



# Our families, our way

*Strengthening Aboriginal families so their children can thrive*

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February 2017



Aboriginal Child, Family and Community Care State Secretariat (AbSec)

## About AbSec

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

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

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

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

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

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## Introduction

The continuing overrepresentation of Aboriginal children and young people in the NSW child protection system is proof that the series of reforms and child protection inquiries have not worked for Aboriginal children, young people and families. Statistics show that Aboriginal children and young persons in OOHC experience poorer outcomes across the domains of mental health, and education<sup>1</sup> and approximately one in 10 young people involved with the NSW criminal justice system in NSW were in OOHC. AbSec is committed to reducing the overrepresentation of Aboriginal children and young people in the OOHC system and improving outcomes for NSW Aboriginal families and communities.

Achieving this goal will require a significantly transformed child protection system focused on strengthening Aboriginal families, keeping Aboriginal children safe at home and preventing the need for entering the out-of-home care system. Further, a transformed child protection system focused on reducing the overrepresentation of Aboriginal children and young people in the out-of-home care system would seek to successfully reunify or restore Aboriginal children and young people to their families where it is safe to do so. Such a system would therefore characterise out-of-home care as an identified opportunity for intensive family work, addressing persistent risks while ensuring the immediate safety of children and young people, preferably through the involvement of extended family networks and existing relationships.

The purpose of this paper is to propose a new way of working with Aboriginal people to strengthen, empower and encourage Aboriginal parents and families to provide safe and nurturing environments for their children and young people. This paper builds on previous work completed by AbSec to conceptualise a holistic Aboriginal child and family model, and forms part of a series of papers that further articulates specific elements of this overarching conceptual model for holistic Aboriginal services. Together, this series of papers seeks to present a comprehensive framework for Aboriginal child and family services across the continuum of care, representing a clear, sector-wide model developed by the Aboriginal community-controlled child and family sector to meet the needs of Aboriginal children and families across NSW.

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<sup>1</sup> Dr Michelle Townsend: Are we making the grade? The education of children and young people in out of home care, 2012

## Background

This position paper builds on the following two key documents:

- a) AbSec/FACS co-design process: 'Plan on a Page for Aboriginal Children and Young People 2015-2021'
- b) AbSec's paper 'Achieving a holistic Aboriginal Child and Family Service System for NSW'

The 'Plan on a Page for Aboriginal Children and Young People 2015-2021' evolved following a co-design partnership approach between AbSec, FACS, Aboriginal non-government agencies and NSW government agencies. The *Plan* highlights high-level concepts for the future state of the Aboriginal sector and identifies the need for a new, integrated Aboriginal-led approach across the sector to improve outcomes for Aboriginal children and their families.

The overarching objective of the Plan is to promote child safe communities and reduce the over-representation of Aboriginal children in OOHC through a sustainable safety-net of Aboriginal agencies interconnected to local community governance, ensuring Aboriginal community ownership, accountability and control in meeting this challenge with Government and other stakeholder support through partnerships.

The Plan also sets out AbSec's vision for a *'strong safety-net of Aboriginal community-controlled organisations that effectively meet the needs of Aboriginal children, families and communities through holistic and individually tailored Aboriginal child and family centres across NSW, working towards child safe communities and reducing the overrepresentation of Aboriginal children in out-of-home-care and providing for better outcomes over time'*

AbSec's paper, 'Achieving a holistic Aboriginal Child and Family Service System for NSW' presents a comprehensive model of Aboriginal child and family services aimed at creating an environment in which families can be supported to optimise the developmental environment for Aboriginal children and young people. A holistic Aboriginal service system, proposed for NSW, comprises **three** interconnected intervention levels of increasing intensity. Each level will provide individualised, targeted services to children and families, allowing flexibility in service delivery while adapting intensity levels to respond to the needs or circumstances of families that may change over time.

1. **Aboriginal Community response (Primary)** – targets the whole community and commonly referred to as universal interventions.

