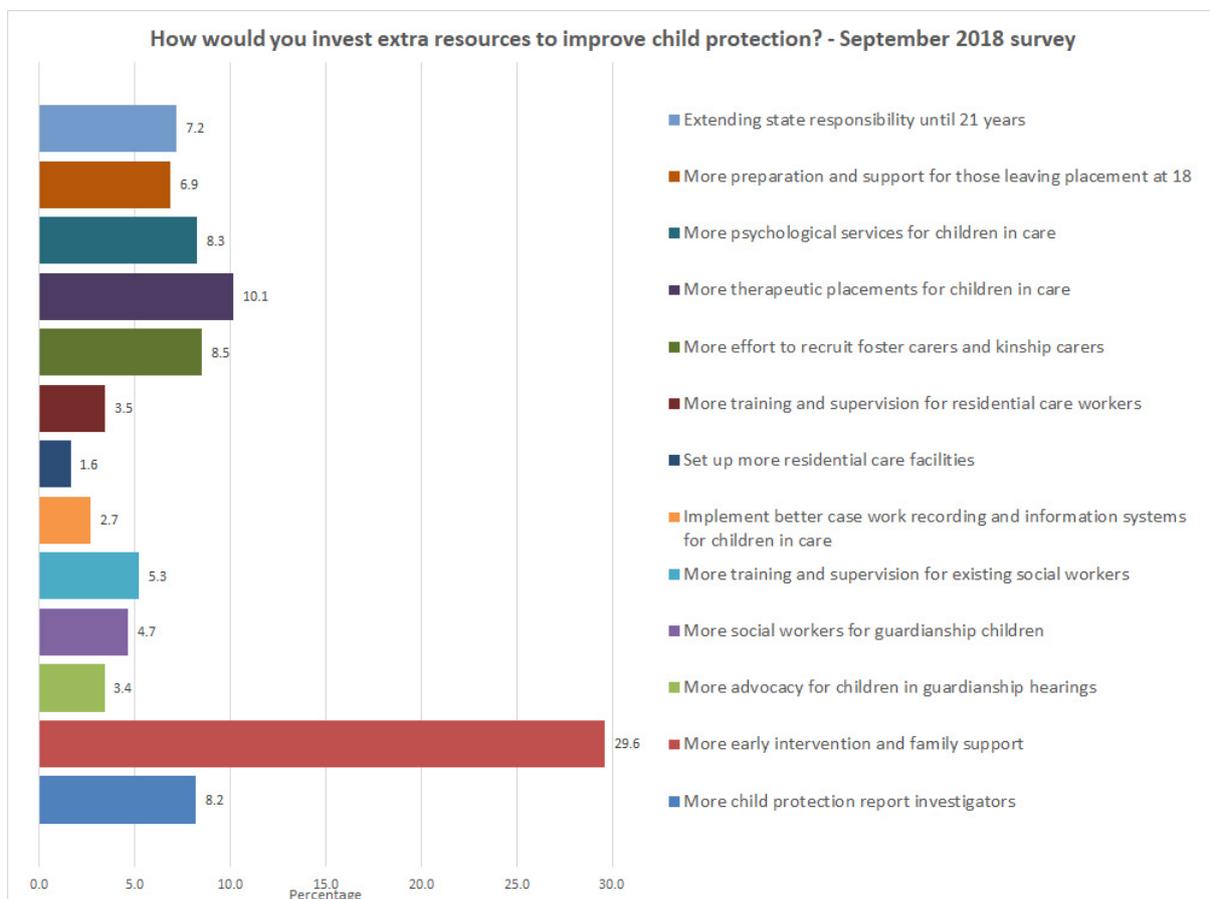




How would you invest in child protection? - survey results

In September 2018, the Guardian's Office surveyed its colleagues about their priorities in improving child protection in South Australia. They were given a hypothetical \$100 to allocate among a 13 choices and space to add their own ideas. There were 282 respondents and 9,900 words of comment.

Responses are summarised in the chart below, we discuss the top five choices and reproduce the comments.



#1 More early intervention and family support

The range of comment showed that this meant different things to different people. Varying interpretations included using education and public campaigns to reduce unwanted pregnancies, decreasing the social isolation of parents, removing children from 'failed' mothers or families at birth and building the capacity of struggling families to become suitable parents. Several respondents noted that supporting Aboriginal families entailed culturally suitable practice, engaging Aboriginal communities and the use of Aboriginal staff.

#2 More therapeutic placements for children in care

Trauma-informed care, therapeutic placements and related matters occurred very often in the comments. Training in understanding a responding to trauma was proposed for foster and kinship carers, residential care workers, social workers and even management and policy makers.

#3 More effort to recruit foster carers and kinship carers

Good family-based care was noted as the best out-of-home care placement option by many respondents. Poor remuneration, lack of support and bad treatment at the hands of DCP and NGO staff were cited as reasons why families did not take up fostering or did not return to it. More rigorous selection, training and review for foster carers could improve the quality of foster care and make it a more attractive option for more people.

#4 More psychological services for children in care

Comments included many calls for much greater access to psychological services for children entering and during their time in care. This was seen by some as a natural complement to therapeutic care.

#5 More child protection report investigators

Comment on this was limited and concerned mostly the conduct of investigations and the interface with the court system. A report on the lack of response to child protection reports by the former Families SA was current at the time of the survey, which may have influenced responses.

Here are some of the other themes that emerged from the comments:

Social work

More social workers were needed. Improvements were needed to the education, recruitment, supervision and training of DCP workers. More stringent performance management of non-performing or under-motivated workers. Training in culturally appropriate and trauma-aware practice.

Residential care

There were several calls for more staff and higher staffing ratios and more therapeutic residential care placements. There were mixed views on increasing the quantity of residential care, some favouring diverting investment into home-based care while other saw commercial care and overcrowded residential care as problems that required that more be built.

Aboriginal children

Increased investment and focus be given to keeping Aboriginal children safe within their communities. A multi-agency approach with Aboriginal agencies taking the lead. The Winangay model of assessment was noted.

