



COMMISSIONER FOR
ABORIGINAL CHILDREN
& YOUNG PEOPLE

TRANSCRIPT OF PROCEEDINGS

April Lawrie, Commissioner for Aboriginal Children and Young People

Denise Rieniets, Counsel Assisting

Hearing for the Inquiry into the application of the Aboriginal and Torres Strait Islander Child Placement Principle in the removal and placement of Aboriginal children in South Australia

Monday, 20 November 2023 at 12:30PM

Department of Human Services, South Australia

Witnesses:

- **Katherine Hawkins – Executive Director, Inclusion and Reform, Department of Human Services**
- **Kerry Beck – Director, Safer Family Services, Department of Human Services**

Denise Rieniets, Counsel Assisting:

Welcome Katherine and Kerry, thank you for coming today to the Inquiry. I going to ask the Commissioner to do an Acknowledgement of Country for us please.

Commissioner April Lawrie (Chair):

Thank you. Acknowledging that we are holding this meeting on Kurna Country. Pay my respect to Kurna Elders, our Kurna Elders past, present and emerging, but also really importantly to acknowledge our Aboriginal children and young people whose future we want to make better, thank you.

Counsel Assisting:

Thank you. I'm just going to ask you to affirm your evidence before we start, so my associate will guide you through that please.

Carla Ringvall, Assistant to Counsel Assisting:

Okay so I'm going to ask you to repeat after me, just speak into the microphone as well. So I'll start on the right, I solemnly affirm that the evidence I will give.

Katherine Hawkins:

I solemnly affirm that the evidence I will give.

Assistant to Counsel Assisting:

Will be the truth, the whole truth and nothing but the truth.

Katherine Hawkins:

Will be the truth, the whole truth and nothing but the truth.

Assistant to Counsel Assisting:

And if you could please state your full name, your workplace address and your role please.

Katherine Hawkins:

Katherine Sarah Hawkins, I'm with the Department of Human Services as the Executive Director of Inclusion and Reform.

Assistant to Counsel Assisting:

Thank you. And repeat after me please I solemnly affirm that the evidence I will give.

Kerry Beck:

I solemnly affirm that the evidence I will give.

Assistant to Counsel Assisting:

Will be the truth, the whole truth and nothing but the truth.

Kerry Beck:

Will be the truth, the whole truth and nothing but the truth.

Assistant to Counsel Assisting:

Thank you, if you could please state your full name workplace address and role thank you.

Kerry Beck:

Kerry Yvonne Beck, I'm the Director of Safer Family Services in DHS. Do you need my home address?

Assistant to Counsel Assisting:

Workplace.

Kerry Beck:

Workplace address. So Riverside Building, North Terrace.

Assistant to Counsel Assisting:

Thank you.

Kerry Beck:

Thank you.

Counsel Assisting:

Thank you. Katherine and Kerry thank you for coming along today. As you're aware this is the Inquiry into the Aboriginal Placement Child Placement Principles being conducted by Commissioner Lawrie. We've provided you with some questions that we hope that you'd be able to address but we understand that you've prepared an opening statement and welcome you to start with that, thank you.

Katherine Hawkins:

Thank you and I also acknowledge that today we're on Kurna land and our ongoing and intentional desire to do things better and differently for the Child and Family Support System, children and families, here in South Australia. Thank you for letting me read an opening statement, I think it might just help frame what we've been working towards in the Child and Family Support System over recent years. The vision for the DHS Child and Family Support System, is for children to be safe and well in their families, community and culture, and its family preservation programs work to support families to care safely for their children and reduce the need for their children to be placed in care. Child and Family Support System services sit between universal and tertiary services, although we acknowledge that in real life these things are not experienced as individual silos but to explain how we've designed a system as a spectrum that spans from Intensive Family Services providing case management and therapeutic interventions for families with children at higher risk, through to services providing earlier support for families at lower risk. I'll come back to the service design in a moment. Aboriginal families are a priority group for CFSS, we know that the trauma that is collectively experienced by Aboriginal peoples due to the catastrophic impact of colonisation, racism and subsequent policies is passed down from generation to generation. Responding to intergenerational trauma must be central to CFSS if we want healing and change for future generations. CFSS Services work within culturally safe trauma responsive frameworks, this is a deliberate systemic approach across the service system. Family and culture are seen as sources of strength and protection, we have created with our sector partners a number of resource materials for practitioners and service providers to build capability in these areas and recognise this is not a one-off exercise. DHS has committed to the Aboriginal system design criteria, developed during the CFSS co-design process, to create a system where Aboriginal children are front and centre and its family focused which reflects Aboriginal cultural strengths, Aboriginal people's right to self-determination and the truth of our shared histories, the hurts, the strengths and the healing. Further the Aboriginal co-design principles provide direction for everything that we do in CFSS. These principles give status to diverse voices, knowledge, experiences, skills and perspectives and acknowledge intergenerational complex traumas, hope and strength. The Aboriginal co-design principles also establish how Aboriginal people will be supported by co-design allies, which commit allies to support self-determination by Aboriginal people in true partnership, to deeply listen, learn and seek guidance and direction on right protocol and ways of working, to commit to self-reflection, build cultural fitness and responsiveness, practice cultural humility and respect, work with Aboriginal people to translate their vision into systemic design and challenge the barriers to this, including systemic racism and individual and organisational white privilege. In terms of the Child and Family Support System, or CFSS specifically, the core elements of CFSS include co-design of a three tiered

system of family support, that includes the commissioning of services from the NGO and ACCO sectors. The co-design process, which I'll provide further evidence on later in this session, for the new CFSS involved about a thousand service users of diverse backgrounds including cultural leaders. A data capture for a learning system for improved understanding of the complex needs of vulnerable children and families is central. Data also contributes to continued practice improvements and supports better decision making. And when I say data I mean more than statistics, although they are important and powerful, but critically the data also captured by lived experience and practitioner wisdom. Thirdly, reflective practice where families are at the centre and play a strong role to guiding our practice and in designing our services and systems. CFSS priorities and actions are set out in the road map for reforming the Child and Family Support System and the centrefold of the road map depicts how all areas are underpinned by a healing approach, which is core to the whole system's design, an approach that combines Aboriginal co-design principles, as I mentioned, as well as trauma responsive system principles. DHS has a dual role in the direct delivery of family support services through Safer Family Services team headed by Kerry Beck as well as a number of non-government organisations and ACCOs. DHS is committed to and is providing 30% of all our external funding to ACCO providers, this is part of the Department's commitment to support Aboriginal self-determination and aligns with Closing the Gap priorities such as the growth of the ACCO sector. There are three tiers of family preservation programs within CFSS and these have varying degrees of intensity. Tier 1 as you can see on that handout, are the out-of-home care prevention programs and intergenerational.

Counsel Assisting:

Sorry can I just interrupt there, just for the transcript I just want to say that you've tendered a document that's headed Child and Family Support System - CFSS Overview that sets out what the tiers are and that's what you're referring to in your evidence.

Katherine Hawkins:

Yes, thank you. Tier 1 Out-of-home care prevention programs and intergenerational impact focus, which focuses on families at imminent risk of having their children placed in care and populations with elevated risk of entering the tertiary child protection system. Tier 2 Intensive family services provide a very high level of case management, therapeutic intervention and practical support to assist families to improve family functioning where there are high level safety concerns, services are evidence informed and required to work within culturally safe and trauma responsive frameworks. The third tier Strong Family Strong Communities program assists families with medium to lower level risk concerns, including families who may benefit from step down services from intensive services, and does include a self-referral pathway. At present all Tier 1, Tier 2 and Tier 3 external service contracts as I mentioned 30% of that funding is going to ACCO providers across those three tiers, We're also committed to the requirements under the national agreement towards ongoing financial reprioritisation and reallocation to ACCOs in partnership over coming years with SAACCON. We are also aware that we've only just begun this journey together as a sector, CFSS is still quite new having technically been implemented only a few years ago. We have strengthened the cohesiveness and consistency of the child and family support sector especially in the ways of trauma responsiveness cultural competence and accountability but there is more to do. Thank you.

Counsel Assisting:

Thank you. In terms of the organisation, which is what most of our questions are directed about, I'll just start, we'll work through those questions that were provided to you, if that's alright with you. In the conduct of the hear hearings we've received feedback from the Department of Human Services staff during the workshops, that there are significant benefits of having Aboriginal practitioners working within the sector, however the feedback indicates there's not enough Aboriginal practitioners or staff, including and particularly in leadership roles, within the sector. What are the barriers to increasing employment of Aboriginal practitioners and what measures would you propose to remedy those barriers.

Katherine Hawkins:

Thank you. We do as a Department, DHS has an Aboriginal Workforce Strategy which has been in place for a few years and comes to an end this year. Our intention is to do a new one next year and we will engage in consultation especially with our own workforce about ways in which we can attract retain skilled workers across all levels. In terms of the that broader piece and community services in general we know that there are chronic workforce shortages across all areas and it's an incredibly tight labour market, incredibly competitive, and that is absolutely the case as well for Aboriginal workforce, with a huge amount of competition to attract talent in every in every part of the business. We understand that some of the barriers, apart from that one just in terms of the sheer competitiveness and workforce shortages, can also be that working in this sector, in particular, of the the sort of broader child child protection and family support sector, is not attractive to everybody. It does take a particular type of passion and interest and and also to dispel some myths perhaps about what the sector is doing. So we have worked very hard over the last couple of years to also promote who we are and what we stand for to attract people to work for our organisation. Some of the other barriers in the past have been dealt with with things such as the Office of the Commissioner for Public Sector Employment exemption to enable Aboriginal people with cultural expertise to enter the AHP stream of classification without formal qualifications and also expansion of employment pathways including AHP1 Level positions. But we also recognise that part of attracting Aboriginal people, like and any other person to work for an organisation, is that there are clear career pathways as well for people to progress in their career and so we have also recently secured funding for a range of cultural leadership positions as well in particular in Safer Family Services so that there is that career progression pathway.

Commissioner Lawrie:

So has that exemption been obtained?

Katherine Hawkins:

Yes.

Kerry Beck:

Yep that's been in place since 2017 I believe. And so yeah in Safer Family Services, we employ Aboriginal staff across the board without formal qualifications but with cultural expertise to provide both case management and cultural consultative positions.

Counsel Assisting:

How many practitioners have you got working within that sphere?

Kerry Beck:

Oh I might have to take that on notice, but it is a considerable amount. We have about 30 Aboriginal staff across Safer Family Services, some of them do have formal qualifications though, so I'd have to get an exact number that are affected by the exemption.

Counsel Assisting:

Thank you.

Commissioner Lawrie:

With the contracts with the NGOs and in the commissioning aspect of the work, is that an expectation of those ACCOs or NGOs that they too can have the exemption with the way in which they attract, you know, Aboriginal employees?

Katherine Hawkins:

I think that exemption specifically applies for public sector classifications at the AHP level. Different non-government organisations and ACCOs do recruit to different types of positions, so for some of them they will have positions that are specific to those that require formal qualifications, however I also know that they're employing a number of people across the Child and Family Support System that don't have formal qualifications but have other as such you know cultural expertise or other skills.

Commissioner Lawrie:

The reason I asked that question, I'm seeking from you whether your contracts stipulate a particular qualification required of those funded positions.

Katherine Hawkins:

I don't believe so.

Commissioner Lawrie:

Don't believe so. Thank you.

Counsel Assisting:

So the next question we have is that from your non-Aboriginal staff what cultural competency training do they receive within the organisation and how is that delivered? Is it a workshop, training days, community engagement or is it simply that they're expected to self-educate and read specific documents to fulfil the the requirement for cultural competency?

