



ADOPT CHANGE NATIONAL RECOMMENDATIONS PAPER

**following the #THRIVE National Permanency
Conference 2022**

(released 30 November 2022)

Acknowledgments

Adopt Change acknowledges the traditional owners of the lands on which we work and pays respect to Elders past, present and emerging.

Adopt Change acknowledges all children and young people, particularly those with lived experience in care and adoption who deserve safe, supportive and permanent families and communities to thrive.

Introduction

On 25 to 27 October 2022, Adopt Change held its 6th National Permanency Conference (NPC) - Supporting Children at Home and School to #THRIVE.

Please see **Appendix A** for further background on the annual Adopt Change NPC, including 2022 NPC speakers and topics.

This year, the NPC was extended from two to three days to include a further day focused on supporting children with trauma in their education.

Over 250 delegates from across Australia and internationally participated in the conference including government representatives, local and international speakers, people with lived experience, academics and child welfare, child protection and education sectors.

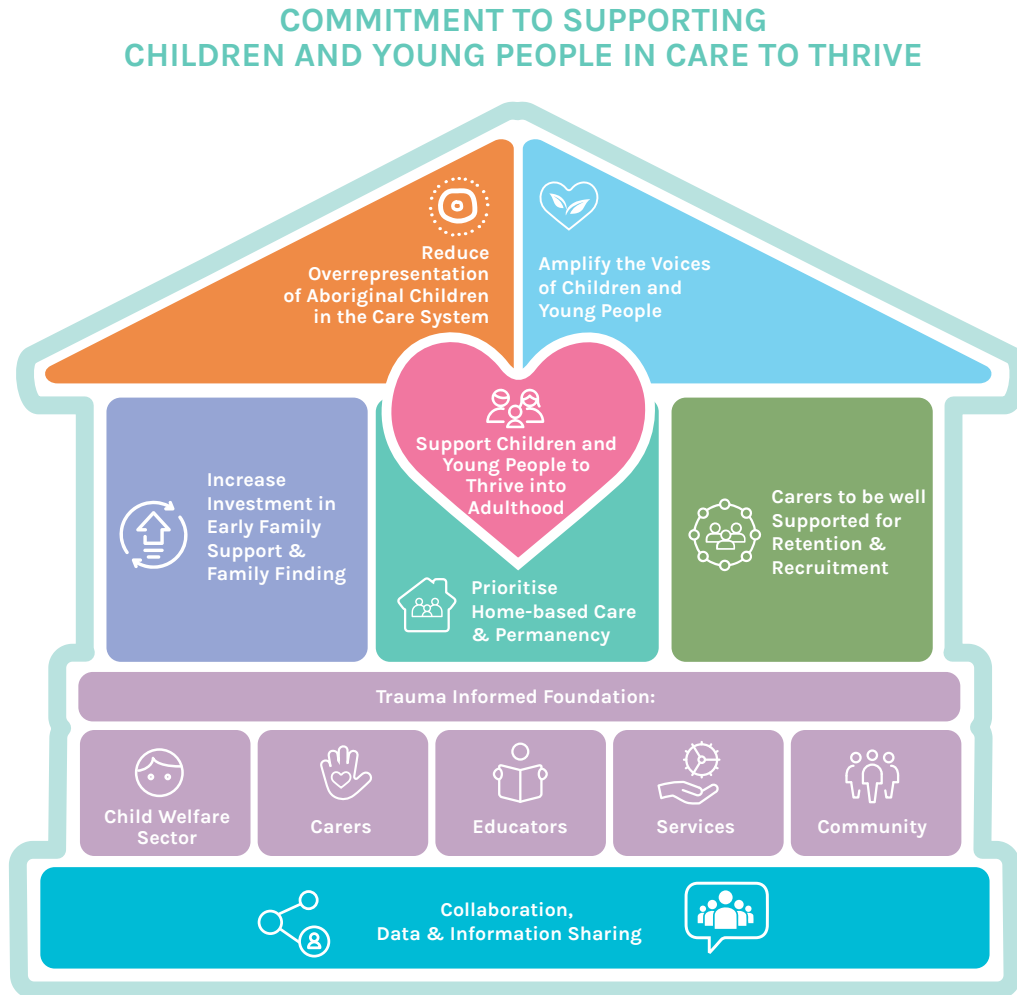
For the second consecutive year, the NPC received government support from every state, territory and the Australian Government in the form of sponsorship and/or speaker participation. This achievement is reflective of the agreed national importance of permanency and wellbeing discussions for children and young people.

“Without the right support, the odds are stacked against them... we know they are not just statistics on a page, they are young lives, they are our future. We need to work together to make sure the changes needed to give children what they need to thrive. Children and young people in Australia have the right to grow up safe, connected and supported in their family, community and culture.”

– The Honourable Amanda Rishworth MP, Minister for Social Services (NPC 2022, Day 1)

Key Recommendations

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



Further detail relating to the recommendations summarised in the diagram are detailed in the following pages and form core elements integral to children and young people thriving at home and in school.

Also included are “**In Practice**” suggestions for each recommendation which are non-exhaustive but demonstrative of potential implementation.