Cross-agency cooperation

Numbers of respondents suggested that improvement be made to the ways that information was shared and activities coordinated between agencies concerned with child protection.

Comments

Comments are reproduced verbatim except for minor proofing changes.

Put more investment to the NGO service providers including case management, support to age 21 years and targeted family support.

Legislate a presumption to require Magistrates to include any resident dependent children of the victim on domestic violence restraining orders, when issuing same.

Establish 24 hour 'no wrong door' service & temporary (sleepover) accommodation for children and families in high need areas - offering immediate assistance with safety, primary health care, food, clothing, places to play and to rest + referrals and support to access other indicated services.

Put in resources to recruit more residential care workers so the staff have time to help children heal and they are not doing double shifts when facilities are short staffed.

Investment in and empowerment of community based 'natural supports' to identify and intervene earlier in the lives of children.

I would invest in educating and supporting our students about sexual health by using public health strategies as it would help them to choose a right decision and avoid teenage pregnancies. If we are able to address unwanted pregnancies/children it would directly minimise pressure on Child Protection system and they can direct those resources to address some of systemic issues. Further I would also like to review our Alcohol and Drug policies as currently they are readily available and accessible to any people/community. The strategies and policies to reduce the availability of alcohol outlets and prohibit the use of drugs should be introduced. Finally curtailing Centrelink benefit for those parents who come in contact with child protection system.

you would save money is psychology, case management, psychiatry, speech pathology, education, occupational therapy and every other service trying to manage the needs of children in care, if more therapeutic family based foster care placements were available.

A secure therapeutic attachment relationship heals the child from trauma and reduces behaviours, school avoidance, emotional dysregulation and improves developmental outcomes in every area.

At the heart of child maltreatment lies disrupted family relationships due to substance use, mental health, parents were abused as children and a lack of community understanding about optimal child development. We need public policies that safeguard society for children, not just investigations. For example, public education about substance and alcohol use, education about the impact of these substances on unborn and young children, the impact of childhood trauma, treatment facilities, and so on, so forth. As long as the protection of children falls into tertiary intervention, it remains the responsibility of just one department, not everyone's.

There definitely needs to be more investment in developing relationships with the Aboriginal community, particularly in the early intervention/prevention space. But also, once the children are in care supporting them to connect with cultural.

Important investment areas:

- A focus on therapeutic placements for those young people and children needing more specialised out of home care (this would require intensive training for foster and kinship carers and possibly the recruitment of professional carers)
- Provision of therapeutic work to children and yp through Therapeutic Life Story Work (Richard Rose)

- a greater effort to improve the therapeutic nature of residential care homes - more home-like environment, greater consistency in staffing, staff trained in trauma informed care and therapeutic parenting principles, higher staff to child ratios

Increase community engagement opportunities for parents. A collaborative approach between the areas of Health, Social Well-Being, Education, Sports & Recreation, The Arts and Child Protection

Direct therapeutic care support packages for every young in care. The level of care required is enormous and our support services cannot match this demand. I would invest heavily in health care supports and youth friendly health services (eg Metropolitan Youth Health) as this is where young people feel comfortable and safe

Protect them before they're born! There are many cases where child protection services are ready to remove a child at birth... If families/parents have failed to demonstrate safe and positive parenting in the past, or it is otherwise evident that they will not be fit or have the capacity to support a (another) child, and they are not showing genuine change/improvement/preparation (subject to their respective reliability), more restrictions need to be in place - and enforced - to prevent them from having more children (until such a time as they may be deemed fit to parent). Being a parent is a privilege and a responsibility, it is not a right. Parental worthiness - and capacity - must be sufficiently demonstrated if they have abused this privilege in the past. Stop the intergenerational cycle and reduce the number of children entering care!

I think we need to invest a lot more in early intervention services and work hands on with parents at the low level of concern to provide role modelling and working alongside them to meet the needs of their child.

Need to provide more funding for long term placement of children so they're not being moved from pillar to post. Also need to look at care as a forever placement option for children for them to build identity & develop strong networks, knowing there are people they can rely on for always, not just as long as they are in a placement.

Really need to start looking at why the sector pushes reunification so hard when we actively discourage adults in DV situations to leave & not come back. Resources need to be actively utilised on helping children to move away from DV situations into safe & caring environments where they too don't need to look back & can be valued instead (unpopular view, but needs serious consideration unfortunately).

Have Investigators complete file and court matters.

Have social workers work with child and family.

2 separate specialised roles investigation/court & intervention/support

More support for foster carers. Payment increase and if parent has to take time off work to take child to any therapeutic session then that should be payed leave. (Law should be changed to allow this.)

Child Protection as a standalone issue has become so complex that no single agency can now manage the individual complexity of cases and more often than not multiple agency responses to Child Protection matters are required. As such I would look at modelling a CP framework similar in function to Family Safety Framework meetings but focused on child protection. The membership of the group needs to be those in leadership positions from agency representatives who can make decisions and allocate resources and be accountable to the group (same as FSF).

A much better coordinated response to children at risk needs to be occurring as most higher level CP cases require a multi-agency response and no single agency can manage the risk and achieve outcomes in isolation.

Also - better education for high school students re birth control and the significant responsibilities for when you have a child – making it tangible to them re what is required of you to raise a healthy child.

More focus on systemic issues and healing from trauma.

Residential care for teenagers is far from therapeutic, engaging and homely so would work to set up a more therapeutic model with more consistency of service delivery across different organisations.

Improve social work education in universities. Train emerging social workers to expect good supervision and to engage in reflective and critical thinking. Train them in group work and counselling skills as fundamental skills. Ensure they understand social, economic and political contexts in which child abuse and neglect and family violence sit.

Investments with regard to additional training relates solely to Indigenous children, young people and their families and for SW's to have a better understanding of our practices, including the importance of our c&yp's 'identity'. As an Indigenous woman working within DCP this remains to be one of my big concerns (aside from our c&yp's rights to safety).

understanding child protection as a public health issue would ensure that joined-up responses from across government, nongovernment, and private sectors working together to address it;

National legislation across the board - not much point in having a national framework but inconsistent or incongruent state legislation responses;

this 'National 'mindset' ensures child protection is on the agenda and budgeted for (at cabinet level by treasury) across all public sector agencies providing services to the community.

