



Aboriginal Family Preservation and Restoration Program Guidelines

March 2020



About AbSec

AbSec – NSW Child, Family and Community Peak Aboriginal Corporation (AbSec) is the peak Aboriginal organisation within the child and family sector 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:

- acknowledging and respecting the diversity and knowledge of Aboriginal communities;
- acting with professionalism and integrity in striving for quality, culturally responsive services and supports for Aboriginal families;
- 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;
- being holistic, integrated and solutions-focused through Aboriginal control in delivering for Aboriginal children, families and communities; and
- 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

Aboriginal children and young people continue to be over-represented across the statutory child protection system in NSW. In particular, Aboriginal children and young people are about 10 times more likely than their non-Aboriginal peers to be removed from their families, and tend to remain in care longer. AbSec, as the Aboriginal child and family peak organisation, has advocated for a new approach across the continuum of support that empowers Aboriginal communities to design, develop and deliver the services and supports that Aboriginal children and families need. Such approaches ensure that services are tailored to the social and cultural needs of Aboriginal families, while also promoting accountability of service providers to the communities they serve.

This paper outlines a model framework developed by AbSec in partnership with Aboriginal Intensive Based Family Services Practitioners and Protecting Aboriginal Children Together (PACT) practitioners, as well as drawing on the existing literature about effective family supports, particularly from an Aboriginal perspective, as outlined in AbSec's *Our Families, Our Way: Strengthening Aboriginal families so their children can thrive*.

Aboriginal-led Family Preservation and Restoration Programs

There is significant recognition within the NSW child and family system regarding the need for greater investment in family preservation and restoration services to prevent entry into out-of-home care (OOHC) and to facilitate the safe reunification of children and young people with their families. This is critical for Aboriginal communities, given the ongoing over-representation of Aboriginal children and young people in OOHC, and the greater period of time that Aboriginal children tend to remain in care.

This need for greater preservation and restoration services often involves governments identifying existing programs from other jurisdictions (often international), with demonstrated outcomes in other communities and contexts, and importing these approaches for use in NSW, including amongst Aboriginal communities.

AbSec has supported Aboriginal community controlled organisations to deliver preservation and restoration services operating at the crisis end of the continuum of care; Intensive Family Based Services (IFBS), based on the US Homebuilders® Model, and Protecting Aboriginal Children Together (PACT), based on the Victorian Lakidjeka model. Through our work with *Their Futures Matter*, AbSec has also supported improvements in culturally appropriate delivery of US-based intensive family support models, Multi-Systemic Therapy – Child Abuse and Neglect (MST-CAN) and Functional Family Therapy – Child Welfare (FFT-CW) by Aboriginal and non-Aboriginal organisations.

However, the implementation of these US-based models has not been without challenges. Some Aboriginal practitioners have raised concerns about the fit of externally-developed models for Aboriginal children and families. Similarly, the PACT model was affected by an apparent mismatch in expectations across stakeholders. Aboriginal communities have also called for the need to develop critical community-level supports that are accessible and may serve to prevent entries to care, or achieve the safe return of Aboriginal children to their families.



Ultimately, these externally sourced approaches are not evidence-based with respect to Aboriginal families and communities in NSW, and require adaptation by local communities and Aboriginal practitioners. This creates significant tension for Aboriginal organisations delivering these services, with funders insisting on program implementation fidelity and Aboriginal communities requiring better tailored, culturally-embedded child and family services. Similarly tensions have been identified in other parts of the system, such as the provision of parenting supports¹.

Preservation and Restoration

Aboriginal communities and practitioners have consistently identified the need to provide greater supports to families engaged with the statutory child protection system to prevent harm in the first instance, as well as the harm and potential risks associated with removal, whilst facilitating safe restoration and family reunification.

Often, when children are removed from birth families for their safety, welfare and wellbeing, families are no longer eligible for the services and supports they need to address the risk and safety issues identified, undermining the opportunity for restoration. That is, the focus on the immediate safety needs of children and young people undermines their long term wellbeing by failing to safeguard their right to remain connected to their family, and to live with them if possible. Promoting the safety, welfare and wellbeing of Aboriginal children and young people requires greater value to be placed on identity and culture, working to preserve connections through family preservation and restoration. This approach reflects Aboriginal cultural frameworks that recognise the critically important role of parents, families and communities in keeping kids safe and raising them strong in culture and identity.

Aboriginal communities call for a different approach, enabling local Aboriginal communities to design and deliver their own models to meet the needs and achieve the aspirations of their families and communities. They assert that solutions are more likely to be effective if they are designed and administered by Aboriginal communities themselves, consistent with Aboriginal peoples' right to self-determination. This position is itself informed by the evidence, with the exercise of self-determination identified as a foundational policy setting for effective community development initiatives in Indigenous communities². This Aboriginal-led framework will build on the existing evidence, offering intensive support to families where their children are at imminent risk of removal from their families by the statutory child protection system, as well as working to develop stronger communities of care for all Aboriginal children and young people and their families. This can in turn contribute to the development of a localised evidence base focused on continuous improvement driven by Aboriginal communities themselves.

¹ AbSec (2017) Aboriginal Parenting Programs: Review of Case Studies

² Cornell, S and Kalt, J. (1998) Sovereignty and Nation-Building: The Development Challenge in Indian Country Today, *Malcolm Wiener Center for Public Policy*, available at: <https://hpaied.org/sites/default/files/publications/PRS98-25.pdf>, accessed 3 January 2020

In addition to the specific model of family support, Aboriginal communities have also raised concerns about how existing family supports are positioned within the broader child and family welfare system, enabling families to access the supports they need as early as possible.