These recommendations build on the 2021 recommendations with some key differences. These include:

- **A focus on home-based care**
While there is a critical role for government in child protection, the time children spend in a ‘system’ needs to be time limited so that they can be raised in family homes. Post COVID-19 there is a growing number of children in non-home based care and a level of desperation from the sector as to how to navigate a crisis where children even under age 5 are not able to be provided with timely home based care.
- The **prioritisation** of (a) addressing the **over-representation of Aboriginal children in out of home care**; and (b) **amplifying the voices of children and young people** in decision-making.
- A shift to children and young people “**graduating to independence**” instead of “leaving care”.
- A **recognition of the progress** that has been made in areas including extending care to 21 years; commitments made to sharing data and creating a National Carer Register – with a call to continue progress with the commitments and further improvements.
- The addition of the importance of early **family finding** for kinship care.
- The recognition of the foundational importance of trauma-informed approaches across child welfare; carer roles; education; services and community.
- The inclusion of education as a major focus due to the amount of time children spend at school and the impact of a supportive education environment, coupled with the strong need for access to services.

1. Policy makers and practitioners to continue to work in true partnership with Aboriginal and Torres Strait Islander peaks, communities, families and experts to:

- a) **Build cultural competency** within state and territory care and protection, education, health and justice systems
- b) **Increase Aboriginal and Torres Strait Islander care and protection staff**, including at senior-executive level in government and non-government, supported by culturally safe working environments to facilitate staff retention;
- c) **Dramatically reduce the overrepresentation** of Aboriginal and Torres Strait Islander children and young people in the out of home care (OOHC) system

“If we do not explain ‘the why’ of racial over-representation, a narrative of cultural identity being causative and explanatory becomes normalised with devastating outcomes and non-evidence based solutions”

– Dr Tracy Westerman (NPC 2022, Day 2)

Indigenous children continue to be overrepresented among children receiving child protection services and in OOHC.

Catherine Liddle, an Arrernte/Luritja woman from Central Australia and CEO of SNAICC, opened discussions by stating lifelong success and wellbeing for Aboriginal peoples is fundamentally rooted in strong connections to family, kin and culture, which requires transformative change to achieve. *Safe & Supported, The National Framework for Protecting Australia's Children 2021 - 2031* and *The National Agreement on Closing the Gap* were raised as two major pieces of policy seeking to fix a broken system which had previously been designed in the absence of Aboriginal and Torres Strait Islander people being involved in decision-making, leading to the atrocities suffered by the Stolen Generations.

The ACT Minister for Families and Community Services, the Hon. Rachel Stephen-Smith MLA shared with delegates that the ACT will establish an Aboriginal and Torres Strait Islander Children's Commissioner, which was one of the recommendations following the *Our Booris, Our Way* review.

Dr Tracy Westerman, a Nyamal woman from the Pilbara in Western Australia, psychologist and leader in Aboriginal mental health, suicide, prevention and cultural competency, spoke of the need to understand the neuroscience of racism. The gap cannot be closed unless the gap is explained. Dr Westerman explained that by using the Aboriginal Mental Health Cultural Competency Profile (CCP), a tool that has been culturally and psychometrically validated as a measure of Aboriginal mental health cultural competence, evidence is gathered which explains the overrepresentation of Aboriginal children. Dr Westerman echoed the necessity for Aboriginal people to be involved in decision-making for Aboriginal people.

IN PRACTICE

- Continue to actively monitor the progress of the targets outlined in the National Agreement on Closing the Gap.
- Implementation and use of culturally and scientifically validated, evidence-based training and tools to build cultural competency across all sectors, to educate new and existing staff, and inform and build capacity in decision-making involving Aboriginal and Torres Strait Islander children and young people.
- Aboriginal and Torres Strait Islander care and protection staff, including at senior-executive level in government and non-government, supported by culturally safe working environments to facilitate staff retention

2. Amplify and integrate the voices of children and young people across decision-making processes and service delivery

Speakers and delegates unanimously agreed that the voices of children and young people are critical not only to policy design and implementation within the OOHC and adoption systems, but more importantly to the psychological safety, autonomy, connection and healing of children and young people.

The Hon. Amanda Rishworth MP, Minister for Social Services also spoke about Safe & Supported, implemented to improve the lives of children, young people and families, decrease entries to OOHC and reduce the overrepresentation of Aboriginal and Torres Strait children in OOHC. Minister Rishworth emphasised the importance of the voices of children and young people and urged delegates to remember that each person and family has a different story to tell, and that children and young people have a right to participate in decisions that affect them.

NSW Advocate for Children and Young People (ACYP), Zoe Robinson shared key findings from the report, *'The Voices of Children and Young People in Out-of-Home Care (2021)'* which platformed the voices of 99 children and young people in NSW in OOHC at the time, or with experience in the system. The report notes that a recurring theme was children and young people were given little or no say in the decision-making process. This is consistent with the experiences shared by Adopt Change Lived Experience Advocate, Emily Hikaiti who described circumstances during her placement where decisions were made about and without her contribution, which in turn affected her ability to advocate effectively for herself and siblings.

Adopt Change Lived Experience Ambassador Jonah Bobongie spoke of his adoption experience, which he continues to do via his podcast 'Led by a Heartstring' and reiterated that at the core of decision-making is a decision which not only affects adults, but most importantly the child(ren).

