



TASKFORCE 1000 REFLECTION

“Everyone involved in the process from the Commissioner to case managers needs to be congratulated on their effort and commitment. We haven’t seen a movement like this anywhere!”

CONTENTS

Context	3
Overview and broad insights	4
Area panels	5
Preparation	5
Membership and format	6
Strengths of the process	6
Weaknesses and/or areas for improvement	8
Operational issues and changing practice	10
Key themes	13
Prevention	13
Placement and carers	14
Connection to culture	15
Education	16
Health	18
DHHS systems/case planning	18
Family and community	21
Permanent care/leaving care	22
Capacity	22
Area planning and monitoring	23
Development of area plans	23
ACCO role in area plans	23
Taskforce 1000 coordinators	24
System transformation and recommendations	25
Leadership	25
Collective Responsibility	25
Self-Determination	26
Systemic Issues	27
Legislative Change	28

CONTEXT

Taskforce 1000 is a collaborative project in which Aboriginal community controlled organisations (ACCOs), community service organisations (CSOs), government departments, and the Commission for Children and Young People (CCYP) have come together to critically analyse the experience of Aboriginal children in out of home care (OOHC). A series of area panels were established involving key stakeholders from across the service system. The first of the 17 area panels met July 2014 and the final session was held December 2015.

The purpose of Taskforce 1000 was to review the cases of approximately 1000 Aboriginal children in OOHC (since starting the project this figure has escalated to over 1400) to:

- Inform future planning;
- Identify and address key issues for Aboriginal children in care and their families; and
- Seek to address the significant over representation of Aboriginal children who come into contact with the child protection system.

Led by Department of Health and Human Services (DHHS), all 17 areas are in the process of finalising action plans to reflect the issues and decisions made.

The CCYP is conducting an Inquiry into Aboriginal Children in OOHC based on Taskforce 1000 and other sources.

To inform the inquiry report, the CCYP commissioned three workshops to capture the voice and reflections of three key stakeholder groups who attended the area panels - ACCOs, CSOs and DHHS Divisional Child Protection staff. This report summarises key reflections of the Taskforce 1000 process from preparation for area panel sessions through to creation of local action plans. Where possible the words of workshop participants have been directly quoted.

1. In the report the term Aboriginal is inclusive of Aboriginal and Torres Strait Islander peoples.
2. In the report, 'children' is an inclusive term which includes both children and young people under 18 years of age.

OVERVIEW AND BROAD INSIGHTS

Taskforce 1000 became a great deal more than was originally envisaged. It wasn't just about reviewing Aboriginal children in OOHC; it involved pulling the whole system into the room so all players could understand the trauma, complexity and challenges for Aboriginal children and their families, and initiate immediate change. This process has changed the attitudes, mindsets and understanding of so many people involved with Aboriginal children in OOHC.

"The process was much more powerful than anyone had envisaged." ACCO

"Taskforce 1000 was a massive professional development exercise and a major system-wide intervention." DHHS

"We don't normally do this type of process which is so thorough from pre-work through to dealing with the trauma that results from the discussions. It has changed attitudes and mindsets." DHHS

"Genograms are a good symbol of many aspects of Taskforce 1000 – it's a symbol of how complex it is and the need for conversations with a whole lot of people." CSO

All stakeholder groups agreed Aboriginal children and their families cannot continue to be managed as they have been and everyone must be part of the solution. Change is not just a child protection issue. This process is just the start of what is required to make a real difference to the lives of Aboriginal children.

"The status quo is not an option." CSO

"Recommendations must be for whole of government and the community – it must be a collective project where everyone is responsible! It's an Australia wide problem, we must stop blaming others and start taking action." CSO

"There is no question we have a major issue we must work through and it requires significant commitment from everyone involved – we can't walk away!" CSO

"A lot of rocks have been lifted and agencies are grappling with their own issues." CSO

"Taskforce 1000 was a juggernaut. It became more powerful, increasing knowledge and collaborative planning across all agencies." DHHS

The role of the Andrew Jackomos, the Commissioner for Aboriginal Children and Young People cannot be underestimated. On repeated occasions it was reiterated that the Commissioner's independence, as well as his authority as a respected Aboriginal leader,

created an authorising environment that engaged the most senior people, enabled fearless discussions, drove accountability, and for some Aboriginal children and their families, resulted in on-the-spot decisions and commitment to action.

"Andrew needed to be at all the area panels – a most senior and respected Aboriginal person." CSO

"A lot of planning was happening in the room as people started to understand the connections and became more knowledgeable." DHHS

As a result of Taskforce 1000, there is a much stronger understanding of the critical role Aboriginal self-determination and culture play in healing the trauma of the past and building resilience and capacity into the future. To enable self-determination, resources and support must flow to ACCOs so they have the capacity to strengthen Aboriginal children and families.

"ACCOs still receive a very small slice of the resources – we will need a massive transfer of resources to ACCOs." CSO

"An acknowledgement that ACCOs do a better job with Aboriginal kids than DHHS or CSOs." ACCO

"The process exposed the number of Aboriginal kids in OOHC. One in three of our children come under the watch of DHHS. DHHS is coming on site to do care plans with us. We now have a voice in expressing how the family is doing." ACCO

AREA PANELS

PREPARATION

In preparing for Taskforce 1000, relationships and practices started to change. Some of the more noticeable shifts, as well as some of the issues identified, have been captured.

In completing the insync questionnaires, caseworkers developed a renewed understanding of the child and their experiences.

"All components of files were attended to in preparation for the area panels." CSO

"During the file audit we found two children were cousins – one was in residential care and the other one in kinship care." CSO

"Some workers were really uncomfortable with Taskforce 1000 as they were only allocated cases the week before." CSO

The taskforce was an action research project and everyone was learning along the way. The preparation for Taskforce 1000 improved over time.

"It was chaotic at the start as we worked to master insync and the genogram software." DHHS

"Genograms are a basic tool of the trade but we hadn't provided this to any of the DHHS staff prior. The day before one of the first area presentations we were told everyone needed a genogram. We didn't have the software... everyone worked over night to produce what was needed." DHHS

"We had a manager solely focused on the first Taskforce 1000 in our division and applied the learning to other areas. We had good traction and continued to support our managers." DHHS

"It has been very much an organic process. The first compared to the last panel I attended were completely different in terms of preparation and how the panel ran." DHHS

"We became more savvy about what to bring to Taskforce 1000, e.g. genograms. The requirements changed and it improved the process." CSO

"One Division had a dress rehearsal for their staff before the panel presentations – it was intimidating." CSO

"After the first one, we started coaching sessions. What would the room look like? Why are they asking certain questions? This included debriefing at the end." DHHS

There was a big push to catch up on cultural plans for children on guardianship orders.