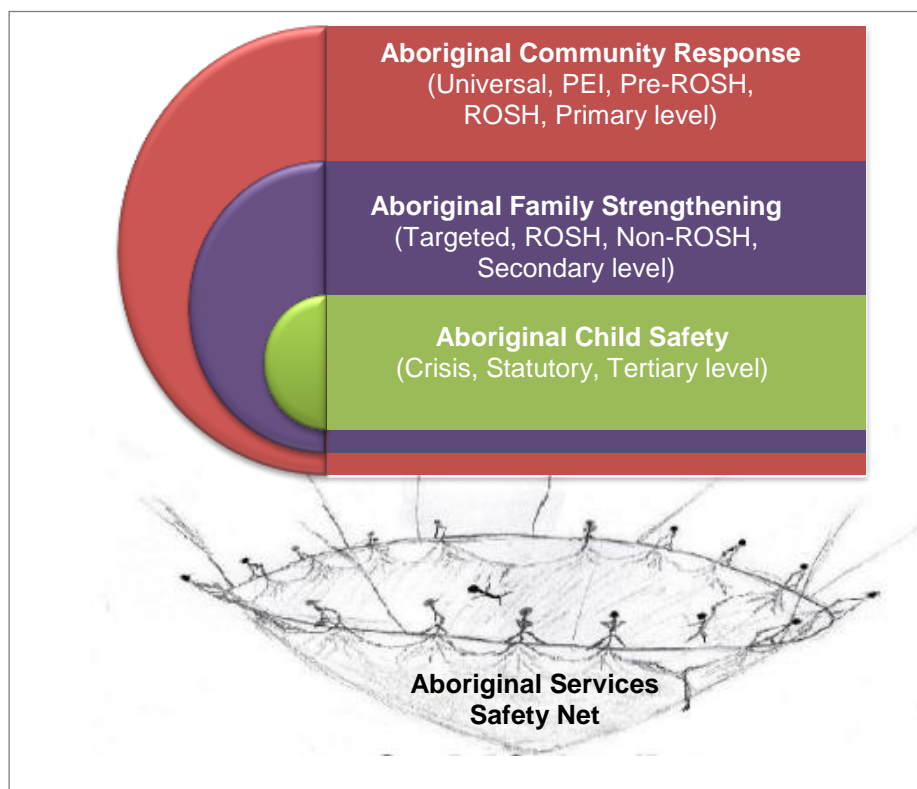
Programs or activities run at the Aboriginal Community Response interventions level will be aimed towards reducing risk factors of maltreatment and safety concerns at a whole of community level; enhancing the developmental context and environment of all Aboriginal children.

2. **Aboriginal Family Strengthening (Secondary)** – *targets individuals or a population sub-group that have higher than average parenting difficulties and families whose children are at risk of maltreatment*

Aboriginal Family Strengthening intervention at this secondary continuum level is commonly referred to as prevention and early intervention services.

3. **Aboriginal Child Safety (Tertiary)** – *targets families where child abuse has occurred and it is at this level that the family more than likely enters the statutory child protection system – perhaps for the first time.*

This level of intervention aims to reduce long-term damage to the child and to prevent recurrence of child abuse through delivery of programs and /or activities in OOHC.



Three foundational principles underpin this approach:

1. Child development occurs within the context of their social and physical environment, with relationships playing a key role in optimal development and adaptive outcomes<sup>2</sup>. Effective approaches to improving outcomes for vulnerable children must include supporting positive change for the child's social network, their parents, extended families and communities. A genuine integration of services that support children both directly and indirectly through strengthening the capabilities, stability (including economic) and resilience of families and communities is required. Interventions can become genuinely inter-generational, thereby optimising the developmental context and trajectory of the next and subsequent generations of Aboriginal children and young people.
2. Aboriginal families and communities are stronger and better able to meet the needs when empowered to identify and address the issues that affect their lives. Aboriginal communities are in the best position to develop and deliver services aimed at supporting Aboriginal children and families.
3. Culture is a significant positive factor in overcoming adversity and disadvantage for individuals, families and communities, strengthening our families and communities to raise strong children connected to their culture. Empowering communities to develop and deliver culturally sound universal and targeted interventions will contribute to the development of a comprehensive, state-wide safety-net of services that are embedded within communities they