Coordinated application/integration of the evidence/research in all areas of CP (prevention, therapeutic intervention, forensic etc.)

How do we improve our child protection system? All the previous options for improvement are essential, however, there are elements of child protection that remain a low priority within that system.

More early intervention and family support: This is where I put all my money. My opinion, drawn from 20 years CP Social Work experience in the Dept. and ongoing studies is that the initial question is fundamentally flawed.

The question "How do we improve child protection?" This is a very Western orientation, which includes Australia, NZ, UK and USA.

What if the question was "How do we help/build capacity/ grow and support families?". This moves toward a more community-based, family oriented approach, similar to systems utilised in Scandinavia, Finland and Belgium for example. Not to throw the baby out with the bath water, it is not an either/or solution, more a combination and increasing capacity within those systems....

Early intervention and support requires a change in community attitude that currently sees "child protection" as a government

responsibility and so it should, but a community cannot turn it's back on the issues that are inherent within that community. The key difference in the two systems are:

- 1: Public servants currently work within an adversarial system with families who are often marginalised to start with. (SA)
- 2: Communities who own and take responsibility for the care of children demonstrate a diversity and inclusivity within the culture for

affected groups and sub groups. Just this point reduces the adversity between government and citizens.

We have seen the failure of adopted international systems that have worked within their own jurisdictions but have not transferred successfully to the Australian experience, due to differences in laws, Burroughs, governments, attitudes, culture and particularly in the Australian experience the tyranny of distance.

Finally, I am compelled to comment on the current "Australian Child Protection System" in relation to the Aboriginal people of Australia. This community's plight, I understand is not unique as many Aboriginal peoples around the world have similar experiences. However, it needs to be reiterated that if whole communities of Aboriginal people are living in below standard third world conditions, all health, education, security milestones are below the national average and the

continuation of over representation of Aboriginal people within the child protection and judicial systems are a measuring stick of the success of the current system, then it is sadly obvious that "Child Protection is NOT everyone's business".

Not to labour a point, but I feel extraordinarily privileged to work in my role as a child protection social worker, I remain passionate and committed to this work and intend to continue to do so, so thank you for the opportunity to offer my opinion/vent.

Investment in implementation of cultural safety and awareness framework to ensure Aboriginal and Torres Strait Islander children in OOHC get cultural safety support, and working staff have the awareness of cultural security by receiving Indigenous education and training.

Improve support and financial conditions for foster carers. As a percentage of the cost of maintaining a child in residential care, foster care support payments are minuscule, less than 5% I believe.

We know that foster care gives better outcomes than residential care, yet we don't adequately enable foster care. Yes, there is balance between attracting the right kind of people into foster care and the support payments provided, but I argue that the current support provided is inadequate to incentivise foster care. Arguably anyway, the vetting process should weed out inappropriate carers. Personally, my wife and I have considered foster care, but have decided the financial burden is too high, as much as we'd love to support a child and the foster program.

Parenting training, support and accountability for children at risk

Better and more efficient recruitment, not all social workers and especially not SW straight out of Uni.

intensive support for families to stay together.

Better set up the links between education and DCP. Allow greater access to support, information, funding for students in care, or students and families at risk.

We desperately need more qualified and experienced social workers in the field

I will invest extra dollars to:

1. Provide supports for the parents to improve their skill in taking care of their kids. It will benefit for the children in the long term if the parents try to take responsibility as well.
2. Provide trainings for parents to get involved in community. They can be trained in all aspects such as: get better education, get better life, get more skills, etc. so then they can live in a better condition and can give their children the best live that they deserve

Mandatory child development training (including attachment theory, circle of security and behaviour guidance strategies) for all adults caring for and/or working with children, including parents, grandparents, aunts and uncles.

All those involved in child protection should be using the same IT, medical and nursing record system and stats systems including Health

Making Therapeutic Foster Care a profession via both a training qualification (of some kind, in conjunction with an academic institution e.g. Aus. Centre for Child Protection Studies) and also remuneration at a rate that recognises the role as a profession and a job (e.g. at the rate of an RN1).

I believe we need to focus on 'swimming upstream' and fundamentally shift our intervention model. Instead of taking a risk management approach where we remove the child and apply services to the child (emergency care etc.), we instead wrap services around the whole family. This work would be very complex, but the long-term benefits would be staggering - avoiding the child having to grow up in care and keeping families together. This would save HEAPS of money in the longer term and would reduce the need to think about the current flow on effects such as expanding residential care, needing more social workers for long-term guardianship work, finding more foster carers etc. I think Sweden has adopted this approach and it's something we should be looking at more closely. Pouring more resources into a fundamentally broken approach will not resolve anything - we'll just get more of the same.

We need to be working harder putting fences at the top of the cliff rather than lining up the ambulances at the bottom of the cliff.

We need training re impact of trauma and trauma informed practice for everyone in the care team of the child, social workers, youth

workers, resi care workers, foster carers and kinship carers. Everyone listed before also needs effective training in providing a therapeutic care environment for the child, (including the school and child's teachers). Dr Dan Hughes PACE model would be a very good start, which is evidence and neuroscience based and which is being used to amazing benefit for traumatised children and young people in USA, Canada and UK, but not here.

Simply recruiting additional foster and kinship carers will not help, as they will quickly burn out without effective training and support in managing children suffering from traumatised behaviours and dysregulated emotions.

We also need to intervene in a timely manner when a child is being severely abused and neglected in order to effectively intervene with the parents before patterns of abuse & neglect are entrenched, (and thus the parents are set up to fail in any reunification attempt), & also to prevent cumulative harm impacting on the child to the extent that they are so dysregulated emotionally & behaviourally that they cannot be placed in family based care if and when they are finally removed.

The massive Closed no Action outcome rate currently means that many children & families are being denied intervention before significant cumulative harm occurs.

