

## **ADOPT CHANGE NATIONAL RECOMMENDATIONS** **following the #THRIVE National Permanency Conference 2021** *(released November 2021)*

### **Introduction**

On 13 to 14 October 2021 Adopt Change held its 5th National Permanency Conference (NPC) – #THRIVE2021. The conference is held annually as a response to Community Services Ministers' commitment made in November 2016 to prioritise permanency for children in out of home care (OOHC).

The purpose is to hear from states, territories and federal government on the progress made since the commitment, and the plans moving forward. This year had government support and/or speakers from every state, territory and the commonwealth.

The two-day conference was held online for the second time, due to the COVID-19 environment and included ~455 registrants from across Australia including ~55 local and international speakers and hosts. This 34% increase in delegates from 2020 and contributing sponsors demonstrates the growing commitment and focus on this important topic. The conference took the form of a virtual summit, offering delegates the opportunity to participate in national conversations to bring about change, as well as hearing from experts across related topics. The NPC brought together government, the child welfare sector, academics and the community (including parents, carers, relatives and those with lived experience of being in care and/or adopted). The theme focussed on permanency and thriving, to discuss critical issues surrounding children and young people unable to live with their family of origin, often in OOHC. It focused on creating better outcomes for children and young people so that every child and young person has the chance to #THRIVE.

The program was woven around the eight recommendations from the Adopt Change 2020 National Recommendations Report:

- **Unifying national child welfare and permanency**
- **Integrating the voice of children and young people in decisions**
- **Accessibility and timeliness of permanency for children in care**
- **Trauma-informed, therapeutic services to be made available for all children in care, and ensuring all schools are trauma-informed**
- **Community led child welfare**
- **Nationally supporting carers of children**
- **Data and information sharing between services and departments**
- **Preparing for thriving care-leavers.**

In addition to the main plenary sessions and breakout workshops, two National Roundtable video-conference sessions were held where participants were invited to share their insights around the eight key topics and anything else they considered was not covered in the previous recommendations, with a focus on what is needed so that displaced children and young people can thrive. Participants were encouraged to provide their input to share as part of this recommendations documents, an opportunity for those with lived experience to help shape policy in Australia.

Questions which related to the conference topics of permanency and thriving for children were provided as a framework for feedback. Participants were advised the discussion would be summarised into a document which would be submitted to government.

*“This Conference remains a crucial opportunity for all of us to affirm our absolute commitment to doing what we can to ensure that every child in care across Australia can belong in a family that is safe loving stable and permanent.”* Federal Assistant Minister Landry

## Key Recommendations 2021

Whilst there has always been public discussion about the OOHC system in Australia, there have been minimal formal platforms which allow the views of a broad cross-section of stakeholders to be recorded and submitted to government for consideration. As an outcome of the 2021 National Permanency Conference, including the National Round table discussions, the following recommendations have been prepared.



The 8 recommendations are summarised as follows to form a National Commitment Plan for Children and Young People to Thrive:

1. Policy makers and practitioners to **integrate the voice of children** across service delivery to inform practice and promote healing.
2. Jurisdictions implement strategies to **improve timeliness in permanency** decisions.

3. A national focus to commit to coordinated action in the area of **trauma-informed practice** within all key sectors including family and community services, child-care, education, health and disability services.
4. Establish a **national framework to promote standards of support and training for carers**, and expand the uptake of carer support groups, mentoring and trauma-informed training for carers in jurisdictions.
5. Build capacity for **Aboriginal led solutions** - designed, developed, led and locally implemented by Aboriginal peaks and community-controlled organisations in association with health services.
6. Improve and **increase commitment to family preservation through** early intervention and support services to keep families together and supported within community.
7. Implement a **service guarantee for care-leavers** and adoptees to thrive
8. Work together to address gaps and barriers to **better data and information sharing**.

Further information relating to the recommendations follow, and form core elements integral to children and young people thriving. While last year one of the recommendations was focused on national unity, this year the outcome indicates a strong need to work together via a national commitment arching across each of these eight goals.

## 1 Policy makers and practitioners to integrate the voice of children across service delivery to inform practice and promote healing

Hearing from our speakers at the conference including the National Children's Commissioner, Advocates for Children and Young People, and international advocates of lived experience reminded delegates how critical the voice of children and young people is in shaping direction, informing policy, recognising barriers to change and improving practice. Most importantly, the voices of lived experience were woven across the conference through speeches and delegate participation. Children and young people need to feel that in a world where decisions are made around them, that they also have a level of control, that their views are sought and communicated in an age-appropriate way, and respected. There also need to be professional safeguards in place to ensure children's wellbeing is protected and supported in these processes and appropriate decisions are made.