Katherine Hawkins:

Again there's different layers. So we do have the DHS Aboriginal Cultural Footprint Training Framework and so that applies to all employees within the Department of Human Services. So if we just sort of with that one there which was developed by Tilly Coulthard when she was our Aboriginal Workforce Consultant and that has four steps in the training framework in recognition that again this is not just a once-off exercise. So step one, which is mandatory for all DHS employees, is an online training module called Aboriginal Cultural Awareness Training. Step two, which is a requirement for all frontline staff who are working directly with Aboriginal communities and also many in policy and strategy roles where their work has an impact on Aboriginal communities, it's called an impact program and that goes more into the history of colonisation, systemic racism and the experience of Aboriginal people here in South Australia. The third step is a cultural appreciation workshop, which is

actually internally facilitated by DHS Aboriginal staff and goes more into the strength and protective and cultural protocols that that exist from that the one that I did from that individual's perspective and sharing their family experience. Step four has yet to be formally developed but that's probably a focus next year for the new DHS Aboriginal Workforce Strategy and conceptually step four is about an individual person within their particular role and where they're at in their professional life, taking some greater accountability for what that next piece of cultural learning needs to be, so that might look different for different people in different roles. In terms of the Child and Family Support System, and that includes Safer Family Services staff as well as all our NGOs and ACCOs, we fund a number of Aboriginal community controlled organisations to deliver Yaitya Mingkamingka Purruapiinhi Indigenous trauma healing training, which is a requirement and is embedded in our contracts with all our non-government organisations that they are required to complete that at 100%, so that all intensive family service providers are required to do that training with those ACCOs. That is a face-to-face training program which aims to stimulate self-development and self-reflection around culture and trauma and a personal cultural development plan is developed for each individual person as part of the workshop, which includes ongoing areas of learning for them. Safer Family Services leaders are also required to do Tracy Westerman training, cultural competency for supervisors of Aboriginal people, and we're very excited that just recently we have developed an e-learning module on the Aboriginal and Torres Strait Islander Child Placement Principle, which is also now part of Safer Family Services induction, so that's rolling out across Safer Family Services staff and will also be available to all our NGOs and ACCOs.

Commissioner Lawrie:

As in the five elements of the...

Katherine Hawkins:

Yes.

Kerry Beck:

Yep.

Commissioner Lawrie:

Wider policy.

Katherine Hawkins:

To the standard of active efforts and what does that look like. In terms of other things that support competency and things on an ongoing basis, as I mentioned before, we're also recruiting, our intention is to recruit a number of cultural leadership positions across Safer Family Services and those roles will have a core role in each of the regions across the state in also providing cultural advice and cultural knowledge for all our staff in Safer Family Services.

Counsel Assisting:

And who has determined what the the requirements for those leadership roles will be?

Katherine Hawkins:

Well we haven't rolled them out and recruited to them yet, but we have been taking advice from our Aboriginal staff about what the functions of those roles should look like. Did you want to?

Kerry Beck:

We have appointed an AHP5 Manager of Aboriginal Service Development who's leading a project around implementing cultural governance across all of our services. So she's just recently recruited a Aboriginal Cultural Consultant for every region and they start in the next few weeks and then the next phase of that will be to get Aboriginal Cultural Practice Leads for every region as well.

Counsel Assisting:

Is that person that you've appointed is is she Aboriginal?

Kerry Beck:

Yes, she's Aboriginal and she's appointed to that AHP5 position under the exemption.

Counsel Assisting:

Right.

Commissioner Lawrie:

How many regions do you have?

Kerry Beck:

As of January 1, we'll go live with our fourth.

Counsel Assisting:

So what are they?

Kerry Beck:

The regions?

Counsel Assisting:

The regions.

Kerry Beck:

They are Outer North, Inner North, Central and South.

Commissioner Lawrie:

I noticed no country.

Kerry Beck:

Oh they've all got country regions attached to them.

Commissioner Lawrie:

Oh so metro with a country outlook.

Kerry Beck:

So the Far West is attached to Central, the Limestone Coast and Mount Barker, Murray is Southern and then out the the Mid North is attached to the Outer North Region.

Commissioner Lawrie:

Yep.

Kerry Beck:

Riverland to Inner North, so they've all got.

Counsel Assisting:

So how many how many of the Aboriginal Cultural Consultants have you appointed?

Kerry Beck:

We've got one who's already working and as of last week, we have offered the other three and they've been accepted.

Counsel Assisting:

Right.

Commissioner Lawrie:

So what what does Central, just to clarify from me, what does Central cover?

Kerry Beck:

Central goes right across the middle so from yeah Burnside sort of inner north-eastern areas right across to your western metropolitan and then over to the far west coast to Lincoln, Ceduna.

Commissioner Lawrie:

Yeah just wanted to navigate what direction was for Central, so Central was.

Kerry Beck:

Right across.

Commissioner Lawrie:

Looking across to the West.

Kerry Beck:

Yeah.

Commissioner Lawrie:

And including APY Lands?

Kerry Beck:

We don't have a footprint on the APY Lands but we are developing a Child and Family Support Network out there, but we don't have funded services.

Counsel Assisting:

So are there any?

Kerry Beck:

There's no funded Intensive Family Services on the APY Lands, no.

Counsel Assisting:

Okay.

Commissioner Lawrie:

Is there a particular reason why there is no delivery of services or funded services for Intensive Family Support Services across the remote areas of the State's far northwest?

Kerry Beck:

I don't have a specific reason, I guess as the system was developing, that was a service that was

delivered through mainly Education and Child Protection coming together on the Lands. Having said that it is extremely difficult obviously to recruit to people on the Lands and so, and fly in fly out is not optimal, but we are trying to think about how we could get a footprint up there and the the Child and Family Safety Network is the first step of that I guess to engage partners to see what is being delivered and what are the gaps and what gaps do we need to fill around this space.

Counsel Assisting:

So is that work being done?

Kerry Beck:

Yeah, the CFSN on the APY goes live in February.

Counsel Assisting:

Right.

Kerry Beck:

Yeah so, we're doing that right now.

Counsel Assisting:

Good, thank you.

Kerry Beck:

And it's also going to cover Coober Pedy.

Counsel Assisting:

So at this stage there's nothing Coober Pedy either?

Kerry Beck:

We do offer some services to Coober Pedy through Safer Family Services, yeah but there hasn't been a Child and Family Safety Network up there.

Counsel Assisting:

Right.

Commissioner Lawrie:

And that'll be from the Central region?

Kerry Beck:

It's it's based out of Whyalla and Port Augusta yeah.

Commissioner Lawrie:

Good, thank you.

Counsel Assisting:

Thank you. In terms of the service provision to Aboriginal families and I think you you've addressed this in your opening statement but I'll just ask you to to reiterate it. The services you're providing are they based on Western models of service and intervention or are they specifically Aboriginal systems?

Katherine Hawkins:

So, as I said in my opening statement, the first step that we undertook in building the new Child and

Family Support System was that extensive co-design approach, which took many months and engaged over a thousand people including people with lived experience of the system and those with cultural authority and leadership who were all part of co-designing what the system should look like and this diagram that's in our the centrefold of the road map really articulates the outcome of that, which was that a healing approach that recognises trauma, especially for those with intergenerational trauma experiences, has to be core and central to what we do. So in the design of the new family support system that model was central and was informed by that approach. As I also mentioned, the the central part of it was also the Aboriginal system design criteria and the co-design principles, so that at every step of the design and and ongoing evaluation and testing of the system that we would be applying those same models.

Counsel Assisting:

So how often is it revised and and reviewed?

Katherine Hawkins:

The Child and Family Support System, well as I said before, it's still quite new so our current contracts with our NGOs and Aboriginal Community controlled organisations are all due to, at this point, end in June 2025 and so we've got a lead up that we'll be starting now really with our providers who are a couple of years in to start asking how are we going, what are we doing, what might be next in the future but we haven't designed a tender approach or a commissioning approach that will follow that yet.

Counsel Assisting:

Right.

Kerry Beck:

As far as the co-design goes, the strategy document ends in 2023. So we're now just starting to engage in a process around how we'll go out with another co-design to redesign the next three to five years of the system.

Counsel Assisting:

Right. Is that problematic having things funded for short periods of time and having to revisit them?

Katherine Hawkins:

I think when a system is new there is some benefit to not having a place so far in the future before you ask yourself the question about whether what you're doing is working or not, but I think you know we we we will need to engage in that consultation process over the next couple of years about whether the shape and function that we've got in place is working for for people.

Counsel Assisting:

Right.

Katherine Hawkins:

So we're two two and a half years in now to Intensive Family Service contracts and are starting to get some of those insights about the things that are working well and the things that we're learning through our data capture that we've set up to actually be able to measure, you know, how many families and what sort of services they're getting and what the outcomes are. If I can just also backtrack to your question before about Aboriginal models of practice, the Intensive Family Support

System, for example, which is that middle tier are fundamentally based on child safety and well-being but also within the context of the range of things that we know sit around what helps families be strong and we're very interested in measuring family strength and protective factors across a whole range of domains, I can provide you with a copy of that tool. But also we have a number of programs for example our Aboriginal Community Controlled Organisations are providing such as Taikurtirna Tirra-apintheta, which is delivered by KWY Aboriginal Corporation, and that was co-designed by KWY with community over four months and is a program specifically for families at imminent risk of children being removed but really focuses much more on cultural strength and healing and trauma and so they were obviously much more fundamental in the design of that service.

Commissioner Lawrie:

So has, so in this model that you've given us where is their focus Tier 3, 2 or 1?

Katherine Hawkins:

Taikurtirna Tirra-apintheta is in Tier 1, but KWY provides services across all three tiers.

Commissioner Lawrie:

Yeah, I'm aware of that. So when did they commence implementing the Tier 1 initiative that you've funded them for?

Katherine Hawkins:

That started approximately two years ago, I'd have to check my notes on the exact date, but it's been about two years.

Commissioner Lawrie:

Do you have any data on the effectiveness of the program in preventing, through services to those families, entry into out-of-home care?

Katherine Hawkins:

My understanding is that they have seen over 30 families in the time that they have been in operation. I can give you more information about exactly how many families they've worked with in the Western suburbs and the final evaluation report hasn't been completed yet but the indications from the evaluations that we've done to date, suggest that over 90% of the families who commence that program are still preserved at the end of their case management time with Taikurtirna Tirra-apintheta, which is a great result.

Commissioner Lawrie:

Thank you. Are we able to get that data?

Katherine Hawkins:

Yes, yeah.

Commissioner Lawrie:

Timeframes.

Katherine Hawkins:

Well we if there's other questions that come out of today, we can package something out for you fairly quickly.

Commissioner Lawrie:

Okay.

Katherine Hawkins:

We've got all that to hand so it shouldn't take more than a week or two.

Commissioner Lawrie:

Thank you.

Katherine Hawkins:

Which question are we up to?

Kerry Beck:

We're still on three.

Katherine Hawkins:

Yeah, you want to talk about the practice framework?

Kerry Beck:

Do you want me to do that? I guess the other thing we have done across Safer Family Services is we engaged Aboriginal Consultants, Dana Shen and Shirley Young, to lead a consultation co-design development process across all Safer Family Services staff to develop a Aboriginal Cultural Practice Framework for Safer Family Services. That has now been it was launched in February 2023 and its implementation is active across all Safer Family Services programs. It's also being embedded through reflective practice elements and sessions with all staff across all regions as well.

Katherine Hawkins:

We may have provided a copy previously with a submission but if we haven't, we can provide another copy as part of our evidence.

Commissioner Lawrie:

Yeah, yes.