Provide a rapid response gold card to children under guardianship to receive priority treatment for public services.

Ensure carers (including kinship carers) are adequately compensated to meet the needs of the children

There needs to be a culture change at the top to focus on the paramount importance of the child, not the family. (See the Reproductive Technology Act SA). Sadly, the Australian appalling history of the Stolen Generation has led to current social guilt which I think has permeated our culture thereby resulting in a reluctance to remove a child from danger. Why not remove an offending adult instead, especially if that person is readily identifiable?

There could be a resumption of the policy of children in stable, safe care by the age of three as there is strong evidence that children are harmed irretrievably by living in chaotic and abusive environments for longer than that. The stability of care should be safeguarded, i.e., not able to be disturbed by any adult, until a certain age. This would not exclude any biological parent or family from having a connection with the child, but only if this ALWAYS placed the child's wellbeing first....and if any child expressed fear about contact that must be investigated or have a veto power attached.

Foster carers need to be much more included in decision making about the child in their care, for they have become the "home" for that child. They see so much and in the past have been offered little respect for their knowledge, at least as I have known and spoken with foster carers.

Thank you for the opportunity to respond to this survey.

more workers who care about child

listen to & include carers in decisions about the children in their care as they know the child the best.

more involvement of the worker with the child

the whole system is there to support the child the whole system is not child there with the child's best interest

Recruitment and ongoing training of management staff, to ensure that all staff in leadership positions and HR have a sound understanding of child protection business and the impact of trauma on children.

-Better DCP support for existing foster carers and their young people, to sustain placements for high needs YP and retain skilled carers.

-Training on trauma and child development for all frontline staff, not just social workers and residential care workers.

-The development of clear, child centred agency policies and practice guides for staff, to replace the use of all outdated DECD

Education staff policies that do not capture child protection staff.

We need an entire society approach with everyone pulling together. Not sure how this could be achieved, have been contributing for years. There needs to be bottom up and top down approach with an agreed upon meeting place.

More culturally appropriate care - including kinship and non kinship

Asking young people more what would help

Therapeutic care models

Prevention projects within the child protection the system for example Financial Counselling services. It was recommended these services be expanded by the Nyland Royal commission and now the government has disbanded the program.

the first principle should be - do no harm

analysis of children in care stats indicate that nearly every child in care is harmed by the experience

work on shared care (foster/biological) models

listen to the children, empower them

rail against governments that over focus on youth crime/substance use and force them to deal with the facts in relation to harm to children

move away from court and police based interventions to early intervention

build supports around and with families

Pre-birth support and teaching for young mum and dads, followed by parent and baby houses for young parents don't remove new born's keep the family unit together with 24/7 support parent the parent's while they learn how to be a parent with lots of hands-on support and teaching. Marte Meo, role modelling and other practical programmes that they can learn from. Let's try to avoid damaging the next generation by removal we are not going to stop kids having kids so let's teach them how to parent and give them a chance. More so as a high percentage of our young parents are also ex or existing guardianship kids. Cost wise this would have to be cheaper than years in residential and specialist foster care.

Consideration for children to be adopted

More support and training for foster carers. We are the psychological first responders for these kids and need more support

There are too many S.W's in the system that have been around for years and who are totally burnt out and cynical about the whole process - they infect younger workers. There are clearly good teams in DC's but also very bad teams - often dependent on those in senior positions. Change them, everyone knows the problems! (supervisors who move from DC to DC - get them out)

Like teaching, good practitioners hit a ceiling quite quickly - There is no avenue for advancement if you still want to work with families.

Workers have been deskilled over a long period. The good / bad issue also exists in policy - Policy people seem obsessed with paperwork and every review into CP states that workers are spending far too much time in front of a computer as opposed to a client/family. The system needs reenergizing but not with the same people in the same positions or it will all fall over again. Make it streamlined! less paper, not more.

Experienced, 4-year degree people treated as if they are not trusted. Sometimes in processes devised by people with even less hands on experience. Learn from experience not pie in the sky theory that changes every couple of years - how much money on 'tools' that are quietly dropped?

Real teeth for early intervention workers. DCP tend to drop the case once an NGO is working with a family - the NGO's then have no fast options when a family starts to go downhill. Genuine investment and commitment in this area. DC workers see NGO's as a form of Greyhound therapy - how to handball a difficult case where they cannot get a quick order - then forget about it!

Where are we going to find a conservative Department head/minister with a real understanding / interest in social issues? Policy people bamboozle them in BS if they are more interested in getting a "better" portfolio rather than genuine interest in social issues.

A past in modelling and then CP -- really !!! from the extreme shallow to the very deep very fast - watch out for the rips!

Child development, Circle of Security for everyone - families, staff, investigators, foster families etc etc...

Need to identify things early and not have so much red tape by the time action is needed

Invest in creating a zero tolerance policy and law to have legal precedent where an enabler parent, a government worker, an organisation and a bystander member of the public has failed to take action to protect children - prosecute them to set an example.

negligence and failure to be act make it Criminal. To prevent neglect abuse must change the behaviour of the Village ...Apathy -

force the hand of the Community to take responsibility for children's safety. A big Awareness Campaign and creation of resources

for FAMILY SCAPEGOAT CHILDREN would prevent the cycle of abuse.

I think early intervention is the key. It won't work for every family but it will work for most. If a huge amount of funding is put towards early intervention and family assistance, we won't have such a big need for everything else on the list!

We need to be employing and retaining the right people. Sadly, DCP have some of the least caring and child focused workers in the sector which really sad as they should be the role model for appropriate care, understanding of children's needs and to work from a trauma based perspective. Degrees means nothing when it comes to working on the ground with

young people who need support and care that doesn't depend on how much they are liked by their social worker. How differently our children get treated or things in general is really unjust.

Saving money can also come at a cost if not done appropriately if we are not taking into account the needs of young people. The re-traumatizing of our young people happens by the system every day and it is ok as DCP are the 'Guardian', however they are at times removed by their parents not being able to emotional support their own children yet DCP don't have to play by the same rules.