<sup>2</sup> Shonkoff, J. and Fisher, P. (2013) Rethinking evidence-based practice and two-generational programs to create the future of early childhood policy, *Development and Psychopathology*, pp. 1635-1653

serve, leading a community-wide response that will support Aboriginal families to keep children safe and connected to their families, communities, culture and Country.

This paper further articulates this holistic model, focused on targeted supports provided within the secondary intervention level 'Aboriginal Family Strengthening'.

## Aboriginal Family Strengthening

Aboriginal family strengthening intervention at the secondary level provides targeted services and supports that seek to preserve families, keeping Aboriginal children and young people safe at home and preventing the need for more intrusive, expensive and potentially harmful crisis responses. Aboriginal Family Strengthening is also able to draw on this expertise in family support to achieve successful family restorations, allowing Aboriginal children and young people to return home from out-of-home care in a timely fashion. In doing so, this broader model seeks to reshape out-of-home care interventions as an opportunity for high intensity targeted family interventions while ensuring the immediate safety of Aboriginal children and young people, preferably keeping them within their broader family and community networks, thereby reducing the use of long-term out-of-home care.

Holistic, culturally embedded, responsive and innovative services to Aboriginal families by Aboriginal community-controlled organisations aim to strengthen the family and extended family unit. Aboriginal families will have access to local integrated services tailored to their needs, with the flexibility to support them through changing circumstances. Broadly, Aboriginal Family Strengthening approaches seek to build the capacity of key adults in children's lives through active skill building, service provision and the development of both formal and informal social connections that will enable families and communities to shape a safer, more prosperous developmental context for Aboriginal children and young people.

### Family preservation

Family preservation targeted at families who are at relatively high risk of removal of one or more children. The families are at risk of having their child removed through a Risk of Significant Harm (ROSH) report have been the subject of ROSH reports and it is AbSec's priority to prevent escalation to crisis requiring a tertiary response.

Integrated case management that includes service delivery from a range of relevant, key stakeholders is required to assist Aboriginal families in crisis and at risk of tertiary intervention to improve family parenting skills and family functioning while keeping children safe and nurtured in their own home and community.

There is a view that many children can be safe and cared for within their own homes when parents acknowledge they need parenting support and engage with relevant organisations that can provide targeted, responsive and flexible services that will support them to strengthen their parenting capabilities.

### Restoration

Restoration refers to the reunification of a family following their child experiencing a period of out-of-home care. Research has demonstrated that infants and Aboriginal children are less likely to be reunited with their parents, emphasising the need for a greater focus on restoration supports within

an Aboriginal service system<sup>3</sup>. Key issues identified for successful restoration include a collaborative approach, ongoing parental involvement in out-of-home care, and ongoing family support before and after restoration to prepare parents and children and build sustainable supports<sup>4</sup>.

## Existing services

In 2015, the Australian Institute of Health and Welfare (AIHW) noted '*a steady rise in the number of Aboriginal and Torres Strait Islander children in out-of-home care has largely driven the overall increase in the number of children in out-of-home care*'. During 2013-14,<sup>5</sup> the national combined real expenditure for out-of-home-care totalled \$2.1 billion and child protection services totalled \$1.14 billion far exceeding the expenditure on intensive family support services (\$0.3 billion) and family support services (\$0.36 billion). That is, services to prevent abuse and neglect and support families to provide safe developmental environments for their children are significantly under-resourced nationally, contributing to unsustainable growth in out-of-home care expenditure. The need for significant systems reform to invest in family supports and avoid later lifelong costs associated with out-of-home care is reflected in the NSW Government's "*Their Futures Matter: A new approach*" reforms direction paper, released in November 2016. This paper is broadly consistent with AbSec's vision for an Aboriginal system that prioritises investment in prevention and child development outcomes over expenditure on crisis responses and out-of-home care. AbSec's view, supported by modelling,<sup>6</sup> demonstrates the potential cost savings associated with greater investment in effective Aboriginal Community Responses and Aboriginal Family Strengthening.