"We discovered there were a lot of kids in care that did not have cultural support plans, and for those that did, the plans were not even near where they should be." ACCO

"Many children did not have cultural support plans or they were incomplete." CSO

"When DHHS knew Taskforce 1000 was coming, there was a big push for cultural plans to be completed. Before that, it wasn't a priority." ACCO

"Not all cultural support plans were completed before the area panels, but most were well underway." CSO

ACCOs felt their contribution started to be taken seriously.

"DHHS became interested in what ACCOs and our programs were doing." ACCO

"DHHS and ACSASS staff started asking for our opinions where previously decisions were made for our children without consulting with the local ACCO." ACCOs

"Suddenly everyone was interested in talking with us. Many appointments were scheduled close to Taskforce 1000 for kids who hadn't been visited for ages. Lots of health checks were initiated." ACCO

AREA PANELS (cont)

"We found we were overwhelmed and overloaded. We were expected to participate in developing genograms and find out what referrals we had suggested/not suggested - suddenly we were very popular." ACCO

There was a growing realisation that ACCOs do approach Aboriginal children from a different perspective.

"There are two different views about the family. There is the community's perspective of how the family is progressing and working with the child. DHHS can see the same situation very differently." ACCO

The review highlighted unallocated cases and a number of children who had no contact with a service for some years.

"Many kids had not been in touch with any services." ACCO

MEMBERSHIP AND FORMAT OF PANELS

Strengths of the process

The taskforce brought people together with a single focus, the child. Everyone had to listen to the same stories, at the same time, for the full impact to be realised. Through this collective experience, stronger relationships and networks were established. Panel members learnt about their own service as well as the role of others and how this could improve the situation for children and families.

"Taskforce 1000 created the space for the system to have a discussion." DHHS

"Everyone heard the same thing at the same time." CSO

"You could start to see patterns emerge after you heard a number of cases. You almost had to hear the same things over and over to get where we are now." CSO

"One of the panels finished in one and half days. It wasn't long enough to see trends and have the same collective impact." DHHS

"Taskforce 1000 was an immersive, collective experience that generated urgency for each area." DHHS

"For some it was a cathartic experience – an opportunity to bring the issues front and centre." CSO

"It was amazing having everyone listen to the real facts." ACCO

"Many panel members felt really uncomfortable. They needed to understand the stories and how hard it is to listen to these. The cases can't be rushed." DHHS

"Organisations looked internally at their practice and role in the application of the Aboriginal Child Placement Principle." ACCO

The Commissioner's leadership role created a unique authorising environment.

"Andrew's presence got all people to the table. Andrew commands huge respect. Having DHHS people co-chair was key." CSO

"Andrew kept everyone honest." ACCO

"The panel had the right mix and Andrew did make everyone accountable, especially those presenting cases. They hadn't thought of some of the practical things that could be done such as looking up genograms." ACCO

"Andrew was a skilful facilitator of a very complex group. He had the authority to direct and people had to respond. This level of authority was crucial." ACCO

AREA PANELS (cont)

"The potential for vicarious trauma was averted by how Andrew held it all together – his humour, his approach." CSO

Mostly the right people were sitting around the table - decision makers and those with content knowledge.

"Andrew was quite strategic about who was in the room." DHHS

"Tailoring the membership of panel members was a strength - who was at the table was influenced by the results of the survey data." CSO

"We needed the decision makers and the people with content knowledge." CSO

"As the process evolved, a broader range of players was introduced." DHHS

"Paediatricians, education and health - they could all participate and have their comments heard around our children's issues." ACCO

"Some panels were too big with one area having fifty two people." DHHS

"Departmental staff at panels were in the main from divisions, the gap will be to bring this back to policy which is driven centrally." DHHS

Taskforce 1000 was a giant reflective practice session and a system-wide intervention.

"Taskforce 1000 was a massive professional development exercise and a major system-wide intervention. We all have a much better collective understanding of the issues." DHHS

"The process really educated people in how to provide services." CSO

"Everything was upfront and on the agenda and holding the whole service delivery system accountable was a good thing." ACCO

"Most staff said they learnt a lot and grew from the experience. A couple of people felt bruised and were not going to come back, but we worked with them and they came back stronger." DHHS

"The taskforce showed deficits in recording systems. A lot of information such as Aboriginal child placement principle decisions and family history are embedded in files. CRISS needs to look different for Aboriginal children." DHHS

Genograms created a clearer sense for many panel members of Aboriginal family connections and the breadth of extended family and potential support, information or placement options for the child.

"A diversity of cases was presented, there was huge complexity and it was all around one family." CSO

"Some of the CSOs made comments like, 'I didn't really get it until now.... It was an opportunity to see what is really going on.'" ACCO

"Andrew was really good, he started putting the pieces together about children and young children's genealogy. People are not aware of the whole family dynamics. He often said, 'Do you realise you could be using these people as connections?'" ACCO

The approach to panel discussions evolved over time with continuous learning which people embraced.

"As time went on, better questions were asked." ACCO

"Andrew and others were more willing to ask difficult questions, however, always in a respectful way." ACCO

"Workers had permission to ask questions – previously they feared they might ask the wrong thing." CSO

AREA PANELS (cont)

"Each panel had its own culture – for one, Andrew drove the agenda and asked most of the key questions, at another, it was more of a shared/ collaborative discussion and hence much higher energy in the room. In the later panels, there were much better relationships between the ACCO, gathering place and agencies. It was a much richer discussion where people felt safe to throw things into the room." CSO

"Discussions around genograms created a rich understanding of the role of all services with the whole family and the child's place within their family and community." CSO

Collaboration strengthened with most panels.

"We had a good start in one of the first areas as the ACCO, child protection and the sector work well together." DHHS

"The cooperation with DHHS was noticeably different with the panels. The relationship between DHHS improved but not everywhere." ACCO

Closed session cases were an important process option.

"Closed session cases were presented and appropriately used. It was good that Andrew used this as a process option." CSO

In later sessions there was a greater focus on innovation, good practice and prevention.

"Some good practice was identified." DHHS

Weaknesses and/or areas for improvement

It took time for panel members to understand the roles and responsibilities of each other and the child protection system. At the beginning, DHHS felt that accountability and actions were very child protection and DHHS focused.

"We were asking child protection to fix the impacts of colonisation. Yes, we share some of the responsibility but it needs to be a partnership approach. We can't escape the history, we need to address the trauma that has been created." DHHS

"It felt like a battle to bat some of the actions back – it wasn't just about child protection. We had to keep asking why is this all sitting with child protection?" DHHS

"Child protection bore the brunt of what the whole system was doing/not doing." DHHS

"Child protection became the voice of the system, for example, we were expected to know what was happening with the Koorie Education Support Officers (KESOs)". DHHS

"We provided practice advice and an information pack for the panels to increase the panels awareness of the system." DHHS

AREA PANELS (cont)

Access to historical information was really poor.

“Case workers were asked to describe placement history however the data is inaccurate and often the reasons for family break down have not been recorded. History is such an important part of the child’s story.” CSO

Workers presenting cases at times found the conversations to be overly personalised and daunting.

