Australian Government
Department of Social Services

BARNARDOS AUSTRALIA RESPONSES
Implementing the successor plan to the National Framework for
Protecting Australia's Children 2009-2020
Consultation questions to be hosted through DSS Engage

Thank you for taking the time to answer these questions. Some questions may not be relevant to you and you do not need to answer all the questions.

Your responses will help us to develop the first five-year implementation plan under the successor plan to the *National Framework for Protecting Australia's Children 2009-2020*.

When providing feedback, please consider (where relevant): the needs of vulnerable or disadvantaged children; or those from Culturally and Linguistically Diverse backgrounds; or other groups such as refugees or those who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and + (LGBTIQA+); and how they could be supported through the successor plan implementation activities.

Questions

The following question relates to the strategic priority of: ***Addressing the overrepresentation of Indigenous children in child protection systems***

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1. A broad range of commitments have been agreed to by all Australian Governments in the National Agreement on Closing the Gap. This includes 16 targets and activities under four reform priority areas:

1. Formal partnerships and shared decision making.
2. Building the Community-Controlled Sector
3. Transforming government organisations
4. Shared access to data and information at a regional level.

Beyond delivering on the existing commitments in the National Agreement on Closing the Gap, what is the most important thing we can implement under the successor plan to reduce over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%?

✍ *Write your response below*

- Keeping Aboriginal and Torres Strait Islander children safe at home, in their communities and culture, is the most important goal for governments, and mainstream and Indigenous community-controlled organisations and communities. Progressing towards achievement of this broad and far reaching goal will reduce the numbers of Aboriginal and Torres Strait Islander children and young people entering the out-of-home care system and the criminal justice systems.

- Achieving progress on the 16 targets in the 2020 National Agreement on Closing the Gap will not only positively impact the safety, health and wellbeing of Indigenous children and young people, but will also strengthen their cultural identity.
- All targets in the National Agreement constitute an early intervention and preventative approach to reducing the rate of entry to out-of-home care.
- The principle of self-determination is fundamental to any implementation plan for early intervention programs and hence reducing entry to care. The Australian Human Rights Commission (July 2013) states that self-determination refers to the existence of 'effective, accountable and legitimate systems and processes' where Aboriginal and Torres Strait Islander peoples can 'articulate their interests, exercise their rights and responsibilities and reconcile their differences'. The loss of this right to live according to a set of common values and beliefs, and to have that right respected by others, is at the heart of the current disadvantage experienced by Indigenous Australians. Genuine participation of Aboriginal people in decision making which directly affects their lives is central to the application of self-determination.

☐   I would like to skip this question

The following questions relate to the strategic priority of: ***A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage.***

2. Tell us about your positive and negative experiences in finding and accessing child, individual or family support when you needed some extra help.

✍ *Write your response below*

Needs improvement

- Services promoted in multilingual and relevant community languages to accommodate CALD communities.
- Services including place-based services (e.g. youth centres, clinical services etc.) need to be identified and promoted as LTBTIQA+ friendly. Service pamphlets need to be youth focussed and relevant.
- DV services are limited for women and children and often require waiting periods to access counsellors.
- Refuges are also very limited to re-house families experiencing DV. Not enough DV information is available in relevant community languages.
- Access to drug and alcohol counselling is limited and often results in long waiting periods to access counsellors and rehabilitation services, especially for youth.
- Access to mental health services is limited and waiting lists are long. Headspace has long waiting lists and often results in the young person not wanting to follow through with the appointment because of the wait time.
- Services lack an understanding of dual diagnoses and trauma. Advocating for families outside of a narrow disability scope is a challenge.
- Service silos, families being offered supports that are restricted that do not increase family's opportunity to address underlying issues.
- Services need shared definitions of risk and safety. Provision of a consistent assessment tool and goal plan that family can carry through with them to different services to reduce number of times they need to share their trauma and stories.
- Language barriers, varying cultural values, misconceptions about life in Australia for families with CALD background.
- Services are normally at full capacity with long wait lists. Families have limited access to services.

Feedback provided by clients
- *The system is hard to navigate.*
- *There are so many different service criteria, which is the best for my family?*
- *I didn't even know I needed help.*
- *I don't want to be judged, so I would rather say nothing.*
- *Every time I go to get support, I am told different information.*
- *I have met some lovely workers, and then they leave. So, I don't want to go back.*
- *Services lose funding and so a new service pops up and families don't know why.*
- *Where is the best place to find service support?*
- *Often brochures and fliers don't have the information I need.*
- *It would be good if there was one central number to ring for any support and they could help me.*
- *Lack cultural awareness by some providers.*

Working well

- Breaking down these barriers would be having clear concise service capabilities shared in an open and honest way - this is not a competition for services. We need to work together to achieve greater outcomes for families.
- Clear referral pathways, processes and accountability for funded responsibilities.

Feedback provided by clients
- *Barnardos has lots of services, I have been in for food bank and then offered family support.*
- *I have walked in off the street for support and ended up getting temporary housing.*
- *The workers are so kind and helpful, I couldn't be where I am without them.*
- *I love my worker, she listens all the time and helps me wherever she can.*
- *Having a support service that helped coordinate the support I need reduced my confusion and feeling overwhelmed.*

⅂   I would like to skip this question

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3. What are some of the barriers you have faced trying to access individual or family supports across the service system (i.e. disability support, early childhood education and care, housing health and mental health, drug and alcohol, domestic violence)?

