



# Aboriginal Case Management Policy

*Workshop Report 5 and 6 June 2017*

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## About AbSec

The Aboriginal Child, Family and Community Care State Secretariat (AbSec) is the peak Aboriginal child and family organisation in NSW. AbSec is committed to advocating on behalf of Aboriginal children, families and communities, to ensure they have access to the services and supports they need to keep Aboriginal children safe and provide them the best possible opportunities to fulfil their potential through Aboriginal community controlled organisations.

Central to this vision is the need to develop a holistic approach to Aboriginal child and family supports delivering universal, targeted and tertiary services within communities that cover the entire continuum of care and reflect the broader familial and community context of clients. Such services and supports would operate to mitigate risk factors or vulnerabilities thereby reducing the need for more intensive or invasive interventions, as well as ensuring that tailored and critical Aboriginal out-of-home care and after care services are provided to intervene in the cycle of disadvantage that continue to impact generations of Aboriginal families.

Our vision is that Aboriginal children and young people are looked after in safe, thriving Aboriginal families and communities, and are raised strong in spirit and identity, with every opportunity for lifelong wellbeing and connection to culture surrounded by holistic supports.

In working towards this vision, we are guided by these principles:

- 1) acknowledging and respecting the diversity and knowledge of Aboriginal communities;
- 2) acting with professionalism and integrity in striving for quality, culturally responsive services and supports for Aboriginal families;
- 3) underpinning the rights of Aboriginal people to develop our own processes and systems for our communities, particularly in meeting the needs of our children and families;
- 4) being holistic, integrated and solutions-focused through Aboriginal control in delivering for Aboriginal children, families and communities; and
- 5) committing to a future that empowers Aboriginal families and communities, representing our communities, and the agencies there to serve them, with transparency and drive

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## Introduction and context

During November and December 2016 FACS engaged an external consultant to conduct a series of consultations with Aboriginal and non-Aboriginal stakeholders, including service providers, community representatives and carers to inform stakeholder engagement activities to develop an Aboriginal Case Management Policy and Guidelines. Following the completion of this work and consideration of its recommendations, FACS engaged AbSec, as the NSW Aboriginal child and family peak organisation, to lead development of an Aboriginal Case Management Policy through a comprehensive community engagement process, including:

- 2 x 2 day Intensive Workshop (June and August) with Aboriginal Service Providers.
- 10 x state-wide Consultations with Aboriginal Communities, Aboriginal Service Providers, FACS and other key stakeholders across the continuum of support (June to August).

This consultation approach builds on the original intent of the co-design, as defined in the AbSec/FACS *Plan on a Page for Aboriginal Children and Young People*. It also reflects the principles of the *Children and Young Persons (Care and Protection) Act 1998* in promoting the participation and self-determination of Aboriginal families and communities in the care and protection of Aboriginal children and young people.

It is expected that the Aboriginal Case Management Policy and Guidelines will be completed by October 2017, with implementation to occur following this.

An intensive 2-day workshop was held in Kempsey on 5 and 6 June 2017 with Aboriginal Service Providers who responded to an Expression of Interest that was sent out by AbSec on 12 May 2017. The purpose of this workshop was to establish concepts, principles and directions for an Aboriginal Case Management Policy across the care spectrum, inclusive of the values and perspectives of Aboriginal people.

The workshop goal was for Aboriginal Service Providers to provide an in depth overview of what Aboriginal Case Management Policy would look like on a practical level across all stages of case management, as well as draw out issues with the current approach. The care spectrum includes:

- Early Intervention
- Preservation
- Child Protection
- Out of Home Care
- After Care

This workshop report presents the key themes that emerged during the initial two-day intensive workshop and views of participants as recorded on the day, including

the key messages captured from the small and larger group discussions. The report is intended to be a summary of discussion to inform next steps in this policy development work.

## Participants and approach

Our target group for the workshop consisted of Aboriginal Community Controlled Organisations (ACCO) who case manage Aboriginal children, young people and families across the continuum of care of early intervention, child protection and out of home care. This target group was selected on the basis that these stakeholders were the original participants of the co-design process that gained commitment for the need to have Aboriginal policy that is developed by Aboriginal people, independent of government.

Number of participants:	22
The participants consisted of:	ACCO Practitioners ACCO Managers and Executives Aboriginal Health Workers

To enable an engaging approach, AbSec produced a discussion paper and guided the workshop with an independent facilitator. Support materials were also used on the day, including an independent scribe, PowerPoint presentation, and documentation received from FACS. The result of the two-day conversation was a report from the independent scribe, which is used to inform this report, and illustrations to capture the thinking.

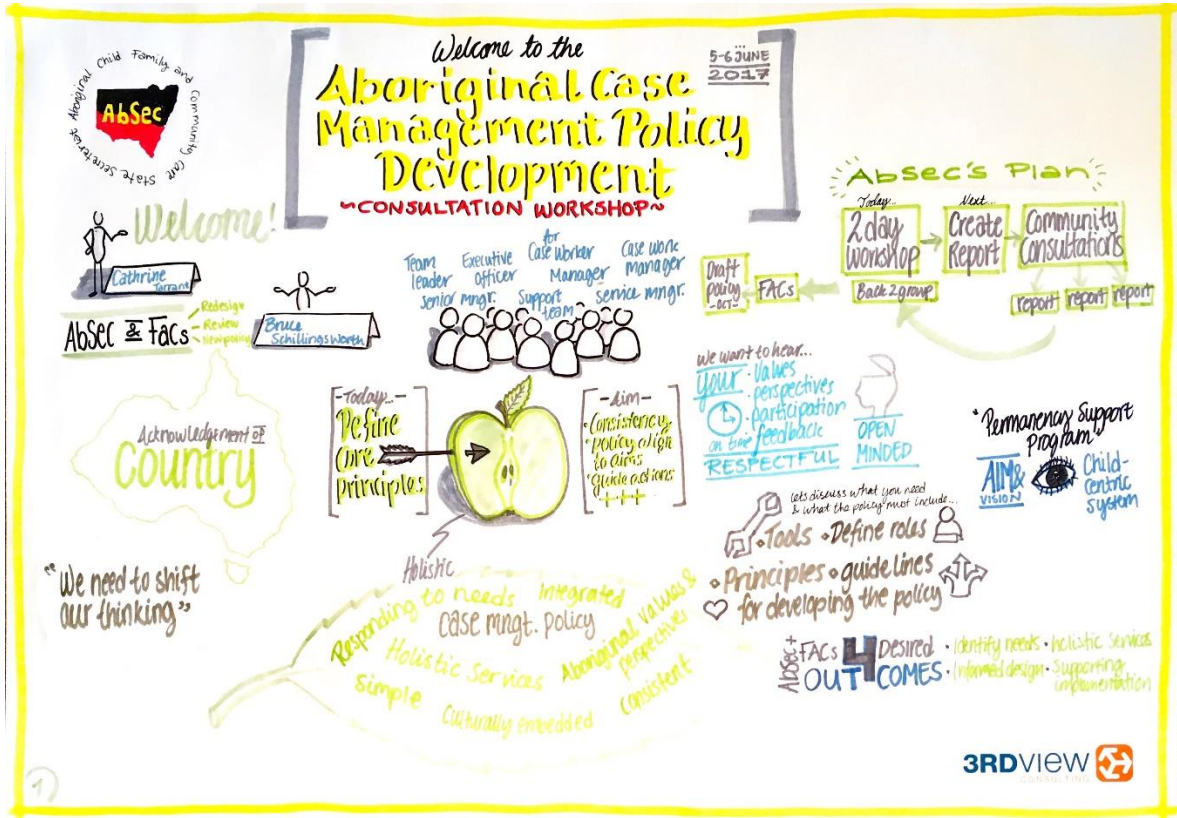
Ultimately, participants were encouraged to voice their concerns with the current approach, as well as to think broadly, about what an Aboriginal approach may look like. This information was seen as critical to determining the directions for broader consultation state-wide, and to establish the underpinning principles for an Aboriginal Case Management Policy.

Three key core objectives were established within the workshop for the development of an Aboriginal Case Management Policy, including:

1. Responding to the specific needs of Aboriginal children across the care spectrum;
2. Applying all the stages of case management from assessment, implementation and cultural planning – monitoring, implementation, review;
3. A holistic approach and support to Aboriginal people, children and families and communities.