“Where a case was going well the panel experience was good, otherwise it was taken quite personally.” CSO

“The informality was a benefit although sometimes it felt personal and people felt ambushed. Questions were asked such as, ‘What are you doing about this case?’” CSO

“When there was increased frustration about a repeating theme, or presenters verbal communication was unclear to the panel, staff felt a little under siege. A number of presenters were brought to tears and there were resignations.” DHHS

A few areas were not openly discussed.

“Family violence was identified as a cause but not discussed. We talked about health, education, justice, but not family violence. It’s not an issue that belongs to a system, it is diffuse.” CSO

“We have an ACCO in our area going through difficult times. They were not in a position to do a lot of what is required – it was the ‘elephant in the room’.” CSO

“It wasn’t a focus of presentations but a better understanding of what happened before entering OOHC such as prevention and early intervention and family supports would have assisted in improved practice by all agencies.” DHHS

On some panels, there were clear conflicts of interest that were not declared.

“There was a relative who had been involved, you could tell who was being discussed even though it was de-identified data.” CSO

“Some panel members declared they had a conflict of interest.” CSO

OPERATIONAL ISSUES AND CHANGING PRACTICE

Many systemic and local issues were identified as multiple cases were presented. In some instances immediate actions and decisions were made and children and families are already seeing the benefits. Some children had not had a visit before Taskforce 1000, they were contacted during the process, and action has been initiated.

"All of a sudden there was huge scrutiny on what was happening – in some instances everyone was visiting the child without coordination e.g. one residential home had six visits in a few days." CSO

"For some children, it has been powerful to have an individual case reviewed by so many people and immediate actions have resulted. In one example, the child has met with a KESO, had a health check and been immunized." DHHS

Siblings were identified and reconnected through genograms and networking.

"Siblings were reconnected" ACCO

"One case planner is now overseeing multiple siblings from the same family - this is hugely significant. For every case plan review, I now ask the question, 'Where are the siblings?'" CSO

"Siblings in regional and metropolitan areas were in separate places, they didn't know one another." ACCO

"Knowing the stories and proactively chasing leads has resulted in increased sibling contact." ACCO

"I know that family's name', was often heard from the Commissioner or an ACCO. People in the community had good information that was not been used." CSO

Aboriginal children and families have a voice through the Commissioner and Taskforce 1000.

"Andrew met with community members, children and kinship carers before the panel." DHHS

"The carers brought the kids to see the Commissioner. They put him on a pedestal. It is the first time the children in OOHC have ever come together." DHHS

"The kids wanted to be identified as kids in care and share the experience with others." DHHS

"The Commissioner took the children aside and talked to them individually, without their parents. The kids and families really enjoyed meeting with him. This was wonderful!" ACCO

Roadblocks were removed and problems solved during panel sessions.

"Immediate outcomes were achieved for some cases e.g. all the road blocks disappeared – a house was found, someone was going to secure a birth certificate, another agency was going to locate data in the prison system." DHHS

"We have countless care team meetings, things go up the line and it takes ages to get a response. At the panel sessions, we had decisions made and agreed." CSO

"It was probably the first time ever that all services had been around the table with people at a level that could make decisions on a case." CSO

"Having the right authorising environment meant problems were solved in the room." CSO

"It was an opportunity to clean up some of the mess hanging around people's lives e.g. the fines sitting around that had resulted in a warrant were addressed." CSO

"Some of the changes might not as yet be very visual yet but will have a significant impact e.g. clarity of child's disability status means service provision can now commence." CSO

OPERATIONAL ISSUES AND CHANGING PRACTICE (cont)

"Housing, Justice and senior police made really practical contributions to the discussions, as well as child protection, and a range of community service organisations." ACCO

The power of the genogram to understand the child's family and to inform case planning became clear and the level of sophistication rapidly evolved during the process.

"The genograms were so powerful. By the end we were instructing staff, if you can just sit in front of the panel and talk to the genogram, you would have done a great job. Genograms exposed the significance of family (it would be powerful to do for non-Aboriginal children). A fantastic tool!" DHHS

"A number of practitioners sat with the kids and went through their genograms to start the journey. The practitioners have a new intelligence about the child and family. We need to understand how the child wants to be described to really personalise the experience." DHHS

"A massive increase in sophistication of the Taskforce 1000 area panels, especially the genograms. A significant influence on practice as if you have to write and present a genogram you have to have had the conversation." DHHS

Taskforce 1000 has delivered an agenda for vulnerable families that has filtered through to other sector and inter-sector meetings.

"Taskforce 1000 is now on the agenda and informing the work of lots of other meetings." ACCO

"Organisational leaders are now talking about Taskforce 1000." ACCO

Case discussions have resulted in a strengthening of relationships and new connections across the service system.

"Stronger relationships have been created on the ground with a common/collective understanding and willingness to bring about change at an area level." DHHS

"I have had more meetings with child protection during Taskforce 1000 than in my life – they are interested in coming along on the journey." ACCO

"At the outset there was concern around relationships between ACSASS and ACCOs – getting them back into the room was invaluable. It is now easier to talk about issues and cases. An ACCO was in our office day after day helping staff prepare." DHHS

"The relationship between Lakidjeka and ACCOs was strengthened in some areas. Andrew provided the authority which helped to re-set the system." DHHS

"The regional office was really constructive in how they worked with CSO staff." CSO

The demand for Lakidjeka /ACSASS services has escalated with a greater focus on making decisions with the advice and knowledge of Aboriginal people.

"We have had an opportunity to put on an additional Aboriginal Family Led Decision Making (AFLDM) in our region – we have buy-in now." ACCO

"Our Division has allocated additional resources to prevent kids from entering care. Mini panels now meet when there is a child at risk. Additional ACSASS workers and resources have been provided to an ACCO to help with training." ACCO

"Our Division are talking about allocating extra money." ACCO

"A greater understanding and effort to implement the Aboriginal placement principle." CSO

"We have seen an increase in the number of referrals to AFLDM." CSO

OPERATIONAL ISSUES AND CHANGING PRACTICE (cont)

A range of new initiatives have emerged around prevention and strengthening culture.

“Western metro region is piloting an entry into care pilot – everything is done immediately to get the child back with their parents, if this is not possible, the focus is on doing everything possible to keep the child connected.” DHHS

“A kinship detective is being funded through VACCA.” DHHS

“As a result of North East Metropolitan area panels, master classes are running for staff. Aboriginal services came in and spoke about the importance of culture and what they do. We had the paediatrician from Victorian Aboriginal Health Service, and staff from Victorian Aboriginal Child Care Agency (VACCA) [Lakidjeka], Housing and the Department of Justice. They have some really interesting experiences to share and there was some terrific people presenting. It is about connection, not just training. It's the local services and stories.” DHHS

KEY THEMES

A number of themes emerged across the panel discussions that reflect the current performance of the service system, the resulting impact on Aboriginal children and their families, and critical areas for reform.

