



Children Safe, Family Together



A Model and Implementation Guide
for Aboriginal Family and Kin Care Services
in the Northern Territory



Contents

1. Executive Summary and Recommendations	4
2. Model Design	15
2.1 Introduction	15
The need for a new approach	15
Definition of family and kin care	16
Anticipated outcomes of the model	16
The model within a wider system of family support	17
Legislative and policy context	18
2.2 The data informing our thinking on a new approach	20
Consultations with key stakeholders	20
Broader consultation across the NT	20
Literature review	20
Project team informal literature reviews, readings and expertise knowledge	21
CREATE survey of views of children in OOHC	21
2.3 What did we interpret from the data?	22
That the following Principles and Elements should underpin the model	22
The new model fundamentally has four distinct phases	28
The new model should address a number of key issues associated with each phase	29
This is what the new model should look like	30
3. A New Model for the Northern Territory and how it addresses the key issues in each Phase	32
Phase 1 - A child is at risk of entering or has entered OOHC	32
Phase 2 - Potential family and kin carers are assessed for a child	41
Phase 3 - A placement is set up to succeed	48
Phase 4 - The placement thrives and children remain connected to their families, community and culture	55
Recommendations of the model	62
4. Implementation	63
Introduction	63
Implementation Approach: Hub and spokes + purchaser provider + collaboration + support	63
Implementation Steps	65
Summary of implementation action responsibilities	75
5. References	81
6. Appendixes	82
Appendix 1 - Literature Review	82
Appendix 2 - How the elements sit within the phases of the model	117
Appendix 3 - Tools and Resources	118
Appendix 4 - Roles and responsibilities	134
Appendix 5 - Summary of the model's recommendations	135

1. Executive Summary

'Children Safe, Family Together', the new family and kin care model outlined in this paper forms an integral part of the overall strategy being currently implemented by Territory Families (TF) to transform Out-of-Home Care in the Northern Territory (NT). The strategy addresses worrying trend data pointing to the significant over-representation of Aboriginal and Torres Strait Islander children in the NT child protection system. The strategy also seeks to reinforce the voices of Aboriginal organisations and communities for the Out-of-Home Care sector (OOHC) in the NT to honour the primacy of family and kin, and ensure the continued connection of Aboriginal and Torres Strait Islander children to language, land and culture as expressed in the Aboriginal and Torres Strait Islander Child Placement Principle. Furthermore, it aims to transition family and kin care service delivery to Aboriginal community controlled organisations and increase the decision making power of Aboriginal children, families, communities and organisations in relation to the care and protection of Aboriginal children. This is a fundamental step towards increasing community control and self-determination for Aboriginal people and communities.

The model acknowledges that children are best placed in their family home, and that it is critical that all potential strategies and active efforts are exhausted in supporting the preservation of families, in order to prevent the need for removal. It also acknowledges that in instances where the removal of the child is necessary, timely family reunification is always the best and most desired outcome. With these acknowledgements in mind, the model focuses on providing safe, stable and best possible placements for Aboriginal children in those instances where removal is a necessity and reunification, despite best efforts, has not yet been achievable.

Tangentyere Council Aboriginal Corporation (TCAC) developed 'Children Safe, Family Together', a model for family and kin care services with the advice and support of the Victorian Aboriginal Child Care Agency (VACCA) and by triangulating data from five sources:

- Data from consultations with NT wide key stakeholders in the OOHC sector, including on the principles and elements that should underpin the model;
- A literature review;
- Three family and kin care pilot programs;
- Data from the voices of children in care collected by CREATE; and
- Data from informal readings and the expertise of the project team.

TCAC is grateful to TF for the opportunity to contribute to this transformational strategy.

The model addresses a number of issues identified in the data using a life cycle approach to a child in care comprised of four phases:

Phase 1: A child is at risk of entering or has entered OOHC;

Phase 2: Potential family and kin carers are assessed for a child;

Phase 3: A placement is set up to succeed; and

Phase 4: The placement thrives with children remaining connected to their families, community, and culture.

The model design is shown in the diagram on the following page:

A model showing the 4 phased lifecycle approach to family and kin care

Phase 1 	Phase 2 	Phase 3 	Phase 4 
A child is at risk of entering or has entered out-of-home-care	Potential family and kin carers are assessed for a child	A placement is set up to succeed	The placement thrives and children remain connected to their families, community and culture
Referrals are received	ACCOs talk to potential family carers and explain the assessment process	Transition planning occurs	Children have regular face to face contact with their family and friends
Referrals are screened and accepted	Interim care plan including complexity assessment is completed for the child (TF)	Carers are supported to access both initial and ongoing payments and allowances	Social events are facilitated for children and their carers
Family finding and mapping starts	Potential carers are informed of the child's needs and behaviour	Carers are provided with relevant information	Family care teams help support the carer and the child
Family Led Decision Making occurs	Potential carer's capacity to provide care is assessed using a culturally appropriate and strengths based approach	Family Led Decision Making occurs	Face to face support visits, family meetings and structured reviews happen to support the placement
Local Cultural Authority consultation as requested or required	Assessment identifies what needs to happen to make placements safe	Family care team is established	Services collaborate to ensure placements remain supported
Leads developed and explored	Safety plan developed and completed	A care plan is developed with input from ACCOs, families and children	On community support groups are run tailored to carers needs
Potential primary family and kin carers identified	The application is approved and the carer is "authorised"	Tailored face to face support is provided early in the life of the placement and tapered ongoing as needed	Carer's capacity continues to be developed and their role supported
Potential secondary family and kin carers identified	Child enters the family and kin care placement	Carers receive meaningful and relevant training specific to their needs and the needs of the placement	Placement thrives and provides safety and stability for as long as is needed
Potential family and kin carers voice willingness to provide care and be assessed		Referrals are made to other services where appropriate	

Implementing the model involves transferring the process of providing family and kin care services from TF to ACCOs over a five year period in a way that ensures coverage of the service across the whole of the NT while providing maximum delivery flexibility in response to the geographical and population diversity of the NT. Every ACCO who takes on delivery of the model, or specific phases of it, will need to consider how it can be adapted and aligned to the needs of the region, families and communities that they intend to serve.

The suggested approach involves facilitating service provision to centres of greatest population density (hubs) as well as smaller population centres (spokes) while simultaneously accommodating purchaser-provider and collaborative approaches and developing the capacity of ACCOs ideally to deliver all four phases of family and kin care services described above. A step by step guide to implementation of the model is presented in section 4 of this paper together with implementation recommendations. A number of recommendations are proposed as part of this model which aim to address the issues identified in each phase. These recommendations are listed below and further expanded on within the phase they pertain to. A list of 'light bulb' recommendations are also provided which outline new and innovative ideas or overarching suggestions that should be implemented to create tangible improvements to outcomes for Aboriginal children and carers in family and kin care placements.



**What do you need to feel connected
to people and the community?**

Living with family

(Male living in OOHC, aged 10)¹⁹

Recommendations

Model Design

Those recommendations associated with the model's design are:

Phase 1: A child is at risk of entering or has entered OOHC

Recommendations

It is recommended that:

1.1 Referral forms are co-designed by TF and ACCOs.

1.2 Information sharing protocols and arrangements should be developed and agreed upon between ACCOs and referring agencies, including TF. Requirements around timely and appropriate information sharing between ACCOs stipulated as part of contractual funding agreements.

1.3 New referral pathways be established allowing for parallel planning, and an early intervention approach to family finding and identification of potential carers.

1.4 Referrals are screened and accepted by ACCOs who develop their own intake processes and method for prioritisation of cases.

1.5 Early engagement occurs with families prior to the point of removal with parental consent to identify possible placement options if required, including for instances of emergency and respite care.

1.6 Early family mapping and identification of potential carers draw on Family Led Decision Making processes to ensure placements are 'best fit' rather than driven by crisis response.

1.7 Family Led Decision Making processes are integrated with any and all current family preservation efforts to explore how these efforts can be supported in the best interests of the child.

1.8 ACCO employment of Aboriginal family and kin care workers occur to facilitate family finding.

1.9 Family mapping tools and processes are co-designed by TF and ACCOs.

1.10 Families and children drive decisions around who is suitable to provide care for a child and have a central role in identifying potential family and kin carers.

1.11 Suitable family led decision making processes (including family group conferencing if appropriate) be utilised as early as possible and prior to removal of children where possible. Family led decision making processes to incorporate parallel planning which is focussed on family preservation.

1.12 Local cultural authorities are used in cases where family request their support or where family cannot be located to inform decision making and help find suitable placements for children in line with the ATSICPP. LCAs attend FLDM meetings where this is requested by the family.

Phase 2: Potential family and kin carers are assessed for a child

Recommendations

It is recommended that:

2.1

Gradual transition of delivery of carer assessment processes to ACCOs to occur over a five year period.

ACCOs are funded to undertake assessment of carers and operate to:

- Employ community-based senior family and kin carer workers to drive the assessment process and build the capacity of other ACCO family and kin care staff;
- Undertake culturally safe assessment through a collaborative approach with children, families and communities;
- Assess family and kin carers using relational, flexible and yarning based methods, incorporating a modified 'Signs of Safety' approach with the assistance of interpreters and/or family and kin care workers;
- Assess multiple family members to enable more respite and emergency placements options, or longer-term placements if required, and reduce the need for crisis driven decision-making when placements are required at short notice; and
- Provide relevant cultural and practical education and training for staff to ensure any staff undertaking assessments are suitably skilled and competent, and understand the broader political, historical, cultural and social context of the NT.

2.3

Caveats are negotiated and established between the Police and ACCOs which allow for preliminary screening checks to be fast-tracked.

2.4

A new culturally appropriate assessment tool specific for the NT context be developed jointly by TF and ACCOs.

2.5

A change to TF policy occur, enabling medical assessments which are undertaken as part of the preliminary checks, an extended 3 month window for completion.

2.6

The Home Environment Safety Check be reviewed alongside all other assessment forms and redeveloped jointly by TF and ACCOs to ensure they are relevant and accessible.

2.7

In cases where there is a negative carer assessment outcome, a rigorous review of the process should be undertaken by both assessing and authorising bodies. This review should assess the negative outcome and determine whether all potential strategies have been considered and all active efforts made to enable the viability of the placement and support the carer to provide care for the child.

2.8

Training resources be produced by TF in consultation with ACCOs to support Phase 2 processes.

2.9

A gradual transition over five years occurs to allow ACCOs to undertake carer approval and authorisation.

Phase 3: A placement is set up to succeed

Recommendations

It is recommended that:

ACCOs are funded to help establish placements and operate to:

- 3.1**
- Develop cogent care plans including placement support plans in collaboration with case managers;
 - Establish family care teams through a family led decision making process (with use of a family group conference if required) in which family members have clear responsibilities in supporting the placement;
 - Provide advice, advocacy and practical assistance for carers to access any payments they are eligible for including the carer allowance and additional available commonwealth funded benefits (including advocating for additional start-up funding from TF dependent on placement needs);
 - Provide intensive support early in the placement including face-to-face support for carers to diagnose and respond to any developing issues early;
 - Provide family and kin carers with all necessary child and placement related information in collaboration with TF; and
 - Provide budgeting and financial management assistance to family and kin carers where requested or required.

3.2

A change to TF policy occur to ensure ACCO family and kin care staff work alongside families, carers, children and case managers to engage in cultural support planning, placement planning, and transition and care planning.

3.3

The current My Care Template be redesigned to include a section for a placement support plan.

3.4

Where age appropriate, children to be involved in the development of their care plans. The My Care plan be endorsed prior to implementation by both ACCO and child.

3.5

TF remains responsible for carer allowance payments and the initial set-up payment.

3.6

ACCOs gradually, and with support from TF, transition to undertaking the complexity of children's needs assessments over a 5 year period.

3.7

A new Aboriginal controlled Family and Kin Carer Support and Advocacy Service be made available, which can provide support to carers to understand allowances and eligibility for allowances where requested or required as part of a broader service delivery role.

3.8

TF support staff secondments to help build ACCO's capacity to undertake assessments, document safety planning and to share departmental information.

Phase 4: A placement thrives with children remaining connected to their families, community, and culture

Recommendations

It is recommended that:

4.1

Regular inter-agency meetings occur to discuss placements and ensure holistic support is being provided to family and kin carers and children. Meetings to include review of viability of reunification and include referrals to relevant services for parents when appropriate.

4.2

Flexible, accessible and relevant training for family and kin carers be provided, including location based training in their homes using resources co-developed by TF in consultation with ACCOs.

4.3

ACCOs are funded to support carers and operate to:

- Support family care teams;
- Support local Aboriginal family and kin care workers to provide face-to-face support for carers which is tapered overtime dependent on carer's needs;
- Run regular support groups on community for family and kin carers – structured and formatted based on the needs of carers and open to both formal and informal carers; and
- Disseminate information for carers, including but not limited to; upcoming training opportunities, upcoming events, useful resources, information on carers network, information on available supports.

4.4

TF continue to fund appropriate organisations to maintain a comprehensive service directory which organisations, carers and children can utilise. The directory should be available both electronically and in print copy and distributed regularly, and with each updated version's release, by family and kin care staff.

4.5

Consultation by appropriate organisations occur with ACCOs to review and modify the service directory to increase ease of accessibility for Aboriginal carers and children.

4.6

A gradual transition occurs over five years to allow ACCOs to take over case management of children in family and kin care with ACCOs:

- Ensuring regular family contact;
- Working with children, families, local and regional family and kin care workers to better understand family networks and ensure children remain connected to family and friends;
- Working as part of a team alongside children, family, communities, family and kin care staff, and therapeutic specialists to ensure children, carers and placements are holistically understood and responded to through an ongoing integrated approach;
- Supporting the needs of children in care ensuring services, including but not limited to medical, educational and therapeutic, are wrapped around placements to create safety and stability for children; and
- Facilitating meetings with carers and children which are co-attended by case managers and family and kin care support staff.

4.7

Consideration be given to the development of MOUs between ACCOs providing family and kin care services and Aboriginal health services to prioritise health checks and screening for children entering a family and kin care placement.

Implementation

It is recommended that:

5.1 TF support the transfer of the process of providing family and kin care services from TF to ACCOs over a five year period in a way that ensures coverage of the service across the whole of the NT while providing maximum delivery flexibility in response to the geographical and population diversity of the NT.

5.2 TF support implementation of the new family and kin care model based on facilitating service provision to centres of greatest population density (hubs) as well as smaller population centres (spokes) while simultaneously accommodating purchaser-provider and collaborative approaches and developing the capacity of ACCOs ideally to deliver all four phases of family and kin care services described in the model.

5.3 TF follow the 10 step guide and timelines presented to implement the family and kin care model to build the capacity of ACCOs across the NT to deliver family and kin care services across all four phases of service delivery.

5.4 TF fully fund implementation of entire the model over a five year period.

TF assist with the formation of a new Aboriginal Controlled Family and Kin Carer Support and Advocacy Service which operates to:

- 5.5**
- Provide advocacy and advice for carers;
 - Disseminate relevant information for carers;
 - Develop relevant resources including apps and online resources in consultation with ACCOs;
 - Provide ongoing guidance in partnership with TF on the development of policy and process affecting Aboriginal family and kin carers and children in family and kin care placements; and
 - Listen and respond to the voices of children, families, carers and ACCOs and feed this through to Government to influence policy direction.

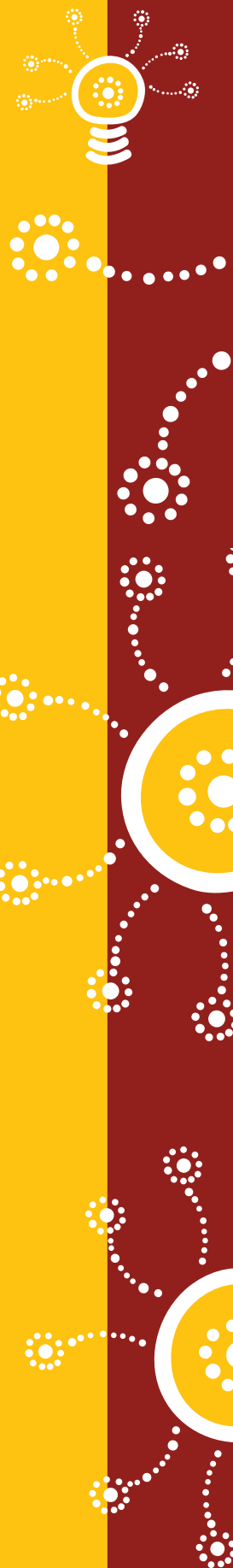
5.6 TF improve the current data and information sharing processes to assist all phases of service delivery. Consideration should be given to family and kin carers and children being able to access and input into the new TF "CARE" database that is being currently developed – both as a way to directly contact caseworkers and raise needs/concerns but also as a way to provide feedback and recommendations to TF on processes and policies. Further consideration should be given to system access for ACCOs (using appropriate security profiles) to ensure timely access to relevant data pertaining to the child and/or placement. The system should also allow ACCOs to share such information with each other.



5.7	Information sharing processes are streamlined to ensure confidentiality and consistent application by all parties.	5.12	TF continue to conduct an Excellence Awards night for family and kin carers during family caring for families week.
5.8	TF provide co-designed induction training for ACCOs commencing family and kin care service delivery.	5.13	TF work to extend the Quality Assurance Framework to include providers delivering family and kin care services.
5.9	TF working with ACCOs co-design comprehensive training materials for family and kin care staff, noting that over time as family and kin care service delivery transfers to ACCOs training will be delivered more regionally by ACCOs.	5.14	TF with ACCOs ensure culturally sensitive feedback mechanisms are built into service delivery to ensure the voices of children, carers, family, local cultural authority and staff are gathered.
5.10	<p>TF fund ACCOs to employ therapeutic specialists who:</p> <ul style="list-style-type: none"> • Assist children's case managers to complete children's complexity of needs assessment where requested; • Provide specialist knowledge and input into care plans and transition planning; • Support and up-skill the family and kin care team to ensure a trauma informed lens is applied to service delivery and therapeutic strategies embedded into practice; • Provide ongoing case support and work in close proximity to case managers; and • Assist in identifying additional supports required, including NDIS, and make the appropriate referrals. 	5.15	The new Aboriginal Family and Kin Carer Support and Advocacy Service develop an online family finding register, which children and families can confidentially access.
5.11	The new Aboriginal controlled Family and Kin Carer Support and Advocacy Service to coordinate an annual "family caring for family week" to celebrate family and kin carers and provide opportunities to acknowledge their valued role.	5.16	TF co-develop Family Led Decision Making guidelines and tools including a modified version of the Signs of Safety framework and family group conferencing for the NT, and trial these at a key site.

Light Bulb Recommendations

- | | | | |
|------------|--|------------|--|
| 6.1 | <p>The term 'Family Day Care' is redefined to a term that does not include family, as this placement type does not involve family members in the provision of the care of the child.</p> | 6.5 | <p>TF fund a new Aboriginal Controlled Family and Kin Carer Support and Advocacy Service to specifically cater to the needs of Aboriginal and Torres Strait Islander carers.</p> |
| 6.2 | <p>Both ACCOs and local cultural authorities be recognised under s293C of the <i>Care and Protection of Children Act 2007</i> (NT) as 'Authorised Information Sharers' in order to be able to share and discuss information about a child or family members related to the safety and wellbeing of that child.</p> | 6.6 | <p>The NT Government extend the leaving care age from 18 to 21 years for those who wish to stay in family and kin care placements and have agreement from their carer to do so or who wish to remain in a supported care environment and cannot remain in the care placement past 18 years of age. TF should provide support for young people aged 21 years to 25 years of age to assist them in transitioning towards independence.</p> |
| 6.3 | <p>A MoU is developed between all providers, TF and the Department of Housing and Community Development to ensure timely responses to the housing needs of existing carers, and to address housing issues for potential carers where this is the only remaining barrier to placement approval. Further consideration be given to the development of a cross-departmental team that meets regularly and has a discrete email address in order that TF and ACCOs can expedite the timely resolution of housing issues for family and kin carers.</p> | 6.7 | <p>Delegation of "authorisation" of carers transitions to ACCOs as their capacity is built, to increase self-determination and community control of decision making processes around placement and approval. The overall guardianship of the child will continue to be held by TF.</p> |
| 6.4 | <p>The Signs of Safety framework be modified and adapted specifically for the NT context for use in assessment and support planning to create a culturally safe approach to enable families and potential carers to discuss barriers, strengths and the achievement of tasks and goals. Modifications need to ensure that they are central to decision making processes around safety planning for the placement.</p> | 6.8 | <p>ACCOs should be supported by both the NT and Federal Government to build their capacity to undertake assessment of family and kin carers.</p> |





6.9

Delegation of responsibility for decisions related to the day to day care of the child be reviewed. This review should ensure that such decisions are delegated wherever possible to the primary family and kin carer and wider family care team rather than TF, placing them central to decision making processes around care.

6.10

Consideration be given to legislative changes to the *Care and Protection of Children Act 2007* (NT), to ensure that all matters related to the placement of an Aboriginal child into a family and kin care placement be deemed as in their 'best interests'.

6.11

Relevant MOUs and corresponding interstate protocols are developed between the NT and South Australian, Western Australian, Queensland Governments to ensure high level and expedient collaboration between each jurisdiction in relation to cross border placements. Protocols should include timeframes around interstate checks and assessments. Consideration should be given to the formation of a tri-state carer register.

6.12

The NT Government seeks bipartisan support for the implementation of this model given it prioritises the safety and wellbeing of Aboriginal children and upholds their best interests in line with the ATSICPP through connection to family and kin, language and culture.

2. Model Design

2.1 Introduction

The need for a new approach

Across Australia, Aboriginal and Torres Strait Islander children are vastly over-represented in the out-of-home care (OOHC) system. Despite best efforts, both the total number and the rate of Aboriginal and Torres Strait Islander children brought into OOHC continue to increase annually. At June 30 2018, the rate of Aboriginal and Torres Strait Islander children placed into OOHC nationally was 59.4 per 1,000 children, 12 times the rate for non-Indigenous children¹. Projections confirm that the number of Aboriginal and Torres Strait children placed into OOHC will triple in the next 20 years, and yet the number of these children placed with Aboriginal and Torres Strait Islander carers has steeply declined over the last 10 years, falling below 50% nationally for the first time ever in 2018².

Many of the statistics for the NT mirror these disturbing national trends. In June 2015 there were a total of 1,017 children in OOHC in the NT, of which 892 (87.7%) identified as of Aboriginal and Torres Strait Islander descent³. By March 2019 the total figure in the NT of children in OOHC had reached 1,080, of whom 970 (89.8%) were of Aboriginal or Torres Strait Islander descent⁴. This figure constitutes a huge over-representation of Aboriginal or Torres Strait Islander children, and is of particular concern given that the total number of children in OOHC is projected to increase further to a figure of 1,300 in the NT by the year 2023^{5*}.

When viewed through the lens of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), it is of further concern that in June 2018 the NT had the lowest percentage across all jurisdictions of Aboriginal and Torres Strait Islander children in OOHC placed with family and kin⁶. Indeed, of the 970 Aboriginal children in OOHC in March 2019 only 265 (27%) were placed in family and kin care arrangements. This is despite the fact that in the NT, family and kin care is formally recognised as the preferred placement type for Aboriginal and Torres Strait

Islander children in line with the ATSICPP. Family and kin care is the only placement type that honours the primacy of the family and supports an Aboriginal and Torres Strait Islander child's continued connection to their language, land and culture.

The NT Government Department of Territory Families (TF) is attempting to address the above concerns. In 2018 TF funded three pilot family and kin care programs, and due largely to this new approach, the financial year 2018-19 has seen the biggest single increase in both the recruitment of, and placement with Aboriginal family and kin carers for Aboriginal children in the past ten years.

This is promising, but clearly there is much more that needs to be done. In recognition of this, and of the need for widespread and continued systems change, TF is currently undertaking a transformation of the entire OOHC sector. This transformation of OOHC will implement a wide ranging set of reforms in partnership with Aboriginal Community Controlled Organisations. These reforms will be grounded in the principle that 'every child deserves an upbringing where they are safe and connected with their culture and identity, supported to thrive, learn, and grow, and to reach their full potential'⁷.

'Children Safe, Family Together', the family and kin care model outlined in this paper forms an integral part of the overall strategy for transforming OOHC in the NT. The model was developed by Tangentyere Council Aboriginal Corporation (TCAC) with the advice and support of the Victorian Aboriginal Child Care Agency (VACCA). It is based on wide consultation, and functions to provide better practices related to the provision of safe and sustainable care for Aboriginal and Torres Strait Islander children through the identification, recruitment and support of family and kin carers. The model suggests new ways of engaging and working with Aboriginal and Torres Strait Islander families and communities, ensuring they are empowered and supported in all aspects of the provision of family and kin care placements.

*Against the national trend of increasing numbers of Aboriginal and Torres Strait children being placed in OOHC, recent data supplied by TF indicates that the rate of removal of Aboriginal children in the NT has followed a consistent downward trend in the past five years, with 274 children entering care in 2014-15 compared with under 220 in 2018-19.

A key focus of the model is increasing Aboriginal and Torres Strait Islander self-determination and community control, and ensuring that families and communities are involved in key decision making processes around the care and protection of their children. Attached to the model is a blueprint for implementation that is location based, flexible, and can be tailored to respond to the needs of individual communities. These implementation guidelines also offer strategies for building capacity in Aboriginal and Torres Strait Islander community-controlled organisations in delivering family and kin care based services.

Definition of family and kin care

For the purposes of this paper Aboriginal family and kin care is defined as care provided to Aboriginal children who cannot live with their parents by blood relatives or family and kin relatives in an environment where Aboriginal family, community and culture is valued and is central to a child's safety, stability and development.

In Aboriginal culture, family is inclusive of extended family members and other persons identified as kin by cultural law and *may not* be a blood relative.

Therefore family and kin relationships can include:

- A blood relative;
- A person with cultural kin-relationship to the child;
- A person related by marriage;
- A member of the same language group; and
- A person of the same skin group.

This definition could relate to both 'formal' and 'informal' family and kin care arrangements. 'Formal' family and kin care placements fall within the statutory system, and must be formally approved by TF. 'Informal' family and kin care placements relate to arrangements that have been made by the family outside of the statutory system without the involvement of child protection services.

For the purpose of clarity, all usage in this paper of the terms 'family and kin care and 'family and kin carer' relates strictly to "formal" placements i.e. only to those arrangements that require approval from TF. Although outside the scope of the model, the provision of support to informal family and kin carers is critical, and for this reason recommendations are touched upon as to how such support could be facilitated through the model.

Anticipated Outcomes

The anticipated outcomes of the family and kin care model include:

- A significant increase in the number of placements in line with the ATSICPP;
- A significant increase in the number of Aboriginal and Torres Strait Islander children in OOHC that are placed locally with family, and have a safe and stable placement;
- A significantly increased level of retention of Aboriginal family and kin carers over time;
- Increased community control of all decision making processes related to potential and actual family and kin care placements.
- Increased availability of targeted and tailored on-community support for Aboriginal and Torres Strait Islander carers in the NT to improve their effectiveness in providing care;
- An increased knowledge and awareness in the community about family and kin care and the child protection system;
- Strengthened relationships between TF and Aboriginal Community Controlled Organisations (ACCOs); and
- Increased pool of Aboriginal general carers

The model within a wider system of family support

It should be noted that whilst the model outlines a placement oriented and linear approach to the provision of family and kin care, it cannot and should not be viewed in isolation to the wider system of child protection, and the broader continuum of both family support and interventions, both statutory and non-statutory. The model recognises that best efforts should always be made to prevent the removal of children from families. It also recognises that in instances where removal of the child is necessary, family reunification is always the best and most desired outcome.

It is very clear that whenever possible children are best placed with their parents. Family and kin care is considered by the model to be the best placement type only when, for whatever reason, it is not possible for the child to live in the family home. The model is premised on providing the best possible support to children and their family and kin carers in those instances where removal is a necessity and reunification has not yet been achievable despite best efforts.

Clearly a family and kin care placement should only be initiated when there is either immediate or ongoing risk to the child, and in the case of the latter circumstance, when every effort and strategy has been exerted to support the parents to keep the child with them in the family home. Such efforts are essential in ensuring that the number of children requiring placements through the model is minimised.

That said, the data was very clear that where there is foreseen risk of removal, early family finding should occur as soon as possible through a process of parallel planning. This process ensures that if the need for removal eventuates, potential family and kin carers have already been identified in the best interests of the child, in line with the ATSICPP.

For this reason, early referral, family finding and carer identification form the key focus of the work of phase 1 of the model, but it should be noted that outside of the model the major focus of family support work at this critical time should be family preservation and keeping the family together. As part of this focus, there is an obligation for the approving authority to ensure that all strategies to address barriers to family preservation have been explored while family finding occurs through parallel planning processes.

The model proposes ways in which the Family Led Decision Making (FLDM) processes in both phases 1 and 3 can be used to strengthen and complement family preservation and reunification work. Through parallel planning, these FLDM processes could be used to explore ways that parents could be further supported by the extended family. This planning which could form the basis of strong protective factors that either mitigate the risk of removal or increase the viability of reunification.

It is a clear benefit of family and kin care as it appears in the model that it draws upon the strengths of Aboriginal cultural systems, and strong family and community structures. This means there is a high likelihood that those family members providing care will have an ongoing awareness of the current living situation of the parents. As such, unlike other placement types, where family and specifically parental connections tend to dissipate over time, family and kin care as it appears in the model maintains family connections and draws on the strengths of cultural systems to provide an ongoing and continued awareness of the potential for reunification.

Family and kin carers are not only likely to be mindful of this potential, they are also likely to be open to the child returning to the care of the parents if their situation changes and reunification is held to be viable. Phase 4 of the model suggests that this potential be explored as appropriate as part of regular placement review meetings. To some degree, questions around permanency are therefore negated, as family and kin care placements offer safe, stable and sustainable placements for as long as they are needed, but are also able to respond fluidly and dynamically to changing familial circumstances in the best interests of the child.

Legislative and Policy Context

The legislative background to the model is the *Care and Protection of Children Act 2007* (NT), which provides for the protection and care of children and the promotion of family welfare in the NT. The Act recognises as paramount the safety of the child in any decision making around placement. This consideration also forms the very cornerstone principle of the family and kin care model contained in this paper.

Part 1.3 of The Act sets out its guiding principles, including the ATSICPP. The ATSICPP has traditionally been viewed as a hierarchy of placement priority for children of Aboriginal and Torres Strait Islander descent. Part 1.3 (12.3) of the Act provides this hierarchy as in the NT:

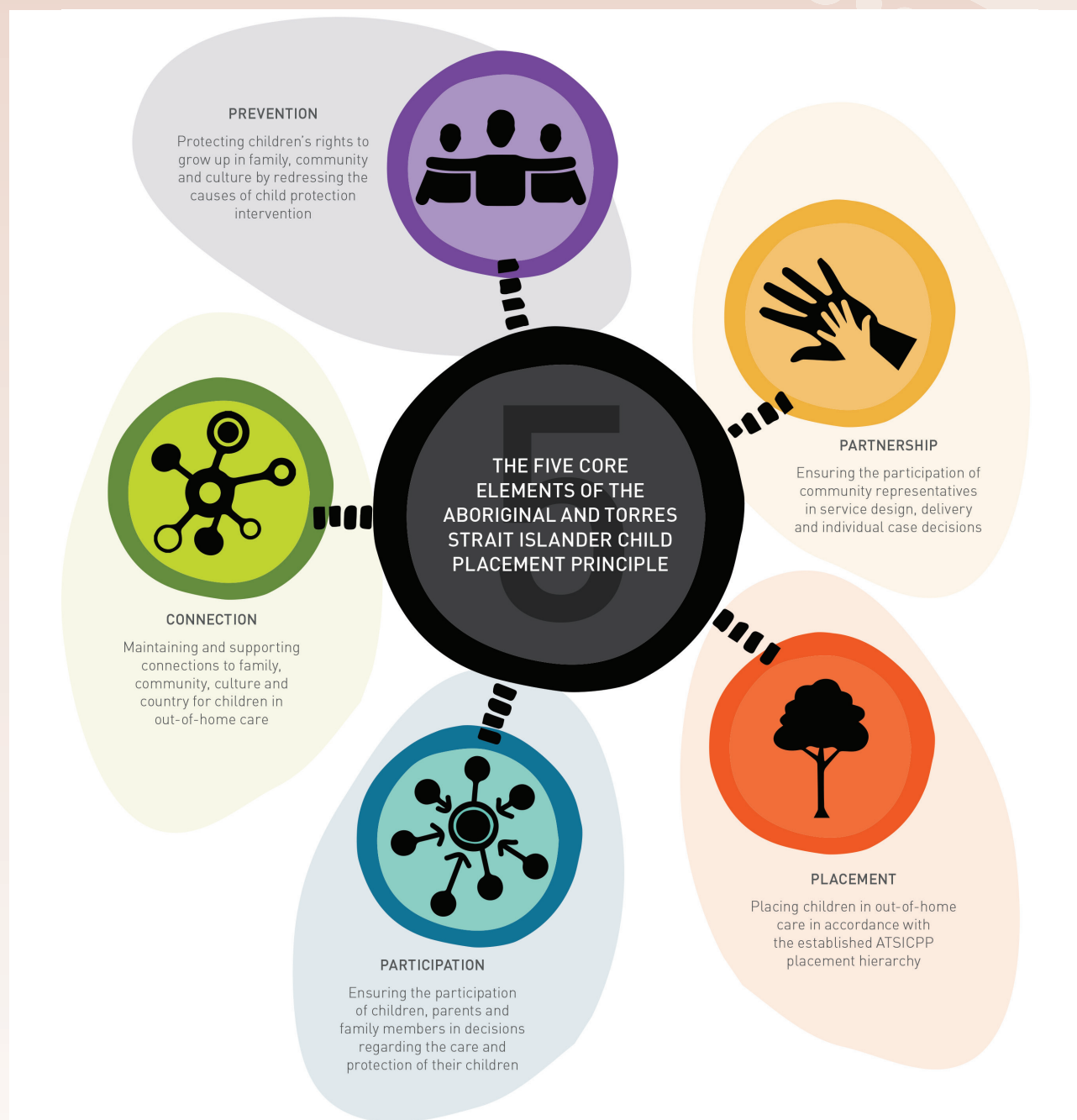
“An Aboriginal child should, as far as practicable, be placed with a person in the following order of priority:

- (a) a member of the child’s family;
- (b) an Aboriginal person in the child’s community in accordance with local community practice;
- (c) any other Aboriginal person;
- (d) a person who:
 - (i) is not an Aboriginal person; but
 - (ii) in the CEO’s opinion, is sensitive to the child’s needs and capable of promoting the child’s ongoing affiliation with the culture of the child’s community (and, if possible, ongoing contact with the child’s family).”