Delegates were informed on the Queensland Family & Child Commission's (QFCC) *'Rights, Voices, Stories Project Report'* which highlights where in the child protection system the rights of children are not being upheld. Principal Commissioner, Luke Twyford shared with delegates his own personal experience of growing up in a family which fostered children, the power of a good advocate for the child but also the benefits realised when the system (and his family's case, the school) listened to the views of the child. Principal Commissioner Twyford encouraged delegates to remember that engaging with children and young people means more than listening and consulting, but actively helping them influence change, which is what the QFCC Youth Advisory Council seeks to do.

Dr Jane Aronson, Global Paediatrician and Behavioural Health Expert shared with delegates the importance of the dialectical behavioural model in connecting with children and young people, validating their experiences and listening to them. The power of play was also emphasised; children prefer physical activity, non-verbal touch and interaction which can be powerful in repairing disrupted pathways and addressing trauma.

NPC discussions revealed that despite best intentions, children and young people are feeling invisible, overlooked and managed. Please see [Appendix B: Summary of Conference Delegates' Input](#).

“Let's influence government policy and funding based on where the next generation want us to be.”

- QFCC Principal Commissioner Luke Twyford (NPC 2022, Day 1)

A system which imposes decisions on children and young people, rather than engages and prioritises their views, is fundamentally flawed. Children and young people need to be encouraged to express their opinions and views without fear of judgment or disregard and in an age-appropriate way (whether verbally, non-verbally or via play). This will require consistent education and training for all who work and interact with children and young people.

IN PRACTICE

- Introduction of an OOHC/adoption lived experience seat on the Australian Government Youth Steering Committee. This would provide a national platform for the voices of children and young people in and from OOHC and adoption.
- Similar implementation within youth councils/committees across each state and territory is also recommended, along with a national summit annually to facilitate shared connection and advocacy for youth representatives.

3. Support children and young people to thrive into adulthood by building confidence and capacity for them to ‘graduate to independence’ rather than ‘leave care’

During the ‘National Roundtable 1 – Permanency’ session, majority of delegates did not believe that the care system has enough supports to help those leaving care to thrive. The ramifications of failing to provide the required and desired support are commonly known; greater risk of homelessness, poor mental health and wellbeing, unemployment, entry into the criminal justice system.

Dr Victoria Flanagan, Principal Policy Officer at Uniting NSW/ACT spoke of the need for youth transition programs to be available for children and young people leaving care, with reference to *Foyer Central* as an example, a program which offers accommodation, mentoring and coaching for young people.

Home Stretch, young people and other supporters have tirelessly advocated for the extension of care and support services to those leaving care up to at least the age of 21 years. At the time of publication, each state and territory have committed to this, providing additional support, stability and security for those leaving care in what can only be described as a transformational stage of their lives.

That said, the NPC discussions revealed speakers and delegates believe the extension of care to 21 years, whilst positive, requires much more than commitment. Those leaving care require more action in the form of more support services, consistent support services between jurisdictions and better education regarding the services available.

Delegates also discussed the nuance between the terms 'leaving care' and 'graduating care', the latter encouraging positive connotations towards achievement, hope and capacity building beyond OOHC. Youth transition programs seek to support an upward rather than lateral trajectory and therefore it seems appropriate that the language surrounding the leaving of care be carefully considered.

IN PRACTICE

- Jurisdictions to ensure consistent youth transition programs for children and young people leaving care, which are designed around capacity building and facilitation towards the mindset shift from care 'leaver' to 'achiever/graduate'.

4. Increase investment in early family support and family finding

Increased focus on early intervention and family preservation programs (such as family group conferencing) remain a key theme, the aims of which being to avoid children and young people from entering care in the first place and then being moved from placement to placement.

Keeping families together wherever safe and possible, must be central to decision-making. Where this is not possible, at the very minimum there needs to be robust early intervention supports available contemporaneously with the child(ren) entering care and with preference towards kinship care over other home based and residential care.

Multiple reports document the personal and societal benefits, along with fiscal savings possible if early interventions are targeted and implemented as intended. The wellbeing of vulnerable children, young people and their families is critical and increased investment needs to be made into ensuring as many children as possible can remain safely at home instead of entering the system which far from guarantees a positive outcome. The reduction of children entering care will also allow for improved service delivery for those who do need to enter care.

IN PRACTICE

- Increased investment in early intervention and family preservation programs prior to and in addition to support provided at entry to care. These supports should be the starting position for every child and young person at risk of entering care, only to be waived in circumstances where early intervention and family preservation would be unsafe and not in the best interests of the child or young person.

5. Develop the National Carer Framework to support, build capacity and retain new and existing carers

Carers need support. This is a clear, agreed upon message, well beyond the discussions during the NPC. Carers need financial support to alleviate some of the pressures involved in caring for a child or children (often in addition to their own), emotional support and specialist training support.

Safe and Supported outlines the commitment to support grandparent, foster and kinship carers and help with retention and recruitment. Supported carers not only benefits children in care and their carers, but also has a globally recognised flow on effect as being the most effective form of recruitment through positive word of mouth from carers.