PREVENTION

We have to start working with children and their families, not just the child.

"We already have a service system that is culturally appropriate that can fill the gaps with prevention. Governments and the service system need to recognise this." ACCO

"DHHS focuses on the child (a reflection of the Act). The community sees the whole family. The best interest of the child is looking after the family." ACCO

"Parents were not able to connect into the system. If the work with parents had been better, then many kids would not be in care." ACCO

"Gently support and scaffold children and their families early – we need a broad, whole of government approach." ACCO

"We have the solutions around this table (and there are other Aboriginal organisations missing) to do all the preventative work and make our kids culturally strong. It's not just the kids in the child protection system, it's their families." ACCO

"Feed this into the Roadmap for Reform." ACCO

"There are other Aboriginal children who require this type of approach, not just those in care. Address the determinants that lead to children entering the system." ACCO

"Why are we only thinking about genealogy when we place a child in care? This comes from a risk-averse approach where culture is an after thought." ACCO

Aboriginal early learning and pre-school centres are a key to cultural connection and family strengthening and a great vehicle to access support without stigma.

"An Aboriginal early learning centre is not just day care, we have a very different focus. We look after Aboriginal health and wellbeing. There's a whole lot more cultural content at our centres and supports to keep families and children healthy and well." ACCO

"Aboriginal children need access to Aboriginal kindergartens. In our kindergarten, we have genograms all around the walls and the centre plays a key role in prevention and supporting families and children. Kindergartens have a valid role in stopping kids getting into OOHC." ACCO

"There is an opportunity to use ACCOs as a platform for early learning and prevention. It is not obvious to everyone the role these types of services play." ACCO

"Andrew has put Aboriginal early years on the map. These services are vital for creating cultural connection. We need to further explore the role these Aboriginal services play, especially where children are with non-Aboriginal carers." ACCO

"Focus on Aboriginal pre-school so children start making connections." ACCO

"Aboriginal children living with non-Aboriginal carers can be pulled out of Aboriginal child care centres!" ACCO

KEY THEMES (cont)

PLACEMENT AND CARERS

In the investigation phase, the child placement principle is almost completely ignored and it is here where joined up approaches are essential.

"The child placement principle is almost completely ignored." ACCO

"There is a vulnerability around placing kids with kin. It operates like a default foster care arrangement, there might only be a lost connection with the family and there are no quality controls or agency supports in place." DHHS

"In the investigation phase, joined up approaches are required. Where Lakidjeka or AFLDM have a vacancy or are too busy, there are huge impacts on the system. It is difficult to fill these positions in the community where a convenor is not available. Do we ask the ACCO, if a convenor is not available, what should be the plan?" DHHS

"There are consequences of late identification of good stable placements. How do we manage the tensions around stability, attachment, culture and family? How do we have conversations about this going forward?" CSO

With no national harmonisation of laws around child protection, siblings in different States experience differing thresholds for placement and access to services.

"NSW placed kids into a family while in Victoria the family was deemed inappropriate." DHHS

"We have families on both sides of the border in two very different systems e.g. it takes 6-8 months to get a paediatric assessment in one State." CSO

"VACCA are increasingly being asked to do a lot more interstate assessments" ACCO

"A lot of complexity with border towns." ACCO

"We live on the border so if our kids are placed in NSW it is really hard for parents to connect with children as legislation and service provision are different." ACCO

ACCOs need to be supported to recruit carers and the qualification processes streamlined.

"We need support to recruit our families. Our children are in care with strangers as our families aren't putting up their hands." ACCO

"Lack of carers remains a major issue." ACCO

"Assessment processes for carers can be quite destructive – they don't allow for community members that have turned their life around. They can be quite destructive." ACCO

"Systematically, there are insufficient Aboriginal carers and staff." CSO

"A significant number of children are placed out of our area as there are no local placements available." DHHS

Greater infrastructure and support are required to keep large sibling groups together.

"Lack of placements for large sibling groups." DHHS

Responsive, dedicated support for carers is required to better reflect the dynamic nature of care placements and the level of vulnerability of Aboriginal children.

"It was stark just how absent support is for carers." ACCO

"Our systems do not prioritise support for kinship carers." ACCO

"Sometimes carers take on kids but when they get older the carers don't know how to look after teenagers. How do we support carers to respond to serious behaviours that are trauma driven? When children and young people start to play up, the carers don't want them anymore." ACCO

"There is limited support for housing or adjustments for higher levels of need - the dynamics can change very quickly. An older child might be looking after his/her own siblings then taking on others. We have to provide flexible resources in these situations." DHHS

"Dedicated workers are required to support kinship carers." DHHS

KEY THEMES (cont)

CONNECTION TO CULTURE

Lack of clarity around roles and responsibilities, and the timing and expectations of Lakidjeka, AFLDM and child protection, are hampering access to services.

“Clarification is required around the role of Lakidjeka, Aboriginal Family Led Decision Making (AFLDM) and child protection with respect to cultural support planning, especially what should be/not be included and who fills in the plan. We are all much clearer it’s about the lived experience.” DHHS

“Cultural support plans were originally shaped around totems and clans. It is now more about the lived experience. We have a much stronger sense of what a good approach to cultural support planning is all about.” DHHS

“Resources are not there to meet expectations or requirements. It is essential that Lakidjeka is there in real time.” DHHS

“The whole cultural support planning process is a major issue, including quality.” DHHS

“Where child protection can’t engage with mum, more thought needs to be given about who can join the team to connect with mum and dad. How do we do this better as a service system?” DHHS

“The genogram is part of healing.” DHHS

A comprehensive evolving genogram can form the foundation of a cultural plan for every Aboriginal child. It’s important to approach the development and sharing of genograms with children with sensitivity. A focus on the strengthening of positive relationships for cultural planning can emerge from the genogram.

“Genograms are the centre-piece yet populating them has been a major challenge. It is unclear as to how concrete and accurate the genograms are (some guess work) and insufficient effort is made to ensure completion. You have to be respectful of the views of different family members.” CSO

“Once DHHS and CSOs have the basic information they need, that’s it, they are off focused on their agenda; nothing else happens with the child. There isn’t an ongoing conversation to check if things are right. Are there family members we need to contact to find out more information?” ACCO

“Insufficient resources in ACSASS to complete the family and genogram work, as a result, many genograms are incomplete.” CSO

A tangible benefit was observed where children were connected to Aboriginal organisations.

“It was really clear that kids under Aboriginal organisations knew much more about their culture compared to those with non-Aboriginal organisations. There was a glaring difference. DHHS and other organisations were exposed.” ACCO
“Children with Aboriginal organisations had a much better understanding of their culture.” ACCO

It became clear that non-Aboriginal agencies involved with Aboriginal children require far deeper knowledge of cultural safety and meaningful cultural strengthening practices, especially those working at the frontline.