✎ *Write your response below*

- Accessing NIDS support for clients can be very challenging as eligibility criteria is often complex and at times subjective depending on the type of service provider you try and access the service through. Need clear, consistent standards and guidelines to help services and clients navigate through this sector.
- Access to crisis accommodation for young people and families is very limited. Lack of vacancies in youth refuges and community housing continues to be a barrier. Supported housing opportunities are also limited.
- Accessing mental health support through services like Headspace can be challenging due to lengthy waiting lists. Setting of these services is too clinical and not 'youth friendly'. Need to provide more outreach services to youth centres and client homes. Service needs to be flexible and responsive to youth needs.
- Long wait times in different services.
- Different criteria, including location, age restrictions mean that people are not eligible for some services.
- Families don't want to tell their story again, so don't want another service to become involved.
- High worker turnover so often young people and families don't know who the right person is to call.
- No universal names for services, which makes it harder to understand.

- Different ages for consent which means sometimes younger people cannot access consent without parental permission - but they don't want to tell their parents they need support - so therefore the services cannot help them.
- Inadequate transport and scarce finances become a barrier for families to access support.
- Language barriers for families and lack of knowledge of services/ entitlements.
- Cultural reasons of shame/ embarrassment.
- Discriminating attitude by (some) service providers.
- Lack of knowledge about Aboriginal needs.
- Lack of Indigenous workers who understands Indigenous issues.
- Lack of knowledge on how to access NIDS.
- Lack of interagency cooperation.
- Lack of tailored service provision to highly vulnerable cohorts.
- There is a shortage in service provision across the board, services are at capacity and COVID-19 has further impacted and exhausted all options for staff when working with vulnerable families.
- Families are exhausted and feel like they are on constant 'repeat' about their experiences of trauma in attempting to access services.
- Services have a huge turn over so when workers and families build relationships, they are easily lost in short time frames.
- Dual diagnosis makes it hard to find the right service who can service multiple needs to reduce the need to be transit between multiple services.
- Lack of services offering long term case management to work with families to address the entrenched issues that may not require "intensive" support but require more than for example the 16 weeks of practical supports our program is available to offer.
- DV services working with families when family court proceedings start, escalated risk of increase of DV and no services available to offer supports in times of crisis. There needs to be a whole system change when dealing with child protection matter and Family Law court proceeding. These two matters we know come side by side, and the risk of harm for those children and women involved escalates when there is an active family law proceeding involved. However, the law, the magistrate and the court appointed child psychologist tend to treat these two matters as if they are unrelated, and do not consider the ongoing trauma and risk visitation further put on those children and women. Then to add to the difficulties for mothers and children experiencing DV they may find no services – especially therapeutic services –want to get involved to support the family because their notes often get subpoenaed to the court, or they want stability before therapeutic service can be provided. However, many of these families would not achieve that 'stability' for years rather than months/weeks, so they will miss out on any DV work that could be provided to them.
- Accessibility for housing, paediatricians and health specialists, childcare, mental health and disability.
- Accessing allied health has been a great challenge for many families whether they live in the metropolitan areas, or in the regional areas. Long waitlist for pre-school kids to have assessment done, and to receive public health allied health support. This is due to limited workforce in the regional area. For the metropolitan areas, available workforce has also been reduced due to many health professionals have been re-deployed to cope with the impact of COVID, as well as the roll out of vaccination. This has a flow on effect on the rest of the communities who try to access allied health in their local health district.

⅂ I would like to skip this question

4. Tell us about the additional barriers to accessing services faced by:

- Aboriginal and Torres Strait Islander children and families,
- children with disability and/or parents and carers with disability,
- children and families with multiple and complex needs,
- children and young people experiencing or who have experienced abuse and/or neglect, including children in out-of-home care, and young people leaving out-of-home care and transitioning to adulthood

✍ *Write your response below source:*

Aboriginal and Torres Strait Islander children and families

- Mistrust of mainstream services perceived and/or real lack of confidentiality (relevant in rural communities).
- Experience of discrimination, racism and trauma.
- Poor communication style and engagement strategies by support workers.
- Lack of resources/scope/flexibility of services/programs delivering support in the family home.
- Lack of research that identifies systemic barriers (without making the barriers an 'Aboriginal problem') and meaningful program/service design, and which aims to address systemic disadvantage.
- Lack of culturally appropriate trauma informed practices when working with families of both ATSI and CALD backgrounds or offering "tick box" services without connection for the client.
- Not enough Aboriginal-specific services or Aboriginal workers within services to be able to provide culturally appropriate support to families and young people.
- Service systems that still have little cultural awareness.
- There is still a lack of consultation with local Aboriginal elders and services whenever a large-scale policy or pilot program is being rolled out. We must consult with them before implementing anything otherwise we will never able to address this over-representation of Aboriginal families in the system.
- Affordable childcare, transport and culturally safe practices within early childhood education settings
- Lack of public transport and poor access to telecommunications and technology are both barriers which may hinder access to health services also transport and how to navigate services. Also, cultural awareness with services when engaging with Aboriginal families.