Delegates reported on the time and administrative pressures of casework with less time for relationships, the basis of relational permanence. Relational permanency refers to recognising the many types of important long-term relationships that help a child or young person feel loved and connected – relationships with brothers and sisters, family friends and extended family, and former foster family members, for example (Annie E Casey Foundation).

Age-appropriate resources to consult with children were identified in the ACT together program and the need for consistent language for children reading their files, and therefore being able to understand their history. Training of caseworkers in therapeutic life story work was emphasised, including the importance of trauma-informed practice and opportunities for mentoring.

The Commissioner for Children and Young People in Western Australia spoke of the significant consultations with children and young people in the development of the WA Wellbeing Strategy including a Child Impact Statement and Guidelines to assist integrating the voice of children in decision making.

Dr Bruce Perry emphasised the importance of the voice of the child in creative play and activities. We were also reminded that the process of engagement with young people should be authentic, acknowledging their time and contribution, accessible, and developing an appropriate process with clear timeframes and expectations understood.

As part of the NPC program, delegates heard from a specialist play therapy clinic for children and families in the Melbourne area, working with children under 5 from intercountry/local adoption or foster care and with early developmental and/or relational trauma, anxiety and attachment disruption challenges including ADHD and autism.

Integrating the voice of children is not only listening and consulting to ensure views are heard. Equally the voice of children, in whichever way they choose to share that voice, whether through creative play, written and child-friendly books or other means to build safety and connection and enable participation - has an important role towards healing.

*“Don't mistake yourself for your diagnosis. Don't let your diagnosis define you. Don't let your diagnosis limit you” (Dr Gabor Mate, Day 2, Plenary).*

#### **Messages for educators:**

- Humans function best when they feel safe and regulatory strategies like rhythm create more regulated individuals
- Use of pattern, rhythmic activities with children and young people – sport, music, art, drawing dancing are often undervalued in schools but help children regulate and learn better
- Meaningful relationships are key and relating to a child before regulating can assist (Dr Bruce Perry).

## **2 Jurisdictions to implement strategies to improve timeliness in permanency decisions**

At the 2020 National Permanency Conference ‘accessibility and timeliness of permanency for children in OOHC being prioritised’ was determined to be a key recommendation. Family preservation or restoration are the preferable options for keeping children with family. When this is not safe or possible, other permanency options based on the best interests of the individual child or young person need to be available – including Guardianship / Permanent Care Orders and Adoption.

This year identified some of the improvements in permanency case planning and decision making to improve children's stability. It was clear from presentations that a range of factors contribute to accessibility and timeliness in permanency outcomes and jurisdictions reported on their progress. For example, the SA Minister for Child Protection spoke of expansion in intensive family support services and family group conferencing and reunification initiatives and of the current Bill on Adoption of Children in Care progressing through Parliament.

The listing below is replicable across jurisdictions including identifying and reporting on permanency as a Premier's or Chief Minister's priority, and other factors identified through presentations and delegates:

- considering permanency across relational, cultural, physical and legal permanency aspects
- legislative change to ensure decision making and casework has a two-year timeframe for permanent case-plan goal
- the use of parallel planning – considering all reasonable options and concurrently considering and assessing those options that will best serve the child's needs
- increased family finding to build safe connections to family and enduring relationships and long-term resilience in children
- improved focus on early intervention work and family preservation programs to avoid children and young people coming into care
- increased efforts in family restoration
- family group conferencing – a strength-based form of alternative dispute resolution
- introduction of new more culturally appropriate casework practices for Aboriginal children, including implementation of an Aboriginal case management policy
- improved engagement with Court processes and ensuring Magistrates are fully supported, trauma informed and with relevant guidelines to their practice to make decisions based on the developmental needs of the child
- skills for caseworkers speaking with families from the very beginning about their support network, working with families about connecting children to their Aboriginal culture
- collaboration with carers and increasing their voice and involvement in case planning for children and young people (given that they often have the most knowledge of the day-to-day life of the child or young person).