Kerry Beck:

I think you've got one.

Commissioner Lawrie:

Early on in the piece, yes.

Kerry Beck:

Yep.

Counsel Assisting:

Thank you.

Commissioner Lawrie:

I've got a question in relation to the Child and Family Support System, you said earlier part that it's Tier 3 in which there are self-referrals.

Katherine Hawkins:

Mhm that's new.

Commissioner Lawrie:

That's new. I heard directly from a whole range of Aboriginal families about how services don't encourage their self-referral when they have insight to issues and accessing services in their time of need. I would like to hear from you as to the potential or the issues as to why self-referrals aren't part of Tier 1 or Tier 2?

Katherine Hawkins:

It's probably useful to explain the system as it was and then the system as we've initially started to design it in the last couple of years. So when the Department of Human Services was asked to build a new Child and Family Support System, the question was, you know, who are the most vulnerable families and you know what are the most evidence-based services. So the Early Intervention Research Directorate conducted quite a rigorous piece of analysis to use epidemiological data and evidence to identify what the numbers might be of families and children who might need Intensive Family Services or Family Support Services. The system before then was quite incoherent, it wasn't clear how many families there were that were needing these types of services, there was unclear referral pathways, if you managed to find one you were probably quite lucky but they certainly weren't very strong and and coherent in terms of navigating into the system, and there wasn't really any clear indication as to whether the services that were being provided were working and were giving families and children the services that they need to help produce those positive outcomes for them. So off the back of that that co-design approach that we talked about was to implement the foundations of a system that would first go to to who are the most vulnerable children and where are they and what do they need? And so Intensive Family Services commenced at that time with the Pathways team and it was very quickly apparent that there are many many families that need that, the EIRD data suggested that there were approximately eight and a half thousand families with 12 and a half thousand children who needed that level of support. So Pathways Service was established as a means of helping to provide a a triage service so that the families that needed it the most would get the first service availability as that new system came online. As as you say there's the current referral pathway through Pathway Services for Departments for Child Protection, Birthing Hospitals in Health, and Education with some small numbers of referrals coming from the Multi-Agency Protection Service, MAPS. We, the self-referral pathway in Strong Families Strong Communities however has been enabled through the Adults Supporting Kids website, all of those services are going to come on to that website and that'll be the place where we hope families will be able to self-navigate to services so that's quite new. The Adult Supporting Kids website was set up also now I think a couple of years ago and provides families with a a non-stigmatising information location where they can also do some self-reflection questions to find out what it is that they might be help seeking they can, you know, ask the website itself questions about what they need. And that's that website was co-designed with our Lived Experience Network System Advisers, to try and present a website that was as non-stigmatising as possible so that families felt safe to use it and there is a geospatially enabled map in the website so you can actually enter in, you know, Blair Athol and it will come up with the services that exist for you in that region to try and make those self-referral, self-navigation pathways stronger.

Commissioner Lawrie:

Do you think that they're culturally appropriate for Aboriginal families and their children?

Katherine Hawkins:

The website?

Commissioner Lawrie:

And ways in which you can actually get help to navigate through the myriad of services?

Katherine Hawkins:

It's one mechanism, it can't be the only one, and as I said it was designed with the advice of our Lived Experience Network System Advisors and there are Aboriginal people from South Australia on that System Advisory Group. So we took their advice in terms of the ways of designing the website and the service navigation mechanism in that website to make it as user friendly as possible. It can't be the only way that we support families into the system though, so I think, you know, we need to continue to look for other ways to help families self-navigate, including through community support and obviously people being able to access services in their local area through trusted providers.

Counsel Assisting:

How do people find out about that?

Katherine Hawkins:

The adults supporting kids website?

Counsel Assisting:

Mmm.

Katherine Hawkins:

We do have quite a lot of promotional materials, so we've got posters and cards and pens and things and so we do promote it through a lot of different places, including universal service, public health services, Aboriginal Community Controlled Health Organisations really...

Kerry Beck:

Children centres and schools

Katherine Hawkins:

Anywhere we can.

Kerry Beck:

Yep.

Counsel Assisting:

Thank you.

Kerry Beck:

Can I just hone in a little bit on the self-referral for Intensive Family Services. What what we've learned since the Pathway Service has been in place and we talk about this in some of the other evidence but I just wanted to make it really clear, is that of the referrals we're getting into Pathways now per year, we have the ability in the Intensive Family Service System to respond to about 40% of them and that's related to level of resources and capability within those that service system so...

Commissioner Lawrie:

That's Tier 2 isn't it.

Kerry Beck:

Yeah. So I guess it's what that's shown us, is that it's really actually really important that we triage all of those referrals coming in to make sure the most in need 40% get the services we've got to offer. So, you know, our hope and dream is that we will expand capability and capacity in that system and as we do we will open up referrals. But right now there, we we process about, and and these aren't exact numbers, but we process about 4000 referrals a year and we can give about 1900 services a year. There really isn't much point us opening it up any further and just processing more referrals with no outcome possible for people. And what we wanted to make sure was that the people who really need it the most get it and that's the, that's the rationale behind closing it up, collecting the data, making sure we know who the people are that really need it get it, and then as hopefully we are successful in gaining more resources for that system, we will open that up, and and hopefully one day anyone will be able to refer through Pathways and we'd have enough services.

Commissioner Lawrie:

I guess then with the service at KWY as Tier 1, are there any other Aboriginal Community Controlled entities that are funded to do...

Kerry Beck:

Tier 1?

Commissioner Lawrie:

Tier 1?

Kerry Beck:

No there aren't. There's only 100 service outcomes in Tier 1 across the whole state though, it's very small, there's only three programs in there and they are directly referred from DCP, they have to have an open case.

Commissioner Lawrie:

That was my next question, yeah.

Kerry Beck:

So that don't come through Pathways.

Commissioner Lawrie:

Yeah, so you'd have to understand the I guess where I'm looking at in terms of the whole application of the Aboriginal and Torres Strait Islander Child Placement Principle in its five elements, prevention and the amount of our Aboriginal families that come to the attention of Child Protection where many of those actually sit in Tier 1, and looking at the resource allocation from a state level position there is very little going into that space. What do you say to that?

Katherine Hawkins:

Well you're absolutely right, there are the the need at all three tiers far outweighs the current service system capacity.

Commissioner Lawrie:

Thank you.

Counsel Assisting:

And what what immediately could be done to address that?

Katherine Hawkins:

Well I think other than the magic bullet of more investment, noting that the workforce capacity to meet investment I get gets to your first point, your first question today, so it is a challenge that needs to be considered in many parts, but I really do believe that that the more that we can help families ask for help earlier and work together as a sector to destigmatise asking for help and that parenting is hard and if it's not going well and you're worried, that it's okay to ask for help, and to access service support at those earlier places including from the universal service system, it doesn't all have to be targeted Family Support Services.

Commissioner Lawrie:

Very true and in terms of what we know are generally those organisations or community services in which families touch base with varying levels, I'm not sure whether it's a question that you can respond to but it's about what we traditionally know as the good old fashioned neighbourhood development, so it isn't really like the formal self-referrals but it's more about where families can go to actually just get help and just get information and navigate because I've actually got a relationship with an organisation and whether your organisation has resources that actually support those organisations to reach out and make themselves available to rebuild that sense of neighbourhood for members of our Aboriginal community who are most vulnerable.

Katherine Hawkins:

I think it's it's a work in progress is what I'd say from the Department's perspective. We have community centres across the state and there is an intention for there to be an Aboriginal Community Centre and for that to be an area of growth, which we can provide you more information, I don't have on hand with me today, but we recognise to your..

Commissioner Lawrie:

Yes that'd be good, yeah.

Katherine Hawkins:

To your point April, you know those community-based strength neighbourhood place-based approaches are some of the most effective things that we can do especially in that earlier help and prevention element. Tiraapendi Wodli is another initiative that you may be aware of which the Department funds which exists in the west, which is also again much more of a place-based initiative to support people living in the, I think it's down in the Port Adelaide Enfield region is my recollection.

Commissioner Lawrie:

That's with Deb Moyle.

Katherine Hawkins:

That's right. So they're some of the examples and of course the Commonwealth also funds a whole range of programs and initiatives in the sort of broader family and community space as well which sit outside of the evidence we're providing with you today but it's that's all part of the broader sector.

Commissioner Lawrie:

Thank you.

Counsel Assisting:

Thank you. I think we've already looked at question four about your practitioners having access to culturally appropriate assessment tools and clear on that with your opening program.

Katherine Hawkins:

I think there's probably one thing that I would add to that, that we haven't covered off on, which I think is important. Again when we first set out with the co-design of the Child and Family Support System, the Early Intervention Research Directorate did do quite a lot of research to determine whether there were any relevant tools in the Family Support System at that time that were culturally informed and they were not able to find one. So with advice from the Safer Family Services Aboriginal Practice Lead and many of our Aboriginal staff, we developed our own tool called the Family Snapshot and that same tool is being used now not just across Safer Family Services but also by all our non-government organisations and ACCOs and we are intending to test the validity of that and to gain advice as well from all the practitioners using that, so it's not validated yet but it was a new tool.

Commissioner Lawrie:

What's the aim of the tool?

Katherine Hawkins:

The Family Snapshot.

Commissioner Lawrie:

What's the aim of it?

Katherine Hawkins:

Oh sorry, what's the aim of it. The aim of it is to get a measure at baseline, so when you start a service with a family and then again at case closure, to see whether there have been any significant changes across a range of presenting experiences that that family is having in their life that might be impacting on their ability to parent their child safely and family wellbeing, and each of the items are on a rating from stressor to strength. So we're really interested in what are the sorts of things that might be causing stress to the family at the outset that we can help create strength through our practice.

Commissioner Lawrie:

That's for all families or one that's been developed by Aboriginal workers with the Aboriginal community for Aboriginal families and their children?

Katherine Hawkins:

That tool specifically is being used across the whole system, but we also have funded Aboriginal Family Support Services, in a partnership with Flinders, to do a validation on their tool and that is underway, that hasn't been completed yet that that piece of research, but that's also an initiative that we funded.

Commissioner Lawrie:

Thank you.

Counsel Assisting:

Thank you. How many programs do you fund for early intervention services?

Katherine Hawkins:

So across those three tiers we have 24 non-government organisations and ACCOs providing 36 programs.

Counsel Assisting:

And what are they and where are they across the across the state?

Katherine Hawkins:

Well to Kerry's evidence before, we have got Intensive Family Services all across the state with the exception of APY Lands. Safer Family Services are state-wide, Aboriginal Family Support Services are also state-wide, most of our other funded programs are regional, so in particular regions. AFSS and Safer Families are the only ones that are state-wide but in the combination of all our providers we cover the state with the exception of APY currently.

Counsel Assisting:

Right. And how, is it possible for a service provider to apply to you for funding or do you appoint the service providers?

Katherine Hawkins:

We don't accept generally unsolicited proposals for funding because of the funding allocation is currently fully utilised, doesn't stop people approaching us and saying I've got a great program let's have a chat, but generally the funding envelope is fully utilised at present, and the the the way in which those non-government organisations and ACCOs have come online has been iterative over time. So when we implemented Intensive Family Services, that was a single commissioning process that saw all of those providers come on at once. Just in July all our Strong Families Strong Communities providers at that lower-level Tier 3 all have just come online and the Tier 1 programs started at different times in the first couple of years of the Child and Family Support System, like Taikurtirna Tirra-apintheta which I mentioned before.

Counsel Assisting:

Sorry and and how is the assessment done about their effectiveness, in terms is is their funding contract contingent on KPIs or some some level of effectiveness, how does it work?

