THE UNIVERSITY OF MELBOURNE

Certainty for Children, Fairness for Families?

Appendix 5:
Focus Group Discussions and Key Informant Interviews

Sarah Wise, Judith Cashmore, Ilan Katz, Graham Brewster and Tatiana Corrales

THE UNIVERSITY OF SYDNEY

UNSW SYDNEY

Contact details

For information about this report please contact:

Associate Professor Sarah Wise
Good Childhood Fellow
Department of Social Work
Melbourne School of Health Sciences
The University of Melbourne

Phone: 03 9035 5371
Email: sarah.wise@unimelb.edu.au

Introduction

The Permanency Amendments Longitudinal Study (PALS) is a comprehensive assessment of the impacts of the 2014 amendments to the *Children, Youth and Families Act 2005* (referred to as the permanency amendments) on how the child protection system works to achieve permanency within children's timelines and how children, carers and parents experience the changes. The Focus Group Discussions and Key Informant Interviews is one of five methods used in the PALS to address four overarching research questions:

- What changes have occurred because of the permanency amendments?
- What, if any, unexpected or unintended outcomes have occurred as a result of the permanency amendments?
- Have changes (positive and negative, intended, and unintended) differentially affected children including Aboriginal or CALD children or other identified cohorts?
- Have any systemic issues prevented achievement of timely decision-making?

The Focus Group Discussions and Key Informant Interviews component of PALS were designed to inform all the questions above from the perspectives of professionals from a diversity of sectors and professional roles.

Key informant semi structured interviews are qualitative in-depth interviews with people with expert knowledge and insights about the permanency amendments. Focus groups are interactive discussions with a small number of individuals from the same or similar professional role who have knowledge, experience, and insights about the permanency amendments. The intention was to provide a richness of data that is not possible with other methods used in the study and to provide information from a wide range of professionals who operate in the child protection system.

Focus Groups: Sampling and Recruitment

A pre-identified senior leader within relevant organisations provided the research team with email contact details of individuals who were best able to provide feedback on the permanency amendments; that is, had had the most experience of changes and were in their role prior to the amendments. Recruiting organisations include the Department of Health and Human Services (DHHS), the Children's Court, the Law Institute of Victoria (Children and Youth Issues Committee) and various community services delivering placement and support services.

Once email contact details had been forwarded to the research team, a group email was sent out to prospective participants, although the recipients names were hidden by using Bcc in Outlook mail. Professionals were able to respond to the invitation by following an

Eventbrite link included in the email. The link took invitees to an event page created by the research team, where they were able to respond 'yes' and register to attend.

Nine focus groups were conducted with

- DHHS policy practitioners;
- adoption and permanent care practitioners;
- placement practitioners;
- legal representatives for parents;
- child protection practitioners and team managers;
- child protection litigation office (CPLO) practitioners;
- community service practitioners and managers;
- Victorian Aboriginal and Child Care Agency (VACCA) staff; and
- Bendigo District Aboriginal Cooperative (BDAC) and Njernda Cooperative staff.

A total of 57 participants attended the focus groups.

Focus group schedules are presented in Attachment A. Focus groups were conducted by members of the PALS research team; A/Professor Sarah Wise, Professor Judy Cashmore, and Professor Ilan Katz.

Key Informant Semi-structured Interviews

Key informant interviews were conducted with individuals by virtue of their professional role. Researchers approached individuals directly via their publicly available professional email. Individuals holding the following positions participated in key informant interviews; President of the Children's Court, Director of the Children's Court Clinic, Victorian Commissioner for Children and Young People, Victorian Commissioner for Aboriginal Children and Young People, Director, Kinship Carers Victoria, CEO of Permanent Care and Adoptive Families (PCA Families), delegate for the CEO of Foster Care Association of Victoria (FCAV), CEO of the Centre for Excellence in Child and Family Welfare, CEO of Victorian Aboriginal Child Care Association (VACCA) and the delegate for the CEO of the Victorian Public Advocate. In addition, individual interviews were conducted with seven magistrates and an additional six legal representatives for parents. Interviews took place over most of the year 2020 with key informants holding these positions during that time.

In total 23 participants were involved in key informant interviews.

For both focus groups and key informant interviews, participants compared the situation before and after the amendments, otherwise they were asked about the impact of the changes on their practice or their experiences of the system. Key informant interview schedules are presented in Attachment B. Interviews were conducted by members of the PALS research team; A/Professor Sarah Wise, Professor Judy Cashmore, and Professor Ilan Katz.

Analysis

The focus groups and interviews were audio recorded and transcribed verbatim and uploaded to the NVivo qualitative data management system (QSR International Pty Ltd). The analysis was undertaken by deriving themes from within six stakeholder groups separately (see Table 1). Themes were identified under three major focus group/interview questions:

- What are the most significant impacts of the permanency amendments?
- What are the main barriers and facilitators of meeting the objectives of the amendments?
- What further changes are needed so that the objectives of the permanency amendments can be met?

Themes derived from the six stakeholder groups were combined and summarised under the three overarching research questions, to elaborate on each theme, and to highlight areas of agreement and departure across the stakeholder groups.

Table 1

Groups in the Analysis of Focus Group and Interview Data

Group	Focus Groups and Interviews
Child welfare policy	The child welfare policy group included • a focus group with DHHS policy practitioners; and • interviews with the DHHS Director of Children and Families Policy, the Commissioner for Children and Young People and the CEO, Centre for Excellence in Child and Family Welfare.
Child welfare practice	The child welfare practice group included • focus groups with child protection practitioners and managers, adoption and permanent care team managers, placement practitioners and community services practitioners and managers.
Carer advocate	The carer advocates group included

	• interviews with the CEO, Permanent Care and Adoptive Families (PCA Families), the CEO, Kinship Carers Victoria and a delegate of the CEO, FCAV.
Aboriginal practice and policy	The Aboriginal practice and policy group inlcuded • focus groups with VACCA, BDAC and Njernda Cooperative; and • interviews with the Commissioner for Aboriginal Children and Young People and the CEO, VACCA.
Legal, clinic and disability advocate	The legal representatives, the Children's Court Clinic and the Office of the Public Advocate group included • focus groups with legal representatives for parents and solicitors from the Child Protection Litigation Office (CPLO); and • individual interviews with the Executive Director, VLA, the Director, Children's Court Clinic, the delegate for the Public Advocate as well as six individual interviews with lawyers representing parents.
Magistrate	The magistrates' group included • interviews with the President of the Children's Court and seven magistrates.

The Most Significant Impacts of the Permanency Amendments

Purpose and Direction of the Case Plan Clearer for Parents

The permanency amendments created a new child protection case planning framework. This required an initial case plan to be developed for each child following substantiation where previously a case plan had not been required until after a protection order had been made. The new child protection case planning framework also includes the requirement that all case plans have a permanency objective (s 167 CYFA) to improve clarity about the case plan's intention.

The requirement for earlier case plans containing a permanency objective was viewed by some participants in the child welfare policy group and the child welfare practice group as helping families and children understand the purpose and direction of child protection intervention. The DHHS, Director, Children and Families Policy, for example, indicated that before the amendments "we had situations where it was not uncommon for families to go without a plan or not understand what the objective of intervention was for many, many

months sometimes 12 months or so", whereas "you do hear kids and families now talk about what the plan and objective is in a way that I don't think we had before."

Different Views on the Quality of Case Planning Post-amendments

Some participants in the child welfare policy group and the child welfare practice group indicated that case planning had improved post-amendments. For example, one participant in the placement practitioner focus group said, "planning in general, including cultural plans, has just gotten much better". Another participant in the DHHS policy focus group felt the improvement in the quality of case planning had come about because child protection practitioners "actually have to try and think about what the objective is and then work towards that, rather than orders that probably didn't articulate that and therefore didn't drive the practice the way that it should have been". The employment of specialist child protection case planners was also viewed as improving the case plan process and family engagement. A participant in the child protection practitioners focus group said, "since the development of the case planners … we actually sat down with the family and worked through it with them".

In contrast, some participants from the legal, clinic and disability advocate group and some magistrates felt that the quality of case plans had not improved following the amendments. One legal representative for parents said, "the case plans are quite basic in most matters" while one magistrate said, "mostly, you get a one-page with question marks, because they haven't filled them in ... They're not particularly helpful". A legal representative for parents gave an example of poor-quality case planning saying,

> I spoke to a young person who I'd represented for a while, and she was served with the reports, which included the case plan, and the case plan said she was living in a placement where she lived approximately 12 months ago in out-of-home care. She's actually living at home with her parents, and has been for some time, and she's a very smart young woman and was mortified.

Some magistrates also stated that case planning at the point of substantiation may be of little assistance in determining what order to make on a protection application if parents contest the case plan or if the parent's circumstances change. One magistrate said,

> Early case planning is very much informed by the immediate urgency of the matter. It tends therefore to err on the side of inflexibility. There is a need for clarity of the case plan later in the intervention and we will often get to a contested hearing and there will have been no review of the case plan.

Another magistrate said,

> where the parents contest it [the case plan], and we're working on addressing the protective concerns, getting the Department's case plan in the early days is not a huge assistance. It doesn't really change much for me because what we're working on is whether the protective concerns can be addressed.

Some participants from the legal, clinic and disability advocate group also noted that the requirement for case plans to be developed within 21 days of substantiation was not always being met in practice. One participant in the legal representatives for parents focus group said, “In terms of the timelines around doing case plans it’s not necessarily happening. I wouldn’t say that in my experience, since the change of legislation, that things are being done better at all”. The Executive Director, VLA, indicated that better quality child protection case planning, including earlier case planning, was a key requirement for the efficacy of the permanency amendments saying,

> So, one of the things that I would say that we were very strong supporters of, with the amendments, was that focus on earlier case planning. We think that in theory that’s an excellent idea. Everyone would agree with that. The issue is that in practice, we don't actually see that occurring. So that's a pretty key issue because for the amendments to work, they are kind of predicated on … it was a bit sort of like, we're going to remove some of the independent scrutiny that the Court provides because we think the legal process is not always helpful, but we will put an increased focus on doing our job correctly and having obligations to plan early and properly involve parties and so on in it. But our honest experience on the ground is that rarely happens properly. And so that is very problematic in an environment where you then don't have scrutiny over those practices.

