

Australian Centre for
Child Protection



Implementation in complex environments

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Australian Government
Department of Industry
Innovation, Science, Research
and Tertiary Education

Improving the lives of vulnerable children

Why does the Centre exist?

To bridge the gap between what we know and what we do to transform the lives of children who have experienced, or who are at risk of experiencing, abuse and neglect.

The challenge

- Child abuse and neglect is prevalent and its effects can be lifelong and devastating
- Our systems are designed to respond once harm is known or suspected
- The demand for a response far outweighs the capacity to respond
- Our knowledge far outstrips our practice (e.g., neurobiology, parenting, attachment)
- A lot of money is spent on identifying and repairing harm rather than preventing it
- Aboriginal children and young people are grossly over-represented in our care and protection systems

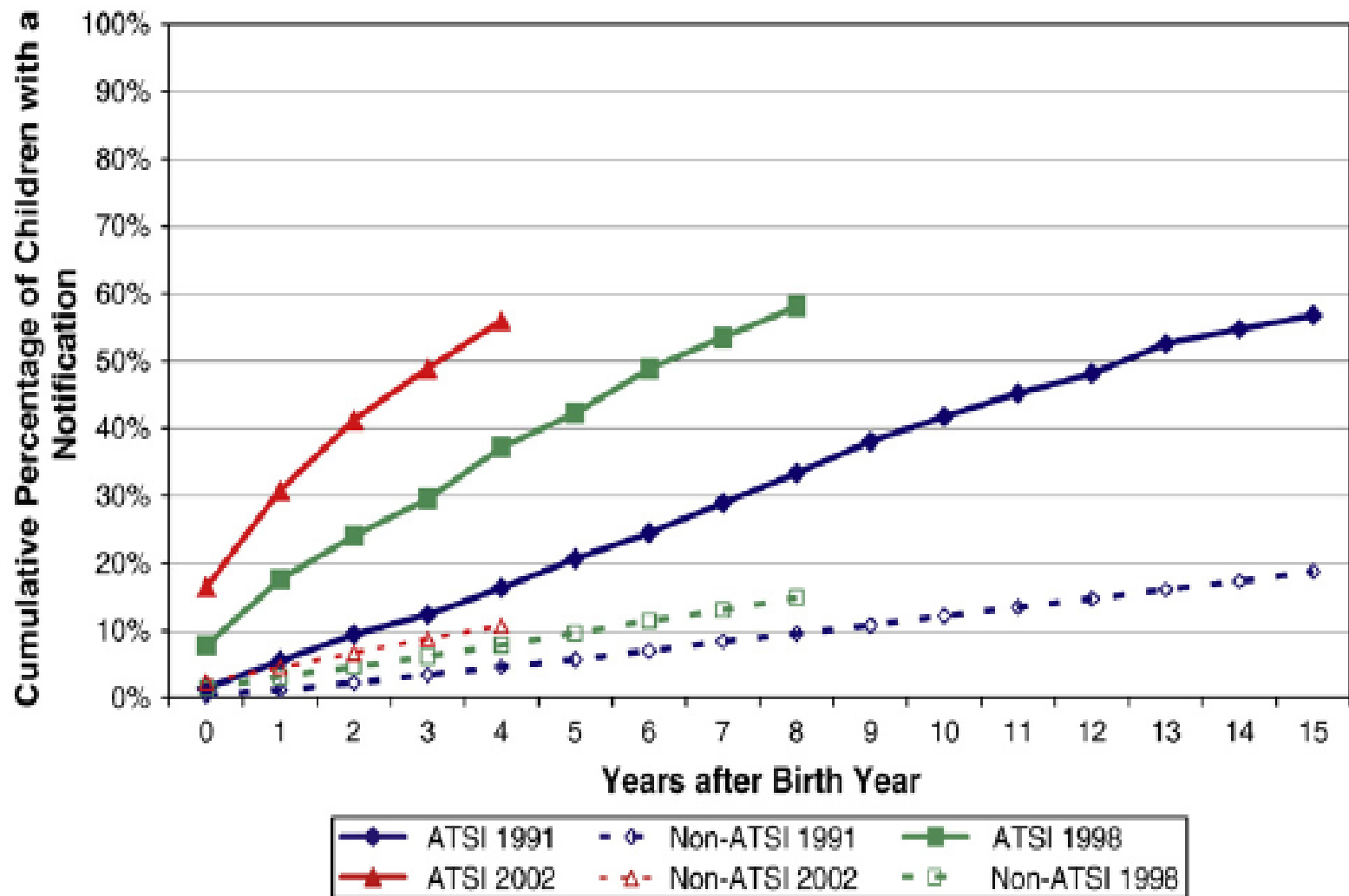


Fig. 5. Cumulative percentage children with Aboriginal or Torres Strait Islander background with a notification born in 1991, 1998 and 2002.³