Katherine Hawkins:

We do have KPIs that are in all the contracts with our non-government organisations and ACCOs, including as I mentioned before 100% of practitioners are required to do the Indigenous Trauma Healing training with the ACCOs. We're also measuring their capacity, like how many referrals they accept, and we're also measuring changes or number and percentage of families who have child safety and wellbeing indices increase over time. In terms of the, you know, will that or won't that affect the tender process at the end of 2025, that hasn't been determined and designed yet and our intention is to do that collaboratively with our system over the next couple of years about that. We

also have engaged BetterStart to do the system-wide evaluation and that is due to happen next year and that will inform the commissioning process as well.

Counsel Assisting:

Okay, thank you. I think is the question six, the funding allocated for early intervention what proportion is allocated? I think you said earlier it was 30%.

Katherine Hawkins:

Yeah 30% of our external funding is with ACCOs or ACCOs in consortium.

Kerry Beck:

And this one's actually about Aboriginal families and 30% of all of the funding is prioritised for Aboriginal families.

Counsel Assisting:

Right.

Commissioner Lawrie:

How much?

Kerry Beck:

30%.

Commissioner Lawrie:

30%.

Counsel Assisting:

So given the statistics that we know in terms of the disproportionate representation of Aboriginal children in the child protection system, how is 30% landed on?

Kerry Beck:

30% is the level of representation that was in the EIRD data around the eight and a half thousand families and the 12 and a half thousand children that make up what we call the CFSS population. So they did a piece of research around which families were most at risk of going deep into the child protection system and of those families, 30% of those were Aboriginal. So that's where we landed on that was how we wanted to support Aboriginal families coming into the system pre pre-removal.

Counsel Assisting:

Right.

Commissioner Lawrie:

Like I understand that particular approach that EIRD provided, how long has that percentage been in place because when you look at the figures of the disproportionality in the in the out-of-home care results, one would expect that the level of investment would be commensurate with what is actually transpiring in outcomes of removal rates across the level of vulnerability in our Aboriginal communities. So what is the potential for the review of that percentage and actually the the systematic approach to how you make the carve up of the funding available?

Katherine Hawkins:

Yeah, I think that that is absolutely part of the negotiations with SAACON and schedule for child

protection under the South Australian Implementation Plan. Like we we're committed to do that financial reprioritisation as as required under the National Agreement and I think part of the decision around the investment strategy into ACCOs over time, we'll have to look at those numbers again in terms of what is the appropriate proportion.

Kerry Beck:

I think too we need to look at the numbers of referrals coming into the Child and Family Support System, not just those who are in care. Cause I'm not a statistician, April, as you know, but there's obviously a difference in how those proportions end up because what we know coming through Pathways referrals for Aboriginal families sits loosely around 27 to 29%, so we're only getting that many families into the system. So obviously when as a proportion of kids in care, it's larger but as a proportion of this...

Commissioner Lawrie:

So what you're saying is...

Kerry Beck:

The kids in the system over here.

Commissioner Lawrie:

The driver is actually the referrer?

Kerry Beck:

Maybe yeah and I think we need to look at that but at the moment we're not getting more than 30% Aboriginal families into the CFSS system to allocate that money to.

Commissioner Lawrie:

You're not getting 30%?

Kerry Beck:

We're getting just under.

Katherine Hawkins:

It's about 28.

Kerry Beck:

Yeah about 28%.

Katherine Hawkins:

28% of our referrals are Aboriginal families.

Commissioner Lawrie:

Thanks for clarifying.

Counsel Assisting:

So the next question is going to be a funding one, how much of the funding is committed to the ACCOs for the early intervention and prevention services?

Katherine Hawkins:

That's the 30%.

Counsel Assisting:

That's the 30%.

Katherine Hawkins:

That's right.

Counsel Assisting:

And how is that structured? Do the organisations have to re-tender for funding on an ongoing basis or how once they're part of the system is are they ongoing without having to be reassessed on a regular basis?

Katherine Hawkins:

So this probably gets back to the point I made before about the fact that at the moment the contracts are due to end in June 2025, so the process between now and then and with the BetterStart data and in the consultation with our providers will be, what happens on the other side of that. That hasn't been determined yet.

Counsel Assisting:

Right, so how did the ACCOs that are involved in this early intervention work, did they, how were they recruited? How were they determined who was the appropriate organisation to take that on?

Katherine Hawkins:

Kerry who was here before I started in the system may be able to answer the question in terms of IFSS specifically because I think I know the answer but you might know it more clearly, but in terms of the recent process for Strong Families Strong Communities that was an open tender process. So ACCOs who were interested in being part of that family support Tier 3 program offering, could put in a tender and we had a number of tenders from ACCOs. So we've got a number of ACCOs now in that tier.

Counsel Assisting:

How many do you know?

Katherine Hawkins:

Well there's four individual ACCOs but in different representations, so some of them are in consortiums with other, for example, non-government organisations, or they tendered by themselves or variations, so we've got bit of a range yeah.

Counsel Assisting:

Thank you.

Katherine Hawkins:

Did you want to talk to IFSS? I think it was a closed process.

Kerry Beck:

Yeah the initial IFSS tender process was a closed process with agencies that were already delivering services in the family support arena and at that time AFSS and KWY were the providers and so we did a closed process with those providers but I guess the interesting and good thing about that process was we engaged all of those providers pre the tender process and it was those providers

that agreed to increase and quarantine the 30% funding for ACCOs as a group, which we were we were really really pleased with at the time. So that money was increased to 30% and we did the closed process negotiation between AFSS and KWY and we did a closed tender to all of the others with the 70%.

Counsel Assisting:

Right.

Commissioner Lawrie:

So I'm just trying to get in my mind, so this is like the section 20 under the Act in terms of CFARNs?

Katherine Hawkins:

Refer to State Authority.

Commissioner Lawrie:

Yes, that's I'm trying to get to understand how this model operates.

Kerry Beck:

Which one are you pointing to? IFSS?

Commissioner Lawrie:

The whole Child and Family Support System.

Kerry Beck:

Umm.

Commissioner Lawrie:

Or if there's a component which I think you might be alluding to?

Kerry Beck:

IFSS is mainly where the RSAs go to.

Commissioner Lawrie:

Yep, so and the two Aboriginal services are state-wide services?

Kerry Beck & Katherine Hawkins:

AFSS is state-wide.

Kerry Beck:

KWY is not.

Commissioner Lawrie:

Is metro based.

Katherine Hawkins:

It's in the western suburbs of Adelaide.

Commissioner Lawrie:

So how how is a Intensive Family Support Service delivered on a state-wide basis to families in need?

Kerry Beck:

AFSS do have state-wide capability, so everywhere that KWy is not, AFSS are. So we do have state-wide ACCO coverage, but all other services also deliver 30% of their services to Aboriginal families.

Commissioner Lawrie:

Thank you.

Katherine Hawkins:

Would it be helpful for us to talk a little bit about what happened with CFARNs specifically?

Commissioner Lawrie:

I think that'll really be helpful.

Counsel Assisting:

Yes, thank you.

Katherine Hawkins:

Yeah, so I will throw to Kerry who also knows this detail better than I do, but at a higher-level when CFARNs was originally established it was conceptualised to have multiple design elements, it was going to take referrals, it was going to provide Case Management Services and it was also going to provide a network.

Kerry Beck:

Multi-agency network.

Katherine Hawkins:

Multi-agency network. What we quickly realised in the operation of CFARNs, was that it became very quickly overwhelmed with the volume of families requiring case management and so because of the setting up of the new system and also the desire the desire to have greater visibility, as we talked before, through Pathways of being able to count and account and ensure that the most vulnerable families received a service, CFARNs as it was, was effectively split into three separate service components. So what we now have is that the referral part that was the original CFARNs, is now Pathways, the case management part, which is the Intensive Family Service part, is a program called Safe Start, which is provided by Safer Family Services and also a contract with RASA, and then the third part, which was Multi-Agency Networks, is what is now referred to as the Child and Family Support Networks and we have those across the state, CFSNs. So CFARNs as a thing doesn't actually exist anymore, it's now Pathways, Safe Start and CFSNs and we have those across the state to enable multi-agency meetings to come together. They do also do some referrals, so referrals sometimes also do come to that in that location place-based approach to say we've got this family, we're really worried about them, who can take them, and we've got our colleagues there from across government like Health, CAFHS, Education, Child Protection but also NGOs and and ACCOs who are in those regions come to those meetings as well.

Counsel Assisting:

How often are those meetings conducted?

Kerry Beck:

How often, mostly they're fortnightly except where we're trailing referral and allocation mechanisms through them then they're twice a week.

Counsel Assisting:

Right.

Kerry Beck:

So we're testing a few different things.

Commissioner Lawrie:

So do you have data on the effectiveness of the services because I'm thinking about the relationship to reunification for children with their families but also the relationship to prevention, if that is indeed what Intensive Family Support Services is for.

Katherine Hawkins:

I do have a piece of data I have here I can share about the effectiveness of Intensive Family Services let's see if I can find it.

Commissioner Lawrie:

Particularly from our two Aboriginal funded agencies.

Katherine Hawkins:

I don't think I've got that data here with me today and we are still.

Commissioner Lawrie:

Can you provide that?

Katherine Hawkins:

I will need to have a look at that. The reason I'm hesitating is because we haven't yet finalised the evaluation of the effectiveness of the Intensive Family Services, that's one of the reasons we brought BetterStart on to do that main piece next year. But our early findings from our family snapshot data that I mentioned to you before, that all our providers across the state do at the beginning and then again at case closure, is indicating promising results for families who completed Intensive Family Services. It shows that reported strengths in families doubled and the number of stressors reduced on average from 11 to 7, indicating the service is effective at supporting child safety and wellbeing for these families. We'll know more next year when BetterStart do their full evaluation.

Commissioner Lawrie:

Yep.

Counsel Assisting:

Thank you.

Kerry Beck:

The other thing that we are nearly at the point of being able to do, is determine, obviously we we know how many families are still, how many children sorry are still with families when we cease services, but the big piece of work that EIRD is working on is to be able to then connect pieces of data across the state to determine how long post intervention those kids have remained out of care.

So we're almost at the point, at the 2-year point, for the first cohort of CFSS because we're pretty new, nearly there to be able to determine what percentage of kids in the first cohort are still with families two years down the track. So that's probably the most exciting...

Katherine Hawkins:

It is exciting.

Kerry Beck:

Thing we're trying to get to, but that sort of longitudinal data takes time and so we're we're nearly there and fingers crossed it tells us that kids are still at home.

Commissioner Lawrie:

Thank you.

Counsel Assisting:

Great.

Kerry Beck:

Where are we up to?

Counsel Assisting:

Number eight.

Katherine Hawkins:

Number eight.

Counsel Assisting:

The expectations of the Aboriginal-led services from the perspective of DHS and how that performance is measured. Are those expectations different from the expectations of non-Aboriginal led services working within the child protection space and if so how?

Katherine Hawkins:

The short answer is no, they're not different. What we have tried to achieve together as a whole system is consistency.

Counsel Assisting:

Right.

Katherine Hawkins:

Consistency of quality and consistency of practice and that, our hope and intention is that all the good things that ACCOs are doing all our NGOs should be doing too and, as I say, that that strength of practice is across the whole. So I have a list here of the things that are in contracts but it includes things like as I said before family preservation rates, which we'll be able to mention, measure over time, the number and percentage of families with improved family safety, family functioning, access to community supports. We also require they do an initial safety plan within four weeks of service commencement, because obviously child safety is fundamental to the work, and a key one as I mentioned before is that 100% completion of the DHS endorsed cultural competence and trauma responsive training that's delivered by our ACCOs.