No Change in ACSASS and AFLDM Processes

As before the amendments, Aboriginal Family Led Decision Making (AFLDM) is the preferred case planning process to be followed for Aboriginal children, and the Aboriginal Child Specialist Advice and Support Service (ACSASS) should be involved in relation to case planning decisions. For participants in the Aboriginal practice and policy group, a lack of input from Aboriginal agencies, was raised as the most significant issue linked to the requirement to formulate a case plan immediately upon substantiation. Participants in the VACCA focus group indicated that the amendments had had little impact on the involvement of ACSASS in case planning decisions. A participant in the VACCA focus group said,

> It’s not uncommon for Lakidjeka workers to find out by default or after the decision’s been made around the direction of the case and the permanency objective. Some of that is about our resources and their resources, but I don’t think that overall there’s been any improvement in that space with the changes.

Participants in the Aboriginal group also indicated that the permanency amendments had little or no impact on the completion of AFLDM processes. As members of the VACCA focus group said, “I don’t think the amendments have really made that [AFLDM] stronger or not” and “We’ve still got referrals coming through where there hasn’t been an AFLDM ….”. One

member of the VACCA focus group also queried whether the AFLDM was being used to decide permanency objectives saying,

> I think from an AFLDM point of view they [child protection] know that there has to be key meetings held, but I think that they don't necessarily relate it to when you're talking about permanency and permanent care, that crucial decision. I think it becomes a bit secondary.

Capacity to convene these meetings cannot always match demand. One member of the child protection practitioner focus group said,

> We have a very great difficulty because we have to coordinate with the local Aboriginal Cooperative to hold those case plans and most often they're not, they are part timers and are not available as you know to have a meeting within the 21 days' timeframe … the way Barwon actually manages that is that we actually do administratively endorse those ones, but make it very, a very clear statement in there stating "this was endorsed by administrative purposes in light of not being able to hold an AFLDM at that time. This should still be considered a draft and is still considered a draft until that AFLDM's been held.

The absence of Aboriginal family members in AFLDM conferences was commented upon by several people. For example, the Commissioner for Aboriginal Children and Young People said, "Often, non-Aboriginal family members are given the opportunity to be more involved in the decision-making than the Aboriginal family members" while a participant in the VACCA focus group said, "We still see examples where it's put as being Aboriginal Family Led Decision Making and there are no Aboriginal people in the room". In these cases, "it's just the professionals meeting, there isn't actually any Aboriginal family in the meeting and it's just, 'Let's just whip something up because we've got to meet requirements'". However, some participants in the VACCA focus group suggested that the application of AFLDM principles varied widely across different regions and teams, resulting in inconsistent application of the principles. One participant said,

> I can think of a lot of examples where they have pulled a lot of families together and they are right in there at the front end trying to divert further penetration into the system. So, I think there are some examples of good work.

Removal Bias.

For some participants in the Aboriginal practice and policy group, the process of early case planning was perceived to be overly focussed on removal and placement in OOHC, rather than on providing families with the support they require to achieve reunification. For example, the Commissioner for Aboriginal Children and Young People said,

> The system is still geared towards, if a child is seen to be neglected or in harm, the child gets removed. A lot of the focus is on the removal of the child and the placement in the

> short to medium term. The other part being reunification doesn't get picked up at this stage as quickly as it should or with the same intensity.

Prescriptive Case Planning

Participants in the legal, clinic and disability advocate group and some magistrates indicated that a prescriptive approach to child protection case planning has crept into the system following the amendments, where child protection practitioners automatically start with a family reunification case plan. One participant in the CPLO focus group said that "the Act sort of says you've got to basically go for this order first, try that order, and then the next order and then when all else fails … they start wanting a permanent care order". Similarly, a magistrate said,

> It's all very prescriptive, the way they do things, and that's partly a resourcing issue, but I think the view that you get to this point and then, "No", that's not what it was intended to do. So, legislatively, I think if you give people the ability to be prescriptive, they'll take it, and I think that's what's happened.

Participants in the child welfare policy and child welfare practice groups said that child protection practitioners are often pressured by their legal representatives to apply for an order that they feel the Court will agree to and may compromise on recommendations based on their assessments. As one participant in the community services practice focus group said, "… they know a magistrate won't agree to that or endorse a decision and disposition they're making so they won't advocate for it. They've already conformed to the outcome that they think they're going to get". However, this was viewed as a long-standing issue that was not caused by the amendments. As one participant in the child protection practice focus group said, "In terms of the point around child protection working towards the predicted outcome rather than the assessment, yes, I see that happening, but I saw that happening in the old legislation".

There are also administrative challenges when working back through the hierarchy of orders as a participant in the CPLO focus group explained,

> We just had an example where we have a family reunification order on foot. It expires today. The Department has filed an application to extend that family reunification order, but in their case planning, they've realised that mum is doing quite well and dad I think is as well. And I think they want to actually reunify the child and seek a FPO but because of the way the legislation is written, they're going to have to try and seek consent of all the parties so they can have the FRO extended but then revoked. And then they can get a family preservation order. So, it gets very complicated when you're going through all that paperwork and change. And so it's hard with the extension applications at times if you want to go back to, not a FRO but to a FPO, you can't with the way the current legislation is written.

While participants in the legal, clinic and disability advocate group and some magistrates said that child protection case planning typically starts with a case plan for family reunification, some participants in the CPLO focus group noted that there has been an increase in the use of CBSOs for infants, suggesting that increased awareness of the impact of family violence on infant development, concern about the impacts of methamphetamine use on parent capacity and child safety, as well as older siblings in permanent care, may be contributing to case plans with a permanency objective for permanent care from the outset. A participant in the CPLO focus group said,

> There seems to be more of a push for CBSOs on younger children rather than working towards reunification with babies. So, for example, there might be a history – mum's already had two older children removed from her care on permanent care orders. So, we won't give mum a chance with this baby, we'll automatically go for a CBSO, as opposed to going through the steps.

Reduced Frequency of Parent and Child Contact on Care by Secretary Orders

Some magistrates and participants from the legal, clinic and disability advocate group suggested that the permanency amendments had contributed to a shift in practice, whereby child protection reduces parent and child contact once a case plan direction moves away from reunification. The delegate for the Public Advocate said,

> When custody to the Secretary orders became care by Secretary orders, supervised contact with their children was quickly reduced for many parents. Parents who had been seeing their child every fortnight under a custody to the Secretary order were being told that they'd now only see them four times a year. OPA [Office of the Public Advocate] was told this by parents, disability advocates and lawyers.

A legal representative for parents agreed that in many cases, child protection practitioners make contact decisions under CBSOs "that's in line with a permanent care order, that the level of contact this child would be having with the parent, which is the … maximum four times per year, but more by agreement". A magistrate said,

> "Where does it say that?" "Well, if we're going to permanent care we must go to four times a year straight away" – "Yeah, but where does it say that's the normal arrangement?" But by the time we get it, they've re-case planned it, they've filed the extension, it's six to eight weeks up the road, and you have a mum there saying, "Well, they've changed me to four times a year". DHHS pre-empt the decision and change contact arrangements and by the time the Court has oversight it is the routine.

There was also a view among participants in the legal, clinic and disability advocate group that the inability of the Court to place contact conditions on CBSOs, and the perceived limitations of four Court ordered contacts per year on PCOs deny children the opportunity

to maintain contact with their biological families. The delegate for the Public Advocate talked about the negative impacts of reduced parent and child contact on parents with intellectual disabilities and their children saying,

> The massive and immediate reduction in contact has been devastating for families, for parents, and, we would argue, for children, too. You can't really have a meaningful relationship with your mother or father if you're only seeing them four times a year. You get a bit of identity, okay, you know where you come from, but you can't have a relationship that has real meaning. That's been completely devastating for parents who feel that they've lost their children – who say, "It's not worth living". Of course, if that experience looks like being repeated with another child, they are terrified, frankly, of any involvement with child protection and that fear drives their interactions with child protection.

However, participants such as the following participant in the CPLO focus group acknowledged that the practice of reducing parent and child contact can sometimes be a function of limited resources saying,

> I would say that that's often guided by resources, you know … we haven't got anybody to continue to … or we don't want to make somebody available to continue to supervise your contact every week. So, we're going to drop it back to fortnightly and it'll go to monthly and that sort of thing.

Children's Connections and Contact with Siblings an Ongoing Issue

Many people in the child welfare practice group expressed the view that placing siblings together and ensuring contact between separated siblings is a long-standing issue and that the amendments had little impact. A participant in the adoption and permanent care team focus group said,

> If you can keep siblings together, you do, whereas there are some cases where children are in separate placements because foster care is a system under pressure, so it isn't necessarily possible to put together siblings, but then they might be case planned to be put together in permanent care.

It was also acknowledged that if siblings were separated, there was not enough attention paid to reuniting them in the future. One participant in the community services practitioner focus group said, "I think it's a thought at the time of placement but once they're in care … the focus is only on contact".

Greater Compliance with Cultural Planning Requirements

As a result of the amendments, Cultural Plans are part of the case plan of all Aboriginal children in out-of-home care (OOHC) (s 166(3)(b) CYFA). The CEO, VACCA highlighted Victoria's poor track record with cultural planning, saying, "All of the data that we've ever

had in the past all indicates children not having cultural support plans, and where they do have a cultural support plan, they aren't in the case planning or the care plan".

People from the child welfare policy group noted that there had been improvements in cultural planning since the amendments. For example, a member of the child welfare policy focus group said, "… in terms of the number of Cultural Plans in place, so I think we were only at about 40-50% of children who should have a Cultural Plan have a Cultural Plan in place … but pre- permanency amendment we might have been 10%". The DHHS Director, Children and Families Policy also said that improvements in cultural planning had helped build the platform for broader reforms promoting Aboriginal self-determination and self-management saying,

> I think for Aboriginal children we shouldn't forget, the very positive impacts of funding that allowed for cultural support planning to become a feature of our child protection program where it hadn't been before, and cultural planning was rare if not non-existent. I think that's seen a really positive impact along with what it meant in terms of allowing us to take future steps around self-determination and cultural connection for children as well. So, these amendments probably provided a platform for that dialogue and discussion as well.

While compliance rates had improved following the amendments, people from the child welfare policy group and some magistrates indicated that further improvements are still needed. The variability in compliance across DHHS regions was a major concern. A legal representative for parents observed that Cultural Plans are more likely to be endorsed in a timely way when Aboriginal Community Controlled Organisations have responsibility for the development of Cultural Plans saying,

> Through our local Aboriginal Co-op, we've got a Section 18 team who are delegated Department powers under the Act. So, from our experience with them … they're very good at getting timely cultural support plans, which can be a problem outside of that with the Department.