As an example, leading researcher Dr Stacy Blythe, Western Sydney University, shared the recent findings regarding carers' perspectives in infant OOHC (Blythe, Elcombe, 2022). This research overall found that carers are not well supported to provide infant specific care such as infant feeding and nutrition, bathing, sleeping, immunisation and developmental milestones. This is one example of an information gap which exists for carers.

Further on the issue of training, the NT Minister for Territory Families, The Hon. Kate Worden identified the practical need for any training to be flexible, accessible and culturally appropriate.

Delegates also heard from Dr Elsie Alcorido, Acting Director from the Victorian Auditor General's Office (VAGO), who informed delegates about three key audits conducted by VAGO relating to kinship care, the quality of child protection and data and mental health of child protection practitioners. Overarchingly, the audits concluded kinship carers are not receiving the support they need. According to the findings, kinship carers receive the lowest level of care allowances compared to foster carers and have difficulty accessing financial support. Regarding the mental health of child protection practitioners, the audit iterated practitioners' sentiments they are under-resourced across multiple areas in service delivery, which has negative consequences on the ability to attract and retain carers.

As part of carer retention, delegates also heard from Life Without Barriers and its partnership with the Mockingbird Society to implement *Mockingbird Family* in Australia. This model was built on the premise of "it takes a village" to raise a child and connects carer households with each other. *Research* conducted on carer retention found that word-of-mouth referrals are the most effective strategy for recruitment, above formal recruitment initiatives. Conversely, it can be said that negative experiences may have a more damaging impact on carer recruitment and retention due to negativity bias.

The message is loud - carers cannot provide care unless they are cared for. There needs to be increased funding at least commensurate with the quality of care provided to and needed by children and young people.

IN PRACTICE

- Adoption of a national approach to care, including funding, education, training and standards of support for carers, to encourage retention, recruitment and ensure transferability of skills and care between jurisdictions.

6. Jurisdictions to prioritise home-based care and permanency in a timely manner

Speakers and delegates during the NPC continued to discuss the importance of timeliness of permanency decisions, agreeing that in circumstances when reunification is not safe and possible the focus must quickly shift to the attainment of permanency through other options such as home-based care, guardianship, permanent care orders or adoption.

Discussions focused on the need for process review, with the NSW Minister for Families, Communities and Disability Services, the Hon. Natasha Maclaren-Jones sharing the implementation of a Permanency Taskforce to examine the ways to streamline OOHC, guardianship and adoption. Delegates agreed that processes needed to be easier and decision-making clearer, to achieve permanency in a more timely, child-focused manner. Funding, education and integrating the voices of children and young people in decision-making were all discussed as areas for improvement.

Home-based Care

Data published by AIHW reports over 3,382 children were in residential care (non-home based care) across Australia. In Victoria, an *inquiry* conducted by the Commission for Children and Young People (CCYP) concluded that an alarming amount of children and young people were absent or missing from residential care because of concerns for their own safety. The Victorian Shadow Minister for Child Protection and Youth Justice, Dr Matthew Bach referenced shocking examples of when residential care fails and all the all-too-common consequence being entry into the youth justice system.

A limitation noted in the CCYP inquiry noted that current systems for data collection, reporting and oversight do not provide a complete state-wide picture regarding absent or missing children and young people from OOHC. Clear data which provides age breakdown of children in residential care is also unavailable (or sparse), either at state and territory level or nationally.

Though undesirable for any child or young people to be in residential care for any length of time, it is deeply problematic that carer shortages are resulting in children being placed in accommodation such as hotels and serviced apartments (known as contingency placements) and that children under age 5 are in some instances also being placed in these care arrangements.

These occurrences highlight the increasing number of children in care and the necessity to both keep children safely at home and ensure enough carer-homes for those who cannot live with family. It also highlights the importance of strong shared data to ensure the system quickly supports appropriate placements.

Enhanced tracking and reporting of the ages of children and young people in residential care, the frequency of contingency placements, in what circumstances and why children and young people are fleeing care. At a minimum, the system needs to substantially reduce the need for reliance on contingency placements and focus on transitioning children from these placements to home-based care.

Adoption Outcomes and Considering Simple Adoption

On adoption, Deirdre Cheers, CEO of Barnados Australia, shared the findings of a significant longitudinal study into the outcomes of open adoption from care (Ward et al., 2022) which concluded adoptees fared better across a wide range of indicators compared to children raised in OOHC. Ms Cheers strongly advocated for the need to proactively plan based on the needs of children and young people at the time of removal and to include open adoption concurrently with restoration and guardianship in considerations.

In considering adoption, the national legislative introduction of *simple adoption* needs to be rigorously considered by the Australian Government, states and territories. In doing so, an adoptee could have a new legal relationship with an adoptive family, without erasing legal connection with their birth family. Such an addition to the permanency continuum is likely to result in an increase in movement towards achieving permanency for many children and young people (where appropriate) from OOHC and importantly, relational permanency.

“...shift in thinking away from thinking about children in placements, to thinking about children having permanency, lifelong relationships, cultural connection, somewhere to call home and relationships with people who will love them forever, including their birth and carer families.”