### **3 A national focus to commit to coordinated action in the area of trauma-informed practice within all key sectors including family and community services, child-care, education, health and disability services**

Children who come into contact with contemporary child protection systems have frequently experienced profound trauma, resulting in complex and multiple issues such as cognitive and physical disability; mental health and psychosocial issues; and substance misuse (Avery, 2010; Butcher, 2005, McHugh & Pell, 2013, CWI, 2013; Vandivere, Malm, Zinn, Allen, & McKlindon, 2015).

At the conference, delegates heard from leading experts about the impact of trauma in the brain development of children and young people through the work of Dr Bruce Perry (author of the best-selling book *What Happened to You, Conversations on Trauma, Resilience and Healing*) and the role of the cerebal cortex, neuroplasticity and emotional regulation in the capacity of children and young people to thrive, to function effectively after trauma and loss. The importance of relational permanency to promote consistent and predictable loving and emotional regulation to build connection, resilience and healing was a key theme.

From Dr Gabor Mate (author of *The Biology of Loss* theory) we learnt of the heightened risk of children and young people from care having vulnerabilities to mental health, suicide and how for adoptees

and those in permanent care, relinquishment may be felt as abandonment – making them feel not worthwhile and unwanted. Dr Mate suggested that the ‘acting out’ that foster carers experience with the children in their care is attributed to their past trauma and displacement. A critical point raised was that “we are wired for relationships” and it is in this realm that healing from trauma begins.

A single national focus would recognise trauma and its effect on connection and development and the necessity of cross government trauma-informed responses to heal:

- Recognition of this in early childhood studies, and for primary and secondary school teachers in the context of students’ behaviour leading to reports, expulsion, and exclusion where children’s ability to learn is further compromised
- The vulnerability of children and young people in care, without clear diagnoses from trauma, better support to access NDIS disability case planning and support
- Children’s exposure to domestic violence necessitating child protection interventions is recognised, yet the availability of services and supports to families and within communities to respond to childhood trauma are less clear, despite the available research. Impacts of early childhood experiences may manifest in behaviours, learning difficulties, truanting, use of alcohol and drugs, eating disorders and self-harm.

This builds on last year’s recommendation for trauma-informed, therapeutic services to be made available for all children in care, including continuing therapeutic supports for children adopted from care as is occurring in South Australia. More than this, the growing body of knowledge about trauma is leading to awareness that society as a whole and specific disciplines including disability workers, health workers, educators, must be trauma-informed to properly understand and help children manage its impacts. This has implications for content modules at university, professional development and communities of practice in the workforce. Paediatric practitioners are well positioned to transform the way society responds to children exposed to trauma, and collective action is required to assist practitioners in child and family welfare settings, disability workers and educators to identify, screen and heal the toxic effects of early adversity (Burke Harris et al, 2017). In its work with schools, Adopt Change draws on the research and practical insights of Dr Tanya Bretherton in *Safe Spaces, Safe Faces, Safe Places* (2018) – “One does not need to be a therapist to help address the three crucial elements of healing: the development of safety, the promotion of healing relationships and the teaching of self-management and coping skills”.

A national roundtable with key discipline areas to clarify sectors responses, identify gaps and integrated solutions as a whole-of-government responsibility would help to remedy the patchwork of service recognition and responses that currently exists.

#### **4 Establish a national framework to promote standards of support and training for carers, and expand the uptake of carer support groups, mentoring and trauma-informed training for carers in jurisdictions**

The support needs of foster and relative kinship carers is most recently documented through the Australian Institute of Family Studies research report, *Working Together to Care for Kids* (May 2018) and the earlier 2016 Institute of Child Protection Studies – Foster carer attraction, recruitment, support and retention. Adopt Change also commissioned the then Institute of Open Adoption Studies (now Research Centre for Children and Families) which reviewed the evidence base for training for

carers, their needs and supports (2019). The importance of pre- and post-permanency support is recognised, but not well implemented, and formed the topic of Adopt Change research in 'Post Adoption Support for Adoptive Families in Australia' (2016).

Studies have shown that the provision of home-based care is under stress due to the challenges of recruiting and retaining suitable carers and carer homes (kinship, foster, guardian and adoptive). The carer workforce is the bedrock of the out of home care system and critical to achieving legal and relational permanency outcomes for children.

Conference delegates discussed how we can provide better connection and support to carers, foster carers and importantly relative and kin carers who receive less training and support than foster carers, and preventing placement breakdown. While permanency orders offer legal and relational stability, the absence of supports coupled with the needs of children and young people that arise, can leave families isolated and subject to mainstream services that may not be trauma-informed.