As well as the above hierarchy, the ATSICPP recognises the primacy of the family, the right to self-determination, and the importance of maintaining connection to family, culture and country and is consistent with the rights and best interests of the child. According to the Secretariat National of Aboriginal and Islander Child Care⁸ (SNAICC), the ATSICPP aims to:

1. Ensure an understanding that culture underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children is embedded in policy and practice;
2. Recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters;
3. Increase the level of self-determination of Aboriginal and Torres Strait Islander people in child welfare matters; and
4. Reduce the over-representation of Aboriginal and Torres Strait Islander children in child protection and out-of-home care systems.

This model recognises the primacy of the ATSICPP in placing Aboriginal Children into OOHC and that the ATSICPP is comprised of 5 core elements:



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The model has been designed to strongly align with the above five elements, and in addition also recognises and strongly aligns with:

- The recommendations set out in the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory 2017⁹
- The NT Government's Safe, Thriving and Connected Strategy 2018-2023¹⁰
- The National Framework for Protecting Australia's Children 2009-2020¹¹ (Fourth Action Plan 2018-2020 Priority Area 1)
- The National Out Of Home Care Standards (2017)¹²
- The Charter of Rights for Children in the NT (2017)¹³

2.2 The data informing our thinking on a new approach

TCAC in consortium with VACCA was funded by TF to undertake the 'Aboriginal Carers Growing up Aboriginal Children' Service Design project in December 2018. The project contract called for TCAC to design and develop a comprehensive, technically sound and evidence based service model focused on identifying, recruiting and supporting Aboriginal and Torres Strait Islander carers in the NT.

In the design and the development of this model, data was collected from a variety of sources, as summarised in the table following:

Consultations with key stakeholders	<p>These consultations were focussed on developing an understanding of the current context and engaging with learning key lessons from people with operational or lived experience in family and kin care. It included interviews and/or questionnaires with Aboriginal Carers, TF, the Foster and Family and Kin Care Association of the Northern Territory (FKCA NT) and the three pilot family and kin care programs currently funded by TF and being implemented by; Ngurratjuta/Pmara Ntjarra Aboriginal Corporation, Larrakia Nation and TCAC.</p> <p>A workshop was also held in Alice Springs, which TF, FKCA NT and two of the three pilot programs attended. This workshop provided an opportunity to collectively brainstorm creative ideas and solutions to identified issues within the current system. Additionally the project team collaborated with CREATE Foundation to build targeted questions into their consultation with children and young people to further inform the model.</p> <p>The records of interviews, the workshop summary and the returned surveys were reviewed and thematically collated to inform the model.</p>
Broader consultation across the NT	<p>In this consultation phase the project team looked to engage more broadly with stakeholders across the NT and nationally to inform organisations of the project being undertaken and invite them to contribute input and feedback on two key documents; the principles and elements of the model and the first draft of the model. The key stakeholders from the initial round of consultation were also invited to contribute feedback on both these documents. The project team reviewed this feedback and the documents were adjusted as applicable to reflect the views and comments provided.</p> <p>In total 58 stakeholders, predominantly Aboriginal Community Controlled Organisations and Regional Councils were invited to participate in this process and collate the views of their respective boards and communities to provide feedback to the project team. 29 organisations or groups (including key stakeholders) agreed to participate in this process; five of these were interstate and the remainder based in the NT.</p>
Literature review	<p>To further understand and learn from the strengths and challenges of existing family and kin care programs a literature review of existing First Nations family and kin care program models in Australia and Canada was undertaken by the Centre for Evidence and Implementation Science.</p> <p>Academic and grey literature published from 2003-2018 was reviewed with a focus on understanding how the elements of these family and kin care programs support child wellbeing, permanency, child safety and cultural connectedness. See Appendix 1 for a full copy of the literature review.</p>

Project team
informal
literature
reviews,
readings and
expertise
knowledge

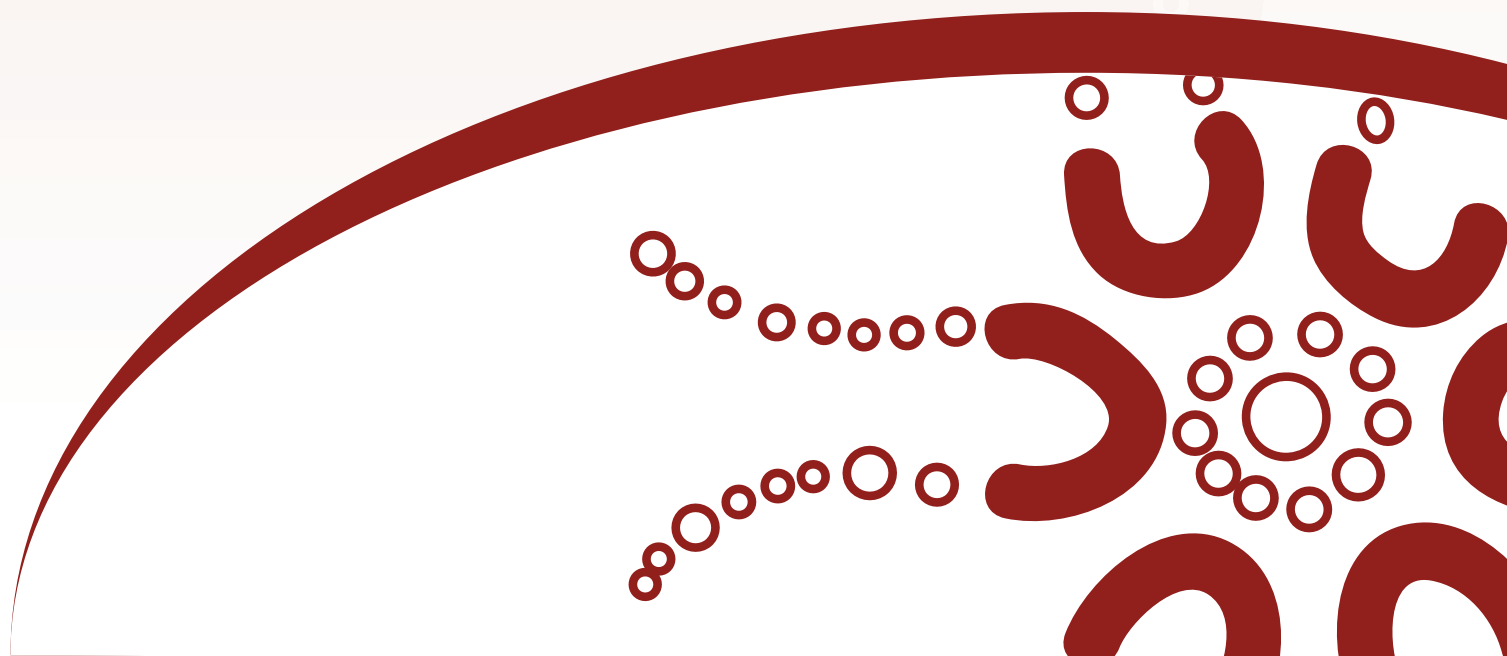
The project team members fed through organisational knowledge and expertise into the model's development. TCAC are an ACCO with significant knowledge and expertise in the field of child protection and currently the only ACCO in the NT who provide OOHC to children and young people through the operation of two "Safe Houses", which maintain a key focus on cultural safety and security for the children in their care. In 2018 TCAC became the first ACCO to be funded to run a pilot kinship care program in the NT.

The Victorian Aboriginal Child Care Agency (VACCA) is the lead Aboriginal child and family welfare agency in Victoria, with 40 years of experience and expertise in leading and delivering services that meet the needs of Aboriginal children, families and communities through a framework of self-determination, healing approaches and cultural safety. Significantly, VACCA developed the Victorian Aboriginal foster care and kinship care program model, and a comprehensive guide for Aboriginal agencies providing OOHC services in Victoria.

Informal research and readings were undertaken by key staff involved in this project allowing a blend of craft knowledge and significant findings from these sources to be fed into the development of the model.

CREATE survey
of views of
children in
OOHC

To further understand the voices of children and young people in the NT in OOHC care, an analysis of data from the CREATE Foundation's 2018 survey was conducted. The sample size for the NT was 309 children and young people of a cohort of 632 children and young people aged 8-9 years, 12-14 years and 15-18 years and included a small sample (8.5 per cent) of children in family and kin care. The data covered children and young people's views on areas of care such as 'Life in Care'; 'Current Placement'; 'Interaction with the Care System'; 'Personal History and Culture'; 'Family Structure and Relationships'; 'Education' and 'Health'¹⁴.



2.3 What did we interpret from the data?

That the following principles and elements should underpin the model

The first stage of the consultation involved seeking clarification and agreement on both the principles and elements that should make up a family and kin care model. The following diagram outlines the principles and elements of the model as agreed through these initial consultations. The cornerstone principle of the model identified through the data is that there is nothing more important than the safety of children:

Family and Kin Carers and ACCOs in the NT:

Acknowledge that nothing is more important than the safety of children

P R I N C I P L E S

- Affirm that children are best placed with their family, in their communities, connected to their language and culture
- Respect children's voices and opinions and include children in the decision making which affects their lives
- Recognise that children's best interests are met when families and communities are central to decision making processes
- Ensure that Aboriginal childrearing practices are understood, honoured and valued
- Respect stories and histories and adopt trauma-informed healing approaches
- Build relationships based on transparency, trust and deep listening in a spirit of working together
- Create stable, sustainable and culturally strong family and kin care placements to ensure children's needs are best met
- Are committed to ensuring that carers are supported according to their own changing and unique needs and the changing and unique needs of the children in their care
- Ensure that all family and kin care staff are culturally competent, adequately skilled and supported in their roles and that organisations are culturally safe
- Recognise that collaboration achieves better outcomes for children in family and kin care



The Principles

There are 11 guiding principles that underpin every aspect of the model, providing a foundational basis for its development. Each of these principles was agreed upon as key to the family and kin care model through extensive consultation from a number of key stakeholders:

- 1. Acknowledge that nothing is more important than the safety of children;**
2. Affirm that children are best placed with their family, in their communities, connected to their language and culture;
3. Respect children's voices and opinions and include children in the decision making which affects their lives;
4. Recognise that children's best interests are met when families and communities are central to decision making processes;
5. Ensure that Aboriginal childrearing practices are understood, honoured and valued;
6. Respect stories and histories and adopt trauma-informed healing approaches;
7. Build relationships based on transparency, trust and deep listening in a spirit of working together;
8. Create stable, sustainable and culturally strong family and kin placements to ensure children's needs are best met;
9. Are committed to ensuring that carers are supported according to their own changing and unique needs and the changing and unique needs of children in their care;
10. Ensure that all family and kin care staff are culturally competent, adequately skilled and supported in their roles and that organisations are culturally safe, and;
11. Recognise that collaboration achieves better outcomes for children in family and kin care.

The Elements

Fifteen elements were identified as being necessary to ensure a sustainable, self-determined, culturally strong family and kin care service can be provided to Aboriginal children and Aboriginal carers. These fifteen elements are all encapsulated in the model and are listed and described below.

1. Family led decision-making

This element refers to all processes that involve the primary and/or extended family including potential family and kin carers. It recognises people as experts in their own lives, and that families can often bring a unique understanding of what is needed for a placement to succeed. There is a strong evidence base which shows that better outcomes are achieved for children when families are strongly involved in decision making processes. This means not only sitting down and talking to families about what they think, but giving them control of the decision making process. Family Led Decision Making (FLDM) is best thought of as a continuum (see below diagram), and can involve informal discussions between workers and the family, more structured discussions where a framework can be applied (such as the Signs of Safety Framework) to guide discussion, or more formal decision making processes such as Family Group Conferencing. Regardless of level of structure and formality, the model proposes the use of interpreters whenever possible and whenever requested by the family. This will ensure that everyone can fully understand each other and express themselves in their first language which is clearly vital to the success of any FLDM.

FLDM is viewed here as a continuum. The general approach should be that the level of formality of family meetings is kept to a minimum. The level of structure of a meeting should be determined by the gravity of the decisions being made and most importantly the format that the family itself requests:

A Continuum of Family Led Decision Making (FLDM)

'Level of Structure And Formality'

Informal

Formal

Family Led meeting (yarning)

Signs of Safety Based Family Led Meetings

Family Group Conferencing

Unstructured

Highly Structured

2. Self-determination and community control

Self-determination and community control relates to the fundamental right of Aboriginal and Torres Strait Islander people and communities to control decision making processes that affect their lives and communities. It is concerned with ensuring that Aboriginal and Torres Strait Islander people are able to live according to their own beliefs and values and that this right is respected by others. In relation to the area of child protection this includes the right to be involved in decisions around the placement and the care and protection of Aboriginal and Torres Strait Islander children. This model puts forward a phased approach to increasing self-determination and community control in this area.

3. Child family finding and carer recruitment

The purpose of this element is to identify and locate members of a child's family and kin network after a referral has been received. It is targeted at finding family or kin who have the potential to provide safe and stable care for a child who is currently at risk of entering or has entered OOH, in the eventuality that a family and kin care placement is needed as best efforts at family preservation have not succeeded.

4. Carer assessment

The purpose of this element is to assess a carer's capacity to provide safe and stable care for a child, ensuring that their needs will be adequately met. Potential carers who are identified through the child and their family or local cultural authority, and who display a willingness to provide care for a child are required to be assessed. Carer assessment refers to the screening checks and assessments which carers must undergo to evaluate their capacity to provide care for a child and hence become an "authorised" family and kin carer.

5. Carer approval

Carer approval is the official process of "authorising" an individual as a formal family and kin carer. Approval is given or refused on the basis of the assessment report completed as part of the assessment process. Being an 'authorised' family and kin carer enables carers to receive a carer allowance, which is a financial reimbursement paid to carers to assist them in covering the costs associated with providing care for a child. Within this model ultimate delegation and responsibility for the wellbeing of the child continues to reside with TF.

6. Placement establishment

The purpose of placement establishment is to set-up a family and kin care placement to ensure that children and carers needs are met and the placement is primed to succeed. Placement establishment should ensure that intensive support is provided during the initial start-up of a placement and that adequate measures are in place to minimise the likelihood of early placement breakdown. Additionally it should focus on building in the necessary supports early to ensure carers are supported and to be able to meet the wellbeing and developmental needs of children.

7. Connection to family

The primacy of the family forms a cornerstone principle of the ATSICPP. Supporting Aboriginal and Torres Strait Islander children in OOHC to maintain contact with their family is key in also assisting them to remain connected to their community, language, land and culture. All children in OOHC should have a say in determining who they live with, who they want contact with and to what degree wherever these arrangements do not compromise the child's safety.

8. Connection to culture

For Aboriginal and Torres Strait Islander children maintaining connection to their culture is integral to their identity and their social, emotional and spiritual wellbeing. The ability to practice and be immersed in one's culture is a basic human right which needs to be protected and upheld for Aboriginal and Torres Strait Islander children across all aspects of service delivery. Connection to land, language and culture forms a key consideration when determining the overall safety of an Aboriginal and Torres Strait Islander child, in so far as they are put 'at risk' as individuals whenever they are not able to avail these connections.

9. Support for children

This element refers to all supports which must be provided to children to ensure that they are happy, safe and thrive in their OOHC placement. This includes supports to be heard, ensuring that their views are not only sought but inform decision making. It also includes ensuring that Aboriginal and Torres Strait Islander children are supported to have regular contact with their family and friends, to remain connected to their culture and community, and to have their developmental, educational, emotional and social needs met.

10. Carer support and training

The purpose of this element is to provide support to carers to ensure that the needs of the placement are met. This includes building supports around placements to ensure carers have enough information, capacity and resources to continue meeting the needs of the child, so that they can thrive and remain connected to their family and community. A successful placement will provide support and training to family and kin carers which will ensure the child's health, education, wellbeing and development is optimised and that carers feel competent in their roles.

Training refers to:

- A) The induction training which carers must undertake as part of their assessment process to ensure they have the right knowledge and information to be able to provide safe stable care for a child, understand their rights and role as a carer and have an understanding of trauma and its impact on children's behaviour amongst other relevant topics; and
- B) Any further training that carers may require or request ongoing to be able to perform their duties as a family and kin carer safely and adequately.

All training for family and kin carers should be accessible and relevant to carers from both a cultural perspective and in its presentation and delivery.

11. Carer allowance

The carer allowance is a financial reimbursement paid to carers to assist them in covering the costs associated with providing care for a child. Family and kin carers are currently eligible for the same level of financial assistance as foster carers. For both cohorts of carers, allowance rates are variable depending on the complexity of children's needs, the child's age and where the child lives. Providing financial assistance to family and kin carers is critical in supporting them not only to cover the day to day costs associated with providing care for a child, but also any additional costs related to the needs of the child, including for example opportunities to engage in extra-curricular activities outside of school hours.

12. Building community awareness about family and kin care

This element refers to any ongoing efforts which work to raise the profile of family and kin care across the NT and increase the value which the community places on the family and kin carer role. Implementation of this element is critical to developing awareness around family and kin care including informing children, families, communities and the wider public on what family and kin care is, and what is involved in becoming a family and kin carer.

13. Family and kin care policy advocacy

This element refers to advocacy efforts by children, individuals, families, communities and ACCOs to influence and improve policy and practice related to OOHC and specifically policies pertaining to family and kin care. Such advocacy works to ensure that both policy and practice better reflect and address the needs of Aboriginal and Torres Strait Islander children, families and communities.

14. Collaborative partnerships

This element is focussed on the working relationships, trust and communication developed and maintained between different parties involved in ensuring the success of family and kin care placements for carers and children. Collaborative partnerships between all parties involved, including between TF and ACCOs as well as between ACCOs are vital, and transparent relationships and communications with the wider community services sector are imperative to ensure that families and children are supported through a holistic, integrated approach which maximises and draws on the strengths of all parties.

15. Ongoing evaluation and continuous improvement

Any organisation providing family and kin care services should ensure that both the implementation and ongoing service delivery are rigorously evaluated. This will ensure that services are delivering on planned outcomes both for the children and carers in family and kin placements. Ongoing evaluation allows for strengths and weaknesses in service delivery to be highlighted, and provides a platform for clear forward planning which works to address issues early. It also ensures organisations continue to build their capacity to provide effective family and kin care services that achieve positive outcomes for children and carers.

Cross Cutting Elements

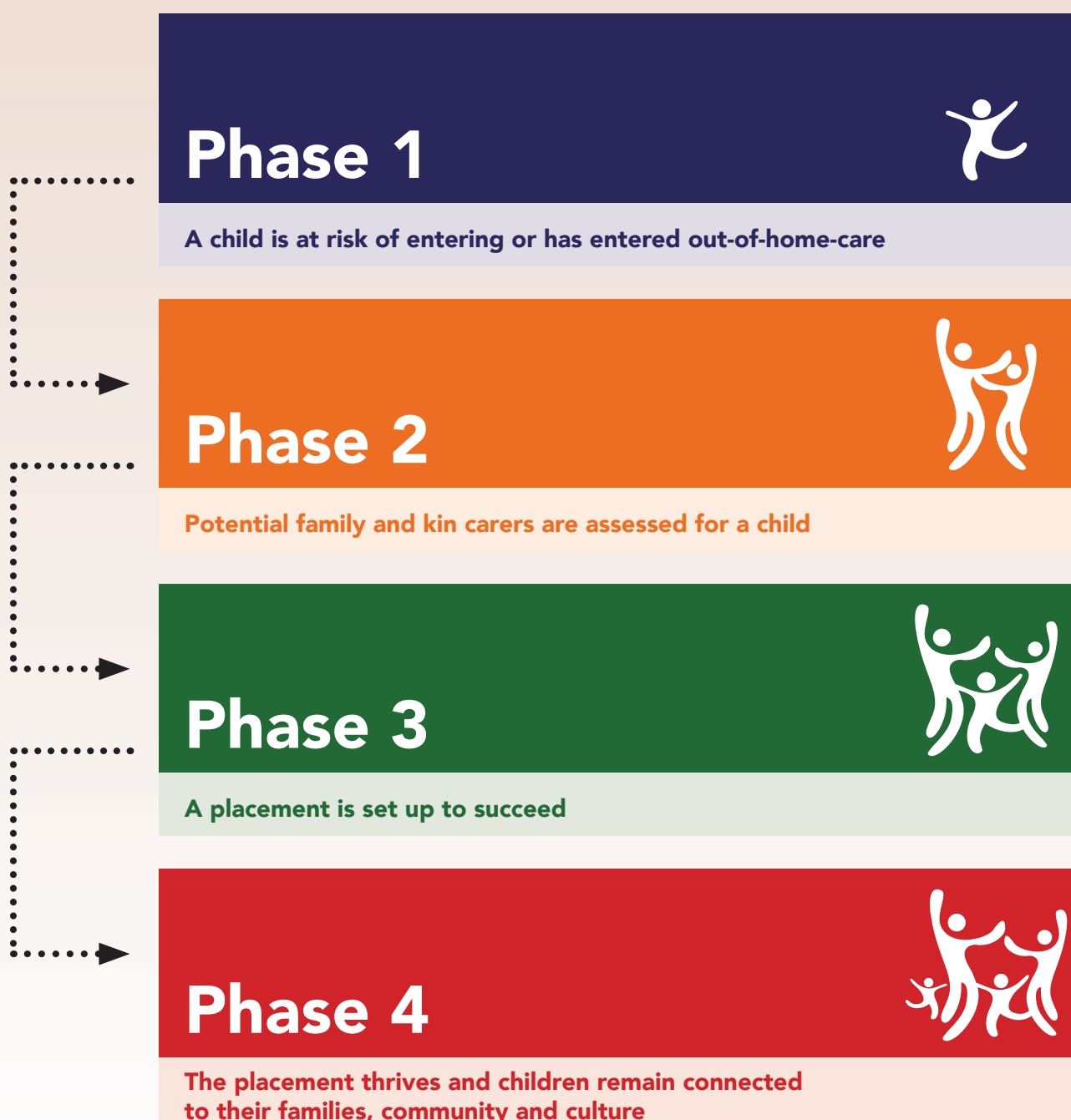
All of the above 15 elements are incorporated in the model, but some elements apply to every component of each phase of its operation. These elements, which are defined as “crosscutting”, are highlighted below. For more information on how the elements sit within the phases of the model see Appendix 2.

Family led decision-making	Self-determination and community control	Child family finding and carer recruitment	Carer assessment	Carer approval
Placement establishment	Connection to family	Connection to culture	Support for children	Carer support and training
Carer allowance	Building community awareness about family and kin care	Family and kin care policy advocacy	Collaborative partnerships	Ongoing evaluation and continuous improvement

The new model fundamentally has four distinct phases

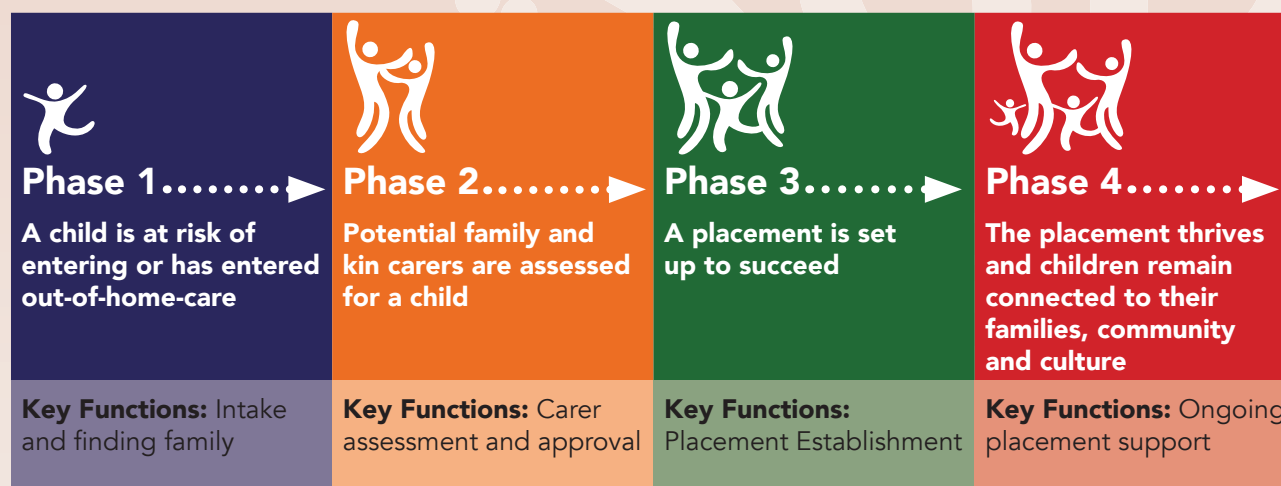
The data suggested that the model is best thought of as having four distinct phases, which when viewed as a whole represent the life cycle of a placement from start to end. As such each phase flows into the next, so that, for example, Phase 2 begins once Phase 1 is complete. Each phase is made up by a distinct set of components, each of which represents a necessary process in the lifecycle of the child's family or kin placement, as indicated in the diagram 'A model of the 4 phased lifecycle approach to family and kin care' (p29).

The four phases and their progression through the lifecycle of a placement are:



Each phase has associated key functions

Phases 1 and 2 are statutory functions whereas phases 3 and 4 are best practice functions. The diagram below indicates what the key functions are of each of the phases within the overall model:



The new model should address a number of key issues associated with each phase

The sources of data highlighted multiple issues relating to each phase of the model including:

Phase 1 Key Issues:

- A lack of focus on adherence to the ATSICPP in the best interests of Aboriginal and Torres Strait Islander children and of exhausting all possible family and kin care options.
- Placements being crisis driven with not enough time and resources allocated to looking for and engaging with family around decision making to identify the family and kin care placement and carers that will have the most success in meeting the child's needs.

Phase 2 Key Issues:

- The current assessment process is not culturally appropriate and poses multiple barriers to carers being approved and authorised.
- The assessment of and response to risk has been historically framed through a non-Aboriginal and Torres Strait Islander lens adopting an actuarial approach and does not take into account the inherent strengths of traditional Aboriginal and Torres Strait Islander child rearing practices.

Phase 3 Key Issues:

- Levels of support are not tapered appropriately to the needs of the carers to assist them in the initial stages of providing a stable placement.
- Existing strengths within the extended family are not being drawn upon to create a support network for a placement.

Phase 4 Key Issues:

- Children experience a lack of consistency in their case managers and are not engaged adequately in their care planning and decision making which affects their lives.
- There is a lack of practical ongoing support and education for carers, particularly in remote settings, to ensure they can continue to provide appropriate care for children.

The model highlights all of the issues that were raised through the sources of data including those above. Each of these issues is then addressed in the model below.



This is what the new model should look like

The table on the next page provides an overview of the model applied across the lifecycle of a child's placement. The sources of data have told us that this is what the new model should look like to address issues identified in the data. The table is broken down into four columns, each of which represents one of the four key phases of service delivery of the model. Each phase is made up of a distinct set of components. The components contained within each phase of the model are explained in the following pages, including an outline of who has responsibility for which action, within the context of lifecycle of a child's family and kin carer placement.

A model showing the 4 phased lifecycle approach to family and kin care

Phase 1 	Phase 2 	Phase 3 	Phase 4 
A child is at risk of entering or has entered out-of-home-care	Potential family and kin carers are assessed for a child	A placement is set up to succeed	The placement thrives and children remain connected to their families, community and culture
Referrals are received	ACCOs talk to potential family carers and explain the assessment process	Transition planning occurs	Children have regular face to face contact with their family and friends
Referrals are screened and accepted	Interim care plan including complexity assessment is completed for the child (TF)	Carers are supported to access both initial and ongoing payments and allowances	Social events are facilitated for children and their carers
Family finding and mapping starts	Potential carers are informed of the child's needs and behaviour	Carers are provided with relevant information	Family care teams help support the carer and the child
Family Led Decision Making occurs	Potential carer's capacity to provide care is assessed using a culturally appropriate and strengths based approach	Family Led Decision Making occurs	Face to face support visits, family meetings and structured reviews happen to support the placement
Local Cultural Authority consultation as requested or required	Assessment identifies what needs to happen to make placements safe	Family care team is established	Services collaborate to ensure placements remain supported
Leads developed and explored	Safety plan developed and completed	A care plan is developed with input from ACCOs, families and children	On community support groups are run tailored to carers needs
Potential primary family and kin carers identified	The application is approved and the carer is "authorised"	Tailored face to face support is provided early in the life of the placement and tapered ongoing as needed	Carer's capacity continues to be developed and their role supported
Potential secondary family and kin carers identified	Child enters the family and kin care placement	Carers receive meaningful and relevant training specific to their needs and the needs of the placement	Placement thrives and provides safety and stability for as long as is needed
Potential family and kin carers voice willingness to provide care and be assessed		Referrals are made to other services where appropriate	

3 A New Model for the Northern Territory and how it addresses the key issues in each phase

Phase 1



A child is at risk of entering or has entered out-of-home care

What does it refer to?

If a child is at risk of entering OOHC this is due to very significant concerns about their safety and wellbeing in the family home. Where these concerns are imminent, or where parents have been unable to address them despite intensive support, this can lead to the removal of the child into OOHC under Part 2.1 Division 7 Section 51 of the *Care and Protection of Children Act 2007* (NT). There are a number of OOHC placement types a child can be placed into apart from family and kin care, including Residential Care, Family Day Care and Foster Care. Family and kin care is the only placement type which ensures Aboriginal and Torres Strait Islander children can remain connected to their family, community, language and their culture. For this reason early identification and prioritisation of safe and sustainable potential family and kin care placements is vital to these children.

Identifying potential carers, or “family finding”, is the process of identifying and locating such potential carers from a child’s family and kin care network. Phase 1 is specifically targeted at finding family and kin who have the potential to provide safe and stable care for an Aboriginal and Torres Strait Islander child who has either entered, or is at high risk of entering the OOHC system due to significant safety concerns in the family home.

What key issues emerged from the data?

- While many Aboriginal and Torres Strait Islander children grow up safe in loving homes, they are approximately 12 times more likely to be placed into OOHC than non-Indigenous children in the NT;
- There has been a lack of focus on adherence to the ATSICPP and a lack of commitment to exhausting all possible family and kin care options. As a result of this family and kin carers are often not found and Aboriginal and Torres Strait Islander children are being predominantly placed into other types of OOHC;
- Too many Aboriginal and Torres Strait Islander children are losing connection to their family, language, land and culture as a result of being taken into OOHC;
- Services that are focussed on identifying and meeting with family to source potential family and kin carers are not appropriately resourced which results in children not being placed in a timely way with family and kin;
- Placement identification tends to be crisis driven, and given the lack of family and kin care placements they are often rushed through without due consideration. There is a lack of early parallel planning, and not enough time is spent looking for and consulting with family to identify the placement that will have the most success in meeting the child’s needs;
- Aboriginal families and communities do not often have an active voice in decision-making processes around a child’s placement;

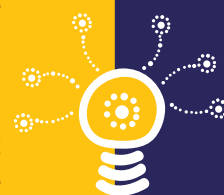
- Information received in the referrals by the pilot programs was not always sufficient to appropriately inform family finding. This information included specific information about the child, and information around the progress of family finding work already undertaken by TF. As a consequence, the responsibilities of TF and ACCOs were not always clear, and there was sometimes double handling of these responsibilities; and
- This lack of information around children limited the ability of ACCOs to make informed assessments about risk, appropriateness of placement and needs of the family.

How does the new model address the key issues?

- There will be a much stronger emphasis on adherence to the ATSICPP and use of family and kin care as a placement type to maintain and promote the social, emotional and spiritual wellbeing of Aboriginal and Torres Strait Islander children brought into OOHc;
- Services will be properly resourced to locate and engage with families around potential family and kin care placements, including time and resourcing for ongoing family mapping which will better inform assessment of risk, placement and care plan decisions;
- Family finding will happen earlier and children, families and communities will have far greater control of decision making processes around the care of their children through the use of FLDM;
- The use of FLDM will be used to strengthen ongoing family preservation efforts as part of a parallel planning process which ensures that all efforts to preserve the family are exhausted;
- Decisions around placements will draw on the strengths and knowledge of extended families, communities and local cultural authorities to ensure 'best fit', and that children are placed into family and kin care arrangements that maximise positive outcomes;
- Approaches are proposed that recognise the primacy of the family, the right to self-determination, and are consistent with the rights and best interests of the child;

- The model proposes that information sharing protocols be developed to ensure that timely sharing occurs and relevant information is received, so there is no double handling or repetition of work;
- The model recommends TF improve the current data and information sharing processes to assist all phases of service delivery. It recommends consideration be given to family and kin carers and children being able to access and input into the new TF "CARE" database that is being currently developed – both as a way to directly contact caseworkers and raise needs/concerns but also as a way to provide feedback and recommendations to TF on processes and policies. Further consideration should be given to system access for ACCOs (using appropriate security profiles) to ensure timely access to relevant data pertaining to the child and/or placement. The system should also allow ACCOs to share such information with each other;
- The model suggests TF fund ACCOs to employ local Aboriginal family and kin care worker positions to find family, build community relationships and engage with family early; and
- Even where no family can be identified for a child, the model proposes a strategy to ensure that they are still placed in line with the ATSICPP by drawing upon the knowledge of recognised Local Cultural Authorities.

With the renewed focus on family and kin care as a placement type within the broader transformation of the OOHc sector, it is proposed here that the term 'Family Day Care' be redefined to a term that does not include Family, as this placement type does not involve family members in the provision of the care of the child.



How we see the model working

Referrals are received

Referrals are sent to ACCOs from TF or through Non-Government Organisations (NGOs) with two referral pathways being Intensive Family and Parenting Services (IFPS) and Intensive Family Support Services (IFSS). All referrals from these two NGO pathways will be for families and their children within the statutory system where there is a high risk of removal, whereas TF referrals could be both for Aboriginal children who are already in OOHC or who are at high risk of being removed. It is proposed however that OOHC providers can strongly advocate to TF for referrals to be made for the children in their care through TF caseworkers.

Another difference between NGO and TF referrals is that the former will only be for individual cases, whereas TF will have the capacity and option to refer in multiple cases ('cohorts') at one time. TF referrals could be received from all operational areas of TF including:

- Strengthening Families
- Long Term Care Teams
- Reunification Teams
- Investigation and Assessment Teams (where risk is assessed as sufficient to make the likelihood of removal high/very high)

In addition to the above the model proposes that three forms of 'community' referral be eligible for service:

- Early referrals with consent for unborn children where there is an extreme risk of removal from birth
- 'Self' referrals from children who are in OOHC placement types other than family and kin care
- Referrals from family members where they have no current knowledge of the location of the child except that they were removed into OOHC

ACCOs who are delivering family and kin care services could either develop their own referral form, or this could be co-designed in collaboration with TF (see Appendix 3 for an example of a referral form). The referral process may look different depending on how the model is implemented. Potentially there are two main streams for referrals:

- Through a central intake by ACCOs with sub-regional coverage
- Direct to ACCOs who are based on communities

Where an ACCO is delivering more than one of the phases of the model, the referral form should indicate which of the phase(s) of service delivery are being requested. For example a referral might request Phase 1 family finding and Phase 2 assessment, or it might request only Phase 4 for a child.

