of a child's experience of community

Priority 2 Wrap-up/Presentation

Social policy is everyone's business

Develop Social policy charter with community

Default should not be residual services – focus on early intervention/prevention with aim of keeping children out of the CP system

Use what's working rather than inventing the wheel – let's not waste existing resource, capacity and capability; for example carers / family / communities already have support structures, particularly in ATSI communities and Cultural awareness, culturally safe and appropriate practice tools developed by SNAICC, VACCA, AFFS and Winangay

Make social dislocation a thing of the past

Identify and work with a range of child and family decision makers

Constituents reflect their communities – identify ways for inclusion in decision making including on Boards

Managers with content and subject knowledge are essential

Mission-based approach – valuing knowledge

Nationally consistent data

What are we measuring?

_____

Priority 3: Improving outcomes for all children in OOHC by enhancing placement stability and ensuring lifelong relationships and a sense of belonging, identity and connection to culture and community, through reunification, and other permanent care options, including adoption.

Facilitators: Bev Orr OAM, Tricia Murray and Tanya Raineri.

Proposed Action area: Improve data and evaluation to measure permanency outcomes
A key understanding that is rarely identified is that **permanency** is a way to better outcomes – NOT an outcome in and of itself. Permanency can also be a function of stability and decision making but not necessarily so in all cases. Tailoring support for young people in OOHC should be framed to meet their needs for flourishing into adulthood. These needs must be based on indicators for success and not time limited, particularly in relation to support for Education and Employment and that this support be not limited. There has to be greater recognition that parenthood does not finish at 16, 17 or 18. And this needs to be reflected in post-care supports.

Data consistency across jurisdictions is critical. Some issues include:
- Recognising that "permanency" is a function of "placement stability" is required across jurisdictions and across the numerous and complex operating guidelines/ legislation. This understanding could have a profound impact on a child and its family and is needed early in decision making processes regarding removal of a child from its family/care environments.
- Measuring the same things/definition consistency/outcomes measurement versus administrative or outputs measurement.
- Needing a methodology for measuring placement stability and what the outcomes should be.
- National consistency in measuring mechanisms that drive improvement of outcomes for children in OOHC – not only measuring activities or processes/ how to measure the 'fuzzy' or feeling/connection etc.
- Having a shared language and approach is needed between child protection departments and NGOs to encourage consistent data reporting.
- Benchmarking, currently, there are limited benchmarking abilities in jurisdictions - a way forward may be provided by the quality assurance trial in NSW/ wellbeing/ permanency/ stability.
- Departments hold information about children and their families that may improve all aspects of decision making in relation to children and their families.
- Needing evidence of outcomes.
- Privacy vs safety - affects planning and decision making.
- No current data from NGOs.
- Need collaborative approaches for accessing shared Child Management System (CMS) data between NGO and Government e.g. DV across jurisdictional boundaries.
- Voices of children is not captured easily in existing data systems, particularly in relation to outcomes or in providing feedback.
- Voices of carers is not captured in existing data systems particularly in relation to outcomes or in providing feedback.

- Need data on family reunification.
- COAG (national) approach – data and information systems will improve data across agencies.

Concerns and issues raised relating to permanency

A range of issues were raised by all three roundtables and which may impact on implementation.

- In previous consultation on the Action Plans there was a strong focus on strengthening mechanisms for reporting and accountability. Will there be a report on the Third Action Plan?
- Currently there is a lack of planning for stability in the lead up to removal which also impacts on permanency.
- How do we hear the voices of children? How does the system take notice of children's voices? Their voices need to be heard and respected.
- Drivers of poverty may impact on recruitment and sustainability of kinship carer; poverty can compromise placement stability and outcomes for children. Better support kinship care placements than to remove a child and place them in foster care.
- It is better and cheaper to invest in supporting birth families if this would help the children to stay at home safely and well.
- Stability of family reunification processes require sensitivity to cultural needs and intensive support (ATSI/CALD) and an awareness of the drivers of poverty, if poverty is seen as driving children into OOHC.
- The current rush to adoption seems highly politicised and is not helpful for decision making in the best interests of the child.