Participants were invited to engage in a structured approach to thinking through a holistic Aboriginal case management approach, articulating roles and responsibilities, accountabilities and involvement of family and community decision makers at each core milestone within the case management process. Importantly, the following objectives were secured from the two-day workshop:

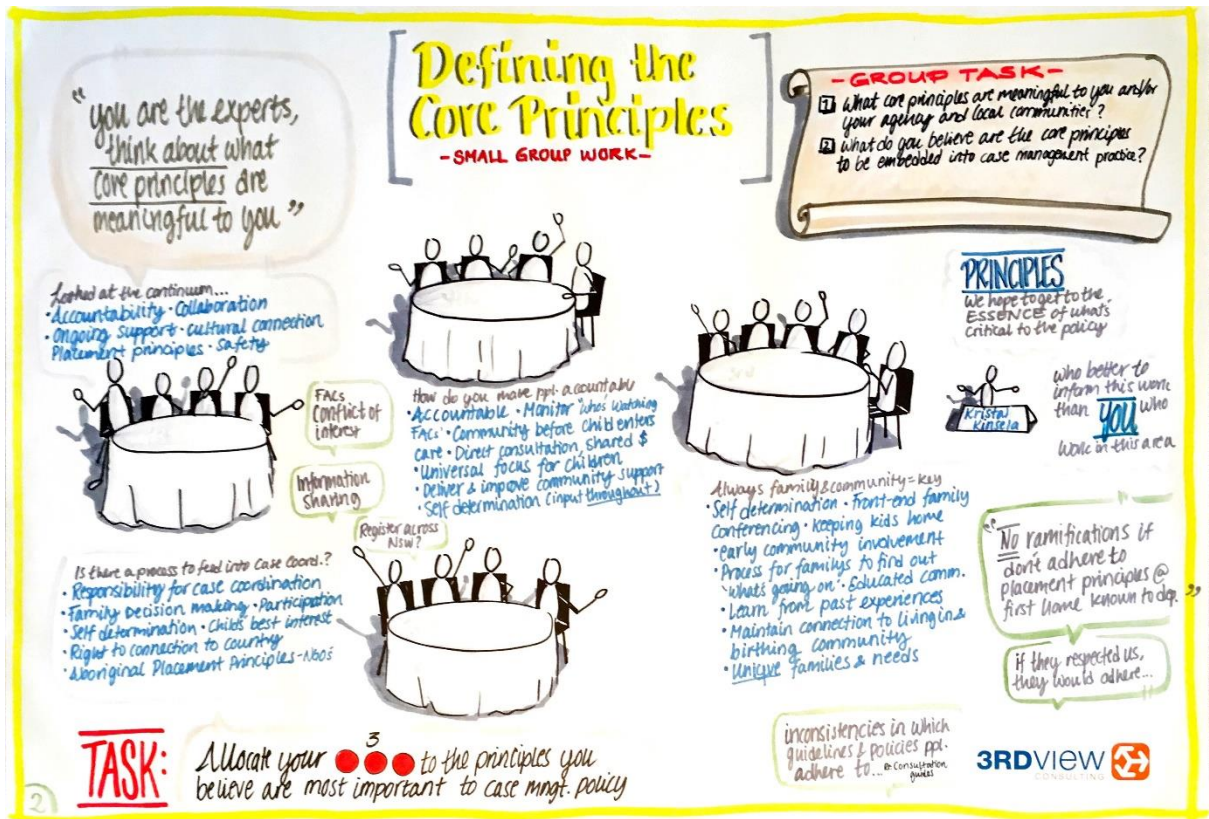
- Defining the core principles
- Understanding the experiences of practitioners
- Defining case management
- Defining good practice
- Defining roles and responsibilities
- Understanding practice change, including within a holistic context



## Workshop Outcomes

### Defining the Core Principles

The participants identified the following (7) Core Principle statements to be included in an Aboriginal Case Management Policy:



### Family decision-making:

- ❖ The involvement of significant people who are connected to the child or young person, ie paternal and maternal family who are both consulted regardless of conflict or distance and should be broad and meaningful – not a tick and flick exercise;
- ❖ Decision-making is focused on meeting the child or young person’s needs and right to have contact with family, country and relevant services being provided and are culturally respectful.

### Children staying at home with safety:

- ❖ Babies, children and young persons have the right to stay and live within their family and community and grow up strong, healthy and happy where coordinated service delivery is focused on addressing safety risks to support this.

*Self-determination in decision-making:*

- ❖ For all Aboriginal and Torres Strait Islander children and young people to remain strong in their connections to family, culture and identity;
- ❖ We need to make sure Aboriginal families kin, Aboriginal community and Aboriginal organisations have direct involvement in the decision making processes;
- ❖ It is paramount that this process is transparent with realistic timeframes (depending on the child's needs) and is evidence based information for all parties and incorporates the safety and well-being of the child.

*Across Government and non-Government approach:*

- ❖ Participation and engagement of other services earlier, to ensure a holistic approach with government and non-government with a focus on meaningful outcomes to explore and build self-determination;
- ❖ Change the framework to enable greater cross-government and non-government collaboration;
- ❖ Family conferencing with health, education, family, community etc earlier;
- ❖ Each party has input and has equal power to be able to contribute, make decisions and work together in relation to Aboriginal children.

*Community involvement at early intervention point:*

- ❖ Meaningful engagement with families, children and communities at the front end to identify issues for service mapping;
- ❖ Consulting the family first instead of putting a whole host of services in that may not meet their immediate needs and let them determine the priorities then make the decisions.

*Maintaining connection to community of birth:*

- ❖ All Aboriginal children and their families to have cultural support plans that are developed by Aboriginal community controlled organisations, families and communities;
- ❖ Each child must have a unique individualised plan that reflects age and development and is appropriately funded and resourced by FACS;
- ❖ All cultural plans need to be assessed, reviewed and monitored annually by ACCOs, communities and families.

**Aboriginal Placement Principles:**

- ❖ All Aboriginal children and families have the right to have Section 13 of the *Children and Young Persons (Care and Protection) Act 1998 (NSW)* applied from first contact/report to FACS and throughout their journey in care;
- ❖ Monitoring and compliance to be applied to ensure all service providers are meeting the Aboriginal Placement Principles.

**RESULTS FROM VOTING:**

- ◊ Community involvement at early intervention
- ◊ Family decision making
- ◊ Children stay at home safely
- ◊ Aboriginal Placement Principles
- ◊ All government approach
- ◊ Self determination in decision-making
- ◊ Maintaining connection to community of birth

**-TASK-**  
Come up with a rich, simple STATEMENT for each of these 7 principles you came up with

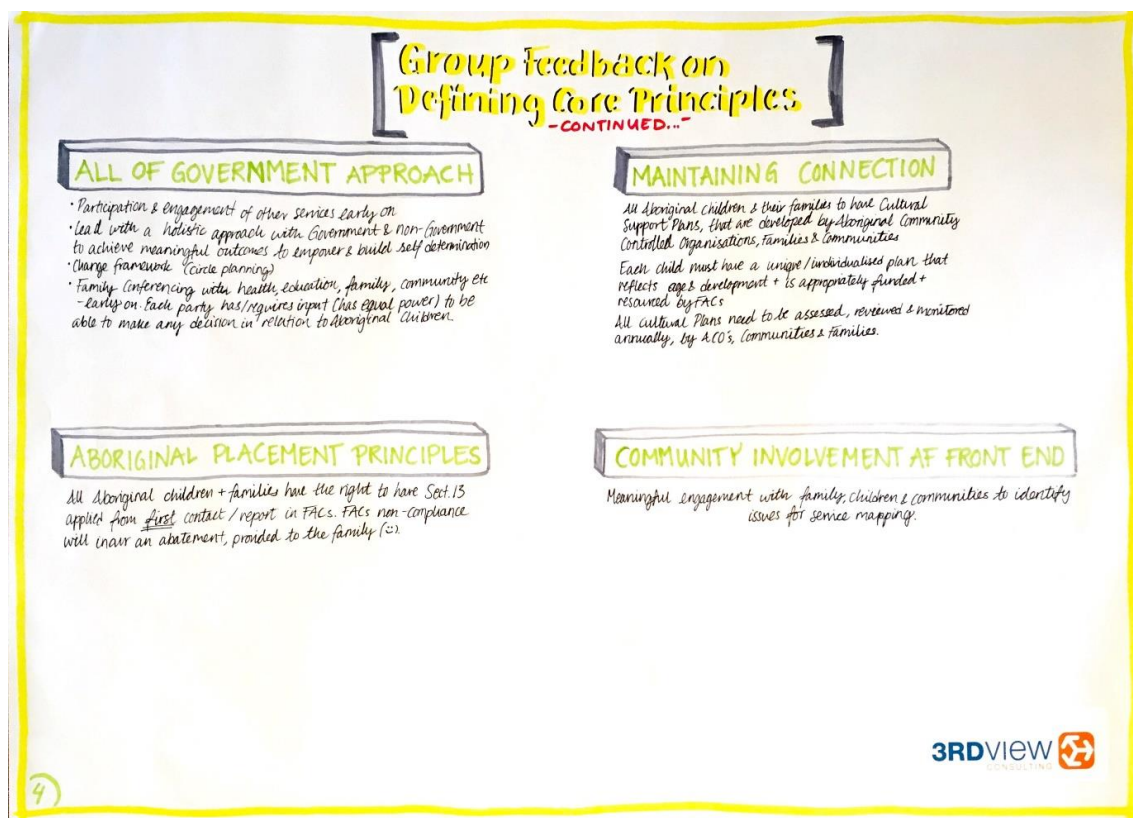
**Group Feedback on Defining core principles**  
-DEVELOPING STATEMENTS-

**FAMILY DECISION MAKING**  
Family decision making is the involvement of significant people who are connected to the child or young person, i.e. paternal + maternal family are both consulted regardless of conflict or distance and should be broad and meaningful (i.e. not just flick). Decision making is based (focused) on meeting the child or young person's needs and rights to have contact with family, country and relatives - services being provided are culturally respectful.

**SELF DETERMINATION**  
For all Aboriginal and Torres Strait Islander children and young people to remain strong in their connections to family, culture and identity, we need to ensure that Aboriginal families, kin, Aboriginal community and Aboriginal organisations have direct involvement in the decision making process. It is paramount that this process is transparent with realistic timelines (depending on the child) and evidence-based information for all parties incorporates the safety & wellbeing of the child.

**CHILDREN STAY AT HOME SAFELY**  
Babies/children and young persons have the rights to stay & live within their family and community and grow up strong, healthy & happy. Where coordinated service delivery is focused on addressing safety risks to support this.