– The Hon. Natasha Maclaren-Jones, NSW Minister for Families and Communities and Minister for Disability Services (NPC 2022, Day 1)

IN PRACTICE

- Introduction of permanency coordinators across the delivery of care and protection services in all jurisdictions.
- Commonwealth, States and Territories to devise an action plan for the introduction of Simple Adoption for children and young people in care.
- Improved reporting and transparency in residential care, specifically regarding the ages of children and young people, contingency placements and the reasons and frequency of absences from residential care.
- Obtain expert advice regarding any age at which children and young people ought to be excluded from residential care, noting the considerable research which currently exists regarding the complexity of childhood development around the age of 10 years old.

7. National focus on building trauma informed foundations for the child welfare sector, carers, educators, service and the community

The NPC discussions focused on education and accessibility of services.

In discussing trauma education, delegates heard from leading experts, particularly Bruce D Perry, MD, PhD (author of “What Happened to You, Conversations on Trauma, Resilience and Healing”) and Dr Gabor Mate (author and renowned addiction, trauma and childhood development expert).

Dr Perry discussed his observations of when a good therapeutic relationship outside of school may have been established but declines when a child returns to school, because the child is misunderstood and mislabelled. Unfortunately, the usual interventions imposed by schools often exacerbate the child’s trauma and results in their marginalisation. He emphasised that which is rewarding for a child who can regulate themselves normally, is frequently not rewarding for a child struggling with trauma.

Dr Perry further shared that in his experience, in providing the right trauma informed education and training to teachers and educators, even a small amount, this can result in the entire climate of the classroom change, including the attitudes of the students, teachers and importantly the child who has experienced or is currently experiencing trauma.

Common (often punitive) interventions, whilst mostly well intended, are often ineffective interventions. The specific needs and strengths of a child need to be identified and properly understood, to curate appropriate and therapeutic environments within the classroom. At the core of this is understanding how the brain works and learns, according to Dr Perry who referred to the Neurosequential Model in Education (NME), which in turn assists in the creation of a treatment plan for the child(ren).

To better implement trauma informed education, organisation support of the schools is necessary, but also this content needs to be embedded into undergraduate and post-graduate teaching studies. The education and training of teachers and educators needs to be appropriately funded to include learnings on attachment, trauma and neuroplasticity of the brain, along with teaching concepts such as the use of rhythm and movement in the classroom to regulate, relation and reason.

The NSW Education Minister, the Hon. Sarah Mitchell spoke of schools being a stressful and difficult place for children and young people with trauma and highlighted the efforts of the *Inclusive, Engaging and Respectful schools package* towards helping schools support diverse student needs across public schools in NSW. In implementing the package, the NSW Department of Education seeks to support students, teachers and staff, ensure safety and maximise learning potential.

Further, in a combined session with Dr Perry and Dr Gabor Mate, the misunderstood notion of ‘acting out’ was discussed with the key takeaway message being that behaviours which attract this label are not bad behaviours, but the product of a child or young person who is responding to emotional dynamics, often trauma, in their development. Dr Gabor stressed the importance of a developmental focus, as opposed to a purely medical or behavioural focus. It was further discussed that for healthy brain development, schools need to support brain development in teaching by creating and promoting environments which encourage emotional safety and connection, and antithesis to this is counter-productive diagnoses, the example given being Oppositional Defiant Disorder (ODD).

WHAT ARE THEY ACTING OUT THAT WE NEED TO RESPOND TO?

Integral to the above discussions was also support of teachers and educators to implement this important work and ensure they are not becoming exhausted and dysregulated also. Delegates received expert guidance to specific questions from Dr Perry and Dr Mate regarding practical ways to support and regulate in the classroom, using rhythm, regular breaks and emotional grounding, both for teacher and children alike.

Further, in discussing the streamlining of accessibility to allied, specialist health and support services, speakers and delegates spoke of the importance of breaking down silos within and external to the care and protection sector, necessary for better outcomes for children, young people, carers and families.

As one example, the WA Minister for Child Protection the Hon. Simone McGurk spoke of WA’s *recently announced commitment* to the Health Navigator Pilot Program which is designed to help children and young people access healthcare, mental health services and disability support.

Similarly, last year Tasmania also introduced *the Tasmanian Child and Youth Wellbeing Framework* which focuses on wellbeing holistically. A framework such as this seeks to acknowledge the complex makeup of good mental health and wellbeing for all and recognises cross-sector support across care and protection, health and education is necessary.

As identified by delegates however, carers and the children and young people they care for are often constrained in the services accessible, based on jurisdiction and type of care order applicable at the time. A further constraint identified was the timing of any support services accessible, with early intervention contemporaneous with the child(ren) entering care being optimal and strongly recommended.

IN PRACTICE

- Further resources and training to support teachers and educators to engage with children who have experienced or are currently experiencing trauma at home or in school.
- School specific data collection, analysis and publication, mapping school attendance and exclusions for children in OOHC and those adopted against any trauma-informed training implemented.
- Streamlined early approvals for children, young people and carers to access a minimum number or value of services across healthcare, education and legal advice, applicable and transferable across jurisdictions.