Referrals are screened and accepted

ACCOs will have flexibility to develop their own organisational intake processes, but overall functions will remain the same. Once a referral is received it will be reviewed in terms of eligibility and current capacity. Priority will be given to cases that are referred by the TF Strengthening Families team where there is identified very high risk of removal, and family finding services must ensure that they always retain sufficient capacity to be able to accept such cases. As part of this component, ACCOs will have the power to request further information where considered necessary from the referrer, and receipt of this information will be a condition of the referral being considered for acceptance.

The way that referrals are screened and accepted will look different depending on how the model is implemented. There is flexibility in the model for this to vary dependent on whether referrals run through a central intake ACCO with sub-regional coverage or direct to an ACCO based on a community:

- Central intake by ACCOs with sub-regional coverage - once referrals are screened and accepted then they will be allocated and forwarded to local family and kin care workers or to the local community based ACCOs who will allocate workers. These local workers live on community and facilitate a place based-approach to family finding and carer recruitment. Where there is any reason why they cannot work with a particular child and family there should be flexibility for the referral to be returned for reallocation to another worker.
- Direct to ACCOs who are based on communities once referrals are screened and accepted referrals will be allocated to their family and kin care workers, again who are local community members.

Family finding and mapping starts

Family finding is the process of locating potential carers for Aboriginal and Torres Strait Islander children in OOHC, or at risk of entering OOHC. This process can include identifying and mapping extended family for the child. The model advocates for the commencement of family finding processes prior to the point of removal whenever necessary with parental consent. Attempting to obtain parental consent is imperative as it is very important in order that relationships are not disrupted during a process of family support. Parents might find it confronting to consider other familial care options, and it is important that they understand why such early family finding is necessary. Workers should take the time to explain the rationale behind early family finding in line with the ATSICPP, and that it is a parallel process which does not affect in any way the chances of the children remaining in their care – it is merely a parallel planning process to ensure that the children have safe family and kin care placement options if it is assessed by

Consideration be given to legislative changes to the *Care and Protection of Children Act 2007 (NT)*, to ensure that all matters related to the placement of an Aboriginal child into a family and kin care placement be deemed as in their 'best interests'.

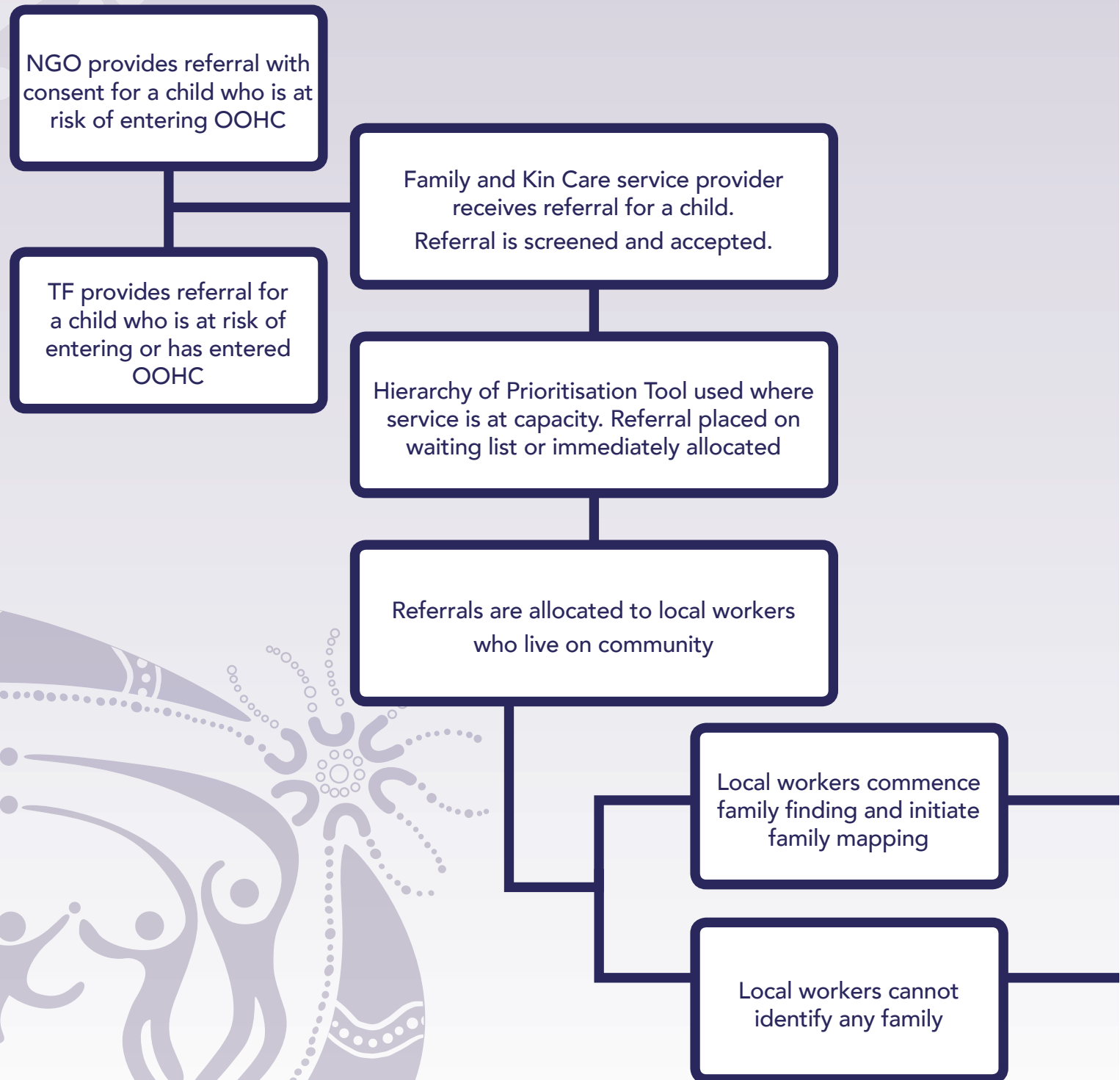


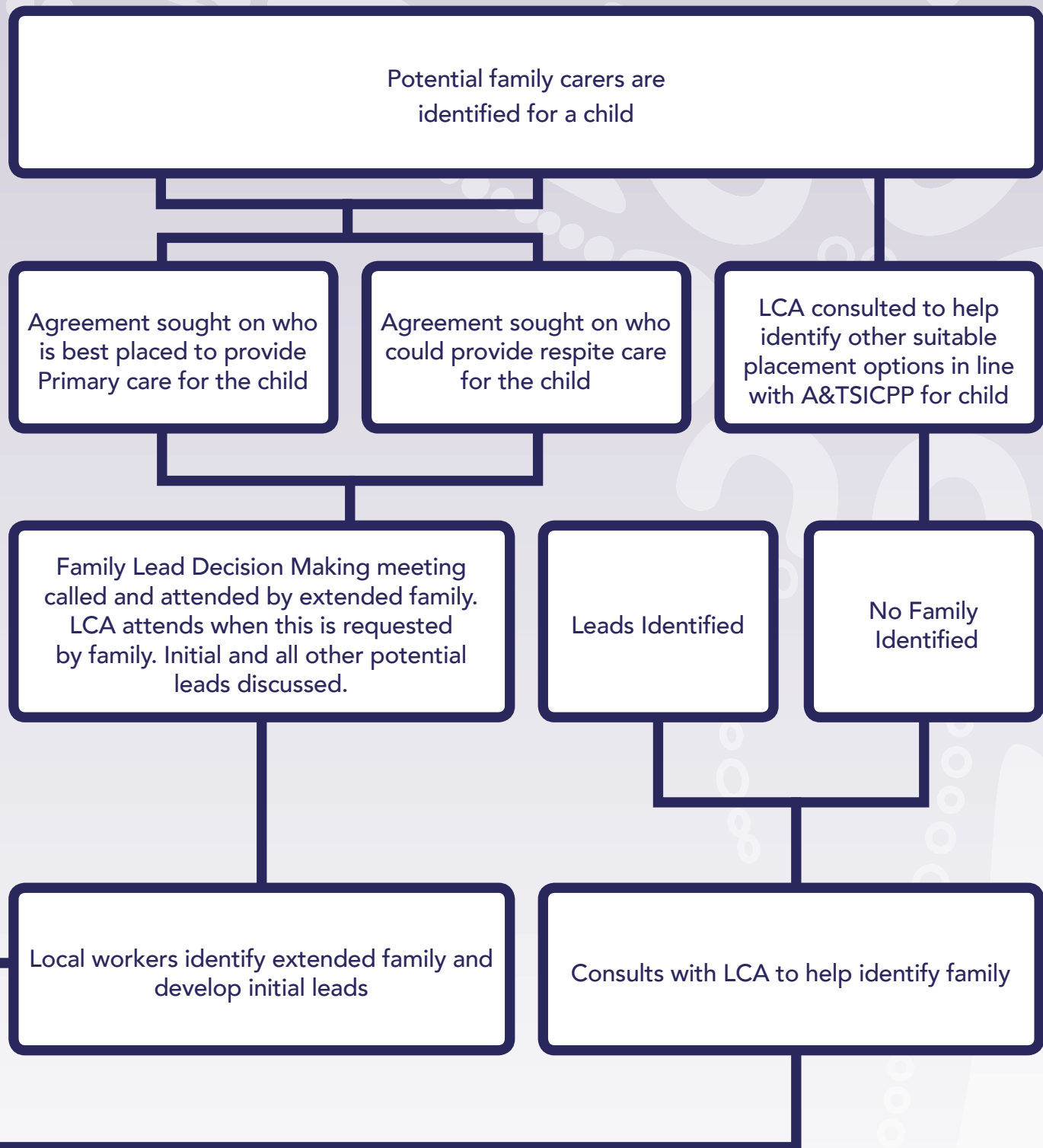
TF that they cannot remain with the parents. In situations where parental consent is not given, but it is clearly in the best interests of the child for family finding to occur due to very high risk of removal, a referral should be made and the rationale for this decision subsequently explained to the parent by their TF caseworker, drawing on the ATSICPP as a reference.

Family finding processes within this model are largely performed by ACCO employed local family and kin care workers. The process is summarised in the diagram on the following page. What the process looks like is variable dependent on if a child is at risk of entering OOHC or is already in an OOHC placement:

Diagram 1.1

Family Finding Flow Chart



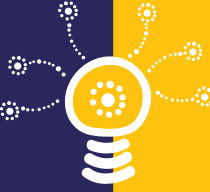


The model advocates for family mapping to occur as a collaborative process between children, their families, local and regional ACCO employed family and kin care staff and Local Cultural Authorities (LCA) where appropriate. Family mapping is the process of recording and understanding a child's family and current familial relationships and connections. It is a helpful process to better understand family relationships and highlight potential placement options. The critical importance and value of drawing on the knowledge of local workers of family and kin networks in family finding cannot be understated. As well as this knowledge, tools which provide a pictorial display of relationships and are easy for all key parties to understand and access are important. The use of software which can generate and store genograms, or eco-maps is suggested as part of this model. Three example eco-maps can be viewed in Appendix 3.

LCA play an important role as part of this model in helping ascertain suitable placement options when a child cannot be safely placed with a member of their family or family cannot be located. LCA could be existing or new community groups, the Board of Directors of ACCOs, or individuals such as community Elders. In these instances these groups, leaders or community members will have the authority culturally to provide direction on who is next best placed to provide care for a child i.e. possible leads as to potential carers. In such cases where LCA initially identify potential leads, where family is then found and FLDM is initiated, the LCA could attend the FLDM meeting in circumstances where the family request this as they feel it would aid them in decision making around the placement of the child.

Ordinarily, these meetings should be convened by an ACCO family and kin care staff member, with whom the family and the child feel comfortable and safe to speak freely and openly in front of, although in situations of high familial conflict consideration should be given to the use of an external convener. If the family of the child live interstate provision should be made for additional funding to support the necessary associated accommodation, travel and resourcing costs for the family in facilitating a FLDM meeting.

The FLDM process will support families to identify potential family and kin carers who may be able to provide emergency, respite or long-term care, as well as identify 'secondary' carers who can potentially support the placement as



In line with the ATSICPP, when Aboriginal and Torres Strait Islander children are either at risk of or have been removed into OOHHC it is in their best interests that timely family finding occurs and family and kin placements are sourced. At times LCAs will have a role to play in this family finding. For this reason it is highly recommended that both ACCOs and local cultural authorities be recognised under s293C of 'the Act' as 'Authorised Information Sharers' in order that they can share and discuss information about a child or family members related to the safety and wellbeing of that child.

Part 5.1A of the *Care and Protection of Children Act 2007* (NT) is the legal basis for the Northern Territory's information sharing framework for child safety and wellbeing. For more information on 'Authorised Information Sharers' and information sharing protocols see: https://territoryfamilies.nt.gov.au/__data/assets/pdf_file/0019/234064/information-sharing-guidelines.pdf

Family Led Decision Making Occurs

Family Led Decision Making (FLDM) appears in both Phase 1 and Phase 3 of the model. In Phase 1 it is proposed that a FLDM meeting is held with extended family members to develop and discuss leads around potential carers. This FLDM meeting is a key feature of Phase 1, as it will determine from the perspective of the family who is best placed to provide care for the child. This can include a discussion of any potential carers that have been identified and voiced an interest in the provision of care through initial family finding work.

part of the family care team. This approach aligns with the consultation findings, which indicated that including FLDM in early family finding processes prior to point of removal would help reduce crisis driven responses, and would see children placed within a 'best fit' family and kin care placement that is most suited to meeting their needs. Engagement with families through early FLDM processes in Phase 1 is critical in identifying potential family and kin carers in the event the child must be removed. It places family at the centre of decision making processes, and by drawing on existing strengths and knowledge, cultural collective obligations and collective strategy, it ensures that discussions around how the placement will be supported occur early. Where these discussions take place in communities in which parents are residing, this FLDM can also be used to develop strategies

around support from extended family which may mitigate against removal occurring at all. As such it is recommended that these FLDM meetings at Phase 1 are also utilised as a mechanism to explore risk factors and safety planning for the current familial situation and identify potential support for family preservation. If a family support team is working on this area they should attend this FLDM meeting and they should support the parents to do so also, but only where it is determined that this will not lead to a situation of familial conflict and thus jeopardise potential family and kin placement outcomes.

The intent of this parallel planning approach is to minimise the number of children for whom the rest of the model would operate through successful family preservation outcomes, and to ensure that FLDM processes are integrated with any and all current family preservation efforts to explore how these efforts can be supported in the best interests of the child.

In some instances the FLDM process in Phase 1 might be an informal but structured meeting and in other instances a Family Group Conference (FGC) might be called. FGC is a type of structured meeting, which occurs with families and trained staff that support families to have an active voice in decision-making processes around children's safety and care planning. FGC enables children, families and LCAs to be involved in formalised decision-making processes. FGC can be legislated to ensure the voices of those most affected by decisions are clearly heard. Some key distinguishing features of FGC as opposed to other forms of FLDM are the amount of preparation time, the use of recognised stages in the meeting, and the production of a plan which is signed off and provided to everyone at the end of the meeting. This structured format might be highly appropriate in some circumstances but not necessary in others – a less formal FLDM process might be more appropriate.

It is imperative that the family decide on the format and level of structure that the meeting will take. Different options should be properly explained and offered. For example, private family time in the meeting should be offered where the family alone sits to discuss amongst themselves. Whatever the meeting format, it should enable families to have clear opportunities to develop and suggest ways

to keep their children safe, playing a pivotal role in decision making processes around the placement of the child.

By placing family members central in this way, FLDM has an important function in building trust with families and communities. It allows them to not only engage but drive discussions and decisions around risk and concern, developing their own strategies to address these. The proper use of FLDM leads to a shift in long standing power dynamics between TF workers and families and communities since it empowers them to control the processes and supports that aim to deliver best outcomes for their children.

Local Cultural Authority (LCA) consultation as requested or required

As explained above, local cultural authorities (LCA) could be existing or new community groups, the Board of Directors of ACCOs, or individuals such as community Elders. Importantly, LCA do not necessarily have to be recognised as individuals or entities as authorities on matters of culture. Rather LCA as they appear in the model must be held within their community to have the authority culturally to make informed recommendations around:

- Possible leads for family finding; and
- Where a child might be best placed culturally in line with the ATSICPP where no family can be identified.

LCA consultation would be required in the above two scenarios, but in situations where local workers are able to develop leads independently and a FLDM meeting takes place such consultation would not be necessary. However, where requested by the family LCA could attend such FLDM meetings to provide a level of cultural mediation, or when the family request as they feel this presence this would aid them the decision making around the placement of the child.

Leads are developed and explored

Drawing on all of the above processes, strong leads will be developed as to which family members might be identified as potential primary or respite family and kin carers for the child. Exploration of these leads including discussions with these family members around the scope and expectations of the role will lead to the identification of potential carers who have expressed both a willingness and capacity to care for the child.

Potential primary family and kin carers identified

Through the above listed processes family members will either volunteer themselves or be put forward by other family members or the child as the potential primary family and kin carers for the child.

Potential secondary family and kin carers identified

Through the above listed processes family members will either volunteer themselves or be put forward by other family members as the potential secondary family and kin carers for the child, who will either provide ongoing support to the placement and primary carers by a) forming part of the family care team; b) through the provision of 'respite' care; c) or both.

Potential family and kin carers voice willingness to provide care and be assessed

Once the above family members have been identified and have voiced a willingness to provide care and to be assessed, phase 2 of the model will commence.

Phase 2



Potential family and kin carers are assessed for a child

What does it refer to?

Once potential family and kin carers have been identified, and have voiced their willingness to provide care, and to undergo an assessment of their capacity to do so, Phase 2 of the model can commence. Through this phase a potential family and kin carer's capacity to provide safe and stable care for a child is assessed through a number of formal assessments and checks. These assessment processes are aimed at assessing risk, ensuring safety, and determining whether the child's needs will be adequately met through the placement. Once these formal assessments and checks are completed, if the potential carer is assessed as being a suitable person who is capable of providing care, they are formally "authorised" and at this point the child can enter the family and kin placement.

What key issues emerged from the data?

The emerging view is that the current assessment process is not culturally appropriate and creates multiple barriers to carers being approved including:

- The process for verifying carers identification (the 100 point system) is time consuming and difficult;
- The current assessment "sessions" are too long and not always relevant for family carers;
- The current assessment tool creates a barrier to obtaining information in a culturally appropriate and respectful way, and can be exclusionary and discriminatory in practice;
- Assessments are often conducted in English and the use of interpreters to ensure mutual understanding between assessor and potential carer is not commonplace;
- The assessment process does not reflect the reality of circumstances of many family and kin carers living in the NT;

- The assessment process is not cognisant of the risks posed to Aboriginal and Torres Strait Islander children through the loss of connection to family, language, land and culture, and it does not adequately assess the risks posed by removal from family and community into other placement types;
- The assessment of risk and response to risk is framed through an actuarial Western lens that is unable to take into account protective factors offered by the strengths of Aboriginal culture, and specifically by Aboriginal child rearing practices and family structures; and
- ACCOs and TF do not have formalised caveats organised with NT police which allow the completion of emergency preliminary checks to ensure family and kin care assessment is not unnecessarily delayed.

Other issues with current assessment processes which were identified included through the sources of data were:

- Difficulties in accessing information from child protection services in a timely manner to inform carer assessment;
- There is a general lack of housing available and carers are often refused on grounds relating to their housing situation;
- The completion of medical checks for carers holds up the assessment process and is often not necessary;
- The current 2-day induction training run as part of the assessment process for carers is not culturally appropriate and is difficult for carers to access; and
- Completing thorough carer assessments is difficult when information on the child and their needs has not been provided.

How does the new model address the key issues?

- Implementation of the model proposes that ACCOs will gradually transition to taking responsibility for the assessment process to ensure a culturally sensitive approach to assessing carers is adopted;
- Assessment will focus on enabling potential carers to provide care for a child given sufficient supports rather than a one dimensional approval process;
- Assessment will identify what supports people require to ensure they can provide safe and stable care for a child from a culturally appropriate lens;
- ACCOs will complete the assessment process using culturally appropriate and strengths based assessment tools and approaches – assessment will also be informed by their worker's local knowledge of communities and families;
- The model suggests an approach is adopted by ACCOs which is more:
 - Relational;
 - Story-telling or yarning focussed;
 - Strengths based; and
 - Flexible but thorough.
- Assessments will be delivered in language or with the support of interpreters and will be delivered in shorter sessions according to potential carer's needs;
- Resourcing training and support for ACCOs will be provided to develop assessment capacity through the provision of TF secondment workers;
- Risk mitigation, and safety and support planning will form an integral part of the assessment process;
- TF funding ACCOs to employ senior family and kin care staff who drive the assessment process and build the capacity of other ACCO family and kin care staff including in assessment processes;
- Negative carer assessment outcomes will be reviewed by assessing and authorising bodies to ensure all potential strategies have been considered, and active efforts have been made to enable and support the viability of the placement;
- Through a change to TF policy to delay the need for medical assessments to occur as part of the preliminary checks but instead allow a 3 month period to have this completed;
- Through formalised agreements between ACCOs, TF and the NT Department of Housing and Community Development to fast track any necessary repairs, home modifications or new housing arrangements necessary for the approval of family and kin carers;
- Through MOUs that will formalise caveats between TF, the NT Police and ACCOs which allow for the preliminary screening checks to be fast-tracked; and
- By building in relevant cultural and practical education and training for staff to ensure any staff undertaking assessments are suitably skilled and competent, and have an understanding of the broader political, historical, cultural and social context of the NT.

How we see the model working

ACCOs talk to potential family and kin carers and explain the assessment process

The model proposes that when willing potential family and kin carers are identified, the whole of the assessment process will adopt a collaborative approach between children, families and assessors. Assessment refers to the process by which potential carers are assessed to ensure they are able to provide safe and stable care for a child. The model suggests an assessment process that is more inclusive, culturally appropriate and enabling when compared to existing processes. Current assessment processes are often exclusionary, creating barriers to the approval of carers and thus the establishment of family and kin care placements.

The first part of the assessment process is simply transparent dialogue to ensure that potential carers fully understand the assessment process, what they can expect and what is expected of them. Note that the model has the flexibility to accommodate referral requests for family and

kin care services beginning in phase 2 where family has already been found and assessment is needed.

The model suggests that multiple family members should be assessed and become “authorised” to provide care for children. Whilst there will be primary carers who will be assessed to provide a child specific placement, the authorisation of other family members to become secondary ‘general’ carers would:

- Enable more respite opportunities for this specific placement and child/carer;
- Offer more appropriate options for other Aboriginal children in terms of emergency placements if required that are in line with the ATSICPP; and
- Reduce the need for crisis driven decision-making when placements are required at short notice.

By developing a pool of general carers there will be far more potential for the use of emergency placements that align with the ATSICPP for Aboriginal children. Emergency placements are used when children are placed with family and kin carers due to an emergency situation where the child has needed to be removed from their primary caregivers at short notice.

A shortfall of the current system are delays in receiving the criminal history checks from NT police within a suitable time-frame resulting in Aboriginal children being placed in alternative types of OOHC instead of in family and kin placements. This can be deeply traumatising for children and disrupt their lives unnecessarily. As such the model advocates for a change to current policy and process through the development of MOUs between TF, ACCOs and NTPOL focused on caveats that will fast-track checks, enabling TF to place the child into provisional protection using emergency placement with family and kin once they have ensured through both the police check and a physical house check that there are no concerns around the household.

In these situations where there is a need for longer term care during the next 72 hours a protection order must be applied for and granted, and the carers must be assessed and approved through a process called ‘emergency carer assessment and approval’. They will then be assessed in the usual way over the next 12 weeks.

The model proposes that secondary carers form part of the overall family care team for the child if approved, as a component of Phase 3 of the model.

Interim care plan including complexity assessment is completed for the child (TF)

Where there is no existing care plan for the child, this component will be initiated immediately by TF at the start of phase 2 to ensure timely production of the plan. An interim care plan is needed in order to inform the placement assessment.

The data has highlighted the critical importance that a more holistic assessment for children is undertaken, alongside the complexity of needs assessment for the child as soon as possible. As such the model advocates that all children entering family and kin care should undergo rigorous assessment to aid in the early identification of any physical, psychological, emotional and spiritual or developmental issues which may impact their capacity to engage meaningfully within their environment and daily activities. For children entering family and kin care it is anticipated that therapeutic specialists would inform and contribute to these assessments. As part of this model these ACCO employed professionals would work across designated regions to provide specialist support and consultation to family and kin care placements and to family and kin care staff.

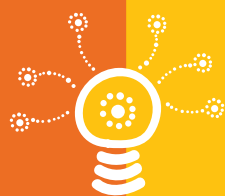
This information when collated should be provided to family and kin carers in order to assist them to better understand the needs of the child. It will enable case managers or therapeutic specialists to make any necessary referrals needed to other services and will help inform care planning under NDIS as applicable, helping to ensure that relevant supports are built around the placement and that the child’s needs are met.

One potential tool and approach that could be adopted and should be considered for these assessments is the *tuituia* assessment undertaken in New Zealand under the *Oranga Tamiriki*.

Potential carers are informed of the child's needs and behaviours

If they understand the potential complexities of the child, carers will be able to make a more informed decision around their capacity to provide care for them. As well as this, when potential carers are properly informed about any complexities that might relate to the child, the assessment process will become more rigorous, as carers are able to think about, and then respond to questions related to their capacity to meet the child's specific needs.

Such discussions should also form part of FLDM processes in phase 3, so that all members of the family care team can help develop a plan to respond to these needs.



The model proposes that relevant MOUs and corresponding interstate protocols are developed between the NT and South Australian, Western Australian, Queensland Governments to ensure high level and expedient collaboration between each jurisdiction in relation to cross border placements. Protocols should include timeframes around interstate checks and assessments. Consideration should also be given to the formation of a tri-state carer register.

Potential carer's capacity to provide care is assessed using a culturally appropriate and strengths based approach

Implementation of the model is based on TF supporting ACCOs to build their capacity to undertake assessment of family and kin carers. ACCOs should be supported to adopt an assessment process which is relational, flexible and focussed on understanding people's circumstances. Assessments must be rigorous, to ensure that the child's safety remains at the centre of all decisions.

Both the literature and consultations suggest a more storytelling or yarning focussed process is needed, delivered in the first language of the carers or supported through the use of interpreters or local family and kin care support workers. Any assessment process should also clearly identify what supports potential carers might require to ensure they can provide safe and stable care for a child. When conducting home safety checks family and kin care staff should ensure that Aboriginal child rearing practices and cultural systems of care are understood and considered.

ACCO family and kin care staff undertaking phase 2 processes should also work with secondary carers to ensure all necessary assessments are completed. Again, just like primary carers, these family members will be supported through the process in a manner which functions to enable them to provide care by drawing on their strengths and ensuring access to any necessary supports, as well as adequate safety planning, to overcome identified challenges and risks.

In Appendix 3 there are suggestions for multiple assessment tool options which could be adapted and utilised, however the model advocates for the implementation of an assessment tool derived from the Signs of Safety Framework. Signs of Safety utilises a collaborative relationship driven approach and supports FLDM. It assesses relative risk levels with an aim to draw on existing strengths and protective features whilst also building in supports around families and children. It also works to enable children to have a clear voice in decision-making. It is flexible, conversational but also thorough in its risk assessment.

In cases where there is a negative outcome in terms of viability of the placement, the model proposes that a rigorous review of the process and outcome be undertaken by both the assessing and authorising bodies. This review should assess whether all potential strategies have been considered and all active efforts made to enable the placement to succeed and to support the carer to provide care for the child. This review should then be shared with the potential carer and child where appropriate, increasing accountability and transparency in decision making, and allowing them to understand the rationale for the outcome reached.

Assessment identifies what needs to happen to make placements safe

This model strongly proposes that any assessment process is dual-focussed and does not just focus on capacity and safety but also assesses what is needed to support carers and placements. In this way once carers are authorised there will already be a clear plan outlining what type and level of support is needed. Overall, the assessment phase should create an atmosphere in which carers and families feel they are heard, understood and being supported to address any challenges or concerns which may impact their capacity to care for the child. Whilst the corner principle of the model is that the safety of the child in the placement is always paramount, there is an obligation both for the assessor and for the approving authority to ensure that all strategies to address barriers to the placement have been explored to enable the child to be placed with family and remain connected to community, language and culture, in line with the ATSICPP.

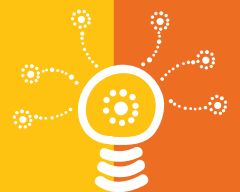
A modified version of the Signs of Safety Framework would enable a clear identification of what needs to happen to make a placement safe. As well as working to assess capacity and risk it can also be used to create a clear safety plan detailing strategies to mitigate against potential risks to a child in a care placement. The Signs of Safety framework works to ensure the voices of families and children remain strong through the process, and there are clear processes to elicit both any present concerns and future wishes children may have around the placement.

Safety plan developed and completed

Often barriers to a family and kin care placement are not directly related to the capacity of the individual potential carer but rather environmental safety and/or contextual risk (visiting household members, stable and secure housing free from hazards). Developing a meaningful and cogent safety plan enables families and workers to mitigate against such risks. Safety planning requires a collaborative approach between the worker and the family, and the creation of such a plan can significantly increase the viability of the potential placement. The plan should draw upon existing strengths, and be structured to increase protective factors and decrease risk factors identified in the assessment process.

The assessment process might potentially identify a number of barriers to placement such as housing repairs that need attending to or visitor management at the family home. Assessment will focus on how these barriers can be addressed, enabling potential carers to provide care for a child given sufficient supports rather than an inflexible and one dimensional approval process. The use of a range of culturally appropriate assessments tools such Signs of Safety will not only identify such barriers but will generate a clear action plan to addressing them – either prior to placement commencing (such as having repairs to fences completed before placement starts) or ongoing (i.e. a cogent plan drawn up with the carers around actions and safety planning when visitors come to the property and want to stay).

Issues relating to housing represent a common barrier to approval for potential family and kin carers. The model proposes that a MoU is developed between all providers, TF and the Department of Housing and Community Development to ensure timely responses to the housing needs of existing carers, and to address housing issues for potential carers where this is the only remaining barrier to placement approval. Such an approach has already been trialled and found to be successful in supporting approval by addressing the housing needs of potential carers through the TCAC family and kin care pilot.

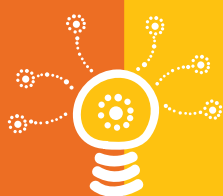


This approach requires a shift in thinking from 'what needs to change in existing living arrangements to make this placement safe' to 'how can we mitigate against risk and ensure safety within existing living arrangements'. It places more obligation on the assessor, and their respective organisation, to find implementable solutions to challenges through drawing on the existing strengths of the family and their networks by building in appropriate supports and strategies. Its usage would work to redress current power dynamics between the assessor and the carer, by placing more responsibility on the assessor, and the system, to enable the carer to provide safe care for the child by ensuring that necessary supports are both available and accessible. Such an approach to assessment would be more collaborative, participatory and solution-focused, and would work to negate the potential for discriminatory assessment practices that unfairly exclude carers through one-dimensional rather than enabling approval processes.

It is important all members of the household in which a child is to be placed understand and as far as possible become part of the safety plan rather than just the primary carers only (thus easing the burden of care). Therefore it is recommended that discussions around safety occur openly and in clear communication using first languages or interpreters whenever English is not the first language of the household members.

The application is approved and the carer is "authorised"

Where an ACCO is delivering the assessment phase of the model they must ensure that a number of reports and checks have been completed. Once this has occurred, where the ACCO is satisfied that the carer and placement can and will meet the safety and care requirements and the needs of the child, they will submit all relevant paperwork with



The Signs of Safety framework is an empowering tool that creates a safe space for families and potential carers to discuss barriers, strengths and who/how they will achieve tasks/goals to ensure safety in the placement. It opens up a very transparent dialogue between assessor and family where concerns can be raised, and provides strategies for how and by whom they will be addressed from a strengths based perspective. It provides a framework that creates accountability in that it is clear to both workers and families what is expected of them from the plan.



**What do you need to feel
safe in your placement?**

Having more access with my family

(Female living in OOHC, aged 15)¹⁹

a recommendation to approve to TF. The following checks and assessment reports must currently be completed and submitted to TF:

- National Police Check;
- Working with Children's Card;
- Housing and Environment Safety Assessment;
- Authorised Family and kin Carer Assessment;
- Medical Check form;
- 2 Referee forms, and;
- Vendor Form

Carer approval is the official process of "authorising" an individual as a formal family and kin carer. Approval is given or refused on the basis of the assessment, based on the applicant's ability to meet all the requirements and regulations of Section 12 (3) (a) of the *Care and Protection of Children Act 2007* (NT) which aims to ensure all carers are able to provide a high standard of care for children.

The model proposes that in instances of negative assessment outcomes, there should be a rigorous review by both the assessing and authorising body. This process will review the negative outcome, and increase accountability by determining whether all active efforts to enable the placement and support the carer to provide care for the child have been considered throughout the assessment in line with the ATSI CPP and the best interests of the child.

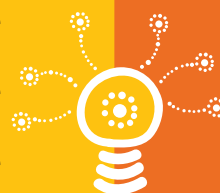
The model also proposes that all assessment forms including the Home Environment Safety Check assessment form be reviewed and redeveloped jointly by TF and ACCOs to ensure they are relevant and accessible.

Child enters the family and kin care placement

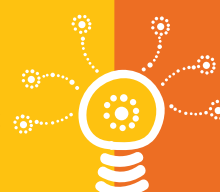
Once the potential family and kin carer has been approved, the child should be placed as soon as practically possible into the placement. This will not always be an immediate process however, and will depend on the child's previous placement type and/or the duration for which they have been in this placement. Due to these considerations, transition planning out of the previous placement for the child may well be required for the child.

The model proposes that in instances where carers are approved to provide care to multiple children, every effort is made to ensure that the same case manager is assigned to all the children. This will assist in ensuring consistency in care planning and case management as well as working to reduce the number of service professionals entering the children's and carer's lives.

ACCOs should be supported by both the NT and Federal Governments to build their capacity to undertake assessment of family and kin carers. While there is a primary role for the NT government to provide funding to build capacity in the sector, the Federal government also has a role to play in the provision of funding to support this.



Currently the formal "authorisation" of carers remains the responsibility of TF. The model proposes that as capacity is built, delegation of this responsibility will be transitioned across to sit with ACCOs. Such a tapered process will increase self-determination and community control of decision making processes around placement and approval, rather than decisions around approval being as they currently are deferred to TF. The overall guardianship of the child will continue to be held by TF.