3RDVIEW CONSULTING



## Experiences

Understanding issues with the current approach is needed to support and embed change towards a new approach. AbSec provided opportunities for participants to express the positives and negatives of the current system. This will provide useful information for when the policy and guidelines are drafted, to attempt to address or strengthen this. Experiences expressed are from individual practitioners, and may vary based on their location.

### Positives

- Returning to family and country
- Consultation in house and out with family
- Working relationships with other agencies that provide good outcomes for each child
- Honesty with the children and family
- Creative (Thinking outside the box) problem solving and outside of what we do.
- Trauma informed practice and support for children, carers, staff and care team.
- Making a difference (smile or hug)
- Respectful relationships Children, family and services.
- Achievements small and big from child and family
- Restorations
- Positive influence in child and families lives such as role models and mentors.
- Working together as a family – achieving outcomes
- Improve children's attitudes towards key community services e.g. police.
- Positive family contact
- Staying connected to family and country
- Life story work and revisiting

- Discovering family and keeping children connected with them is a priority.
- Good governance
- Good variety of lived and learnt experiences Respectful relationships Children, family and services.
- Achievements small and big from child and family
- Restorations
- Positive influence in child and families lives such as role models and mentors.
- Working together as a family – achieving outcomes
- Lifestyle improvements
- Specialist practitioners
- Seeing kids smile and participate in cultural events and life
- Child progressing milestones, development and goals
- Trusting relationships by hearing their stories
- Changing entrenched and chronic habits whether big or small
- Aboriginal staff and carers Increased involvement with services
- Health in Out of Home Care pathways
- Case management transfer occurs seamlessly

### Challenges

- Working with FACS
- Reluctance to work with us regarding the stigma of 'Black DOCS'
- Barrier to acceptance of culture
- Trans generational impact of colonialization
- Preference of negative aspects of contemporary culture
- Community gossip known as 'grapevine'
- Teaching value to children and young people such as moral, material and self
- Maintaining accreditation levels in Out of Home Care
- Meeting standards that are not culturally appropriate
- Life story work and maintaining
- Overcoming past government practises
- Resourcing
- Confusion around expectations considering there are differences and inconsistencies
- Availability of skilled carers and Aboriginal professionals
- Families unaware of local services available
- Financial management and debts
- Housing and health
- Incarceration
- Social justice
- Lack of information sharing in case management from Community Service Centre to Community Service Centre and district to district
- Building capacity and retaining staff
- Judgemental against Aboriginal case workers experience
- Opinions not valued
- Decision making biased
- Systematic culture that government has created such as adoption and guardianship Drug, Alcohol and mental health
- Violence including family domestic violence and towards staff
- Having to cease contact with parents or significant others
- Eligibility criteria for services
- Re-entry to rehabilitation service also drug, alcohol and mental health
- Poor health including assessments and follow up
- Placement breakdowns due to lack of support from health professionals
- Numeracy and literacy from whole of family
- Unable to access some services due to being in child protection

- Lack of FACS follow up
- Lack of Aboriginal specific family support services
- Social justice
- Lack of FACS follow up
- Trying to work with decisions made prior to Case Management Transfer
- Availability of skilled carers and Aboriginal professionals
- Families unaware of local services available
- Financial management and debts
- Housing and health
- Incarceration

-TASK-

1 Draw or write key words that describe **POSITIVE** experiences with Aboriginal children in care

## [ EXPERIENCE ]

- SMALL GROUP WORK -

-TASK-


2 Draw or write key words that describe **not so positive / challenges** with Aboriginal children in care

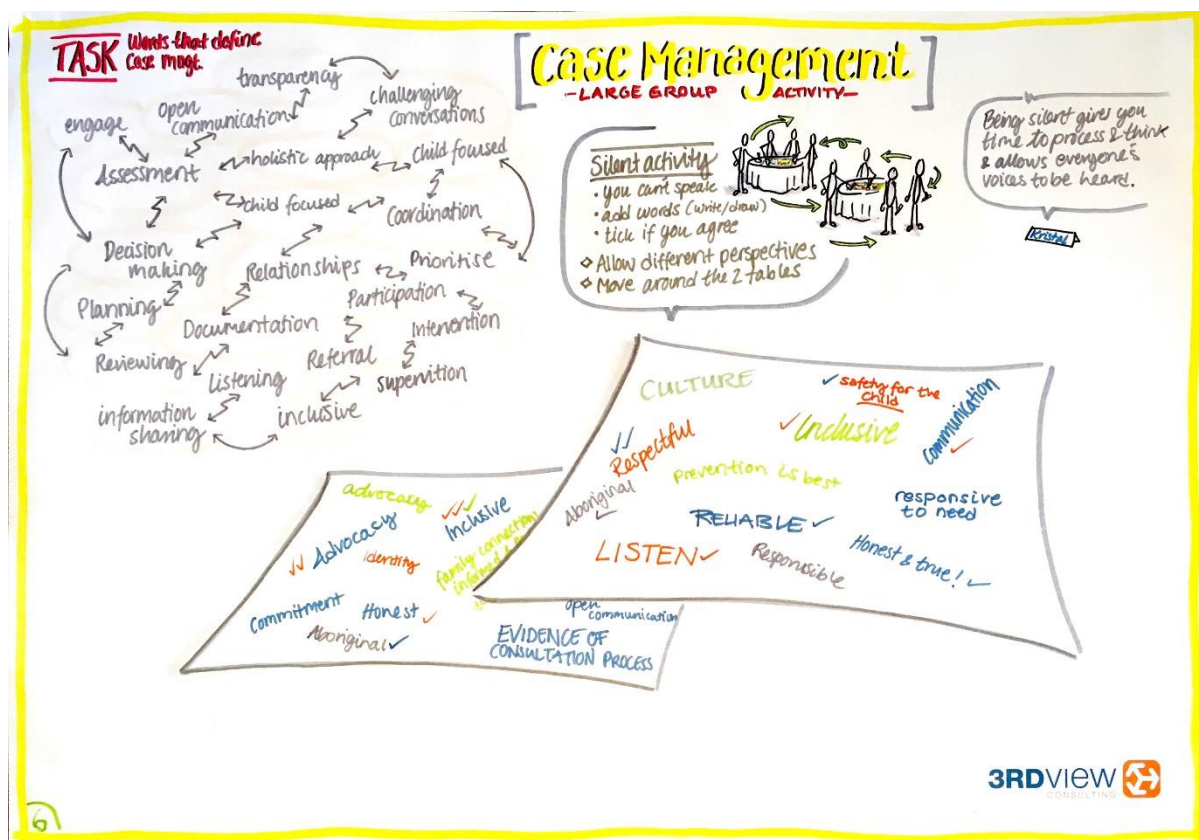
  

- ✦ Restoration
- ✦ Returning to family & country
- ✦ Building relationships
- ✦ Working relationships
- ✦ Seeing strengths
- ✦ Honesty
- ✦ gaining identity
- ✦ Creative problem solving
- ✦ child focused
- ✦ Making a difference - a smile & a hug
- ✦ Collaboration in decision making
- ✦ connection to culture
- ✦ using technology (ie. Facebook)
- ✦ Relationships
- ✦ Competent
- ✦ Confidence to drive
- ✦ Making change
- ✦ Connected
- ✦ Extended family
- ✦ Cultural support
- ✦ Proud
- 5) ✦ Memories

- ✦ Achieving goals
- ✦ Professional
- ✦ knowledgeable
- ✦ Family - keep together
- ✦ Relationships
- ✦ Active
- ✦ Inclusive
- ✦ Rewarding
- ✦ Individualised
- ✦ Keep extended family together
- ✦ Respectful
- ✦ Achievements (big & small)
- ✦ Child & family - role models/mentor
- ✦ Positive view
- ✦ Positive family contact
- ✦ Revive life story work
- ✦ Developmental goals
- ✦ Hear stories
- ✦ Change chronic habits
- ✦ Lifestyle improvement + access
- ✦ Increased involvement in services
- ✦ Case mgmt. transfer seamlessly

- = Biased decision making
- = Lack of experienced case workers
- = Rats of children into childcare increasing
- = Understanding imp. of role of culture in care
- = Thought of as uneducated
- = Community gossip
- = Maintaining accord
- = Confusion, inconsistent judgement
- = Education system (understand)
- = Lack of rural service providers
- = Lack of info sharing
- = Improvement of staff
- = lack of understanding
- = changing perceptions
- = History of everything + effect
- = Drug & alcohol + mental health services
- = lack of these
- = Violence towards service staff
- = Ended relationships
- = Lack of numeracy + literacy skills
- = Unable to access services (due to being under child protection)
- = Lack of housing, health & social justice
- = Aboriginal specific services, lack of
- = Poor health assessment services
- = Placement breakdowns
- = Social media (negative + personal)
- = Conflict with staff
- = Changes in home care
- = Burn-out
- = Changing legislation