We also need to acknowledge that these kids are some of the most incredible human beings we will ever meet and instead of treating them like a case file we need to manage and tick boxes in, we need to support, encourage, empower them to work towards a better life for themselves, not just risk manage them.

Needs an intervention process that is different from current one. DCP should engage with at risk families and STAY INVOLVED to ensure they work with necessary services. If change is not possible within the child's time frame, then they need to engage in permanency planning. Parents can still see children, but not be expected to care for them when they can't manage it.

I think the state could provide more funds for general foster carers, this could also include funding to cover incidentals so that social workers are not bogged down in paying accounts and the paper work that this entails. This would free up social workers and provide foster family the capacity to provide for the child without approaching the social worker each time. I think most children coming into long term care now require good knowledge of therapeutic parenting

Our carers need to be paid a living wage, for many of them the cost of caring for a child is far beyond what they get paid.

We need a significant boost in early intervention.

Our workers need more support and supervision, and our supervisors need mentors and our managers need leadership which understand the demand on the ground so we can put time and energy into the children in our care, rather than our case notes.

We need our Department to celebrate our young people but also our staff. This job is hard and we all care deeply; a little recognition would go a long way.

We need greater support in the field so we can reduce the number of intakes before removal or intervention.

- A whole system focus on keeping families together, EVERYTHING must be done to keep children with their families (birth families and / or extended family networks) and a child being placed in care is the LAST RESORT.

- A culture of working in partnership with families; utilising the resources within families, helping families to identify their own solutions, developing plans with families, being honest with families about what SWs are worried about and then putting support in to address the concerns.

- A REAL focus on reunification of children to be cared for by their families - all children and families subject of a GOM12 order should have every support to be together going forward.

- Family Group Conferences used at every stage - early intervention to children in care - with the aim of families providing the care and safety for children, where possible.

- The DCP working collaboratively and in REAL partnership with the NGO sector - with everyone seen as part of a team around a child / family with the same aims of achieving positive outcomes.

- Intensive family support that is made up of practitioners from different areas of expertise that relate to children and to adults, so that support can be provided to both the child(ren) and the parents.

Invest more in recruiting tertiary educated foster careers/families.

Invest in mental health and psychological experts who can work with parents in the early intervention space.

Expand DCP Psychological Services to have dedicated psychologists who can provide therapy, training, and consultation to children, carers, families, and residential care staff.

Invest in therapeutic models of residential care - current models are more sterile than the AYTC.

More funding for community training in reporting suspicions of abuse or neglect in the wider community.

Definitely want to see more training and support for kinship carers though!!

Definitely more support and training around prevention and awareness that the problem of abuse and neglect in the wider community cannot be addressed through government departments BUT through working with communities as "villages" that support the growth and healthy development of children and young people within communities.

1. Create a portal for guardianship of the minister children to access their child protection history, access information in relation to being in care and to ask questions
2. Set up a central, multi-agency team to value add to all Tier 1 intakes, conduct a multi-agency strategy discussion, investigate the concerns and if substantiated allocate to the closest DCP office (Similar to the NSW JIRT teams)
3. Provide Guardianship Team Social Workers with Therapeutic Crisis Intervention (TCI) training as these social workers really struggle understanding trauma related behaviours due to DCP not providing them with this training.
4. All foster carers, including therapeutic carers should be reviewed yearly by external assessors and not agency employed assessors as these reviews are currently not objectively and holistically conducted

I would like to see a lawyer attached to each child with explicit instructions to take all views of the child into consideration and act for them in their best interests

complete change to residential care, care spacers, worker ratios intensive support for kids in residential care.

Early intervention and assist families must be a priority. Teach families how to be a family in their homes on a daily basis. Child and youth workers to provide assistance and guidance on rotating shifts in the 'at risk' child's home. I understand the range of complex difficulties this will cause the parents/family, but surely given the other alternative of having their children removed will cause less trauma to the children. Insuring the child's needs are met and will also allow the child to see their parents actually trying to change.

Respond to CARL sooner and not wait so long to actively participate in keeping the children safe.

Better support for parents who have had their child removed because of a violent partner. The parent leaves the perpetrator and this is known to services involved, however he continues to stalk, abuse and cause havoc for the parent. Better support is needed for the parent trying. They are punished for the perpetrator's actions by the child being removed. More needs to be done to keep the parent safe and the perpetrator be punished to enable the parent to focus on her child.

learning support within placements ie. access to tutors/specialised learning programs outside of school; funding 1:1 learning support for improved educational outcomes; mentor funding to support engagement in recreational and sporting programs to build skills/interests/connections and for high risk children engaging in anti-social activities; improved funding/access to therapeutic programs; improved vocational learning opportunities

I would focus on retaining staff that have built relationships with young people and as best as possible keep those staff with those young people for as long as possible. I see a breakdown of trust in our YP when they feel they are continually

being separated from those staff they are closest to. I understand there are arguments against this for veering reasons however as a staff member of some experience I have seen YP, give up when they feel those that have strong relationships are removed.

Family therapeutic homes to work intensively with a family to address issues and then a satellite model from this base as a step down intervention connected to community

Invest in more support for family-based Carers (foster and kinship Carers)

Better working frameworks and policies such as Getting it Right for every child from Scotland (GRFEC) and better multi agency partnership working, in health, education and social services

Increased trauma training for direct carers

Increased complex care transition houses with advanced early intervention training and therapeutic supports

Cluster houses for complex young people who require individual one to one support

Allied health supports working directly with young people and direct supports

Utilising SBC training

I personally think if a child goes OPG then the foster parent should have the option to adopt. If this was the case then the government would actually be saving money which they could put back into the system.

make sure that every child was seen by a psychologist as soon as they were removed and had consistent weekly support. Ensure that all children were seen by professionals so as to pick up disabilities etc instead of putting everything down to trauma. be more supportive of foster parents and kinship carers.

Support carers to be better therapeutic carers. Training, coaching, services for children, programs.