Counsel Assisting:

So if there's no distinction in terms of your expectations of of an ACCO, what is it that sets them aside? Why refer to an ACCO? What what's specifically Indigenous or Aboriginal about an ACCO in terms of its service delivery to Aboriginal people?

Katherine Hawkins:

I think that's probably a good question for the ACCOs themselves.

Kerry Beck:

It's in the governance of the organisation really. So it's they're led by a majority Aboriginal board, and they're led by.

Commissioner Lawrie:

Often 100% board.

Kerry Beck:

Yeah and Aboriginal community. So really, it's in it's in the governance of the organisation that's embedded, that's that's the key difference.

Counsel Assisting:

Right and how does that filter down to a vulnerable family?

Kerry Beck:

That one I can't answer, you'd have to ask an ACCO sorry.

Commissioner Lawrie:

And I think what we're trying to get at is, from the understanding of what you do in your contracts is the emphasis is on how does an organisation like DHS in its contracts understand the value of an Aboriginal Community Controlled Organisation and there are various Aboriginal Community Controlled Organisations that, you know, we say some are the Rolls-Royce standards, it's more than just the governance, it's the Aboriginal leadership in the organisation, it's management, it's workforce, and when you have Aboriginal communities that are all diverse, different cultural groups, I'm wondering about a state-wide service how effective it is in actually.

Katherine Hawkins:

Okay.

Commissioner Lawrie:

Cause it's not local level Aboriginal community controlled it's one board for the whole state, it's one leadership for the whole state. So for me that question being asked is about how does a government agency like DHS understand the value of local level Aboriginal community controlled support for our most vulnerable Aboriginal children and their families.

Katherine Hawkins:

No I think it's it's a really good point, it's not currently in our contracts and service agreements to to measure that or hold organisations to some accountability.

Commissioner Lawrie:

I've heard from Aboriginal families and children themselves the value of a local level Aboriginal

Community Controlled Organisation assisting them in their time of need, and it's a message to an organisation like DHS. How do you build that into your operating procedures around developing your contracts and when you're wanting outcomes for our children and families, as much as what I'm seeking for.

Katherine Hawkins:

We'll have to give that further thought.

Commissioner Lawrie:

Yes. So thank you for that question.

Counsel Assisting:

It's alright. So and I think you very clearly Katherine answered before, that we're at question number nine, do we consider sufficient funding and resources in the early intervention and prevention sector to meet the community need. I think the answer was very clearly no, wasn't it?

Katherine Hawkins:

If we had more, we could do more.

Counsel Assisting:

Unable to deal with them, yes. The barriers to successful early intervention and prevention measures, what do you see those as?

Katherine Hawkins:

I think for me, like I said before, one of the most significant barriers is the stigmatisation of asking for help early and our role collectively as a community and as a sector to work towards destigmatisation and creating non-stigmatising pathways for families to access early help and support and that they can access those when they need them. One of the priorities in our road map is right support at the right time, in recognition that right support is an individual thing, it's a local thing April to your point, and it also has to be at the right time for the family. What we, one of the biggest barriers is actually that because of a lot of families perhaps not feeling like they know how to get help or feel safe to ask for help, we see a lot of families in crisis, hence the numbers that we see at the point of the system where we would like the bulge to be somewhere else entirely.

Counsel Assisting:

Something we've heard from public forums is that Aboriginal people, particularly young Aboriginal women pregnant women in particular, have a very strong sense that their Aboriginality is seen as a risk factor in itself and so to admit that you need help is basically inviting the Department into your life which understandably, for historically, was something they don't want. What would you say to that in terms of the services that you're offering?

Katherine Hawkins:

Well I think we heard really clearly in the co-design approach variations and versions of what you've described there and again that the design of a Child and Family Support System, that is not the statutory agency, must come from the perspective of it being a healing approach, where culture is a strength. So what I would say is that we have worked really hard everywhere we possibly can and have more to do, so that as families come into contact with our system, that actually they hear

straight off the bat, we're here to help you, culture is a strength, what do you need, who are your strong people in your life?

Kerry Beck:

How can we help you connect?

Katherine Hawkins:

Yeah.

Counsel Assisting:

And and if there is if there are problems that you recognise as being very significant, do you refer? Do your staff refer to the Department?

Kerry Beck:

Yes, we have an escalation process that we use if we feel that risk is too high for us to be able to mitigate, where we work with DCP around escalations, and also obviously as mandated notifiers we are required to notify at any point that a new risk becomes known to a practitioner. So we do notify a lot, often that gets referred straight back to us in the process but...

Counsel Assisting:

So is there any sense that you and the Department work together or is it either or?

Kerry Beck:

No no no we we do work together across that intersection of risk. The escalation process starts with practitioner-to-practitioner negotiation and then gets escalated up through the various levels and can go all the way up to ED or or or CE if needed but it certainly starts regionally.

Counsel Assisting:

Sorry just for the transcript can I ask you what ED and CD are?.

Kerry Beck:

Oh sorry ED are, ED, Executive Director, and CE, Chief Executive. So it can go all the way to the top if need be but we have partnership meetings in every region between CFSS providers and DCP regional offices, where we get together.

Counsel Assisting:

How often are they?

Kerry Beck:

Fortnightly, weekly, fortnightly, where we get together and talk about how we work together but also particular families that we might need to work together so.

Commissioner Lawrie:

Do families participate in those meetings? If you got all these agencies talking about a family, I've heard from families that it is very rare that they're actually involved in discussions about themselves by agencies.

Kerry Beck:

Yeah, they're not always, that's true.

Commissioner Lawrie:

Yeah yeah.

Kerry Beck:

But there are case conferences we certainly involve families in case conferences. Families aren't involved in partnership meetings per se where we meet every week, they're not always about individual families they're about the way we work together.

Commissioner Lawrie:

Okay.

Kerry Beck:

But also individual families are raised as a point of reference, that we might need to get together around this family because we think there might be a problem.

Commissioner Lawrie:

Yep.

Kerry Beck:

But yes, we certainly do want to have client voice in those conversations as much as we possibly can.

Commissioner Lawrie:

Yeah.

Kerry Beck:

One of the other things I would just say quickly about this question also pointed to the idea of being proactive rather than reactive and one of the things, and Katherine has touched on it, but we know that in Intensive Family Services for example 80% of our referrals come through DCP.

Counsel Assisting:

Right.

Kerry Beck:

So any system that is like is reliant on a notification to get a referral for family support in its very nature has to be reactive, can't be proactive, because we are waiting for notifications to go to DCP and get RSA'd back to us and that's where we we talk about an earlier entry, where people can get into the system directly to a pre-statutory service to get support rather than have to come through the statutory system and back for the pre-statutory support. That's a critical element of of service design system design that we think we need to work towards.

Counsel Assisting:

And we've heard that from other organisations as well too, that the frustration that they're not being able to be self-referral and then engagement with services that might be able to keep them out of the system.

Kerry Beck:

Or even referral from universal services earlier rather than universal services having to notify...

Counsel Assisting:

That's right.

Kerry Beck:

And then DCP RSA back to us. People don't need to touch the statutory system necessarily they don't need to come straight in.

Commissioner Lawrie:

So my question then is is DHS able to make a referral to a Family Group Conference?

Kerry Beck:

Uh no.

Katherine Hawkins:

Not at this stage.

Kerry Beck:

Not at this stage, certainly something we're advocating for though.

Commissioner Lawrie:

It's great to hear, thank you.

Counsel Assisting:

I think we should just ask the question of the change of legislation placing more emphasis on early intervention prevention, would you consider that would provide better outcomes for families? So if I think that's just that, I'm not sure how we can make the legislation do it, but it needs to be the system itself allowing for as you've said people not touching the statutory.

Katherine Hawkins:

I think legislation forms are really important foundational element in system design absolutely, we also know that legislation alone won't get you there in terms of good outcomes for families, it has to be the policy, the practice, the partnership, you know, all those other elements that come together so the answer is yes and, I think.

Counsel Assisting:

Because our legislation at the moment is really designed at removal.

Katherine Hawkins:

Sorry, is that question?

Counsel Assisting:

No, but that's because we've taken out the best interest of the child out of our legislation, we've got the overarching safety which then gives the mandate for removal at at.

Kerry Beck:

So DHS really strongly advocates for a public health approach.

Katherine Hawkins:

I was just about to say that.

Kerry Beck:

In the in the changes to the legislation, very strongly.

Counsel Assisting:

That's very good to hear, that'd be an extraordinary change of attitude. Thank you. We've heard evidence that there's an Aboriginal Connection team which sits within DHS, can you tell us about the composition of that team and their role please?

Katherine Hawkins:

Yeah, I'll hand over to Kerry to talk about the team structure in a bit more detail but the, it's useful to understand why the team was created in the first place. When we first implemented the Intensive Family Service stream and, as I said, the whole sector sort of went, oh wow these families are actually a lot more complex than we ever thought they were, because the system tried to get those services to the families that needed them the most. We did have feedback at that time from our Aboriginal Community Controlled Organisation partners that the mechanism by which we do the referrals and that initial home visiting could be strengthened in those early couple of years of setting up the new system and so we worked together with our ACCO partners to sort of co-design what an Aboriginal connections team might look like, including in particular to help facilitate the sharing of information that ACCOs and NGOs don't have that the Department has access to on C3MS. So that was the impetus for implementing that team to sort of help basically facilitate a stronger and smoother process. Did you want to talk about the team structure and what they did?

Kerry Beck:

Yeah sure I guess the the other thing that was a big push around this service, were the ACCOs saying to us that the initial home visits to families who weren't aware of why they were coming were very difficult for Aboriginal organisations to undertake and that there were issues for them around being viewed as welfare or statutory response. So our role was to share information with them but also work with the ACCOs around first visits and how and what's the best way to have that truth-telling conversation with that family in a culturally appropriate and respectful way. So the positions, there's four positions in the Aboriginal Connection team, four FTE, they're all AHP positions, they're all dedicated Aboriginal positions, so they all have also have access to the exemption that we have.

Commissioner Lawrie:

What level are they, level?

Kerry Beck:

Level 2 and 3. I think I've got here exactly what they are, there's a there's a Level 3 Supervisor, there's a Level 2 at the top Senior Practitioner and two a Level 2 ACT Practitioners. So they work closely with the Aboriginal Controlled Organisations to support intentional and active engagement with the Aboriginal families, they receive the referrals from Pathways, they do the assessments, they provide the information and the referral documents to the ACCO, they then work with the ACCO around how initial meetings will work with the family sometimes they're done jointly, sometimes we do them, have the conversation, engage the family, talk to the family about choice of provider and then hand over to the ACCO for delivery of the ongoing services.

Counsel Assisting:

Right. So at the initial engagement with the family are they told what's brought...

Kerry Beck:

Yes.

Counsel Assisting:

Them to the attention of the Department?

Kerry Beck:

Yep. Across all of the CFSS, it's really part of the service delivery, is really clear and honest conversations at initial visit around why are we here, what are the concerns that we've been told that there are and how are we going to move forward around the safety of the child and the wellbeing of the family. That's essentially the initial visit. Very difficult clinical conversations to have with families, very skilful practitioners but yeah that's that's the crux of the work.

Counsel Assisting:

Right and if there's refusal to engage, does that result in a referral back to the Department?

Kerry Beck:

No, not at that point, not unless risk escalates to a point that we think that there's no no chance of us being able to engage and mitigate. We operate via an assertive engagement model, so we will continue to try and engage different engagement methods with the family. So, no it doesn't result if there's a refusal.

Commissioner Lawrie:

So the Aboriginal Connections team is an internal IFSS team?