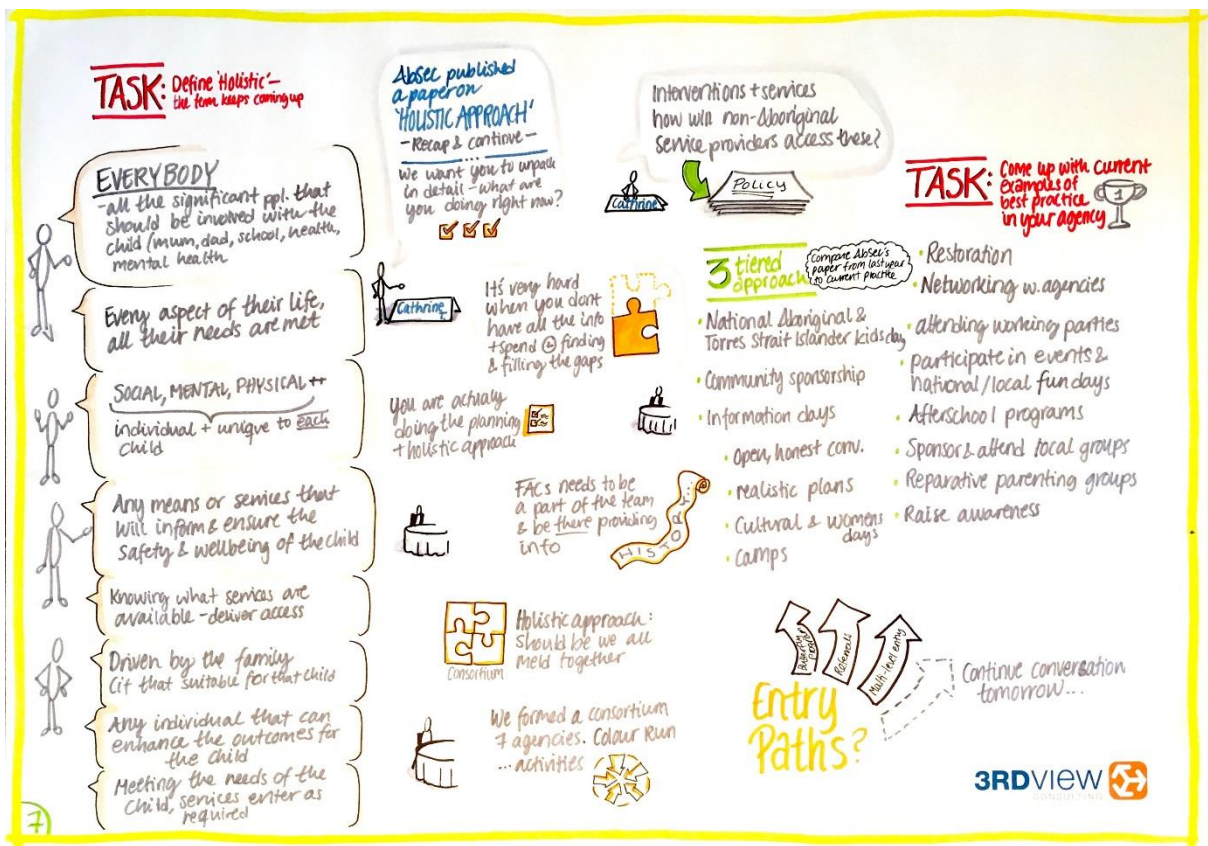


## Defining a Holistic Approach

As a core objective for this policy and guidelines, understand a holistic approach is critical to ensure that the state-wide consultations are conducted in a way that captures the best possible information through a holistic frame. Participants were invited to define a holistic approach across the continuum of support. As an initial direction setting exercise, the following was captured for a holistic approach to case management.

- ❖ Involves everybody - all the significant people who should be involved with the child eg mum, dad, grandparents, school
- ❖ Relevant community services: Health, FACS, education, mental health, family, legal, disability, sexual health. It should be individual and unique to that child and family because they are all going to be different
- ❖ It is about the child and making sure all their needs are met in every aspect of the child's life eg food, clothes and then health, education, religion, culture, spiritual, mental, social – encompassing everything the child needs to get them through every day, every week. Has to be individual and unique because they are all going to be different
- ❖ Services can be brought in at the right time as required and needed
- ❖ Knowing what services are available that you can deliver or access – linkages to each service

- ❖ Depending on what you are meeting for you may not need particular services for the initial meetings – If the families have not had opportunity to access those supports in the past, there could be a lack of trust
- ❖ Driven by the family where appropriate. If it is more about accessing supports through family but is driven by them, if that is suitable to meet their needs (but not for child protection)
- ❖ The holistic approach is everything in that frame that the child or family needs and it can be different at any given time – the approach must allow for this.
- ❖ Consortium of services who work together as a care team to support the individual needs of children and families



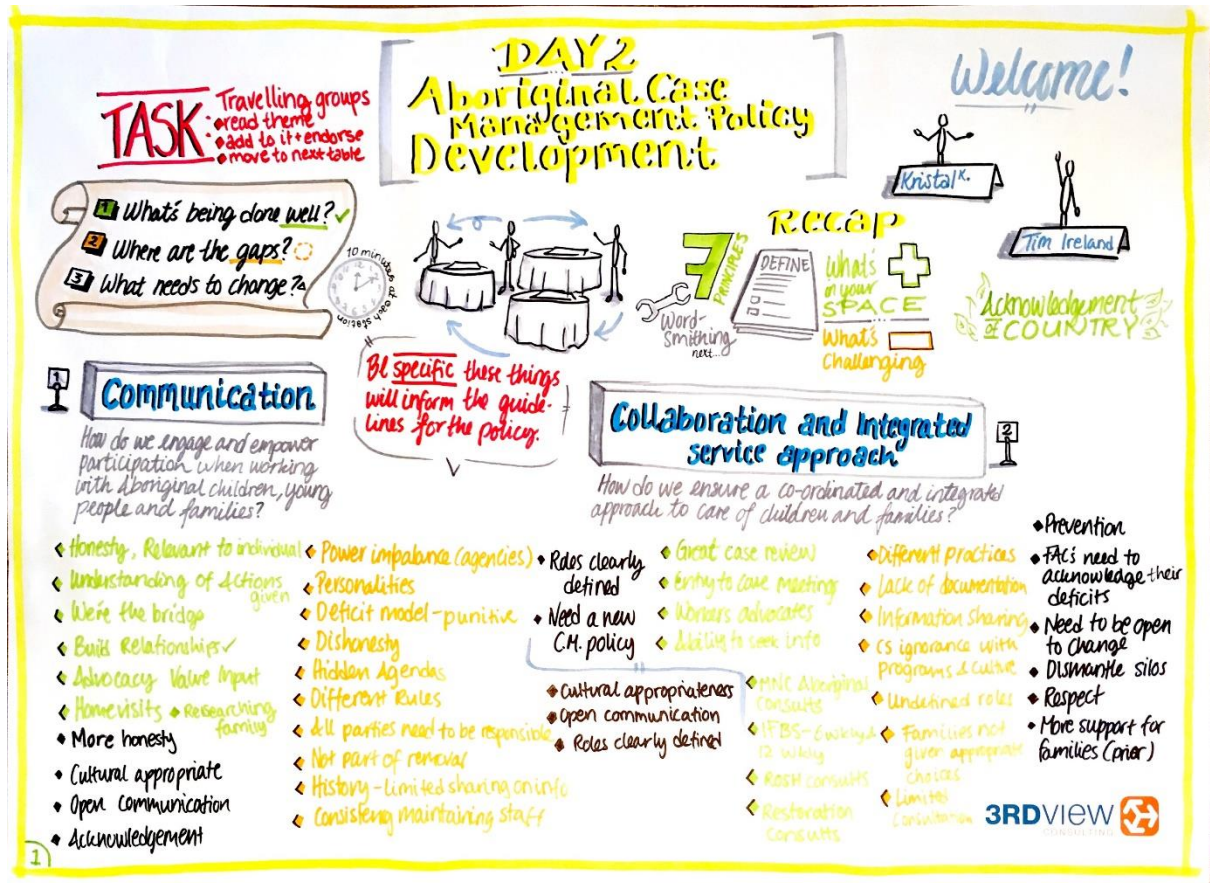
## Elements of Case Management and Good Practice

Participants explored particular elements of case management and good practice within their agencies focusing on three questions:

1. What is being done well?
2. Where are there gaps?
3. What needs to change?

This section provides greater information on elements of case management and practice, as captured under the following key themes:

- Communication
- Collaboration and integrated services approach
- Culture
- On-going quality assurance
- Accountability