- Better and more practical trauma informed accredited training and coaching from psychologists not SW
- Children to have a child protection person and a child development person that god uses on their recovery
- Flexible respite services that allow alternatives to our current respite options for carers to take a break from the emotional labour associated with therapeutic care - respite in your own home do kids feel safe, babysitting, home help, tutoring, handy man, chaperone children to activities.

NGO's are funded by DCP and have not been sufficiently performance managed by the department. Carers are being bullied by NGO staff, are not being supported, NGO does not advocate for the carer, training is repetitive and of the same basic quality it has been for over 10 years.

There is little use in spending tax payers money on recruiting new carers when NGO (one in particular) is driving carers away from the system with their misconduct and bullying.

Better performance managing NGO's, annual survey of their carers for satisfaction and feedback will ensure contractual obligations are being met, carers better supported, happy carers recruit new carers and more placements will be available for children. Invest in better management of & accountability for NGO's. We may finally recruit more carers per year than those that are walking away.

Make adoption an option in SA

Reflective practice and clinical supervision for all staff

When children are in care DCP workers actually need to look at and investigate the child in care. There is no use in and hurts the child and carers if they don't know what they are dealing with. By past example....2 placement break downs and no investigations into why???? Later discovered that child has been seen by a specialist and they have recognised certain traits that were not passed on to carers.

I have been a carer for 9 years and if it wasn't for me, my child would have not got any supports whatsoever.

More contracted NGOs to refer for services across the whole of the state, to work with families to prevent children coming into care.

More services in early education to identify those families needing support and able to link them with above NGOs.

More staff in the report centre to receive reports and spend the time asking relevant questions to ensure the information received identifies real safety concerns and to attempt some referring back to service providers to follow up the concerns themselves where appropriate.

School family liaison social workers to work with schools/social services and family

Extra financial support for those needed equipment or extra things for children in care. Less paperwork to be able to get these things done sooner.

Support network for single foster parents who want to help but also may struggle with limited supports

Mentor program for older children in care

Ensure that kids get the medical attention they need, when they need it. This seems a no brainer to me, but surprising the number of kids that are waiting months/years for things like speech, psych, ot, physio, paediatric appointments, etc.

More intensive family support services for tier 2 and 3 families to prevent the escalation to tier 1. Much greater investment and opportunity for open adoption to provide long term stability and security for the children and families, including therapeutic support when necessary. This would reduce the expediting residential care and have evidence based better outcomes for kids.

I would change the way social workers work. Instead of being available 9 – 5, I would have a percentage of them working split shifts and I would have them working in small teams so that they are more available to children and carers during the times that children and carers need them, rather than carers having to take time out of work and kids having to take time out of school to fit in with the 9 - 5 hours kept by social workers.

Looking at early intervention as helping families who are struggling to prevent child protection issues in the future. Also working with children therapeutically who have already suffered from abuse. Working toward breaking the cycle for future generations

I believe all children who enter care should have immediate access to Psychological support, occupational therapy, speech therapy and if possible counselling/art therapy/ play therapy. These supports should be immediate and removed if not necessary but should not require foster carers to fight for children to receive these supports (currently unless a carer can pay for it themselves out of their pitiful carer payment the wait lists are too long for even fast tracked OOHC kids). Or maybe the government needs to look down the path of privately insuring all children who enter the OOHC system so they can have access to immediate private doctors and therapists.

Secondly, if DCP claim they are 'child focussed' then ALL DCP staff need a foundation knowledge of Circle of Security and Attachment Theory. The rights of the child to safe and secure attachment should be fundamental and currently there are too many DCP staff who do not have BASIC knowledge.

I would like to see better support for foster carers. As a social worker and ex foster carer I know firsthand the struggles that foster carers experience with caring within their own homes. main concerns to consider:

Red tape! the foster care system is bogged down in red tape making it very difficult to provide a 'home like' natural experience for foster children to feel part of a family and without dramatically impacting upon the foster carers life and family. e.g. getting special permissions to do simple things like haircuts or plan holidays.

Support! there seems to be a lack of support for foster carers in the sense of having their concerns heard or questions answered in a timely manner.

Mental health support! this area is vital for foster children and foster carers to be able to assist the children through their trauma of previous life and events that have lead to them being placed into foster care. To support them during grief and loss that is experienced through the significant changes that they are undergoing and the loss of significant people in their everyday life.

Financial reimbursement! This area is the worst in foster care. As a carer you want to provide a home and family life for a child/ren

that are going through difficulties and need support through no fault of their own. To do this well you want to be able to provide the child/ren with not only 'needs' but 'opportunities' to explore their strengths and passions. For a foster carer to be able to do this they will become largely 'out of pocket' financially as the reimbursement of funds is so insignificant that it covers bare necessities and even that is questionable.

I know as a foster carer for four years in middle income wage bracket that my husband and I not only provided a safe and secure family atmosphere that embraced the children and supported their relationships with natural family and culture. We provided the children in our care with opportunities for personal growth and much of this cost was on 'our shoulders'. I feel this is an unfair expectation from foster carers that needs to be addressed or risk even lower numbers of fosters carers into the future.

Rather than spending huge amounts on residential care facilities and paid workers why not support large increases to financial reimbursement systems for foster carers who provide their homes and care of children 'free of cost' and who would happily continue to do this if there was not such a significant impact on them financially and their lifestyle through red tape.

These changes would save a lot of money and see huge increases in the amount of people that felt able to provide a home and share in the care of foster children.

Foster caring was one of the most rewarding experiences of my life and I am grateful to have been able to do that for four years. I would have liked to continue providing care if the 'foster care system' was not so difficult to manage every single day

I believe that there needs to be a more collaborative and holistic approach to case management and more inclusion for the child, their cares and birth family. One case manager to be across it rather than trying to gain information where there is reluctance to share. If we are not working holistically, vital information can be missed and it is the child that is not receiving the quality of care that we print in our out of home care policies. The child is at the centre of what we do, therefore what they have to offer is imperative to begin to look at and celebrate better outcomes.

The Barnardos Australia model is a great model and should be rolled out nationally. Child protection is too important for people to be "bidding" for it. Those who have a model that is child focused and adhered to, should be the agencies that lead the way

More respect, support and voice for foster carers and kinship carers (leading to increased retention and better outcomes for children).