The referral process for the majority of state funded preservation and restoration programs is one such area of concern for Aboriginal practitioners and communities, with referrals being made by the Department of Communities and Justice (DCJ), reflecting their positioning at the point of statutory intervention. This single referral pathway positions DCJ as a gatekeeper of the majority of intensive family preservation and restoration services for Aboriginal children, families and communities, rather than empowering Aboriginal communities to respond to the needs of their families. More recently, referrals from Aboriginal community controlled out-of-home care agencies have explored the role of these services in family restoration and reunification work, or in supporting kinship placement stability, however the referral process remains a significant concern for Aboriginal communities seeking to minimise potential harm to their children from all sources, including in the home and as a result of removal.

Further, Aboriginal practitioners and communities have expressed concerns about the lack of supports offered to families once children have entered the statutory system, and the need for greater focus on family restoration work so that Aboriginal children can safely return home. The imposition of arbitrary, short timeframes for restoration and the push towards legal orders that may permanently sever Aboriginal children from their families, communities and culture further undermine the rights of Aboriginal children and young people, and Aboriginal peoples more broadly.

AbSec's Approach

AbSec has developed a holistic framework intended for the development of a state-wide network of Aboriginal community-controlled organisations delivering integrated services across the continuum of care³. AbSec's holistic framework outlines three foundational principles for an effective Aboriginal child and family service system, including:

1. Child development occurs within the context of their social and physical environment, with relationships playing a key role in optimal development and adaptive outcomes⁴. Effective approaches to improving outcomes for vulnerable children must include supporting positive change for the child's social network, their parents, extended families and communities. A genuine integration of services that support children, both directly and indirectly, through strengthening the capabilities, stability (including economic) and resilience of families and communities is required. Interventions then can become genuinely inter-generational, thereby optimising the developmental context and trajectory of the next and subsequent generations of Aboriginal children and young people.

³ AbSec (2016) *Achieving a holistic Aboriginal Child and Family Service System for NSW*, available at: <https://www.absec.org.au/images/downloads/AbSec-Aboriginal-Child-and-Family-System-in-NSW.pdf>

⁴ Shonkoff, J. and Fisher, P. (2013) Rethinking evidence-based practice and two-generational programs to create the future of early childhood policy, *Development and Psychopathology*, pp. 1635-1653



2. Aboriginal families and communities are stronger and better able to meet the needs when empowered to identify and address the issues that impact their lives. Aboriginal communities themselves are best placed to develop and deliver services aimed at supporting Aboriginal children and families.
3. Culture is a significant positive factor in overcoming adversity and disadvantage for Aboriginal individuals, families and communities. Empowering communities to develop and deliver culturally sound, universal and targeted preservation and restoration interventions will contribute to the development of a comprehensive, state-wide safety-net of services that are embedded within the communities they serve, leading a community-wide response that will support Aboriginal families to keep children safe and connected to their families, communities, culture and Country.

Building on this framework, AbSec has also developed *Our Families, Our Way: Strengthening Aboriginal families so their children can thrive*, emphasising the critical importance of Aboriginal family strengthening approaches to community efforts aimed at addressing the over-representation of Aboriginal children and young people within the statutory system.

Our Families, Our Way outlines a high level framework for the provision of Aboriginal family strengthening initiatives. Broadly, this approach can be represented in the following program logic:



| Issue | Participants | Activities | Outputs | Short-term Outcomes | Medium-term Outcomes | Long-term outcomes | Impact |
|--|---|--|--|--|--|--|---|
| What is the social issue you are responding to? | Who are the people upon whom you want to have an effect? | What will you do with the participants? What activities/services will you provide? | What will happen to the participants through doing those activities? | What will be the immediate changes in the participants lives? | What will be the immediate changes in the participants lives? | What will be the long-term changes in the participants lives? | What will it look like when the social issue has been addressed? |
| The over-representation of Aboriginal children and young people in out-of-home care, through better support for families | <p>Aboriginal Child or Young Person either at risk of entering or are currently in OOHC but may be able to be safely restored</p> <p>Aboriginal families experiencing crisis that place children and young people at risk, including family violence, substance abuse etc.</p> <p>Expectant mothers who may be subject to a birth alert</p> | <p>Intensive Family Based Services (Homebuilders®), focused on preservation and restoration</p> <ul style="list-style-type: none"> • Case planning • In home support and skill building • Brokerage <p>Advocacy - support for families navigating the statutory child protection system, facilitating participation in decision making</p> <p>Community development, including community building and skill/capacity building (for example parenting)</p> | <p>Provide intensive family based services to a defined number of families each year (dependent on number of caseworkers)</p> <p>Co-ordinate other groups and programs as required as part of community development efforts (parenting, men's/women's group)</p> <p>Progress through each of the stages, including step-up and step-down needs</p> | <p>Children are safe</p> <p>Reduced risk profile allowing children to remain safely at home</p> <p>Addressed ROSH concerns allowing children in statutory care to be safely restored to their family</p> <p>Increased network of care/support for families experiencing adversity</p> <p>Families are linked to local supports</p> <p>Aboriginal children have up to date health assessments</p> | <p>Improvements in school attendance and participation</p> <p>Greater confidence in parent/carers ability to meet child's needs, access to supports</p> <p>Improved relationships within households, including parent-child relationships</p> <p>Families can access additional services and supports when required prior to crisis developing</p> <p>Proactive engagement with health services (for example vaccination rates, preventative treatments)</p> | <p>Fewer Aboriginal children entering OOHC</p> <p>Low re-reports for families previously identified at risk</p> <p>Increase in Aboriginal children restored to their families</p> <p>Aboriginal children entering care stay in care for significantly shorter periods</p> <p>Aboriginal children experience no separations from their broader family/community network</p> <p>Greater wellbeing for Aboriginal children and families</p> | <p>Aboriginal children are safe, at home and connected to their community and culture.</p> <p>Aboriginal children and families are able to fully participate in community life</p> <p>Aboriginal children and young people fulfil their potential</p> |