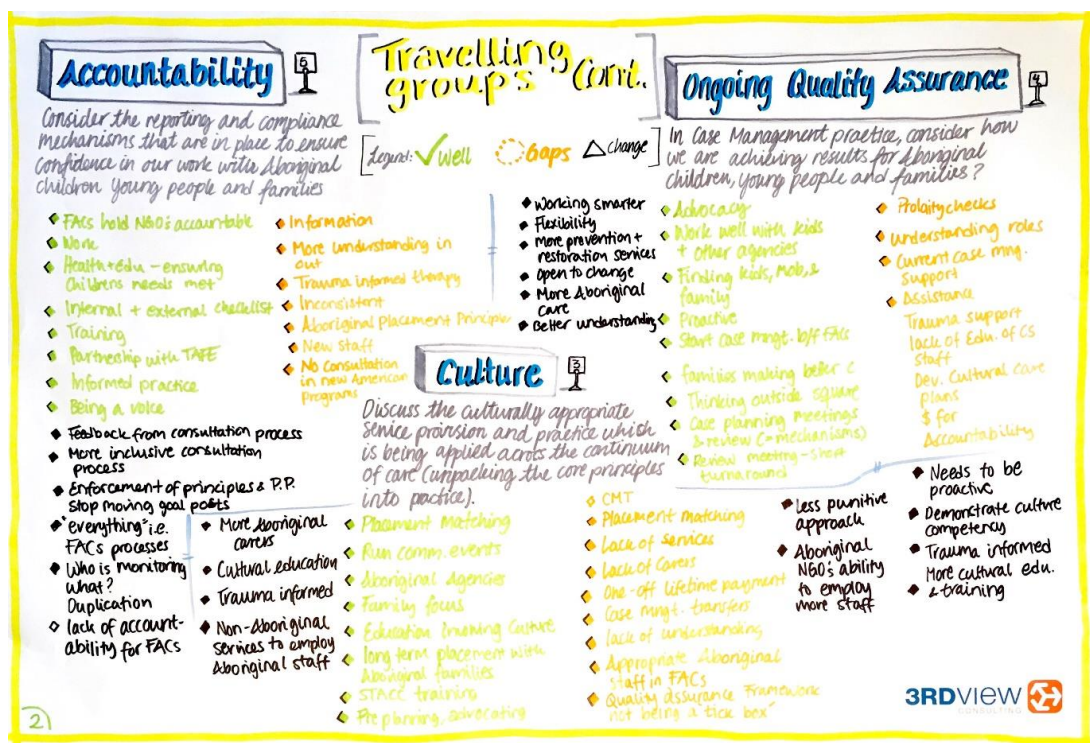


**What are important principles of good practice to you and your agency?**

**What examples of good practice does your agency demonstrate?**

- Trauma informed case practice
- Foster carers ball
- Approachable
- Cultural camps boys/girls
- Kids achievements such as awards
- Established partnerships
- Trauma informed training for carers and staff
- Recruitment drives
- Carer forums
- Youth ambassador
- Information sharing
- HAPPI clinic – integrated support
- Christmas party for kids in care for community
- Interagency meetings
- Yarning circles
- Cultural awareness training for carers
- Carers forum
- Service provider information day
- Carer survey
- ACTG engaging with carers and school
- Christmas party
- Aboriginal networking
- Attending events and sponsorship (building relationships)
- 24hr a day
- Advice and referral for community
- How we maintain family connections with birth family

- Community sponsorship
- Healing together consortium consisting of Aboriginal and non-Aboriginal service providers
- Youth program
- Presentations and networking including Aboriginal Education Constative Group (AECG) and Community Working Parties
- Community events such as National Aboriginal and Islander Day of Celebration (NAIDOC), salt water/fresh water activities, sorry day, colour run and dash splash.
- Child protection week activities
- Foster care week
- Youth Week
- Weaving the net
- Disclosure process (Joint Integrated Response Team (JIRT) as an example)
- After school program 12-17yrs
- Family fun days (advertising for universal child and family services)
- Baby shows from Aboriginal Medical Services (AMS)
- Kids in care cup where the sponsor attends
- Open and honest conversations, encouragement and support
- Realistic plans
- Specialised training
- Community development and education
- Colour fun run
- Community has to be agents for change
- Integrated approach
- Involving all significant people and key shareholders in implementation of case plans
- Carers appreciation day
- Reconciliation week
- Reparative parenting program
- Women's camp (salt water)
- Meeting health outcomes for all kids in care



<b>COMMUNICATION</b>	
<b><i>How do we engage and empower participation when working with Aboriginal children, young people and families?</i></b>	
<b>What is being done well?</b>	<ul style="list-style-type: none"> <li>▪ Honesty</li> <li>▪ Relevant to the individuals</li> <li>▪ Give understanding for our actions wherever possible</li> <li>▪ We are the conduit of a bridge in many complex systems</li> <li>▪ Building relationships</li> <li>▪ Researching families</li> <li>▪ Advocacy for the individual families</li> <li>▪ Value inputs – being a part of the care case planning</li> <li>▪ Home visits per week, per fortnight and phone calls</li> </ul>
<b>Where are the gaps?</b>	<ul style="list-style-type: none"> <li>▪ There is a real power imbalance between the Aboriginal agencies, FACS and other government agencies</li> <li>▪ Some gaps are personalities and are personality driven – a real deficit model we are currently working under, it is punitive</li> <li>▪ There is a lot of dishonesty and hidden agendas around some of the work that is done with our families</li> <li>▪ There isn't different rules for Aboriginal families and Aboriginal agencies to allow for a unique approach</li> <li>▪ Consultation process and feedback, action and follow up – all parties need to be responsible and that does not always happen</li> <li>▪ We are not a part of removal, never have been, never will be</li> <li>▪ History – there is limited sharing of information that is crucial when transferring cases to us</li> <li>▪ Consistency with Community Services maintaining staff</li> </ul>
<b>What needs to change?</b>	<ul style="list-style-type: none"> <li>▪ There needs to be more honesty and transparency</li> <li>▪ FACS need to relinquish their power to enable greater community control</li> <li>▪ Aboriginal NGOs need to be acknowledged for their expertise</li> <li>▪ Cultural appropriateness – what does this <u>MEAN</u> attached to child protection and the added sensitivity</li> <li>▪ Open communication</li> <li>▪ Opinions and views towards Aboriginal families and communities</li> <li>▪ Acknowledgement of past practices and communication to move forward</li> <li>▪ Consultation process</li> <li>▪ Control, power and respect</li> <li>▪ Roles clearly defined for transition and interim orders</li> <li>▪ Honest communication with families</li> <li>▪ Roles and responsibilities need to be clearly defined in the new case management policy.</li> </ul>

<b>COLLABORATION AND INTEGRATED SERVICE APPROACH</b>	
<i>How do we ensure a coordinated and integrated approach to care for children and families?</i>	
<b>What is being done well?</b>	<ul style="list-style-type: none"> <li>▪ Case review / group discussions between CS, OOHC and IFBS</li> <li>▪ Restoration consults</li> <li>▪ Case planning – annual – inclusive of all parties</li> <li>▪ Entry in Care meeting – CMT or not</li> <li>▪ Roles and responsibilities – needs to be clearly defined, this occurs in some cases but it is a case by case/ location by location challenge</li> <li>▪ Work as advocates for individual needs of child/family</li> <li>▪ Case Plan meeting (within 2 weeks)</li> <li>▪ Community knowledge influences assessment/need</li> <li>▪ IFBS: 6 weekly and 12 weekly (review/conclusion meetings)</li> <li>▪ Ability to seek, find, hunt down information</li> <li>▪ ROSH Consults</li> <li>▪ Mid North Coast Aboriginal consults</li> </ul>
<b>Where are the gaps?</b>	<ul style="list-style-type: none"> <li>▪ Each area district cross borders and do practices differently</li> <li>▪ CS ignorant to the programs</li> <li>▪ Lack of provided documentation ie history</li> <li>▪ Entries, transitions, undefined roles</li> <li>▪ Communication</li> <li>▪ Information sharing from who?</li> <li>▪ Family history may affect the views of agencies</li> <li>▪ Families not given appropriate choices to make changes</li> <li>▪ Limited consultation with families by Community Services before handing cases over</li> </ul>
<b>What needs to change?</b>	<ul style="list-style-type: none"> <li>▪ FACS need to acknowledge their deficits</li> <li>▪ Aboriginal people, families and community need to be acknowledged as being expert as Aboriginals</li> <li>▪ The sector needs to be open to change. It needs to dismantle the silos</li> <li>▪ Understand the holistic need for individual responses</li> <li>▪ Respect how we do things as Aboriginal people and agencies</li> <li>▪ NGO involvement from the first contact and community participation</li> <li>▪ Prevention of kids entering into care</li> <li>▪ More IFBS than OOHC services with realistic timeframes for families</li> <li>▪ More support services for families prior to needing IFBS</li> <li>▪ Case Management Plan within 2 weeks</li> <li>▪ Performance of the Managers that sit in those roles</li> </ul>

<b>CULTURE</b>	
<b><i>Discuss the cultural appropriate service provision and practice which is being applied across the continuum of care (unpacking the core principles into practice)</i></b>	
<b>What is being done well?</b>	<ul style="list-style-type: none"> <li>▪ Placement matching – long term placement with Aboriginal families</li> <li>▪ Engage with Aboriginal services – depending on location</li> <li>▪ Participate and run Aboriginal community events</li> <li>▪ Foster care training</li> <li>▪ Culturally appropriate specialized training (STACC training)</li> <li>▪ Aboriginal agencies with Aboriginal staff</li> <li>▪ Involve communities and access local resources</li> <li>▪ Practices: Family focus, exploring family, pre planning, advocating, education involving culture</li> </ul>
<b>Where are the gaps?</b>	<ul style="list-style-type: none"> <li>▪ Placement matching – lack of carers</li> <li>▪ The unknown:                             <ul style="list-style-type: none"> <li>○ the funding/service guidelines, culturally appropriate service models</li> <li>○ quality assurance framework – not being a “tick a box”</li> </ul> </li> <li>▪ One off payment for life for culture under the new reform, Aboriginal children will be paid \$3,000 for the rest of their life but culture is not defined for Aboriginal agencies or non-Aboriginal agencies or FACS</li> <li>▪ Case management transfers</li> <li>▪ FACS lack true understanding and willingness to understand Aboriginal culture, and how this underpins safety and wellbeing</li> <li>▪ Children being placed with non-Aboriginal carers/services</li> <li>▪ No Aboriginal staff</li> <li>▪ Appropriate Aboriginal staff in FACS</li> </ul>
<b>What needs to change?</b>	<ul style="list-style-type: none"> <li>▪ Creative care models</li> <li>▪ Proactive not reactive – not crisis driven</li> <li>▪ Is it appropriate for abatement?</li> <li>▪ Non-Aboriginal services to employ culturally appropriate Aboriginal staff – particularly where they are accepted by the community where they work</li> <li>▪ Cultural education training for Community Services/other Aboriginal staff</li> <li>▪ Demonstrate culture competency and input into the development of the Cultural Care Plan</li> <li>▪ Less punitive approach – trauma informed – do they know what that means?</li> <li>▪ Aboriginal NGOs capacity build to employ more staff</li> </ul>