Family and Community Services has developed a suite of early intervention and prevention programs that become operational at the point of ROSH e.g. Brighter Futures, Intensive Family Services, and Intensive Family Preservation. The programs, delivered by government or NGO agencies, share similar components:

- Targeted to families at risk of entering the OOHC system, particularly calibrated to ROSH, with associated intake and eligibility criteria.
- The home is the primary service setting
- Specified durations of service delivery (particularly high intensity service provision) depending on the program
- Family-focused, working with parents to address parent/family vulnerability
- Interventions to address the most critical needs of the family as identified by Family and Community Services at the time of referral, as noted in the case plan.
- Referrals to external service providers where required for specific interventions or supports, with some assistance to engage with these services (where services exists).

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<sup>3</sup> Prasad and Connolly (2013) 'Factors that affect the restoration of children and young people to their birth families'

<sup>4</sup> Ibid.

<sup>5</sup> Productivity Commission, *report on Government Services 2015*

<sup>6</sup> Deloitte Access Economics (2016) 'Benefits of a holistic approach to child and family services', commissioned by AbSec



- Low caseloads to enable Caseworkers to work intensively with families, with high intensity programs offering on call support for families
- practical support and supportive counselling/skills training that meet the assessed needs of parents and/or children

While these programs seek to support families by addressing risk issues, concerns raised regarding the service model represents a poor fit with many Aboriginal families and communities in need of assistance, citing a lack of investment in approaches developed and delivered by Aboriginal families and communities as a key contributing factor. These include rigid intake and eligibility rules and prescriptive service guidelines, attached to funding, that limit service flexibility to best meet the needs of individual families. Largely, these services have been output focused, with insufficient attention on the immediate and longer-term outcomes achieved for families. Finally, significant service delivery targeted to Aboriginal families delivered by non-Aboriginal organisations leads to further inaccessible service models not attuned to local community expectations. Investing in the capacity of Aboriginal community controlled organisations to deliver child and family services is important to both ensuring culturally embedded service delivery and community accountability, as well as strengthening Aboriginal self-determination within the service system.

*Aboriginal Intensive Family Based Services (IFBS)* and *Protecting Aboriginal Children Together (PACT)* are two Aboriginal specific services that provide supports at the crisis end of the Strengthening Aboriginal Families tier, delivered through Aboriginal community-controlled organisations<sup>7</sup>.

IFBS work intensively with Aboriginal families whose children are at imminent risk of entering the statutory child protection system. Service delivery is voluntary and is primarily in the home or community, with referrals received from local Community Service Centres (CSCs). This particular model was built on the US-developed 'Homebuilders' model.

PACT services provide independent and specialist advice support and services to Aboriginal families whose children have entered the statutory child protection system, supporting and advocating for Aboriginal families through the Children's Court process. Referrals are received from local CSCs. Services also work in partnership with CSCs to help CSC staff comply with the Aboriginal Child Placement Principles. The service is voluntary.

AbSec supports the IFBS and PACT services delivered by Aboriginal community-controlled organisations. AbSec, in partnership with the services themselves, are in the process of developing an hybridised model that capitalises on service strengths across the two models and achieves a more integrated approach, providing tailored intensive family supports and advocacy for Aboriginal families at imminent risk of having a child removed, and supporting successful family preservation and restoration. This provides a timely example of the capacity of Aboriginal organisations to adapt existing service structures and develop innovative new approaches to improve service delivery, driven by evidence and experience and tailored to the needs and values of local communities.