Proposed Action area: permanency decisions

Consistent processes for permanency discussions requires the following:

- Addressing current policy inconsistencies - (within governments and agencies at all levels).
- Timeframes and time limits - set and adhered to (not re-prosecuted from scratch 5 years later!).
- Addressing drivers of poverty for carers and 'cared for' children to ensure best outcomes for the child can be supported.
- Focus on relationships for children and young people both short and long-term – across the life course.
- Children and young people have a right to a sense of belonging regardless of the identity of the parent or as a statutory parent – voice and agency are Important for children and young people.
- Awareness and understanding of how to undertake reunification is needed – required evidence, strategies and training for implementation across professions and sectors.
- Identity and connection to culture and community needs to be embedded.
- Focus on lifelong relationships for children and young people who have had an OOHC experience.
- Focus on supported transition to 21 – parents support their children regardless of age.
- ATSICPP/ cultural needs recognised and met properly (no tokenism).
- Differences between CP law and practice, and family law and practice, as its impact on adoption law and adoption law under CP law, particularly the conflicts in relation to baseline tests for adoption need to be addressed. (FLA defines a child has to have been

abused/neglected, many states are able to remove if a child is at risk of abuse or neglect. This does not meet the FLA test when strictly applied by judges.

- Legislative consistency is important – presents difficulties for service providers operating across jurisdiction.

Proposed Action area: HR/organisational

- National campaign that promotes success stories – focus for Action Plans – internal newsletters.
- Changing the narrative about care for children – Palm Island example/ good stories are rarely in the media. Good stories are needed to help organisations identify their own good practices; to address the undervaluing that people experience if good practice is not recognised and valued and to help identify innovative solutions and share them within the organisation and externally.
- NSW Adoption: kinship searching/ workforce capacity building needed to get practice right.
- Timeliness is an essential part of good decision making and requires: timely assessment, case management and family finding and decision making.
- Internal technology can help staff capture good stories, might needs new IT mechanisms (There are exemplars operating within the sector – Key Assets).
- Develop a good practice warehouse.
- Informal workforce (carers/ kinship and volunteers) are not seen as part of workforce. Consequently they miss out on superannuation, training and support. Adults caring for children in OOHC, regardless of their position, should be considered as a profession that needs resources provided in a variety of ways.
- Volunteers, care and support staff – admin burden whereas they should be more focussed on face-to-face. This is relationships-based work. Due to the nature of role of an informal workforce there is much scope for communication breakdowns which compromises outcomes. SOLUTION – smarter ways of working – IT solutions such as voice recognition/ or recording may help with smart interfaces between workers, clients and organisational systems.
- Foster care needs to improve and not be seen as the cheap option.
- As we move toward permanency – there will be a cohort that remains in 'care' with higher needs; require greater investment for children not suitable for permanency.
- Broader lens to understand the needs of the family members of a foster carer.
- The sector is not linked in strategically with the education sector in universities: for example: do we know how are they preparing graduates, especially from remote areas to become trained professionals; are courses readily available for people in remote communities; is placement at the end of the degree relevant to tertiary and post-secondary curricula?
- Policy, program and organisational culture need to recognise and value this work as highly relational.

Joint service planning ideas

- Education, social services, disability, Indigenous Affairs and Government departments are at odds – it is very unclear what is happening next in the IAS strategy, as funding runs out in Oct 2018 and services still don't if they will be refunded and for what.

- Need mechanisms for joined-up service delivery and recognition that this requires investment in different sets/ types of resources. Perhaps set timeframes for transition to integrated service models and work through issues such as competitive tendering and location planning.
- Do Departments come together and jointly plan – what's the evidence of it working well and if it is can this evidence be shared?
- Community Services Ministers have agreed to place-based trials in 10 sites; how is this developing, in what way does the trial fit into the National Framework and how do we know how it is being implemented and what are the anticipated outcomes.
- NSW – Your Futures Matter. Outcomes under different agencies – an example of cross-portfolio collaborative effort being undertaken but gaps in knowledge of how this fits into the broader national picture.
- Local solutions for Justice Reinvestment – Bourke NSW, uses high-level cross-agency collaboration. Possibly more achievable in regional areas.
- Central/ national level, mechanisms needed to hold decision makers and implementers to account.
- We must have greater ambition in terms of pilots. Need ambition and then investment to scale once evidence of good outcomes is received.
- ATSI – family interventions – which ones are scalable.