Delegates recognised the risk of placement breakdown where even trauma-informed relative/kin or foster carers do not have the adequate supports and services in place, or do not have the expertise to provide the *therapeutic* supports. This would assist a child or young person emotionally regulate and begin the journey of healing, averting them from delinquency or other behaviours at key transition points such as transition to secondary school. In its research report on Cross Over Kids (children in juvenile justice settings who have a care history), the Australian Institute of Criminology reports Children were exposed to a range of adverse and challenging family circumstances. Family violence exposure was endemic among the sample (74% of children in the study), and was more prevalent among indigenous children (95%).

Victoria previously launched the Stronger Carers Stronger Children initiative to recognise the unique role of carers and an action plan has been developed in partnership for implementation in 2021/2022. It includes bolstering of key supports including the Carer Kafe, permanent care helpline, respite for kinship carers and permanent carers now having flexible funding to cover extraordinary expenses.

Western Australia explored the initiatives within its recently released Foster Care Refresh Report. My Forever Family NSW presented its approach to recruiting, supporting, training and advocating for carers across NSW.

Delegates identified the need for a national service to support carers and link them to available support groups in their area, and access to services including trauma informed development training and post permanency support. This could include mentoring for new carers, advocating for improved access for children to the National Disability Insurance Service (NDIS) where ADHD, trauma and other psychosocial disabilities may not be recognised as a diagnosis that permits ongoing access to supports beyond the early childhood early intervention (ECEI) scheme for children aged 7 and under. Children who have a demonstrable functional deficit before the age of 7 can access ECEI but to remain supported beyond 7 years of age, they must have a formal diagnosis acceptable to the NDIS.

Overall, improved recognition of the value of carers, their attachment and nurturing to enable children to thrive must be acknowledged at the national level to challenge jurisdictional differences and barriers.

A national approach should be established, with standards of support for carers agreed to improve flexibility in the system. This will also assist with carers who move jurisdictions. Global evidence shows that supporting existing carers is also the best way to recruit new carers (as well as retain current). To ensure there are enough family homes for children in care, support of carers is vital.

## **5 Build capacity for Aboriginal-led solutions - designed, developed, led and locally implemented by Aboriginal community-controlled organisations in association with health services**

*“Permanency for children is more than just a place where they have to move from time to time never really knowing when. It gives children stability, the opportunity to learn about love and trust. But most importantly it gives comfort to an environment where children know that they are wanted and that is the ultimate. Imagine your life as a child who has no idea how long they are going to be in a place, what that place is like and whether they will be wanted. That is what permanency is and it takes away that anxiety and that fear and it gives children a chance to thrive.” The Hon Linda Burney MP, Shadow Minister for Families and Social Services, Shadow Minister for Indigenous Australians.*

The National Permanency Conference in 2020 explored increasing community engagement and opportunities to lead the change needed for child welfare within communities. In 2021, Day 2 of the conference saw the expansion of this theme. The Hon Linda Burney MP spoke to the importance of permanency of identity and connection.

SNAICC’s CEO presented about changes needed to turn the tide for Aboriginal children and the importance of the new targets established for Closing the Gap. Life Without Barriers explained its commitment to transfer its services to Aboriginal communities/families and case management of Aboriginal children and young people entirely to Aboriginal agencies by 2030 across Australia. The message was clear – significant changes are required to current practice.

In Western Australia a trial of Aboriginal family decision making is underway and the establishment of an in-home support service in Aboriginal communities.

In the Northern Territory, significant investments in the safer together approach have led to the establishment of Child and Family Centres supporting early intervention with a ‘no wrong door’ approach. A new clinical practice framework builds the capacity of parents and the use of the natural network.

Richard Weston, the newly appointed Deputy Children’s Guardian for Aboriginal Children and Young People in NSW, spoke to the national challenge and importance of leading change in child welfare. He spoke to the 41% of all children and young people in NSW in care who are Aboriginal and the one-third nationally, of self-determination and Australia’s ratification to the United National Conventions on the Rights of Indigenous People, the Rights of Children and Young People to their identity and culture and of the Aboriginal and Torres Strait Islander Child Placement Principles and implementing the recommendations of the Family is Culture review. He spoke particularly of the Aboriginal leadership in the Murdi Paaki regional assembly and the Maari Ma Aboriginal Health Corporation in NSW and the partnerships that have developed between Aboriginal and non-Aboriginal services across the region.

In summary, services need to be designed, developed, led and delivered by Aboriginal and Torres Strait Island peoples.