Similarly, the President, Children's Court noted that "Where VACCA are involved and have assumed responsibility for a Koori family, the Court generally observes a greater focus on Cultural Plans and Cultural Plans that are meaningful, detailed and thoughtful".

Variability in the Quality of Cultural Plans

There was general agreement among magistrates and participants in the child welfare policy and Aboriginal practice and policy groups that there is little consistency in the quality of Cultural Plans. Participants in the VACCA and BDAC and Njernda focus groups mentioned specific examples of poor-quality plans, such as one Cultural Plan that a family wanted to discuss with BDAC that referred to "Bear tracks. You know what I mean. Not koalas, bear tracks. And it had teepees, Indian teepees in it". A participant in the VACCA focus group also referred to Cultural Plans that are

> one-page documents … there's no quality and there's nothing in there in terms of actual content. It seems like a cut and paste. If you've got siblings, it's almost a cut and paste of the siblings, and sometimes the same name at the top of the document.

Participants in the Aboriginal practice and policy group and the child welfare policy group indicated that poor-quality Cultural Plans were the result of vesting responsibility for the development of these plans to non-Aboriginal people and mainstream organisations. For example, a member of the BDAC and Njernda focus group said, "… where it falls onto mainstream to do that [prepare Cultural Plans], the whole intended purpose of it is lost and it just becomes another sort of bureaucratic thing that needs to be done". Similarly, the CEO, VACCA, said she was "challenged by them [Cultural Plans] because I believe they're a process, an iterative process, and so I worry that people see it as, you do it once and that's all you have to do. And so, for me it's not just a tick-the-box, but it is about interrogating the accuracy, I think".

The CEO, VACCA highlighted errors in the Cultural Plans that come before her saying,

> what I find, even with the permanent care orders, the details are wrong that the Department has on the child, and I know Aboriginal families in the community, so I do a massive edit of who are the significant others in the child's life. And so, it's complex, but the Department is quite sloppy in the details they keep, and that's disappointing.

The CEO, VACCA went on to say that child protection practitioners with responsibility for developing Cultural Plans "don't understand the importance of Uncles and Aunts, so they'll just do a tier of saying, 'here's the child, here's your mother and here's your grandparents', and that's all there is. For me, that doesn't tell me anything".

The Importance of Meaningful Cultural Plans

Participants in the Aboriginal practice and policy group emphasised the importance of meaningful Cultural Plans for maintaining Aboriginal children's connection to culture, ensuring Aboriginal children have a strong sense of their identity and knowledge of their history and ancestry, and for confirming a child/young person's Aboriginality. A member of the BDAC and Njernda focus group said,

> They are very important documents, and if you link it back, traditionally, children would have been given a possum skin cloak and that would have had their story. Contemporary day to day for children in out-of-home care is a cultural support plan. So, it needs to be just as much importance as what was taken with a possum skin cloak to follow that child through life to tell them their story, and they're not worth the paper they're written on.

The CEO, VACCA, mentioned the importance of Cultural Plans for Aboriginal children in OOHC to develop a strong cultural identity. She said, "It's like being told you're Greek, but

what does being Greek mean if you don't know where your heritage is and your lineage and being able to understand them and be proud of that?" The CEO, VACCA, also mentioned the importance of Cultural Plans for confirming Aboriginality, saying,

> I'm very cognisant of ages, so I look at how old they are, and there are some warning bells that go off for me if a young person's approaching 18 and in their cultural support plan they haven't got a genealogy or Aboriginality because they can't find their Aboriginal family, then I have a drive to have that child leave care with their Aboriginality, because I know going into the world knowing you're Aboriginal, but not being able to confirm it.

The Commissioner for Aboriginal Children and Young People agreed that Cultural Plans are a critical way of ensuring Aboriginal children in OOHC stay connected to culture saying,

> From the day it is deemed that a child needs to be removed, there should be a very attentive plan to ensure the child is always connected to their birth family and to the Country of their birth family. There needs to be a very detailed and thorough plan of that connection for a child. If it's a child less than six months old or someone who's 12 or 13 years of age, their plans must be in line with their age and level of development, so there's always strong connection and the ability for that child to stay connected.

In relation to the practice of cultural planning, the CEO, VACCA said,

> It's a little bit all over the place, and I think we've still got to build on it. I don't think we understand the purpose. I don't think we've actually gone in and done serious work around cultural support planning. What does it need to inform, and how does it inform, how does it meet the needs of the child, but how does it also meet the needs of the system and then how does it help the child traversing through the different stages of the care system? And so, I think it's not clear about what its absolute purpose is.

The CEO, VACCA also highlighted the need for further understanding about the role of cultural planning for children transitioning to permanent care saying,

> How do we actually inform the cultural support planning as a process to inform permanent care, because it should always work towards building the child's culture to be able to go to permanent care with all of the tools to be able to survive for the rest of their life in permanent care because you've done all the groundwork, you've laid the foundations for the child for wherever they go.

An Increase in Permanent Care Orders

A major objective of the permanency amendments was to ensure all children who enter OOHC have a legal, permanent, stable relationship with an adult caregiver within developmental timescales. Some child welfare policy group participants and some

magistrates indicated that a key objective of the amendments had been achieved, with more children in OOHC being transitioned from temporary placements to ongoing placements. In relation to the increase in the number of children being given legal permanency, the President of the Children's Court said,

> The increase in the number of permanent care orders made by the Court has been one very positive outcome of the permanency amendments. In 2014/15 there were 305 Permanent Care Orders made state-wide. Since that time, the average number of PCOs made has increased to around 450 per year – a particularly significant and beneficial outcome of the permanency amendments.

Younger Children Benefiting the Most

Participants in the child welfare practice group indicated that younger children had been the main beneficiaries of the new decision-making structure and timelines. One member of the community services focus group said, "I can see the positives in terms of the younger children", while a member of the adoption and permanent care practice focus group said, "… we have seen some younger children being identified and coming through to the program in the way that we've see the legislation as having, you know, so that it's achieved its goal".

Older Children Left in Limbo

It was suggested by participants across several groups, that by promising resolution within two years, some children may be left in 'limbo' if no suitable long-term or permanent carer was available for them, which may occur more often for older children. One magistrate said, "Because there's nowhere to permanently put them [older children]. It's all fine if you've got a nice, warm family, and which nice, warm family wants a 13-year-old trauma-based adolescent? So, they just sit, and the permanency amendments have done nothing for them". A member of the community services practitioner focus group made a similar comment, "… not many exit opportunities for young people, aged 10 and up. If there's not a kinship option, often there are not many permanent carers interested in providing care for 10-year-olds, so they just grow up in foster care". The CEO, PCA families also mentioned the challenges placing older children permanently saying,

> In my experience children over 12 were really difficult and challenging to place with permanent care families, particularly if they've had a long history placement instability, and therefore often had complex attachment and trauma needs, not only from their family of origin, but from the bouncing around the system.

Limits on Judicial Oversight and Discretion Creating the Potential for Unjust Outcomes

The amendments, including a narrower range of Court orders, reunification timelines, the inability to order conditions on CBSOs, and the inability to order more than four contacts in

the first year of a PCO, weakened the discretion of the Court to make decisions in the child's best interests. Several magistrates and legal representatives for parents made the point that limiting discretions can lead to unjust outcomes in individual cases. One magistrate said,

> Maybe, the statutory criteria could structure our discretion in a different way. But to remove that discretion completely has been really dangerous, because it's removed that critical judicial oversight on an overworked Department and left us with very little tools available to work with families, to help cases settle, to get cases over the line – because care by Secretary orders are so unattractive for families.

For some participants in the legal, clinic and disability advocate group, the weakening of judicial discretion has specific consequences for parents with intellectual disabilities. The delegate for the Public Advocate said that "a major, specific, impact is that loss of the ability to tailor the order to the needs of a parent. Given the needs of parents with disabilities, that's very significant". One participant from the CPLO focus group agreed that "this line in the sand [legislated timeframes] that's too short for those kinds of parents [parents with an intellectual disability]". Participants in the legal representatives for parents focus group also mentioned "adolescents who are in a residential unit who have children themselves" and "parents that are in prison" as groups who may be unfairly affected by legislated timeframes. Potential impacts of the legislated timeframes are discussed further below.

There was also strong objection among magistrates and legal representatives for parents to the curtailment of judicial oversight of DHHS decisions and actions brought about by the amendments. One magistrate said, "Families are just at the absolute, unfettered discretion of an administrative Department with no oversight. That's always a recipe for disaster in society in my view". Similarly, the Executive Director, VLA said,

> So, I guess I just have a principled objection to that, as well in the sense that these are really significant decisions by the State. And to have no ability, even in limited circumstances, for independent oversight of a significant administrative or executive function. It's very concerning, I think.

Potential Impacts of the Inability to Attach Conditions on Care by Secretary Orders

The inability to place conditions on CBSOs was raised by people across several groups in relation to the limits on judicial discretion. Some participants suggested that this element of the amendments has been the most problematic for children, families, and the Court. Some magistrates and participants in the legal, clinic and disability advocate group and the Aboriginal practice and policy group suggested that the inability of the Court to order contact conditions on CBSOs[1] had made applications for these orders highly contested. One magistrate said, "… it's the uncertainty from the parents' point of view that leads them to continue the contest. If they know the child is going to be on a Court order placed with

[1] This was also true of the pre-amendment guardianship to Secretary orders.

grandma or Aunty Joan, they're much more likely to consent to that arrangement". Similarly, a legal representative for parents said, "I think it's more adversarial because … if you're representing a parent, particularly, you don't have certainty with the prospect of agreeing to, say, a care by Secretary order, with no conditions, you don't know how that's going to look". A participant in the VACCA focus group also indicated that disputes and litigation were particularly evident at the application for care by Secretary order stage, saying, "That's why we have more Court litigation, because there's such opposition to the CBSOs because of the practitioner's uncertainty of where the kids will be ….".

Some participants in the legal, clinic and disability advocate group and some magistrates said that the absence of a Court order that sits mid-way between a FRO and a CBSO contributes to parents contesting applications for a CBSO. One legal representative for parents said,

> once we've expired that, say, two-year period where a family reunification order would be viable, the options available to parents and young people and children are so polarised. It's either a care by Secretary order or a family preservation order, which are just so diametrically opposed that there's just not really a proper basis for negotiation … There's not really a sensible middle point at all. It just means protracted litigation, which, we all know is not in the best interests of children, and certainly is not really good for the families that we're working with.