Phase 3



A placement is set up to succeed

What does it refer to?

This phase refers to the establishment and initial set-up of a placement, including planning around the provision of a range of tailored supports across the first three months of placement. The purpose of this phase is to increase the stability and sustainability of a placement, working to maximise the likelihood of placement success and prevent placement breakdown.

What key issues emerged from the data?

The data revealed a number of concerns around placements breaking down prematurely. These concerns were primarily around the lack of tailored and tapered support being provided both to carers and children in order to create stable and sustainable placements and included:

- Carers do not have enough information about children before they are placed;
- Carers do not have enough information about or support from other services available;
- Carers are not offered support unless 'issues' arise in the placement;
- Carers do not have enough face-to-face support to discuss their worries and help pick up issues early;
- Carers do not have access to culturally appropriate peer to peer support and advocacy services;
- Carers do not have enough access to training opportunities;
- Carers and children do not often clearly understand their rights;
- Carers were not fully aware of the challenging behaviours of the child placed into their care;
- Transition planning is often rushed, and is neither timely or comprehensive;

- Respite options for carers are limited, and carers feel isolated in their roles; and
- Carers are not supported to negotiate successfully the complexities around demands for access from parents and other family members.

How does the new model address the key issues?

- Implementation of the model proposes that ACCOs will gradually transition to taking responsibility for the placement set up phase over a 5 year period;
- Carers continue to be financially supported to care for the child;
- Comprehensive care plans are developed including placement support plans, and transitions are well planned;
- Carers are provided all information they need in a timely fashion, including information related to the child, and information about support services that they can access;
- The family takes control of developing a support system to ensure safety and stability in the placement;
- Supports are built around the placement that draw on the existing strengths of the extended family to create a wider 'family care team' to reduce primary carer isolation and draw on Aboriginal and Torres Strait Islander cultural structures, understandings and knowledge related to child rearing practices;
- Carers receive flexible and relevant training specific to their needs which is provided to carers on location in their homes;
- Transition planning addresses the need to support the carer; and
- FLDM is used to develop 'respite' care options for the child, and to develop strategies around potential complexities in access arrangements.

How we see the model working

Transition planning occurs

Once approved the family and kin carer will be involved with the child's case manager and current carer in transition planning. Planning for transition into placement allows for the child and family and kin carer to spend time together and build a positive and healthy relationship prior to full-time placement. This process allows the child to adjust to their new placement, and it also allows the current carer and family and kin carer to discuss the child's routine, recreational activities, favourite foods, hobbies and dislikes thus creating a smoother transition for all parties involved. Transition planning should occur regardless of how quickly from the point of carer authorisation the child enters the family and kin placement.

Housing issues were consistently raised through the sources of data as a barrier to potential carers being approved. This model proposes that through a formalised agreement with the Department of Housing and TF, ACCOs could have requests around housing repairs or new accommodation fast-tracked as part of transition planning, for the purposes of enabling a placement to occur.

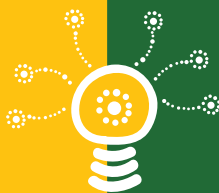
Carers are supported to access both initial and ongoing payments and allowances

Family and kin carers are currently eligible for the same level of financial assistance as foster carers. For both cohorts allowance rates are variable depending on the complexity of children's needs, the child's age and where the child lives. This model advocates that TF remains responsible for the provision of payments for family and kin carers and, at present, for the assessment of complexity of children's needs. However, as ACCOs build their capacity in this area, the model proposes that the latter responsibility should be delegated to them, using a tapered approach.

Additionally the model calls for an increase to the additional one-off payment to carers prior to or on commencement of placement to assist carers to purchase the material items necessary to accommodate the placement. This increase should be in line with payments levels of other jurisdictions in Australia. Material items which may be required at the time of placement set up include but are not limited to items such as; bedding, clothes, necessary safety items such as car seats and age-appropriate toys and play equipment. ACCOs should take the primary responsibility for assisting carers to access and receive all payments they are entitled to.

The creation of a new Aboriginal Controlled Family and Kin Carer Support and Advocacy service is a critical part of this model. This new service would function to specifically cater to the needs of Aboriginal and Torres Strait Islander carers using a cultural perspective, as well as provide culturally appropriate advocacy, support and training to carers from diverse cultural backgrounds that are providing OOHHC to Aboriginal and Torres Strait Islander children. Some key functions of this new service would include:

- Development of a family and kin carers' network across the NT;
- Development and maintenance of online apps and portals which carers can access for information and resources;
- Development of culturally appropriate relevant training and educational resources;
- Development of peer to peer support groups, meetings, presentations and award ceremonies;
- Collaboration with ACCOs delivering family and kin care services and TF to inform regional resource development; and
- Advocacy services including virtual advocacy.



Consultations on broader financial supports indicated that some carers will also benefit from and should be offered budgeting and financial counselling. This type of support should be provided through ACCOs. ACCO family and kin care staff could also explain to carers the role of the new Aboriginal Controlled Family and Kin Carer Support and Advocacy Service and offer to refer them for advocacy and support around assistance with understanding available allowances and carer eligibility to access them.

Carers are provided with relevant information

Prior to placement commencement carers need to be provided a wealth of information to ensure they understand the needs of the child, their rights as a carer and the rights of the child, as well as what other services are available for them to access. Carers and children should receive copies of the interim care plan developed in Phase 2, the child's essential information record, and all necessary information on the role of a family and kin carer through the provision of a handbook or information kit.

A regularly maintained and up to date handbook should be developed by TF in collaboration with ACCOs. However it is the responsibility of ACCOs and case managers to ensure carers understand their rights.

Family Led Decision Making occurs

The use of FLDM processes in Phase 3 is critical to the establishment of the 'family care team' to support the placement as outlined below. By using FLDM processes in this way, the model ensures that the voices of the family and community are central to decision making processes, and that they are empowered not only to take control of these decisions, but also take ownership in developing and implementing a scaffolded support network for the placement.

This instance of FLDM is different to phase 1 in that the focus is on creating a robust and sustainable support network around the newly established placement versus identifying potential carers. By this stage both primary and secondary carers have been identified and assessed but there is still opportunity for other family members to take on responsibilities which would function to support the carer, the child or the overall placement. Additionally, further secondary carers may still come forward or volunteer themselves at this point creating potential to expand the support network around the placement. As such FLDM as it appears in phase 3 support families and communities to strengthen their existing cultural systems of care, and increase the level of responsibility they have for their children.

This meeting/s should also provide opportunities for families, carers and children to collectively review and modify the recently created care plan and confirm that both the care and safety plan adequately address the child's, carer's and family's needs. It gives a chance for any further concerns the child or family may have to be picked up on and addressed.

Through this FLDM process a robust support network will be created, and these strengths could potentially then be drawn upon to support any ongoing work around re-unification, as the FLDM could look at the potential for the Family Care Team to support these efforts.

The use of FLDM within Phase 3 is also important in that it can be used to capture the voice of the child, and ensure that their needs related to and wishes for the placement are heard and acted on.



The support that family brings is different to what other friends bring.

(Female living in OOH, aged 18)¹⁹

Family care team is established

This model proposes the development of family care teams as a means to draw on the available resources within a child's environment that can help support the child, the primary carer(s) and the placement. These family care teams will be established through the process of FLDM. Establishing a family care team through FLDM requires engaging children, their carers and their extended family to actively discuss and agree upon what other extended family members can do to help either the carer or the child to ensure the placement is successful. Part of this process includes documenting the responsibilities of each person as part of the care team in the child's care plan.

Although families often informally support placements in a variety of ways, the establishment of a family care team formalises these roles, and ensures that support specifically responds to and addresses the concerns and areas of support which children and carers may have around the placement. The allocation of varying responsibilities to extended family members established through the process of FLDM will act to support the carer and child to increase placement stability and safety. These roles will draw upon traditional Aboriginal child-rearing practices and related traditional cultural structures and obligations.

In such instances where it has proven difficult to identify many extended family members and therefore fully develop the family care team, consideration must be given by the ACCO to the provision of an increased level of scaffolded support to the carer by the regional and local family and kin care workers, to ensure that the carer receives high levels of support and is not isolated in their role. Such consideration should also include linking the child and carer to the pool of general carers to ensure that respite can be facilitated, potentially through consultation with an LCA to ensure best match.



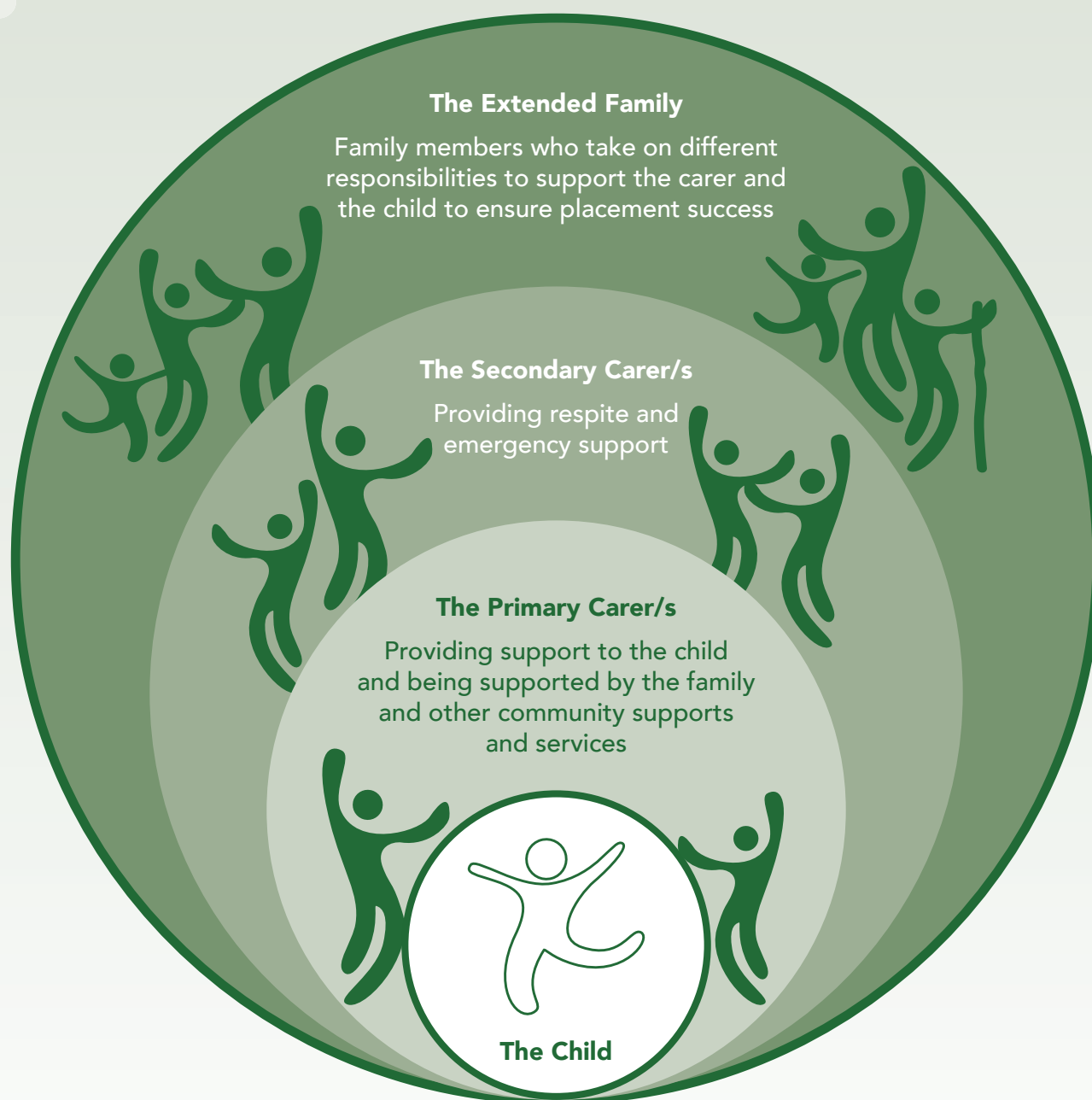
What do you need to feel safe in your placement?

Knowing more family members but the most important is getting to know more culture and speaking languages

(Male living in OOHC, aged 17)¹⁹

The exact composition of the family care team will vary a great deal dependant on the makeup of the extended family, but will include the primary carer(s), 2 or 3 secondary carers, extended family carers, and community members.

Providing holistic support for family and kin care placements



The Family Care Team



Supported by

The Wider Community, ACCOs, TF & Other Community Services
and Organisations including a New Aboriginal Controlled
Family and Kin Carer Support and Advocacy Service



Examples of support which members of the family care team could provide, are not limited to, but may include:

- 'Respite' support through having the child stay at their house over weekends;
- Practical support with helping the child fulfil cultural obligations;
- Practical support to help carers on occasion with cooking, cleaning or taking the child to school or other extra-curricular activities, and;
- Support to take the child to visit other family and/or friends living in different locations to the child and carer.

Family care teams should also be supported by the ACCO family and kin care service provider to drive ongoing safety planning, assist in placement reviews and adjust their responsibilities overtime as the needs of the carer and the child change. This will be particularly relevant as children progress developmentally and their interests, needs and capacity changes. See Appendix 3 for an example of a placement support plan.

A care plan is developed with input from ACCOs, families and children

Whilst interim care plans will already be in place as part of the model, it is imperative that care plans including cultural support plans are produced for the child. A care plan is a document which outlines information about a child in OOHC, including their care arrangements and their unique needs across multiple different domains including health, leisure, family, education, financial and culture and identity.

As part of this model case managers should develop care plans in collaboration with the child, their primary carer(s) and their family care team. The process of developing a care plan should also be supported by ACCO staff members and particularly local family and kin care staff, as it is likely they will have a more sophisticated understanding of the needs of the child and family within the community. It is important that the care plan incorporates strong cultural planning, to ensure that it supports the meeting of cultural obligations such as attendance of ceremony and funerals for the child, and to maintain cultural connection in rare instances where the child is placed with non-Aboriginal family and kin.

Whilst care plans already exist within the current system, the model proposes their proper and timely utilisation, and that they encompass both the needs of the child but also that of the carer. Current care plans focus only on the needs of the child, which although relevant to other forms of OOHC does not fit family and kin care as a placement type. As such, care plans as proposed in the model are a means of capturing the supports required for both the child and the carer, and also of increasing accountability through documenting who is responsible for actioning each support. These new care plans will be broadened to include a 'placement support plan' which clearly documents the supports in place around the child and the carer to ensure the placement is holistically supported and stability maintained. This placement support plan should be largely based on the discussions and the determinations of the FLDM processes, and would need to be revisited in the event of a placement breakdown as part of a wider review of the child's care plan.

The assessment process, interim care plan and the safety plan developed in Phase 2 will help inform the care plan development. The model envisages that the role of completion of care plans will be transitioned over from TF to ACCO as part of implementation. An overview of what should be included in a new comprehensive care plan appears in Appendix 3.

An up to date and comprehensive care plan that carers, children and staff alike can understand is critical in ensuring that children and their carers are well supported. This would be aided by:

- Redevelopment of the current My Care Plan Template
- Development of a new policy which requires the child's (where age-appropriate) and an ACCO's "sign off" on care plan before implementation. Our data strongly indicates that children want to be involved in developing their care and cultural support plans.

Tailored face to face support is provided early in the life of the placement and tapered ongoing as needed

Casework support can include multiple home visits but regular face to face support is not always a feature of broader casework support. The data has suggested that during the initial periods of a placement such face to face support is vital for both the child and the carer to feel supported, and for the child to settle in placement. The local family and kin care workers will provide face-to-face support for carers during the initial establishment of a placement. These visits will occur regularly in the first 3-6 months of the placement, with frequency tapered off over time. The local family and kin care workers through this process will identify any issues which are developing early, and can refer them onto the case manager or regional family and kin care workers for further follow-up. Provision of support is delivered through collaboration between regional family and kin care workers and case managers and ongoing family care team meetings as required. Levels of support and its effectiveness are subject to regular review. Note that the model has the flexibility to accommodate referral requests for support beginning within phase 3 for a new family and kin care placement

Carers receive meaningful and relevant training specific to their needs and the needs of the placement

Training refers to both the initial induction training that carers must undergo as part of their approval process as well as any ongoing training they either require or request. Training which is tailored to the individual carer empowers them to equip themselves to confidently cater to the needs of the child and support their healthy development and connection to family, friends, culture and community. Ongoing training is addressed in phase 4.

Induction training is crucial for carers to support them in their roles and ensure they understand their rights, roles and responsibilities in relation to the child protection system, and are equipped with the necessary information and skills to support the child's developmental and behavioural needs. A range of training resources should be co-developed by TF in consultation with ACCOs to be delivered by ACCO staff over time. Importantly, training should be provided to carers on location in their homes and their communities.

It is vital that training resources are developed in Aboriginal and Torres Strait Islander first languages, and that training sessions and workshops are supported by interpreters, and delivered in short segments. The model proposes that training resources are developed by TF in collaboration with ACCOs and the new Aboriginal Family and Kin Carer Support and Advocacy Service in ways that ensure that they culturally relevant and tailored to the needs of carers. A list of possible training topics for carers is presented in Appendix 3 however this is provided as an example and should be further developed through targeted consultation with ACCOs delivering family and kin care services.

Referrals are made to other services where appropriate

Referrals should be made as required to other services; this can occur either through case managers or through ACCO family and kin care staff. Note that whilst most referrals will be made as required to support the child and carers, this process should also include a referral to a reunification service whenever such a service is not currently engaged and reunification is deemed to have potential viability.

A support checklist could be utilised as a way of gathering information on what carers need to feel supported in their role. An example checklist appears in Appendix 3 Tools and Resources.

Phase 4



The placement thrives and children remain connected to their families, community and culture

What does it refer to?

For a placement to thrive requires that both the carer and the child are adequately supported. Ongoing tailored support needs to be built around the carer(s) to ensure they are able to maintain their capacity to successfully provide safe and stable care to the child for as long as it is needed. Ongoing tailored support needs to be built around the child to ensure not only that they are safe and happy, but that they have opportunities to grow and reach their full potential. This includes supports to ensure that the child's health, education, wellbeing and development are optimised in the placement.

Such holistic support to both carer and child will ensure that the placement thrives for as long as it is needed. The overall aim here is to ensure that the child has at least as many opportunities in a family and kin care placement as if they were placed in any other care arrangement so that through the placement, and as they reach adulthood and leave care, they can develop into individuals with the knowledge, skills, values and attitudes required to make a meaningful contribution to society. Note that the model has the flexibility to accommodate referral requests for support within this phase for existing family and kin care placements to ensure placement stability and sustainability, as well as for reunification services where there is identified potential viability.

Support provided to the placement must be multi-layered and include support from ACCO staff, TF staff, the family care team and other services and networks the carer and child are linked into. This model proposes a number of strategies in the provision of ongoing support to both the carer and the child to ensure the stability of the placement, as well as strategies for ensuring that there is an ongoing focus on the potential for reunification.

What key issues emerged from the data?

- Lack of consistency of case managers for children due to high staff turnover;
- There is a lack of practical ongoing support and education for carers, particularly in remote settings, to ensure they can continue to provide appropriate care;
- There is a lack of therapeutic support for children and carers where needed;
- Children are not always actively involved in discussions around their ongoing care;
- Delays in TF providing permissions where they are responsible for decision making, including for activities such as school camp outs, and some commonplace medical checks such as hearing and eye tests;
- Lack of support for children to maintain connection to their extended family and kin;
- There is a tendency for the focus on the possibility and viability of reunification to dissipate over time;
- The need for greater support for carers and children in remote locations within the NT; and
- The lack of a culturally appropriate organisation that provides support and advocacy to Aboriginal children in family and kin care and to their carers.



Would you like your caseworker to ask about seeing your family?

YES that's something I WOULD like to be asked about.

(Male living in OOHC, aged 11)¹⁹

How does the new model address the key issues?

The model addresses these issues in the following ways:

- Through a gradual and supported transition towards ACCOs taking on case management for Aboriginal children in family and kin placements. This would allow for ACCO family and kin care staff to support and facilitate regular family contact for children in family and kin care;
- By ensuring a higher degree of collaboration between ACCO family and kin care workers and case managers to ensure that care plans are being implemented effectively;
- Through a focus on the employment of local staff to prevent high staff turnover;
- Through a range of local, regional and NT wide support strategies outlined in the table on p61 which function to ensure carers have relevant information, resources and networking opportunities;
- Through the creation of a new Aboriginal Controlled Family and Kin Carer Support and Advocacy service;
- Accepting referrals for support for pre-existing family and kin care placements where requested or required to ensure placement stability and sustainability;
- By actively involving the child in discussions and decisions around their ongoing care;
- By ensuring that placements are reviewed regularly with clear feedback mechanisms built in both for children and carers;
- By ensuring that processes designed to support the ongoing stability of the placement also include a review of the potential for reunification ongoing;
- TF will build capacity by funding ACCOs to deliver on community support groups open to both informal and formal family and kin carers. The structure and content of these will be variable dependent on the needs and wishes of the community;
- Providing ongoing support to family and kin care placements through the creation of family care teams; and
- Having multiple approved carers within the family who are then able to provide respite care or emergency care for children.

Children have regular face-to-face contact with their family and friends

Children and their families should determine who they want access contact with and how often these contacts take place whenever such arrangements do not compromise the child's safety. Supporting Aboriginal and Torres Strait Islander children to maintain contact with their family and kin is key to assisting them to also remain connected to their language, community, land, culture and identity.

The model proposes that ACCOs delivering family and kin care services support children to maintain contact with their family and friends by:

- Having multiple family members assessed and approved as carers who are then able to provide respite care or emergency care for children;
- Establishing and supporting access arrangements developed between children, their families and case managers which maintain child safety but also honour the decision making of children and families around type and frequency of contact;
- Discussing and planning contact and access arrangements prior to or on commencement of the placement including who is required to facilitate these visits. This should be clearly documented in the care plan;
- Using a third party, either TF or ACCO employed family and kin care staff to help facilitate family contact when required, but adopt a stance of minimal intervention and normalisation of contact time wherever possible;
- Maintaining open dialogue between case managers, family and kin care support staff and children about who they want to see and how frequently and not assuming that contact arrangements will remain static;
- Building in policy and processes into their service delivery and utilising appropriate tools which ensure children's wishes and opinions are heard regarding contact and access arrangements, documented and actioned where safe;
- Ensuring children are supported to maintain face to face contact, not just technological access, to their family and/or friends; and

- Provision of appropriate funding and resourcing to ensure that the child can be supported to attend important cultural ceremonies and commitments even if this requires travel across the NT or interstate. Enabling children to engage in and fulfil cultural obligations is of paramount importance to their sense of identity and wellbeing as well as their social relationships and place within their community and culture.

Social events are facilitated for children and their carers

Social events provide an important opportunity to get carers, including informal carers, together allowing them to network, create connections and build relationships which may function to support one another. ACCOs delivering phase 4 of family and kin care services should take responsibility to organise events at the regional level and whenever possible local level for carers. Additionally, if transition of services occurs with ACCOs undertaking case management they should facilitate events specific for children; this could be done collaboratively with CREATE Foundation. Similarly, peer to peer events specific for carers should be facilitated in collaboration with the new Aboriginal Controlled Family and Kin Carer Support and Advocacy service.

On a wider level, the commencement, promotion and organisation of annual NT-wide events such as "Family caring for family week" should also be undertaken by the new Aboriginal Controlled Family and Kin Carer Support and Advocacy service with support from TF and ACCOs providing family and kin care services. NT-wide efforts will provide scope to publicly acknowledge family and kin carers, including those in informal care arrangements, and celebrate the important work they do. It offers a chance for regionally based services to collaborate in organising events, with smaller contributory efforts occurring at a local level, thus building both social capital and social cohesions between family and kin carers in localised groups and as a whole. They also provide important opportunities to provide information both to the general public as well as family and kin carers. It gives a platform across the NT for TF and ACCOs delivering

family and kin care services to promote and build community awareness about their service and raise the profile of family and kin care as a placement type generally in order to drive recruitment efforts targeted at general carers, that is carers who are authorised to provide non child specific care placements. Building this pool of general Aboriginal carers is facilitated throughout the model through the development of extended care teams, but social events such as those above will further drive recruitment. This is vital, as the development of this pool will enable placement of Aboriginal and Torres Strait Islander children in line with the ATSICPP in emergency situations and where no family can be found for a child, in consultation with LCA where possible and appropriate.

Family care teams help support the carer and the child

Family care teams which are established as part of Phase 3 should be supported by ACCOs to continue to undertake their designated roles and responsibilities to ensure the placement remains stable and sustainable. This ongoing support should work to maximise the resources and strengths within the extended family that in turn can support the primary carer with respite opportunities as well as practical support as required and decided upon within the family unit.

Family care teams are supported through local and regional family and kin care workers during face to face support visits and any issues within the family care team arrangements further picked up on in family meetings or structured reviews. Additional support, training or information required by the family care team should also be facilitated through the wider ACCO family and kin care team including therapeutic specialists and children's case managers with appropriate referrals made as required. Whilst the primary focus of the family care team is clearly to provide support to the placement, one of the benefits of developing this team through the model is that reunification efforts can potentially also draw upon the strengths of this team.

Face to face support visits, family meetings and structured reviews happen to support the placement

Face to face check in visits provided to carers and children are initiated more intensively when placements are first established and tapered overtime dependent on the needs of the carer and the child. At minimum ACCOs should however continue to provide face to face support to family and kin carers once a month to ensure the carer and the child are adequately supported. This should include support from the therapeutic worker where requested or required. Any child related concerns picked up on should be referred to the child's case manager and if issues around the placement require family involvement a meeting should be facilitated. This could occur, for instance, if the carer reports that members of the family care team are not providing the support which was discussed and agreed upon during the set-up of the placement.

As part of case management processes, whether this be through TF or eventually ACCOs, it should be ensured that when case managers undertake formal reviews of the child's placement that ACCO family and kin care staff are also involved in the meeting. Formal reviews should occur every 3 months of the first year of the child's placement, and biannually thereafter.

Whilst the key focus of these reviews is clearly in ensuring the ongoing stability and success of the placement, it is important that they include a section to review the potential for reunification and any new information pertaining to this provided by the carers or family care team, or the service provider. Where it is considered that the potential viability has increased through this review, a referral should be made to a reunification service to support these efforts if one is not already engaged.

The model proposes a referral pathway within this phase for support for pre-existing family and kin care placements that were established prior to the model where this is requested or required to ensure placement stability and sustainability.

Services collaborate to ensure placements remain supported

Consultations clearly highlighted the need for regular, transparent discussions between the entire community services sector and the need when considering placement support to think bigger than just linking with child protection services. Providing ongoing support to family and kin care placements calls for services to work together and safely share information, knowledge and resources to holistically address the needs of the placement. Building better relationships between services will also function to build a better integrated service system which allows for gaps to be more easily identified and addressed. It also enables a more coordinated response across other areas of service delivery.

This type of collaboration relies on commitment and goodwill from all parties, and will look different across different regions and communities of the NT. Given this, it is difficult to mandate specific local processes, however the model strongly advocates for the following:

- Regular regional and local interagency meetings organised through ACCOs and TF to discuss placements and wrap-around supports; this would include involving social and community services as well as potentially schools, sports clubs and universal service representatives where relevant;
- Formal review meetings as part of case management of Aboriginal children in family and kin care placements to be co-attended by case managers and family and kin care workers, alongside other local service representatives relevant to the support of the placement, to ensure a more integrated approach to addressing placement concerns as well as any potential or ongoing reunification efforts;
- Ongoing meetings between case management staff and family and kin care staff to ensure consistency in care and information sharing;
- Streamlining of processes across the board regarding confidentiality and information sharing so that all parties adhere to the same processes, and;

- Services are actively encouraged and support each other to engage with family and kin carers, and present information as required at the community support groups. This will ensure both formal and informal carers are aware of services and provided with up to date information on them, and will also provide opportunities for specialised information and training sessions that are either relevant to the carer's needs, or requested by the carer groups themselves.

Although informal family and kin care is outside the scope of the model, it is suggested that in instances where ACCO staff become aware of informal family and kin care placements, the carers could be approached and an invitation extended for them to participate in one or more consultation meetings with ACCO family and kin care staff. This type of meeting could address the following:

- Orientating the informal carer to existing support services and assisting them with referrals as required, including to an early intervention family support service
- Linking the informal carer into the new Aboriginal controlled Family and Kin Carer Support and Advocacy Service
- Providing information on upcoming events, training and on community support groups
- Providing the carer with relevant resources which may assist them in their role.

Further ongoing support should be provided by the new Aboriginal controlled Family and Kin Carer Support and Advocacy service and other wrap around services, such as early intervention family support services.

On community support groups are run tailored to carers needs

Community support groups are an integral part of this model. Bringing carers together through meaningful forums offers the opportunity for carers to meet and provide support to one another in a safe environment. Carers will be less prone to feelings of isolation, and these groups will build social capital amongst family and kin carers.

The model advocates that ACCOs organise and facilitate on-community support groups to run through their regional and local family and kin care support workers. The format of these support groups is flexible and will vary dependent on the needs and wishes of the community. It is recommended that the structure and process for support groups are developed at the local level with community input. The organisation and facilitation of these groups will be supported by the regionally based family and kin care team as requested by the community.

The benefits of support groups run on community include:

- Easily accessible for carers;
- Provides an opportunity for both informal and formal carers to attend and network, share stories and support one another;
- Can provide opportunities for other parties including regional family and kin care workers, case managers or advocates from the new Aboriginal Family and Kin Carer Support and Advocacy service, and representatives from other services to come and present information and training to carers;
- Provides an opportunity to build awareness in the community around family and kin care, and a further strategy to build the pool of Aboriginal general carers;
- Provides an opportunity for local family and kin care workers to identify presenting concerns, follow-up with carers as required and refer appropriately to case managers or regional family and kin care workers; and
- Offers a platform to regularly acknowledge, thank and demonstrate to family and kin carers that they are valued, listened to and respected in their roles.

Carers' capacity continues to be developed and their role supported

Even after placements are established and set up to succeed carers may require ongoing support to continue to build their capacity to provide safe and stable care for a child. Additional to the induction training carers may either require or request further training and information to adequately address and cater to the changing developmental needs of the child.

General training resources should be co-designed by TF in consultation with ACCOs; this will enable resources to be tailored specific to regional and local needs, increasing community control through regional and local input and direction. This approach should provide greater focus in the creation of culturally appropriate resources in a variety of local languages which are targeted to primary and secondary carers as well as general carers as required. Additionally ACCOs delivering services should work to create their own educational and information resources to provide to carers, including informal carers. This could be done collaboratively with a new Aboriginal Controlled Family and Kin Carer Support and Advocacy Service which could inform and support regional resource development efforts. Resource development should also include the development and maintenance of a NT Services Directory which would be designed specifically to be accessible to both carers and children.

Further training and information should be provided to carers through community support groups as well as one to one if requested or required by carers. Depending on the type of information or support required this responsibility will be delegated to the appropriate team member in each instance. Training could include therapeutic training where needed, given that placements will also be supported by ACCO employed therapeutic specialists. These specialists will function to understand placements holistically and develop strategies that carers can implement in their home environment to support positive behavioural and developmental outcomes for children where needed. For more information on possible training topics for family and kin carers please refer to appendix 3.

Furthermore, as ACCOs transition into undertaking case management, these workers will collaborate closely with therapeutic specialists and other family and kin care staff to review placements holistically and drive a multi-disciplinary approach to providing support. This should result in a better coordinated delivery of services, training and information which supports carers in their role and fosters better outcomes for children in family and kin care.

The types of support which should be provided as part of this model are summarised in the below table. This table highlights which supports are happening at a local, regional and NT-wide level and who is responsible for its delivery:



**What do you need to feel
safe in your placement?**

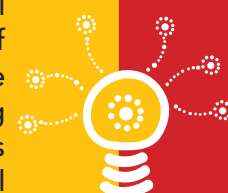
My brother, my sister

(Female living in OOHHC, aged 13)¹⁹

Strategy

		ACCO Family and Kin Care Staff	New Aboriginal Controlled Carer Support and Advocacy Service	Family Care Teams	TF	Other Community Services
Local	Support groups on community	○				
	Face to face check in visits provided to carers and children	○				
	More pre-approved carers who are able to provide short break and emergency placements	○				
	Support for family care teams	○				
	Social events as practicable	○				
	Ongoing training, information and capacity building of carers	○				
	Family contact and access support	○				
	Formal placement reviews	○	○			
	Practical, short break and other needed support	○		○		
Regional	Dissemination of information across the region including, but not limited to: <ul style="list-style-type: none"> Upcoming training opportunities Upcoming events Useful resources Information on carers network Information on available supports 	○				○
	Collaborative development of educational and information resources specific to local communities and languages (in consultation with children, carers and communities)	○	○		○	
	Social events	○				
	Interagency meetings to review placements	○				○
NT Wide	Annual events such as 'Family caring for family' to celebrate family and kin carers and provide opportunities to acknowledge their valued role	○ (support at regional level)	○		○ (support at regional level)	
	Provision of financial support through the carer's allowance				○	
	Development of a carers network		○			
	Advocacy services		○			
	Maintenance of a NT-wide Services Directory		○			○
	Resource Development		○		○	

The model supports the national 'Home Stretch Campaign' which calls for the extension of the leaving care age from 18 to 21 years of age. As such the model supports this change within the NT for children who wish to stay, with the agreement of their carer, in their family and kin care placement until the age of 21. This would require TF to provide support in the form of ongoing reimbursements to carers of the young person, and would also require the provision of case management and resources to access education and training /employment activities for the young person. The model further proposes that TF should provide support as required or requested for young people aged 21 years to 25 years of age to assist them in transitioning towards independence.



Placement thrives and provides safety and stability for as long as is needed

The model proposes that tapered and tailored support be provided to family and kin care placements throughout their duration.

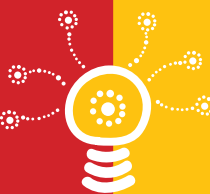
Through this holistic support, children will be supported by their family, their community, and their culture as well as a tailored service network throughout the duration of the placement to enjoy and engage in age-appropriate activities that are relevant to their interests as well as their emotional, social, physical and developmental needs. This should include regular and ongoing opportunities to engage in:

- Play and leisure activities;
- Education and learning; and
- Making friends, maintaining normal social networks and building positive trusting relationships.

An overview of the roles and responsibilities of all key parties in ensuring that Aboriginal children in out-of-home care are well supported and living in stable placements with family and kin is captured in Appendix 4.

The overall intention is to provide children growing up in family and kin care placements with the support needed to ensure they thrive and reach their fullest potential. Children in family and kin care placements should enjoy at least as good if not better levels of opportunity to achieve the same physical, social-emotional, sensory, cognitive and communication outcomes as any other child growing up in any other living arrangement.