Through discussions a number of service delivery aspects were explored:

- The founder of More Cultural Rehab Less Jails spoke of culture-based rehabilitation programs as an alternative to prison for indigenous people, many of whom had broken families and a care history who are able to build resilience through learning to read and education.
- Programs like Nabu, operated by Waminda, were described as the first evidence-based First Nations led family support service. The service brings together cultural mentors, elders, family support workers, case managers and therapists to provide support for families and their children who are at risk of harm or susceptible to going into OOHC.
- The importance of indigenous mentors for young people coming out of care and connecting with culture.

A focus for all jurisdictions should be to review their commissioning of services and contracts, to build capacity in the delivery of services within Aboriginal communities including auspicing services where necessary with clear targets to transition delivery of services.

## **6 Improve and increase commitment to family preservation through early intervention and support services to keep families together and supported within community**

Discussions throughout the National Permanency Conference returned to a common theme of investing in early intervention and prevention support services to reduce entries into the OOHC system. Federal Assistant Minister Landry spoke of the soon to be launched Safe and Supported, 2021-2031, the new federal government National Framework and its focus towards early intervention and targeted support, addressing over representation of Aboriginal and Torres Strait Islander children in care, improved information sharing and strengthening families and workforce capability.

Dr Bruce Perry spoke of the burden that is placed on the shoulders of children following a child protection intervention – taken from their family, school and social networks – in this way, the burden is placed on the child.

Tasmania spoke to the first 1,000 days and the investment in early intervention and support during ante-natal and period most immediate after birth, by supporting parents to build their capacity and networks in their community and by maintaining relationships with family. Bringing Baby Home program was profiled with broad eligibility to prevent young babies entering out of home care.

Delegates called for expanded services for early intervention within all communities, to recognise the disadvantages that can beset families and communities. Strength-based approaches in both early intervention and family preservation are evident in all jurisdictions and gains have been made to prevent the placement of children and young people in care. The role of family group conferencing, family finding, and growth of relative and kinship carers who step up to keep family and children's connection's together in relational permanence is clear evidence.

It takes a village reminds all delegates that while systems may be complex, the portfolios of health, education, disability, local government services all play a part in healthy communities in which families can prosper and children can thrive. The economics of family preservation and support speak for themselves, in contrast to the cost to states and territories where child protection

interventions often have no solution other than removal of children and limited capacity in family preservation services.

The importance of keeping families together wherever safe and possible to do so with the necessary supports cannot be overstated. Children need to be central in decision making in situations such as Domestic Violence where a parent may not have safe housing or with the incarceration of mothers where their child too often enters OOHC as a result. Any initiatives to retain the important bond of the safe parent and child remaining together, with sufficient supports, will ultimately result in better outcomes.

## 7 Implement a service guarantee for care-leavers and adoptees to thrive

Significant advances have occurred by many jurisdictions to address the vulnerabilities of children and young people leaving care. The seminal work of Dr Judy Cashmore and Marina Paxman, 1996 (Longitudinal study of wards leaving care); Philip Mendes 2011 (Young people leaving state OOHC) and the significant work of CREATE Foundation and Dr Joseph McDowall in the area of transitioning to independence research have informed our understanding and the call to action. While the right to leaving care planning is now embedded in National Standards and jurisdictions casework, ensuring equitable access to services and support continues to challenge jurisdictions.

At the Conference, delegates heard about the Home Stretch Campaign and its national advance to build children's and young people's rights to stability and the opportunity to remain in care until 21 years of age in Tasmania, South Australia, Victoria and Western Australia ([Home - The Home Stretch](#)). The [analysis](#) prepared by Deloitte Access Economics identifies the significant life-long impacts including economic impacts when vulnerable children exit the care system into homelessness and other deprivations without adequate supports in place. It identifies ongoing costs to governments, communities and children and young people themselves. Victoria and the ACT spoke of their successes in providing improved options and pathways for children through dedicated services including housing and targeted support. In Victoria, we heard that extending care has been critical to reducing the level of homelessness, providing therapeutic supports and preparing young people as they transition to adulthood.

In particular, the Raising Expectations Program ([Raising Expectations: getting more care leavers to TAFE and uni.](#)), partnering with universities and TAFE, was highlighted allowing the opportunity for young people to go on to finish school and access vocational training and education with the right support in place. A delegate from South Australia contributed identifying a program that provides low level case management support and extended carer payments for care leavers up to the age of 21 years.