Delfabbro et al, 2010, p.1425

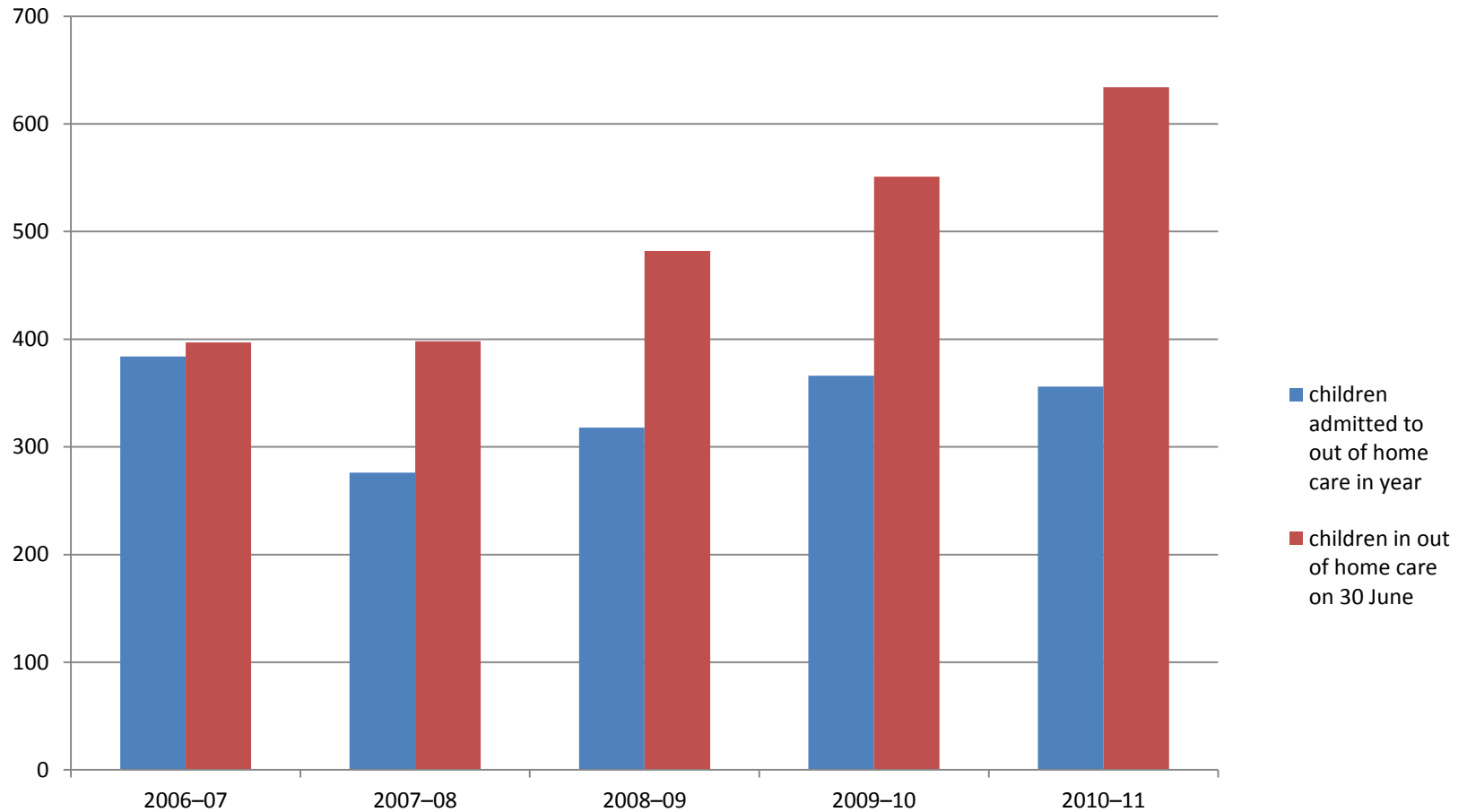
The NT context

- Culturally diverse population (27% Indigenous, 25% born overseas)
- Community strengths
- Large geographic area, low density, remoteness (56% outer regional, 22% remote, 22% very remote)
- Great expertise, high turnover
- Structural disadvantage
- Changing political and service landscape
- Service fragmentation, unprecedented investment
- Significant reform in child and family services - BOI

Children and young people in the NT

- 58,230 children aged 0-17; 27% population (2011 ABS census)
- 22,450 Indigenous children aged 0-17; 40% population (2011 ABS census)
- It has been estimated that 15% of Aboriginal children in the NT are in contact with the care and protection system in a year (Northern Territory Government, 2010)
- 83% of children in substantiations and 79% of children in out of home care are Indigenous (AIHW, 2012)
- Only 34% of Indigenous children are placed with relatives/kin, other Indigenous caregivers or in Indigenous residential care (AIHW, 2012)

Number of children admitted to and in out of home care in the NT (AIHW, 2012)



Family group conferencing

- Originated in New Zealand
- Independent convenors facilitate family decision making processes
- Receive referral, obtain consent, preparation time with family members, children, workers and advocates
- Convene conference in three parts – information sharing, private family time, partnership agreement time
- Process of plan implementation and review
- Evidence base re satisfaction, outcomes from the conference





Usual implementation challenges

- Organisational and practice culture shift
- DATA principle – doing all that already
- We tried it and it didn't work
- I support it in principle, but it wouldn't work for any of my clients
- High workloads and perceived (realistic) burden of participating
- Lack of trust in the outcome

Initial implementation efforts

- Appointment of a convenor
- Advisory group established
- Evaluators engaged and funding for linked study obtained
- Program logic developed
- Varying levels of support and supervision from different agencies
- Received only 4 referrals in seven months
- Concerns raised by funder

Change in role to provide formal implementation support

- Establishment and regular meeting of implementation team across funders, service agencies and IS
- Implementation review – using NIRN stages and drivers model
- Key areas highlighted – staff recruitment, training and coaching and systems driver
- Attitudes survey, review meetings including AG
- Focus of targeted effort over next 3 months – return to initial implementation stage

Implementation outcomes

- Team grew to 4-5 staff (Senior Convenor, a Convenor, 2 Aboriginal Co-Convenors and an Administrative Officer) with extensive experience in mediation, child protection, family support and family group conferencing child advocacy, and includes Aboriginal and non-Aboriginal staff with extensive family and professional connections in Central Australia
- Training and manual developed
- Ongoing reflective supervision and coaching
- Referral pathways and process streamlined