Children with disability and/or parents and carers with disability

- Lack of appropriate services in rural NSW communities, which are comparable to universal service. In rural and regional areas this includes lack of funding for existing services; service provision not determined by Aboriginal people; lack of transport options; lack of skilled staff in non-health service sector to support children and/or parents/carers with diverse abilities to access support services; lack of resources in non-health service settings to provide quality services to Aboriginal children and/or parents/carers with diverse abilities.
- Lack of faith in the NDIS system.
- Limited knowledge of services and worker education and training around how to work with families with diverse abilities experiencing significant disadvantage.
- Lack of specialised services for disability e.g. behavioural paediatricians that are booked out for 12-18 months due to requiring assessments for further diagnosis and/or supports to

be funded resulting in families with child behavioural concerns missing the opportunity for early intervention.
- Transport not funded for children with disabilities to access early childhood education.
- Affordable quality childcare for parents and cares with a disability.
- Aboriginal parents/carers of an Aboriginal person with a disability experience higher rates of depression, more financial stress, and are twice as likely to be in poor physical health than the general population. Aboriginal and Torres Strait Islander peoples experience worse health, social and economic outcomes than other Australians, and those with a disability face 'double' disadvantage to providing and accessing care.
- Tailoring services to the needs of carers of Aboriginal children with a disability means supporting kinship caregiving and facilitating engagement with other Aboriginal families. Services and funding initiatives need incorporate this in the planning and delivery of holistic care.

Children and families with multiple and complex needs

- For Aboriginal children and families with multiple and complex needs this includes coercive service provision, often initiated by statutory authorities (e.g. child protection/community offender services, Juvenile Justice); stigma; lack of knowledge and skill of workers supporting children and families with multiple complex needs; 'tick a box' service provision, which often results in repeated or escalating engagements with statutory authorities; support services unable to address underlying cause of multiple complex needs due to lack of resources, time constraints, lack of suitably skilled/qualified staff and so on which results in working with symptoms rather than the cause.
- Lack of soft entry points to support, often support is only offered after families and young person have come into contact with Police or child protection.
- Transport issues.
- Financial constraints.
- Lack of communication between services.
- Lack of phones and communication methods for families with limited money.
- Families reluctant to use of interpreters - this is particularly a problem in small communities where interpreters may know the family and there is a risk of social shame and embarrassment.
- Parents wanting children to be used as interpreters, which can cause intergenerational conflict and adultification/parentification of the child.
- Families have lack of trust and worry about child protection reports being made so engagement can be challenging, this requires services to be highly skilled in how to work with these families respectfully and gain some trust.
- Poor communications with services, overloaded services with consequent poor time management in ensuring can meet the needs of those most vulnerable.
- There is a great need for specialist services to assist the children in their care with complex needs. This includes health, mental health, counselling, remedial education, language and speech services. There are still many difficulties in getting specialist services for children with multiple and complex needs.

Children and young people with experience of abuse and/or neglect
(including children in out-of-home care, and young people leaving out-of-home care and transitioning to adulthood)

- Many children in out-of-home care experience ongoing problems notably trauma resulting from abuse, neglect or exposure to domestic violence, and may also suffer behavioural issues and learning difficulties.
- Inadequate financial support for children and young person leaving out-of-home care.
- Aboriginal children in out-of-home care may also experience a loss of cultural connection.
- For Aboriginal children and young people, a lack of investment in specialist local culturally safe intervention services targeting child abuse and neglect for children and young people, which focus on both parents and carers as well as the children and young person in the family home. This dearth leads to ad hoc consideration to the cultural care of children and young person in the out-of-home care system e.g. fractured information, isolated from extended family members, loss of identity.
- The key needs to support Aboriginal children and young people in out-of-home care include:
    o specialist services
    o cultural mentoring
    o family contact
    o school-based support service
    o informal supports for children in care
    o planning for leaving and after care

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5. How do you think we could facilitate greater access to and navigation through public supports such as disability, early childhood education and care, health and mental health, drug and alcohol, domestic violence, justice, housing, and employment service systems?

✎ *Write your response below*

- Often service providers become the doers, with little or no consultation with family and community about their needs. Our families are the experts in terms of what works and without respectful relationship building, agencies/programs/services/workers may fall into the trap of essentialism.
- Utilising schools as a hub for welfare support would be a good place to promote early intervention targeted support for young people. 'Hot desking' by support services at primary and high schools is an effective way of reaching out to young people at risk. Greater emphasis on a youth friendly service design that incorporates a 'one stop shop' for young people to access a diverse range of support services including mental health, drug and alcohol, housing and employment e.g. Youth Centre co-located with a range of welfare support services would also help to provide targeted support.
- Central drop in facilities for families that are within walking distance.
- Consistent information in an easy-to-read format, in different languages and culturally appropriate, as well as information available over the phone for people that cannot read or need further information.
- More collaborative work between agencies.
- Increased funding for onsite interpreters.
- Services present at GPs, schools, hospitals, and shopping centres to increase access opportunities.
- Improvement of case management.