A legal representative for children also indicated that the inability to place contact conditions on CBSOs can be problematic for children, saying "Going straight from a reunification order to a care by Secretary order where you can't have any conditions is hugely problematic. I have child clients - one of the children I was dealing with today, this was an issue for them. They want to be certain that their contact on the care by Secretary order is not going to be diminished".

Some magistrates and participants in the legal, clinic and disability advocate group and the Aboriginal practice and policy group indicated that due to the inability to order conditions on a CBSO, some magistrates and parents may consider a PCO to be more desirable than a CBSO (or a LTCO). A member of the CPLO focus group observed "cases being adjourned and adjourned, because the parents keep pushing for a permanent care order because they don't want the Secretary to have the power to move the child". A member of the VACCA focus group also indicated that some magistrates and legal practitioners prefer PCOs saying,

> the Court and the practitioners are pushing for permanent care because there's no other option. There's no supervised custody orders like we used to have so you can't give Grandma an order to have that stability to know that Grandma's going to keep looking after the child. There's no other order after you get past the FRO, so you get all this

> pressure at that two-year point to literally make a permanent care order and it's never going to be ready at two years.

One magistrate also thought that parents may agree to a PCO due to the greater certainty of contact, when in fact an LTCO may be a better option for the child and/or the carer. Participants in the child welfare practice group and the carer advocate group also indicated that the system's shortage of placement options and the Court's preference to know where a child will be placed, especially permanently or long-term, leads to pressure on existing kinship carers to make greater commitments than they are ready for. A member of the placement practitioner focus group said,

> We've seen a number of kinship carers when we've been doing the Part B [carer suitability] assessments quite distraught and quite distressed talking about, "I got phone calls from the Court, and they said this child is going to foster care if you don't take them". We've had grandparents crying, "We can't cope with this. We've got these kids. We're not managing. We're not coping". But the pressure to say no, they just couldn't and so we've got placements that are not suitable.

Overall, there was a perception among magistrates and participants in the legal, clinic and disability advocate group that the inability to attach conditions on CBSOs, in combination with the lack of judicial oversight for children on CBSOs is in opposition with the aim of increasing stability and permanency for children in OOHC. A legal representative for parents said, "You certainly don't get stability through a care by Secretary order necessarily". Another legal representative for parents said that CBSOs can actively undermine stability saying,

> being in State care under care by Secretary orders means, and all the indicators about wellbeing and interaction with the criminal justice system and all kinds of stuff, is that it doesn't provide them with any stability or permanency. In fact, often it's the opposite. Kids are moved around from placement to placement and there's no oversight of the Court at all in any of that process.

Potential Impacts of the Inability to Determine the Length of a Family Reunification Order

Participants across several groups highlighted the complexity of parents' problems, indicating a potential incongruity between the legislated reunification timelines and the time it may take for parents to engage in support services and address protective concerns. As a legal representative for parents said, "the kinds of circumstances that many of the families that we work with find themselves in and have experienced intergenerationally are not resolvable in the period of time that the statute now provides". The Director of the Children's Court Clinic similarly indicated that "Particularly if they've got quite significant trauma histories or personality difficulties, if you're thinking about those aspects of their

presentation needing to change, I think the two years, it does limit it in terms of what's reasonable to be expected". The delegate for the Public Advocate also said that parents with intellectual disabilities "… learn differently and take longer. They take longer to learn things, but they can learn parenting skills".

Participants in the Aboriginal practice and policy group also stated that the maximum 24 months in OOHC was not consistent with the heterogeneity and complexity of need in Aboriginal families involved with child protection. A member of the VACCA focus group said, "I think that the timeframes aren't reasonable when we're working with such complexities with Aboriginal children and families and everything that's happened historically".

As discussed later in the report, problems with service availability can hamper timely reunification. Some magistrates and members of the legal, clinic and disability advocate group said that the inability to determine the length of a FRO can lead to unjust outcomes in cases where parents experience barriers with access to services. A member of the CPLO focus group said, "… we've got this hard line in the legislation, but if the matters are in our case and nothing's happening on the Department's side there's no provision to say, well, we can take that time out". Similarly, the Executive Director, VLA said, "... they [legislated timelines] don't allow any flexibility for the Court to take into account, for example … that it took six months to even start addressing these issues".

Extended Interim Accommodation Orders

Section 276 of the CYFA was amended in 2014, requiring that an interim accommodation order (IAO) must not be made if the Court is satisfied that a protection order can be made (s 262(5A) CYFA). However, people across diverse stakeholder groups observed that interim accommodation orders had become longer. As a legal representative for parents said,

> I can think of, just because it's recent, one [case] where the children were on an interim accommodation order for over 12 months, and so there was only 12 months left or 11 months left on a family reunification order because they'd already been in out-of-home care for the first 13 months on an interim accommodation order. So, it definitely happens.

Members of the community services practitioner and child protection practitioner focus groups expressed frustration at the length of time some children were spending on IAOs. One member of the community services practitioner focus group said,

> We're seeing kids on IAOs for enormous periods of time as well. I hoped that there would be a difference in the front end but not at all, the kids are rolling IAO over and over and over. Yeah. It's been really disappointing, I think.

A member of the child protection practitioner focus group expressed frustration by saying,

> the other thing that we're finding is IAOs are forever extending and we've gone times where we've gone two years on an IAO and time's already ticking and we're just like: "we

> could have had a final order and we're almost doing the reunification on an IAO", when really we could have had final orders and moved the case along, so I guess that's probably one of the things that we're finding quite frustrating is that these adjournments, the Court system is quite frustrating at the moment.

Members of the DHHS policy focus group noted that the intent of the amendments was different. It had been hoped that the Court would stop making IAOs to OOHC or to parents' care and instead make family preservation or family reunification orders so that constructive work could be undertaken with families. It had also been hoped that parents themselves, and their representatives, would see the benefits of maximising the time available to achieve reunification where children were placed in OOHC, but this has not happened. As one member of the DHHS policy focus group said,

> The intent was that people would rationally look at the situation and say the IAO time is being counted, so there's no avoiding sorting it out. So, there's no point staying on an IAO for months and months and months. Get on with it make an order earlier. If the child needs to be out of parents' care, just agree to an FRO quickly. So, they can get home quickly.

Judicial Case Management

Some magistrates indicated that IAOs may be used to ensure that DHHS is progressing reunification case plans, or so the Court can determine where the child is placed, and/or the nature of parent and child contact. As a result, IAOs may be extended in a way that is not intended by the legislation. As one magistrate said, "Interim orders allow for determining where the child is placed and contact regimes. In the absence of conditions of this type on final orders, the IAO is often seen as preferable".

Several participants in the legal, clinic and disability advocate group and the Aboriginal practice and policy group supported extensions to IAOs, as they provide Court oversight of DHHS actions during the reunification process. A legal representative for parents said, "you don't want to agree to a family reunification order until you've seen some progress in the reunification while the matter is still before the Court, and that's why IAOs are dragging on for so long". Another legal representative for parents said,

> The experience, from our perspective, has been that the Department does not put in place the appropriate supports and actively manage cases on family reunification orders to properly effect reunification in the timeframe, and so why would you agree to a six or 12 month order, when, effectively, that would be a waste of time, and you'll be back before the Court either with an application to extend, if you're lucky, or an application for a care by Secretary order? You may as well keep the litigation on foot and keep the Department under the thumb, so to speak, of having that oversight of a Court date, so that you can progress the reunification order through the Courts.

Consequences of Extended Interim Accommodation Orders for Progressing Reunification Case Plans

Participants in the child welfare policy group and the child welfare practice group had a different perspective on the Court's practice of deferring a decision about 'proof' that intervention is necessary until a disposition is decided. These participants said that adjournments covered by IAOs before any PO is made have a significant negative impact on progressing the implementation of reunification case plans. One participant in the child protection practitioner focus group, said "It can be the best plan in the world, but it still doesn't make any difference … because the family's focus is on fight with the Department rather than the case plan". A member of the child welfare policy group observed that "We can't establish a case plan and actually do the work with the family whilst we're still in this kind of conflictual pattern of behaviour, which then means that we're struggling when we get a final order to actually embed". A member of the child protection practitioner focus group made a similar observation about the protracted nature of contests relating to PAs impeding early engagement of parents and the time available for reunification casework saying, "… there is one year, one year potentially two years, that we can work towards that reunification. And as you're saying again that's been complicated by the Court system, which the focus there isn't actually on reunification – it's on fighting Court".

The adversarial nature of the Court process was viewed as destroying working relationships, or the potential for working relationships, that may have existed prior to the Court contest, requiring time and effort to rebuild a productive relationship once a protection order had been issued after weeks or months of contest. Another participant in the child protection practitioner focus group said,

> parents are not wanting to meet with the Department. They're already got their views about the Department. So, … by the time it comes from response [investigation teams] to case management [long-term casework teams], they've already got their walls up. So, we're spending half the time trying to build that, that engagement so then we can start working with them as towards goals and tasks.

Child's 'Voice' Not Being Heard

There was a view expressed by participants across several groups that a more contest-driven culture, and an increased focus on what parents need to do within certain timeframes meant the child's 'voice' was not heard in decision-making. A member of the placement practitioner focus group said, "The child is totally lost in the process. It's like everybody forgets you're talking about a child", and a member of the CPLO focus group said, "… the legislation is supposed to be for the best interests of the child but a lot of the time the child gets lost".

Participants in the legal, clinic and disability advocate group discussed the importance of access to legal representation for children under 10 years of age in Court proceedings to ensure procedural fairness. A member of the CPLO focus group was concerned about the lack of consistency in the way Independent Children's Lawyers are utilised by the Courts saying,

> they're not routinely appointed. Any child above 10 of course has to be represented. So, it's really about younger children. [Magistrate] does appoint ICLs [Independent Children's Lawyers] all the time whereas a lot of the other magistrates very rarely appoint ICLs.