Such an intention would also include a commitment to ongoing review of the potentiality for reunification, and due consideration by TF being given to carer requests for revocation of protection orders for children in long term and highly stable family and kin care placements, where such a request is deemed to serve the best interests of the child, and it is held that all efforts at reunification have been exhausted. In such situations there must be in depth discussion with the carers around the benefits and disadvantages of revocation of orders, in terms of the loss of certain supports (ie financial) balanced against the ability to raise the child without statutory intervention.



Whilst some delegations now sit with carers around decisions such as permission for a child to get a haircut, others do not. Whilst it is clear that some decisions need to remain the responsibility of TF (for example a decision to move permanently with a child interstate), many others do not. For example, it is disempowering for carers to have to seek permission to go camping out of town or for a school excursion from TF. The model proposes that delegation of responsibility for decisions related to the day to day care of the child be reviewed. This review should ensure that such decisions are relinquished by TF and delegated wherever possible to the primary family and kin carer and wider family care team, making them central in decision making processes around care. New delegations should appear in the TF carer's handbook as well as other sources in order to ensure that carers are clear as to which responsibilities belong to them.

Recommendations of the model

A summary of the model's recommendations drawn from the way the model addresses each issue appears in Appendix 5.



What do you need to feel connected to people and the community?

To be able to go out bush to see my brother and other family on dad's side

(Male living in OOH, aged 17)¹⁹

4. Implementation Guidelines

4.1 Introduction

The proposed implementation approach for the family and kin care model involves transferring the process of providing family and kin care services from TF to ACCOs over a five year period, ensuring coverage of the service across the whole of the NT and providing maximum flexibility in delivery of services given the geographical diversity and diversity of Aboriginal communities across the NT.

A clear commitment by TF and ACCOs is required from the outset and throughout the implementation process to ensure the overall intent to increase Aboriginal community control and participation in decision making regarding the safety, welfare and wellbeing of Aboriginal children and families is achieved.

The key functions associated with each phase of the model are summarised as:

1. A child is at risk of entering or has entered out of home care (statutory functions: intake and family finding)
2. Potential family and kin carers are assessed for a child (statutory functions: carer assessment and approval)
3. A placement is set up to succeed (best practice function: placement establishment)
4. The placement thrives and children remain connected to their families, communities and culture (best practice function: ongoing placement support).

An implementation approach for the family and kin care model is presented below. The approach involves facilitating service provision to centres of greatest population density (hubs) as well as smaller population centres (spokes) while simultaneously accommodating purchaser-provider and collaborative approaches and developing the capacity of ACCOs ideally to deliver all phases of family and kin care services described above.

4.2 Implementation Approach: Hub and spokes + purchaser provider + collaboration + support

Implementing this approach requires TF to fund ACCOs to ensure all regional areas of the NT receive service delivery coverage. If service delivery gaps exist then the approach requires TF to work with ACCOs to eliminate these gaps by building their capacity to achieve NT-wide coverage.

Where ACCOs enter into purchaser provider arrangements with other ACCOs the approach requires the 'purchasing' ACCOs to commit to develop the capability of the 'providing' ACCOs to both continually improve current service delivery and increase capacity to deliver new services.

The implementation approach envisages networks of ACCOs working cooperatively to support each other with support from TF to deliver flexible, continuously improving services to the whole of the NT.

Collaborative partnerships are imperative for the successful execution of many of the processes within this model. Consultations identified the need for ongoing and clear communication between the entire community services sector to ensure best outcomes for Aboriginal children in family and kin care are achieved.



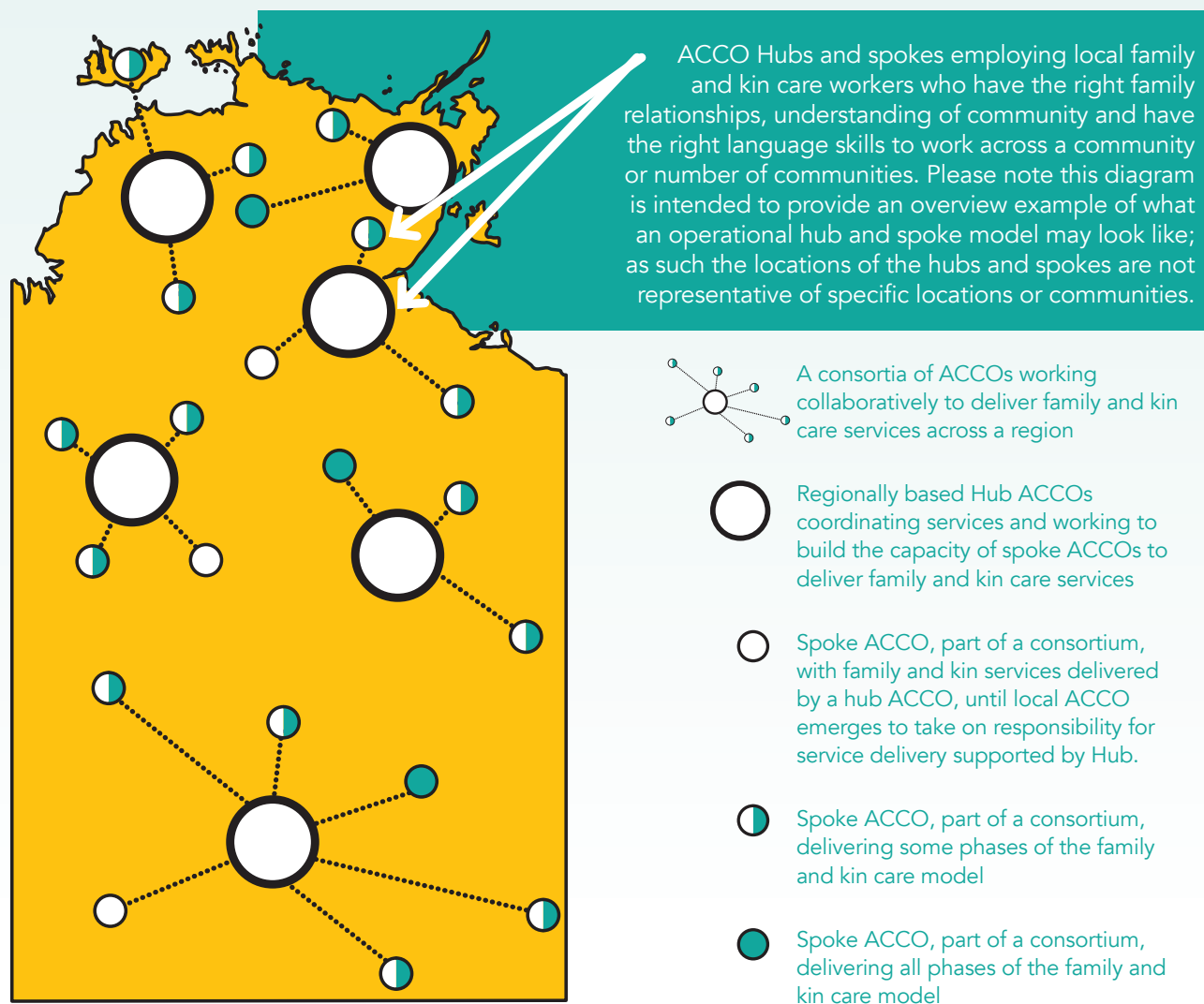
This model advocates that:

- Information sharing protocols and arrangements should be developed and agreed upon between ACCOs and referring agencies, including TF.
- Regular inter-agency meetings occur to discuss placements and ensure holistic support is being provided to carers and children.
- Consideration be given to requirements around timely and appropriate information sharing between ACCOs being stipulated as part of contractual funding agreements;
- Meetings with carers and children are co-attended by case managers and family and kin care support staff regardless if these positions are employed by the same organisation;
- TF secondments are utilised to help build ACCO's capacity in particular TF secondments to ACCOs to help build capacity around assessments and documentation, safety planning and to share departmental information;

- In instances where a secondment is either not available or not the preferred approach of the ACCO, collaborative team approaches should be co-developed with clear engagement, communication and skill transference strategies including opportunities for co-working and shadowing agreed upon between TF and the ACCO; and
- For the ongoing funding of appropriate organisations by TF to maintain a comprehensive community services directory which children, carers and organisations can all access.

To ensure the model is implemented with maximum local knowledge and community trust, local family and kin care workers who have the right family relationships, understanding of community and have the right language skills are employed to work across each community (the spokes).

The following diagram shows the approach:



4.3 Implementation steps

The following steps are proposed to achieve networks of ACCOs working cooperatively, supporting each other to deliver flexible and continuously improving services to the whole of the NT with the support from TF. This approach will maximise the use of local knowledge, tailor the services to the needs of each community, and build community trust.

Step 1: TF determine the criteria for a single ACCO or consortia of ACCOs to show they can deliver the full range of family and kin care services.

This step requires TF to establish the criteria for an ACCO or consortia of ACCOs to establish that they can deliver the full range of family and kin care services.

It should be acknowledged from the outset that a Hub ACCO or consortia of ACCOs may not be able to deliver all family and kin care services. In such instances a policy position is required on what level of outsourcing is acceptable (for example, as a percentage of total contract [10%] or as a number of services needed to be provided as well as ensuring priority for the purchase of outsourced services from Aboriginal and Torres Strait Islander providers).

A policy position is also likely to be required on providing advice to ACCOs or consortia of ACCOs on who to consider partnering with to deliver a full range of services. Our recommendation is that TF see this as a key leadership role in ensuring NT-wide coverage of family and kin care services.

A further policy position is necessary on whether priority will be given to single providers or consortia in 'provider-purchasing' arrangements. Our preference is for priority to be given to consortia to ensure coverage and as both a means of developing the capability of a greater number of ACCOs and including a greater number of ACCOs in this process.

The criteria should focus on the following areas:

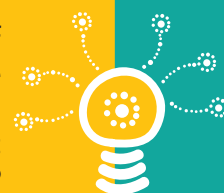
- **Capability** – The ability to provide services, involving a very rigorous process for checking claims with referees;
- **Coverage** – The ability to provide service coverage to a specified area; and
- **Support** – The ability and willingness to provide ongoing support to other ACCOs and to seek support from other ACCOs and TF when required.

Step 2: Determine a price schedule for purchasing-provider arrangements

Developing a pricing schedule will require consideration of:

- The cost of staffing per Hub ACCO;
- The cost of staffing for specialist positions which will operate from either the Spoke ACCOs or the Hub ACCO dependent on capacity and regional needs;
- The cost of staff seconded from TF including:
 - Project support officers to provide support to Hub ACCOs over the first 6 months of service delivery;
 - Assessment support officers to provide practical support to up-skill family and kin care staff in assessment, safety planning and documentation
- The cost of funding Hub ACCOs to develop the capability of Spoke ACCOs;
- The cost of Operational Funding (including administration fees) for the hub and spoke ACCOs; and
- The cost of establishing and running a new Aboriginal Controlled Family and Kin Carer Support and Advocacy service for the NT.

The model recommends that the NT Government seeks bipartisan support for the implementation of this model given that it prioritises the safety and wellbeing of Aboriginal children and upholds their best interests in line with the ATSICPP through connection to family and kin, language and culture.



The below table provides an example of a potential staffing structure for a designated region of the NT;

Staffing per Hub ACCO	Estimated staffing cost
Recurrent funding for staffing of:	
• 1 x Specialist in Therapeutic Approaches	
• 1 x family and kin care Program Manager	
• 1x family and kin care Team Leader	
• 1x family and kin care Senior Worker (Aboriginal identified position)	
• 1x Male and 1x Female Regional family and kin care Worker (Aboriginal identified positions)	
One-time funding for staffing of:	
• 1x TF Project Officer providing 6 months support to Hub for service delivery commencement/establishment	
Staffing across Spokes and/or Hub ACCO;	
• 1x family and kin care Program Manager per Spoke delivering services	
• # TBD Local family and kin care workers (Aboriginal Identified Positions)	
• # TBD Family and Kin Care Senior Worker	
• # TBD Case Managers	
• 1x TF Assessment Support Officer	

An example of how the roles could be employed for the positions described above is provided in the following table. As part of implementation it is expected that certain positional roles will be undertaken gradually as functions transition, over-time, from TF to ACCOs. This includes a gradual and phased transition for ACCOs to undertake carer approval and authorisation and case management. Likewise, as Hubs begin to support spoke ACCOs to undertake service delivery they will provide tapered support to build their capacity to gradually deliver all functions within each of the four phases of the model.

Position and employer	Key Roles
Family and kin care program manager ACCO Aboriginal prioritised position	<ul style="list-style-type: none"> • Provide high level strategic and operational management including prudent management of staff and resources • Team capacity and competence building • Ensure statutory compliance alongside team leader and TF • Management of program budget • Develop and drive quality improvement processes • Provision of support and supervision to family and kin care team leader • Family and kin care policy advocacy • Oversight and management of contracts between Hub and Spoke ACCOs (as required dependent on implementation approach adopted) • Assist with internal and external periodic reviews and evaluations • Ensure timely reporting to funding bodies • Ensure operational outcomes are met in line with KPIs • Develop strategic relationships with key stakeholders
Family and kin care Team Leader ACCO Aboriginal prioritised position	<ul style="list-style-type: none"> • Oversight of all operational duties of the family and kin care team and ensuring compliance with organisational policy and procedure • Ensure statutory compliance alongside program manager and TF • Support other family and kin care staff to understand the Child Protection System practice, relevant policies and processes and bottom-lines • Address any barriers between TF and ACCO regarding information sharing • Review of care plans and transition planning for Aboriginal children in family and kin care placements • Allocation of referrals • Provision of support and supervision to family and kin care staff • Induction for all new staff • Ensuring the guiding principles underlie all decisions and actions of the team • Chair FLDM conferences and meetings • Participation in the ongoing review of care plans, and cases to ensure information is up to date and tasks are being completed within specified time-frames • Development and maintenance of relationships within the community sector including with other ACCOs, CSOs, TF and a new Aboriginal controlled Family and Kin Carer Support and Advocacy Service • Complete carer approval and authorisation

Position and employer	Key Roles
<p>Senior family and kin care worker</p> <p>ACCO</p> <p>Aboriginal identified position</p>	<ul style="list-style-type: none"> • Provide ongoing support and mentoring to regional and local family and kin care workers • Undertake the assessment of potential family and kin carers and complete assessment reports • Build the capacity of other family and kin care workers to undertake assessments and report writing • Provide input and advice regarding care plan development and transition planning as required • Assist with the review of care plans for Aboriginal children in family and kin care placements • Facilitate Family Led Decision Making processes and chair FLDM conferences as required • Attend check-in visits for children and carers alongside case managers as required • Family and kin care policy advocacy alongside program manager • Assist regional and local family and kin care staff with operational duties as required • Meet regularly with case managers to communicate back on observations and family and kin carer contact as it relates to the child and child protection so information can be recorded on the child's file as relevant • Work to understand services available in the region and referral pathways and processes • Assist with development of resources
<p>Regional family and kin care workers</p> <p>ACCO</p> <p>Male and female Aboriginal identified positions</p>	<p>Alongside families, communities, and the family and kin care team help to:</p> <ul style="list-style-type: none"> • Map and locate family and kin for Aboriginal and Torres Strait Islander children • Establish family care teams • Complete family and kin carer assessments with the support of the senior family kin care worker or team leader as required • Attend check-in visits for children and carers alongside case managers • Assistance with family contact and access arrangements as appropriate and culturally safe • Run training, through support groups on community, with assistance from local family and kin care support workers • Provide ongoing support and mentoring to local family and kin care workers • Complete referrals to external service providers as requested or required • Participate in family group conferences in instances they are requested or required • Distribution of resources • Maintenance of up to date resources

Position and employer	Key Roles
<p>Local family and kin care worker ACCO</p> <p>Aboriginal identified positions</p>	<ul style="list-style-type: none"> • Help plan and facilitate family meetings • Complete family mapping and family history work • Engage with local cultural authority and families to identify and locate potential family and kin carers • Attend check-in visits for children and carers alongside case managers • Work alongside families, communities, and family and kin care team to: <ul style="list-style-type: none"> • Establish family care teams • Provide input into care plans • Complete pre-assessment screening checks and assessment for carers with assistance from Senior and Regional family and kin care workers as required • Deliver carer induction training on location using TF provided resources • Raise awareness of family and kin care in the community • Build positive relationships with community and support relationships between carers with regional family and kin care staff, community-based child protection practitioners and TF staff • Assist with translation of information and resources into language in collaboration with the regional family and kin care worker • Provide face-to-face support to carers and refer issues to team leader, regional family and kin care workers and case managers as required • Provide information, advice and support to family and kin carers • Organise and run regular support groups/events on community as per the community's need • Provide advocacy support to carers and assistance with understanding the child protection system, knowing what financial benefits they are eligible for and understanding their legislated rights.
<p>Case managers for Aboriginal children in family and kin care ACCO</p>	<ul style="list-style-type: none"> • Complete complexity of needs assessments of children to determine carer allowance rates which accurately reflect the needs of the children in care • Facilitate regular family contact for Aboriginal children in family and kin care • Work with children, families, and family and kin care staff to better understand family networks and ensure children remain connected to family and friends • Work as part of the team to ensure children, carers and placements are holistically understood and responded to through an ongoing integrated approach • Support the needs of the child in care and ensure services are wrapped around placements to create safety and stability for children • Facilitate meetings with carers and children which are co-attended by family and kin care staff as required • Develop care plans for children in collaboration with children, carers and families and with input from family and kin care staff and all other relevant professionals • Undertake transition planning as required with input from children, carers, family and family and kin care staff

Position and employer	Key Roles
Therapeutic specialists ACCO	<ul style="list-style-type: none"> • Apply a therapeutic and trauma informed lens to service delivery • Assist all providers in the region with the review of placements and provide consultation and education to staff, carers and families as required • Provide input and advice regarding care plan development and transition planning • Complete referrals for family and kin carers and children as required and in close collaboration with case managers • Provide input into case manager's assessment of children's complexity of needs
Secondment – Assessment support officer TF	<ul style="list-style-type: none"> • Provision of support and mentoring to family and kin care team leaders and staff to help build teams capacity and further the team's understanding of the CP context • Support and training to family and kin care staff on writing and undertaking assessment • Complete family and kin carer assessment in collaboration with family and kin care workers; working to build their capacity to be able to independently undertake these functions
Secondment – Project officer TF	<ul style="list-style-type: none"> • Assist successful ACCOs to develop a strategic implementation plan for the new model • Assist with staff recruitment • Link ACCOs to available resources and identify and respond to system-wide resource needs • Build a support network of ACCOs • Act as conduit for feedback on implementation progress to TF • Assist in unblocking any barriers to implementation • Provide practical assistance to program manager and team leader to develop processes and policies as it relates to service delivery

Step 3: Develop service delivery metrics

This step involves co-designing with ACCOs metrics to measure the success of the new approach. The metrics will cover the operation of the model (for example, the number of family and kin carers identified, assessed and with active placements, the number of Aboriginal and Torres Strait Islander children in family in kin care with a cultural support plan); capacity building for ACCOs (for example, the number of staff trained in therapeutic approaches) and measures that deal with ACCOs supporting other ACCOs (for example, measures that deal with the frequency and quality of ACCO network support meetings).

This step also involves TF co-designing with ACCOs reporting arrangements including deciding what data will be collected and how often and equally importantly how salient data will be fed back to ACCO managers for action by front line staff.

A key success factor for this step is establishing clear guidelines/protocols for the management and sharing of data.

Step 4: Publicise and advertise the criteria using a 'Road Show' and appropriate media and signal an intention to call expressions of interest from ACCOs to apply to deliver family and kin care services.

This step involves publicising the criteria for demonstrating capacity to deliver family and kin care services using a variety of appropriate media as well as taking a 'road show' to strategic NT locations. The purpose of the road show is to visit key locations in the NT to conduct a presentation on the new family and kin care model, to signal and describe the process to be used to provide family and kin care services and to take questions on these. The audience will consist of invited guests from ACCOs and other key external stakeholders who can assist the process of implementation. TCAC can assist with the presentations.

Materials developed to support this step will include:

- A rationale for change;
- A description of the new model;
- The implementation approach;
 - Criteria used to demonstrate capacity to deliver
 - Timelines
- Any purchaser-provider financial information that can be provided within procurement guidelines; and
- Communication of a general nature that can be provided to internal and external stakeholders explaining the points above.

Step 5: Invite expressions of interest from single ACCOs or consortia of ACCOs to deliver the full range of family and kin care services.

This step involves seeking Expressions of Interest (EOIs) using a carefully constructed application form as well as providing assistance to ACCOs to develop their EOI. It is envisaged that a 'help desk' facility will be provided for the duration of the application process, that technology will be used to substitute for face to face support and a practice of focusing on timely responses to questions will prevail.

It is also envisaged that proactively contacting ACCOs to see if they intend to submit an EOI will occur in order to establish and encourage a relationship whereby direct advice can be provided especially on issues of coverage and capacity.

Step 6: Assess EOIs

The intention of this step is to develop an NT-wide service delivery map showing current coverage of family and kin care services by ACCOs and coverage at the end of a five year period along with a strategic plan for the next five years showing how ACCO capability will be continuously improved and service delivery coverage will be maintained and improved.

The assessment of EOIs should cover the following:

Capability

An NT-wide map ensuring the ACCOs entering into the EOI process have the capability to provide the family and kin care services specified noting an intention to work with other ACCOs over a five year time frame to build capacity.

Coverage

An NT-wide map to ensure service provision at the required standard across the whole of the NT, noting the intention to work with ACCOs over a five year time frame to build capacity.

Support

A willingness of the ACCOs to both provide and seek ongoing support to focus on continuous improvement of all aspects of service delivery.

The assessment panel could include representation from sector ACCOs.

Step 7: Award contracts and advise the sector of awardees.

This step involves meeting with successful EOI ACCOs, providing feedback on their application and starting an expectations discussion within a framework of outlining support being offered, including funding support determined in Step 2 above. This step also requires that TF senior executive drives the implementation of the model, ensuring that all executive and departmental staff are briefed on the model, its implementation plan and intended operational processes, and made aware of the awardees.

Step 8: Provide support to awardees and other ACCOs who may be future providers

The purpose of this step is to:

- Provide support to ACCOs to deliver the new family and kin care model;
- Provide support to ACCOs to improve their organisational capacity to deliver family and kin care services; and
- Provide support to ACCOs to effectively support other ACCOs.

Types of support to ACCOs to deliver the new family and kin care model

1. Induction

It is proposed that TF in partnership with awardee ACCOs and consortia of ACCOs conduct a tailored 1-day induction workshop. The main agenda items required include:

- A refresh on the family and kin care model, its aims and objectives and how it operates;
- An outline of performance expectations from TF and ACCOs. Discussion could commence on the development of expected standards and performance metrics;
- Orientation to OOHC services and an overview of the surrounding service networks which intersect and are available to carers and children;
- Current practices and decision making as it relates to risk in Child Protection and OOHC;

- Provision and information on current policy, process and template documents as well as tools and resources to be utilised and available; and
- TF Cultural Security Framework and its application to practice.

2. Tailored Support from a TF Project Support Officer

It is proposed that a Project Support Officer be appointed for at least an initial 6 month period to assist ACCOs to implement the new model.

The focus of the Project Support Officer's work will be to:

- Assist successful ACCOs to develop a strategic implementation plan for the new model;
- Assist with the recruitment of key personnel especially the Program Manager, Team Leader, and Aboriginal Regional and Local Family and Kin Care Workers;
- To provide a link to available resources and identifying and responding to system-wide resource needs;
- To build support networks of ACCOs;
- To be a conduit for feedback on implementation progress to TF; and
- To assist in unblocking any barriers to implementation, and where required to assist with policy development.

For illustrative purposes, in terms of providing a link to available resources and identifying system-wide resource needs, it is proposed that TF in co-design consultations with ACCOs take the lead in developing the following resource materials to support ACCOs to implement the new model including:

- A culturally appropriate assessment tool;
- Family Group Conferencing guidelines ideally developed from a trial of the practice;
- A family mapping tool; and
- A referral form to meet the needs of the ACCO.

3. Support to ACCOs to improve organisational capacity to deliver family and kin care services

This initially involves the Project Support Officer assisting ACCOs to develop 5 year service delivery improvement plans as part of their organisations strategic plan.

The service delivery improvement plan will focus on;

- Improving each aspect of service delivery of family and kin care;
- Developing, reporting on, interpreting and responding to data metrics discussed in Step 3 above
- Developing ACCO staff capability in trauma informed practice; and
- Providing advice to carers and children in care on applying the new approach.

It is envisaged that ACCOs will develop a Professional Learning Plan for staff and carers that include such areas as:

- Trauma informed practice;
- Therapeutic approaches to care;
- The carer experience;
- Relevant policies and procedures; and
- The NT carer context and experience including children in care's voice

The intention is for the Project Support Officer to build capacity of the ACCOs to take on their roles and then for ACCOs to continue to provide these services following an initial period of support.

4. Support to ACCOs to effectively support other ACCOs

This initially involves the Project Support Officer assisting ACCOs to:

- Leverage maximum support from external stakeholders. This will include establishing and coordinating multi-agency support meetings; and
- Plan supportive conferences and workshops with, for example, topics to include policy for handling cases that move between ACCOs.

The intention is for the Project Support Officer to build capacity of the ACCOs to take on their role and continue to provide these services following an initial period of support.

5. Support provided through a quality assurance process based on national standards for OOHC services.

The intention here is for family and kin care services to undergo regular quality assurance to ensure continuous improvement of services to family, carers and children.

6. Support facilitated through a Professional Association for family and kin care staff and an equivalent body for carers

The intention is to have TF support the development of a NT professional association for staff involved in OOHC including family and kin care. The body would focus on professional learning, advocacy and general support for the profession.

A similar body for carers would provide skill development, advocacy and lead a support network for carers.



Step 9: Evaluate the implementation process and its outcomes in order to make improvements

Given the current lack of research and evidence around the effectiveness of Aboriginal family and kin care programs, the implementation and outcomes of this model should be rigorously evaluated. This will help build an evidence base around the features of family and kin care services that provide better outcomes for Aboriginal and Torres Strait Islander children. This will be assisted by regular analysis of the data drawn from the metrics discussed in Step 3 to reinforce positive trends and to take remedial action on any negative trends.

Areas for consideration include:

- Building clear evaluation processes and expectations built into service agreements between ACCOs and TF;
- Evaluating each site where the model is rolled out through processes such as:
 - Monthly face-to-face meetings during implementation and transitioning of services between TF and ACCO family and kin care teams with a focus on the following:
 - Reflection on the successes of implementation
 - Challenges encountered
 - Strategies to overcome challenges
 - Monthly reporting on outcomes (as outlined below)
- Developing culturally sensitive feedback mechanisms and user centred review processes for:
 - Children
 - Carers
 - Local cultural authority
 - ACCO and TF staff
- Tasking, for example, the TF quality improvement team to develop a working-group for the purposes of:
 - Gathering and responding to feedback about implementation of family and kin care services as gathered from children, carers, LCAs, ACCO and TF staff
 - Maintaining and sharing data on feedback received and actions implemented
- Recording of statistics by ACCO family and kin care staff including:
 - Time spent working with family and children (including family finding, organising and facilitating family meetings, home support visits)
 - Number of referrals made to other services
 - Time spent liaising with other professionals
 - Number of support groups facilitated on community
 - Number of contacts initiated by community members
 - Known support services on community
- Tracking and maintaining statistics through TF on:
 - The number of authorised family and kin carers
 - The number of Aboriginal children in family and kin care placements and length of placement
 - The number of re-unifications for Aboriginal children in OOHC
 - The number of family and kin carers who have participated in training and what training they have completed
 - Number of support services on community
 - Child and carer feedback on satisfaction with the service
 - Number of placement breakdowns
- Measuring the success of family group conferencing processes and/or family meetings through two way reviews
- Evaluating the methodology used in the evaluation process.

Step 10: Consider staging options

Given the scale of the changes being implemented we believe there is a case for staging the implementation of the new approach as follows:

Stage 1: Get the hubs ACCOs in place first

If ACCOs can deliver all family and kin care services then appointment of ACCOs will simply follow the implementation steps described above. The hub ACCOs will also be in a position, with initial support from TF, to develop the capability of spoke ACCOs.

If however there are service delivery gaps, the recommendation is to focus on identifying and building the capacity of 4-6 strategically positioned ACCOs to deliver all services across the NT. The intention is to ensure full service delivery coverage across the geographic regions of the NT following a period of 2- 3 years support and that these ACCOs become the hub ACCOs.

Stage 2: Focus on getting spoke ACCOs in place next

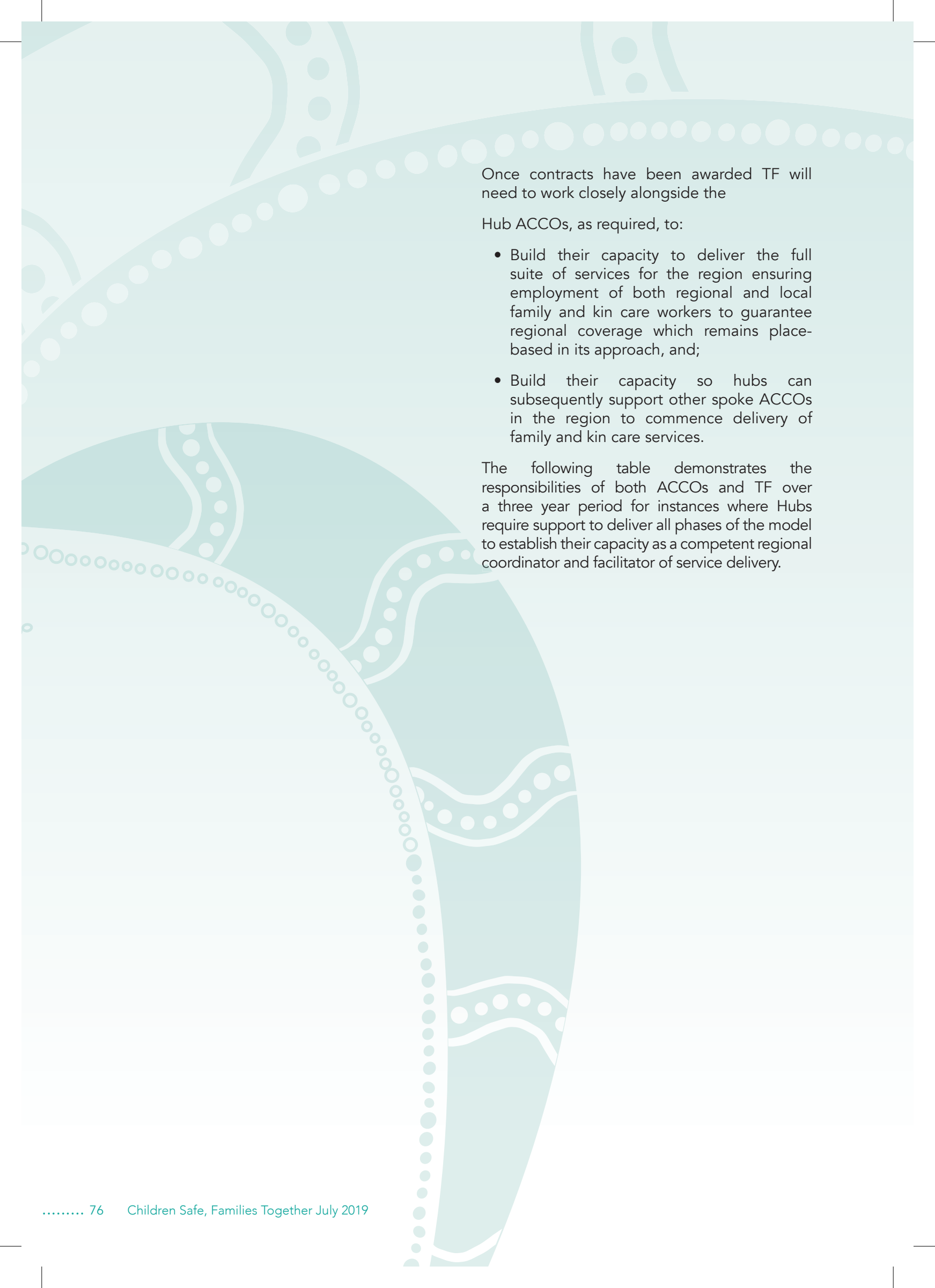
The next stage is to develop spoke ACCOs to deliver family and kin services to specific communities leading to the development of a consortia of ACCOs for each geographic region.

It is likely that spoke ACCOs will enter the market to initially deliver phase 1 services (intake and finding family and kin), phase 3 (placement establishment) and phase 4 (ongoing placement support) services. It is also likely that most initial support will focus on building capacity in phase 2 services, assessment and approval of family and kin carers. The ideal is to build capacity of spoke ACCOs to deliver the full suite of family and kin care services associated with each phase.

4.4 Summary of Implementation Action Responsibilities

Prior to ACCOs commencing service delivery the following steps will need to be undertaken by TF and ACCOs.

Prior to ACCOs commencing service delivery	
ACCOs	TF
<ul style="list-style-type: none">• Have interest and willingness to undertake family and kin care service delivery• Complete an expression of interest application either solely or as a consortia with other ACCOs	<ul style="list-style-type: none">• Establish criteria for an ACCO or consortia of ACCOs to establish they can deliver the full range of family and kin care services• Determine a price schedule for purchasing-provider arrangements• Publicise the criteria ACCOs will need to demonstrate their capacity to deliver services against. This will include:<ul style="list-style-type: none">• Development of appropriate media• A 'road show' delivered across key NT locations• Appropriate supporting material development• Develop an application process and forms and invite expressions of interest• Coordinate a 'help desk' facility• Assess expressions of interest based on capability, coverage and support• Award contracts and advise the sector of awardees



Once contracts have been awarded TF will need to work closely alongside the

Hub ACCOs, as required, to:

- Build their capacity to deliver the full suite of services for the region ensuring employment of both regional and local family and kin care workers to guarantee regional coverage which remains place-based in its approach, and;
- Build their capacity so hubs can subsequently support other spoke ACCOs in the region to commence delivery of family and kin care services.

The following table demonstrates the responsibilities of both ACCOs and TF over a three year period for instances where Hubs require support to deliver all phases of the model to establish their capacity as a competent regional coordinator and facilitator of service delivery.