## ON-GOING QUALITY ASSURANCE

*In case management practice, how we are achieving results for Aboriginal children, young people and families?*

**What is being done well?**

- Work well with kids
- Advocate well
- Hear the child's views
- Work well with other agencies around the interests of the child and around Aboriginal specific issues
- We have the hard conversations
- Black tracking to find mob and the kids when they take off
- Finding family – our genograms are way more extended than what FACS put across to us
- Proactive and start case management plans before knowing what FACS plans are
- Engage parents to maintain contact therefore increasing chances of restoration in the future
- Children remaining with their families
- Families making better choices
- We meet the individual needs of child, young person and family
- Support permanency
- Thinking outside the square to maintain placement/restoration
- **What mechanisms do you have in place to ensure there is quality in that?** We have case planning meetings and case reviews done as a team to address the issues, putting our heads together to work through the issues, placement-planning meetings, so that every child has a case review meeting within our agency. If there is a potential placement, breakdown that is a special kind of meeting. We do it in a short turn around with tasks allocated to certain staff and follow up in short timeframes. Managers' meetings

**Where are the gaps?**

- Probity checks across the board irrespective, with anybody who has anything to do with the child. History shows most abuse occurs with family, extended family or a person close to a child
- Understanding differences in roles eg Case Worker vs a foster carer role vs IFBS
- Current Case Manager Planning – support OOHC
- System instead of preventive work
- Specialised services
- Trauma informed
- Lack of education for CS staff on value of NGOs to find family placements
- Developing cultural care plans
- Being funded to do family support to help parents move towards restoration
- Case Management Plan needs to begin before the pointy end
- Accountability for those who don't play their part

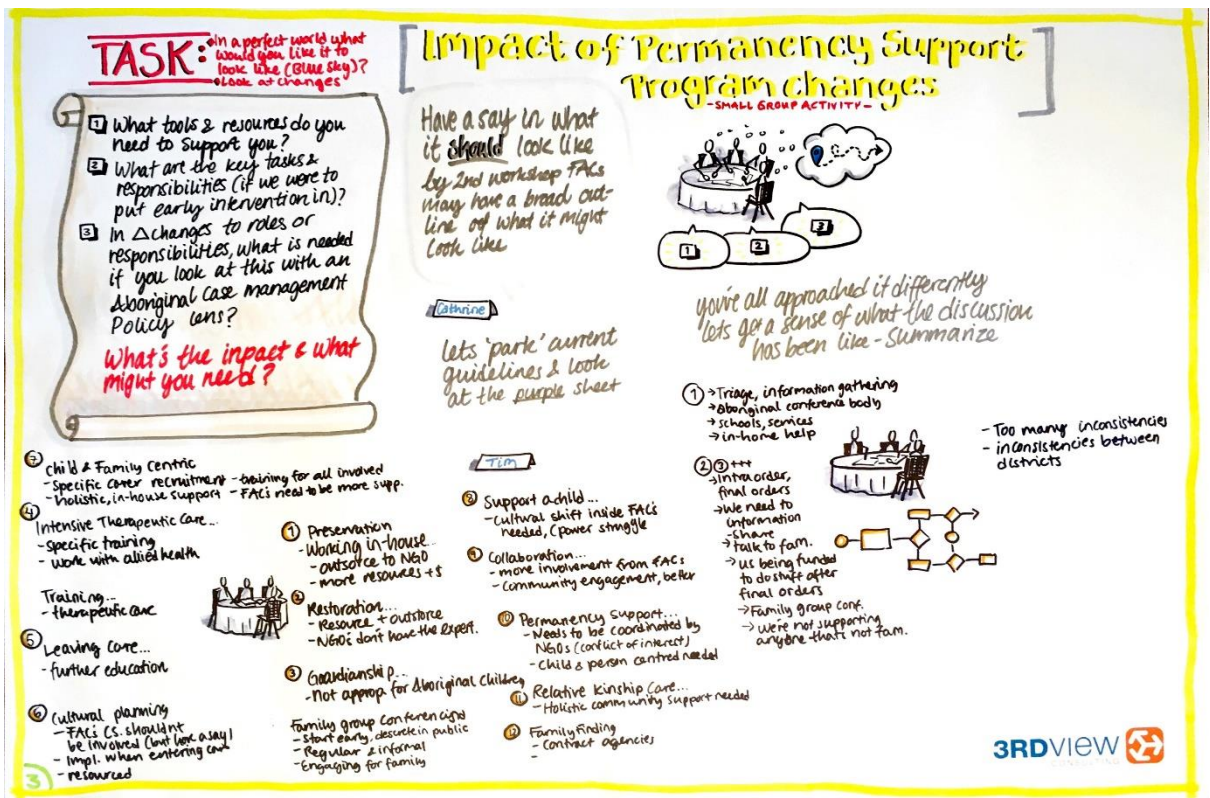
<p><b>What needs to change?</b></p>	<ul style="list-style-type: none"> <li>▪ Working smarter, especially with education, OOHC agencies for better outcomes for children and young people</li> <li>▪ More support to families earlier – sooner rather than later</li> <li>▪ Flexibility around designing programs for children, young people and families</li> <li>▪ More prevention and restoration services</li> <li>▪ Better understanding of OOHC system and child protection across communities</li> <li>▪ Inviting communities to be the agent of change</li> <li>▪ More options for education eg as young parents</li> <li>▪ Review of probity checks – more consistent across the sector</li> </ul>
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<b>ACCOUNTABILITY</b>	
<b><i>Consider the reporting and compliance mechanisms that are in place to ensure confidence in our work with Aboriginal children, young people and families.</i></b>	
<b>What is being done well?</b>	<ul style="list-style-type: none"> <li>▪ FACS hold NGOs accountable</li> <li>▪ ROSH – Aboriginal NGO’s do this better due to relationship and rapport with carers and communities</li> <li>▪ Aboriginal NGOs demonstrate practice better due to working on ground level with families</li> <li>▪ Health and education – ensuring children’s needs are met</li> <li>▪ Personal relationships with children and the families</li> <li>▪ Internal and external checklists</li> <li>▪ Systems/templates</li> <li>▪ No hiding in our communities – accountability is there to communities</li> <li>▪ NGOs are accountable</li> <li>▪ Training case workers eg Diploma and partnership with TAFE, professional development workshops, trauma informed practice</li> <li>▪ Being a voice and part of critical “pilots” in monitoring QAF (Quality Assurance Framework)</li> </ul>
<b>Where are the gaps?</b>	<ul style="list-style-type: none"> <li>▪ Information sharing</li> <li>▪ Community involvement</li> <li>▪ Education supports – more understanding in the Education system of children in out of home care, Aboriginal issues and the effects of trauma</li> <li>▪ Trauma informed therapy</li> <li>▪ Aboriginal Mental Health Professionals or lack there of</li> <li>▪ Inconsistent compliance requirements – NGOs vs FACS – different set of rules</li> <li>▪ Accountability of Aboriginal placement principles</li> <li>▪ Not enough Aboriginal agencies across the sector</li> <li>▪ Better induction of staff into the sector</li> </ul>
<b>What needs to change?</b>	<ul style="list-style-type: none"> <li>▪ Everything – to ensure a genuine and meaningful Aboriginal approach and accountability for Aboriginal children and families</li> <li>▪ Feedback from consultation process needs to be more inclusive and comprehensive from early on and needs to be followed right throughout the process</li> <li>▪ Enforcement of Aboriginal placement principles</li> <li>▪ Accountability for FACS</li> <li>▪ Duplication of who is monitoring what – OCGs vs FACS vs NGOs needs to be clearly defined when it comes to the outcomes for the child</li> <li>▪ FACS can hide, need to stop moving the goal posts</li> <li>▪ Lack of accountability for FACS and their reforms</li> </ul>

## Practice Changes

Participants discussed the emergence of new functions, roles and responsibilities within the future care model, particularly in relation to ensuring roles, responsibilities and functions under an Aboriginal Case Management Policy and Guidelines are articulated. Utilising the information sheet provided by FACS to inform this discussion, participants were asked to explore the changes that would need to be captured in an Aboriginal Case Management Policy and Guidelines.

For this part of the workshop, it is acknowledged that Aboriginal Care as a standalone program has not been developed, and therefore functions identified represent what is known about the future changes within the system. Additionally, without understanding a comprehensive change management strategy and detailed implementation plan for the reforms, limited feedback is articulated. Commentary is provided based on notes taken from participants.