“We had a limited understanding of what meaningful cultural activities were – it’s something we can address.” CSO

“Our agency has renewed vigour in understanding cultural competency. Hearing the real stories of children was very powerful for us.” CSO

“We have varied understanding of cultural awareness. We have a lot of work to do in this space.” DHHS

“We have a lot more to do to understand the importance of cultural safety, especially for frontline workers.” CSO

KEY THEMES (cont)

EDUCATION

As part of the universal system, the Department of Education and Training (DET) can play a key role in strengthening children and families without stigma.

“Education has been totally left out of the process. It’s more than the welfare of the child. If the child and family are not participating in education, then nothing will change.” ACCO

“This process opened the door for another whole area to come into the fold. Education is struggling and we will not get any leverage if these doors are not open. We can’t continue to be seen as child minding.” ACCO

“We now have a heightened awareness of what’s happening in the education space. OMG! We can’t ignore this, we can’t go back! The depth, the breadth, the consequence and the layers of intergenerational issues!” CSO

“There is a poor understanding of the KESOs role, actually some panel members were unaware these positioned existed.” DHHS

“Education needs to do more to provide appropriate services. The current set up is ridiculous with KESOs sitting in the local offices and not based out in schools.” ACCO

“Education is not filling positions in a timely manner.” ACCO

“Kids don’t want to be embarrassed by child protection turning up at school or being forced to see people they don’t want to see.” ACCO

The role of the KESO varies across areas and their responsibility and authority are not well understood. There were benefits identified with KESOs being directly involved (monitoring, supporting and initiating individual interventions) with the education journey of Aboriginal children and their families both those at risk and those in care.

“I was advised KESOs only go to schools where there are more than 5-6 students. Where numbers are lower, they might ring up and talk with the principal and ask how the Koorie children are going. There are six local government areas in our area with multiple schools with only one or two Aboriginal children in each. Many of these children have multiple issues and need access to a KESO.” ACCO

“Contacting the KESO is difficult. While he is a great resource he is so hard to get hold of.” CSO

“Some KESO will look at individuals others will only look at groups of children.” DHHS

“You can’t access KESOs. They are not in the areas where they are needed. Review the role of the KESO including how they are employed and who knows about them.” CSO

“There is a real challenge with Education. When child protection told Education they required support, they said we should have told them the child was Aboriginal. They should know that at enrolment! They say it is not the role of KESOs to be involved with every child.” ACCO

Information on an Aboriginal children’s education status should be known, current and accessible.

“KESOs ask the school for data and information as they don’t have a relationship with the child. Often the schools will not provide the information so the KESO has to go back to DHHS. This adds an extra layer for the KESO.” ACCO

KEY THEMES (cont)

Aboriginal children in OOHC require a comprehensive education assessment and an individual learning plan. For children displaying difficult behaviours, disengagement or learning challenges, a cognitive and behavioural assessment should be mandatory before medication or alternative programs are considered.

“Many children are not having standard assessments and other important cognitive assessments to determine their education level. They go straight to Attention Deficit Hyperactivity Disorder (ADHD) medication. The paediatrician that sat at Taskforce 1000 asked if a whole range of assessments had been considered.” ACCO

“A lot of children are deemed as having a disability – is it diagnosed or is this just lack of attendance.” CSO

“At our local special school, 40 of the 300 students are Aboriginal children. What is going on here?” ACCO

The reasons for Aboriginal children being excluded from mainstream schools should be understood and addressed by Education at the local and most senior levels.

“Aboriginal children are excluded from mainstream education and this is accepted e.g. parents are told, you have a 2 hour a day kid.” CSO

“Of our 150 kids, none of them returned to mainstream schools. A lot of advocacy is required to convince education practitioners that an hour or two a day is not good enough.” CSO

KEY THEMES (cont)

HEALTH

A comprehensive, culturally informed and up-to-date health check is a key to assessing and understanding the overall health, wellbeing and development of an Aboriginal child and the results should be regularly reviewed as part of the case planning process.

"A better understanding is required of the importance of comprehensive primary health care and appropriate referrals including hearing, dental and developmental tracking. Everyone needs to understand this." ACCO

"We found the contribution of how health, child development and health services contributes to the whole child protection system was poorly understood." ACCO

Health assessments should take place at ACCOs as they are best placed to assess the health, wellbeing and developmental milestones for Aboriginal children.

"As a result of Taskforce 1000, there is a greater push for Aboriginal children to be seen by an Aboriginal health service – greater buy in from both CSOs and DHHS around this." DHHS

"As a result of Taskforce 1000, there are likely to be more children having high quality health checks." ACCO

ACCO

"We need to push for Aboriginal health to be the domain of ACCOs. There is so much more to be gained from kids and families being connected into an ACCO, it's more than health." DHHS

Carers and the wider service system require an understanding of trauma and trauma informed practice to stop inappropriate diagnosis and to start addressing underlying issues.

"Most kids are diagnosed with ADHD, when they are just traumatised – they are all being medicated!" ACCO

ACCO

"Carers are not receiving the information they need for each stage of a child's development." ACCO

"Children might start experimenting which is natural for their stage of development – the signs can be inappropriately read as something more devious." ACCO

ACCO

"We have Koolin Balit funding for a parenting program (over 200 people have attended) which includes access to speech pathology. This is project, not ongoing funding. Taskforce 1000 can build on this type of work." ACCO

SYSTEM DHHS/ CASE PLANNING

The data capture systems should look different for Aboriginal children and be reconfigured in a way that captures the history, lived experience and key milestones of the child and family. ACSASS, ACCO, CSO and DHHS systems do not talk with each other well and in some cases there are duplicate systems, as a result, critical information about children and their families isn't known by each agency with responsibility for the child.

"Someone from DHHS central office should have been at the panels to hear the repeated system issues. For example, Client Relationship Information System (CRIS) is clunky and is not picked up in any of the area plans." DHHS

"Huge deficits were exposed with systems. There is not a single area in CRIS to record what has happened with the child. You have to read through everything and even then, you can't tell where or when ACSASS may have occurred." DHHS

"CRIS needs to look different for Aboriginal children e.g. a cover that makes it clear the child is Aboriginal. Time and time again we found children had not been identified as Aboriginal. Two siblings were separated and only one was identified as Aboriginal." DHHS

KEY THEMES (cont)

"When you conduct a manual audit, you can't tell if the child is Aboriginal, you can't find the information. Information systems are poor." DHHS

"How many children in OOHC have had their Aboriginal status changed over the last 12 months? There should be a compulsory field to know when a person's status has changed." CSO

"We all need to think through the lived experience of the family, not just implementing the policy. We are guilty of become highly transactional. We didn't do it because..... then it drops off the radar. We over complicate the process." DHHS

"You can't track whether an AFLDM has occurred, and if it has, when. Someone has a separate spreadsheet on a hard drive to shadow the system. We are only reacting to the narrow data that is in front of us - a quarterly retrospective is not useful." DHHS

A rigorous process is required to identify Aboriginality early, as at the moment, this process is unreliable at best.