Purpose

The overarching goal of the Aboriginal Family Preservation and Restoration model is to assist in reducing the over-representation of Aboriginal children and young people within the statutory system by effectively addressing risk of harm concerns for Aboriginal children, and supporting families to have their children safely restored home. This model also seeks to enhance community-level supports for families, creating an integrated approach to family supports at the local level, in recognition of the important role that communities, immediate and extended family as well as broader peer networks play in supporting Aboriginal families to safely raise their children.

Put simply, the Aboriginal Family Preservation and Restoration model is focused on strengthening Aboriginal families' capacity to meet their children's needs, enhancing community-level supports for families, and advocating on behalf of families within the statutory child protection system.

In achieving these aims, Aboriginal Family Preservation and Restoration services must address three main challenges:

1. Addressing the immediate challenges impacting on the family's ability to provide a safe and stable home (including external challenges such as adequate housing etc.), with step-down supports to sustain changes achieved
2. Supporting parents to build key skills and enact more appropriate and effective strategies with respect to their parenting and broader relationships that impact on their ability to provide a safe and stable home (including healing)
3. Strengthen community level responses and family engagement to support families to access effective formal and informal supports sooner, reducing risk and preventing harm

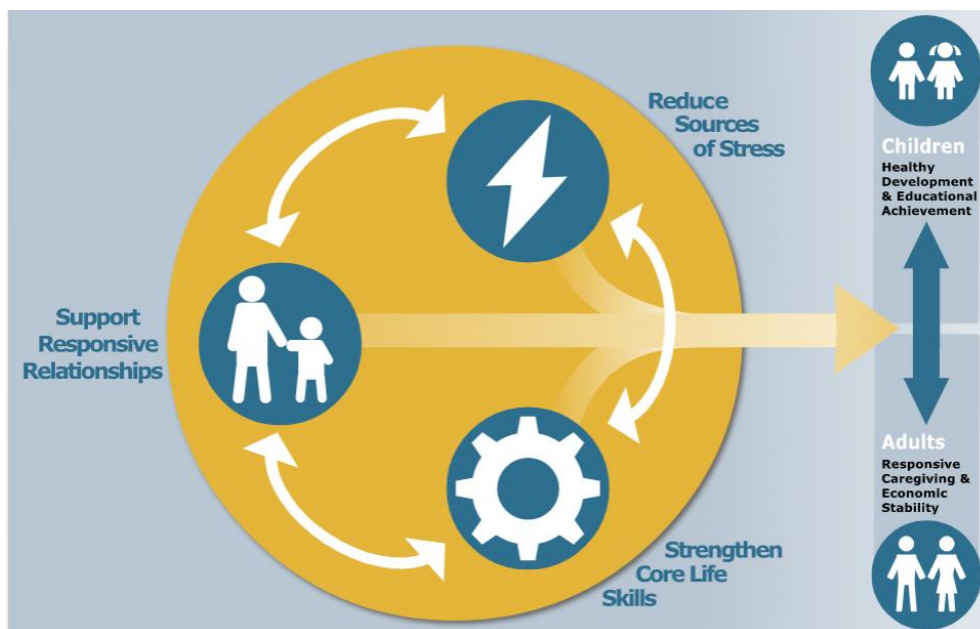


Figure 1 Center on the Developing Child at Harvard University's Three Principles to Improve Outcomes for Children and Families available at <http://www.developingchild.harvard.edu>

To achieve these goals, the Aboriginal Family Preservation and Restoration guidelines propose intensive, in-home supports targeted at clearly identified risks, with step-down supports that promote the sustainability of changes achieved. Aboriginal Family Preservation and Restoration services seek

to build on that momentum to further support change in families to reduce the risk of harm arising in the future, as well as providing a trusted entry point for Aboriginal families and community members seeking support.

Drawing on the data gathered through these services, and the position of Aboriginal community controlled organisations within their community, these services will also design and implement community development programs aimed at addressing identified broader range issues within local communities that contribute to risk. Specifically, Aboriginal Family Preservation and Restoration services will provide:

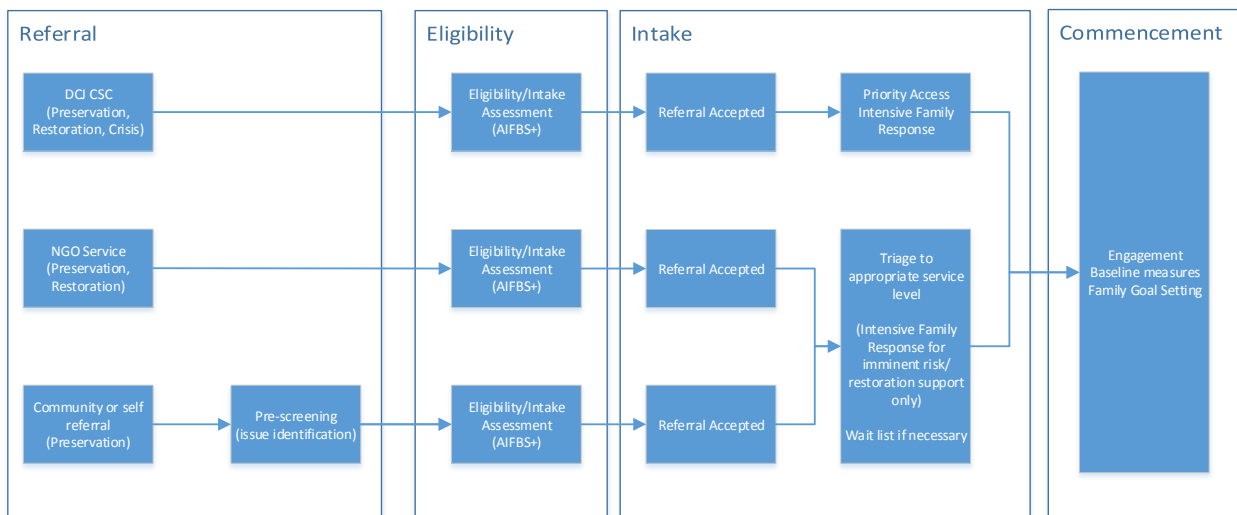
- intensive family based interventions to address risk concerns
- advocacy and support services to assist families with accessing family supports, restoration planning and addressing risk so that children’s time in care is as brief as possible
- support intake and step-down processes that positions intensive services within a broader holistic service system for Aboriginal children and families
- community development activities to assist communities with addressing systemic child protection concerns, leading to greater impact in strengthening families and keeping children in the home environment safely

The design of the Aboriginal Family Preservation and Restoration model reflects the following service results logic:

| Domain | Outputs | Short-term Outcomes | Medium Term Outcomes | Long term outcomes |
|---------------------------------------|--|--|--|---|
| Intensive Family Based Support | Number of families/children receiving Aboriginal Family Preservation and Restoration service Number of families completing Aboriginal Family Preservation and Restoration | Improvements in assessed strengths/Reduction in assessed risk (SARA, Family Assessment tool, at referral/intake relative to closure) Successful restoration to family Preservation of imminent placement breakdown Families report feeling supported | Reduced entry to care (proportion of families entering statutory care 6/12 months) Reduced re-report (proportion of families reported at ROSH 6/12 months) Reduced placement breakdown/movements | Increased proportion of Aboriginal children safe at home (preservation/restoration) Placements for Aboriginal children are more stable |
| Transition Supports | Number of families supported by step-up/step-down supports | Families report feeling supported and confident in maintaining changes Increased access to/participation in early intervention supports | Aboriginal children supported in safe and stable homes (proportion of families reported at ROSH, relapse etc) | Reduction in ROSH Risk is reduced (any notifications are more likely to be assessed as lower risk) |

| | | | | |
|------------------------------|---|--|--|---|
| | | Continued positive change to strengths/risk | | |
| Advocacy | Number of families supported to participate in child protection decision making | Increased informed family participation in decision making Identification of family connections/cultural needs | Aboriginal children who enter care placed with most appropriate and connected carers | Increase in successful preservation/restoration Aboriginal children spend less time in statutory care Increased compliance with the ACPD |
| Community Development | Endorsed community development strategy Community development activities aligned to strategy | Outcomes aligned to strategy (might include assessed parenting skills, growth/strengthening of informal support networks for new parents, increased literacy and financial skill sets etc) | Aboriginal people/families feel better supported/empowered in their community Greater participation in, and contribution to, community by both service providers and families | Reduction in ROSH reports regarding Aboriginal children and young people Improved social and economic outcomes aligned to community development plan |

Eligibility, Referral and Intake



Eligibility

Aboriginal Family Preservation and Restoration services will provide services and/or support to the families of Aboriginal children and young people, and communities, who are specifically:

- At imminent risk of removal by the statutory child protection system, or
- Likely to be the subject of a report of risk of significant harm, or
- Self-identified as requiring support to safely care for their children, or
- Currently engaged with the Children’s Court system, or

- Seeking to restore/reunify children with their families, and
- Undertake collective community activities to address systemic concerns

Referral

The Aboriginal Family Preservation and Restoration model utilises a diversified approach to referral, including self-referral, community outreach and referrals as part of a holistic local service system, as well as direct referral from DCJ (including those families not allocated through DCJ allocation processes). This recognises the capability for agencies to do more, locally within communities, to benefit families. The referral process must include the key information regarding service eligibility, clearly articulating the identified risks or concerns related to the family as well as known strengths and supports.

Diversified referral streams will also improve access to restoration services, allowing soft entry points for Aboriginal families seeking restoration of their children, or for out-of-home care providers to engage with specialised support services to achieve reunification of Aboriginal children and young people with their families.