8. The importance of collaboration, data and information sharing

Information gaps continues to be an ongoing challenge across the OOHC system due to the differences between state and territory jurisdictions. The gaps exist between sectors (child protection, health, education), divisions in government, between government department, agencies and carers.

Whilst the importance of timely and accurate data is well understood, it cannot be understated that reforms nationally are also necessary to improve consistency, quality, cross jurisdictional collaboration and permanency outcomes for children. Policy will only be as good as the data and evidence which underpins it, and where there are gaps there are policy blind spots.

The need for improvement in information sharing, data development and analysis are addressed in Safe and Supported and there is positive movement in the form of support from the Australian Government towards the national sharing of information, which will require continual monitoring and recalibrating for accuracy.

IN PRACTICE

- Priority implementation of a national carer database/register to improve care standards through the sharing of data and information between jurisdictions, with commitment given by each jurisdiction to ongoing support and funding of the carer database/register

#THRIVE National Recommendations Paper 2022 Support for the Recommendations

The eight recommendations above are supported by several key stakeholders, demonstrating collective commitment towards permanency and wellbeing for children and young people to #THRIVE at home and in school.

Please refer to the Statement of Supporters which accompanies this document.

Appendix A: National Permanency Conference Background

The National Permanency Conference (NPC) is held annually as a response to the Community Services Ministers' commitment in November 2016 to prioritise permanency for children and young people in out of home care (OOHC), where it is not safe and/or inappropriate for them to remain at or return home.

The purpose of the NPC is to:

- share the progress of the federal, state and territory governments since the commitment and the plans moving forward to improve and strengthen supports for those in the care system;
- bring together non-government organisations, the child welfare sector, experts, academics, researchers and importantly those with lived experience, to share knowledge and insights needed for systems change across the sector;
- enable delegates the opportunity to participate in real-time national conversations with each other and subject matter experts to drive change; and
- facilitate better outcomes for children and young people to ensure every child and young person has the chance to #THRIVE at home and in school.

2022 National Permanency Conference Speakers and Topics

In 2022, the NPC was held online for the third time to ensure attendees from across Australia and the world could safely attend the event given the residual COVID-19 environment.

Following from previous years, the program for the NPC was woven around the eight recommendations from the Adopt Change 2021 National Recommendations Report ("the 2021 recommendations"):

- Integrate the voice of children and young people across service delivery
- Improve the timeliness of permanency decision-making
- National focus towards trauma informed practice within family and community services, childcare, education, health and disability services
- National framework for the standards of support and training for carers

- Build capacity for Aboriginal led solutions
- Increase commitment to family preservation
- Implement service level guarantee for care-leavers and adoptees
- Establish systems for better data and information sharing

In addition to the main plenary sessions and breakout workshops which focused on the 2021 recommendations above, two National Roundtable sessions discussed permanency and trauma informed education. The breakout workshops and National Roundtable sessions remain a valuable opportunity for those with lived experience to help shape policy change in Australia.

Participants were invited to share their insights, views and suggestions on the 2021 recommendations as well as comment on other issues or topics not considered. Participants were also advised the discussions would be summarised into a document, being this recommendation paper, which would be submitted to the Australian, state and territory governments.

The conference highlighted the necessity of cross-sector collaboration across child welfare, health and education to holistically support permanency and wellbeing for children and young persons.

International and headline speakers at #THRIVE2022 included:

- **Dr Tracy Westerman AM**, Psychologist and critical thought leader in Aboriginal mental health, suicide prevention and cultural competency
- **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

Federal, State and Territory Governments Participation included:

- **The Hon. Amanda Rishworth MP**, Federal Minister for Social Services
- **Tim Crosier**, Department of Social Services
- **The Hon. Natasha Maclaren-Jones** (NSW)
- **The Hon. Sarah Mitchell** (NSW)
- **Zoe Robinson**, Advocate for Children and Young People (NSW)
- **Michael Tidball** (NSW)
- **Nicholas Danta** (NSW)
- **Chloe Duncan** (NSW)
- **Luke Twyford**, Queensland Family and Child Commission Chief Executive and Principal Commissioner
- **The Hon. Kate Worden MLA** (NT)
- **The Hon. Simone McGurk** (WA)
- **The Hon. Rachel Stephen-Smith** (ACT)

- **The Hon. Roger Jaensch** (TAS)
- **Dr Elsie Alcordo**, Acting Director, Victorian Auditor General's Office
- **Dr Matthew Bach** (VIC)

In addition, this year we hosted:

Catherine Liddle, Jane Vadiveloo, Dr Stacy Blythe, Thomas Bennett, Joseph Bennett, Angela Bontea, Jacob Walsh, Deidre Cheers, Penny Hood, Dr Sarah Ciftci, Dr Susan Collings, Professor Amy Conley Wright, Linda Cooke, Victoria Flanagan, Megan Hall, Dale Murray, Chris Skinner, Feonyx Holden, Vanessa Turnbull-Roberts and a range of delegates on their lived experience in the care system and/or as adoptees.

Appendix B: Summary of Conference Delegates' Input

Conference delegates were invited to provide input across the three days of the conference, as well as via feedback methods following the event. The two National Roundtables facilitated discussion on the 2021 recommendations outlined above, with attendees including government representatives, conference speakers, carers, care leavers, adoptees and child welfare practitioners.