## Practice and process changes under the Permanency Support Program

Program Practice/Process	Outcomes of discussion
Keep a child safe at home (Preservation)	<ul style="list-style-type: none"> <li>Focus on the intense support program working in the home with families. Needs more resourcing. Needs to be outsourced to NGOs and appropriately funded</li> <li>Mapped the process from the time the report goes in, either through triage or JIRT (similar process) and then WAM – a lot of information</li> </ul>

	<p>gathering and looking at where that family actually is and whether already engaged with services</p> <ul style="list-style-type: none"> <li>▪ Need some sort of Aboriginal consult body that is external. This could be used to have a family conference to gather a true sense of where the family is at and what level of information is needed through the tiered structure. This needs Aboriginal consults because they can't really depict the true situation of the family, the reports don't reflect what the community knowledge knows eg whether they are engaged in drugs etc.</li> </ul>
<p>Return a child home (Restoration)</p>	<ul style="list-style-type: none"> <li>▪ Needs to be resourced and outsourced. Aboriginal NGOs do not have the resources to restore children back to their people. This needs to start from the beginning, as soon as the child is put into care, with all effort focused on restoration</li> <li>▪ Whilst going through court, Community Services have to assess where the parents are. We need to information share at that stage and share information with Community Services about what is known from an Aboriginal NGO – this enables a more meaningful assessment and determination.</li> <li>▪ Whilst going through court, it is a Community Services responsibility for decision making but they should not be doing this in isolation</li> <li>▪ After final orders, Aboriginal NGOs are funded to for long-term care. How do we have a conversation with Community Services to say this is what they have done, what else do you want to see before thinking that restoration is a realistic chance of occurring. Clarity needs to be established on the roles and responsibilities for working towards restoration.</li> <li>▪ Through the Interim Orders process there should be a family group conference, a genogram, a cultural care plan, and gathering this information from the beginning so when you get to the final orders quality supports can be put in place. If it is not succeeding, further canvassing for potential placements should occur, or whether families decide on guardianship (when appropriately assessed and supported). An Aboriginal consult should be tapped into properly and we should be pushing and shoving to make sure that is happening</li> <li>▪ When children have been removed and have been through the court process and Section 90 of the <i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i> has been granted, what is the next step to prevent children coming back in? A service or support mechanism to monitor that to make sure everything is going alright is required</li> </ul>
<p>Guardianship</p>	<ul style="list-style-type: none"> <li>▪ Not appropriate for Aboriginal children, without ongoing support and monitoring</li> <li>▪ Two tier – the new ones coming in and the old ones we need to look at. It is the carers that want the guardianship but we are clear – we are not supporting anyone who is not in the family</li> <li>▪ During the court process, agencies have to look at if a child is placed in our organisation we do provisional authorization and have to sort out whether to do a guardianship application or kinship. That depends on</li> </ul>

	<p>what FACS does with the monitoring of guardianship because we were told that Aboriginal guardianship would be monitored. That will depend on the level of support they need. We have to be realistic in that assessment</p> <ul style="list-style-type: none"> <li>▪ We need to be realistic in whether they can do it or not and they don't feel like they are being judged and they tell the department what they think they want and that is dangerous in some of the assessment</li> <li>▪ An Aboriginal NGO should be reviewing all case reviews and guardianship placements</li> <li>▪ We have to be competent in making sure we undertake the guardianship assessment vs kinship assessment</li> <li>▪ After final orders, it is about assessing their requests, looking at information gathering (only for family placements, not for foster placements)</li> <li>▪ Consult with Aboriginal NGOs about appropriateness of the guardianship and accuracy of information and assessments and who is monitoring</li> </ul>
<p>Intensive Therapeutic Care</p>	<ul style="list-style-type: none"> <li>▪ Needs to work in conjunction with Allied Health or have specifically trained Allied Health professionals in the field</li> <li>▪ Consultation with Aboriginal NGOs. Needs to include family and culture in therapy where appropriate and be delivered to Aboriginal children by Aboriginal staff</li> </ul>
<p>Leaving Care planning and support</p>	<ul style="list-style-type: none"> <li>▪ Needs to be resourced – agencies and NGOs need to take on this as well</li> <li>▪ What needs to be resourced - Independent living skills, further education and career support. FACS doesn't have the capabilities to provide those services (including the unique people that can provide these resources)</li> <li>▪ Kids in care, their circumstances change. Planning for the future of an 18yo changes because they do not know exactly where they want to go. Maybe more than one agency can be established because that can take place after leaving OOHC. A process where you have an agency that can work on a yearly basis up until the age of 25 so they are supported. Where are the resources to fund that if that is going to happen? Where is the connection for those children moving forward after the age of 18?</li> </ul>
<p>Cultural Planning</p>	<ul style="list-style-type: none"> <li>▪ Do not think FACS caseworkers should be involved in cultural plans. They can have some say but we do not think they have the expertise to write cultural plans. This needs to be outsourced to Aboriginal NGOs or the community and should be implemented at the time the child is entered into care. This needs to be resourced for the children to return to country</li> <li>▪ A funding package needs to be developed by Aboriginal people. Family and community needs to be involved. It needs to be unique to each child</li> <li>▪ How can you put a price on a one-off payment on culture - is that appropriate?</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Cultural plan to be in the packages, not a one-off. On-going yearly funding. Think about what is going to be put in it, needs to be reviewed for each child</li> <li>▪ With the cultural support plan, is there one tool that you are using? We use AbSec’s plan. There is a cultural care plan attached to the plan and then there is a cultural support plan by AbSec</li> </ul>
<p>Child and family centric packages</p>	<ul style="list-style-type: none"> <li>▪ Appropriate training for the carers for children in the placement and support for the carers</li> <li>▪ Holistic examples – specific training for in-house support and training for all significant people of the child eg in the house or regular visitors in the house. Brings back the whole of community approach that Aboriginal families have</li> <li>▪ Agencies to evaluate and review placements and FACS need to be more supportive of the agencies view point</li> </ul>
<p>Support a child in OOHC in line with the PSP</p>	<ul style="list-style-type: none"> <li>▪ Workforce change – carer capabilities and capacity building, case management capabilities. Where will the roles and responsibilities be eg between FACS and NGO agencies</li> <li>▪ There needs to be a cultural shift inside FACS around information sharing and supporting agencies – there is a power struggle</li> <li>▪ Worried about the relationship with the timeframe, which comes down to the resources, that FACS has. Are we going to be penalised if FACS has not resourced its own agencies strong enough? If the 3-month review does not take place, are we as an agency going to be penalised?</li> <li>▪ Aboriginal NGO agencies need to develop training for staff to deliver this service. Will this create new roles?</li> </ul>
<p>Greater collaboration within case management</p>	<ul style="list-style-type: none"> <li>▪ There needs to be more involvement from FACS and other government agencies</li> <li>▪ Community engagement – have seen the Police do it very well in certain communities, should be put into the plans for this going forward</li> <li>▪ Need to build rapport with the families and community</li> <li>▪ Accountability needs to be established upfront</li> <li>▪ Who gets the final say – is it them or is it us? If there is a difference of opinion, who gets to have the final decision if there is a disagreement of ideas? Who gets to make the final decision in the best interests of the child? Will there be an appeal process and what does that look like? There will need to be a dispute resolution or appeals approach.</li> </ul>
<p>Permanency Support Coordinator Roles</p>	<ul style="list-style-type: none"> <li>▪ Needs to be coordinated by NGOs or ACCOs that are independent of the system or operate outside of the day-to-day system, but with links to service providers. We have identified a conflict of interest for FACS to take this role</li> <li>▪ Needs to be child focused and person centred</li> <li>▪ Think it will be a “tick the box” system that just focuses on money rather than outcomes</li> <li>▪ Should sit with Aboriginal community controlled organisations</li> </ul>

	<ul style="list-style-type: none"> <li>▪ If it stays with FACS, they need to be engaging in the community to ensure all aspects of the child's life and situation is taken into consideration eg if they live on a mission or live in town</li> </ul>
Relative/Kinship (no court order) package	<ul style="list-style-type: none"> <li>▪ Immediate referral when there is no court order, referral to agencies and funded appropriately or family support workers. A very holistic community involved approach so they can do referrals to relevant services, design programs for living skills and appropriate allowances for families</li> </ul>
Family Conferencing Group	<ul style="list-style-type: none"> <li>▪ Needs to start early, as soon as entered into care, meet with the families earlier and regularly</li> <li>▪ Needs to be engaging for the family</li> <li>▪ Talked about making it informal and having men's and women's business taken care of separately, maybe in a park or out in the bush and not necessary at a table and not in a FACS office</li> <li>▪ Facilitated by the NGOs and services to be discreet as far as meeting in public places eg not taking uniforms into public car parks</li> <li>▪ Mandatory at first notification of child at risk – circle planning</li> </ul>
Family Finding	<ul style="list-style-type: none"> <li>▪ Appointing a Genealogist – Aboriginal specific and community specific - that is culturally competent</li> </ul>

### Other feedback

Participants were provided the opportunity to give other feedback. The following points have been taken from this part of the discussion. Discussion focused on the functions of case coordination, and the interaction with disability services for Aboriginal children with disability.