Family and Community Services have recently announced a commitment to increasing their investment in evidence-based family supports, taking an investment approach informed by a high-level outcomes framework for children and families<sup>8</sup>. This will include programs supported by overseas

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<sup>7</sup> It should be noted that FACS also directly deliver five Aboriginal IFBS services

<sup>8</sup> NSW Government (2016) *Their Futures Matter: A new approach, Reform directions from the Independent Review of Out of Home Care in New South Wales*.

evidence, including Multi-Systemic Therapy: Child Abuse and Neglect (MST-CAN) and Functional Family Therapy: Child Welfare (FFT-CW), as well as locally developed innovative approaches. For either approach, there is a critical need to involve Aboriginal communities and community-controlled organisations in the adaptation of service approaches, building a local evidence base and ensuring service effectiveness over time by having Aboriginal community ownership.

## Elements of effective family supports

Reviews of early intervention programs are limited and prudent, highlighting good examples and promising outcomes but pointing to a lack of data and comparisons. However, the reviews do emphasise promising and consistent key components.

Based on the early writings of the family-based services pioneers, the National Resource Centre on Family-Cantered Services and Permanency Planning (2007, p. E1) considered the following to be the essential components of Family Based Services<sup>9</sup> or family-centred practice in child welfare:

### ***1. The family unit is the focus of attention:***

Family-centred practice works with the family as a collective unit insuring the safety and well-being of family members.

### ***2. Strengthening the capacity of families to function effectively is emphasised:***

The primary purpose of family-centred practice is to strengthen the family's potential for carrying out their responsibilities.

### ***3. Families are engaged in designing all aspects of the program policies and services:***

Family-centred practitioners collaborate with families to use their expert knowledge throughout the decision- and goal-making processes and provide individualized, culturally responsive, and relevant services for each family.

### ***4. Families are linked with more comprehensive, diverse, and community-based networks of supports and services:***

Family-centred interventions assist in mobilising resources to maximise communication, shared planning, and collaboration among the several community and/or neighbourhood systems that are directly involved with the family.

At the more intensive end of the service continuum, programs tend to include:

- high service intensity over a relatively short or clearly defined time frame (for example, 6-10hrs per week, for 1-4 months<sup>10</sup>)
- smaller caseloads of two to six families per practitioner are maintained, often situated in a small team approach with regular casework supervision and on call supports for families
- a wide variety of helping options are available, including “concrete” forms of supportive services such as food and transportation are provided along with clinical services)

<sup>9</sup> Journal of Public Child Welfare 9(5):1-22 September 2015, Peter Pecora, Don Schweitzer, Kristine Nelson, Barbara Walters, Betty Blythe

<sup>10</sup> Nelson, K., Walters, B., Schweitzer, D., Blythe, B., Pecora, P. (2009) *A Ten-Year Review of Family Preservation Research: Building the Evidence Base*. Casey Family Programs.

- the home is the primary service setting and maximum use is made of natural helping resources, including the family, the extended family, the neighbourhood, and the community
- The parents remain in charge of and responsible for their family as the primary caregivers, nurturers, and educators. The content of services is adapted over time based on the needs and preferences of family members.

There are emerging examples of family support models, particularly at the intensive end of the continuum, that are gathering an evidence base demonstrating their efficacy in a number of contexts, with trials in NSW expected in 2017. This growing evidence presents useful insights regarding the likely elements of Aboriginal Family Strengthening approaches. However, there is a current lack of strong evidence regarding effective programs for Aboriginal families, and the importance of ensuring that approaches are consistent with Aboriginal families and cultural values<sup>11</sup>.

Consistent with the foundational principles, and acknowledging the need for community engagement in the implementation of service responses, AbSec advocates for the development of Aboriginal-led approaches, informed by local and international evidence, and strengthened through rigorous Aboriginal community-led evaluation and continuous improvement processes, creating a service system based on Aboriginal self-determination, innovation and evidence.