Kerry Beck:

It's internal to Safer Family Services

Commissioner Lawrie:

But which one does it work in? Across all three?

Kerry Beck:

No under IFSS, it just works for IFSS.

Katherine Hawkins:

But what Kerry was describing there in terms of the assertive engagement approach, is across Intensive Family Services not just for the ACT team. The ACT team were about us facilitating that process with our ACCO partners, which they they asked for us to establish and do together, whereas the assertive engagement approach and to your question about what happens if families don't engage, that highly skilled approach is something that we do across all of our IFSS and that we talk a lot about in our communities of practice with all our NGOs and ACCOs about how do you engage with families and how do you have that, those initial honest and transparent conversations about why you're there and what you can offer.

Commissioner Lawrie:

So what is the standard practice then expected across with the team and with all the NGOs that are funded? What what is that, what does that practice look like?

Katherine Hawkins:

Well we have an assertive engagement guide, practice guide that Safer Families have developed, which we've shared with the NGOs and ACCOs but they are not required to use it, it is not mandatory, it's not in their contracts. From our perspective we're all learning as a sector about what

works and how to do this work better and differently and as I said before we've got a communities of practice approach, in fact at three different levels, we do it at the Practitioner level and we do it at the Leadership level and we also have a Chief Executive community of practice and all of those mechanisms are about us sharing what are we hearing works, what do family's need. Right back at the beginning of the co-design, the people with lived experience who participated in the co-design of the system said we want you to be honest with us when you when you rock up, tell us what's at stake, tell us why you're there and come with the perspective of a healing approach and a culturally informed trauma centred approach but be honest with us about why you're there. So, as Kerry says, they're really tough conversations but it's all about building engagement about, you know, what do I bring, how can I help and sometimes that takes multiple multiple times and efforts and different strategies. We've got some emerging data that is suggesting that some types of engagement strategies are more effective than others, so you won't be surprised to know that if I just send an email I'm probably not going to get through the front door but things like practical support you know brokerage, food hampers and multiple...

Kerry Beck:

Face-to-face.

Katherine Hawkins:

Multiple face-to-face efforts to build rapport and be seen as credible and purposeful is what is most likely to be effective at engaging families. We are engaging approximately 64% across the system of our Aboriginal families in particular, and we know that yeah those those rates vary depending on what's happening for the family but also how you do it.

Counsel Assisting:

Is there a time limit on your your engagement with any given family?

Katherine Hawkins:

There's no hard and fast time limit by which we pack up and go home. As Kerry said, for Safer Family Services they will just keep trying until they're successful or if risk escalates to the point where it's no longer appropriate and manageable. Different NGOs and ACCOs deal with that differently, if they feel that the engagement is unsuccessful they may close, they may make a referral back to Child Protection or tell us that they were unsuccessful.

Counsel Assisting:

And is there a choice for the families about who they engage with or what services they engage with or do you determine that for them?

Katherine Hawkins:

At the point of Pathways, when we receive first receive the referrals and do the service matching, we do have an Aboriginal practitioner who's part of that team to apply cultural lens to the matching of the...

Kerry Beck:

More than one, yeah, sorry.

Katherine Hawkins:

More than one, thank you, to do the service matching between the family and the service, so that

cultural consideration is right up front at the beginning of the process. Families can ask to have a change of provider, that would be entirely dependent on whether there was capacity in their local region for someone else to pick it up.

Counsel Assisting:

And your, just going back a step, your consultant who who applies the cultural lens in that, do they do that with the family? Is there a discussion with the family about whether might there might be somebody involved in the the organisation that they don't want to be involved in or don't want people to know?

Katherine Hawkins:

Not at that point.

Kerry Beck:

At the point of Pathways no.

Counsel Assisting:

Right, does that happen at all?

Kerry Beck:

Yeah it does happen and the particularly with the Aboriginal Controlled Organisations if there is a conflict at the point of referral, they will say to Pathways this can't happen and we'll re reallocate that to a different service.

Counsel Assisting:

Right.

Kerry Beck:

Yeah. But Pathways doesn't have contact per se with families they are purely a referral assessment and allocation unit.

Counsel Assisting:

I would imagine in, correct me if I'm wrong, but in regional areas it would be very difficult if there is a conflict with whatever service provider is there because you'd have...

Kerry Beck:

Limited options.

Counsel Assisting:

Limited choice, wouldn't you?

Kerry Beck:

You can have limited choice, most places we do have more than one provider, some country regions two is the limit but most places we have more than one, couple of the outlying places we don't but those situations we utilise the Child and Family Safety Network, which is a network of other agencies in the region to come together and work out well how could perhaps the IFSS provider support another agency to deliver the service.

Counsel Assisting:

What other agencies would they be?

Kerry Beck:

Well around the table at the CSFNs we have housing agencies, we have health agencies, we have mental health agencies, drug and alcohol services, so whatever providers are in the region servicing this population sit around the table for those those meetings and so if there was a conflict for the IFSS provider we would work out how another person or agency in the region could deliver services with support.

Counsel Assisting:

So that's answered our number 15, about families knowing and being given a choice, and 16, in terms of the timeframe, and we've heard from DHS staff during the workshops that the availability and capacity of intervention services, such as the drug and alcohol support services and the mental health services, is not sufficient to meet the need, which results then in very lengthy waiting times for families who often can be given limited timeframes to address the concerns by the Department. Would you agree the limited access to services services is a timely in a timely manner disadvantages some families and places them at greater risk of the statutory intervention? For instance, we've heard that there can be a five month wait to get into drug and alcohol counselling for some areas.

Katherine Hawkins:

Yeah there's there's probably a few things I'd say about that, one is that it's not just drug and alcohol services where there may be an overwhelming need, mental health, housing, drug, you know, domestic and family violence services, you know we're experiencing that same pressure in terms of families experiencing multiple complex needs and many of them are the same families. I think in your preliminary report, it was also clear from from the data and evidence, we understand that many of the families who we're talking about are the same groups who are showing up in multiple service systems. So I think that pressure is experienced across a range of places, which is why it's just so critical for us to keep talking about how we bring service systems together and, you know, I think the CFSN is one good way of thinking about different ways of doing that. But in terms of service responses, one of the other things that we do have available to us, which isn't to say that challenges with volume don't exist but in terms of managing it, Safer Family Services and also our NGOs and ACCOs all have access to brokerage funding, so if they can't find the support service for example on a public system they can purchase services...

Counsel Assisting:

Right.

Katherine Hawkins:

For families and sometimes that can work to get services more quickly responding to families if you can purchase them through a private arrangement. Brokerage is critical in this system.

Counsel Assisting:

So in terms of your conclusion of engagement with a family, how do you assess that a family has managed and addressed their child protection concerns?

Katherine Hawkins:

So that Family Snapshot Tool that I mentioned to you before is one of the mechanisms that as a system we're capturing data about whether those changes have happened from case commencement to case closure. Most of our providers use their own tools, we didn't force a singular

case management tool on all our providers, many of them had been operating in this area for some time and have their own tools. So that'll look a little bit different depending on who you ask in terms of how they make those clinical decisions although there's consistency in practitioners in terms of what clinical assessment looks like and how you would determine that. Safer Family Services in particular utilise a Child and Family Safety Plan, which is a more detailed plan in terms of whether the family are taking the steps to address the care and safety of their children that have been identified as the areas to focus on and a child safety risk rating tool is also utilised. Did you want to add anything?

Kerry Beck:

Yeah so we have a number of steps in the Safer Families process around this particular assessment. The first is, as Katherine said, we do a a Child and Family Safety Plan within the first six weeks of engagement, that's monitored throughout the whole engagement with the family, the family are involved in that, both immediate and wider family, and community members are involved in the development of that plan, and the identified concerns are documented and the people responsible for doing particular things to overcome them are also documented in that plan and the family has a copy of that and we, over the course of intervention with the family, continue to monitor and assess whether or not those goals are being met. So both the Case Plan and the Safety Plan and the Child Risk Rating Tool are used to measure where at what stage in the reduction of risk the family is at throughout the intervention. We then uh, we have three monthly reviews on that at every, with all players, so the family's involved in the three-monthly review where we re-identify what the new situation is and how we're going to continue mitigating risk. And then at the point where it's determined by a clinical assessment of the practitioner that risk is mitigated to a point that we can close, we move to closure. Cultural elements are also assessed for case closure involving Aboriginal children around the strengths and protective factors of culture and connection to community and we also have, seek to identify cultural authority within the family to help us identify how the connection to culture and family is has tracked through that process. We also can in Safer Families ask for a clinical or cultural consult at the point of closure, just to make sure that we haven't missed anything for that family, so we've got a fair few things in place to be able to identify that.

Counsel Assisting:

If there's no family involved for an Aboriginal family, no immediate family identified, do you seek out kinship relationships?

Kerry Beck:

Relationships definitely, we don't do placements that's DCP business, but we certainly work with Aboriginal kids to find Aboriginal family and connect them with culture and place and home, yes.

Counsel Assisting:

Right and how do you do that?

Kerry Beck:

Through our Aboriginal Consultants mainly.

Counsel Assisting:

Right.

Kerry Beck:

So until, we've just recently appointed specific Aboriginal Consultants, we have had Aboriginal Practitioners in each region who have worked on a a half half model, a half caseload and doing halftime Cultural Consultant for us. So we've utilised those Aboriginal staff to connect with culture to work out where home is for kids to, you know, talk to family, talk to mob and work out how we can connect Aboriginal kids to culture and family where it isn't there.

Counsel Assisting:

So you're doing basically family tracing?

Kerry Beck:

I wouldn't call it family tracing but we yeah, we do talk with family and and Aboriginal community around getting connections for kids if they aren't present in their life.

Counsel Assisting:

Right, good.

Kerry beck:

Yeah.

Commissioner Lawrie:

So what role do they have then with the Aboriginal Community Controlled Organisation in obtaining that information? Like I'm trying to understand if there is a whole system there in place in providing assistance to a child and family in need.

Kerry Beck:

Certainly an option for an Aboriginal Consultant to talk with an Aboriginal Community Controlled Organisation in the region and get that information, yeah definitely yep, and that happens.

Commissioner Lawrie:

Good.

Counsel Assisting:

So of the reports that come through the Child Abuse Report Line, CARL, only a very small number of those are acted on by the Department of Child Protection however there are a large number of reports would indicate, which would indicate that a need for family support is evident. Do you consider that DHS have a role in managing the welfare and wellbeing of vulnerable families where intakes don't meet the threshold as requiring any statutory intervention and in fact those reports are simply closed on the on the Department's records?

Katherine Hawkins:

Absolutely and one of the pathways is through Tier 3. So a family doesn't have to have notifications to self-refer into Family Support Services and and, as I said before, that new band of Family Support Services has just recently commenced across the state. So for families regardless of what's happening at that level in terms of notifications and process, any family can ask for help through that and navigate to that through the ASK website and those other mechanisms. Other DHS programs are also part of the picture, again as I mentioned before, like Community Centres, Children's Centres,

Safer Family Services has other programs that it runs that are more community level and are not dependent on a statutory pathway like the parenting programs.

Kerry Beck:

Families Growing Together Program that offers parenting support programs to families and also, we have Community Development Coordinators that sit in Children Centres that also work with community to try and identify at risk families who need need some support earlier on.

Commissioner Lawrie:

So so Tier 3 isn't necessarily like a discreet program.

Katherine Hawkins:

That's right.

Commissioner Lawrie:

There's a suite of things.

Kerry Beck:

Yep.

Katherine Hawkins:

Yep.

Commissioner Lawrie:

From a website to Community Development Officers.