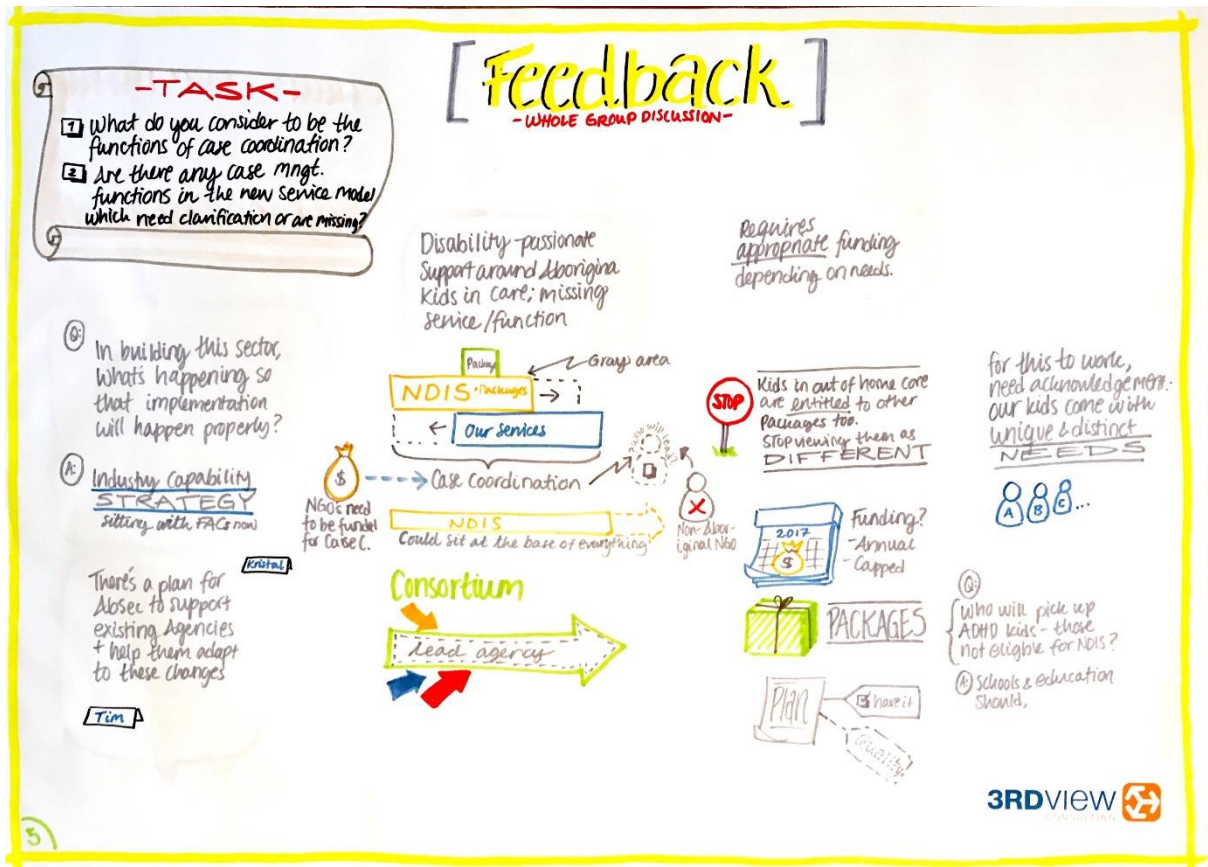
#### **Aboriginal children with disability:**

- There is something missing for kids in care where we are being told there is no support for disability for Aboriginal kids in care. We can make a referral, but told there is no funding because, they say, we have already been funded (which is not the case). They cannot clarify NDIS so they need to get their practice together about that. We are not getting the information from FACS when they have the first contact with those kids. NDIS across the whole spectrum – why could NDIS not be a service at the front end where there is case coordination and helping parents? NDIS should be part of the consortium.
- With OOHC kids, we have to stop viewing them as being different to other members of the community who are entitled to NDIS but there is a mindset if the kids are in OOHC, they are not entitled to that. Our role in case co-ordination if we are the lead agency is to pull all of the services together to do that. We need to figure out through the CMP how that agency gets to be the lead agency in the delivery of services for our kids. Is that first contact or referral? How is that assessed? If we are talking about the model of first notice, if the Child Well-Being Unit phones us, who are they going to ring? How will they know who to phone? That needs to be clearly defined. Case coordination is having a lead agency that gets together a whole consortium who delivers a raft of services to these families.

This needs to be clearly mapped out in the Aboriginal Case Management Policy, particularly for FACS, we need to be very clear about who they refer people to.

**Case coordination:**

- Aboriginal NGOs need to be funded for Case Coordination for the more intensive stuff eg restoration.
- Case co-ordination is about that child having all of its needs met and having the information to provide that type of service and about knowing where to go to get that information.
- At this point in time, it is not clear what case coordination will look like under the new system.

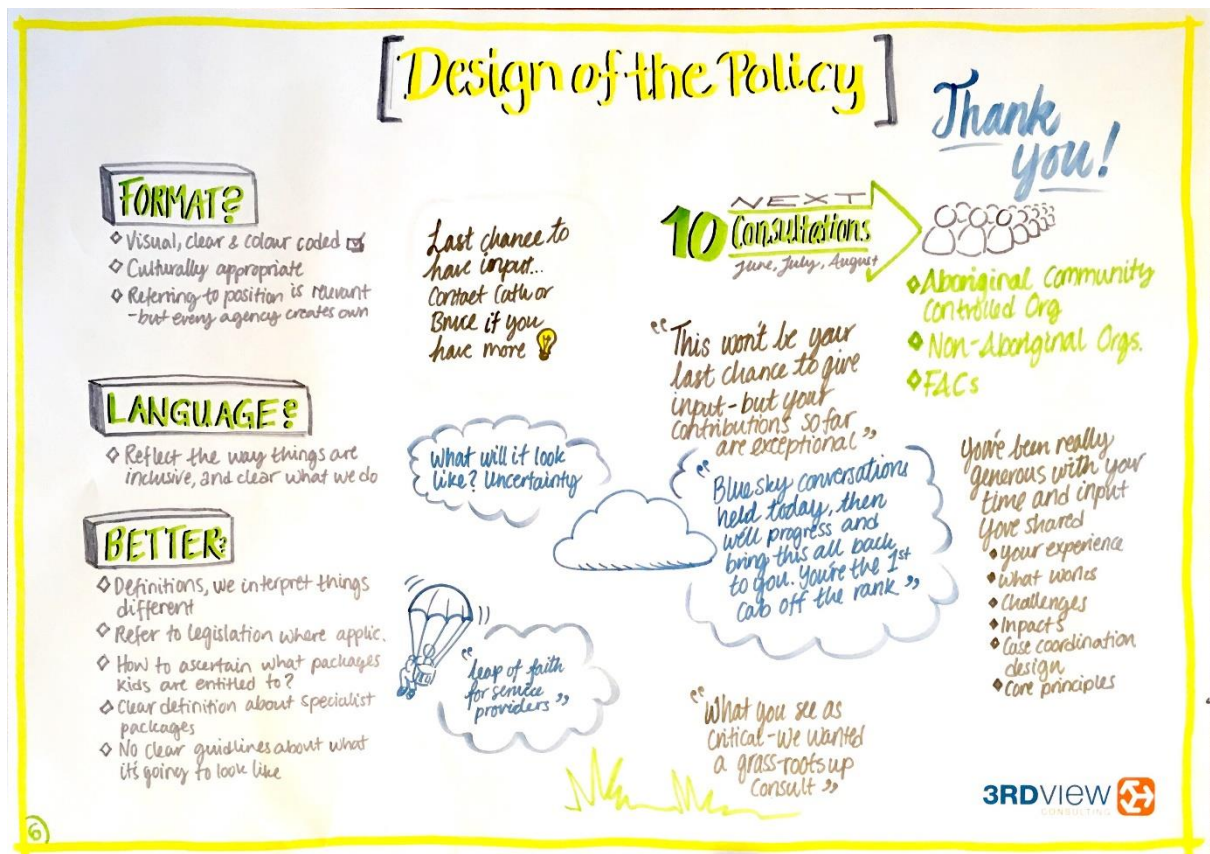


**Policy Design**

Participants were asked to provide thoughts on the policy design, as an early indication for how the policy could be appropriate and meaningful. The following broad indication was provided by participants (note, this will likely be refined as the policy and guidelines are drafted).

- It should be user friendly, and articulated as a decision making process (similar to the current format)
- Clear and colour coded
- Culturally appropriate

- The language and terms need to reflect the way things are eg Permanency Support Coordinators. The language needs to be inclusive and be clear about what we do
- Maybe include definitions. Definitions are interpretive. Refer to legislation where applicable
- Linking a position statement to a policy will be difficult because every agency creates their own policies
- Needs to accurately reflect the way the sector is going eg restoration and preservation
- Needs to accurately link the packages where the children are at
- There needs to be some discussion around the case plan and the Case Management Policy
- There are no clear guidelines about what this is going to look like. How to put in place applications for funding when it is not clear what it will look like?



## Next Steps

This initial workshop sought to establish the core principles and direction for the development of a comprehensive Aboriginal Case Management Policy for NSW, drawing on the experience and expertise of the Aboriginal community controlled sector.

In particular, this workshop identified seven core principles and considerations to guide further discussions with Aboriginal practitioners and other stakeholders around the state. Ten further consultations will be held around NSW, building on the foundations established in this workshop. Consultations will be held from late June through to August in the following locations:

- Bourke
- Broken Hill
- Coffs Harbour
- Dubbo
- Lake Macquarie (Newcastle)
- Liverpool
- Moree
- Nowra
- Wagga Wagga
- Walgett

Themes from each consultation will be reported, with feedback across all consultations compiled into a report. A draft Aboriginal Case Management Policy and Guidelines will then be developed and tested with practitioners and leaders from Aboriginal community-controlled organisations through a second 2-day intensive workshop.

A finalised Aboriginal Case Management Policy developed by Aboriginal people for Aboriginal children and families is expected by October 2017, and will be workshopped with FACS. Importantly, AbSec will also be providing thoughts around implementation of the policy from October 2017.