The features of AbSec's proposed Aboriginal Family Strengthening approaches, as part of a holistic Aboriginal child and family service system in NSW, include:

- Aboriginal community self-determination and participation in all decision making, including about the design and delivery of services
- Accountability to local Aboriginal families and communities, with consistent feedback mechanisms as part of a multifaceted evaluation and continuous improvement framework aligned to community needs and client outcomes, including a transgenerational perspective
- Local integrated service system, designed and developed by Aboriginal people, including local adaptations of externally sourced approaches, delivered through Aboriginal community-controlled services. This ensures that approaches are consistent with the cultural and family values of Aboriginal families and communities, and tailored to their needs.
- Flexibility in service delivery and eligibility, tailored to the needs of families, with varied levels of intensity to provide an efficient, effective service response
- Establishment of significant partnerships with other local Aboriginal service providers e.g. Aboriginal Home Care, Aboriginal Community Housing Providers.
- Flexible, child and family centred approach, including 'no wrong door' to ensure Aboriginal families can access intervention services at the earliest opportunity, the first point of contact.
- Seek to build the capacity of parents and other key adults in children's lives, including active skill building and core capabilities, provide effective service delivery to address challenges such as adult mental health, housing, and employment, and develop a network of connections to provide ongoing support

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<sup>11</sup> Walsh, Reutz and Williams (2015) 'Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems. The California Evidence-Based Clearinghouse for Child Welfare.

- Embedded within local communities, providing isolated families with important formal and informal social networks to build capacity and ensure positive changes are sustained
- A state-wide network of Aboriginal Community Controlled Organisations that are equipped to share client information (while maintaining privacy, and in line with accepted principles) to enable effective service provision should families move to other areas
- A culture of innovation and evidence, committed to the long-term emergence of a world class holistic service system, driven by communities

## Objectives

Holistic Aboriginal Family Strengthening Tier 2 would meet the following broad objectives:

- The early provision of wrap-around services, and support to Aboriginal children and families when they are needed allowing Aboriginal families to stay safely together and effectively preventing a more intensive response.
- Promote and encourage the active and ongoing participation of local Aboriginal families and communities in the design and delivery of appropriate services that are tailored, evidence based and culturally informed.
- Restore hope to Aboriginal families and communities that they will be supported to keep their children at home through preservation services and to achieve the goal of having their children restored to their care
- Establishing a state-wide network of local Aboriginal Community Controlled Organisations that support Aboriginal children and families
- Provide evidence based, tailored and flexible responses built from trials and experiences
- The services they need when they need it allowing Aboriginal families to stay safely together
- A robust evidence-based system and process for collecting relevant information and data for reporting purposes, to demonstrate accountability and transparency and for measuring performance against benchmarks and a system for continuous service improvement.

## Outcomes

The following outcomes will be achieved for Aboriginal families

### 1) Family-centred outcomes:

- When necessary, supporting Aboriginal families in need
- approaches that have been informed through individualised outcomes:
- Families are strengthened through preservation work including restoration;

### 2) Child-centred outcomes:

- Supporting the restoration of the child to their family and community
- Aboriginal children have an increased sense of wellbeing and feel safe and engaged in family and community life



- Supporting Aboriginal children in OOHC to be safely returned to their families, home and community

3) System:

- Reduced entries into the statutory child protection system
- Reduced re-reports
- Increased self-referrals from vulnerable children, young people and families
- Increased referrals from extended family members
- Reduced time in OOHC for Aboriginal children
- Aboriginal families supported for the children's return home to safe, stable and nurturing home environments

## Framework

The Strengthening Aboriginal Families Model comprises four interconnected levels spanning the wide continuum within this tier, ranked according to intensity levels. Each level includes a case management approach providing necessary services or supports or linking with other community resources or treatment within a localised holistic service system. A shared assessment and triage mechanism refers families to the required level of support, with step-up and step-down supports built in, adjusting to changing family needs.