121 attended the Day 2 National Roundtable and **101** at the Day 2 National Roundtable.

Note: the feedback points summarise key themes which arose amongst the delegates, is not a complete account of every discussion point raised and does not necessarily reflect the position of Adopt Change.

National Roundtable 1 – Permanency

Q1. What are some key requirements for a national commitment to children in care thriving?

Key themes which arose during this discussion fell into four main categories: consistency and accountability in permanency decision-making (including the legal system), support of carers (financial, education and training), trauma-informed approach and a national framework of legislative, regulatory and policy requirements for consistency and timeliness.

Q2. Do you believe the voices of children and young people are adequately integrated into decision-making? Where are improvements most required?

A clear majority of delegates answered 'no', with many in agreement that the system is failing to hear children and young people. Delegates discussed the need for provisions for the mandatory participation of children and young people in decision-making, entrenched in policy and procedures. Also discussed was the need to remember these children and young people are more than lives on paper and their voices need to be amplified.

Delegates identified time as a key barrier as many case managers are too under-resourced and overloaded to spend the time required to build the trust and rapport with child(ren) to hear their voice, which could be expressed in different ways and requires creative listening.

Q3. With more children entering the system and what seems to be less resources (with staffing), how do we move from a placements to timely permanency focus?

Delegates discussed three main areas of requirement for the OOHC system to shift towards a timely permanency focus; significant funding and investment for carers and the system (so carers can focus on caring), further education for decision makers regarding the making and streamlining of permanency decisions where appropriate, and improved listening to the voices of children and young people who indicate a clear preference against reunification with biological family.

Further to funding discussions, delegates discussed the disadvantages of support funding ceasing once a permanent care order is granted, which may act as a disincentive for guardianship.

Permanency coordinators within agencies, mandatory legal representatives or Guardians ad Litem with a deep understanding of child protection and trauma, were all suggested as ways to increase permanency focus.

Q4. Where do you believe reform is needed most to ensure governments, agencies and carers are effectively working together to share information?

‘Greater accountability requirements for permanency time frames’ emerged as the main reform required to ensure a holistic and nationally consistent approach in care and protection.

‘Consistency in data reporting’ was also identified by delegates as essential to ensure early intervention support services and consistency in decision-making, with data sharing between government departments, agencies and carers being intrinsic to this.

Q5. We hear the needs of families and carers for support regularly and through multiple channels. How do we best support families and carers nationally?

Overwhelmingly, delegates reported that carers and families need to be better financially supported (at the start of and during care), emotionally supported (including respite, carer support groups) and given the opportunity to build capacity through quality and consistent education and training. Supporting carers and families in a way which is consistent with the care provided to children and young people demonstrates to carers that they are seen, heard and appreciated.

Q6. We have the research, we have all heard the voices of those with lived experience. Do you think the system has enough supports in place to nurture and support care leavers to thrive? Where are improvements most required?

Delegates agreed more is required to support care leavers, with appropriate housing, healthcare, mental health support and services cited as key, particularly for young people who age out of the OOHC system and are at increased risk of homelessness.

Also suggested was the potential for community/mental health nurses trained in trauma to play a bigger role in supporting care leavers. Fetal Alcohol Spectrum Disorder (FASD) was also identified by delegates as an all too prevalent issue within OOHC which requires specific funding to support and care for children and young people with FASD.

Suggestions for improvement included consistency in support services between jurisdictions and better education for carers and young people regarding the existing supports and services available to which they are entitled to access.

A further recurring theme which occurred during the discussion was the desire for carers, particularly kinship carers, to have access to legal advice and/or representation in anticipation of and during care and protection hearings.

National Roundtable 2 – Trauma Informed Education

Q1. Do you agree or disagree that most schools are aware of the necessity to be trauma-informed when educating children and young people from care?

Majority of delegates indicated disagreement along with the qualification that some schools are or may be aware of this necessity but are otherwise unclear regarding implementation.

Q2. What do you feel are priority first steps to move towards trauma informed schools nationally?

Mandatory trauma informed education, training and support for teachers, educators, leaders in education, parents and carers were identified by delegates as overarching requirements to build trauma awareness nationally across the education sector. Delegates also raised that tandem to this is the appropriate recognition of trauma for kids in and from OOHC and adoption, at a national policy level coupled with the necessary funding by governments.

Delegates also discussed the importance of education and awareness within the community at large towards trauma informed education, which will drive the push towards implementation. Additionally, it was acknowledged that trauma informed education must be taught before teachers and educators step into the classroom; it must be embedded into undergraduate teaching degrees, practical placements and postgraduate teaching degrees. School leaders (principals, assistant principals, senior teachers) need to lead by example, having been trained in trauma and prepared to recognise and view challenging behaviour compassionately and through a trauma lens.

Q3. What are innovative approaches and key learnings from the conference that could be integrated into recommendations?