	Within first 6 months Establishing delivery of Phase 1 (Intake and finding family)	Within 1 Year Establishing delivery of Phase 1 (Intake and finding family)
Hub ACCOs	<ul style="list-style-type: none"> • Develop positional descriptions for Family and Kin Care Program Manager, Team Leader and Senior worker and Family and Kin Care Workers Positions • Develop a program manual and relevant policy and procedure for intake and family and kin finding for children • Recruit family and kin care program manager, team leader, senior and family and kin care workers • Establish intake processes 	<ul style="list-style-type: none"> • Undertake actions as outlined in the implementation plan • Commence family and kin finding for Aboriginal and Torres Strait Islander children at risk of entering or currently in OOHC • Negotiate and formalise agreement with Department of Housing to fast-track repairs, extensions and new housing arrangements for family and family and kin carers
TF	<ul style="list-style-type: none"> • Run 1-day induction training for new ACCOs undertaking service delivery and supply ACCOs with all relevant policy, procedure and process information, materials and literature • Fund TF Project Support Officer secondment to ACCO Hub to improve organisational capacity, assist with implementation and develop service delivery improvement plan 	<ul style="list-style-type: none"> • Continue to approve and authorise carers and fund carer allowance • Continue to assess, provide support for carers and case manage children in family and kin care placements • Continue to maintain Guardianship for Aboriginal and Torres Strait Islander children in family and kin care
Hub ACCOs and TF Together	<ul style="list-style-type: none"> • Enter service agreement and commit to and outline information and data sharing processes • Develop family mapping tools • Develop a strategic implementation plan for the region • Co-design service metrics with ACCOs to measure the success of model roll-out • Co-design reporting arrangements with ACCOs including data gathering and management processes and guidelines • Develop a framework to assess both implementation process and outcomes • Develop appropriate induction training • Co-design an appropriate referral form 	<ul style="list-style-type: none"> • Run a trial of family group conferencing in a key site • Co-design training program for ACCO staff including • Develop a culturally appropriate assessment tool

Within 2 Years

Establishing delivery of Phases 2 and 3

Assessment and authorisation of family and kin carers

Placement establishment

Hub ACCOs

- Expand positional descriptions for Family and Kin Workers to include assessment and support functions
- Develop positional descriptions for Therapeutic specialists and Community-based child protection workers
- Recruit therapeutic specialists
- Expand program manual
- Family and kin care workers commence carer assessments with support from TF secondment worker as required and provide assessment reports to TF
- Commence placement establishment and ongoing support services
- Support cultural and care plan development and review process

TF

- Provide assessment tools, and training on assessment process to ACCO staff
- Provide relevant policy and process documents and overview of current assessment and placement establishment processes
- Provide TF secondment Assessment Support Workers to ACCO sites to build assessment writing capacity of Senior and Family Kin Care workers
- Continue to approve and authorise carers and fund carer allowance
- Continue to provide case management

Hub ACCOs and TF Together

- Negotiate formal caveats with Police to fast track screening assessments
- Co-assess family and kin carers, building the capacity of ACCO staff and gradually transitioning this component entirely from TF to the ACCO
- Continue to review and evaluate implementation of model
- Develop relevant ACCO policy and procedure for assessment and support components
- Develop strategy for sharing of relevant information to support assessment functions – i.e. granting ACCO access to relevant parts of CCIS database

Within 3 Years
Establishing delivery of Phase 4
Ongoing support to carers
And children

Within 5 years
Full implementation of Phase 2 through
Management and Approval and Authorisation
of Carers and full implementation of Phase 4
through establishing delivery of Contracted
Case management

- Continue to find family and kin for children, complete carer assessment, and placement establishment
- Expand positional descriptions of Family and Kin Care workers to include ongoing support
- Expand program manual
- Establish carer support groups in communities and commence running education, training and providing support through these forums

- Expand positional descriptions of Team leaders to include carer approval and authorisation
- Commence carer approval and authorisation
- Develop positional descriptions for case managers
- Commence case management for Aboriginal and Torres Strait Islander children in family and kin care
- Case managers commence complexity of needs assessment for children with input from therapeutic specialists to determine allowance rates for placement

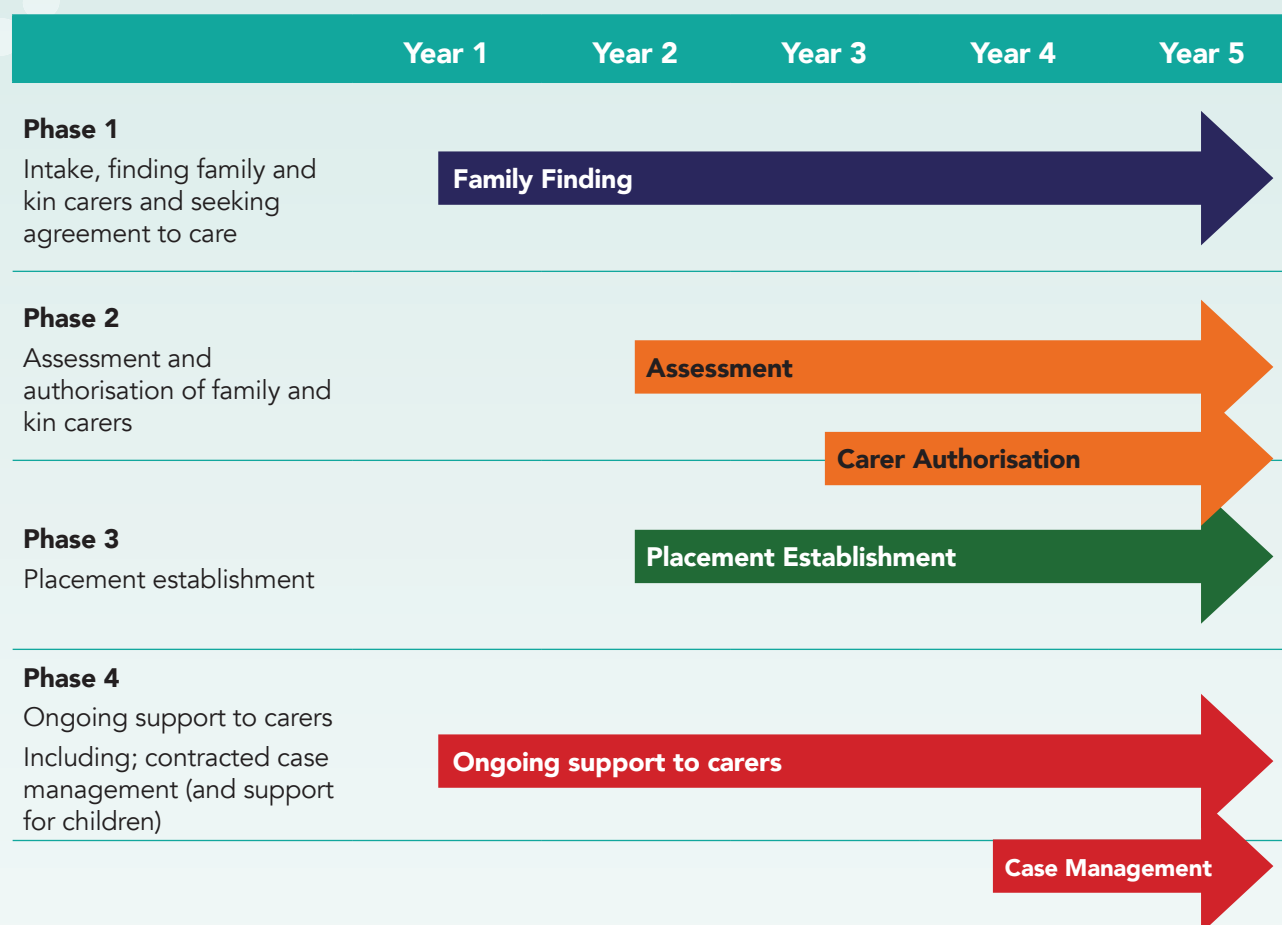
- Provide any relevant policy and procedure documents and information on current support processes
- TF case managers work closely with ACCO staff and child for input into care plans

- Continue to fund carer allowance
- Continue to refer to ACCOs
- Maintain guardianship of Aboriginal children in family and family and kin care placements
- Continue to fund ACCO delivered family and kin care services

- Co-design resources and training materials required for ACCOs to provide ongoing support and training to carers
- Develop relevant ACCO policy and procedure for ongoing support components

- Develop ACCO policy and procedure for case management component
- Continue to review and evaluate implementation of model

As an example, the roll-out of service delivery of all four phases for an ACCO, consortia of ACCOs and region through a coordinated Hub and Spoke model, could follow the progression depicted in the below table. This approach builds on the premise that within certain phases some functions such as carer authorisation and case management for children will be assumed gradually and only as the Hub ACCOs capacity develops:



It is anticipated that as Hubs are ready and able to support Spokes to deliver services that individual spokes will follow a similar progression of service delivery as outlined in the diagram above.

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6. Appendixes

Appendix 1 – Literature Review



**Centre for
Evidence and
Implementation**

Review of Indigenous Kinship Care models

**Prepared for Tangentyere Council Aboriginal
Corporation**

Final Version

April 2019

April 2019

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Contents

1. Executive Summary	1
2. This review	2
2.1. The context of this work	2
2.2. What we know from our existing work.....	2
2.3. A pragmatic approach to this review	2
2.4. This report.....	2
3. Scope.....	3
4. Methodology & Search Strategy	5
4.1. Geographic scope.....	5
4.2. Search terms	5
4.3. Search procedure	5
4.4. Identified sources.....	5
4.4.1. Clearinghouses and Knowledge Repositories.....	6
4.4.2. Government Agencies, Departments and Committees	6
4.4.3. Peak Bodies, Advocacy Organisations and Non-government organisations	6
4.4.4. Topical academic journals	7
4.5. Screening.....	7
4.6. Analysis	7
5. Results.....	9
5.1. High-level insights	9
5.2. Outcomes of interest	9
5.3. Models elements identified	9
5.3.1. High-level summary by context.....	10
5.3.2. How kin are identified.....	11
5.3.3. How carers are recruited.....	12
5.3.4. How carers are assessed at placement establishment	13
5.3.5. Use of carer assessment tools and processes that are culturally appropriate.....	14
5.3.6. How child safety is monitored or assessed throughout the placement.....	15
5.3.7. How child voice is utilised	15
5.3.8. Training, financial and other support provided to carers at placement establishment	15
5.3.9. Training, financial and other support provided to carers throughout placement to support placement stability	15
5.3.10. How carers are reimbursed.....	17
5.3.11. How family-decision making is incorporated	18
5.3.12. How family and cultural connections are maintained and facilitated.....	18
5.3.13. Support and/or capacity building for Aboriginal organisations	19
6. Discussion and recommendations.....	21

6.1.	What we know about each element.....	21
6.1.1.	How kin are identified	21
6.1.2.	How carers are recruited.....	21
6.1.3.	How carers are assessed at placement establishment	21
6.1.4.	Use of carer assessment tools and processes that are culturally appropriate.....	22
6.1.5.	How child safety is monitored or assessed throughout the placement.....	23
6.1.6.	How child voice is utilised	23
6.1.7.	Training, financial and other support provided to carers at placement establishment	23
6.1.8.	Training, financial and other support provided to carers throughout placement to support placement stability	24
6.1.9.	How carers are reimbursed	24
6.1.10.	How family-decision making is incorporated	25
6.1.11.	How family and cultural connections are maintained and facilitated.....	25
6.1.12.	Support and/or capacity building for Aboriginal organisations	26
6.2.	Recommendations for next steps	26
6.2.1.	Opportunities to expand and build on these findings in the development of an Aboriginal kinship care model for the Northern Territory	26
6.2.2.	Future opportunities to contribute to the evidence base by undertaking an evaluation of the Aboriginal kinship care model	27

1. Executive Summary

Tangentyere Council Aboriginal Corporation (TCAC) has engaged the Centre for Evidence and Implementation (CEI) to undertake a rapid literature review to inform recommendations relating to kinship care model elements for implementation in the Northern Territory.

Findings from recent relevant CEI and published systematic reviews¹ however, did not identify any global literature reporting evaluation outcomes for Aboriginal and Torres Strait Islander or First Nations children from kinship care programs.

On this basis a pragmatic review approach was taken that involved a systematic search of 'grey' or unpublished literature including, reports, policies, frameworks and guidelines from government agencies, non-government organisations, advocacy organisations and implementing agencies related to kinship care programs either in Australia or Canada (British Columbia and Ontario). Findings were examined in relation to each kinship care element of interest and relevance for the development and implementation of a kinship care model in the Northern Territory discussed.

Given the variety in source materials an inclusive approach to the examination was taken in order to maximise the information available to inform each model element. This resulted in an examination of literature from the following contexts:

- material of direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care;
- material where Aboriginal and Torres Strait Islander and First Nations children and young people in out of home care were the focus, but the program was not specific to kinship care;
- material where statutory out-of-home care (OOHC) systems intersect with kinship care for Aboriginal and Torres Strait Islander and First Nations children and young people and their carers; and
- material relating to general kinship care.

This approach brought to light the following:

- There were no evaluations identified from the literature relating to whether the models, policies or practices were effective, acceptable, implementable or culturally appropriate
- Despite this, findings for most model elements were able to be informed by literature relevant to Aboriginal and Torres Strait Islander or First Nations carers or children and young people either in kinship care or out of home care
- This resulted in a number of practical recommendations relating to kinship care model elements for implementation in the Northern Territory for consideration

It needs be reiterated that the findings of our review cannot be used to draw conclusions regarding the effectiveness of elements in relation to outcomes for Aboriginal children and young people. Recognising these limitations, we recommend TCAC consider additional efforts to complement our electronic searches and bring to light additional relevant sources of information not currently publicly available. This could include — time and resource permitting — further consultations with key organisations and/ or sector stakeholders to seek out additional relevant unpublished information not previously published or available publicly.

Additionally, we recommend efforts to support addressing the gaps in the current evidence base through pursuing opportunities to conduct robust evaluations of the chosen model of Aboriginal kinship care programs in the Northern Territory.

2. This review

2.1. The context of this work

Tangentyere Council Aboriginal Corporation (TCAC) have been engaged by the Northern Territory Government to develop an Aboriginal kinship care model that can be implemented in the Northern Territory. To inform this model, TCAC has engaged the Centre for Evidence and Implementation (CEI) to undertake a rapid¹ literature review to identify available research evidence relating to kinship care model elements that may be applicable for implementation in the Northern Territory.

2.2. What we know from our existing work

CEI has recently completed a project for a Queensland Government Department that involved undertaking a systematic search and analysis of the global literature to identify evidence and research gaps in programs strategies, and practices to support youth in the out-of-home care system. This project did not identify any high-quality research — where outcomes were measured using methods that allow for casual inference to be assessed — that examined kinship care programs or elements focused on Aboriginal and Torres Strait Islander or First Nations children and young people (CYP).

These findings are consistent with another systematic review of high-quality research undertaken by Winokur et al (2016), which examined evaluations comparing the effect of kinship placements on the safety, permanency, and well-being of children removed from the home for maltreatment. This review found that while youth in kinship care fared better than foster (out-of-home-care) placements, none of the included studies report outcomes for Aboriginal and Torres Strait Islander or First Nations youth.

2.3. A pragmatic approach to this review

The time and resources available for this review, combined with our previous inability to identify high-quality published research evidence relating to kinship care programs that meet the needs of Aboriginal young people means that we need to take a different, and more pragmatic, approach to this review. In practice this involves:

- identifying existing kinship care programs serving Aboriginal and Torres Strait Islander or First Nations children and young people and identifying any model elements that are relevant to the scope of this review
- examining each model, policy or program to identify commonalities between the element of interest to assess if any of them appear to be promising
- developing practical recommendations which can be used to inform the development and implementation of a kinship care model in the Northern Territory.

2.4. This report

This report is structured as follows:

- The scope of the review as agreed between CEI and TCAC is detailed in Chapter 2
- The methodology and search strategy used to identify literature is detailed in Chapter 3
- The results are included in Chapter 4
- Discussion and recommendations are included in Chapter 5.

¹ The term “rapid literature review” is used to describe a review conducted within a shorter time period and with less resources than a traditional systematic review. This method was utilised as we were not in a position to undertake a systematic global, or even local, search of the literature within the time available.

3. Scope

The scope of this review — as agreed between CEI and TCAC — is outlined in Table 3.1 below.

TABLE 3.1 — SCOPE OF REVIEW

SCOPE	DESCRIPTION
Population	<p>Children and Young people aged between 0 and 18 who are:</p> <ul style="list-style-type: none"> • Indigenous, Aboriginal and Torres Strait Islander or First Nations • residing in Australia or the Canadian provinces of Ontario or British Colombia • not living with their birth parents • in kinship care² <p>Formal and informal carers of children and young people aged between 0 and 18 who are in kinship care who are:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander or First Nations • residing in Australia or the Canadian provinces of Ontario or British Colombia
Approach	<p>Models, policies or frameworks that:</p> <ul style="list-style-type: none"> • find and recruit Indigenous, Aboriginal and Torres Strait Islander or First Nations carers • assess and place Indigenous, Aboriginal and Torres Strait Islander or First Nations children and/or young people in kinship care • support Aboriginal kinship carers to sustain stable and culturally strong kinship placements
Comparison	Not applicable
Outcomes	<p><i>High-level domains:</i></p> <ul style="list-style-type: none"> • child wellbeing • carer wellbeing • permanency • child safety • cultural connectedness <p><i>Primary outcomes</i></p> <ul style="list-style-type: none"> • behavioural development • child mental health • placement stability • family reunification <p><i>Secondary outcomes:</i></p> <ul style="list-style-type: none"> • educational attainment • family relationship • service utilisation • placement breakdown • re-notification • child cultural identity

² The definition of kinship care as applied by each model, policy or framework identified by this review will be reported

SCOPE	DESCRIPTION
Elements	<p>Identification of relevant practices, program/approaches relating to:</p> <ul style="list-style-type: none"> • how kin are identified • how carers are recruited • how carers are assessed at placement establishment • use of carer assessment tools and processes that are culturally appropriate • how child safety is monitored or assessed throughout the placement • how child voice is utilised • training, financial and other support provided to carers at placement establishment • training, financial and other support provided to carers throughout placement to support placement stability • how carers are reimbursed • how family-decision making is incorporated • how family and cultural connections are maintained and facilitated • support and/or capacity building for Aboriginal organisations
Study / publication type	<p>Model / policy or program: descriptions, service guidelines or evaluations</p> <p>Published between 2003 and 2019</p> <p>No limitations on publication type, methods or study design</p>

4. Methodology & Search Strategy

The focus of this search has been to identify 'grey' or unpublished literature including reports, policy documents, frameworks and guidelines from government agencies, non-government organisations, advocacy organisations and implementing agencies.

This section details the geographic scope, search terms, search procedure, sources examined as well as screening and analysis procedures.

4.1. Geographic scope

The searches were conducted for literature from:

- **Australia** — New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania, Northern Territory and Australian Capital Territory
- **Canada** — British Colombia & Ontario

4.2. Search terms

The following terms have been used in reviewing websites: "kinship care", "kinship", "kin care", "kin", "kith", "Aboriginal", "Aboriginal and Torres Strait Islander", "Aboriginal & Torres Strait Islander", "First Nations", "evaluation", "reform", "principle".

4.3. Search procedure

For each jurisdiction, the following procedures were undertaken:

- Identification of:
 - knowledge repositories and clearinghouses for child and family services research, models and practices
 - the current (and legacy) government agencies responsible for policymaking and delivery of child and family services between the years 2003 & 2019
 - the current (and legacy) government agencies responsible for policymaking and delivery of services to Aboriginal and Torres Strait Islander or First Nations communities between the years 2003 & 2019
 - peak bodies and advocacy organisations representing the interests of Aboriginal and Torres Strait Islander or First Nations children and families
 - core non-government agencies delivering services in child and family services to Aboriginal and Torres Strait Islander or First Nations communities
 - any parliamentary reviews, independent commissions etc into Aboriginal children and family services
- For each clearinghouse, knowledge repository, government agency, peak body, advocacy organisation and core non-government agencies: review publications, annual reports, media releases, websites and submissions to reviews/commissions to identify models, practices and policies relevant to the scope of the review.
- For each source that was reviewed a snowball approach was applied that allowed for the subsequent inclusion of any source that was referenced or referred to a potentially relevant model, policy or program.

4.4. Identified sources

Based upon the procedure outlined above the following sources were identified and searched with the terms detailed in 4.2

4.4.1. Clearinghouses and Knowledge Repositories

Australia

- Australian Institute of Family Studies
- raisingchildren.net.au

Canada — British Colombia & Ontario

- First Nations in BC Knowledge Network
- The Xwi7xwa Library
- The University of Alberta, Aboriginal / Indigenous Index of Web Links
- First Nations Children's Action Research and Education Service
- Canadian Child Welfare Research Portal

4.4.2. Government Agencies, Departments and Committees

Australia

- Australian Government Department of Prime Minister and Cabinet — inclusive of: Joint Council on Closing the Gap, Prime Minister's Indigenous Advisory Council, Council of Australian Governments (COAG)
- Australian Government House of Representatives Standing Committees — inclusive of: Standing Committee on Indigenous Affairs, Standing Committee on Social Policy and Legal Affairs and the Standing Committee on Economics
- Senate Legislation and References Committees — inclusive of: Community Affairs Legislation and References Committees, Economics Legislation and References Committees
- Australian Government Department of Human Services (DHS)
- Productivity Commission (PC)
- Victorian Aboriginal Child Care Agency (VACCA)
- Victorian Department of Human Services (DHHS)
- Commission for Children and Young People Victoria
- Queensland Department of Child Safety, Youth and Women
- New South Wales Department of Family and Community Services (FACS)
- Northern Territory Office of Children and Families
- Western Australia Department of Communities, Child Protection and Family Support
- South Australian Department for Child Protection

Canada — British Colombia & Ontario

- Indigenous Services Canada
- British Colombia Ministry of Children & Family Development
- Ontario Ministry of Children, Community and Social Services
- First Nations Child and Family Services

4.4.3. Peak Bodies, Advocacy Organisations and Non-government organisations

Australia

- Secretariat of National Aboriginal and Islander Child Care (SNAICC)

- Aboriginal Child, Family and Community Care State Secretariat (NSW) (Absec)
- Association of Children's Welfare Agencies (ACWA)
- Aboriginal Family Support Services (South Australia)
- Benevolent Society
- Berry Street
- Kinship Carers Victoria & Grandparents Victoria
- Families Australia
- Yorganop
- Create Foundation
- Mirabel Foundation
- Pyjama Foundation
- Relationships Australia
- Carer Community NT
- Foster and Kinship Carers Association of NT
- Foster Care Association WA
- Winangay

Canada — British Colombia & Ontario

- Federation of Aboriginal Foster Parents
- First Nations Child and Family Caring Society
- Indigenous Caregivers of BC
- Parent Support Services Society of British Colombia
- Cowichan Tribes — Lalum'utul' Smun'eem Child and Family Services
- Children's Aid Society of Toronto
- BC Aboriginal Child Care Society

4.4.4. Topical academic journals

- The First Peoples Child & Family Review

4.5. Screening

Each potentially relevant piece of literature was sourced and checked to assess if it was likely to include an outcome or model element of interest. If it was deemed potentially relevant it was entered into the *Mendeley* reference management system. A complete list of this literature is included in Appendix A.

4.6. Analysis

For each piece of identified literature, the document was reviewed twice. The first review sought to determine if the review related to the target population and included:

- outcomes of interest to the review; or
- did not include outcomes of interest

The second review sought to categorise the focus of each piece of identified literature into one of the following groupings:

- Descriptions of elements of kinship care models, policies or programs for Aboriginal, Torres Strait Islander or First Nations children or young people and their carers; or
- Descriptions of elements of out-of-home care models, policies for Aboriginal, Torres Strait Islander or First Nations children or young people and their carers with a kinship care component; or
- Descriptions of elements of models, policies or programs that detail where statutory OOHC systems intersect with kinship care models affecting Aboriginal and Torres Strait Islander and First Nations children and young people in kinship care and their carers.; or
- Descriptions of elements of general kinship care models, policies or programs; or
- Descriptions of elements of models, policies or programs that are not relevant to this review

Following the second review:

- Information regarding outcomes or elements of models, policies or programs from identified literature was extracted from relevant literature.
- Information highlighting common elements between models, policies or programs across or between jurisdictions was synthesised narratively.

5. Results

This section describes the results from the literature identified from the searches, it includes:

- High level insights
- Results relating to evaluations examining outcomes of interest
- Results relating to the model elements

5.1. High-level insights

- All of the literature uncovered was descriptive in nature, that is, no evaluations were identified that reported on whether the kinship care models, policies or practices were effective, acceptable, implementable or culturally appropriate
- Most of the identified kinship care models, policies or practices were not developed specifically for children and young people and their carers who are Aboriginal and Torres Strait Islander or First Nations
- Where there were specific models, policies and programs targeting Aboriginal and Torres Strait Islander or First Nations carers children and young people, they are mostly related to foster care as opposed to kinship care

5.2. Outcomes of interest

As stated previously a recent systematic search of the global literature by CEI examining evidence regarding programs strategies, and practices to support youth in the out-of-home care system did not produce any high-quality published or unpublished research from Australia, Canada or elsewhere examining kinship care programs which reported on outcomes for Aboriginal and Torres Strait Islander or First Nations children and young people. This is in line with findings from an additional published systematic review of high-quality research which examined evaluations of the effect of kinship care placement compared to foster care placement. In this review none of the included studies reported outcomes for Aboriginal and Torres Strait Islander or First Nations youth.

In this context we sought to expand searches of 'grey' or unpublished literature including, reports, policy documents, frameworks and guidelines from government agencies, non-government organisations, advocacy organisations and implementing agencies in Australia and Canada. The search did not produce any additional published or unpublished evaluations (of any research design) of kinship care models, policies or practices that examined outcomes of interest to this review.

5.3. Models elements identified

Given the variety in source materials (reports, policies, frameworks or guidelines) it was agreed that an inclusive approach would be appropriate to ensure that as much information of potential relevance to each model element was captured.

As a result, the literature findings were summarised within each of the following contexts:

- **Context 1** — Findings with direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care. This included material sourced from literature that was in complete alignment with the model of interest to this review.
- **Context 2** — Findings relating to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in out-of-home care. This included material where Aboriginal and Torres Strait Islander and First Nations children and young people in out of home care were a focus, but the program was not specific to kinship care.

- **Context 3** — Findings detailing where statutory OOHC systems intersect with kinship care models affecting Aboriginal and Torres Strait Islander and First Nations children and young people in kinship care and their carers.
- **Context 4** — Findings relating to relevant general kinship care elements broadly. This included material identified as potentially relevant to scope of this review regarding kinship care that did not focus on Aboriginal and Torres Strait Islander and First Nations children and young people and their carers.

5.3.1. High-level summary by context

The following table shows a summary of the distribution of literature sourced for model elements by each of the contexts described above.

Of the twelve elements of interest:

- Findings for five were informed by literature on kinship care models, policies and programs for Aboriginal, Torres Strait Islander and First Nations CYP
- Findings for four were informed by literature on out-of-home care models, policies and programs for Aboriginal, Torres Strait Islander and First Nations CYP
- Findings for one element was informed by literature on the fulfillment of statutory requirements of relevance Aboriginal, Torres Strait Islander and First Nations CYP in kinship care
- Findings for three elements were informed by literature on general kinship care models, policies and programs that does not have an explicit focus on Aboriginal, Torres Strait Islander and First Nations CYP
- No relevant literature was identified for two

TABLE 5.1 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED TO IDENTIFY KIN

MODEL ELEMENT	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. STATUTORY OOHC ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	NO LITERATURE IDENTIFIED
Kin identification				✓	
Carer recruitment		✓			
Carers assessment establishment	✓				
Culturally appropriate carer assessment tools	✓	✓			
Child safety monitoring & assessment			✓		
Use of child voice					✓
Initial training, financial and other support					✓
Ongoing training, financial and other support	✓	✓		✓	
Carers reimbursement		✓			

MODEL ELEMENT	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	NO LITERATURE IDENTIFIED
Family-decision making				✓	
Family and cultural connections	✓				
Capacity building for ACCOs	✓				

5.3.2. How kin are identified

In regard to how kin are identified, all findings were drawn from kinship care material where Aboriginal and Torres Strait Islander and First Nations children and young people were not an explicit focus (Context 4). Two sources provided potentially relevant considerations:

- A survey by the Association of Children's Welfare Agencies (ACWA) of current policies and practices for kinship carers in Australia included a brief reference to the use of family group conferencing (FGC) in Queensland (Kiraly, 2018)
- The Queensland Department of Communities, Child Safety and Disability Services (2014) kinship care program description includes some guidance about the use of visual tools for the identification of kinship networks and their application

The relevant findings are summarised in Table 5.2 below.

TABLE 5.2 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED TO IDENTIFY KIN

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Family Group Conferencing — is used in Queensland as a means to identifying potential kinship carers				✓	(Kiraly, 2018)
Exploring a child and family's support network during a child protection investigation can assist with the identification of potential kinship carers				✓	(Queensland Department of Communities, Child Safety and Disability Services, 2014)

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. STATUTORY OOHC ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
The use of visual aids like an 'eco-map' (a diagrammatic representation of the community network of the child and family) could help to identify persons of significance to the child and their relationship to the child and family				✓	(Queensland Department of Communities, Child Safety and Disability Services, 2014)

5.3.3. How carers are recruited

All findings relating to how carers are recruited were drawn from broader literature relating to out-of-home care where Aboriginal and Torres Strait Islander and First Nations children and young people were a focus (Context 2). Three sources contributed information:

- A literature review on the Recruitment, Retention, and Support of Aboriginal and Torres Strait Islander Foster Carers included some contextual information about the utility, or lack thereof, of non-targeted recruitment campaigns in an Aboriginal and Torres Strait Islander context (Richardson, Bromfield, & Higgins, 2005)
- A study informed by interviews with carers and professionals from government and Indigenous agencies on barriers, incentives and strategies to enhance the recruitment of Indigenous carers in an Australian context included some insights on strategies that are likely to be effective or ineffective (Bromfield, Higgins, Higgins, & Richardson, 2007)
- A recruitment guide from Absec for use by organisations included practical advice about recruiting foster carers using advertisements, community contacts and social media (Absec, n.d.)
- Another document, which details elements of Absec's Caring for Carers model in NSW includes details on the use of recruitment strategies (Absec, 2017)

Findings of interest from these sources are summarised in Table 5.3 below.

TABLE 5.3 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED TO RECRUIT CARERS

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. STATUTORY OOHC ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
The use of existing social and community networks by individuals known and trusted in that community to facilitate recruitment may be promising		✓			(Absec, n.d., 2017; Richardson et al., 2005)

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Generic media campaigns are unlikely to be effective in recruiting Aboriginal and Torres Strait Islander carers		✓			(Richardson et al., 2005)

5.3.4. How carers are assessed at placement establishment

In relation to how carers are assessed at placement establishment, all findings were drawn from one source material of direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care (Context 1).

The sole source for this element, is a study conducted by the Victorian Child Safety Commissioner which explored the experiences of Aboriginal kinship caregivers and service workers in Victoria through consultations and focus groups (Kiraly & Humphreys, 2011). The results of this study provide some insights on how the assessment of carers at placement establishment can be operationalised.

Findings interest from this source are summarised in Table 5.4 below.

TABLE 5.4 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED ASSESS CARERS AT PLACEMENT ESTABLISHMENT

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Ensure that kinship care assessments include an Aboriginal person who is in a position to be impartial	✓				(Kiraly & Humphreys, 2011)
Police checks need to be applied more judiciously and sensitively	✓				(Kiraly & Humphreys, 2011)
Promote awareness of the cultural context of threats of physical punishment used by Aboriginal people as part of a careful assessment of actual risk	✓				(Kiraly & Humphreys, 2011)
Ensure that placements are not made regardless of personal circumstances and capacity to cope just because a caregiver agrees out of cultural obligation	✓				(Kiraly & Humphreys, 2011)

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. STATUTORY OOHC ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Provide Aboriginal service staff with training in responding to traumatised children and working with difficult family dynamic	✓				(Kiraly & Humphreys, 2011)

5.3.5. Use of carer assessment tools and processes that are culturally appropriate

Findings relating to carer assessment tools and processes that are culturally appropriate were drawn from material of direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care (Context 1) and in out-home-care (Context 2).

Two distinct assessment tools were identified from three sources:

- The Winangay Carer assessment tools have been developed by Aboriginal practitioners to assess and support kinship carers. The sources, however, provide limited detailed information about the tools or specific processes for their implementation (Winangay, 2012, 2019).
- The Step by Step Aboriginal Assessment tool is a resource package developed to assist foster care agencies in assessing potential foster carers who are Aboriginal. Its utility in this context is likely to be limited as it was designed to assess potential foster carers (Hayden & Mulroney, 2007).

Findings of interest from these sources are summarised in Table 5.6 below.

TABLE 5.6 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS RELATED TO THE CULTURALLY APPROPRIATE ASSESSMENT OF CARERS

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. STATUTORY OOHC ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Yarning to gather information using conversation interviews	✓				(Winangay, 2012, 2019)
Identifying strengths and weaknesses using cards and visual aids that cover: environment and meeting needs; staying strong as a carer; growing our kids strong and safety; and working well with others	✓				(Winangay, 2012, 2019)
Identifying unmet needs and support required using joint action plans	✓				(Winangay, 2012, 2019)
Individuals undertaking assessment of potential Aboriginal foster carers should be Aboriginal		✓			(Hayden & Mulroney, 2007)

5.3.6. How child safety is monitored or assessed throughout the placement

In regard to how child safety is monitored in Aboriginal kinship placements findings were drawn from one source material relating to the fulfilment of statutory requirements where Aboriginal and Torres Strait Islander and First Nations children and young people in kinship care and their carers are likely to be affected, but not an explicit focus (Context 3).

The sole source for this element is a survey by the Association of Children's Welfare Agencies (ACWA) of current policies and practices for kinship carers in Australia. It included a brief reference to practice in the Northern Territory where kinship carers were re-assessed once every twelve months (Kiraly, 2018).

Findings of interest from this source are summarised in Table 5.7 below.

TABLE 5.7 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED MONITOR CHILD SAFETY DURING A KINSHIP PLACEMENT

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. FULFILMENT OF STATUTORY REQUIREMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS	4. GENERAL KINSHIP CARE	SOURCE
Kinship carers in the Northern Territory are re-assessed once every 12 months			✓		(Kiraly, 2018)

5.3.7. How child voice is utilised

The search did not produce any material from any of the relevant contexts in regard to how child voice is utilised and how this would be operationalised amongst Aboriginal kinship care placements.

5.3.8. Training, financial and other support provided to carers at placement establishment

The search did not identify any literature from any of the relevant contexts that could illuminate practice regarding training and financial support provided to carers at placement establishment and how it could be operationalised amongst Aboriginal kinship care placements.

5.3.9. Training, financial and other support provided to carers throughout placement to support placement stability

Findings in relation to training and financial support for carers throughout placement were drawn from material of direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care (Context 1), from broader literature relating to out-of-home care where Aboriginal and Torres Strait Islander and First Nations children and young people were a focus (Context 2) and from general kinship care (Context 4).