Most delegates responding to this question want the opportunity for care leavers to remain in stable care until they are 25 or at least 21 years of age with therapeutic support, housing services, health and life-skills support available including case management or coordination at some level. At a time when young people need our support the most, helping in a meaningful and evidence-based way is critical in-service delivery.

Independent living models could be part of this mix, with support and care, trained and consistent house parents facilitating the young person's development and growth. This includes supporting their education and training opportunities, helping them to develop responsibility and to feel proud about their contribution to society.

Not all young people in care have a ‘permanent’ home (such as young people in residential care). While permanency is a goal, for children who don’t have legal permanency, leaving care at 18 is recognised to be fraught with challenges. A government and society’s commitment to a child’s ongoing wellbeing and ensuring supports and community for young people is key.

## 8 Work together to address the gaps and barriers to better data and information sharing

Conference delegates discussed the hurdles of information sharing gaps:

- between divisions in government, eg corrections, justice, housing, community services, health
- between government departments and agencies - gaps in how each works with their own processes, policies and data collection limitations
- for carers, to optimise care for children in placements, beyond of the Privacy Act which is often cited when carers seek information to support a child in their care.

More collaborative work to break these bureaucratic hurdles and streamline information sharing is needed. Commitment to the principles and delivery on data sharing should be a part of the next National Framework to promote a customer work ethic, progress accountability in jurisdictions to permanency timeframes, placement breakdown and permanency outcomes for children and young people in care.

Reforms at the national level are also needed to improve consistency, quality, cross jurisdictional collaboration, and permanency outcomes for children. This could include initiatives to progress;

- Consistent data collection in relation to carers across jurisdictions
- National standards and curricula for carer training and assessment.

## Permanency and the Australian Child Protection Landscape

Nationally, the number of children receiving child protection services has continued to rise. Over the period from 2016-17 to 2019-20, the overall number of children who received child protection services in Australia rose by 3.8% from ~168,344 children (30.7 per 1,000) to ~174,719 children (31 per 1,000).<sup>1</sup>

Children who cannot remain safely in their family home may become the subject of a court order and be placed with kin or alternative carers in the OOHC system.

Only 4.7% of children who have been in care for more than 5 years achieved a permanency outcome compared to 23% of children who were in care for 1-2 years. This demonstrates that timely planning is critical to achieve permanency so that a child has a chance to #THRIVE.

In 2020:

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<sup>1</sup> Australian Institute of Health and Welfare(AIHW), Child Protection Australia 2019-20 (AIHW2021a). Snapshot May 2021 [www.aihw.gov.au/reports/australias-welfare/child-protection](http://www.aihw.gov.au/reports/australias-welfare/child-protection)

- 45,996 children were in OOHC (8.1 per 1,000 children)
- 17,817 of these children were in OOHC for five years or more
- 90% of children in OOHC were in home-based care, mostly with relative or kinship carers (47%), or in foster care (36%)
- The number of children in residential care remained stable at 6.4%.

Approximately 5,760 children exited OOHC to a permanency outcome in 2020:

- 4,398 children reunified with family
- 1,200 children left OOHC to third-party parental responsibility orders
- 162 children were adopted by known carers (excluding step-parents and relative adoptions).<sup>2</sup>

Data sourced from AIHW: Child Protection Australia 2019-2020, Adoptions Australia 2019-20

Permanency planning has been in place in international contexts for many years. Permanency planning is a policy and practice approach also used in all Australian states and territories for children in OOHC. The concept is to work as soon as practicable towards permanent restoration with family, or alternative care arrangements that create long term stable relationships and environments for children in which they can thrive and grow. This is based on decades of research demonstrating that a stable and permanent home helps a child to develop secure attachments and bonds, fosters a strong sense of identity and belonging, and aids the ability to repair from trauma (Delfabbro, King & Barber, 2010; Johnson, Natallier, Liddard & Thoresen, 2011)

In June 2018, Community Services Ministers agreed to a National Permanency Work Plan outlining a range of strategies to improve permanency outcomes, including to:

- Establish timely and consistent decision-making for permanency;
- Promote better permanency options; and
- Develop an approach to recruitment, training and support of more permanent carers, including adoptive parents.

State and territory laws and policies provide for permanent care pathways for children in OOHC, including:

- reunification with the child's family;
- legal orders transferring guardianship or parental responsibility to a relative, carer or a third party; and
- adoption.