The following were identified by delegates:

- Standalone trauma funding for schools
- Trauma modules and training which focuses on ‘Regulate, Relate, Reason’ and play based therapy
- Implementation of an assessment tool for cultural competence to address systemic racism and unconscious bias
- Movement away from “behavioural management plans” to “support and development” plans
- Restructuring of the traditional school schedule to introduce sensory and regulatory breaks

Q4. When teachers are already required to hold so many key responsibilities, what further supports should be offered to assist them to also be equipped in trauma education?

The resounding sentiment shared by delegates is that teachers and educators are already working under significant pressures and that to fully learn and engage in trauma training in a way needed by children and young people, pressure must be relieved. At its simplest, this requires more teachers, teachers aides, support personnel and allied health professionals as part of the school community. Teachers and educators need a relaxation of key performance indicators and responsibilities when engaged in trauma training, less paperwork and administration and in turn, more time to build and develop connections with students.

Delegates also discussed that trauma training and support strategies must be practical, able to be implemented with relative efficiency and ease, and accessible as required (for example, online resources and networks). Teachers and educators must also be allocated time to embed trauma training within their teaching practice and be provided with regular constructive feedback and assessment for capacity building, not performance management.

Q5. How can we change society’s perception to see children’s behaviour as being communication that needs support, rather than bad behaviour to be punished with children being excluded?

The discussion was opened by delegates’ observations that perceived “bad behaviour” of children and young people is a difficult and entrenched perception within society, which requires national initiative to raise awareness. Schools also need to denounce suspensions and expulsions as knee-jerk reactions.

Delegates also discussed the usefulness of lived experience OOHHC leavers and adoptees leading and advocating by example, rejecting the narrative that children and young people need to be “managed” instead of supported.

Appendix C: 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 2020-21, the overall number of children who received child protection services in Australia rose by 6.2% from 168,344 children (30.7 per 1,000) to ~ 178,813 children (32 per 1,000).¹

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.

While approximately 53% of children achieved a permanency outcome within 12 months in 2020-21, there were 2,300 children in OOHC for more than 2 years. This continues to demonstrate that timely planning and support resources are critical to achieve permanency so that children and young people have a chance to #THRIVE.

In 2020-21:

- 46,200 children were in OOHC as at 30 June (8 per 1,000 children)
- 19,048 of these children were in OOHC for five years or more
- 91% of children in OOHC were in home-based care mostly with relative or kinship carers (54%) or foster care (36%)
- The number of children in residential care rose from 3,032 (6.6%) in 2019-20 to 3,382 (7.3%)
- rates of admission to OOHC highest for children under one years old, 8 per 1,000 children

A permanency outcome includes reunification (restoration), third-party parental orders, long-term guardianship or custody orders and adoption. Compared to 6,700 children in 2019-20, approximately 9,900 children exited OOHC to a permanency outcome in 2020-21:

- 5,357 reunified with family
- 1,288 exited OOHC to third-party parental responsibility orders
- 94 known-carer adoptions from OOHC

It is important to note though that more children were in OOHC in 2020-21 than in 2019-20.

Data sourced from AIHW: Child Protection Australia 2020-2021, Adoptions Australia 2020-21.

¹ AIHW (Australian Institute of Health and Welfare) (2022) Child Protection Australia 2020-21, AIHW.

COVID-19 and OOHC

Though the long-term impact of COVID-19 and child protection processes is not yet fully known, additional preliminary findings² indicate notifications to child protection services fell in response to mandated restrictions and increased upon easing of the restrictions.

There is a real risk that the underreporting of child abuse and/or neglect, increased stress and poor mental health during this period will have ongoing ramifications for children and young people currently in OOHC and for those who have exited. This only emphasises the necessity for stronger trauma informed support services across the OOHC, health and education systems.

Appendix D: Additional Resources and References

Adopt Change Resources

[Adopt Change](#)

Adopt Change 2022 National Permanency Conference [event website](#)

References and Resources

Australian Government

AIHW (Australian Institute of Health and Welfare) (2022) *Adoptions Australia 2020-21*, Australian Government

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International / National

Ward, H, Moggach, L, Tregeagle, S and Trivedi, H (2022) *Outcomes of Open Adoption from Care*, Palgrave Macmillan Cham

ACT

ACT Government (2022) *Next Steps for Our Kids 2022 - 2030*

ACT Government (2020) *Recommendations from Our Booris, Our Way*, Community Services

² AIHW (Australian Institute of Health and Welfare) (2021) Child protection in the time of COVID-19, AIHW.

NSW

ACYP (Office of the Advocate for Children and Young People) (2021) *The Voices of Children and Young People in Out-of-Home Care*

Blythe, S and Gribble, K (2019) *Belonging in Two Families: Exploring Permanency Options for Children in Long-term Out-of-Home Care in Australia*, Adopt Change and Western Sydney University

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NT

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QLD

Queensland Family & Child Commission (2021) *Rights, Voices, Stories*, Queensland Government

SA

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TAS

Tasmanian Government (2021) *Tasmanian Child and Youth Wellbeing Framework*

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VIC

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CCYP (Commission for Children and Young People) (2021) *Out of sight: systemic enquiry into children and young people who are absent or missing from residential care*

WA

WA Government (2022) *Home Stretch WA - Staying On*, WA Government website

WA Government (24 March 2022) *\$3.5 million to support the health of vulnerable children in WA* [media release], WA Government