Intake

Reflecting the diversity of referral pathways under the Aboriginal Family Preservation and Restoration model, a robust intake procedure is required to prioritise families experiencing the greatest need. Given the imperative of providing effective supports and diversion for families at risk of imminent intervention by the statutory child protection system, those families referred by DCJ will be designated the highest priority. Likewise, in order to support the timely restoration of Aboriginal children and young people to their families, Aboriginal families seeking restoration will also be triaged and allocated to the service intensity aligned to their identified needs. This assessment will include the establishment of a service plan that includes “step-up” service responses where needed around the point of restoration to increase the likelihood of restoration success and minimise risk of re-entry to care.

Families identified by DCJ but not allocated on the basis of the risks present, and those self-referring will be triaged to effective diversionary supports where available. Where services are not currently available, a waiting list will be established, with regular review and assessment of new and existing referrals to prioritise families according to need, understanding the importance of early intervention to prevent escalation to more intensive supports.

Similarly, review of the waiting list and referrals received will be regularly conducted in partnership with DCJ at the local level to align service balance with need and ensure that lower-intensity responses are properly resourced to prevent escalation towards the high intensity response before preservation services are received. In addition to improving service responsiveness, this process seeks to guard against “service creep” towards the more intensive end, thereby failing to intervene early and divert families at the earliest possible point.

This intake process will also allow services to more fully capture data related to local ‘need’ for service.

Finally, triage processes used in intake will be regularly reviewed, drawing on data about the service responses received by families to further hone intake assessments. In particular, the frequency with

which families experience a shift in service intensity required soon after assessment will be used to validate and continuously improve intake procedures.

Service Elements

The Aboriginal Family Preservation and Restoration model is targeted to families at imminent risk of statutory intervention, or needing urgent supports to prevent an escalation of risk, or to achieve the safe and sustained restoration of children to their family. However, the nature and period of this support will be flexibly tailored to the specific needs of each family, with lower-intensity 'step-down' supports available to improve the likelihood that changes can be sustained within the broader family network. For this reason, the period of engagement with individual families will be monitored in line with the specific, measurable, attainable, relevant and time-bound (SMART) goals, agreed upon in the commencement phase. This will allow flexibility based on the nature of concerns, as well as providing a general timeframe to ensure accountability in service delivery.



Commencement phase

Aboriginal Family Preservation and Restoration services commence upon acceptance of a referral. It is critical at this point to clearly identify the reason(s) for referral, articulating the risk issues that need to be addressed in order for children to safely remain at home.

This includes:

- Clearly stating the risks which, if not addressed, would result in the child(ren)'s removal from their family, with the aim of preserving the family, or
- Clearly stating the steps required to safely restore children currently in care to their family, and
- Engaging with families to identify their strengths, worries and aspirations, as a basis for case planning and goal setting

The commencement phase is focused on engaging with families to build rapport, identifying issues that impact on their ability to provide safety for their children, and scoping broader family and informal community supports that can contribute to safety. The assessment and case planning processes within this phase should also clearly identify the professional services and supports needed to assist families in achieving their goals.

Goal setting will be an integral component of the commencement phase and will involve an integration of the concerns of risk and harm flagged by DCJ, as well as consideration of the family's aspirations within the goals discussed. Families will have the opportunity to establish their own goals based on the individualised needs and aspirations of the Aboriginal child(ren) and their family. These family goals will then be revisited in the skill building and step down phases, as well as during the final review, to evaluate whether or not the services provided over the period of the Aboriginal Family

Preservation and Restoration Program have successfully achieved and maintained the specific family-oriented goals.

Aboriginal Family-Led Decision Making (AFLDM) is an important participatory approach to achieving safety for Aboriginal children and families. Community-based (that is, independent of the statutory system) AFLDM approaches may support engagement and create momentum for change, as well as establishing safety plans if risks to the child escalate at some point during the service delivery. Safety plans should include identification of an appropriate family placement, ensuring that children remain with people that are known to them within their family support network, limiting trauma and disruption that often accompanies removal.

In addition to identifying risks and resources, this early engagement should also clearly articulate signs of success, the outcomes to be achieved through the service provision. In this way, early engagement develops a family-led action plan and creates momentum for change.

For restoration, this phase identifies the challenges to be addressed in order for children to be safely returned home.

The Commencement phase will end with the benchmarking of risks and identified issues, as well as strengths, resources and other coping skills, completed by practitioners, involving the family and other relevant stakeholders. This will form a key pre-service measure to compare against as the service progresses, allowing families to appreciate the changes achieved.

The parameters required to progress from the commencement phase to the skill building phase would include the establishment of risk and contributing issues, as well as finalising the agreed goals set by the family and practitioners. The final step will be to create family action plan that incorporates AFLDM at its core.

Key outputs of this phase include an agreed understanding of risks identified, and a family-led action plan to achieve the changes needed, that is specific, measurable, attainable, relevant and time-bound (SMART).

Skill building phase

Having established the family's goals, agreed clear indicators of success, and built momentum within the family and broader network for change, the key action phase of the Aboriginal Family Preservation and Restoration model includes intensive work to build the skills and resilience of families, and supporting them to address sources of stress that may impact on their capacity to keep their child safe and support them to thrive. This includes:

- Building emotion regulation skills
- Building positive strategies to challenges, including parenting, relationships and coping strategies
- Modelling positive parenting/caring skills
- Engaging and strengthen social supports and creating helpful service connections.