Inquiries into child protection and OOHC have highlighted the increased complexity of the needs of children presenting to child protection systems over time. Children who come into contact with contemporary child protection systems have frequently experienced profound trauma, resulting in complex and multiple issues such as: cognitive and physical disability; mental health and psychosocial issues; and substance misuse (Avery, 2010; Butcher, 2005; McHugh & Pell, 2013; CWI, 2013; Vandivere, Malm, Zinn, Allen, & McKlindon, 2015).

<sup>2</sup> AIHW 2019-2020, AIHW Adoptions 2019-2020

## 2021 Conference Speakers and Topics

This year's National Permanency Conference included ~55 speakers and hosts over two days, ensuring international perspectives, Australian state and territory highlights and experts across a range of subjects. This was complemented by delegates drawing on their expertise, practice knowledge and lived experience through online sessions and national roundtable meetings.

**International speakers** at #THRIVE2021 included:

- Bruce D Perry, MD, PhD, author of best-selling book *What Happened to You? Conversations on Trauma, Resilience and Healing*;
- Dr Gabor Mate, best-selling author and renowned Addiction, Trauma and Childhood Development Expert;
- Dr Jane Aronson, Global Paediatrician and Behavioural Health expert.
- Simon Benn, Founder of Thriving Adoptees; and
- April Dinwoodie, Podcaster at *Born in June, Raised in April* and creator of Foster Care Mentoring Program, Adoptment.

**Federal, State and Territory Governments Participation** included:

- The Hon. Michelle Landry MP, Federal Assistant Minister for Children and Families
- The Hon Linda Burney MP, Shadow Minister for Families and Social Services, and Indigenous Australians
- The Hon Alister Henskens (NSW)
- The Hon Sarah Courtney (TAS)
- The Hon Simone McGurk (WA) MLA
- The Hon Rachel Sanderson (SA)
- The Hon Rachel Stephen-Smith (ACT)
- The Hon Kate Worden (NT).

In addition this year, we hosted:

- Anne Hollonds, National Children's Commissioner
- Colin Pettit (WA) Commissioner for Children and Young People
- Richard Weston (NSW) Deputy Children's Guardian for Aboriginal Children and Young People
- Zoe Robinson (NSW) Advocate for Children and Young People.
- We also heard from government representatives from Department of Social Services (DSS); New South Wales; Western Australia; South Australia; Victoria; Tasmania; and Northern Territory.

Whilst there was variation across the jurisdictions when it came to updates on their respective focus areas and processes, there were reports that progress has been made across the board, and that continuous efforts need to be maintained to obtain permanency in a timely manner.

A strong focus at the conference was the commitment of speakers and delegates to improve the permanency of Aboriginal children and young people and the importance of community led responses to ensure Aboriginal children have meaningful opportunities to thrive.

Local speakers included Jeff Amatto; Emily Backhouse; Helen Barrett; Dr Melissa Kaltner; Pam Barker; Dr Stacy Blythe, Jonah Bobongie, Sue Buratti, Meredith Carter, Prof Paul Chandler, Mark Galvin, Julie Hourigan Ruse, James Isles, Catherine Liddle, Paul McDonald, Mark Nixon, Kym Peake, Claire Robbs; Danielle Schmid, Bernie Shakeshaft, Chris Skinner, Jarrod Wheatley, Jacinda Wing, and a range of speakers on their lived experience in the care system and/or as adoptees.

Topics and key messages from the talks included:

- Improved investment in early intervention and family preservation support services to keep families together
- Insights into the various forms of permanency across the continuum of preservation, restoration, kinship and foster care, guardianship / permanent care orders and adoption
- The importance of relational permanency to promote consistent and predictable loving and emotional regulation to build connection, resilience and healing
- Increasing extended family time / contact and connection to build belonging
- Recognition of the impact of trauma in the brain development of children and young people and embedding models of trauma informed care into everyday practice of carers, adoptive parents and caseworkers
- Safe and Supported, 2021-2031, the new federal government National Framework and its focus towards early intervention and targeted support, addressing over representation of Aboriginal and Torres Strait Islander children in care, improved information sharing and strengthening families and workforce capability
- Increasing trauma-informed therapeutic services in the education, health and disability sectors
- Building capacity for family preservation and support services designed, developed, led and delivered by Aboriginal community-controlled organisations in association with health services
- Expanding the uptake of carer support groups, mentoring and trauma-informed training for carers
- The specific needs of infants under one year of age placed in OOHC care may suggest carers need specific training and support for their health and wellbeing
- The voices of children and young people and being heard - building authentic processes into practice including mentoring caseworkers in therapeutic life story work
- National guidelines for permanency planning to improve consistency across jurisdictions
- Opportunities and barriers to improve timeliness in decision making, family group conferencing and the role of the courts
- The importance of children and young people remaining in stable care until they are 25 years or at least 21 years with robust case co-ordination in support services, housing, health, life-skills, training and education
- Information often not shared between divisions in government, eg corrections, justice, housing, community services, health - or between government and agencies, plus gaps in how each works with their own processes and policies. Collaborative work to break these hurdles and streamline information sharing, and for carers to have more access to information to optimise care for children in placements.