- There needs to be a central referral page for each LGA that list providers, what they offer, and how to access.
- Improve access to NDIS – currently is too difficult for families and services.
- NDIS needs to include a trauma lens
- Reviews need to occur about funding agreements and how they can better utilised and increased.
- Networking in LGAs needs to improve.
- More funding for early childhood education to support children with disabilities. Funding needs to be available not only in preschools but in long day care services.
- Extending the funding and geographic scope of family referral services such as Family Connect and Support services (which in New South Wales are managed by the Department of Communities and Justice), noting that:
  - Family Connect and Support (FCS) is an ideal first point of contact for individual, families and services to seek and navigate support in the system. The state-wide FCS is doing a great job in building relationship with all the government sectors (e.g. Police, Education, DCJ, and Health) in accessing/sharing information and have established great referral pathways.
  - FCS also has great relationship with NGOs in their local areas to maintain referral pathway and partnerships in working together to support the outbound referrals.
  - One of the best ways in allowing individual and families to access support is to have FCS-type service physically sitting in outreach settings, such as school, antenatal clinics and early childhood centre, to provide a point of contact for families who may need extra support. By immersing in those outreach settings allow the FCS workers to support the teachers, educators and midwives on welfare and child protection issues, and these professionals will also build a much better relationship in referring families directly into FCS. This universal and early identification of vulnerabilities is the best way to support families before those vulnerabilities become a risk for the children.
  - By having FCS function as the bridge between the government services, NGOs and families, clients will have some help in navigating the system. The FCS worker would iron out all the different eligibility criteria and identify the most appropriate service for the client. Most important of all, FCS will act as an advocate for the client to access service in the local area. FCS will be able to identify the gaps in the system as a whole and be able to feedback those gaps and challenges to the governance group (which consists of education, health, police, statutory authority and justice departmental representatives).

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6. What action can governments take to support collaboration between services to offer wrap around supports to vulnerable children and families?

✍ *Write your response below*

- Government departments often work in isolation and do not effectively coordinate service provision with the NGO sector. The onus is on the NGO's to reach out to government services and coordinate service provision. Government services also need to focus more on outreach service provision rather than place based.
- Government representatives meet with the community members to understand the types of issues they are facing.
- Ongoing focus groups that look at issues in the different areas.
- Community consultation with diverse cultural groups, community groups, schools, doctors, and health professionals.
- Provide more training opportunities for government, so they understand the 'real life' experiences of vulnerable families.
- Convene conferences that have speakers from the community talking about their experiences.
- Change competitive tendering processes (which promotes competitiveness between services).
- Develop a framework of interagency collaboration.
- Greater accountability and transparency of existing funded services to provide the services that are contracted in their agreements.
- Facilitating meetings to discuss vulnerable children and families (similar to Safety Action Meetings) that ensure all services are working collaboratively and are held accountable for service provision and outcomes.
- Funding for integrated services (e.g. social workers based in schools, preschools, childcare and playgroups) to streamline support to families and offer early intervention pathways.

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7. How can children, families and communities be better engaged in service design and delivery? How would you like to be engaged?

✍ *Write your response below*

- Surveying clients throughout the process, as well as before and after. Engaging and consulting with clients when setting up a service. Paying young people for their time when consulting with them to design a service that meets their needs. Involving all stakeholders in the co-design and delivery of the service.
- More funding for early childhood education to support children with disabilities. Funding needs to be available not only in preschools but also in long day care services.
- Be involved in consultation groups.
- Provide camps, one-day workshops and practice forums for communities, staff and government to bridge the gap between service delivery and the community.
- Support families to have their say.
- Provide opportunities for them to shape services, and then deliver these services to the community.
- Incentives for family's participation in consultation groups.
- Consulting within schools to promote empowerment of children and young people and increase their voices in decision making and policy development.
- Involvement by community leaders and community organisations.
- Ensure information is available in various languages.
- Greater opportunity for continued feedback – not a single point in time.
- Services should be consulted on a regular basis around practice issues and suggestions for improvement. Need to see evidence that suggestions have been acted upon.
- Retrospective evaluation of services (what has worked or not worked and what could be improved, at what stage would it have been beneficial for XYZ to happen.)
- We need to involve children and families in service design. Currently, this is not being done. Some policies are being written by people who don't have frontline experience with clients.

Invite the families in to talk about their experiences. Let them share their stories with the people in head office. Share the good news, what's already working. Share the challenges and what's not working.
☐   I would like to skip this question

The following questions relate to the strategic priority of: ***Improved information sharing, data development and analysis***

8. What data and information is needed to better understand and improve outcomes for vulnerable children and families?

✍ *Write your response below*

- Build on what is in the public domain e.g. ROGS, and what is produced by respective government departments.
- Integration of the different data sets would be beneficial in order to avoid duplication
- We need to be aiming for harmonisation and consistency across jurisdictions including the platforms the data is in. This assists with the ability to sift and sort data sets.
- Timeliness and currency of information is critical.
- Granular approach to data capture and analysis – we need to be able to understand data sets and not have to rely on government for raw data.
- Support and enable Not for Profits to track and respond to what the data is revealing. We need data that shows what we are doing is working to keep children with families safely at home, or, if they have to come into care, then the quality of care is good. Therefore, any changes to program models is purposeful and based on principles and reliable data. We want to know that if a child or a young person is in care then they have a quality experience and we are exiting them from care in a quality and sustainable way.
- Consistency is important – we need to be able to track families who cross state and territory boundaries.
- Need to ensure there is a strong relationship between evidence and research and what data metrics we use.
- We work in a complex service system, where we need to measure outcomes achieved. Therefore, we need to have a system that can track the efficacy of the system (timeliness and usability).
- Currently we do not have a lot of data regarding what happens in respect of the children's court and efficacy of the anecdotal evidence we are hearing from our services e.g. increased court duration time.