Priority 3 Wrap-up/presentation

We are concerned that Priority #3 is expressed to narrowly and recommend rewording. The issues affecting outcomes for children and young people are not just about permanency.

The OOHC and family services sectors in general need to better understand that professional practice requires knowledge and skills in a range of area including asset-based practices, family finding FOR ALL CHILDREN, in the centrality of sibling relationships, collaborative decision-making and in alignment of policy and practice with the research agenda.

The sector is fatigued by the constancy of change.

Governments need to invest in initiatives for the longer-term. Initiatives must include reunification as a priority (with long-term support) and improvement to graduate training programs.

We need community leadership and organisational change with a focus on relationship building versus the apparent dominant focus on admin.

Governments and the sectors need to include and respect the voice of the child in decision making.

Placement stability is complex and requires considerable levels of knowledge and time. Governments and the sector need to stop changing priorities and see things through while recognising that there is no simple or sole solution to children experiencing adverse childhood circumstances. Complexity in decision making includes timely assessment, case management and family finding.

Adoption is only a small part of permanency and stability – we (Governments and the sectors) need to be honest with the community and stop promoting adoption as the main solution, it never will be and shouldn't be. We, Governments and sectors, need to invest in alternative long-term (life course) options for children in OOHC.

Jurisdictional Adoption and Child Protection law require greater synchronicity to minimise inappropriate interpretation by judges and magistrates in relation to for example the Family Law Act. The role of the judiciary is making OOHC orders impacts government and sector ability to plan for stability and long-term solutions. The judiciary needs more knowledge needed that OOHC is a lifelong journey not a solution.

Issues for workforce capacity to include and enhance cultural competency and practices include:
- An authorising environment is required in organisations that is aligned with structural supports (policy and strategic approaches) for cultural competency.
- Providing access for carers to training and support.
- Integrated course content for workers and carers.
- Assess carer capacity to promote connection to community and culture before placement.
- Recruitment levels of foster care workforce might be addressed if professionalism and training is recognised as essential for better outcomes.
- If permanency from foster care is to be considered from within the existing pool of foster carers, then the ramifications (i.e. system capacity) need to be explored and addressed.
- Whole of family lens is needed to support stability in foster care.

Include and respect the voice of the carer in decision making – agent for change – no carers = no care system.

Need better use and translation of research, evidence, standards and resources to enhance practice and outcomes for children and their families. There is a disconnection between research, evidence and what is occurring in practice.

National campaign to change the narrative is needed – Palm Island has a good example

Requires national consistency in many areas – legislation, practice, data and policy.
We need to capture data that will contribute to measuring the quality of transition planning – which needs to commence at the start of the placement process for a child and be reviewed regularly.

No more trial sites – we are ready to scale up.

_____

Priority 4: Improving organisations' and governments' ability to keep children and young people safe from abuse.

Facilitators: Tony Pietropiccolo AM and Richard Cooke

Proposed priority action 1: implement National Statement of Principles for CS Orgs
- Frameworks need to implement a public health approach at all levels.
- Guidelines and information sharing on culture of child safety and wellbeing.
- Child safety to be seen within the framework of maximising child wellbeing.
- Children need to be seen and valued as citizens in their own right.
- Re-word reframe funding contracts based on partnership.
- Clear and simple guidelines needed for the implementation of child safe principles in organisations.
- Develop a clear framework for talking with children.

Proposed priority action 2: Address barriers to sharing child protection information
- Transparency and governance.
- Information sharing practice development.
- Sticks and rewards.
- Legislate and educate (public health).
- Culture – buy in from supporting organisations and implement.
- Voice of the child – rights.
- Children need to be seen as citizens in their own right.

Issues
- Awareness raising.
- Culture represents history.
- Child views and perspectives.
- Role modelling.
- Reflect principles in funding agreements.
- Negative culture – group norms.
- KPI for leadership.

Data development
- Data centre (i.e. NSW).
- Technical solutions regarding privacy.
- Uniformity – reduce differences to improve statistics.
- Place child at the centre of data requirements.
- Culture of control of data – need to democratise data capture and sharing.
- Create safe environments.

_____