"There are huge issues around the late identification of Aboriginality." CSO

"At the beginning there were 922 Aboriginal kids in OOHC. The figure is now 1445 so there appears to have been some changes in identification." CSO

"CSOs knew Aboriginal children were over represented but not that they were so hugely, hugely, hugely over represented." CSO

"What is the correct process for Aboriginality?"

The box might be ticked at school but you have to provide more information to ACCOs to have Aboriginality confirmed." ACCO

"Lack of identification and revisiting of cases if the history is not known – big contributor to this is the L17 process (this was not asked as part of the paper-based police report)." DHHS

An agreed, consistent approach is required for when and how each child's 'whole case' will be reviewed so the real issues and complexities are revealed and built into the case planning process.

"It is only when you go through a whole case can you pick up the issues – you can't just do a scan." DHHS

"Accountability has changed but the impact of this won't be realised overnight. Child protection is now clearer about what will be assessed and what is important. Our children deserve case plans that don't have glaring holes." ACCO

"Standards are needed across the sector – the child is dealing with therapy from two different directions which is very damaging for a child trying to rebuild their life. Decisions made by child protection are based on available resources and there is lack of accountability." ACCO

AFLDMs must be initiated early and with very few exceptions as this is where the much needed support can be identified and enacted for the child and their family. The process must be flexible enough to meet the challenges of family who want to be involved but are not in a position to 'sit together' in the first instance, rather than not happen at all.

"AFLDM is not used enough and this is where you get to identify the support and ensure these things don't happen again." ACCO

"Within an AFLDM, the focus is looking at the supports that can be placed around the mum and dad to identify and address issues e.g. Alcohol and other drugs." ACCO

KEY THEMES (cont)

"AFLDMs are not utilised often or early enough. One of the outcomes of the AFLDM is the development of a safety plan for the family so the same situation doesn't happen again e.g. if I am having a drink at home, then a plan is in place to ensure my children are safe." ACCO

"The purpose of the AFLDM is not clear for everyone in the system. People gave reasons why they did not occur but missed the point. AFLDM is the case planning point of the process but it is not being conducted in this way. Practice guidelines say it can be, and it should be." DHHS

"The way AFLDMs are run, it is difficult to achieve outcomes in a timely manner – not sure if the level of training for AFLDM workers matches the complexity of the situations they engage. They are not agile at this critical point and this often is where a placement is set up. They don't often understand the impact of child protection on the family - when a child is being removed, the family may not want to sit down and talk about their problems." DHHS

"We need to monitor the whole AFLDM process to understand where they are occurring and which phase they are at." DHHS

"AFLDMs are not been done in many cases, there are not the resources. It is often hard to get an Aboriginal and non-Aboriginal person in the room - the model needs to be reviewed." CSO

System silos do not facilitate an integrated, whole-of-family response.

"Where there's a strong relationship with the ACCO and DHHS it is safe to talk about kids and the outcomes are better." DHHS

"The silo orientation does not allow for a family response – no connections. The system divides up the family and even the individual." CSO

"It is unclear how information should be shared. There isn't agreement about what to share (respect for confidential and private information) and how to share information. It is critical the family's business doesn't become open slather." ACCO

"Files do not follow the child so we have to touch base with the DHHS office (where the child was removed) even though the child is dealing with another ACCO and in a different part of the State." ACCO

Aboriginal organisations must be supported and resourced to provide services for vulnerable children in OOHc and those at risk of entering care.

"The majority of providers are non-Aboriginal organisations. The best possible outcome from this reform would be to place the bulk of services with ACCOS." ACCO

"ACCOs still receive a very small slice of the resource pool. We need a massive transfer of resources from CSOs to ACCOs." DHHS

"Andrew pushed the buttons of many of the mainstream organisations that have OOHc funding. This was a great achievement for us as it focused on the lack of compliance of mainstream organisations in completing health checks and genograms, and getting them closer to Aboriginal services." ACCO

"Redistribute targets to the ACCOs – we have 20 targets in our region that have left our CSO and could be allocated to an ACCO." CSO

"If Government wants to fund family violence, pump the money into ACCOs who can see what's happening. They have the relationships." DHHS

Identity should be built into the adoption process so Aboriginal children do not lose their connection to culture and identity.

"Identity should be considered a part of the adoption process. Children can lose their cultural connection if they go to non-Indigenous families." ACCO

KEY THEMES (cont)

FAMILY AND COMMUNITY

ACCOs and community should be highly/consistently involved in every case as they have a better understanding of the current status and complexity of families.

"DHHS always looks at the historical side of the family. They don't look at where families are at today. For example, a mum is seen by DHHS as part of the family's cycle. There isn't consideration for how things may have changed." ACCO

"ACCO workers felt it was only when they could talk to presentations at Taskforce 1000 they provide a real picture of what was going on with the family and child." ACCO

"When families have turned their life around, they have another child, however, their other children in care are not returned home. It's racist, they are selfish and won't give our children back." ACCO

Self-determination and strengths-based therapeutic approaches should be the lens by which all parts of the service system interact with Aboriginal children and their families.

"Limited focus on strengths-based approaches – so much negative language." ACCO

"There is a growing understanding and compassion for the lives of parents. It was agreed a stronger, more supportive, connected to community response, is required." ACCO

"We all know that therapeutic care is the way to go so where are the resources? Where are the resources to support the programs we know work? ACCOs could address the issues with the families locally if we had the resources, we know we could help." ACCO

Senior Aboriginal leadership is required in Government so decisions are made in the best interests of Aboriginal children.

"There is no senior Aboriginal child protection worker in DHHS. Often DHHS leaders will respond to our suggestions by saying, 'We have done it and it didn't work'. Our response is then we need to do it again." ACCO

"Why isn't there a specific Aboriginal OOH Unit? Why don't we have people who know our community? There was an example where DHHS was going to place a child with a family when we knew there was a safety issue." ACCO

KEY THEMES (cont)

PERMANENT CARE/ LEAVING CARE

Leaving care is poorly understood and insufficiently resourced and the consequences are disturbing.

"Definitely a pattern with young people leaving care. How quickly many become parents yet they are not well supported or equipped. As a result, many quickly become involved in the child protection system." ACCO

"Residential care children quickly become involved in the Justice system." ACCO

"We tried to reunite some children with their families but we didn't have services to wrap around the family." DHHS

"During Taskforce 1000 we revisited a number of cases to see if reunification was possible." DHHS

Opportunities exist to empower OOHC alumni to drive change for the next generation of Aboriginal children.

"Look at the US alumni for children in care. What are the learnings e.g. legislate free access to education, public transport, cultural institutions and sports clubs until young people reach 25 year of age. This would be transformative." ACCO

CAPACITY

Resources must be calibrated to reflect the number and level of vulnerability of Aboriginal families.