☐   I would like to skip this question

9. What information should be shared between non-government organisations and governments to support service delivery and outcomes for vulnerable children and families?

✍ *Write your response below*

- The focus is not just on what information, but also on when. Information should be shared easily at transition point.
- Purposeful, relevant and timely.
- Need to know basis.
- Non-government organisations should be providing outcome reporting to government, so they in turn need access to relevant data in a timely and transparent manner.
- Outcome focussed.
- Non-government should provide to government an appropriate level of performance reporting that matches their organisations' reporting capability.
- Government needs to provide the information that is needed by an NGO when it is needed. This transition should be supportive of the work of the NGO and not create additional barriers.

☐   I would like to skip this question

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10. How should monitoring and reporting on the successor plan be made available to the public (i.e. online dashboard, annual reporting)?

✍ *Write your response below*

- Both – need to wrap the qualitative narrative around dashboards and annual reporting.

☐   I would like to skip this question

The following questions relate to the strategic priority of: ***Strengthening child and family sector workforce capability***

11. What skills, competencies, and/or practices does the workforce need to provide the most effective support for children and families in the priority groups?

✍ *Write your response below*

- Barnardos staff survey identified the following priority training needs:
    · Child Protection (ROSH, mandatory reporting, legislation knowledge)
    · Boundaries with clients
    · Culturally reflective practice for working with CALD
    · Solution-focused questioning
    · Cultural training
    · Managers training
    · Group supervision
    · Vicarious trauma

- Mental health in the work place
- LGBTI awareness
- Working with staff who have disabilities
- These are the fundamentals that cut across early intervention work, notably, trauma-informed practice and motivational interviewing
- Universities are not delivering graduates with the full suite of competencies required. Good theory but the day-to-day skills are often missing.
- Sufficient investments in ongoing training and development are not being made. Needs to be jointly delivered (if government and non-government are working in the same space).

☐   I would like to skip this question

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12. What changes are needed to prevent high levels of turnover or burnout for staff working with children and families experiencing vulnerability or disadvantage?

✐ *Write your response below*

- Coordinated sector and organisational efforts to address front-line and administrative staff wellbeing with appropriate targeted training.
- Should front-line workers be regarded in the same way as our other front-line responders like nurses and doctors?

☐   I would like to skip this question

The following questions relate to **the priority groups agreed for the successor plan**

Aboriginal and Torres Strait Islander children and families

13. What do you think we need to know about the experiences of Aboriginal and Torres Strait Islander children and families in their dealings with family support and other targeted support services and their ability to access and/or navigate them?

✐ *Write your response below*

- Aboriginal people face many challenges when accessing mainstream services. These include an unwelcoming first point of contact in service settings, lack of transport, mistrust of mainstream services, a sense of being alienated, racism and inflexible service delivery options.
- We need to network with local Aboriginal communities and consider partnering with them on a specific program or project.
- This would include inviting them into your service to see your inclusive programs and resources and inviting Elders and people/families from your local community/local people to take part in celebrations and significant events at your service.

☐   I would like to skip this question

Supporting families with multiple and complex needs

14. What are the top things that work to develop the referral mechanisms, partnerships, practices and services needed to better support families with multiple and complex needs?

✍ *Write your response below Source*

- Tools such as Multi Agency Response Guide (MARG), or a Child At Risk Plan (CARP).
- Efficient, timely and comprehensive referral process with flexible criteria.
- Collaborative professional care team meetings.
- Mandated service provision.
- Responses such as COVID Complex Client meetings – multi-agency response forum
- Mandated medication for purpose forms from medical practitioners to enable safe administration of medication, particularly psychotropic medication to young people.
- Facilitating building of positive relationships between case manager and the family (carers and young person/child) and allowing them the time to genuinely engage with the whole family e.g. having same case manager for the whole family and same contact case manager for referrals to other agencies.
- Case managers who have a solid understanding of unique needs of kinship carers.
- Awareness that that children and young people may have disrupted relationships with birth families, may mistrust government and non-government organisations, may have language and cultural barriers to engaging (especially Aboriginal and CALD families).

☐   I would like to skip this question

Children and young people experiencing or who have experienced abuse or neglect

15. What changes or supports are needed to help children and young people access therapeutic services to recover from experiences of domestic violence, abuse or neglect?

✍ *Write your response below*

- Better mental health services/provision for these children and young people.
- Assertive and holistic outreach services.
- Services that can work with comorbidity.
- Better service provision within the education setting.
- Practical supports including transport and child care (if carers needed to participate)
- Multilingual therapeutic staff are helpful in certain situations.
- Supports around family visits if dad was the perpetrator.
- OOHC Health pathways to play a more significant role in ensuring that out-of-home care kids not sitting on waiting lists for extensive periods.

☐   I would like to skip this question

Improved support for young people leaving out-of-home care and transitioning to adulthood

16. For young people leaving out-of-home care and transitioning to adulthood, what works to help young people to transition into adulthood well? For example, to find somewhere safe to live, continue education or get a job, and have good health and mental health.