This phase includes periodic reviews (at least monthly) with the family and their relevant supports and stakeholders (possibly as a second AFLDM gathering) to check in on the progress of the service and ensure that the intervention is on track. This is a great opportunity to celebrate achievements of the family network as well as identify any additional supports needed or new and emerging challenges

that need to be addressed. In this way, the skill building phase becomes an iterative cycle of case planning, setting achievable, short-term goals, and reviewing progress, building a collaborative partnership that supports families to achieve meaningful and sustainable change, aligned to their own aspirations for their children and families. Formal reviews will be completed at least every 3 months.

The skill building phase ends with the achievement meeting, marking the completion of the intensive phase of the program and the transition to the step-down phase. A re-assessment of risk and other family strengths and challenges will be undertaken, enabling comparison with the initial benchmarking measures. This meeting provides an opportunity for families and service providers to reflect on their achievements and shift the focus to sustaining the changes made, including engagement of other local services and supports to continue to address the underlying causes of risk present in the family.

At the conclusion of the skill building phase, a re-assessment of risk needs to indicate that the family is safe and at low/moderate risk to enable the completion of intensive services and progression into the step-down phase. The end of the skill building phase should provide the family with a clear indication of how to sustain goals achieved throughout the program and the supports that can help them to achieve this. In accordance with the DCJ, an extension of service (three months) can be applied to ensure that permanency of goals is sustained prior to closing a case.

Step-down phase

This phase is focused on strengthening engagement with ongoing family and community supports and other step-down measures aimed to help families sustain the gains made through the service without relying on ongoing intensive supports. Building on the AFLDM processes, this phase will include engagement strengthening informal and community supports, while maintaining some existing service elements targeted at relapse prevention.

When a family is considered safe and at low/moderate risk, intensive service can be reduced. However, funding and services should be provided during the step-down phase to provide support to maintain changes achieved throughout the skill-building phase. Support could assist in establishing a family plan to ensure the maintenance of gains from the services is sustained. This model recognises the DCJ's two year period for receiving intensive services, but highlights the need to ensure sustainability of supports to maintain changes and prevent re-reporting.

Information, advocacy and community development

Drawing from the identified strengths of Protecting Aboriginal Children Together (PACT) Services, the Aboriginal Family Preservation and Restoration model would likewise include a component of family advocacy and support as well as community development and information sharing. This includes supporting Aboriginal families to successfully navigate the statutory child protection system from the earliest point of contact, as well as providing a community contact point for families seeking the restoration of their child(ren) to their care.

Delivery Method

Connection to Other Supports

As part of AbSec's vision for a holistic Aboriginal service system across the continuum of care, it is important that all elements are positioned within a broader network of integrated child and family

supports, and includes a mechanism for connecting families with other services. For Aboriginal Family Preservation and Restoration services, this includes connecting families with less intense supports to further strengthen families and reduce the risk of re-reporting. This approach seeks to build on the trust and momentum achieved through the intensive service stage to engage with additional supports that may help families achieve their goals.

AbSec has outlined the key tiers of service intervention within the targeted prevention/early intervention space in *Our Families, Our Way*. These tiers include:

Low level (Diversionary Response): key worker supports families to navigate formal and informal services and supports, focused on strengthening parenting skills and addressing family challenges, linked with community development initiatives (Case load 1:50 or 60)

Medium level (Targeted Preventive Response): part diversion, part low intensity family case management responding to identified challenges through universal supports and Parent Support networks (case load 1: 25 or 35)

High level (Targeted Family Response): direct family case management to address identified challenges and preserve families (case load 1:16)

Significant level (Intensive Family Response): intensive casework practice to address imminent risk of removal (case load 1:2 or 3).

The Aboriginal Family Preservation and Restoration model operates at the Significant level (Intensive Family Response), providing intense family based supports with a case load ratio of 2 to 3 families per practitioner. In addition, transition supports including step-down and step-up elements can be understood as operating at the High level (Targeted Family Response) and Medium level (Targeted Preventative Response). These supports are intended to provide lower intensity case management to work alongside families to address identified challenges and prevent their escalation to a point that statutory intervention becomes imminent and more intensive supports are required. Similarly, the community development aspects are intended to facilitate low (Diversionary Response) and medium (Targeted Preventive Response) level services to link families with the relevant supports and skills and to build supportive communities of care around families that may benefit from additional supports. As such, Aboriginal Family Preservation and Restoration is focused on providing an integrated response across the targeted (secondary) level.

Follow-up and review

In addition to the periodic review points during service provision (commencement phase, throughout skill-building phase, and at step-down), there will also be follow up points following case closure, to examine whether achievements are sustained long-term and if further supports may be needed. Review points will be conducted at a minimum timeframe of every three months. This will include personal reflection and review of individual progress, to be included in the final outcomes measure. Further follow ups will include engagement with the family and, where applicable, DCJ, to identify any subsequent re-reports, or out of home care entries, at 6 and 12 months. The short, medium and longer term outcomes that may be achieved through the Aboriginal Family Preservation and Restoration model are outlined in the program logic presented previously.

Staffing

Aboriginal Family Preservation and Restoration services may require the following roles: Manager Casework, Intensive Family Based Support Practitioners, Family Support Practitioner (covering Targeted Family Response, Targeted Preventive Response and Diversionary Response for lower intensity, step-up and step-down supports), Community Development Officer and Administrative Officer.

The exact staffing complement will be determined by local Aboriginal community governance processes (including Aboriginal Community Controlled Organisations) in partnership with DCJ, and may include different distributions of practitioners across these roles, or practitioners covering various roles in this continuum. For example, a practitioner might combine Intensive Family Based Support roles with Community Development tasks, taking a reduced caseload to complete community development projects. Aboriginal communities should be flexibly supported to establish the staffing complement required for their community, informed by data-driven processes regarding local need (for example, the number of families in need of support across the various service intensity levels outlined above).