Independently facilitated ongoing and regular care team planning - based on eco mapping, collaborative and inclusive of children and young people, all family (including care family), DECD, etc. based on best outcomes for child and family.

Allocation of a significant 'Flexi support' package to carers for each child (eg \$10,000 pa in QLD) which enables them to access both formal and 9nformal support options as part of care team planning.

State budgets to accept and allocate resources appropriately for shift to early intervention and prevention and more FBC - as we increase funding to early intervention and prevention and reduce tertiary child protection then there will be a crossover period when double funding may be needed.

Investment in high quality early childhood programs are needed - with a focus on supporting educators to understand the impact of trauma and to work in equitable ways with the children who need it the most.

We need to recruit the right foster carers - less focus just on numbers. So proper and thorough assessment, training, support and respite; as well as accountable review and registration expectations. This will lead to better placements, better outcomes for children, less care concerns, relinquishments and removals, and less negative publicity created by inappropriate and aggrieved carers which likely prevents many good people from becoming carers.

More accountability for DCP social workers. The inconsistencies between each office is extreme, and the level of negative communication, primarily from Supervision and Senior Practitioners is very troubling.

Training for social workers needs to focus on attachment disorder and the devastation caused to a child's life when they are denied the opportunity to grow up in a permanent, loving and safe family from an early age. Perhaps the excellent training provided by Anglicare to trainee foster parents would be a good start in helping them to appreciate the trauma which is so often repeated over and over by moving children from one home to another. Funds should ensure that the work place is pervaded by suitably skilled,

experienced workers and all workers should be supervised regarding important decision making around the care of vulnerable children. Last but certainly not least, a much greater regard for the relationship between the child and the foster parent needs to be developed. The foster family is the corner stone of the child's opportunity for recovery and a positive life and this relationship needs to be nurtured with respect and recognition.

Set up intensive foster care support teams

Should get better transitional care for independent living

1. Superannuation for single foster carers for the years they did have not had a paid job while foster caring.
2. Better support for outcomes in education for foster kids. Bring back the Department matching SSO hours with DECS, it recognised the impact of trauma, neglect and pre-natal issues on foster kids educational abilities.
3. Possibly link up NDIS to kids with trauma and neglect as a disability to give more individual support.
4. Commit to funding kids until they leave care, so they can grow up with stability, and consistency even if they are not in a foster family. Shutting down commercial care when kids have been stably housed for several years is doing damage that will come out later.
5. The Aboriginal Placement Principle is well intentioned but damaging a new generation the way it is applied. Allow attachment and then don't break it just to apply the principle if the child is bonded.
6. Keep improving the interface between family court matters and child protection matters.
7. Find a solution to ongoing large families where each child is born and then removed. The pre-natal damage of drugs and alcohol the children have to live with all their lives.

change the role of case managers in Guardianship teams to youth workers. the skill levels to work and engage with young people will make these positions easier to fill without having to have a social work degree.

If the social workers are employed in the investigation teams then there is no need to have social workers in the guardianship team.

If there are any family court items that need to be addressed, then the case is transferred back to the investigation teams.

Education on best approaches to raising a healthy family through advertisement short programs, films, subtle approaches marketing

Additional youth workers as a lot of staff are burnt out from too much overtime, not enough casuals to fill the shifts

Ensuring that there is a 2 staff minimum for residential care facilities.

Hiring of more residential care staff.

Staff support services.

establishing a workable mentor program so that more children might have access it.

Public education is needed about what DCP does, what constitutes child abuse, how to identify it within your family or community and what you can do to help.

I strongly believe that foster carers need to be paid a tax free allowance that replaces their current wage, this would enable parents who want to stay at home to love and support children, the opportunity to do so without having to go outside of the home to work.

Imagine a world where these poor children get a well-paid, loving, stay at home mum or dad who is available to pick them up from school when they have a meltdown, who doesn't have to juggle work and care for a child that has been suspended from school.

Parenting our own children is hard work, parenting a child with trauma is a really tough task that requires the highest calibre of people who are committed to making a difference. Foster carers need to be held in the highest esteem by all people who work in the child protection system, they need to be treated with respect and be involved in decisions around the children they care for

Continuity with staff, regular staff -more over time available when YP become easily distressed by casual staff members.

More money available for psychologist.

more wellbeing programs for staff

More support for YP when entering independent living- more education in their wellbeing when living without supports, how to take care of their emotional, social and physical wellbeing.

In order to break the cycle of childhood developmental trauma that results from abuse and neglect you need to invest in early intervention services to support new parents whilst at the same time providing therapeutic care and psychological support to those children under guardianship. The earliest intervention is addressing guardianship children's trauma upon removal and in the early years prior to emotional and behavioural patterns being more well used and defined.

Children and young people who have been in the child protection system have children earlier, with less resources and little family support. Disengagement is something that happens in adolescence if early trauma has not been addressed. Children are not receiving therapeutic services when they need it, due to child protection workers having too larger caseloads and mental health services having no availability or tolerance for disengagement.

Television campaigns / ads to support positive parenting, to give parents who may be open to knowing how to do this but go back to old rhetoric from their own childhood because they haven't learnt anything else. There was a DV campaign that showed explicitly what behaviours are not acceptable, but using parenting cartoons or using humour, maybe comedians to demonstrate strategies for kindness towards children, depicting other ways of discipline, showing the difference in babies when there is poor attachment to when there is good attachment, depicting how it affects their whole future. Some parents are open to this but if they don't have the tools they just go back to their own childhood experiences. This would be a long term campaign covering different ages and stages.

It wouldn't perhaps reach all parents with problems who don't want to change but it gives society as a whole a template, and may be ways to reach out or role model to others they know are not doing good enough parenting. I work with very damaged families and many of them are so happy to know what they can do things differently than they experienced as children, when we do training with them, and say they wished they knew this before, things like Circle of Security is so simple and blows some people's minds. Get the information out there to ALL the population and keep it going. It doesn't have to be expensive. Millions of dollars are wasted in the political arena, let's get some of it out there where it will do good. Infant Mental Health and the CAFHS system have all the information you need. USE IT!