Kerry Beck:

Yep.

Katherine Hawkins:

Yep there's Safer Family Services programs, Tier 3 programs.

Commissioner Lawrie:

What's that called sorry.

Katherine Hawkins:

Safer Family Services operate in Tier 3 through the Community Development Coordinators that are in Children's Centres and the Families Growing Together and Parenting.

Kerry Beck:

Parenting SA.

Katherine Hawkins:

Parenting SA, and the ASK website is probably almost a universal service, I wouldn't even put it in Tier 3 because anybody can access that, but also the the recent recommissioning that we did which saw those 16 new providers come on across the state called Strong Families Strong Communities which includes a number of ACCOs, they they'll be up on the website and families can self-navigate into them and, to your point April, they are not a one-size fits all. So when we put out the tender we said here's what the families are looking like in this system, here's what they need, here are the things that are important to us and we invited tenders from organisations to say, well here's what I

would do, the intensity is approximately an hour a week or something like that. So we've had a quite a range of different providers come on doing quite different things but all with the purpose of strengthening child safety and family wellbeing within that family support context.

Counsel Assisting:

With respect to the early intervention, the the need for early intervention and support, a number of the coronial reports that have have come out in the last couple of years with respect to Indigenous children in this state have have made the point that often when they look at the reports there have been huge numbers of reports that have just been noted as Notifier Only Concerns and no action taken by the Department at all until it's, there's a tragedy occurs, and we've also heard from the the public forums too that often families will have repeated reports made and not know that those reports are being made and then end up in the Youth Court and hear they've got a stream of historical things that they didn't even realise had been reported. Are you seeing DCP acting on those and referring those through to you, those Notifier Only Concerns that they're taking no action on through to your services for early intervention?

Kerry Beck:

No they don't refer NOCs through to Pathways.

Counsel Assisting:

Right.

Kerry Beck:

They refer screened in notifications generally at the.

Commissioner Lawrie:

So that's the distinction isn't it, screened in.

Kerry Beck:

Yeah, so generally at the 10 day so they have two different types, a 24 hour and a 10 day. Generally the ones that are Refer State Authority through the Pathways are 10 day notifications, we do get a few 24 hour but not many. But we do get those families that are not referred to us through other pathways, so Education and birthing hospitals particularly have opportunity when they notify to also refer to us. So.

Counsel Assisting:

But it's not either or is it?

Katherine Hawkins:

No.

Kerry Beck:

No.

Counsel Assisting:

It has to be a notification to the Department?

Kerry Beck:

Well if it meets threshold for child abuse and they think it requires a notification, then yes at the moment it does under the Act, but they can also refer to us.

Counsel Assisting:

Can they just refer to you?

Kerry Beck:

Oh yeah they can, yep yep absolutely, they don't have to have notified.

Katherine Hawkins:

Yes.

Commissioner Lawrie:

Without making it without making a notification?

Katherine Hawkins:

Correct.

Kerry Beck:

Yeah, they can. It's unlikely that something that doesn't meet notification threshold is going to get through and get a service though because of service capacity, right.

Counsel Assisting:

Right.

Kerry Beck:

So it's unlikely that there would be any benefit to that, but they certainly can and then if through our assessment it does meet the threshold then they would get a service.

Katherine Hawkins:

It might be worth also adding what we do at Pathways with those that don't get a service because we don't just close them without telling anybody.

Kerry Beck:

No we don't. So if you are not going to get a a a IFFS service through Pathways, we let the referrer know that that that family is not going to get a service, we provide information to the referrer about possible alternative support services in their area that might be able to support that family in lieu of getting an IFFS service and we also provide information to the referrer about ways that they may be able to intervene and support the family as well. So we don't just do nothing. Yeah.

Counsel Assisting:

Okay, thank you. So, we've made, you've made, the comment that you're you're advocating strongly for the Family Group Conferencing you to be able to refer for that. You have no capacity to do so at this stage?

Katherine Hawkins:

We haven't built a referral pathway between our services and Family Group Conferencing. I mean no one said no either, we just haven't built it yet, and I think it's an important conversation to have about, you know, how do we how do we design a system where that, like what is the best utility of

that, and at what point would you do which? So grateful for any findings that the Commissioner may have in regards to that but obviously the more we can have systems working in an integrated way, talking to each other to support families, the better.

Kerry Beck:

And then at the other end of that as well, what happens to families after a Family Group Conference.

Katherine Hawkins:

Mmm that's right.

Kerry Beck:

Referrals into to IFFS or other services, there's not a developed pathway for that either.

Counsel Assisting:

Number, down to number 23, what strategies are you implementing to support at risk families and their children? There are strategic aims set out in the Safe and Well document but what are the specific measures being implemented at an agency level within the Department for Human Services?

Katherine Hawkins:

Probably the best place to look to that is this document, which set those four priorities, this is the Roadmap.

Counsel Assisting:

Sorry Katherine, just for the transcript can I get you to actually name what that document is?

Katherine Hawkins:

Sure, this is the *Roadmap for reforming the Child and Family Support System 21 to 23* and this is the document that was produced and released at the time of the commencement of Intensive Family Services, that was the product of the co-design with our sector that I described earlier.

Counsel Assisting:

Thank you.

Katherine Hawkins:

And.

Commissioner Lawrie:

I've never seen it before.

Katherine Hawkins:

Oh really, we had a fairly significant launch at the time and I brought one of you for you today, so you can keep this copy.

Commissioner Lawrie:

Honestly this is the first time I've seen it.

Katherine Hawkins:

Well I'm sorry to hear that, it it is absolutely the foundational document for how we've been working the last two years and and so through this, with this healing approach at the centre, and what we heard through the co-design especially with people with lived experience in terms of the things that

were going to be the most effective, this has formed the basis of what we've done. So I'm not sure how helpful it is to talk through all the elements or whether to leave a copy for you but Priority Number 1 was the right support at the right time, which saw the establishment of the ASK website, the Pathways service, streamlined referral pathways and the Child and Family Support Networks that we mentioned before, those multi-agency networks. Priority reform Number 2 was service integrity which is really all about strengthening the workforce and building their capacity to work better with the Child and Family Support System, that's included the development of practice frameworks, the culturally and trauma responsive workforce training that I mentioned before that's delivered by our ACCOs, we've developed a range of products in common elements which are based on the research about what are the elements that work best for families, including building engagement, and we just recently heard at an evidence and implementation conference a few weeks ago that VACCA is doing some really interesting work around common elements for Aboriginal families and those being embedded into practice in family support services, which is a really exciting initiative that we're going to partner with them on. The Trauma Responsive System Framework, which is another document which I can also leave with you, which talks about how to do a trauma responsive system at every level, including at the organisational level.

Counsel Assisting:

Can I just interrupt you there, I'm sorry, these documents are not specifically looking at Aboriginal children are they, these are across the board, these are all children?

Katherine Hawkins:

Yes and have been built absolutely with the foundation of it being culturally responsive and trauma informed work.

Kerry Beck:

So built on the Aboriginal co-design principles, which put Aboriginal children front and centre of the design of the new system.

Counsel Assisting:

Right, thank you.

Katherine Hawkins:

The third arm is about service investment, which is the recommissioning, and there's also been a range of research initiatives that we've done in that space, and then lastly building the evidence, and that really speaks to that point I made in my opening statement, which is that's more about more than just numerical data, although that's important and powerful, but it's also about the voices of people with lived experience and cultural authority as well as people with practitioner wisdom feeding into what works.

Kerry Beck:

Yep.

Counsel Assisting:

Thank you.

Katherine Hawkins:

Leave that with you.

Counsel Assisting:

Thank you. The Department of Human Services encompasses other at-risk communities, such as people with disability and the youth justice system. How do you work with vulnerable Aboriginal children and young people in out-of-home care who experience those complexities?

Katherine Hawkins:

Just to be clear I don't lead the youth justice system myself in the Department, I can provide some overarching kind of advice about the structure of how that works but if you would like some further detail we will need to take those on notice.

Counsel Assisting:

Thank you.

Katherine Hawkins:

Similar to what Kerry said before, in terms of Safer Family Services working with the Department for Child Protection, case conferencing and joint case planning as well as established processes for information sharing are some of the mechanisms that are fairly well oiled between in particular dual involved young people who might be in contact with the youth justice system and those young people who may also be on Guardianship Orders. The Department and the Department for Child Protection are also working together in relation to the recommendations made recently by the Guardian and Training Centre Visitor, Shona Reid, who did a particular project on dual involved young people. The clinical approach in Youth Justice is largely led through a new team called the Enhanced Support Team, who work from a practice of positive behaviour support to help identify ways in which to support young people who are experiencing or demonstrating behaviours of concern or may also be experiencing other challenges, for example significant mental health or disability needs, and that team works very intensively to provide wraparound case planning and support for that young person, which is highly individualised.

Counsel Assisting:

How many people are in that team?

Katherine Hawkins:

I don't know that off the top of my head, I will need to find that out for you. There is also a Kurlana Tapa Senior Aboriginal Cultural Advisor who provides direct cultural support to Aboriginal children and young people in Kurlana Tapa Youth Justice Centre and also provides some consultation and advice to community as well as custodial staff on the individual cultural needs of Aboriginal children and young people in the Centre. The the youth justice system is also adhering to the Aboriginal and Torres Strait Islander Youth Justice Principle which is contained in the legislative framework in the Youth Justice Administration Regulations.

Counsel Assisting:

For families who have multiple and complex issues, who is working with those families? Is it DHS or is the work delegated to other agencies like Relationships Australia?

Katherine Hawkins:

Both, so I think that is all the families that are coming into the Child and Family Support System, RASA is one of our contracted providers.

Counsel Assisting:

Right, okay, thank you. In the research that was conducted by the Early Intervention Research Directorate, EIRD, what consultation is being undertaken with the Aboriginal Community to address and identify the issues contributing to the the over representation of Aboriginal children and young people in our child protection system?

Katherine Hawkins:

EIRD don't currently have a piece of commissioned research on that particular question right now. One of the tasks for next year, for the new whatever Roadmap 2.0 looks like, is a new research agenda that says what are the questions as a sector that we want to know and that we want to answer. So we haven't designed that yet, we haven't yet had a conversation with our sector and with our providers about what the best research questions are for us next. That would be a good one.

Counsel Assisting:

Okay, thank you, and we've heard that heard quite a lot of evidence given to the the Inquiry that the current system is simply not meeting the needs of families, but particularly disadvantageous to Aboriginal families. It's been submitted that an entire system redesign is required to address the issues of the over representation of Aboriginal children in our child protection system in South Australia, would you agree with that?

Katherine Hawkins:

Not answering for Government but for me personally, I think that part of the challenge in answering this question when I was looking at it was actually that there's no single system.

Counsel Assisting:

No.

Katherine Hawkins:

You know, we've just had the Royal Commission into Early Childhood Education and Care handing down all of their very well considered recommendations, that we need to then put alongside all the recommendations that come from a range of other Inquiries and and and for us, for the Child and Family Support System, we feel like we've actually put a lot of deep thought and co-design into these last few years for this part of the system. So I think the challenge for all of us is how do we hold what's good and growing and that's working for people and understand that and also ask the questions about where it's not working, where are the clunky bits, as well as how do you actually see systems improvement outside of a singular service system. Because the child protection system, as it's usually quite narrowly defined, are quite often the same families who are in the housing system and the developmental vulnerability kind of education system and the mental health system and the domestic and family violence system. So as a Department we're probably acutely focused on actually how do we create system cohesion and see ourselves as part of that bigger effort. Poverty is another one.