"We already know who the vulnerable families are. We are less than 2 per cent of the population however the level of need and complexity of Aboriginal populations is not taken into account." ACCO

"Modelling (an evidence-based, realistic mathematical equation) should determine the resources allocated to a service. With AFLDM, understand the number of Aboriginal children reported, investigated and placed, and based on this, determine how many workers and other resources are required." CSO

"Our workers could be doing 10 days a week to meet demand and currently they are only employed for 3 days/week. Adequate resourcing is a key to strengthening the whole system." ACCO

Urgent preparation is required to meet a further escalation in demand when the new legislation around permanency and cultural planning for all children in care is enacted.

"Permanency is coming down like a runaway train. The number of substantiations is up by around 30 a month in some areas. This is an impossible situation. It cannot be fixed based on the current funding and service delivery arrangements." ACCO

"What is going to happen when cultural support planning expands beyond children with guardianship orders?" ACCO

"We all need to be prepared, especially with the new legislation. Do we need to think about Aboriginal people in a different way with regard to the legislation? What are the resource implications of doing genealogy early?" CSO

"With the Child Safe legislation there is going to be a huge spike in demand – another competing wave for attention and funds – we have already seen a 20 per cent increase in reports over the last 4 months." CSO

AREA PLANNING AND MONITORING

The areas have all commenced planning to ensure the momentum from Taskforce 1000 continues, however, the process to develop the plans and the degree of engagement vary significantly.

DEVELOPMENT OF AREA PLANS

A diversity of approaches has been used to develop local area Taskforce plans. These include:

- DHHS sending a template out to stakeholders and subsequently collating the inputs;
- Creation of the action plan immediately after the final day of the panel session;
- An ACCO invited to create the action plan then other organisations coming in and making their contribution;
- Only DHHS involvement with no consultation with stakeholders; and
- DHHS creating a draft plan and sending it out for comment.

From the ACCO perspective, there is some concern the momentum of Taskforce 1000 is fading and there is limited ownership of the area plans.

“The momentum of Taskforce 1000 has faded. Our occurred during the winter and nothing much has happened in the last 6 months e.g. we still have 11 people living in a house.” ACCO

“There was some action a few weeks after the area panel e.g. a car was provided. Things have been watered down a bit.” ACCO

The difference in area plans also reflects the journey, the community leaders and their engagement. One of the ACCOs reported the region ‘was hammered’ during the panel sessions and as a result has been proactive in addressing issues that have arisen immediately and in the plan.

The ACCO that was most energised and clear about their area plan had been invited by DHHS to create the plan; then other key stakeholders gathered later that day to add their contribution. This model respected Aboriginal self-determination and placed the ACCO at the centre of the plan. In this area, the same people that created the plan will hear reports against its progress.

ACCO ROLE IN AREA PLANS

The process for the development of the Area Action Plan is an important part of the plan. It was clear from discussions that where ACCOs and the local Aboriginal community have been involved in the development and will be part of the implementation and governance arrangements, that the plan is more likely to have successful outcomes for Aboriginal children and families.

There is variation in ACCO capacity to be actively engaged in planning. Not every one of the 17 DHHS areas has an ACCO located within their catchment. Some areas have established Aboriginal advisory groups, others have gathering places and some have well established ACCO/ACCHOs. The service system has to take responsibility to find out the best way to partner with the Aboriginal community in each area.

There is at times a lack of clarity by universal services and child protection of the roles and responsibilities of State-wide Aboriginal service providers such as VACCA and VAHS, local ACCOs, emerging Aboriginal groups and gathering places. Promotion and communication of the role each of these important community-driven services play would assist in strengthening connection and engagement.

AREA PLANNING AND MONITORING (cont)

It was also identified that some new, rapidly expanding communities have no ACCO as yet and would therefore need to draw upon other avenues to engage with the community.

"It is unclear the differences between VACCA and ACCOs in the metropolitan area." CSO

It will be essential in moving forward for DHHS to ensure genuine partnerships exist with ACCOs, Aboriginal communities and other key stakeholders so they are fully engaged and committed to the implementation and monitoring of the action plans.

TASKFORCE 1000 COORDINATORS

Role

All stakeholder groups believe the role of the new coordinators should be to unblock and facilitate connection and coordination to ensure momentum is maintained and local solutions implemented. ACCOs expect the coordinators will advocate on behalf of Aboriginal organisations and their communities.

"The coordinators should be facilitators, convenors and brokers – they can create the glue and find out what else needs to be integrated and coordinated. They should support us to unblock and deliver. Resource the local partnership, not a centralised DHHS resource." CSO

"Keep the momentum going, help clear the road blocks in the system." ACCO

"Coordinate implementation." DHHS

"We are looking to the coordinators to provide assistance and support, especially where coordination is required. We expect the coordinators to be an agent and advocate for us." ACCO

Accountability

Already stakeholders are concerned that Taskforce 1000 coordinators are part of the DHHS Community Services Program and Design area, so will be consumed by central office quality and reporting requirements. The common view was that coordinators are a significant and invaluable resource that should be based in the Divisions and report to Area Directors.

"Have coordinators directly attached to Area directors." DHHS

"The coordinators are already captured by quality – they are asking what we have done, seeking reporting information, and producing reports. Focus on coordination not monitoring." DHHS

"Community Services Program and Design has taken over (this is where the coordinators now sit). Coordinators who don't have an understanding of child protection are aspirational about what can be achieved (it is feeling like a battle). For example, I can't just increase the number of AFLDM workers - we don't have the FTE." DHHS

The project coordinators are just hitting the ground now, so shaping their role at the outset is vital.

SYSTEM TRANSFORMATION AND RECOMMENDATIONS

The recommendations identify action is required on multiple fronts and are grouped under five key themes: strong leadership; collective responsibility; self-determination; systemic issues and legislative change.

LEADERSHIP

1. Have the Commissioner continue to lead and maintain the authorising environment for change and to ensure the voice of the child is heard.
2. Have the Commissioner and the Secretary of DHHS co-chair Taskforce 1000 to demonstrate joint leadership and commitment to change for Aboriginal children and their families.

COLLECTIVE RESPONSIBILITY

3. At an area level, bring everyone back into the room to review a cross section of existing, new, and at risk cases case and to evaluate systemic change identified in action plans.
 - Develop and communicate a consistent approach to the development, governance, implementation and monitoring of Taskforce 1000 area action plans which are overseen by the Taskforce 1000 Steering Committee.
 - Bring panels back together to discuss a sample of cases (those discussed in T1000 and new cases) to follow up specific actions and monitor high-risk children.
 - Monitor and refresh each area action plan with key panel members.
 - Temporarily resource child protection officers to enable practitioners time to fully prepare cases for the panel reviews, and at the same time, to ensure other cases under their care are not neglected.

"The Commissioner must go back and follow up! Review some of the same cases already seen and new cases to determine if anything different is occurring." ACCO

"Maintain the interconnectedness of the 40-50 people sitting at the table so they know where to go to get information and to build the links and solutions." CSO

4. Maintain a sense of urgency through the establishment of governance arrangements with departments and agencies that reflect the complexity of support required for children and their families in OOHC or at risk of entering OOHC.