The 'instructions model' that is used for children over 10 years of age was perceived to be an important but challenging component of the system, particularly where the instructions provided by children conflict with the Court's determination of the child's best interests. One legal representative for parents said,

> I think, the older the child, the more effective. I think magistrates are really quite respectful of the fact that teenagers, in particular, are going to vote with their feet. And so, where possible, to keep them safe, they'll try and go with their views. But there are times where "never the twain shall meet", and the magistrate's going to make a completely different order. I think a lot of that comes with the early 10 to 14 years age group. They really want to stay with mum or with dad or both, but there's just no capacity there for them to be able to be protected under an order if they were with their parents.

There can also be challenges in ensuring that a child is able to meet with their lawyer. According to participants in the legal, clinic and disability advocate group, this can contribute to delays in progressing matters, as the expectation that meetings between children and their legal representatives occur falls on a stretched and under-resourced system. A member of the CPLO focus group said,

> it [a meeting between the child and their lawyer] often must be facilitated through the Department and it can be challenging at times for that to happen. It can delay Court process because there have been delays for them to get instructions.

A legal representative for parents also raised the lack of appropriate consultation with, and inclusion of, the perspectives of young people in child protection case planning saying,

> A massive thing that we see is that the participation of the young person is not facilitated appropriately, and so their ability to have agency in the decisions that are being made about them is really limited. So, a lot of the time, I might talk to a young person about their case plan, and they will not have known about any of these decisions that have been made, and that can be pretty upsetting for them.

Positive Outcomes for Children on Permanent Care Orders

Some participants in the child welfare policy and the child welfare practice group indicated that children under PCOs were living with permanent carers who were loving and reliable, were feeling safe and secure and making gains developmentally. The Victorian Commissioner for Children and Young People said,

> I have absolutely spoken to people … who have found a permanent care home … and it's changed their lives and it's given them all the things that we would hope it would. It's given them a sense of family and a sense of stability and a sense of safety.

A member of the adoption and permanent care practitioner focus group said,

> the legislation has meant that for some kids who have come through and then case planned well and got into their families early and then been able to grow, progress to a permanent care order, those kids are blossoming and just doing so much better than those who have been held back in the system before that.

Changing Views on Permanent Care for Aboriginal Children

Prior to the introduction of the permanency amendments, there was considerable concern that the changes would mean that Aboriginal children would lose contact with their Aboriginal family and culture permanently. A member of the BDAC and Njernda focus group said "I remember having some conversations with some community people when this was being discussed at the time, and there was real fear around what does this mean for an Aboriginal family? We'd lose our kids completely" and that "There was fear because there wasn't a lot of education within our community about what this change means ....".

Despite initial concerns, there was a sense among participants in the Aboriginal practice and policy group that PCOs are appropriate, even preferential, for Aboriginal children compared to OOHC if Aboriginal family finding, and cultural planning had been thoroughly done. A member of the VACCA focus group said, "The preference is, ideally, to go for permanent care because all the decision making goes to that carer ….". The CEO, VACCA said,

> I don't think that the real issue is with the legislation, per se. I think the issue is the practice of the Department, and so if they fully complied with the Aboriginal Child Placement Principle there's no way an Aboriginal person would have an issue with permanency or any type of permanency planning for Aboriginal children, because we would know that all the groundwork was done to do everything to find family and place Aboriginal children with Aboriginal carers.

Permanent Care Breakdown

Despite indications that children under PCOs are benefiting from stable relationships with adult caregivers, some participants in the legal, clinic and disability advocate group said that some PCOs are being made before carers are prepared for their changed role, which are vulnerable to breaking down. A member of the CPLO focus group said,

> the Secretary will say “well, we're not applying for it [permanent care order]”. And then you get pressure from the Court, from the parents to apply for it … and then we might eventually apply for the permanent care order too early, and then placement breaks down on permanent care orders. We see more and more of those placement breakdowns now.

Participants in the legal, clinic and disability advocate group also noted that permanent care placements can become strained as children enter adolescence and begin to demonstrate more challenging trauma-based behaviours. A member of the CPLO focus group said, “You’re finding behavioural issues with children as they get older that weren't known when the permanent care orders were made”. As discussed below under barriers to timely permanent care, these challenges are perceived to be exacerbated when permanent carers lack access to support. The Executive Director, VLA said,

> a lot of these children have been traumatised and we know their behaviours are complex and often difficult to manage … and without support and training … it's really hard. So, it's not a surprise that a lot of these placements break down as well.

Differential impacts at mainstream and specialist Courts

For some magistrates and participants in the legal, clinic and disability advocate group, the amendments have had different outcomes in metropolitan and non-metropolitan locations because of the absence of specialist Children’s Courts in regional and rural areas. This is due in large part to the workload pressures experienced by regional and rural magistrates, and the lack of specialisation in child protection matters. A participant in the legal representative for parents said,

> I think the benefit of having specialist magistrates is that they are very much onto the issues and really aware of the ins and outs of the Act and hold all parties much more strictly to that legislation. I feel there are inconsistencies in that approach in the country [non-metropolitan regions].

Main Barriers and Facilitators of Meeting the Objectives of the Amendments

Barriers to Creating Cultural Plans

As mentioned above, following the amendments, Cultural Plans are part of the case plan of all Aboriginal children in OOHC (s 166(3)(b) CYFA). Participants in the DHHS policy focus group and the child protection practitioner focus group identified several obstacles to creating a Cultural Plan, especially within 19 weeks of entry to OOHC. Key among these were a lack of cultural awareness among non-Aboriginal practitioners and disputes about the child’s identity.

Lack of Cultural Awareness among Non-Aboriginal Practitioners

As discussed earlier in the report, participants in the Aboriginal group and the child welfare policy group indicated that vesting responsibility for the development of Cultural Plans to non-Aboriginal people and mainstream organisations led to poor quality plans. Participants in the child protection practitioner focus group agreed that a lack of cultural knowledge was a barrier to creating meaningful Cultural Plans. Reflecting on their own experience as a child protection practitioner, one participant said, "… I don't have a great depth of understanding obviously of Aboriginal culture and I'm not an Aboriginal person. I don't work at the Coop. So, I don't have that deeper view ….".

Disputes Regarding Aboriginality

One issue that was much discussed within the child welfare policy group and the child welfare practice group was the difficulty resolving the Aboriginal identity of some children, and how this can delay permanency because of a lack of clarity as to whether processes specific to Aboriginal children, including Cultural Plans[2], apply. These disputes can occur within families, between Aboriginal organisations, as well as disputes between those organisations and the Department. One participant in the DHHS policy focus group said, "Each ACCO has very different criteria … some ACCOs will go down the line of self-identification, whereas others will want more of evidence of a community". A member of the community services practitioner group highlighted the difficulty in resolving disputes regarding Aboriginality saying, "… we've got a situation where we've got a four-year-old in placement who's been in placement since she was about two and we're still waiting on child protection to verify or deny her Aboriginality".

New Resources Facilitating the Preparation of Cultural Plans

Significant resources were committed to try to meet the requirements of the amendments regarding Cultural Plans, which some participants from the child welfare policy group suggested had contributed to the improvement in the proportion of Aboriginal children in care with a Cultural Plan. For example, one member of the child welfare policy group said the change in legislation "… led to a really big injection of funding from a fraction of an FTE [Full-Time Equivalent position] in different parts of the state to 17 full FTE. So, it was a big injection".

Barriers to Timelier Reunification

It was intended that the reunification timeframes would focus parents' attention on the need to achieve parental goals and tasks and reduce the length of separation between parent and child. However, participants across several groups identified significant barriers to timely reunification.

[2] Other Aboriginal specific processes include AFLDM meetings, compliance with the Aboriginal and Torres Strait Islander Child Placement Principle, Aboriginal agency support of an application for a PCO.

Child Protection Workload

It was acknowledged by participants across several groups that child protection is stretched and overwhelmed, and that this had a significant impact on family reunification.

Impacts on Reunification Casework.

There was widespread agreement that the child protection service struggles to cope with demand and that the urgent tends to deflect attention from the important. The lack of capacity to meet demand was noted as skewing practice towards crisis-driven investigation and assessment work at the expense of objective-driven casework. The CEO, Centre for Excellence in Child and Family Welfare said,

> if you have a crisis-driven system, where you're actually having to focus on the children at absolute imminent risk of harm, then the other children who are still within the system, still on orders, who are relatively stable, they're not high priority when you're triaging, and I think that comes down to the fault in the way things are set up, 'cause it's very much a blunt and maybe outdated triage system.

Similarly, a member of the BDAC and Njernda focus group said,

> it ultimately comes down to that workload ability … if things are tracking okay, sadly once children are in out-of-home care they're safe, so then the crisis moves on to the next thing … If you could address the issue of child protection staff turnover and workload, you'd be well on the money as far as changing outcomes.

The Executive Director, VLA also said, "… when you are stretched for resources, you're focusing your time on emergency cases and removals and you're not necessarily able to apply a lot of time to working the case".

The implication is that child protection practitioners are unable to provide parents with the level of support to engage with services that they require. A member of the child protection practitioner focus group said,

> we tell them [parents] what they have to do and then we expect that they can do that ... So, we say "you need to get an IVO [intervention order]", but that's it. We don't actually support them or refer them into a family violence service, who can support them through that process, or we say "go and get a mental health plan" not realising that there's a gap that they have to pay that they can't afford.

High staff turn-over and high caseloads among child protection practitioners were also seen to lengthen the time to prepare a Children's Court Clinic report. The Director, Children's Court Clinic said,

> Sometimes child protection, it's hard to get hold of them to get a view. A lot of changes in case managers can make it difficult. This is pre-COVID as well, in terms of trying to get the right information and having DHHS workers who don't know the family well or don't

> even hardly know the family, which makes it difficult when you're trying to do a consultation with them.

Absence of a Relational Practice Approach

Participants in the Aboriginal practice and policy group indicated that a relational practice approach is needed to support the reunification process, and that child protection practitioners do not necessarily have the capacity, or their conflicted role does not orient them, to work this way. A member of the VACCA focus group said,

> That's the relational work that child protection doesn't do and because their focus is on the protective concerns and the legality of things rather than the relational, which takes time, and they're not properly resourced and supported to do that work, but I have actually found an improvement.

The CEO, Centre for Excellence in Child and Family Welfare also stated that "… it's really hard on child protection workers to be relational and yet also make very hard decisions".

Problems with Service Availability

There was general agreement across all groups that community services such as men's behaviour change programs, alcohol and drug rehabilitation services, mental health services and housing and homelessness support services were not consistently available to meet the needs of parents. A member of the community services practitioner focus group said, "There's waiting lists for support services like mental health services and drug and alcohol services" and a member of the VACCA focus group said, "… family violence and drug related issues, those types of services take quite a while to get linked in".