The following sources contributed information:

- A literature review on the Recruitment, Retention, and Support of Aboriginal and Torres Strait Islander Foster Carers included some contextual information about the types of support that Aboriginal carers require (Richardson et al., 2005)
- A study conducted by the Victorian Child Safety Commissioner which explored the experiences of Aboriginal kinship caregivers and service workers in Victoria through consultations and focus groups

included some suggestions for the type of training and support that should be offered (Kiraly & Humphreys, 2011).

- A study informed by interviews with carers and professionals from government and Indigenous agencies on assessing, training and recruiting Indigenous carers in an Australian context included some insights on training that might support successful placements (Higgins & Butler, 2007b).
- Documentation of Absec's Caring for Carers model in NSW includes details on the types of training that might be beneficial for Aboriginal carers, it also includes information on peer support networks for Aboriginal kinship carers (Absec, 2017).
- A literature review on general kinship care identified a study which stated that family group conferencing can enhance placement stability (Queensland Department of Communities, 2011).
- A parliamentary inquiry into OOHC noted that the support received by kinship carers varied across jurisdictions, but generally the level of organisational support they received from community service providers was less than received by foster carers (Senate Community Affairs Committee, 2015).
- The same parliamentary inquiry into OOHC highlighted some of the supports provided to kinship carers in NSW and Victoria by the Mirabel Foundation (Senate Community Affairs Committee, 2015).

Findings of interest from these sources are detailed in Table 5.8 below.

TABLE 5.8 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED TO PROVIDE TRAINING AND FINANCIAL SUPPORT TO CARERS THROUGHOUT PLACEMENT

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOHC	3. STATUTORY OOHC ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Provide support to carers to ensure that appropriate housing and transport is available to ensure children are comfortable and have access to family and community	✓				(Kiraly & Humphreys, 2011)
Advocate for carers in dealing with child protection departments		✓			(Higgins & Butler, 2007b)
Empower carers by enabling knowledge sharing and skill building through carer networks and community events		✓			(Higgins & Butler, 2007b)
Provide training to caregivers in recognising and responding to children's experiences of trauma, for example trauma-informed practice for carers		✓			(Absec, 2017; Richardson et al., 2005)
Provide training to caregivers in recognising and responding to children's oppositional behaviour		✓			(Absec, 2017; Richardson et al., 2005)
Provide training to caregivers in dealing with specific health issues such as autism or fetal alcohol spectrum disorder		✓			(Absec, 2017; Kiraly & Humphreys, 2011; Richardson et al., 2005)

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Family Group Conferencing can be used to support placement stability				✓	(Queensland Department of Communities, 2011)
Community Service Organisations should be funded to provide case management support to kinship carers so that they do not have to deal directly with a government department				✓	(Senate Community Affairs Committee, 2015)
The following elements of the Mirabel Foundation's kinship care support were noted to be effective: assessment of needs and referral to specialist services; telephone counselling and support; crisis support and assistance; kinship carer support groups and therapeutic children's groups; recreation programs; educational support; individual child/youth support; children and family events and camps; respite care and family holidays; youth ambassador outings; and advocacy				✓	(Senate Community Affairs Committee, 2015)

5.3.10. How carers are reimbursed

Findings relating to how carers are reimbursed were drawn from one broader source material relating to out-of-home care where Aboriginal and Torres Strait Islander and First Nations children and young people were a focus (Context 2).

The sole source for this element is a report from the Victorian Child Safety Commissioner (Kiraly & Humphreys, 2011). This report notes the financial position of Aboriginal carers tends to be weaker than their non-Aboriginal counterparts and that this should be considered in the reimbursements available to them.

Findings of interest from this source are detailed in Table 5.9 below.

TABLE 5.9 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS RELEVANT TO THE REIMBURSEMENT OF CARERS

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Recognise that Aboriginal caregivers are more likely to be older, single, in poorer health, and caring for more children than non-Aboriginal caregivers of Aboriginal children, and provide commensurate support		✓			(Kiraly & Humphreys, 2011)

5.3.11. How family-decision making is incorporated

All findings related to how family-decision making is incorporated were drawn from material detailing general kinship care models, where Aboriginal and Torres Strait Islander and First Nations children and young people were not an explicit focus (Context 4).

The sole source for this element is a survey by the Association of Children's Welfare Agencies (ACWA) of current policies and practices for kinship carers in Australia included a brief reference to the use of family group conferencing (FGC) in Queensland (Kiraly, 2018). Unfortunately, no additional information is available to establish how this method is used, if it is effective at incorporating family decision-making, if it is acceptable to participants or if it is culturally appropriate.

Elements of interest from this source are detailed in Table 5.10 below.

TABLE 5.10 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED TO INCORPORATE FAMILY DECISION-MAKING

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Family group conferencing is a method used in an Australian context to identify potential kinship carers				✓	(Kiraly, 2018)

5.3.12. How family and cultural connections are maintained and facilitated

In relation to how family and cultural connections are maintained and facilitated all findings were drawn from one source of direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care (Context 1).

The sole source for this element is a report from the Victorian Child Safety Commissioner which exploring the experiences of Aboriginal kinship caregivers and service workers in Victoria through consultations and focus groups (Kiraly & Humphreys, 2011).

Findings of interest from this source are detailed in Table 5.11 below.

TABLE 5.11 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED ENSURE THAT FAMILY AND CULTURAL CONNECTIONS ARE MAINTAINED

KEY FINDINGS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Listen to children and take their wishes into consideration in making arrangements for contact with family members	✓				(Kiraly & Humphreys, 2011)
Cultural Support Plans should be developed and implemented by Aboriginal services, and this work resourced commensurately	✓				(Kiraly & Humphreys, 2011)
Enable appropriate support to ensure that contact with mothers and fathers is safe and as positive as possible	✓				(Kiraly & Humphreys, 2011)
Provide environments for supervised parental contact that have an informal ambience, activities, mentoring and support, and outdoor play space	✓				(Kiraly & Humphreys, 2011)
Support caregivers to help children find, connect and maintain contact with brothers and sisters, aunties, uncles, cousins and grandparents, and with their indigenous culture	✓				(Kiraly & Humphreys, 2011)

5.3.13. Support and/or capacity building for Aboriginal organisations

In regard to support and/or capacity building for Aboriginal organisations to deliver kinship care findings were drawn from one source of direct relevance to Aboriginal and Torres Strait Islander and First Nations children and young people and their carers in kinship care (Context 1).

The sole source for this element is a report from the Victorian Child Safety Commissioner which exploring the experiences of Aboriginal kinship caregivers and service workers in Victoria through consultations and focus groups (Kiraly & Humphreys, 2011).

Findings of interest from this source are detailed in Table 5.12 below.

TABLE 5.12 — DETAILS OF ELEMENTS OF MODELS, POLICIES OR PROGRAMS USED TO SUPPORT CAPACITY BUILDING FOR ABORIGINAL ORGANISATIONS

DETAILS OF COMMON CHARACTERISTICS	1. ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	2. ABORIGINAL, CYP & THEIR CARERS IN OOH	3. STATUTORY OOH ELEMENTS AFFECTING ABORIGINAL CYP & THEIR CARERS IN KINSHIP CARE	4. GENERAL KINSHIP CARE	SOURCE
Funding Aboriginal services to provide training in sensitive family support to other services working both with Aboriginal and non-Aboriginal families	✓				(Kiraly & Humphreys, 2011)
Improving responsiveness and support from child protection workers to Aboriginal caregivers such that greater trust of child protection can be developed in Aboriginal communities	✓				(Kiraly & Humphreys, 2011)
Ensuring that those working with Aboriginal children in kinship care have cultural awareness training	✓				(Kiraly & Humphreys, 2011)

6. Discussion and recommendations

6.1. What we know about each element

6.1.1. How kin are identified

What we know

All of the sources for this element refer to kinship care models, policies or practices that have been not been applied in an Aboriginal-specific context. Given this we recommend that the findings be interpreted with caution on the basis of this lack of information about their effectiveness, culturally appropriateness or acceptability.

Recommendations

Future work could be undertaken to examine if some of the practices used in Queensland are both effective and or culturally appropriate for use in the Northern Territory including:

- The use of Family Group Conferencing to identify potential kinship carers
- The practice of identifying kin networks during the assessment phase of a child protection report
- The use of visual aids to identify kinship links with children and young people.

6.1.2. How carers are recruited

What we know

All of the sources for this element refer to models policies and practices that were developed for application in an Aboriginal-specific out-of-home care context. The timeframe in which kinship carers are identified and recruited means that some elements of foster carer recruitment programs, even those developed in an Aboriginal context, may not be appropriate. The literature search identified multiple sources suggesting using community connections to identify and recruit potential carers, such direct approaches are more likely to be effective than generic media campaigns.

Recommendations

- There are aspects of Absec's *Caring for Carers* model which may be worth considering if it is appropriate fit for the Northern Territory. However, we must add a caveat that we do not know if this approach is effective at recruiting carers and suggest TCAC contact Absec directly to ascertain further details about the program. Elements of potential interest to TCAC might include:
 - *A hub and spoke model that allows for local adaptation* — the model uses are a network of 'Caring Communities' grouped by region that work in a state-wide network of care. Each 'Caring community' manages the implementation of localised recruitment activities which are supported by state-wide strategies.
 - Local elements include — targeted recruitment with local ACCOs; implementation of assessment tools tailored to Aboriginal carers; feedback on tools to facilitate further development and refinement.
 - State-wide elements include — public campaigns and resource development; pooling carers; development of assessment processes/tools.

6.1.3. How carers are assessed at placement establishment

What we know

All of the sources used to inform this element refer to models, policies and practices specific to application in an Aboriginal kinship care context. Previous reviews have concluded that the methods used to assess kinship

carers at placement establishment should differ from that applied to foster carers, however a recent survey established that in two out of four Australian jurisdictions the assessment process between kinship and foster carers is similar (Kiraly, 2018; KPMG, 2017). Another review noted that the assessment process can contribute to the creation of systemic barriers to the recruitment of Aboriginal and Torres Strait Islander families as foster and kinship carers (Richardson et al., 2005).

Recommendations

- Future work could be undertaken by the Northern Territory Government to examine if some of the recommendations from the report by the Victorian Child Safety Commissioner are both effective and or suitable for use in the Northern Territory including:
 - Ensuring that kinship carer assessments are undertaken by an Aboriginal person who is in a position to be impartial.
 - Consideration of use of the results of police checks to screen out potential carers
 - Ensure that the assessment process considers the carers personal circumstances and their ability to support a placement

6.1.4. Use of carer assessment tools and processes that are culturally appropriate

What we know

The sources used to inform this element refer to models, policies and practices either specific to the application in an Aboriginal kinship care context or an Aboriginal out-of-home care context. A number of reviews, program guidelines and policies have stressed the importance of developing and utilising culturally appropriate tools and processes in the assessment of Aboriginal kinship carers (Higgins & Butler, 2007a; McGuinness & Arney, 2012; Richardson et al., 2005; Victorian Department of Human Services, 2010). For example, the Victorian Department of Human Services practice guide for use in the assessment of kinship carers notes that *“Culturally competent carer assessments provide a foundation for strong, sustained kinship care placements for Aboriginal children. Assessing the carer’s ability to promote safety, security and development for an Aboriginal child must include the child’s cultural safety, their family and community relationships and their cultural and spiritual development”* (Victorian Department of Human Services, 2010). However, there are limited examples of how this is operationalised in practice.

The Winangay Carer Assessment tools were developed specifically for the assessment of Aboriginal kinship carers, however limited information is known about its scope, application and effectiveness. The Senate Community Affairs report into OOHHC noted that the tools were being trialled and evaluated in Queensland, however no information about the results of this trial and/or evaluation was available (Senate Community Affairs Committee, 2015).

Recommendations

- There are aspects of the Winangay Carer Assessment tools which may be worth considering if they are an appropriate fit for the Northern Territory. However, it is important to note that we do not know if this approach is effective at assessing carers and suggest TCAC contact Winangay directly to ascertain further details about these tools. Elements of potential interest to TCAC might include:
 - The use of yarning to gather information using conversation interviews
 - Identifying strengths and weaknesses using cards and visual aids
 - Identifying unmet needs and support required using joint action plans
- There may also be elements of ACWA’s Step by Step Aboriginal Assessment Tool which may be applicable, we suggest reaching out to ACWA directly to ascertain further details about the program.

6.1.5. How child safety is monitored or assessed throughout the placement

What we know

The only source available to inform this element refers to models, policies and practices undertaken during the fulfillment of statutory requirements affecting Aboriginal children and young people in kinship care. As a result, there is very limited information available about how child safety is monitored in Aboriginal kinship placements. In particular it is not possible from this information to determine if this approach is effective at identifying if the child is safe or to establish if it is culturally appropriate.

Recommendations

- Future work should be undertaken by the Northern Territory Government to determine if the current practice is culturally appropriate.

6.1.6. How child voice is utilised

What we know

While no specific information was found to illustrate how this is applied in practice some literature sources that were identified stated that the inclusion of a child's voice is recognised as an important consideration in decision-making regarding a kinship care placement. For example the Queensland Government's kinship care program description provides an example of how this recognition is reflected in guidelines, it states that *"...the meaningful and active participation of children in decision-making... speak out, give their views, assert their wishes and have their views about possible placement options taken seriously"* is an expected outcome of their kinship care program. (Queensland Department of Communities, Child Safety and Disability Services, 2014).

Recommendations

- To inform the development of this element we would recommend exploring how child voice can be used in any follow up consultations that TCAC might make.

6.1.7. Training, financial and other support provided to carers at placement establishment

What we know

We did not identify any specific models, policies or programs that detailed training and financial support available to kinship carers at placement establishment.

We did identify a number of written resources that provided information and guidance for carers at placement commencement, however not all were specific to kinship carers and none were unique to Aboriginal kinship carers³. Within these resources contextual information was found, but information was lacking to illustrate how this is operationalised in practice. Some sources noted that the nature of kinship care placement meant that it was not possible for all kinship carers to undertake pre-service training, however they should be encouraged to attend any necessary training that may assist them to care for the child (Queensland Department of Communities, Child Safety and Disability Services, 2014).

In all Australian jurisdictions, the level of financial support provided to carers at placement establishment is directly related to if they are considered kinship carers in the statutory system or if they providing informal

³ The resources included:

- Raising them Strong: Support for Aboriginal kinship and foster carers in NSW (NSW Department of Family and Community Services, 2016)
- Victorian Handbook for Foster Carers (Victorian Department of Health and Human Services, 2016)
- Your Rights on Reserve: A legal tool-kit for Aboriginal Women in BC (Prince, 2014)
- Foster and Kinship Carers: Carer Handbook (Northern Territory Office of Children and Families, 2012)
- Alternative Care Support Payments Quick Reference Guide: Who Pays (Northern Territory Department of Children and Families, 2012)

care (Kiraly, 2018). Formal kinship carers receive the same financial support as foster carers, however the value of the financial support varies in each jurisdiction⁴.

Recommendations

- Further work could be done by the Northern Territory Government to establish what training and financial support Aboriginal kinship carers require at placement establishment through targeted consultations and sector engagement

6.1.8. Training, financial and other support provided to carers throughout placement to support placement stability

What we know

The sources used to inform this element refers to models, policies and practices either specific to the application in an Aboriginal kinship care context or Aboriginal out-of-home care context. For example Absec's *Caring for Carers* model suggests that the development of carer skills through ongoing training is a central element of the model which seeks to improve the quality of care provided to Aboriginal children and young people. It also points out that this contributes positively to carers feeling valued and supported by the broader care system (Absec, 2017). Absec (2017) also note that training and support for carers should be provided to deal with the specific challenges facing Aboriginal children and young people in care should be provided, including:

- trauma-informed practice for carers
- behaviour management
- dealing with specific issues such as autism or fetal alcohol spectrum disorder
- supporting the cultural needs of Aboriginal children and young people

Recommendations

- Future work could be undertaken by the Northern Territory Government to explore if the following elements might be appropriate:
 - Providing sufficient support to carers to ensure that appropriate housing and transport is available to ensure children are comfortable and have access to family and community
 - Advocate for carers in dealing with child protection departments and in securing access to any financial reimbursements they might be eligible for
 - Empower carers by enabling knowledge sharing and skill building through carer networks and community events
 - Provide training to caregivers in recognising and responding to children's experiences of trauma, for example trauma-informed practice for carers
 - Provide training to caregivers in recognising and responding to children's oppositional behaviour
 - Provide training to caregivers in dealing with specific health issues such as autism or fetal alcohol spectrum disorder

6.1.9. How carers are reimbursed

What we know

No examples of models, policies or programs delivered by non-government organisations included provisions for the payment of additional reimbursements to kinship carers beyond that available from the statutory

⁴ These payments may include: an establishment payment — when the child first enters out-of-home care; a start-up/outfitting allowance — when the child first enters a new primary placement; the fortnightly caring allowance — with a regional and remote loading applied in some locations; high support needs allowance — where required to meet the child's support needs and complex support needs allowance — where required to meet the child's support needs (Queensland Department of Communities, Child Safety and Disability Services, 2014)

authorities. As such limited information is available regarding how carers should be reimbursed outside statutory payments from the state and commonwealth government. In all of the jurisdictions examined by this review kinship carers who were formally engaged through the statutory child protection system received the same reimbursement rates at foster carers (Kiraly, 2018). No instances of informal kinship carers being reimbursed were identified. In Australia carer reimbursement rates are set independently by each state and territory, with the rates varying between them.

At the Commonwealth-level, kinship carers are recognised as “non-parent carers” — an umbrella term that also includes grandparents, foster carers and other carers who are not the parent — with the following support available:

- Kinship carers that are also grandparents, great-grandparents or single-parents are eligible for taxation benefits (Family Tax Benefit Part B) up until the youngest child turns 18.
- Kinship carers who are not grandparents, great-grandparents or single-parents are eligible for taxation benefits (Family Tax Benefit Part B) up until the youngest child turns 13.
- Kinship carers that are also grandparents might be eligible for the *Additional Child Care Subsidy (Grandparent)*, which covers the cost of up to 50 hours of child care per child per week

Recommendations

- Future work by the Northern Territory Government could examine if there is a need to help kinship carers apply for reimbursement from the appropriate State, Territory or Commonwealth agency.
- Future work by the Northern Territory Government could be undertaken to explore if reimbursing non-formal kinship carers is feasible or practical.
- Consideration should be given to advocating for a reimbursement rate for Aboriginal kinship carers that recognises that they are more likely to be older, single, in poorer health, and caring for more children than non-Aboriginal caregivers of Aboriginal children.

6.1.10. How family-decision making is incorporated

What we know

All of the sources for this element refer to kinship care models, policies or practices that have not been applied in an Aboriginal-specific context. The limited information available means that we have very limited confidence in the elements that we have identified. Aside from the fact that we do not know if they are effective, we also do not know if they are culturally appropriate or acceptable.

Recommendations

- Future work by the Northern Territory Government could be undertaken to examine if some of the use of Family Group Conferencing is effective and or culturally appropriate for use in the Northern Territory to incorporate family decision-making.

6.1.11. How family and cultural connections are maintained and facilitated

What we know

The only source available to inform this element referred to models, policies and practices that were developed for application in an Aboriginal-specific kinship care context.

There is very limited information available to inform this element. Much of the literature identified surrounding the maintenance of cultural connections for Aboriginal CYP in kinship care involved foster carers who are not-Aboriginal. For example, a program in Queensland, *Caring for Jarjums*, has been developed to support non-Aboriginal carers of Aboriginal children, however there doesn't appear to be an Aboriginal and Torres Strait Islander specific version of this program (Queensland Department of Child Safety, Youth, and Women, 2013).

Recommendations

- Future work by the Northern Territory Government could be undertaken to explore if the following elements might be appropriate in a Northern Territory context:
 - Listen to children and take their wishes into consideration in making arrangements for contact with family members.
 - Cultural Support Plans should be developed and implemented by Aboriginal services, and this work resourced commensurately.
 - Enable appropriate support to ensure that contact with mothers and fathers is safe and as positive as possible.
 - Provide environments for supervised parental contact that have an informal ambience, activities, mentoring and support, and outdoor play space.
 - Support caregivers to help children find, connect and maintain contact with brothers and sisters, aunts, uncles, cousins and grandparents, and with their indigenous culture.

6.1.12. Support and/or capacity building for Aboriginal organisations

What we know

The only source available to inform this element referred to models, policies and practices that were developed for application in an Aboriginal-specific kinship care context.

Literature on support or capacity building for Aboriginal organisations to deliver kinship care in Australia is very limited. The Queensland Aboriginal and Torres Strait Islander Child Protection Peak's position statement on Aboriginal Kinship Care notes that *"Aboriginal Community Controlled Organisations working in the foster and kinship care space must be given the opportunity to focus primarily on Aboriginal Kinship Care, separate to foster care"* (Smith, 2018). Further, in Canada — where First Nations have the devolved responsibility for the delivery of some child protection services in their own communities — the Caring for First Nations Children Society has published some operational standards regarding practice standards and indicators that First Nations community organisations can apply in the administration of their own service delivery context. These standards include guidance, standards and indicators on: governance, service delivery model, financial administration, human resources, communication, administration (e.g., information sharing, records management) and facilities management (Caring for First Nations Children Society, 2009).

Recommendations

- Future work by the Northern Territory Government could be undertaken to explore if the following elements might be appropriate in a Northern Territory context:
 - Funding Aboriginal services to provide training in sensitive family support to other services working both with Aboriginal and non-Aboriginal families
 - Improving responsiveness and support from child protection workers to Aboriginal caregivers such that greater trust of child protection can be developed in Aboriginal communities.
 - Ensuring that those working with Aboriginal children in kinship care have cultural awareness training

6.2. Recommendations for next steps

6.2.1. Opportunities to expand and build on these findings in the development of an Aboriginal kinship care model for the Northern Territory

It is important to acknowledge that the search implemented via this review, of publicly available web-based documents, may have limited both the scope and depth of information able to be examined. For example, multiple sources referred to the Winangay carer assessment tools, but very little published information about them was able to be found. In light of this some follow-up efforts may be warranted to

expand on and complement the electronic searches in order to bring to light additional relevant sources of material not publicly available on the web. On this basis we recommend the following:

- Additional consultations be undertaken with key organisations and/or identified authors or stakeholders to seek out additional resources and relevant materials and information.

6.2.2. Future opportunities to contribute to the evidence base by undertaking an evaluation of the Aboriginal kinship care model

It is evident from this review that there are large gaps in the existing published research reporting high-quality research evidence relating to the scope of this review.

As previously stated, in this context, a more pragmatic approach was taken to inform recommendations for kinship care programs that meet the needs of Aboriginal children and young people in the Northern Territory. This was achieved by identifying and examining 'grey' or unpublished literature including, reports, policy documents, frameworks and guidelines (from government agencies, non-government organisations, advocacy organisations and implementing agencies) and extracting information relating to key elements.

While this has produced information regarding potentially promising approaches to inform a model it should be noted that these findings cannot be used to draw conclusions regarding the effectiveness of elements in relation to outcomes for Aboriginal children and young people.

It is on this basis that we also recommend identifying future opportunities for the conduct of high-quality evaluations exploring the effectiveness of Aboriginal kinship care programs and elements on outcomes for children and young people.

Specifically, Tangentyere Council Aboriginal Corporation could recommend to the Northern Territory government that as it moves forward with their chosen model of Aboriginal kinship care program, that a rigorous evaluation of the model is commissioned incorporating the following characteristics:

- Clearly defined evaluation questions that assess the implementation of the model and its outcomes for Aboriginal children and young people in kinship care, and their carers
- The evaluation should be prospective, include both implementation and effectiveness outcomes, and commence prior to the initial implementation of the kinship care model
- The evaluation should place a strong focus on the appropriateness of the model elements to the local Northern Territory context, including cultural appropriateness, of tools and processes
- The evaluation should include continuous quality improvement process so that feedback from clients and providers can be utilised to improve the implementation of the model
- If the model is to be piloted in one location or staggered in its implementation, consideration could be given to utilising a quasi-experimental methodology⁵ to ensure that the results are robust

⁵ A method used to estimate the causal impact of an intervention on target population without random assignment, for example: a clustered-stepped wedge with random time allocation.

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- Providing knowledge translation to policymakers, and relevant stakeholders, so they can access – and use – research for evidence-informed decision-making.
- Program design – selecting and creating evidence-informed programs and services to achieve outcomes for children, family and communities.
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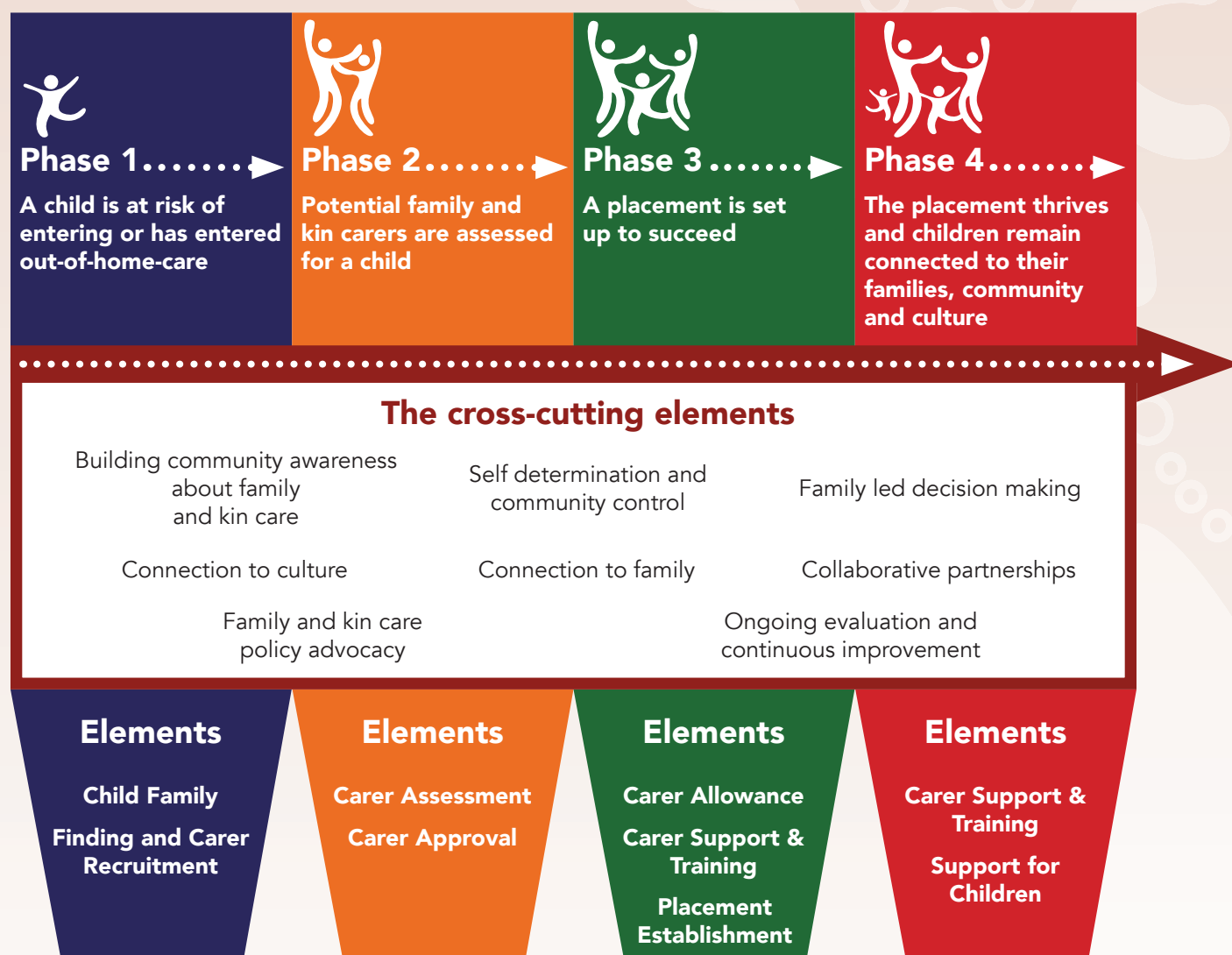
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Appendix 2 - How the elements sit within the phases of the model

There were fifteen elements that were identified as being necessary in the implementation of a robust, flexible and culturally strong model for family and kin care services for Aboriginal children and Aboriginal carers in the NT. Of these fifteen elements there were eight which were deemed as 'cross-cutting,' signifying that they applied across all phases of the model. The remaining seven elements apply only to one specific phase within the model. All fifteen elements were confirmed through consultation and have been incorporated within the model. The beneath diagram demonstrates how the elements sit within the four phases of the proposed family and kin care model.



Appendix 3. Tools and Resources

This appendix includes examples of tools and resources which any ACCO undertaking service delivery as part of this model could utilise. All templates could be adapted as required to fit the characteristics and needs of regional and/or local community areas.

The following examples of tools and resources contained in this appendix include;

- 3a. Example referral form
- 3b. Eco-map examples
- 3c. Suggested assessment tools
- 3d. Care plan inclusions
- 3e. Possible training topics for carers
- 3f. Support checklist example

3a. Example referral form

The referral form below is an example template which an ACCO providing family finding services could use to gather necessary information from a referrer. It provides preliminary information about the child requiring a family and kin care placement, why they require this placement, where they are currently and what options have been previously explored. This form could also be adapted for ACCOs who are planning on delivering other phases of the family and kin care model.

Family and Kin Care Services – Phase 1 Family Finding Program Referral Form

Name of child referred:	
Date of birth of child:	
Current address of child:	
Referral completed by:	
Organisation and Department/Program:	
Referrer's contact details: (phone and email address)	
Date of referral:	

Current Child Protection involvement:	Yes	No	Is the child under a Protection Order? If so state type and length:	
Child Protection case manager name:			Contact Details:	
Child Protection Case Manager aware of referral:	Yes	No		

Family and Kin Care Services – Phase 1 Family Finding Program Referral Form

Child placement status		
1. The child is already in Out of Home Care (OOHC) (if no please complete question 2)	Yes	No (if no please complete question 2)
2. The child is at high risk of entering OOHC (if no please complete question 2)	Yes If yes please go to 2a	No
2a. Have the child's parents provided consent for the referral to be sent (please circle):	Yes	No If no has the rationale for the referral proceeding anyway been explained to the parents (please circle): Yes No

Child information:

Language/s spoken

Summary of the child's strengths:

Summary of child's challenges which could impact placement:
(i.e. motivation, temperament, medical conditions, behaviours etc.)

Does the child have a diagnosed disability? Please provide details including current supports.

Current services and supports in place for the child:

Complete this section for all referrals

Biological Parents

Name	Address	DOB	Language Spoken	Contact details

Siblings

Name	Address	DOB	Language Spoken	Contact details

Significant Others (Extended Family)

Name	Address	DOB	Contact details

Have potential family and kin carer/s been explored previously? If so what was the outcome?

Name	DOB	Address	When?	What was the outcome?

Family and Kin Care placement:

Summary of child's current situation – please describe why this child requires a family and kin care placement:

Please detail any known leads for potential family and kin carers or other relevant information which could assist us to find a family and kin carer for this child.

Using your knowledge of the child what types of support would assist potential family and kin carers to create a stable placement for the child. If a type of support required is not listed- please detail below in 'other'.

Type:	Details:
Mental Health	
Legal matters	
Physical health	
School/Education support	
Housing/Accommodation	
Parenting skills/capacity	
Care-givers social support group	
Case management	
Other	
Other	

Further information to support family finding

Are there any known strengths, risks or any other information which would assist us to find a family and kin carer for this child

Thanks for making a referral for family finding services. Unless this referral is being made by a Territory Families worker this form is now complete and should be forwarded to:

familyfindingreferrals@acco.com.au

You will receive an acknowledgment of receipt of referral within 24 hours.

((ACCO logo))

Territory Families Referrals

The sections below **must** be completed for all Territory Families referrals in order for referral to be assessed for allocation.

Child Protection:

Chronological history of all previous child protection involvement (including information on substantiations, nature of recorded harm and date if any)

Outline of current child protection involvement if any:

Based on CCIS information and/or your knowledge of the child and situation what kind of support would assist family to create a stable placement for the child. If a type of support required is not listed- please detail below in 'other'.

Type:	Details:
Mental Health	
Legal matters	
Physical health	
School/Education support	
Housing/Accommodation	
Parenting skills/capacity	
Care-givers social support group	
Case management	
Other	
Other	

Complete this section if the child is already placed in OOHC

Child's current placement:

Placement type	Provider	Date entered placement	Contact details

If the placement type is foster care:

Carer Name	Address	Phone	DOB/AGE

Are the current carers aware of referral	Yes	No
--	-----	----

Please describe current placement in regards to how settled the child is, and how the child feels about their current placement situation:

Thanks for making a referral for family finding services. This form is now complete and should be forwarded to:

familyfindingreferrals@acco.com.au

You will receive an acknowledgment of receipt of referral within 24 hours.