- **Low level (Diversionary Response):** diversionary approaches through a key worker to support families navigate formal and informal services and supports, focused on strengthening parenting skills and addressing family challenges. This might include the development of community-based Parent Support Networks, connecting parents (particularly those at risk such as young parents) with local support structures. Based on minimal numbers of ROSH reports, and also mixed with community development aspects – also key to support families that are being touched by state intervention – case load 1: 50 or 60
- **Medium level (Targeted Preventive Response):** part diversionary (to universal systems), and part low intensity direct family case management (i.e. 2 days per month), responding to escalation of challenges identified in the Diversionary Response level through universal supports and Parent Support networks (case load 1: 25 or 35)
- **High level (Targeted Family Response):** direct family case management (case manager load 1:16) – based on higher number of ROSH reports, focus is on family preservation
- **Significant level (Intensive family response):** intensive responses required, intensive casework practice (caseload 1:2 or 3) over an extended period of time (4 to 6 months) – based on high-risk families, where there is imminent removal of a child. Intensive support and preservation work required.

The model is agnostic to the specific service approaches, rather forming an enabling framework that empowers local communities and Aboriginal community-controlled organisations to develop and adapt responses based on available evidence, practitioner experience and community values (see image 1).



*Figure 1: Elements for implementing evidence-based practice, as adapted from California Evidence-Based Clearinghouse and the Institute of Medicine (2001) – see Walsh, Rolls Reutz and Williams (2015)*

## Eligibility, Intake and assessment

An accurate early assessment process is critical for an effective and responsive service system. This would require significant investment in effective assessment processes such as multi-agency responses and evidence-based processes and active review and improvement of assessment tools. A collective assessment approach designed to avoid common social work reasoning errors will be developed, involving a specialist panel of experienced Aboriginal child and family practitioners. This may not necessarily be through the establishment of dedicated roles, but will reflect local priorities with respect to demand and resource supply (including human resources). For example, a panel involving Aboriginal practitioners across a range of local organisations might be seen as the most efficient approach to capitalise on existing expertise without losing experienced practitioners from frontline service delivery. Evaluation, review and ongoing calibration of assessment processes are established to optimise the triage response.

The main features for assessment/triage will include severity, subtype, chronicity (number of reports); co-occurrence of risks of harm; level and nature of the risk experienced.

The accuracy of the early triage assessments is used to validate whether the client is at the right service intensity level. There will be ongoing case review/monitoring to gauge the client progress or regress to determine level of intensity required.

The assessment process will focus on the risk present and the point of referral to direct families to the correct level of support. This will be based on various dimensions of risk known to effect children's outcomes and predict future risk i.e. chronicity and co-occurrence as well as social and contextual factors. Research<sup>12</sup> suggests that the nature of the risk, including chronicity, age of child, severity, type of risk and co-occurrence of different risks relate to child outcomes and these elements, will be used to determine the level of response required. This will include eligibility for programs and/or services and supports e.g. low level may be a family that has received up to 5 or 10 ROSH reports etc.

<sup>12</sup> (Ammerman et al., 1986, Barnett et al., 1993, Egeland et al., 1983, English et al., 2005b, Lamphear, 1985; Gray, 2014)

Ideally, referral pathways should be a mix of 'drop-ins', self-referrals and/or referrals from concerned community members, child wellbeing units and non-government and government agencies.

Eligibility for services at the low, medium and high levels will be determined by the circumstances of the child and family, prior contact with the statutory child protection system (if any), number of reports, re-reports received, level of maltreatment and ROSH reports. Eligibility may include the families having an identified vulnerability, which could negatively affect their parental capacity and/or the child's safety and wellbeing.

## Service Design

The local service design across these four levels will reflect local need, informed by factors such as the number of ROSH reports, the level of risk factors, the co-occurrence, family functioning, and the number, duration and frequency of face-to-face meetings with the family (and included travel, particularly in regional areas) and the completion of required administrative tasks. This will also be influenced by local resources including workforce, existing service system and organisational governance.

Local Aboriginal communities will be empowered to identify clear, practicable solutions to address the challenges of raising and keeping their children safe. Local Aboriginal people will be involved in designing local service approaches, through local Aboriginal Child Safety Governance groups, engaging directly with FACS and Aboriginal service providers to ensure that services are properly aligned to the needs and expectations of the communities they serve.