✎ *Write your response below*

- Transition into adulthood can be overwhelming. It is important the young person has adequate support until they feel sufficiently confident to manage independently.
- Safe, supported and affordable accommodation options.
- Safe and supported long term out-of-home care placements that will support transitions.
- Contingency planning for children in out-of-home care e.g. Plan A to remain in placement, Plan B housing application.
- Continuum of care payments.
- After care support.
- Soft referrals.
- Scholarship arrangements/supports for children in out-of-home care to access tertiary education.
- Participation and engagement from the young person in their planning.
- Good relationship with case manager leads to quality discussions of what young people enjoy and don't enjoy. Hearing what the young person is interested in and steering them towards that e.g. love of animals led to a young person getting an apprenticeship as a station hand.
- Creative life skills opportunities e.g. hair and beauty workshops, visit to mechanics workshops as part of school holiday program (always include lunch).
- Those caring directly for young people leaving care need to prepare them by helping them acquire independent living skills. This work needs to occur before the young person leaves care to ensure they have success. Having a mentor – a coach, part time job boss or elder neighbour are some examples of good relationships that have been encouraged and assist young person to transition.
- Each young person should be connected to a counsellor; often this is not the case.

☐   I would like to skip this question

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17. If you accessed the Transition to Independent Living Allowance (TILA) payment, what were some of the challenges and helpful parts of this experience?

✎ *Write your response below*

- Few difficulties experienced once we knew how to apply. It is helpful that young people can decide how to use TILA.
- Increase in allowance is overdue (remained at the same level for many years).
- Relatively easy process to access allowance.

☐   I would like to skip this question

Children and young people with disability and/or parents and carers with disability

18. Tell us about the experiences of children with disability in their dealings with intensive family support services, child protection, out-of-home care and leaving out-of-home care?
✍ *Write your response below*

- It can be hard for staff and families to navigate which services children with disabilities are entitled to.
- Long waitlists for young person with disabilities to get support.
- Families may not be aware their child has a disability. When an intensive support service/child protection program becomes involved there are a lot of meeting with NDIS, disability services and other services which can be overwhelming and hard to navigate. Families with limited education may avoid seeking formal support or ignore professional advice given because they are concerned it will all become too difficult for them to manage.
- In OOHC children with disabilities can find it difficult to navigate leaving care and knowing where to ask for help. Leaving care plans therefore need to be very comprehensive and started as early as possible to ensure all provisions are put in place. If they are moving into independent living, this is even more important because they don't have anyone to watch out for them.
- Carers often are not aware of the supports young person with disabilities can get, which means they miss out on additional support. This can lead to placement break downs and less support. Early intervention is required to achieve placement stability.
- If the parent/or carer has an undiagnosed disability it can be hard for them to understand the expectations that programs have on them. Learning difficulties with reading and writing may prevent them from seeking support as worry about judgement.
- Very limited supports for LGBTQI in the western areas. Need to travel into the city for specific support programs and this is not sustainable for some of our families.

☐   I would like to skip this question

19. Tell us about the things that work to ensure children and young people with disability live in safe homes, free from harm and neglect?
✍ *Write your response below*

- Skilled, qualified workers that can build on the relationships with the families to assistant them with navigating services.
- Home visiting with families and role modelling parenting/child relationships.
- Longer service delivery that assists families to sustain change.
- Consistent vacation care programs that allow carers to have breaks and provides children and young people with new opportunities to learn and grow.
- In-house respite support for families on a regular basis.
- Additional training for parents and carers to assist their understanding of disability and how to parent a child with a disability.
- Building up informal networks of support for the families.
- Providing practical support for parents of children with physical disabilities.

- Providing emotional and psychological support for any children with emotional, intellectual and/or other disabilities.
- Providing consistency by having the same medical professionals (as much as possible) engaged with families so that medical history is not lost.
- Having a comprehensive approach to therapeutic care, including ongoing support from occupational therapists, speech therapists etc.
- Providing additional monetary support for case coordination outside of NDIS so that more wraparound support can be provided.
- Community support and engagement from all levels of government.
- Increased medical, psychological and other clinical support.
- When NDIS packages provide enough financial support for young people and their families services work well as they can get enough intervention and therapeutic support.
- When case coordination is organised in an effective way, the case coordinator understands the disability sector, what the families can access and how best to advocate for them, then families are provided with the best opportunities.
- When programs are provided with funds in addition to the NDIS package, they can allocate time to planning, rostering, coordination and check ins, and spend time in getting to know the families and children with disabilities. Without these additional funds services remain understaffed, underfunded, and constrained in what they can achieve.
- Case coordination and service delivery which considers a family's values, religion and cultural beliefs. This includes services having a mix of culturally diverse staff members to assist in service delivery.

☐   I would like to skip this question

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20. Tell us about the experiences of parents and carers with disability in their dealings with intensive family support services, child protection, out-of-home care and leaving out-of-home care?