Support in education system with recognising and responding to concerns - each school having their own social worker or

Better support to students in schools - ie, not expelling or suspending due to poor behaviour ..keeping them engaged as much as possible and utilising new ways to manage behaviour.

Supporting young people who are victims and perpetrators of violence in relationships - currently there are no specialised services supporting young male and female perpetrators of violence in relationships and opening up the dialogue that healthy relationships must be the focus moving forward and moving away from the narrative that only women are victims and males are perpetrators.

Current Guardianship children need far better transition planning and opportunity to build independent living skills - opportunity to look in to lead tenancy, more independent living housing opportunities and greater support in accessing housing. Too many young people are leaving care unprepared.

NGO's that Foster Carers rely on should be audited stringently and held accountable for their poor practice and the disgusting way that they treat their Foster Carers. Until Foster Carers are better supported both by advocacy, training & financially you will not attract the right Carers needed to support our young children. Too many Carers are leaving the system and those still in it are only there because of the relationships with the children. Bullying, breaching of privacy, forgery are the favourite tools used by one particular NGO. Unfortunately, Foster Carers are only volunteers and the avenues for complaints are extremely poor and inadequately addressed. There are some extremely good NGO's but there is also one extremely poor one. Foster Carers are the backbone of the Child Protection industry. Without them Residential & Commercial Care facilities would be crippled. The extremely poor culture within DCP seems to be very prominent again, and when this happens the children's best interest is not a priority as it should be. The investment in the unethical NGO's needs to be removed and Foster Carers need a better choice of agencies they can register with.

Increase all current allied health teams internal to DCP - Disability Team and Intensive Adolescent Services Team (Residential care)

Professional Carers to abolish a need for Residential Care.

Keep children connected to their communities and schools.

Specific Aboriginal team staffed by Aboriginal workers.

There needs to be a massive increase in child protection workers to allow them to actually investigate the enormous number of notifications that they receive - until more people investigate the ongoing concerns regarding abuse & neglect then nothing is ever going to change. Leaving vulnerable children in families where multiple child abuse notifications are being reported is not the answer. Maybe increasing the resources to allow for these departments to better investigate each notification that is made.

We will only meet the needs of children if we prevent them from being taken in the first place

If all the money is put into early intervention then the less children go into care, then less money needed for all the other mentioned

All those alternatives were valid. Much more work needs to go into therapeutic approaches with traumatised children and young people. Only then will some of those intergenerational cycles be broken.

Dedicated pathways and programs for young people leaving care into further education, training and employment

More support for foster families and kinship carers, training, counselling, respite option and case workers actually listening to the people doing the day to day care

Programs for children in preschools and school around protective behaviours and what to do if no one is listening!

Yes, I would like to be a little more aspirational in regard to 'more therapeutic placements', all children in care should be experiencing therapeutic placements. We should recognise that healing happens in the home, not sending them off for psychological treatment as the only cure.

Recruitment was mentioned, I think there needs to be some investment here, however, if you are not thinking about and investing in how you hold, care and support foster carers to continue to provide care, it is wasted money

Make all Australian Child protection agencies n NGOS externally accountable by enforcing Mandatory Registration, so that staff who lie and abuse children and compile fraudulent documents are criminally charged just as are all other abusers

Development of a strong research and business analytics capability will better inform where to invest existing dollars into (which investments and why).

More support for social workers and training's where social workers understand and are a part of the post care services for children under Guardianship.

I would put a lot of focus on early intervention, educate and support parents from Birth of the children and before when pregnant of what services that are in place and they can access Both personal therapy to prevent personal issues to be passed on to generations.

Provide more care regarding the well-being of social workers

Advocates for an Act that enforces the better transition for children

kinship care

In my opinion, every child who enters care needs one adult to be allocated to their case who REMAINS CONNECTED with them throughout their care journey. In theory, this is their case worker, but in practice a child usually has more than one case worker while they are in care (for a variety of reasons).

I suspect the allocated adult needs to be a lawyer as it needs to be a person all stakeholders will listen to. This person would be part of the care team and would advocate for the best interests of the child. They would provide the voice of the child for non-verbal children and would interpret the voice of the child (through consideration of their words and behaviour) for older children. This person would know the care history of the child from start to finish.

I know this is a pie-in-the-sky idea and that it is highly unlikely to ever happen but system changes need to start with ideas and everyone seems to agree that the current system is less than ideal.

This somewhat fits under Early intervention and family support - find ways for greater community involvement; consider offering residential settings with a community format and both internal and external supports for new mothers/parents identified by themselves or others to be at higher risk of neglecting or maltreating their children

1) Given the over representation of Aboriginal children and young people in the system, increased investment and focus could be given to keeping Aboriginal children safe within their communities. This would require multi agency approach with Aboriginal agencies taking the lead. The Winangay model of assessment was a great initiative in improving culturally responsive practice for children already in the system.

2) Increased investment in extracurricular activities for children/yp under guardianship so they can have the same opportunities as other children/yp, increase their resilience, wellbeing, social skills, confidence, sense of belonging etc.

3) Programs for Aboriginal children to support their cultural identity plans/ACIST such as the initiative for cultural camps for children and young people and their kinship carers.

Tandanya was interested in a collaborative project with the Department (in approx. 2016) to run a school-term based series of cultural identity workshops for clients in kinship care. The proposal was not progressed due to the Department advising there was a lack of funds to contribute.

4) the notion of 'It takes a village to raise a child' is a good theme to promote in the child protection sector and throughout the community. There may be people in the community who can contribute and be involved in a child/s/yp/s life without being their fulltime carer e.g. sport, music, education, travel etc.

5) volunteers in the kinship care sector who can support carers with tasks that are more appropriate for volunteers and frees up workers - e.g. accompanying carers to medical or legal appointments, shopping, transport to attend community groups, etc. This can also lead to meaningful relationships developing at a different level.