Scorecard

- Produce a user-friendly scorecard with headline indicators that can provide the community with direct, transparent feedback on the progress of children in OOHC (consider Anglicare Victoria's pictorial scorecard).
- Include additional stakeholder specific-indicators to sit under the headline indicators to monitor specific system changes.

Accountability

- Utilise the Statewide Taskforce 1000 Steering Committee to engage the most senior government representatives from across portfolios in the monitoring of area action plans and the development of statewide systemic actions.
- Consider/understand the relationships between the Aboriginal Children's Forum and other accountability mechanisms such as the Area Action Plan groups, the Statewide Steering Committee and other Aboriginal Advisory groups in justice, education and health.

SYSTEM TRANSFORMATION AND RECOMMENDATIONS (cont)

- Incorporate accountability measures into Deputy Secretary individual performance plans in relation to Taskforce 1000 area plans.

"In each area, we want a governance structure which is a mini version of Taskforce 1000 – ACCO, DHHS, CSOs and other government departments." CSO

"Unless an absolute monitoring of the actions occurs, other things will take over." ACCO

"Be careful of the unintended consequences that could result from changes to measurement and reporting – understand these and manage the risks." CSO

"With something as complex as this sector we need clear minimum standards. Currently it is very haphazard - some kids have assessments, others do not." ACCO

"Forums are needed to hold the shared understanding of the complexity." ACCO

SELF-DETERMINATION

5. Resource ACCOs to lead the provision of holistic, culturally appropriate services to disrupt the continuing legacy of intergenerational trauma.
 - Reflect Aboriginal self-determination in all decisions.
 - Resource ACCOs to improve service delivery and keep children and their families in local communities.
 - Shift child protection targets and resources from CSOs to ACCOs in liaison with the ACCO.
 - Talk with local ACCOs who know families about placement options with kin and kith.
 - Provide families with support and time to heal while their children are in OOHC.
 - Strengthen children's connection to community by structuring services around the community in which the child and family belong (or identify with) rather than by the DHHS area that manages the child (which can differ from where the child is placed).
6. Facilitate ACCOs and other agencies to access data while respecting privacy.
7. Commit resources to the establishment of Aboriginal service provision in areas identified by the community as high need such as La Trobe Valley, Western Metropolitan, Inner East Metropolitan and Bayside.
8. Secure sustainable funding for Aboriginal early years including programs, learning centres and playgroups.
9. Create strong support for kinship carers to address trauma and behavioural issues and to mobilise a response when circumstances rapidly change.
 - Review the funding model and capacity to work effectively to support Aboriginal carers in key state funded organisations such as Kinship Carers Victoria and the Foster Carers Association.
 - Create opportunities for Aboriginal carers to come together.
 - Provide training and support to carers in relation to the management of complex behaviours, cumulative harm, developmental delay and disability of children in their care.

SYSTEM TRANSFORMATION AND RECOMMENDATIONS (cont)

- Create equity between foster and kinship carer payments and remove barriers to the assessment of children to receive rates commensurate with complex, intense behaviours.
 - Review decision-making thresholds for children going into care.
10. Introduce one case planner to oversee multiple siblings (one family) and to ensure co-location and strong connections with family.
11. Create clear processes to enable cultural connections to be maintained when a non-Aboriginal person has oversight of an Aboriginal child in OOHC.
- Provide systemic support for non-Aboriginal carers to ensure sustained cultural connection (currently this is not child protection or any other agency's role).
 - Monitor and report on the implementation of the Aboriginal Child Placement Principle annually.
 - Monitor the implementation of the Children Youth and Families Act as it relates to maintenance of culture and best practice.
- Create accountability through funding and service agreements to CSOs responsible for managing Aboriginal children in OOHC in adherence to practice guidelines for Aboriginal children.
 - Have an independent review of DHHS child protection service provision against the DHHS standards (as is required by CSOs and ACCOs).
12. Mobilise a specific response for the Tasmanian Stolen Generations.
13. Recognise the unique role of ACCOs within their community and ensure adequate resourcing and support for governance and service provision.
- "We talked about the different performance of ACCOs. Our ACCO has had trials and tribulations, it's about their governance structure (it undermines government confidence). Who is on the board determines who can access services." CSO*
14. Arrange and fund the regular bringing together of Aboriginal children in care to create connection and shared experiences.

SYSTEMIC ISSUES

15. Address family violence.
- Create a specific response that supports the 'whole family' to get through the immediacy of family violence.
- "We talk about the immediacy of family violence – getting people out of the immediate danger and then taking kids away. There is nothing there to support the family." ACCO*
16. Better understand the over-representation of Aboriginal children in OOHC with a disability and activate a targeted response.
- Conduct more comprehensive assessments of children that have been diagnosed with a disability, behaviour or developmental delay, to ensure an accurate distinction between these and trauma.
17. Embed the outcome of Taskforce 1000 into Roadmap for Reform, the Prevention Placement and Reunification Review, and other major system-wide changes.

SYSTEM TRANSFORMATION AND RECOMMENDATIONS (cont)

18. Be clear on the roles, responsibilities, timeframes and inter-dependencies between AFLDM, ACSASS and case managers to ensure an agile, culturally-responsive service.
19. Amplify the focus and investment on preventative and early years' services.
20. Plan and resource for the increased demand that will result from Section 18 and the changes from the Permanent Care and Other Matters Bill.
21. Implement State-wide approaches to cultural planning.
 - Resource the CCYP to regularly audit cultural support plans of Aboriginal children in OOHC as they relate to best practice, the Children Youth and Families Act and the Human Rights Charter.
22. Build case manager capacity to meet current and projected demand.

"There is a difference in the rural and metropolitan child protection workforces – metropolitan workers are more experienced across the board." DHHS

"Metropolitan case workers tend to be university trained staff, while in some regions the workforce is more often TAFE trained." DHHS

"In some instances, regional areas had a stronger culture which compensated for the lower workforce capability." DHHS

23. Create systemic education responses for children in OOHC and regularly report and monitor these through public forums (such as the Aboriginal Children's Forum).

- Review and update the Agreement between DHHS and DET for children in OOHC and ensure the KESO role and scope is clear.
- Consider the role and responsibility of KESOs in relation to children in care who attend preschool and school and articulate this in the agreement.
- Ensure the developmental needs and wellbeing of Aboriginal children in OOHC is fully factored into the Koorie Learning and Support Strategy under development.
- Report and monitor on the numbers of children in OOHC who are attending reduced hours of school, suspended, expelled and enrolled in special education programs.
- Report on the attendance and achievements of Koorie students (in OOHC) in education.

LEGISLATIVE CHANGE

24. Change the Children Youth and Families Act, policies and practice guides to focus on children and their family.
25. Examine and develop harmonised legislation and practice between Victoria and border states (NSW and SA).