✎ *Write your response below*

Positive experiences

- Parents/carers feel very supported by DSS vacation care program knowing that their children are looked after during the school holidays, weekends or after school. There are parents that would like further support from Barnardos. If the program was expanded to have more case coordination, then it would benefit the families and young people even more.
- Parents can become very close with workers that provide support in the homes and always speak positively about how important they become to them.
- Barnardos delivers respectful services that protect and support clients. Parents feel most supported and not judged when workers take the time to get to know them, and do not treat them as a 'disabled person'. They are treated like any other parent and given respect.
- Barnardos tailors its parenting programs to suit the learning needs of parents, and parental intellectual disabilities, learning delays and the like. This ensures they can take the knowledge home and use it to parent their children safely.
- With interpreter support, language barriers and mixed communication do not become issues.
- Genuine and relevant cultural support built into the NDIS plans and work plans for families.

Negative experiences

- Parents can feel overwhelmed about the amount of support they need to raise their children safely. This can result in them avoiding contact with their service provider or being over actively engaged. From the worker's perspective both issues require monitoring and can be difficult to manage.
- Carers and parents can get frustrated with the amount of paperwork needed to 'prove disabilities' or 'diagnosis' and is often not done unless support is given by services like Barnardos. This delays interventions for children.
- Coming into a home to provide intensive family support or address CP concerns can be experienced by parents as an invasion of their privacy. They can become defensive and refuse to engage with services; this is especially so where there is pre-existing mistrust of services and intergenerational disadvantage.
- Parents of children in out-of-home care can have negative experiences though family contact when they do not understand the processes or reasons why children are in care, or why they were removed in the first place.
- Parents become frustrated when they do not understand the different services and why so many people need to be involved in their family.
- Parents can have trouble changing their own behaviours, even when they are dangerous or unsafe for the children. Often, they are not aware of the importance of simple things like routine, bedtimes, hygiene and health, house organisation, and healthy foods. It can take a long time for workers to assist parents to make the changes needed for children to be safe in their homes. They do not want to be told they are 'doing it wrong', or 'they are incompetent', so it is essential that workers build up solid, long lasting, and trustworthy relationships with these families so they can support the changes needed for the children.
- A high turnover of workers within the disability sector can make it difficult for families.
- The rosters, data base systems and IT systems are all different for each service and do not necessarily support each other or the running programs.
- Families experience considerable judgment (real and perceived) around their parenting, even though they may have been raising a child with a disability for many years. This can make providing constructive feedback difficult.
- Statutory authorities often lack appropriate experience when dealing with disability, so families are left struggling for extended periods before external services are brought into case manage. This also offends families as they perceive they are being told they do not know how to parent. Families often have been doing something a particular way for many years to get by and all of sudden change is required. This can impact the whole family as often there is other children in the family home who do not have a disability.
- Working with families where there is a disability can often prove particularly challenging for the case worker and so extra support by management is also needed.
- External services are not necessarily skilled in working with complex families outside of disability, and find it challenging to enter the home and build rapport with families. Services often lack understanding of trauma and impacts it has on parenting capacity and achieving outcomes.

☐ I would like to skip this question

21. Tell us about what works to support vulnerable or disadvantaged parents with disability help their children reach their full potential in safe and caring homes?

✍ *Write your response below*

- Increased service provisions in the family home and in the community. More support, more regularly, will ensure these families feel less isolated.
- Increase opportunities for interactions with other vulnerable or disadvantaged parents so they can support each other. Facilitate support groups for parents on a regular basis.
- Ongoing training for parents and their families so they continue to stay informed regarding the latest research and knowledge.
- Providing drop-in centres and play groups for families to come together, reduce isolation, and establish and maintain connections.
- Providing other types of services for families to relieve stress and anxiety (for example, food relief, school camps, family outings, social gathering, electricity bills, and play groups).
- Ongoing training for staff working with these vulnerable families. Ensuring policy, practice and organisation research is up to date, so that staff are best equipped to support these families and are always striving for best practice.
- Transparency with all services involved, clear communication and goal setting, and with everyone accountable to the case plan. When one person does not fulfil their requirements, it can leave a gap in service delivery and effect the overall wellbeing of the child/ren or family.
- Increase parenting programs within the centres and ensure that groups are tailored to parents with a disability.
- Important for the worker to become a regular presence in their lives through positive experiences. This means that when tough conversations are needed, they are more likely to listen.
- Ensure that workers are open, transparent, and clear so that parents and carers know what is expected of them.
- Set realistic goals for parents so they can succeed.
- Provide an organisation-wide approach to upskilling workers to be excellent at working specifically with parents of disabilities, so it does not become a barrier in their care
- Provide culturally appropriate community groups for families.
- Provide productive, effective supervision for workers to reflect on their practice and to continually review what they are doing.
- Establish a relationship-based model of working with these families to enable them to understand their strengths, the difficulties and where they need assistance. The consistent presence of a support person in their lives helps parents upskill and contributes to keeping children safe.
- Organisations need to provide consistent flexible and person-centred service delivery.
- Spend time within the homes to role model different parenting strategies with children and young people and their parents. Change these strategies based on the child and what works and what does not.
- Increase service delivery time so that family given the time they need. Families with disabilities are more likely to need ongoing support. Services need to be set up to support them during 0-18 years of age.
- Clear service delivery guidelines covering what services are available.
- Services should have a shared definition of risk and safety. There should be a consistent assessment tool and case plan that carries through all services. This also means less repetition for clients and having to re-tell their stories.