Design of local service models will include:

- data analysis and service mapping of local Aboriginal population and Aboriginal service providers, ensuring service alignment and building necessary capacity while avoiding duplication
- investment is determined based on demand within a particular location, and may change over time to meet changing demands in service intensity
- identification of existing knowledge and evidence, adapted to local community values, resources and need
- number of ROSH reports and their nature (level of risk, source of risk, frequency, co-occurrence etc)
- local demographics, including socioeconomic indicators
- flexible staffing mix based on local demand and base unit price, including staff and associated on costs and service brokerage
- recognition of the cultural diversity of Aboriginal communities
- local services and infrastructure including local CSCs able to support the service
- appreciation of local challenges, including community resources, service area and travel needs

The service mix will be flexible and adapt strategically over time, responding to changing evidence and need, based on an investment approach. Initial site investment would be determined based on data analysis of the service coverage location, including number of notifications and their nature (non-ROSH/ROSH), and other services usage figures (entries to care, current service provision and diversion from care), acknowledging both the cost of service provision as well as the lifetime costs of different pathways<sup>13</sup>. The expected number of families to be assisted would be based on this data and the initial investment. This investment is expected to change and adapt over time as the service area changes and adapts based on the interventions. For example, more low-level 'key workers' may be employed if there are many non-ROSH reports or ROSH reports reflecting relatively low risk for many families, or large populations affected by known risk factors (such as poverty, economic marginalisation, youth pregnancy), allowing greater investment in preventative approaches. Conversely, more significant level caseworkers may be engaged if there are many ROSH reports for a small number of families, suggesting a subset with complex needs.

The staff ratios across the service system should include a mix of workers across each level of support. As communities improve their capabilities in assessment, early identification and effective service delivery it is expected that the service system will become more dynamic, innovative and responsive to changing need. Outcomes (discussed below) would then examine indicators associated with diversions to pathways associated with economic participation and reductions in long-term service costs.

## Evaluation and Review

An ongoing action-focussed evaluation process will be built in to the service model to drive a system of continuous improvement and recalibration of service design as necessary. It is expected that this approach will entrench a culture of evidence and innovation, driving ongoing efficacy across the service spectrum, with associated savings and efficiencies achieved re-invested to further improves outcomes for Aboriginal children and families.

AbSec will collaborate with local Aboriginal service organisations to develop a set of benchmarks and key performance indicators that demonstrate good governance, transparency, accountability and compliance with various requirements, contracts and standards but are sufficiently flexible to account for the diversity of the local Aboriginal community, different needs of the client base and the capacity of the network of organisations. Relevant data and information collected through performance based reporting will inform efficiency review processes and be evidence based to allow for innovation and funding decisions.

Data and information will be collected at different points on the continuum to demonstrate the effectiveness of referrals, triage, services and supports in identifying and mitigating the complex factors that place children at risk of harm and entering the OOH. A comprehensive Aboriginal-led evaluation framework will be developed to guide these processes across the service system, linked to the FAS Outcomes Framework, reflecting both high-level and intermediate outcomes.

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<sup>13</sup> For example, A Victorian study estimated lifetime costs for young people leaving care (including housing, justice, health and employment) to be \$738,741 (in 2004-05 dollars – would be \$958,649 in 2015 assuming average 2.6% inflation per annum) – see AIFS (2016) *The Economic Costs of Child Abuse and Neglect*, CFCA Resource Sheet, available at: <https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect>, accessed 12 January 2017



A robust evidence-based system and consistent process are required for collecting relevant information and data for reporting purposes, to demonstrate accountability and transparency and for measuring performance against benchmarks and a system for continuous service improvement and the capacity to identify methodological flaws within the system and the required remedial action.

The evaluation and review processes will identify resourcing and service delivery gaps, governance, service and system issues, propose improvement/remedial action and 'share evidence so that best practice becomes standard practice'.