Counsel Assisting:

Is part of the problem that departments operate in vacuums, that you know you've got all of these other, these, all of these systems that are working with the same families. Is there any cohesion is there any communication between them? Does the Education Department know what you're doing with these families, does the mental health know what anybody else is doing with them?

Katherine Hawkins:

I think it there's probably no single answer to that question, there are examples where people know exactly what each other are doing because we've set up and established ways of information sharing, like the Child and Family Support Networks that are a critical part of people seeing themselves in each other's work and the diversity of players we have sitting at that table I think speaks to that. At other levels, such as at my level, I mean I regularly meet with my level colleagues in a range of different committees and meetings about things that are areas of shared interest, where it's absolutely our job to not just share that information but ensure that we're working together. But because of the size and complexity and everybody's very busy, if you were to say is it working perfectly and everybody knows what everybody's doing, of course the answer would be no.

Counsel Assisting:

No.

Kerry Beck:

If I can just add, I think in in the reform, the CFSS reform that we've done in the last few years, there's been significant practice and performance improvement but the big thing about this reform that for me is different, and this is probably the fourth major service reform I've done in the last 25 years, the big difference with this one is the way that we have collected the data in a way that over a long period of time we will actually be able to know so much more about the population and the service system, that I think it will be able to inform all the bits of the system, all right. So for me the other thing I would say across those 25 years reform takes a long time in service systems and we only went live with this one about two years ago, which isn't very long, and so I would just be reluctant to throw it all out for a major system upheaval without giving us a bit more time to see what that data collection across lived experience practice wisdom and the numbers can actually tell us in the next year to 18 months.

Katherine Hawkins:

I was going to say more about data but maybe we'll come back to that at the end.

Counsel Assisting:

Okay, all right, well we're nearly at the end. What role would you say that DHS has in implementing the Aboriginal and Torres Strait Islander Child Placement Principles to its fullest extent and intent?

Katherine Hawkins:

I think we have a involvement throughout, you know, hence us developing this module so that all of our staff and all of our workers can see themselves in the elements.

Kerry Beck:

We are also making that available to all DHS staff, not just our Safer Family Staff, we've built it for Safer Families but we're making it available to all staff across the agency.

Katherine Hawkins:

So that'll include Youth Justice and people in disability and and other other areas which is terrific.

Counsel Assisting:

When you say making it available, does that just mean that they can read it, you're not.

Kerry Beck:

We're talking with organisational development around whether we make it compulsory, how we include it in our online system. So I'm certainly hoping hopeful that it will become compulsory, at the moment it's not, it is compulsory for our staff, but that's the intent is to work towards that, yeah.

Counsel Assisting:

Thank you.

Commissioner Lawrie:

Because a considerable element within the Principle is Prevention.

Kerry Beck:

Absolutely.

Katherine Hawkins:

Absolutely.

Commissioner Lawrie:

Which is a key mantra of your organisation.

Katherine Hawkins:

And I think brings just into such sharp focus that thing I was saying earlier, which is we've got to find better and, you know, easier ways for families to self-navigate into early help and support. We have set up some mechanisms but that shouldn't and can't be the only thing, it has to happen in all the places, including how we even talk about parenting, you know, and seeking support in a universal sense. So I think there's an extraordinary amount of work to do in there but we obviously have work and efforts and accountability across most of the areas of the Principle for sure.

Counsel Assisting:

Katherine you're going to speak of something about data?

Katherine Hawkins:

Well I was, only because none of your specific questions went to data, but to Kerry's point the development of the Learning System is also one of the most exciting things about the Child and Family Support System in terms of what we're now capturing. When the Early Intervention Research Directorate was first established, post Nyland, the question was, who are the vulnerable families and where are they and what works? And so that work over the last few years that EIRD has been doing in obviously in partnership with Safer Families and our NGOs and ACCOs has been to do that epidemiological analysis to understand what the volume might be of those families, which was that 8 and a half thousand families, 12 and a half thousand children, that are at high risk of ongoing and increasing access with the Child Protection System, so that you then understand who they are so you can try and get in earlier and support earlier and build pathways earlier. But what we're now implementing and we've just gone live in the last couple of months with a new referral and outcomes management system, that all our providers and Safer Families are now using, so we are now able to capture data that we've never had before in this system which is, you know, the total number of families who are referred, what the outcome was for them, as in whether or not they were able to get a service, for those who were provided with a service did they engage, what other engagement behaviours that the practitioner used, so did they do face to face, did they offer

brokerage, so down to that kind of level of response data, and then for those families who were engaged, that Family Snapshot Tool as well, which we use at service commencement and service closure, so we can actually see what changes for families over time, and right back at the beginning regardless of whether a family gets a service or not our Pathway staff are also doing their own clinical and cultural assessments on a range of things to understand those families so that after 2 years, 3 years, 5 years, we'll be able to say, you know, who gets a service who's not getting a service and what types of programs and service responses work best for whom and where, because we recognise that there are different groups that need different things, so we're going to be in a position to understand that at the system level, not just at the person level, which will be incredibly powerful, including data on what proportion of these families have, are living in unstable housing and for them what works best in terms of what they need to improve their parenting capacity and child safety, versus families who may be experiencing, you know, quite significant drug and alcohol problems and what do they need and my hypothesis is that those things are very different. So we'll actually start building a more nuanced system about what Family Support Services looks like and for whom, which will be incredible for that broader sector not just this.

Kerry Beck:

And the importance of the inclusion of practice wisdom in, and lived experience, in the development of the learning system has been something that for me, as a social worker of 30 years, I've never seen the interplay before how quickly we can use the data and the information from lived experience that's coming through EIRD to influence the practice of the workforce on the ground, because we go out with data and information from EIRD to our workforce every quarter, so this is what this quarter's data is telling us, these are the things that are working in engagement, these are the things that aren't working in engagement, these are the types of risks that are most prominent with families, we know that x amount of families have active domestic violence, we know that x amount of families that we see have drug and alcohol problem parents have drug and alcohol issues. So that real time interplay between data and practice is something I've I've never seen happen before in in my experience and it's really influenced the responsiveness of the system.

Commissioner Lawrie:

I appreciate that around practice wisdom and lived experience but you'd have to acknowledge there is the overlay of what models of service delivery are actually encasing the practice wisdom and the lived experience, but the point I wanted to make about that is that when, cause I know you you referred earlier part that you've developed a senior AHP Aboriginal Consultant position who is the service development.

Kerry Beck:

Manager of Service Development.

Commissioner Lawrie:

Yep, so to what end is that role then work with the Aboriginal Community, while we have regard for practice wisdom and lived experience to develop service models with the emphasis of local level Aboriginal community control because that's where the impact is, to what end will this role be developing, you know, new services or services that actually work for Aboriginal children and their families?

Kerry Beck:

Well we're trying with that role to speak with Aboriginal community and families. That role in partnership with the ACT team most recently over the last three to four months have held three forums, sorry four forums, three with Aboriginal Community around CFSS and what we're doing and what we're trying to design around Aboriginal governance, and one with the Aboriginal Workforce across the state in non-CFSS agencies around CFSS and what we're trying to do. I'm also working with her the the woman in that position at the moment around trying to create an Aboriginal, a local Aboriginal reference group or advisory group to the development of Safer Family Services service models. We involved the co-design in the development of the original service models, so they're some of the ways we're trying to get community voice into the actual design of the service models which can then influence what we're collecting, which can then influence what we do next time, and I guess that's the nature of the self- learning system it's it's cyclical, so what we do influences what we capture, what we capture influences what we do, and if we continue to do differently then we'll get different results out of the data and that will hopefully continue to inform a change in practice. Because I I really strongly feel that system design is really important but the practice within the system is the thing that actually changes people's lives. So you need a well-oiled system that works well together but you also need practitioners who know how to work in the circumstances they're working in.

Commissioner Lawrie:

But you also have to acknowledge, like we're at a time when Aboriginal child removals are unprecedented, like that is just what we're faced with in particularly in this state as a small jurisdiction, and when you understand what that looked like those unprecedented levels at the time of the Protectionist Era which was just you know mid '70s, when we saw things significantly change in terms of the systems and the legislation, and it was Aboriginal people that actually developed the programs and the services at the back end of that era, of those unprecedented levels for that time and that space, that created the change for our children and our families. So what I'm speaking to is understanding that there is a historical and cultural context that has to be understood with reform and how Aboriginal people and leaders from the Aboriginal community and the Aboriginal Community itself is actually involved and actually participating and taking the stewardship of that reform directly for their Aboriginal children because the truth is, and this is about truth telling, is that Aboriginal people haven't been involved the way they should be in leading and making those decisions that affect their children. We get best outcomes, because that is what the evidence has shown, when Aboriginal people are making the decisions about systems, about those reforms that have direct effect on their Aboriginal children and young people so cause it's the dominant culture that drives that and we haven't seen the changes that we need for our children and young people. So one of the things, I don't know, I think you had another question.

Kerry Beck:

I totally acknowledge that.

Katherine Hawkins:

I agree.

Commissioner Lawrie:

Yeah so did you have another question?

Counsel Assisting:

No.

Commissioner Lawrie:

You've got that last question I think but, cause I I do have something that is totally unrelated to that statement I just made.

Counsel Assisting:

We're done, we're done, that was their last question.

Commissioner Lawrie:

Yep, so DHS is responsible for the Screening Unit, Working with Children Checks. Do you have much understanding about the the role of Working with Children Checks and the relationship to the number of approved carers from our Aboriginal community and the rates at which our Aboriginal children end up in non-Aboriginal care?

Katherine Hawkins:

Probably not to the degree that you may need me to answer the question, I have a little bit of information to the particular question that was provided before today but if you need some more detailed information then we'll need to take that on notice. The Department does have the Screening Unit which conducts Working with Children Checks, we don't make decisions about the suitability of kinship carer roles specifically but we do conduct the Working with Children Checks across the state for a range of different circumstances.

Commissioner Lawrie:

Are you aware of the review conducted in Queensland about the similar program Working with Children Checks?

Katherine Hawkins:

No I'm not.

Commissioner Lawrie:

And the direct relationship to the the Screening Unit, their recording of I guess what they produce in their in their work and the effect that it has on the the system's ability to engage and recruit kinship carers for Aboriginal children?

Katherine Hawkins:

I'm not aware of it, it's not something that I've read for my role, but it's quite possible that the executive who oversee the Screening Unit may be aware of it.

Commissioner Lawrie:

Oh you're not the responsible Executive Director?

Katherine Hawkins:

No I'm not.

Commissioner Lawrie:

My apologies.

Katherine Hawkins:

That's okay but if you would like us to answer some further questions as a Department, we can provide that.

Commissioner Lawrie:

Yes.

Counsel Assisting:

Thank you.

Katherine Hawkins:

I hope someone's going to have jotted down all these questions.

Kerry Beck:

I've got the last three so is there a specific question of the Screening Unit you want me to ask or is it?

Katherine Hawkins:

Awareness of the.

Commissioner Lawrie:

No I think we'll prepare the questions for you.

Katherine Hawkins:

Thank you that be great.

Commissioner Lawrie:

For the relevant part of the Department.

Katherine Hawkins:

Sorry about that.

Commissioner Lawrie:

Oh that's okay, I just misread what you had identified, you know, what sits under your responsibility, that's okay.

Counsel Assisting:

Don't think I missed any others. Thank you very much for your you time and your your information that you've provided today.

Katherine Hawkins:

I hope it's been useful.

Counsel Assisting:

Very much.

Commissioner Lawrie:

Very much so.

Counsel Assisting:

Thank you.

Commissioner Lawrie:

I learnt a lot.

Kerry Beck:

Good.

Counsel Assisting:

Thank you.

END