For Office Use Only

Date received			
Referral accepted	Yes / No		
Referral accepted by		Signature	
Referral allocated	Yes / No	To whom	
Referrer notified	Yes / No	Date	

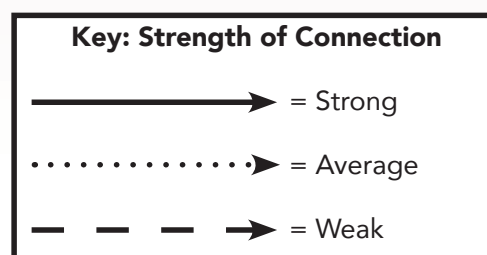
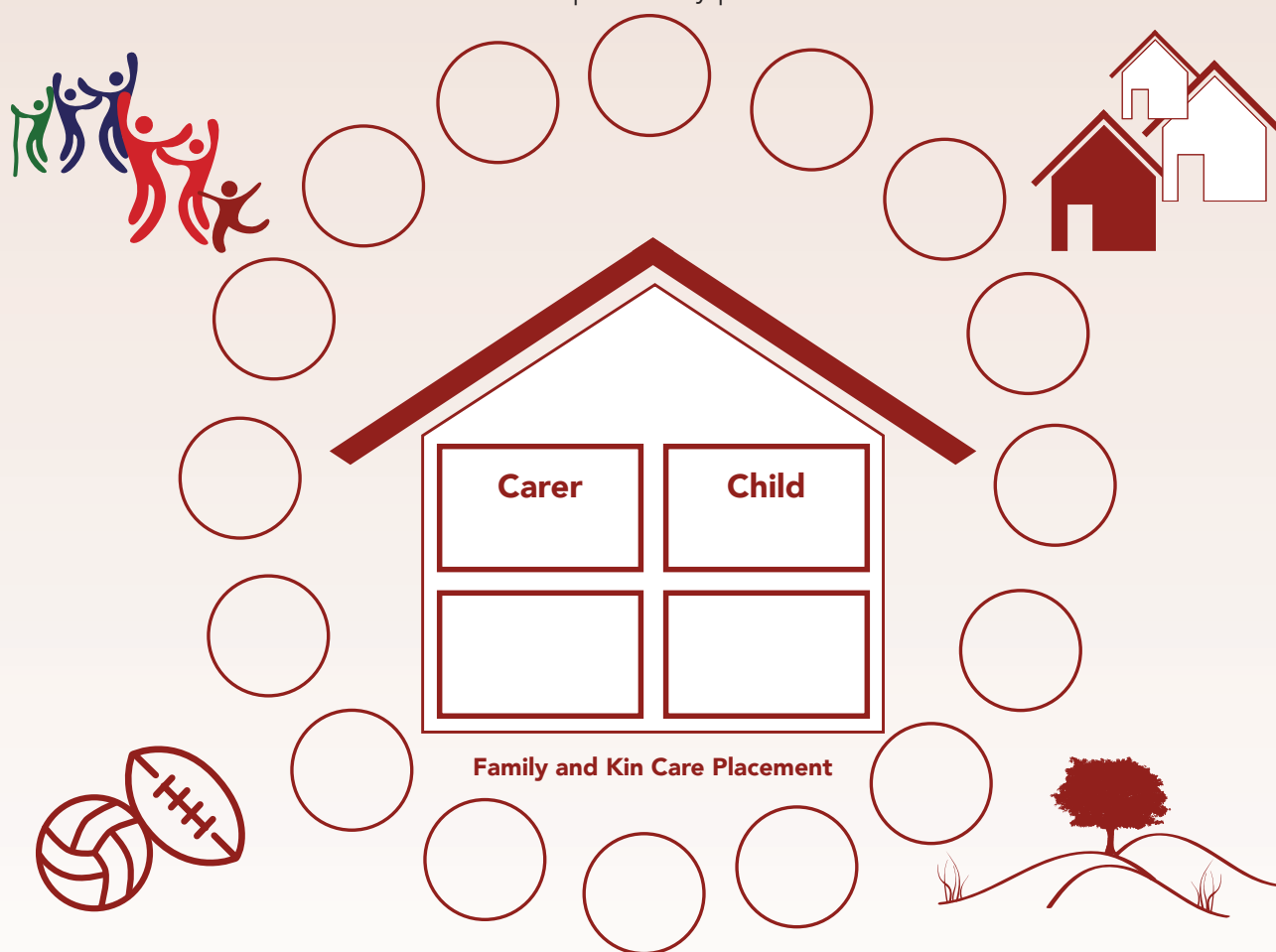
3.b Eco-Map Examples

Eco-maps are a tool which can be used to visually represent the different supports around the child, the carer and the placement. They can be completed collaboratively with children, carers and ACCO staff and can help drive conversations around not only what support is available but how strong the connection is between the child/carers and these supports. There are many different types of eco-maps and the below are just three examples which could be utilised by ACCOs when working with children, carers and families.

Eco Map Example 1 – Supports around the placement

Working together with the carer and the child, write down the names of people, activities or locations in the circles below which support the family and kin care placement to be successful and stable. Some examples could include school, ceremonial activities, hobbies, pets, or specific family members and friends.

Once these are inserted, with reference to the key below, sketch the appropriate style arrow to show how strong the connection is between the outer circles and the carer or the child. This will help indicate which supports may need further developing. You may also wish to highlight connections which the carer or child feel are stressful or potentially problematic.

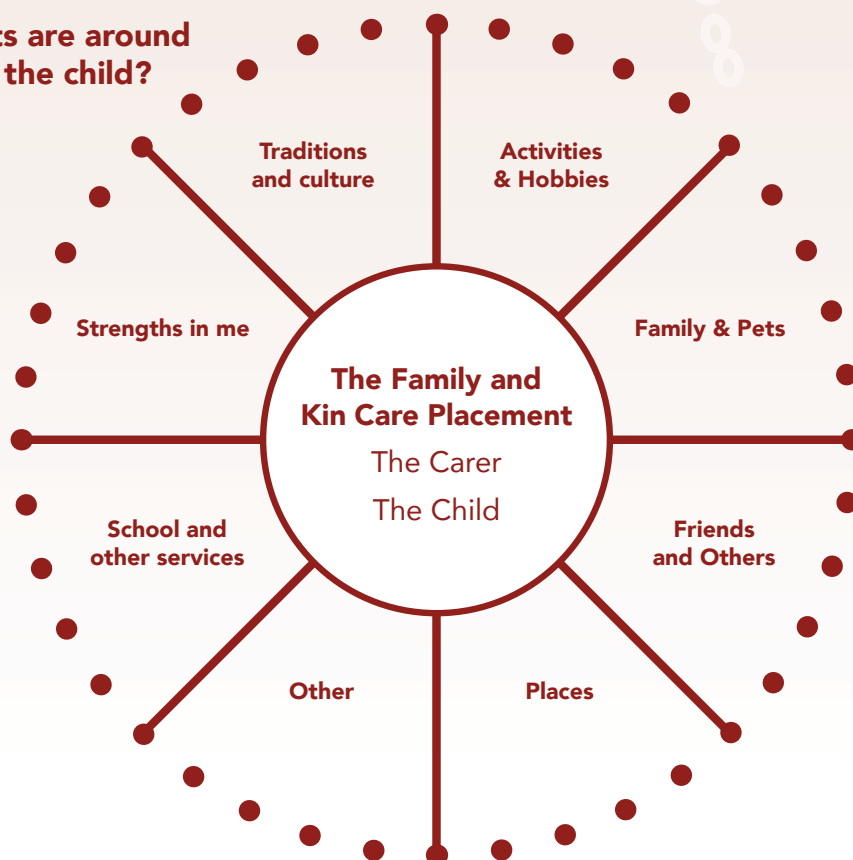


Eco Map Example 2 – Supports around the carer and the child



Eco Map Example 3 – Supports around the carer and the child

What supports are around the carer and the child?



3.c Suggested Assessment Tools

During consultation and research three potential assessment tools were identified which could with minimal adaptation be suitable for the assessment of family and kin carers in the Northern Territory. These tools are offered here as suggestions for consideration.

The three tools are:

- Winangay Aboriginal Kinship Carer Assessment tools¹⁶;
- Step by Step Assessment tool¹⁷; and,
- Signs of Safety Framework¹⁸.

The following table provides a description of the tools and outlines their applicability to the Northern Territory including suggestions on how they could be modified to better fit the NT context.

Tool	Description	Description
Winangay Aboriginal Kinship Carer Assessment Tools	<p>Winangay Resources Inc. is a not-for-profit charity who have developed a range of tools, two of which are suitable for the assessment of Aboriginal family and kin carers. One is specific to the assessment of existing carers and the other to new potential carers. Winangay have also developed a suite of other tools including a kin carer review tool and an emergency assessment placement tool. Winangay developed these tools as they saw fundamental issues in the assessment processes being undertaken with family and kin carers across Australia. The development of the carer assessment tools began in 2009 from a ground up approach which was based on an Aboriginal World view and a desire to see a paradigm shift within the Child Protection System, with the ultimate goal of keeping Aboriginal children with family and connected to their culture and community.</p> <p>The family and kin carer assessment tools are culturally appropriate and utilise a narrative based/yarning structure that invites carers to discuss their lived experiences. They are designed to ensure carers and their experiences are respected and work to build a sense of partnership between people. The tools use plain English to ensure the content is accessible for all participants. They avoid jargon and to date Winangay have not had to translate the tool into other languages to support understanding and accessibility. This is attributable to the use of everyday language as well as picture cards which ensure the tools are highly visual in their approach.</p> <p>Both the assessment tools contain interview questions as well as picture cards which allow participants to rate their strengths and concerns. The tools also help highlight any unmet needs that carers may have and draw on third party evidence to understand carer's situation and needs. These processes work to ensure an action plan is developed which functions to support the family according to their needs.</p> <p>These tools are described by their developers and independent experts as culturally appropriate, strengths based and focused on creating an enabling environment in which power is shared. The tools aim to empower Aboriginal communities and ensure better outcomes for Aboriginal children in OOHC.</p> <p>Winangay have also developed a tool to gather children's voices called the 'Kids Say' cards which many practitioners are now using in conjunction with the assessment tools to ensure children's voices are captured and included in the assessment and planning process.</p> <p>Any person or service utilising the tools is required to undergo training, delivered by Winangay, prior to implementation. More information can be found on the Winangay website; http://winangay.com/resources/list-of-resources/</p>	<p>HIGH: The developers of the tools report strength in the tools capacity to be utilised across different locations and language groups. The tools were piloted with families and workers from across 18 different locations including the NT in 2011. It was subsequently rolled out by state governments and various NGOs in South Australia, New South Wales and Queensland and is also being used by NGOs in Western Australia. Feedback from the workers in the pilot trial was reported as positive and only minor amendments were made to the tools based on this feedback.</p> <p>That said, the developers have worked previously with other parties to re-develop the tool specific to their needs and are open to working collaboratively with organisations to modify the tool as required to fit regional and local contexts. There is scope for a collaborative project between TF, Winangay and ACCOs to trial the existing tools and adjust them as required to fit the needs of different communities and locations.</p> <p>There has been interest from Tasmania and Victoria in the tools however no formal action has yet been undertaken to implement the tools in these jurisdictions.</p>

Tool	Description	Description
Step by Step Assessment Tool	<p>The Step by Step Kinship Carer Assessment tool was developed by Louise Mulroney and Jo Roach from the Association of Children's Welfare Agencies in NSW in 2016 with a new edition released in 2017. The tool is designed around assessing carers based on established core competencies which reflect the skills and capabilities required of carers to provide safe care to a child. It is guided by conversation prompts rather than an interview schedule and provides both an assessor manual detailing what the assessor is looking for and a template for documenting their findings. It gives guidance to make clear decisions on carer's capacity to fulfil the kinship carer role. Training and an assessment of the staff's capability using the tool is a pre-requisite to becoming a certified Step by Step Assessor.</p> <p>More information on the Step by Step Tools can be found on the Association of Children's Welfare Agencies website; http://www.acwa.asn.au/resources/step-by-step/</p>	<p>MEDIUM: Training on the Step by Step Assessment for Foster Carers has been previously provided to NT Gov Territory Families Department staff however the developers are unaware if the tool was ever formally used in the field. There have been no formal trials of the Kinship Care Assessment tool undertaken in the NT. Currently the Step by Step Kinship Carer Assessment tool is being used in NSW, SA and Tasmania.</p> <p>According to the designers whilst currently the tool is not in an appropriate format or style to fit the cultural context of the NT, there is scope for a collaborative project between TF, ACWA and ACCOs to redevelop the tool to better suit the needs of Aboriginal family and kin carers in the NT. This could then be trialled and evaluated to ascertain its effectiveness and usability.</p>

Tool	Description	Description
Signs of Safety Framework	<p>The Signs of Safety (SofS) Framework was first developed in Western Australia (WA) during the 1990s and has been adopted variously at times by different jurisdictions within Australia. It is currently utilised as the child protection framework in WA and the NT, as well as Tasmania, and has been adopted widely internationally in the U.K., Europe, U.S.A, Canada and Japan.</p> <p>The SofS framework adopts a questioning rather than expert stance. It is based on three core principles: building working relationships to foster collaboration, thinking critically and fostering a stance of inquiry, and landing grand aspirations in everyday practice. It identifies relationships as at the core of effective practice, believes that practitioners should maintain an inquiring rather than a judgmental approach, and it places family members as central in all decision making processes and planning.</p> <p>One key advantage of a modified Safety of Safety approach is that the assessment process for a potential carer in phase 2 of the model would also produce a safety plan for the placement, which would incorporate a rigorous examination of risk and protective factors from a strength based perspective. Such safety planning would of course be valuable in terms of assessing the viability of the placement, but where the carer is approved it could then also form part of a wider support plan drawn up through FLDM in phase 3 and implemented in phase 4 of the model.</p> <p>The SofS framework recognises the importance of involving children in decision-making and planning through a range of tools and ensures that their voice is heard and recognised. It is flexible and offers a high level of cultural safety and sensitivity, and it breaks down power dynamics between family members and workers through the co-creation of plans.</p> <p>More information on the Signs of Safety Framework can be accessed from; https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf</p>	<p>HIGH: The Signs of Safety Framework has been adopted and is currently being rolled out by TF. TF staff are currently being trained and there is a comprehensive implementation plan.</p> <p>The processes and tools within the Signs of Safety Framework could be readily adapted to function as an assessment tool for staff undertaking the assessment of family and kin carers. The assessment could draw on the three key domains of 'what are we worried about/what's working well/what needs to happen', and Signs of Safety as a framework could be used at phase 3 through FLDM to develop a cogent support plan with the carer team based on the needs/supports that were identified during the primary carer assessment.</p> <p>The lens of the approach would be changed somewhat from one that is focused on safety to one with a wider focus on safety, support, sustainability and success. The central question would become "what do we need to see this child safe, secure and thriving in this placement?". The framework's definition of safety as a 'journey not a product' is useful here and could be readily modified for the area of family and kin care since it recognises the need for ongoing planning and support, and for the family to be central in both.</p> <p>Discussions with the Framework's developers confirm there is scope for a collaborative piece of work between the Signs of Safety team, TF and ACCOs in the NT to create a carer assessment tool informed by the Framework. There is potential to develop a carer assessment tool which helps draw on the strengths and knowledge of the child's surrounding network, supports dynamic re-unification efforts and works to generate a robust safety plan for children in family and kin care placements.</p>

3.d Care Plan Inclusions

As part of this model it is recommended that the current My Care Plan Template be reviewed and modified to ensure that all of the following are adequately addressed as part of a child's care plan:

- The child's care and support needs
- The child's life story
- The child's cultural support plan
- Behaviour management information
- The carer's support needs
- The family care team's support needs
- The responsibilities of the family care team
- Responsibilities of other services, organisations and groups
- Re-unification plan
- Family contact arrangements
- Transition plan if required

Care plans should not only detail the support needs of the child but also the support needs of the carer and the family care team and should document a clear plan of support which works holistically to ensure placement stability is maintained.

An example placement support plan is detailed below which could be incorporated into a child's care plan. This template could also be used by ACCOs who are assisting to develop these plans and then shared with children, their carers, family and case managers.

Sample placement support plan for incorporation into a child's care plan.

Date: Child: Carer:					Review Date:		Further actions needed
	Type of support	How often	By who	How will this happen	Is this happening/Did it happen?	Is this helping / Did it help?	
	Respite care	Every weekend	Aunty Dawn	Tim will go to Aunty Dawn's house, down the road, every weekend to stay	Yes	Yes – it gives Mary a break from caring on the weekends	None; Ongoing
	Social support and ongoing training – through on community support group	Quarterly	ACCO local kinship worker	Run every second Wednesday in the park behind the school	Yes the community support group is running	Mary finds the content on trauma too 'technical' and difficult to see relevance to Tim	Will feedback to Family and Kin Care Team Leader to review trauma training content
	Help getting Tim to school	Every weekday	Tim's teacher Bernard	Bernard will come past the house each morning and walk with Tim to school Mon-Fri	Not happening –Bernard is only turning up occasionally	Not really as the help is unreliable	Will follow up with Bernard to investigate and follow up
	Trauma training for primary carer	2x – between the 20th April and 6th May	ACCO therapeutic specialist	Gina will drop in to see Mary when she is in community and provide training around trauma. Together they will work out ways to support Tim at home.	Yes	Yes	None; Mary reported these sessions were very helpful and is implementing the strategies
	Trauma training for respite carer	1x on 6th May	ACCO therapeutic specialist	Gina will drop in to see Aunty Dawn on the 6th May to provide her with an overview of trauma related behaviours and management strategies.	No	N/A did not happen as Aunty Dawn was in another community on this day	Have rescheduled session for 10th July

3.e Possible Training Topics for Carers

During consultation several areas were identified by carers as areas for training and development to build their skill levels. These included:

- A general orientation to the NT Child Protection System including relevant processes related to family and kin care;
- Culturally competent trauma training;
- What services and help are available to carers;
- Self-care strategies;
- Nutritional education;
- Children's health; and,
- Managing difficult behaviours

The literature review together with the expertise of our team indicates further areas for consideration could include:

- Parenting; information, strategies and support;
- Budgeting and financial management; and,
- Healthy living; information and strategies.

Many of these areas are included in the Territory Families induction training package for carers, however as time progresses and children in family and kin care grow and develop, vigilance is important to ensure that the carer's skills and capacity also develop to meet changing needs. Suggestions during consultation for further training and development of carers included:

- How to apply child-health related information specific to the child's age and developmental status to care plans;
- Ongoing behaviour management support;
- Updates on changes to the child protection system;
- Updates on changes and information about the services in their community; and
- Further information identified by carers relating to providing safe and stable care.

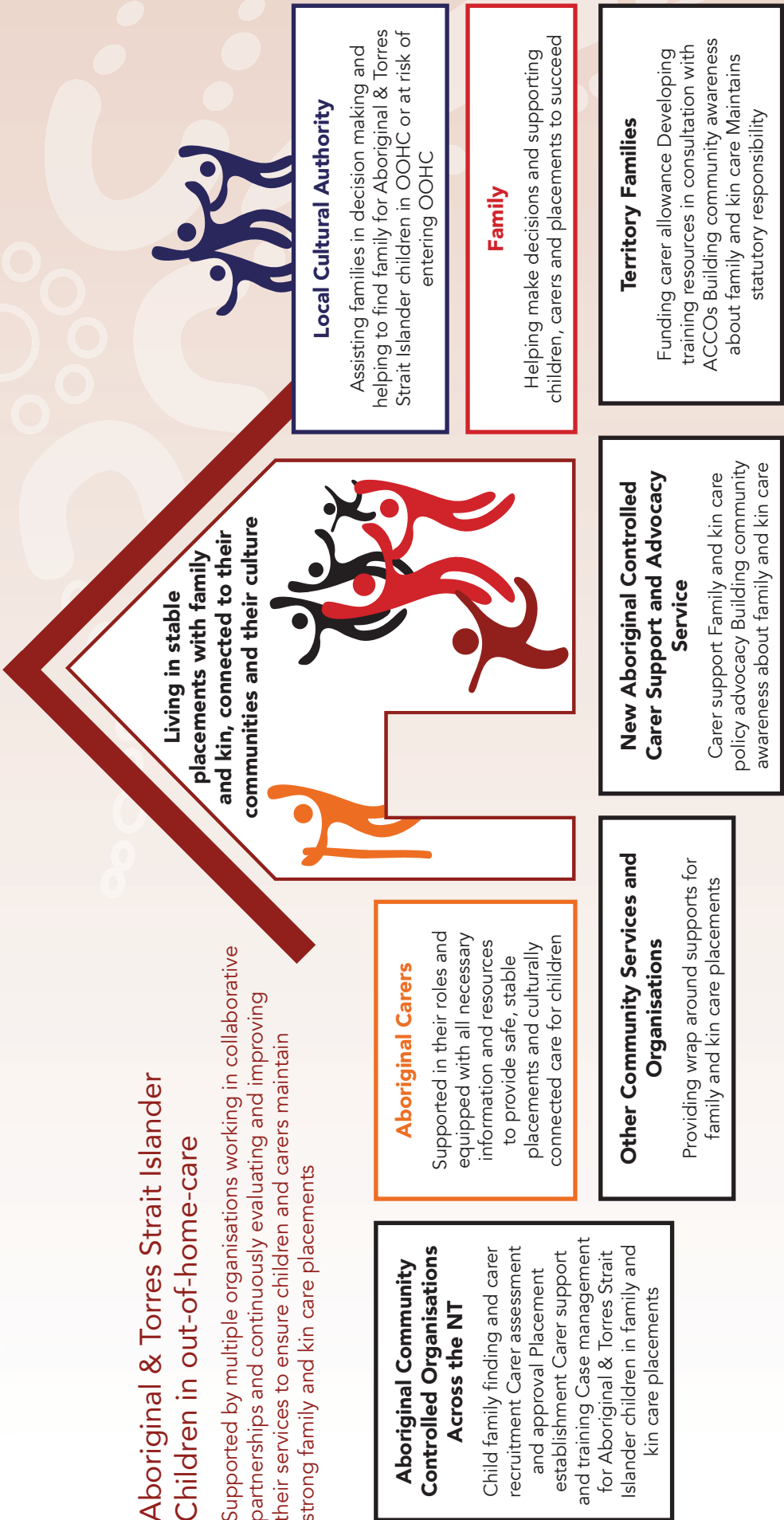
3f. Support Checklist Example

The support checklist is not necessarily intended to be used as a question and answer interview tool but rather as a prompt for ACCO staff to ensure that, through conversation and proper assessment, the following points have been considered. This is one process which can help inform the development of a placement support plan as part of the overall care plan.

Support Checklist	Yes	No	Action Needed to Support Carer
Does the child, carer and family understand what a care and cultural support plan is and have they had input in its development			
Does the carer understand the Family Group Conference process			
Does the carer want and have access to the child's care plan and cultural support plan			
Does the carer want and have access to the child's family map and life history			
Does the carer understand the needs of the child, including any medical conditions, behaviours and disabilities, and do they require any further information			
Does the carer allowance cover the costs of the child			
Does the carer know how to access the carer allowance			
Is the carer's house suitable to provide safe care to the child			
Does the carer need assistance with any of the following:			
Preparing healthy meals			
Purchasing or sourcing material items for placement			
Practical parenting support			
Managing their finances and budgeting			
Managing family dynamics and contact			
Managing the child's behaviour			
Understanding the impact of trauma on behaviour and strategies to implement in the home			
Does the carer have a copy of, and understand the content of, the carer's handbook			
Does the carer know of the other services available and understand information re: eligibility and access			
Does the carer have a copy of, and understand the content of, the community services directory			
Does the carer have a basic understanding of the child protection system and processes as they relate to their family and kin care placement			
Is the carer linked into any other services or support groups – if not, is there scope to connect them further			
Does the carer need additional support on account of also caring for other children			
Does the carer need support managing their health			
Does a referral need to be made to Territory Families FACES			
Has the carer been linked into the new Aboriginal controlled Family and Kin Carer Support and Advocacy service			

Appendix 4 – Roles and responsibilities

The proposed model requires a high degree of collaboration between different parties to ensure that Aboriginal children in out-of-home care are placed with family and kin, and that these placements are safe, stable and well supported. The diagram below outlines the expected roles and responsibilities of the different key parties. While it is acknowledged that many of the roles outlined will be subject to a period of transition, the purpose of the diagram is to provide a high level snapshot of who will be responsible for what actions by the end of the model's implementation stages.



Increased self-determination and community control through:

More ACCO delivered family and kin care services / Better community, family and child engagement / Stronger family led decision-making processes / More flexible and place-based services / Developing the local Aboriginal workforce

Appendix 5: Summary of the model's recommendations

Recommendations associated with the model's design

Phases of the Model	Specific recommendations associated with each phase of the model
Phase 1: A child is at risk of entering or has entered OOHC	<ul style="list-style-type: none"> • Referral forms are co-designed by Territory Families and ACCOs. • Information sharing protocols and agreements should be agreed upon between ACCOs and referring agencies, including Territory Families. Requirements around appropriate information sharing between ACCOs should be stipulated as part of contractual agreements. • New referral pathways be established allowing for parallel planning and an early intervention approach to family finding and identification of potential carers. • Referrals are screened and accepted by ACCOs who develop their own intake processes and method for prioritisation of cases. • Early engagement occurs with families prior to the point of removal with parental consent to identify possible placement options if required, including for instances of emergency and respite care. • Early family mapping and identification of potential carers draw on Family Led Decision Making processes to ensure placements are 'best fit' rather than driven by crisis responses. • ACCO employment of Aboriginal family and kin care workers occur to facilitate family finding. • Family mapping tools and processes are co-designed by Territory Families and ACCOs. • Families and children drive decisions around who is suitable to provide care for a child and have a central role in identifying potential family and kin carers. • Suitable family led decision making processes (including family group conferencing if appropriate) be utilised as early as possible and prior to removal of children where possible. • Local cultural authorities are used in cases where family cannot be located to inform decision making and help find suitable placements for children in line with the ATSICPP

Recommendations associated with the model's design

Phases of the Model	Specific recommendations associated with each phase of the model
Phase 2: Potential family and kin carers are assessed for a Child	<ul style="list-style-type: none"> • Gradual transition of delivery of carer assessment processes to ACCOs to occur over a five year period. • ACCOs are funded to undertake assessment of carers and operate to: <ul style="list-style-type: none"> • Employ community-based senior family and kin carer workers to drive the assessment process and build the capacity of other ACCO family and kin care staff; • Undertake culturally safe assessment through a collaborative approach with children, families and communities; • Assess family and kin carers using relational, flexible and yarning based methods, incorporating a modified 'Signs of Safety' approach with the assistance of interpreters and/or family and kin care workers; • Assess multiple family members to enable more respite and emergency placements options, or longer-term placements if required, and reduce the need for crisis driven decision-making when placements are required at short notice; and. • Provide relevant cultural and practical education and training for staff to ensure any staff undertaking assessments are suitably skilled and competent and understand the broader political, historical, cultural and social context of the NT. • Caveats are negotiated between the Police and ACCOs which allow for preliminary screening checks to be fast-tracked. • A new culturally appropriate assessment tool specific for the NT context be developed jointly by Territory Families and ACCOs. • A change to Territory Families policy occur, enabling medical assessments which are undertaken as part of the preliminary checks, an extended 3 month window for completion. • Training resources be produced by Territory Families in consultation with ACCOs to support Phase 2 processes. • A gradual transition over five years occurs to allow ACCOs to undertake carer approval and authorisation.

Recommendations associated with the model's design

Phases of the Model	Specific recommendations associated with each phase of the model
Phase 3: A placement is set up to succeed	<ul style="list-style-type: none"> • ACCOs are funded to help establish placements and operate to: <ul style="list-style-type: none"> • Develop cogent care plans including placement support plans in collaboration with case managers; • Establish family care teams through a family led decision making processes (with use of a family group conference if required) in which family members have clear responsibilities in supporting the placement; • Provide advice, advocacy and practical assistance for carers to access any payments they are eligible for including the carer allowance and additional available commonwealth funded benefits (including advocating for additional start-up funding from Territory Families dependent on placement needs); • Provide intensive support early in the placement including face-to-face support for carers to diagnose and respond to any developing issues early; • Provide family and kin carers with all necessary child and placement related information in collaboration with Territory Families; and, • Provide budgeting and financial management assistance to family and kin carers where requested or required. • A change to Territory Families policy occur to ensure ACCO family and kin care staff work alongside families, carers, children and case managers to engage in cultural support planning, placement planning, and transition and care planning. • The current My Care Template is redesigned to include a section for a placement support plan. • Where age appropriate, children to be involved in the development of their care plans. The My Care Plan is endorsed prior to implementation by both ACCO and child. • Territory Families remains responsible for carer allowance payments and the initial set-up payment. • ACCOs gradually, and with support from Territory Families, transition to undertaking the complexity of children's needs assessments over a 5 year period. • A new Aboriginal controlled Family and Kin Carer Support and Advocacy service be made available, which can provide support to carers to understand allowances and eligibility for allowances where requested or required as part of a broader service delivery role. • Territory Families support staff secondments to help build ACCO's capacity to undertake assessments, document safety planning and to share departmental information.

Recommendations associated with the model's design

Phases of the Model	Specific recommendations associated with each phase of the model
Phase 4: The placement thrives and children remain in contact with their families, communities and culture	<ul style="list-style-type: none"> • Regular inter-agency meetings occur to discuss placements and ensure holistic support is being provided to family and kin carers and children. <ul style="list-style-type: none"> • Flexible, accessible and relevant training for family • and kin carers be provided including location based • training in their homes using resources developed by • TF in consultation with ACCOs. • ACCOs are funded to support carers and operate to: <ul style="list-style-type: none"> • Support family care teams; • Support local Aboriginal family and kin care workers to provide face-to-face support for carers which is tapered overtime dependent on carer's needs; • Run regular support groups on community for family and kin carers – structured and formatted based on the needs of carers and open to both formal and informal carers; and, • Disseminate information for carers, including but not limited to: upcoming training events, useful resources, information on carer's networks and information on available supports. • Territory Families continue to fund appropriate organisations to maintain a comprehensive service directory which organisations, carers and children can utilise. The directory should be available both electronically and in print copy and distributed regularly, and with each updated version's release, by family and kin care staff. • Consultation by appropriate organisations occurs with ACCOs to review and modify the service directory to increase accessibility for Aboriginal carers and children. • A gradual transition occurs over five years to allow ACCOs to take over case management of children in family and kin care with ACCOs: <ul style="list-style-type: none"> • Ensuring regular family contact; • Working with children, families, local and regional family and kin care workers to better understand family networks and ensure children remain connected to family and friends; • Working as part of a team alongside children, family, communities, family and kin care staff, and therapeutic specialists to ensure children, carers and placements are holistically understood and responded to through an ongoing integrated approach; • Supporting the needs of children in care and ensuring services are wrapped around placements to create safety and stability for children; and • Facilitating meetings with carers and children which are co-attended by case managers and family and kin care support staff.

Recommendations associated with the model's implementation

- Territory Families support the transfer of the process of providing family and kin care services from Territory Families to ACCOs over a five year period in a way that ensures coverage of the service across the whole of the NT while providing maximum delivery flexibility in response to the geographical and population diversity of the NT.
 - Territory Families support implementation of the new family and kin care model based on facilitating service provision to centres of greatest population density (hubs) as well as smaller population centres (spokes) while simultaneously accommodating purchaser-provider and collaborative approaches and developing the capacity of ACCOs ideally to deliver all four phases of family and kin care services described in the model.
 - Territory Families follow the 10 step guide and timelines presented to implement the family and kin care model to build the capacity of ACCOs across the NT to deliver family and kin care services across all four phases of service delivery.
 - Territory Families fund implementation of the model over a five year period.
 - Territory Families assist with the formation of a new Aboriginal controlled Family and Kin Carer Support and Advocacy Service which operates to:
 - Provide advocacy and advice for carers;
 - Disseminate relevant information for carers;
 - Develop relevant resources including apps and online resources in consultation with ACCOs;
 - Provide ongoing guidance in partnership with Territory Families on the development of policy and process affecting Aboriginal family and kin carers and children in family and kin care placements; and,
 - Listen and respond to the voices of children, families, carers and ACCOs and feed this through to Government to influence policy direction.
 - Territory Families improve the current data and information sharing processes to assist all phases of service delivery. Consideration should be given to family and kin carers and children being able to access and input to the new TF 'CARE' database that is being currently developed – both as a way to directly contact case workers and raise needs/concerns but also as a way to provide feedback and recommendations to TF on processes and policies. Further consideration should be given to system access to relevant data pertaining to the child and/or placement. The system should also allow ACCOs to share information with each other.
 - Information sharing processes are streamlined to ensure confidentiality and consistent application by all parties.
 - Territory Families provide induction training for ACCOs commencing family and kin care service delivery.
 - Territory Families working with ACCOs co-design comprehensive training materials for family and kin care staff, noting that overtime as family and kin care service delivery transfer to ACCOs training will be delivered more regionally by ACCOs.
 - Territory Families fund ACCOs to employ therapeutic specialists who:
 - Assist children's case managers to complete children's complexity of needs assessment where requested;
 - Provide specialist knowledge and input into care plans and transition planning;
 - Support and up skill the family and kin care team to ensure a trauma informed lens is applied to service delivery and therapeutic strategies embedded into practice;
 - Provide ongoing case support and work in close proximity to case managers; and
 - Assist in identifying additional supports required, including NDIS, and make the appropriate referrals.
 - The new Aboriginal controlled Family and Kin Carer Support and Advocacy Service to coordinate an annual "family caring for family week" to celebrate family and kin carers and provide opportunities to acknowledge their valued role.
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Recommendations associated with the model's implementation

- Territory Families continue to conduct an Excellence Awards night for family and kin carers during Family caring for Families Week.
 - Territory Families work to extend the Quality Assurance Framework to include providers delivering family and kin care services.
 - Territory Families with ACCOs ensure culturally sensitive feedback mechanisms are built into service delivery to ensure the voices of children, carers, family, local cultural authority and staff are gathered.
 - The new Aboriginal controlled Family and Kin Carer Support and Advocacy Service develop an online family finding register, which children and families can confidentially access.
 - Territory Families co-develop Family Led Decision Making guidelines and tools including a modified version of the Signs of Safety framework and family group conferencing for the NT, and trial these at a key site.
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Recommendations associated with 'light bulb' innovations

- The term 'Family Day Care' is redefined to a term that does not include family, as this placement type does not involve family members in the provision of the care of the child.
 - Both ACCOs and local cultural authorities be recognised under s293C of 'the Act' as 'Authorised Information Sharers' in order to be able to share and discuss information about a child or family members related to the safety and wellbeing of that child.
 - A MoU is developed between all providers, Territory Families and the Department of Housing and Community Development to ensure timely responses to the housing needs of existing carers, and to address housing issues for potential carers where this is the only remaining barrier to placement approval.
 - The Signs of Safety framework be adapted for use in assessment and support planning to create a culturally safe approach to enable families and potential carers to discuss barriers, strengths and the achievement of tasks and goals, and ensure that they are central to decision making processes around safety planning for the placement.
 - Territory Families fund a new Aboriginal controlled Family and Kin Carer Support and Advocacy Service to specifically cater to the needs of Aboriginal and Torres Strait Islander carers.
 - The NT Government extend the leaving care age from 18 until 21 years for those who wish to stay in family and kin care placements and have agreement from their carer to do so or who wish to remain in a supported care environment and cannot remain in the care placement past 18 years of age. Territory Families should provide support for young people aged 21 years to 25 years of age to assist them in transitioning towards independence.
 - Delegation of "authorisation" of carers' transitions to ACCOs as their capacity is built, to increase self-determination and community control of decision making processes around placement and approval. The overall guardianship of the child will remain with Territory Families.
 - ACCOs should be supported by both the NT and Federal Government to build their capacity to undertake assessment of family and kin carers.
 - Delegation of responsibility for decisions related to the day to day care of the child is reviewed. This review should ensure that such decisions are delegated wherever possible to the primary family and kin carer and wider family care team rather than Territory Families, placing them central to decision making processes around care.
 - Consideration be given to legislative changes to the 'Care and Protection of Children Act 2007 (NT)', to ensure that all matters related to the assigning of an Aboriginal child into a family and kin care placement be deemed in their 'best interests'.
 - Relevant MOUs and corresponding interstate protocols are developed between the NT and South Australian, Western Australian, Queensland Governments to ensure high level and expedient collaboration between each jurisdiction in relation to cross border placements. Protocols should include timeframes around interstate checks and assessments. Consideration should be given to the formation of a tri-state carer register.
 - The NT Government seeks bipartisan support for the implementation of this model given that it prioritises the safety and wellbeing of Aboriginal children and upholds their best interests in line with the ATSI CPP through connection to family and kin, language and culture.
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