Several participants highlighted the shortage of services in regional and rural areas, such as a magistrate who said,

> But what strikes me is the lack of services available to families in rural areas. I'll suggest a certain service and I'll say, "Look – well, that's a good idea, but that's only available two hours' drive away in Ballarat, and the mother hasn't got a car". Service availability and delivery in regional areas is really problematic, and that makes it much more difficult for matters to be satisfactorily progressed.

The lack of affordable housing was a particular concern in the regional area where BDAC draws it clients from. A member of the BDAC and Njernda focus group said,

> Housing is the biggest one when we are looking at reunification and especially when we are looking at big families, which we do deal with quite frequently. When we're reunifying a family and they don't have space for a child, then we're on the waiting list. So, those are actual barriers.

Participants noted that it was particularly difficult for parents with disabilities to access tailored interventions. A legal representative for parents said, “If someone’s on the borderline for parenting, there just aren’t services that have that expertise of working with people with disability”. The lack of resources for DHHS to fund specialist assessments and services that cater to the needs of parents with disabilities was also remarked upon by participants in the legal, clinic and disability advocate group. One legal representative for parents said,

> I think one problem for that particular cohort is the waiting list for parenting assessments. And sometimes I think the Department's lack of willingness to pay for those assessments, if they can’t be done through PASDS and we want something more live-in, like The Queen Elizabeth Centre in Melbourne for example, sometimes the Department will refuse that because it's so much more expensive, and there's a lengthy waiting list and they want it to happen sooner.

Some interviews and focus groups were conducted during covid-19 related Public Health Orders and restrictions that prevented access to services. Participants used covid-19 restrictions to highlight the challenges of meeting reunification timeframes in a context where service accessibility is poor. A legal representative for parents said,

> COVID’s been an absolute disaster. Services have shut down. What they’re doing in terms of the limited services that are often available by phone just doesn’t cut it for people who’ve got particularly serious substance misuse issues. People I know have told me that staying clean has been so much harder when they’re just having phone contacts, when they’re not actually going in for appointments and all the rest of that.

Service Fragmentation.

Participants in the Aboriginal practice and policy group said that the impacts on reunification of an overburdened child protection service and poor access to secondary services was compounded for families with multiple and complex needs. The CEO, VACCA said,

> We haven’t got a whole system response, and so the timeliness of reunification, it is impacted by the fact that you can’t get referrals to drug and alcohol and so the work that is required to get all those ducks to line up in a row for a family to be able to meet Court-mandated programs and services … And so, I think the really big challenge is the system often works against Aboriginal families having timely reunification.

The CEO, VACCA, suggested that joined-up services within VACCA has led to better reunification rates saying,

> through our Nugel program, having wrap-around support services, having Stronger Families, Cradle to Kinder, Aboriginal Family Led Decision Making, and a whole lot of programs that can actually talk to each other and say, how do we address all of the

> issues within a one-stop shop rather than referring out. And, I think having a stronger footprint and being able to offer therapeutic supports, family violence supports, homelessness supports, drug and alcohol, all of those supports, in one spot – and I think that's how we've been able to increase the reunification rates.

Mainstream Services Unable to Promote Healing

The importance of healing was raised by several participants in the Aboriginal practice and policy group, who said mainstream services that appear on Children's Court orders such as men's behaviour change programs are not equipped to deal with the intergenerational trauma of Aboriginal people. The Commissioner for Aboriginal Children and Young People said, "I think the complexity may differ. When I say complexity, it may be multiple and transgenerational trauma as well, which isn't being addressed adequately enough, and giving the parents the right supports to keep their family together and have the children returned to them". Similarly, a member of the VACCA focus group said that "unless we can do something in that [healing] space, we're not really going to engage with a number of these families". A member of the BDAC and Njernda focus group also said that "we get just as much benefit out of those [mainstream] services as we do making sure that the families and children are connected culturally, connected to Country".

Protracted Nature of Contests Relating to Protection Applications

As discussed earlier in relation to the impact of extended interim accommodation orders on reunification casework, participants in the child welfare policy group and the child welfare practice group indicated that the protracted nature of contests relating to protection applications impeded early engagement of parents and services when implementing case plans. A participant in the DHHS policy focus group said,

> I think there is … a position that from the get-go, the lawyers are basically getting the parents to not agree, to not work with us, and then get stuck into a difficult process of long IAOs. We can't establish a case plan and actually do the work with the family whilst we're still in this kind of conflictual pattern of behaviour, which then means that we're struggling when we get a final order to actually embed.

Parental Readiness

Because of issues associated with, for example, addictions and interpersonal violence, participants in the child protection practitioner focus group and the Aboriginal practice and policy group said that parents may not be sufficiently empowered or supported to make use of services even when they are available. One participant in the child protection practitioner focus group said,

> sometimes parents are not in the space where drug and alcohol counselling can be done, or a parenting support service can be done because they're not in a position to do so and my argument would be "Well, we're setting them up to fail." And now services are

> pushing back, like family services are pushing back and saying, "You know what? They're actually not ready.

Barriers of timelier permanent care

Participants identified several issues that were impeding timely permanent care, including lack of availability of suitable permanent carers, delayed implementation of case plans for permanent/long-term care and authorised Aboriginal agencies pursuing reunification beyond 24 months in care.

Lack of Availability of Suitable Permanent Carers

Participants in the child welfare policy group, the legal, clinic and disability advocate group and some magistrates identified the absence of suitable permanent alternative carers as a significant barrier to the effectiveness of the amendments in achieving timely permanent care. As the Executive Director, VLA said, "nothing in the permanency amendments does anything to improve the availability of permanent care options for kids".

The decline in the number of foster carers and thus potential foster care conversions to permanent care was one issue raised. The delegate for the CEO, FCAV said,

> I think the number of foster carers is on a long-term downward trend. And, what's often missing of course in the numbers that you see is it is relative to population. So, Victoria's had a substantial increase in population in the last 20 years, yet the number of carers is, at best, stable or declining.

It was acknowledged that there are social factors causing the decline in fostering, including inadequate support and women's increasing participation in the workforce.

It was further suggested that foster care agencies do not want to 'lose' foster carers to permanent care, given the challenge in recruiting suitable foster carers. The CEO, PCA families said, "out-of-home care providers can dissuade families from going down the path of permanent care because if they go to permanent care it means that there is no more target[3] for the placement agency".

Placement Support.

Placement support can take many forms and is designed to promote placement stability and long-term viability. Financial support is key for many carer families who would otherwise be unable to afford to provide for all the child's general needs and any specialist services required. Participants across several groups indicated that post-placement support had an impact on the availability of permanent carers, including the willingness of foster carers to

[3] Foster care agencies are funded based on providing a 'target' number of foster care placements.

convert to permanent care, and that carers were not always offered the level of support that they needed.

Participants in the child welfare policy group, the child welfare practice group and magistrates indicated that the flexible funding for specific needs that was introduced to support the amendments facilitated the making of more permanent care orders. The DHHS, Director, Children and Families Policy said,

> I think undoubtedly, we probably got more permanent care orders than we had previously as a result of being able to say to prospective carers "we will fund you for things that you think you're going to need into the future and there will be funding available after the making of an order.

It was noted, however, that flexible funding is discretionary, and families may not always be aware of it at the final case plan. The CEO, PCA Families said,

> I think that families often don't know that there is potential flexible funding available from the Department to support the foreseeable needs of children post-permanent care order, and there are often situations where those needs aren't met, even when they're sometimes apparent needs.

The level of support offered to potential permanent carers was compared unfavourably with other jurisdictions. The delegate for the CEO, FCAV said,

> in New South Wales, agencies are specifically funded to assist in achieving permanency and get financial bonuses if the child is placed in a permanent position before the expiry of the Court order. Whereas, in Victoria, there's no funding to support the permanency objective. So, for example, in New South Wales, carers get a minimum of about four and a half thousand per child for therapeutic support. In Victoria, there's no minimum amount. There's a pool of funding which everyone has to compete for, so a lot of kids miss out on therapeutic support because there's simply not enough money to assist everyone.

Participants in the Aboriginal practice and policy group also highlighted situations where funding was promised but never delivered. A member of the VACCA focus group said,

> Often, we are seeing new permanent carers coming through to PCA Families saying, "We were promised this. We never got it". Then we try to go back to the Department and say, "This was case planned. You should have honoured this." We don't really get anywhere with it, either. That follow-on and follow-through is often missing.

For one member of the VACCA focus group, the discretionary nature of the flexible funding and lack of clear guidelines created inconsistencies in the type and quantity of funding that was made available to carers saying,

> There are no consistent guidelines. We constantly have this battle where one Division will say, “No. We’re not doing that. We don’t have that”. Another Division will go, “We’ve only got this amount of money”. Another Division will say, “No. That goes to PCA Families. We don’t do this at all”. Across the State there’s no consistency.

It was also felt that the greater emphasis on timely permanent care led to placements being established where there were insufficient ongoing resources to support them. The CEO, PCA families said,

> as result of the permanency amendments there’s been over 400 children that have gone onto permanent care orders a year. I think the thing that’s really important to note is that the intent is around improving permanency, improving stability for children, but there hasn’t, in my experience, been that equal commitment to ongoing support. Obviously, there are cost benefits in going down the path of permanent care as one of the permanency options, but in terms of the lived experience of families, there hasn’t been that equal commitment to actually supporting families to thrive and to support children to heal from trauma.

Some magistrates, legal practitioners for parents and child welfare practitioners mentioned cases where carers were opting to offer care under a LTCO rather than a PCO because they wanted ongoing support from the Department and/or placement agency. A member of the adoption and permanent care practitioner focus group said,

> Some of our carers are saying that they don't need to go for permanent care order because the needs of the children are so intense, and that they're too scared to have a permanent care order.

In contrast, according to some participants in the Aboriginal practice and policy group, kinship carers may also agree to PCOs even though they may have better access to services and supports if a LTCO was in force, as they would rather not have DHHS involved in their lives. A member of the VACCA focus group said,

> ultimately families often want the Department out of their lives, so permanent care is going to be a more desirable order over a long-term care order because they don’t want child protection involved. They want to be the legal guardians, they want to make the decisions and have the ultimate responsibility, but sometimes not always understanding exactly what that means long-term, that there aren’t going to be those supports necessarily around you.