The Manager Casework Aboriginal Family Preservation and Restoration will be an experienced intensive family support practitioner and is expected to offer practice support, supervision and quality assurance for all practitioners in the team. This might include active field work in support of the allocated caseworker, observation, practice support and coaching, as well as casework supervision and professional development roles. This position will not carry an independent caseload, in recognition of the active role expected to be taken to support casework and skill development of practitioners in their team.

Aboriginal Family Preservation and Restoration Caseworkers will be supported to spend the majority of their time in the field working directly with families to support the changes needed, aiming to spend approximately two thirds of their time working directly with families.

For example, in a 35 hr week:

- At least 23 hours family work (up to three families per worker, averaging 8-10 hours per week, however flexibility within the service to account for complexity and other factors such as travel etc.)
- 3 hours follow up with previous families at defined points
- 4 hours supervision, case review and self care
- 5 hours administrative tasks, record keeping etc.

It is noted that this breakdown is indicative of the broader aggregate of service delivery, and would vary from week to week depending on current workloads, intervention phase and follow up and advocacy requirements.

Practitioners will receive training and refresher training in whichever model their service is working with and key skills in family support and skill building, as well as ongoing practice support in working with Aboriginal families to achieve change. This training will be focused on establishing a tool kit of skills that practitioners can apply as needed to support families, focused around the following domains:

- Engagement and motivating change

- Safety assessment and planning for safety
- Social, emotional and family skill building
- Practice skills, including record keeping and evaluation

Individual elements within these domains should be considered through a family-focused lens, ensuring that the approaches are attuned to the social and cultural needs of families. For Aboriginal communities, this is best achieved through Aboriginal community-controlled organisations themselves, with AbSec providing a centralised avenue for practitioner training and development, including adapting models alongside Aboriginal practitioners and communities. This will help to create a state-wide community of Aboriginal practice, further refining and distributing tailored tools and approaches. In line with a workforce development approach, efforts to integrate Aboriginal Family Preservation and Restoration core training with formalised qualifications through an appropriate Registered Training Organisation should be considered. Practitioner professional development and effective relationships between Aboriginal providers and DCJ can be further fostered through shared training sessions, including access to relevant DCJ CSC training for Aboriginal Family Preservation and Restoration staff through the local or head office, with scope to identify and nominate training needs.

The Aboriginal Family Preservation and Restoration model includes practitioners delivering direct case management to support as part of the step-down and step-up services. This role requires significant experience in family support and child protection, including assessment and case management. Given the significantly lower case load intensity, only one step-down practitioner is required for each team. In smaller teams, this role may be balanced alongside the community development role to create a single full-time equivalent role, however this balance should be determined by local Aboriginal community governance processes (supported by relevant data) to tailor services to local need and community priorities.

As noted above, the community development role will operate at a significant lower level of intensity, and be focused on establishing community-focused programs and services to strengthen families, advocate with, and support informal networks of care around children and families within the community. This is consistent with the approach that achieving improved outcomes for children and young people requires investment in the capacity and capabilities of important adults within their community. Community Development officers will have a foundation in child development and child and family support, as well as project management.

Aboriginal Family Preservation and Restoration teams will engage in periodic group supervision (either fortnightly or monthly) to review open cases, strengthen casework practice and provide support across teams. Localised models of group supervision may be developed, with a focus on providing peer support, testing assumptions and hypotheses, and supporting the ongoing professional support and development of practitioners and teams.

Funding Model

Intensive Family Support services are currently funded through a number of streams using different methodologies and parameters, which creates inconsistency, instability and inequity across the service system. AbSec's Aboriginal Family Preservation and Restoration Program Guidelines is able to be implemented through any of the current funding models, however, AbSec urges the establishment of a single approach, promoting greater consistency across the sector.

Specifically, this funding model should reflect AbSec’s Aboriginal Commissioning Framework, with designated funding aligned to relative need. That is, the local funding for Aboriginal children and families should be aligned to the proportion of Aboriginal children entering care – if Aboriginal children are 40% of entries into care, then at least 40% of investment in family supports should be directed to preserving Aboriginal families through the Aboriginal Commissioning Framework.

In addition to an initial surge in investment in prevention and family support services (noting that less than 15% of current investment is directed to family supports¹), AbSec also advocates for a reinvestment approach. Under this approach, savings generated by communities as a result of diverting families from out-of-home care should be reinvested through Aboriginal community controlled organisations into further community development, including at the Aboriginal Community Response (Tier 1 - universal) and Aboriginal Family Strengthening (Tier 2- secondary) levels. By taking this approach, initial gains will in turn drive greater dividends by creating upstream investment to improve the capacity of communities to address challenges early and strengthen Aboriginal families and communities around Aboriginal children and young people.