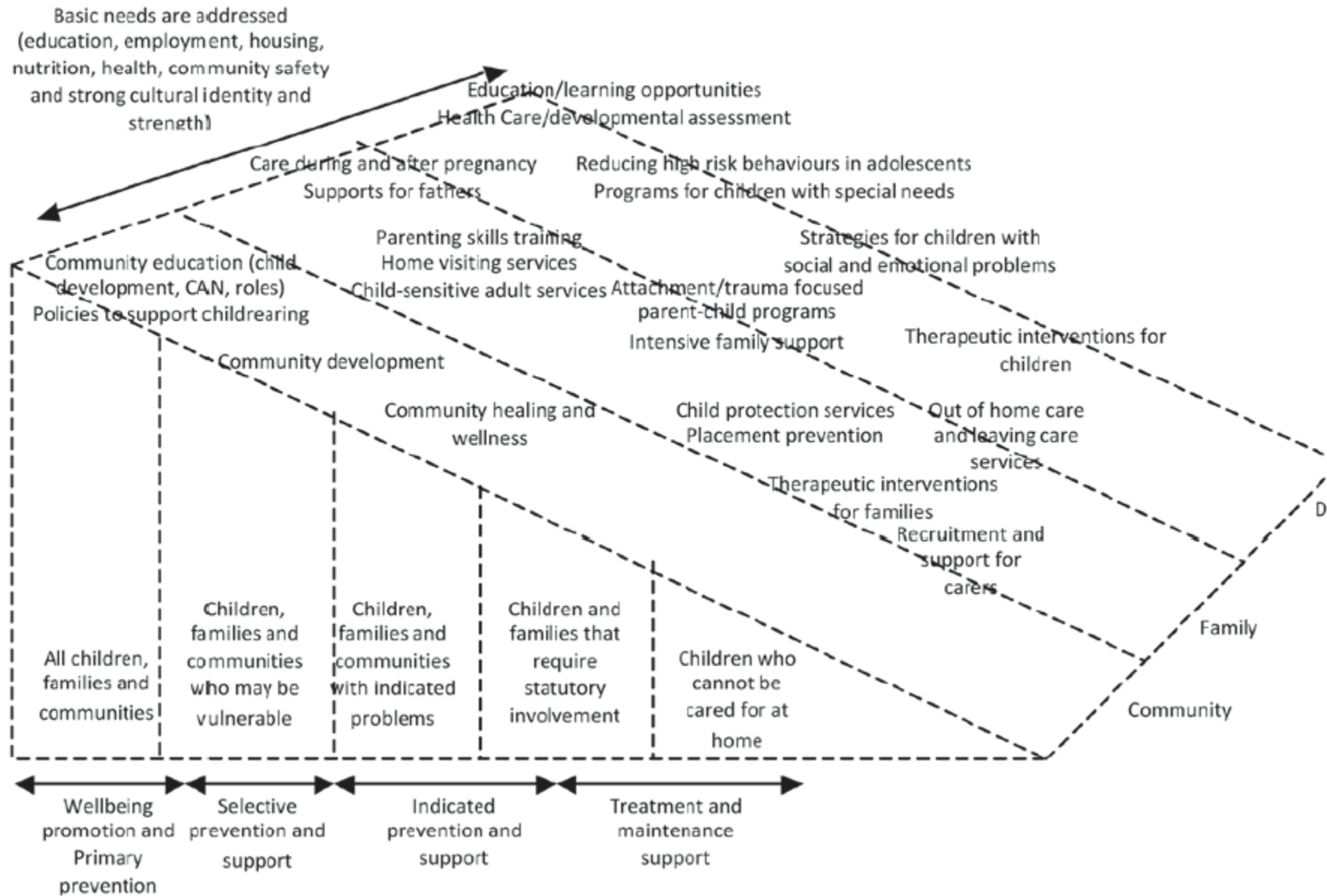
Implementation outcomes (cont.)

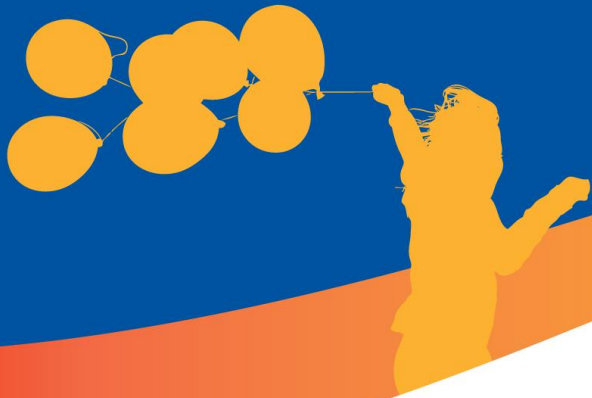
- 28 referrals received over 6 months; 22 proceed to conference, 16 conferences had been convened
- Conferences convened within two weeks-two months of referral (mean of four weeks)
- Recognises nature of extended family relationships and identifies families through these kinship lines
- 97 family members had attended (up to 22 family members in one instance)
- Men and women participating in an equal proportion of conferences

Our biggest failing - sustainability

- Perfect storm – move into operations, formal implementation support ceased, change of government
- Program has been discontinued
- Misunderstandings about the model, cost-benefit scrutiny not applied to CP system as a whole
- Faith in form rather than function (notifications, investigations, removals)

Figure 6.1. An Integrated Framework of services and supports for promoting child safety and wellbeing²⁵⁹





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