Some Aboriginal kinship carers may also avoid asking for additional help for fear of further child protection involvement. A member of the VACCA focus group said,

> Particularly from an Aboriginal context, it's a very fine line in terms of what we know about families being part of the system, that if they do ask for help, does that mean that, "I'm not coping and therefore kids might not be staying with me?" Particularly with a lot of Aunts and Grandmas, that would be their concern.

Delayed Implementation of Case Plans for Permanent/Long-term Care

Some magistrates and participants in the legal, clinic and disability advocate group highlighted instances where DHHS have not progressed cases to PCOs, instead seeking CBSOs or extensions to CBSOs. One magistrate said,

> I'm stunned at the number of cases where I'm being asked to make care by Secretary orders or extension orders in relation to care by Secretary orders where you've had perfectly good, perfectly stable potential permanent carers on the scene for a long time. I say, "Well, why haven't you done a permanent care order assessment?" And I just think there's a real lack of interest by the Department workers in pushing it forward to try to achieve a permanent care order or long-term care order.

A legal representative for parents/children made a similar comment,

> I'm finding myself in a number of matters where I'm representing children that were on care by Secretary orders and the Department comes along with an application to extend that order for a further two years and I'm saying, "Hang on. Look at the Act. You can't do that unless you've considered permanent care order or long-term care order" and then they have to scurry away and look and do that work, and the work it takes to get all the documents done for a permanent care order can take some time.

In relation to delays progressing permanent care case plans, the President of the Children's Court said,

> The challenges around resourcing often result in delays in key events that are critical to progress permanent outcomes for children. For instance, delays in permanency assessments and cases where the endorsement of permanent care case plans have not progressed. As a result, the Department is unable to progress a permanent care application and is only in a position to seek a care by Secretary Order, an order that operates for a fixed period of two years. Nor can the Court oversight the progression of the permanency planning over the two-year period under a CBSO. The result is that although the child may remain in the same placement, no permanent order can be made or progressed due to a lack of resources and the inflexibility of the available orders.

Magistrates and some members of the legal, clinic and disability advocate group also said there can be delays progressing permanent care case plans for Aboriginal children, due to the time involved in Aboriginal family finding, obtaining a report from an Aboriginal agency recommending a PCO and preparing Cultural Plans and lack of resourcing for these

processes. A participant in the carer advocate group also had personal experience of a drawn-out cultural planning process, saying that “it also took forever to get the cultural support plan done. It took well over 12 months to get that sorted out as part of the transition to permanent care”.

Family Preservation Orientation in Best Interests Decision-Making

The Children’s Court is affected by the changes in the decision-making framework emphasising timeliness and permanency. However, decisions about when to move to permanent alternative care can be fraught. Participants in the child welfare policy group, the child welfare practice group, and participants in the CPLO focus group regarded the Court as being too focussed on parents’ rights, and insufficiently attentive to children’s timescales and timely permanency resolution. The DHHS, Director of Children and Families Policy said,

> I think that fundamentally in Victoria legal stakeholders have always … privileged parents’ rights. The concept of parents’ rights versus children's rights and needs and best interests are not necessarily incompatible, but I don't think we've ever got to a point where we’ve been able to reconcile both. Fundamentally we did have legal stakeholders indicating parents should be given unlimited opportunities to address concerns, and the timelines and timeframes were not reasonable.

Similarly, a participant in the community service practitioner focus group said, “The barristers always say that it’s the parents’ Court and they’re actively fighting for the parents despite knowing that that shouldn’t happen”.

Attempts to Extend the Reunification Timeframe.

It was suggested by participants in the child welfare practice group and participants in the CPLO focus group that the Court was finding innovative ways of effectively placing children in OOHC, or at least in the care of another person, without starting the clock ticking. Specifically, IAOs to parental care supervised by kin were thought to represent an attempt to avoid placing a child in OOHC, effectively extending the time available to parents to address protective concerns. A member of the CPLO focus group said,

> If an order is to Grandma, the clock will start ticking. We've seen a lot of IAOs to parents and their contact is supervised or monitored by a suitable person they’re living with, rather than making an IAO to a grandmother or whoever they must live with. Which, when we look at the legislation isn't an accurate reflection, but it's people trying to get creative so that the clock isn't ticking, and the Courts are willing to make those orders depending on who you are [appearing] before.

One participant in the child protection practitioner focus group indicated that IAOs to parental care, while avoiding OOHC, may expose children to the risk of harm saying

> we're getting IAOs to parents when there’s a high level of risk there, and then we're

> having to breach and go back to Court and again, you know, sometimes it can be multiple breaches … before the child is in a safe environment because of the magistrate's view that obviously the moment that child's out that clock is ticking. So, they're more I think reluctant to make that decision.

Some magistrates also suggested that due to the timeframes for reunification, and the options available within the restructured suite of orders, legal representatives for parents are continuing contests at the application for CBSO stage to buy time for parents to demonstrate that they can address protective concerns, contributing to lengthy adjournments and further delays in the decision-making process. One magistrate said,

> I think there's also more people who continue down the contest path, again, in the hope that because at least under the current way we're running things, you go from a Conciliation Conference, to a directions hearing six weeks later, to a hearing that's six months down the track, with another directions hearing a few weeks before, so it's buying time.

It was also noted by the DHHS, Director, Children and Families Policy that the time limit is not an absolute one, and that there are children who are reunified even after the two-year time limit, as was envisaged by the 'exceptional circumstances' referred to in the amendments (S 167(4) CYFA):

> The other thing to bear in mind in terms of reunification timeframes is that if things do change at home, we can still send the child home, despite the fact that it's been over the two-year mark. So, no one's going to keep a child in care unnecessarily, but we do know that it rarely happens once the child hasn't been reunified within the two years.

Participants in the legal, clinic and disability advocate group also highlighted cases where children had been reunified after spending more than 24 months in OOHC. A legal representative for parents said, "I've got one matter at the moment where we are just about to be outside the 24 months, but Mum's doing incredibly well, so that will probably, hopefully, resolve on a family preservation order to Mum. But they are rare, unfortunately". A legal representative for parents also stated that "In Broadmeadows and in the Koori Court list, we're starting to see a few more applications for care by Secretary orders or extensions of applications for a standard care by Secretary order with a reunification case plan".

Participants in the Aboriginal practice and policy group spoke of their efforts to leave reunification open as an option beyond the legislated timeframe, as well as the difficulty of deciding when it is appropriate to change the case plan from family reunification to permanent or long-term care. One member of the BDAC and Njernda focus group said, "We do all we can to get the family back in charge and even if there is a care by Secretary

order, I think we would still do all we can to take in account all the families' views and wishes". The rationale is to allow Aboriginal parents enough time to make change, to support Aboriginal ways of working toward change, and to give children the opportunity of achieving relational and cultural permanence.

In relation to the reunification timeframes, the Commissioner for Aboriginal Children and Young People said, "Because we know the work needed for reunification, and bringing families back together, and children back to their parents may be a lot more complex, and obviously more tentative. The evidence shows that, in the end, its best for society if we can build strong families". A member of the BDAC and Njernda focus group said,

> It's not easy to deal with issues like inter-generational trauma that we are dealing with ... Most of those issues aren't really going to be dealt within two years when you are dealing with decades worth of trauma. So, we will always continue working with the children, the parents, family, community carers that we need to have involved. We will continue to look at reunification probably far beyond the point that, perhaps, the Department will. It's kind of never exactly a closed door for us and it's still a difficult process regardless of the work we put into family, especially with care by Secretary orders.

Rigid timeframes for reunification were perceived to be out of step with Aboriginal ways of working. A member of the BDAC and Njernda focus group said,

> Time was never a thing of Aboriginal people traditionally, so now we work with this imposed time structure … There's the term Koori time that we actually work with families or we work with Elders. We do things in a more culturally appropriate way rather than going with timelines. It's about what feels right, what fits best, what looks best. Like you need time to do that consultancy and really engage properly. Once families are in a system that's really driven by time, it doesn't fit … those time constraints really, really don't fit. So people just end up feeling like I can't do anything that I need to do in that amount of time so they then end up giving up themselves.

Participants in the Aboriginal practice and policy group also spoke about cultural and relational permanence; that is, experiencing lifelong, meaningful relationships with Aboriginal family, extended family, community, and culture as a key consideration in decision-making for Aboriginal children. A member of the BDAC and Njernda focus group explained, "It's very different to this clinical view that we need to achieve stability for children and that means permanent care".

Participants in the Aboriginal practice and policy group said that the Court and some child protection practitioners don't understand the importance of cultural and relational permanence for Aboriginal children, prioritising legal permanence, or a consistent

caregiver, above ongoing connections with family, community, and culture. A member of the VACCA focus group said,

> My experience is that the Courts, and to some extent child protection practitioners, not all but some, really don't understand the importance of culture and relational permanency, and how those connections need to be life-long for Aboriginal children and families that we work with.

In terms of the threat to relational and cultural permanence for Aboriginal children, the CEO, VACCA, stated that "It's the preferencing of the non-Aboriginal side of the family that creates really big issues, because Aboriginal children then get lost to the Aboriginal community".

Facilitators of Timely Permanent Care

Several facilitators of timely permanent care were highlighted, including an increased awareness of the importance of timely permanency, the inability to attach conditions on care by Secretary orders and case docketing.

Increased Awareness of the Importance of Timely Permanency

It was suggested by several magistrates and participants in the child welfare policy group that the amendments had had a beneficial impact on raising people's awareness of the impact on children of delays in decision making and long periods of uncertainty about their future care arrangements. The DHHS, Director, Children and Families Policy said, "I think the Court's consciousness regarding the importance of permanent care for kids that can't go home has been raised. I think the timeframes have probably sharpened attention on what it means for children if there's undue delay". Similarly, the CEO, PCA Families said, "I think there's a greater appreciation that it's really important to make timely decisions with and for children, and importantly that children's voices are heard in that process".

However, there were some participants in the child protection practitioner focus group who saw little change. One participant said, "For me I haven't seen a lot of difference really before the amendments to now, apart from that pressure with the clock ticking. Other than that, things from my perspective still look really similar". Another participant of the child protection practitioner focus group indicated that any initial changes made were being eroded saying, "To be honest, and I'm probably being a bit negative here, but the trajectory that we're on, I see it changing to the way it was before implementation of this [the amendments]".