Resources

Availability and accessibility of resources allows Aboriginal Family Preservation and Restoration practitioners to deliver supports effectively and timely, to maximise positive outcomes. Critical physical resources may include:

- Mobile phones for day-to-day accessible communication
- Access to appropriate cars for family access and support, including the fitting of child safety restraints
- Working space independent of DCJ, including at minimum, a separate entrance, a foyer or reception room, kitchen, shared space, private meeting rooms and separate space for team, children’s play space, including appropriate resources.
- Other local or community specific resources

For each Aboriginal Family Preservation and Restoration provider the development of a network of allied health professionals will allow ease of access to holistic supports and expansion of opportunities, whilst increasing community outreach. This network should be comprised of relevant supports, including, but not limited to:

- Psychologists
- Behavioural therapists
- Counsellors
- Alcohol and Other Drug information and support groups
- Disability supports (including supported access to NDIA/NDIS)
- Registered nurses
- Occupational therapists
- Other local or community specific supports

A network of professional supports may increase access to quality and consistent training, and provide opportunities for referrals between services. This provides opportunity to accelerate early intervention referral pathways through reduced time on waiting lists. Further, extending Aboriginal Family Preservation and Restoration training opportunities to these services, will promote greater community awareness and provision of culturally sensitive and trauma-informed practice.

Evaluation and Review

Outcomes of the Aboriginal Family Preservation and Restoration model will be flexible to the needs of Aboriginal families. Outcome measures will also be set against the goals initially and continually established by the family to ensure their needs have been addressed. However, to ensure that services are accountable to the families and communities they serve and drive continuous improvement, evidence-based processes focused on outcomes and impacts for Aboriginal children and families will be routinely measured and reported. These measures are articulated in the Service Results Logic, and will be centred on outcomes achieved for children and young people, while also including important practice and performance measures (including output measures) that may inform ongoing service improvements.

Measures will include:

- Outcomes:
 - Multi-domain assessment of family strengths and challenges
 - Change in strengths and challenges (pre- and post- intervention)
 - Outcome of risk-reassessment
 - Completion – goals achieved
 - Re-report for risk of significant harm (6 and 12 months)
 - Entries to OOHC at 6 and 12 months post engagement
- Outputs:
 - Number of families
 - Referred and meeting criteria
 - Progress through the phases
 - Completion of program

The focus of Aboriginal Family Preservation and Restoration data collection will be on changes achieved by families. This process will use a tailored family assessment tool that provides an assessment of the strengths and challenges present in a family at commencement and during skill building and step-down phases, in particular identifying the specific areas of risk that are the focus of the referral. Families referred by the DCJ Justice will have this assessment completed by the casework practitioner as part of the referral process.

An independent assessment will be completed by the Aboriginal Family Preservation and Restoration practitioner during the Commencement phase. Once agreed, this multi-rater assessment can be delivered with flexibility, to set the framework for action.

Following this, the Aboriginal Family Preservation and Restoration practitioner and family will establish realistic goals that are aligned with the specific risk of significant harm concerns, identified by DCJ. Additional goals will be set by families through their engagement with the service as part of case planning activities, including through Aboriginal family-led decision making processes. This assessment will reflect key domains including (but not limited to) safety, parenting capacity, drug and alcohol, family violence, and family and community connectedness. These goals should be outcomes focused, and reflect the aspirations of Aboriginal families, understood holistically within a cultural framework. This assessment will be reviewed at the midpoint review and other relevant points as established in the individualised family plan, allowing families and practitioners to reflect on achievements towards the identified goals reflected in the measures and to identify barriers.

A final multi-rater independent assessment will then be completed by the Aboriginal Family Preservation and Restoration service and referrer at the completion of the intervention, contributing to a risk re-assessment to inform further decision making and case planning through collaborative Aboriginal family-led decision making processes. This final assessment will allow measurement of the changes achieved through the intervention period, as well as supporting families to identify additional priorities or goals, linking families to the necessary services and response tiers.

Evaluation will include the voice of children and families, through survey measures or semi-structured interviews at key points (commencement or entry, skills building, step down/closure, follow up). Domains will include participation/empowerment, changes achieved (aligned to referral concerns), and whether the children and families felt the service was ultimately beneficial to them. These measures will be used at the service level to support workforce development, and more broadly to improve service delivery and alignment to the needs of families.

In the longer term, rates at which families are re-reported at risk of significant harm within 6 and 12 month intervals will also be assessed, taking into account the reasons for re-reporting relative to the referral concerns and initial assessment. This will allow overall family strengthening and sustainability to be assessed, as well as identifying additional key areas of service improvement. Broader systems measures such as child engagement in community activities (including education), reduction in family stressors (housing, health, justice, domestic violence) and the strengthening of formal and informal support networks will also be included.

Output measures will also be included, such as the number of families referred, accepted and completing the service, the period of time that families are engaged and their progress through the three distinct phases of the model.

This continuum of reviews will allow for the adaptation of framework design, in line with families' individual needs, over time.

As noted above, the intake and triage process will also be regularly reviewed, allowing for improvements to initial assessment and referral pathways and further aligning the service response to the needs of Aboriginal children and families. Aboriginal community controlled organisations will report quarterly, focused particularly on qualitative report and feedback from Aboriginal families and other stakeholders, given the service periods involved. This regular reporting and feedback will be aggregated at 6 monthly intervals, supporting the strengthening of practice and building an evidence base. As more Aboriginal community-controlled organisations transition to this broad model, shared reporting processes will support comparison within and across services to further build the evidence base and strengthen the model.

Following establishment, and at regular intervals thereafter, a formal evaluation of the service model will be undertaken, focused on further strengthening evidence, and supporting critical reflection and continuous improvement of the model. This commitment to regular ongoing reporting, the integration of system, practitioner and client data and feedback and regular periodic evaluation reflects the Aboriginal child and family sector's commitment to service system excellence, improvement and accountability.