- Services tend to see each other as competitors.
- Support works best when there are clear referral pathways and processes, and accountability is shared through a sector wide response.
- Facilitating child protection meetings for children with disabilities so all services involved are aware of the at-risk families. This would ensure services work collaboratively and are held accountable for service provision from month to month.
- Funding for more early intervention services prior to becoming a parent.
- Families in the intensive preservation program can be resistant to change – they have done things a certain way for a long time and feel they have done their best as a parent with a child who has a disability. These families often require extensive support such as five days in the home and lots of check ins to see how things are going with services for the child.
- Ensure staff working with the family are adequately trained, have a clear understanding of NDIS and able to facilitate effective change and provide support.

      I would like to skip this question

This question relates to the ***Role of the non-government sector***

22.How can governments and the non-government sector and Aboriginal community controlled sector work best together to improve outcomes for children and families?

✍ *Write your response below*

- The partnership approach established for the next phase of Closing the Gap including the Joint Council on Closing the Gap, provides a valuable model for working in partnership between Federal Government, states, territories, Indigenous community-controlled organisations and nongovernment children's social care organisations.
- Governments and nongovernment organisations must work collaboratively and in genuine partnership with Aboriginal and Torres Strait Islander peoples who are the real change agents.

☐   I would like to skip this question

This questions relates to **what success might look like**

23. What changes from implementing the successor plan do you expect to see in the short, medium and long term?

✍ *Write your response below*

- It is unclear how short, medium and long term are defined.
- Longer team key indicators would be changing CIFA social demographic indicators.
- Less entries to care.
- Less ROSH reporting.
- Keep families safe together.
- Move from outcome reporting to impact reporting.
- Much more consistency in reporting requirements.

• In the short term, a national framework that is going to have an impact on the issues and not just be lip service.
☐ I would like to skip this question

The following questions relate to **demographic information**

24. Which of the following statements best describes you? ☑ *Tick all that apply*
I consider that I am from one of the priority groups for the successor plan? If you are comfortable, please let us know which group? (open text)
I have a loved one / friend who is from one of the priority groups for the successor plan. If you are comfortable, please let us know which group? (open text)
Aboriginal
Torres Strait Islander
Culturally and/or Linguistically Diverse
LGBTIQA+
A person with disability
I am from a government organisation
☒ **I am from a non-government organisation**
I would like to skip this question
Other (specify if you wish) *[open text]*

25.   If you are responding as an individual, which state or territory do you live in?

☑ *Tick one (1) option*

☐	Australian Capital Territory
☐	New South Wales
☐	Northern Territory
☐	Queensland
☐	South Australia
☐	Tasmania
☐	Victoria
☐	Western Australia
☒	I would like to skip this question

26.   If you are responding as an individual, which age bracket do you belong to?

☑ *Tick one (1) option*

☐	Under 10
☐	10-18
☐	19-29
☐	30-39
☐	40-49
☐	50-59
☐	60-69
☐	70+
☒	I would like to skip this question

27.   If you are responding as an individual, what gender do you identify with?

☑ *Tick one (1) option*

☐	Female
☐	Male
☐	Transgender
☐	Gender non-binary
☐	Intersex
☒	I would like to skip this question
☐	Other (please let us know if we left anyone or anything out here) *[open text]*

28.   If you are from an organisation, which of the following statements best describes your organisation? ☑ *Tick all that apply*

☐	Local community service
☐	State/ Territory-wide service, advocacy or peak organisation
☐	National Service
☐	State/ Territory government
☐	Federal government
☒	Service for children and/or young people
☐	First responder (e.g. police, ambulance)
☐	Research organisation with an interest in policy or research related to the priority groups for the successor plan
☐	Education facility (e.g. university)
☐	Health (e.g. hospital, GP)
☐	Corporate sector
☐	Legal or judicial
☐	I would like to skip this question

☐	Other (specify if you wish) *[open text]*

29.   If you are from an organisation, does your organisation work with specific groups? ☑ *Tick all that apply*

☒	Children and young people experiencing or who have experienced abuse and/or neglect
☒	Children or young people in out-of-home care
☒	Young people leaving out-of-home care and transitioning to adulthood
☒	Children or young people who have experienced domestic/ family violence
☒	Aboriginal
☐	Torres Strait Islander
☒	Culturally and/or Linguistically Diverse
☒	LGBTIQA+
☒	Children and young people with disability, and/or parents/carers with disability
☒	Women
☒	Children and families with multiple and complex needs
☒	Families experienced financial, housing/ homelessness, educational and/or employment stress
☒	Children (0-10)
☒	Young people (10+)
☒	Families
☐	None of the above
☐	I would like to skip this question
☐	Other (specify if you wish) *[open text]*

30. **If you are from an organisation, which state or territory does your organisation operate in?** ☑ *Tick all that apply*

☒	Australian Capital Territory
☒	New South Wales
☐	Northern Territory
☐	Queensland
☐	South Australia
☐	Tasmania
☐	Victoria
☐	Western Australia
☐	National
☐	I would like to skip this question

31. **Postcode:** *(optional)*

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(Barnardos Australia Head Office)

That's it, you're all done. Thank you for completing our questionnaire. We appreciate you taking the time to share your thoughts and opinions.

If you have any questions or feedback about this questionnaire, please contact the Department of Social Services via NationalFrameworkfeedback@dss.gov.au.

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