## Summary of conference delegates' input

Conference delegates were invited to provide input across the two days of the conference, as well as via feedback methods following the event. The two National Roundtables facilitated discussion on the key topic areas outlined below, with attendees including government representatives from all states and territories, as well as conference speakers, carers, care leavers, adoptees and child welfare practitioners.

**270** attended the Day 1 National Roundtable and **215** at the Day 2 National Roundtable, a 35% increase in engagement from the previous year.

Note, the feedback points summarise feedback from the delegates representing the range of stakeholders, and do not necessarily reflect the position of Adopt Change.

### **Q1: What is the single most important change that legislators, policy or practice could make relating to permanency nationally?**

There was significant agreement for a unified nation-wide approach to child protection, with a national framework and approach to build consistency and timeliness for permanency across jurisdictions. There was strong support toward more family support and restoration efforts and calls for more focus on the retention and wellbeing of frontline child protection workers.

### **Q2: What can we do better in practice to integrate the voice of children and young people and build on their strengths and capacities? What are the barriers to this?**

The majority of feedback centred around ensuring age-appropriate tools and methods were used to convey information to give children the opportunity to understand their circumstance and place more weight on the voice of the child in the legal process. A major barrier to this was identified as workload and resourcing with caseworkers, which can inhibit the relational aspect of their role.

### **Q3: What barriers have been overcome or still need to be addressed to improve timeliness in permanency decisions that affect children's stability, safety and wellbeing?**

The major barriers raised centred around lengthy court processes and unexplained legal delays in trying to achieve permanency, with many highlighting the need for officers of the court and magistrates to have more understanding around trauma and child development. There was also a strong focus on improving early intervention and family preservation work as a priority.

### **Q4: What are the key levers of change to increase trauma informed therapeutic services to children in need in different settings (home, support services, school, case work, community)?**

There was strong feedback to suggest a national approach across all key sectors and disciplines toward professional development and training in trauma informed care, services and practices was required, with the education sector requiring more detailed learning on the importance of trauma-awareness in schools. There were also calls for a national information service or platform to support carers.

**Q5: Nationally supporting carers - how can we provide better connection and support to carers of children?**

The key message that came through here was to ensure services to support carers are provided nationally across jurisdictions, along with better recognising the value and contribution carers make in the lives of children. The need to expand the uptake of carer support groups was highlighted, as well as providing more mentoring and trauma informed training opportunities for new carers.

**Q6: Communities leading child welfare - what can we learn from the topic discussed today that could transform how child welfare supports Aboriginal children and families?**

There was strong focus on family preservation and support for building capacity in Aboriginal communities to ensure child welfare is designed, developed and delivered by Aboriginal Community Controlled Organisations with the support of health services.

**Q7: Preparing for thriving care leavers - is there no wrong door? Let's imagine a "service guarantee" to children leaving care. What could this look like?**

A significant number of responses wanted the opportunity for care leavers to remain in stable care until at least the age of 21, with appropriate housing, health and other support services available. Other suggestions focused on continuing support services for care leavers past the age of 18, including financial and educational support, and incorporating further opportunities such as pathways to vocational learning and university via scholarships, and employment via supporting trades and apprenticeships.

**Q8: Data and information sharing - where are the gaps in our data or information sharing and what can we do about it?**

Major issues with critical data and information sharing were flagged between government departments and agencies, agencies / government department and carers, with many frustrated at the limited information provided to carers to enable them to better understand the children they are caring for. It was suggested a commitment to the principles on data sharing is included in the next national framework to keep jurisdictions accountable.

## Additional Resources

National Permanency Conference Event Website:

[www.eventsforchange.org.au/npc2021/1041515](http://www.eventsforchange.org.au/npc2021/1041515)

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