Inability to Attach Conditions on Care by Secretary Orders

While the inability to attach conditions on care by Secretary orders were viewed as causing uncertainty and conflict (see earlier), contact conditions capable of being modified through

the case planning process removed obstacles to placing children permanently. One participant in the adoption and permanent care focus group said,

> I would say there's lots of improvement in that space and that's why when you get a care by Secretary order you can start to decrease [contact]. We sometimes see delays in enacting it through the case planning process but the fact that it can be done in some cases means that they do get to us [adoption and permanent care team] faster ….".

Case Docketing

Several magistrates indicated that the introduction of docketing has resulted in more cases being settled, thereby reducing delays associated with contested hearings. The President of the Children's Court said,

> The Court introduced case docketing – one family/one magistrate – at the same time the permanency amendments were introduced. This initiative was enormously successful in reducing contested hearings with the docketed magistrate intensively case managing the protection application from initiation to finalisation. In working this way, the Department and family members are clear about the Court's expectations and what is to be done by all parties to achieve reunification with their child or for other permanent placements to be explored.

Participants also indicated that case docketing enables better oversight of cases. One magistrate said, "The difference with docketing is generally one judicial officer is dealing with the case. It imposes a greater ability to have oversight and progress the case, including by ensuring that services and supports are being allocated and utilised".

Further Changes so that the Objectives of the Permanency Amendments Can be Met

Changes to Support Timelier Reunification

There are significant challenges in ensuring access to services and supports when parents need them. To improve parents' access to services and support within children's developmental timescales, participants in focus groups and interviews suggested transferring post-Court casework to community service organisations and increasing child protection casework capacity, and better resourcing of support services.

Transferring Post-Court Casework to Community Service Organisations

During key informant interviews and focus groups, participants highlighted the challenge for child protection practitioners of making consequential child protection decisions and engaging in relational practice. It was also noted by several participants that the considerable workload of child protection practitioners can undermine how actively they can undertake reunification casework.

It was suggested that child protection will always need to focus on investigations, and that it would make sense for long-term casework to become the responsibility of community service organisations. For example, the CEO, Centre for Excellence in Child and Family Welfare said,

> this legislation really highlights the need for a change in the way that child protection works and, to strip back their work to investigations and to say that as a sector, we want you the CSOs [community service organisations] and child and family providers to be the guardians of permanency, we want you to create a system that supports these children so that they know where they're going to be living tomorrow … if there's any chance of implementing legislation like this, you've got to be closer to the ground, close to the families, closer to the children, building relationships. This is how it needs to work.

More Reunification Casework Capacity and Better Access to Services

Several participants identified the need for greater reunification casework capacity, such as one legal representative for parents who said, "You've got a far better chance of stability if you actually work very hard with the family. Some of it's not necessarily legislative amendments. But from a practical perspective, we need more resources at the front end". Resourcing to match need and demand was seen as necessary to achieve the amendments' objectives, as the DHHS, Director, Children and Families Policy said,

> The community service organisations I think generally speaking are supportive though would like to see more service provision to support the timeframes. I think most would say we don't necessarily disagree with the amendments, but we have to have more of the support services so that we can provide the necessary supports when and how they need them. And I think most people, most people in the sector would say we still don't have sufficient services ….".

Judicial Discretion to Deal with Service-related Delays

Several magistrates and participants in the legal, clinic and disability advocate group recommended changes to permit the Children's Court to extend the period of a FRO in cases where parents face significant service-related barriers, such as parents with an intellectual disability, parents requiring residential treatment, parents in regional areas with long waiting lists for services and Aboriginal parents who require Aboriginal specific services. A legal representative for parents said,

> The family reunification orders were the cornerstone piece of this legislation that everybody heralded as the answer to permanency. We say it's not, quite frankly. If we all agree that parents need to be pushed and they need to "get it together", we have a certain time frame and if we agree to that, that's fine. But the Court still needs the power to make adjustment to that period and that is what is missing. I think we could live with the basic period of time; I think two years is too soon anyway, but leaving that aside, the Court must be able to make reasonable adjustment to the timeframe.

A participant in the legal representatives for parents focus group would also give the Court "the power to take into account the following in relation to family reunification orders: unintended delays in service provision; an unallocated worker and any other matter the Court saw fit". The delegate for the Public Advocate would also "remove the arbitrary timeframes and the restrictions on the conditions that can be placed on orders so that the particular circumstances of the individual child's situation could be taken into account".

Some participants in the legal, clinic and disability advocate group and some magistrates also indicated that the discretion to extend the timeframe for reunification would be helpful in cases where it is challenging to find a suitable permanent/long-term placement. A legal representative for parents said,

> I think by adding in that discretion, it would catch those cases where it may not be in the kids' best interests to remain on a care by Secretary order where, to be fair, they can still be floating. It doesn't guarantee a placement, so I guess where you're close to getting a stable placement with a parent, that discretion could be really useful and actually probably more in their best interests than permanency.

Giving the Court the Ability to Place Conditions on Care by Secretary Orders

Some magistrates and participants in the legal, clinic and disability advocate group suggested the judiciary needs the ability to order conditions on CBSOs, especially in relation to contact. A magistrate said, "… you have to have minimum conditions if you're trying to reduce the number of contests in relation to care by Secretary orders. Contact is the fundamental one, absolutely fundamental". A legal representative for parents also proposed that where parental responsibility is with the Secretary (or shared with the parent), the Court should have the ability to name where the child is placed saying,

> I think grandparents and extended family play such an important role for children who can't live with their parents, and I think there should be the ability for a more longer-term order that's not necessarily a long-term or a permanent care order, where the carer can be specified with some certainty. Even on a family reunification order, that carer be specified, and that the Department ought to come back to Court to change the order if that placement breaks down.

Changes to Better Support Parents with Disabilities

The delegate for the Public Advocate suggested that assessments of parenting capacity in the context of parental disabilities should involve an examination of competencies across a range of domains, and that parents with disabilities should have timely access to specialised services to support reunification, saying "I would certainly make sure that there were evidence-based disability specific services and supports available to parents with disabilities and that assessments of disability were domain-specific". The delegate for the Public Advocate also identified the need for a Court order that provides for shared parental

responsibility (between a parent and the Secretary) when children are no longer able to live with their parents, to cater for the circumstances of parents with disabilities saying,

> I would also change the legislation to provide for the Court to order shared care and parental responsibility on an ongoing basis between the State and a parent. I think that would be quite a helpful option. If I'm reading the legislation correctly, it is possible to have a shared care arrangement on a permanent care order between a particular person and a parent although (unlike the Family Court) I don't think it happens very often.

Changes to Support Timelier Permanent Care

It was suggested that, if government was unable to provide enough resources to the system as a whole, there were still some things that had been successful in the past, such as workforce training and development, that could be reintroduced to support timelier permanent care for relatively little cost. Here, the DHHS, Director, Children and Families Policy highlighted specialist permanency teams[4] saying,

> certainly, my desire would have been to have permanency teams established that can continue to beat the drum about permanency. Staff who understand the reforms and the elements of it deeply and that could have kept marshalling the efforts and the resources to support implementation. We didn't achieve that.

A participant in the adoption and permanent care team focus group also stated that the specialist permanency teams "had got rid of the bottleneck", but that "they have never been funded ongoing and as a consequence you get this shift and then it drifts back and then get a shift and then it drifts back".

Support Parents and Children who have been Permanently Separated

Where children are placed for adoption, the relinquishing parent is provided with counselling. This is not the case where children are placed with a permanent carer and this may create a barrier to the possibility of positive future outcomes. A participant in the community services practitioner focus group recommended providing services for birth parents of children who require permanent alternative care saying,

> often those families will go and have subsequent children and we're not working through what the issues are and then we land there again. It just seems crazy. We continue to perpetuate that cycle. We don't deal with the grief and loss issues.

Others identified a gap in therapeutic services for children requiring permanent alternative care, to assist them to understand and come to terms with their situation and to improve their mental health and wellbeing. A participant in the adoption and permanent care team focus group said,

[4] The Department has twice been funded to provide specialist permanency teams for 12 months to conduct the 2013-14 Stability Planning and Permanent Care project (Department of Health and Human Services, 2014) and again to support the 2016 implementation of the amendments.

> I think that there are two missing steps in child protection work generally which is doing the life story work, which is about helping kids to understand why they're in the situation they're in and so on, and the other one is teaching children emotional regulation through a program, like Tuning into Kids or Zones of Regulation because many of the placements that break down all the difficulties in finding permanent care placements is because kid's reactivity is very, very high and it's very difficult to find families prepared to take on kids in that reactive state.

It was suggested that some of the reforms to OOHC are also relevant to children in permanent care but that they are not considered in this context. The CEO, PCA Families said,

> When there are initiatives that relate to children more broadly in out-of-home care, we need to systematically consider if these initiatives are relevant to children in permanent care situations, too. Initiatives like the Home Stretch program, for example, should be extended to permanent care young people, to support young people to successfully navigate and transition to independence. The way we support children and young people's needs should not be restrained by the order type, and this requires a very conscious decision to better support permanent care children, young people and families to succeed. If permanent care is to be a sustainable permanency option, children, young people and their families need to be properly supported and need to be able to access specialist services as its needed, alongside peer support. Inadequate support can result in family instability, family breakdown and a whole host of associated impacts.

More Widespread use of Least Adversarial Trial Approaches

As discussed earlier in the report, there is a perception that hearings have become increasingly adversarial. A participant in the CPLO focus group noted that "… it's very hard to work in a collaborative way when people are not respectful". In this context, participants suggested reforms to the Children's Court model, away from the current adversarial approach to a more conciliatory, conference-like model. A participant in the CPLO focus group said,

> I think being more conference style rather than set up adversarially, where everyone's sitting in a row and having their turn to talk would be beneficial in Melbourne. Firstly, because all the representatives and all the parties are in the one room. A lot of the time in Melbourne, you're running around trying to find one hundred and one people and they're like "I've got too many matters. I don't have time to talk to you. Let's just adjourn it off". So, if the list was shorter and set up more like a conference where everyone's in the room … and you have to be there. You have to talk about the issues.

Several participants said the Koori Court[5] was a successful, culturally appropriate conciliatory model to assist child protection decision-making. A participant in the CPLO focus

[5] The Children's Court in Broadmeadows was the first Australian Court to establish a Koori Family Hearing Day, known as Marram-Ngala Ganbu (MNG) meaning "We are one" in Woiwurrung language. It aims to improve

group described the process saying, “the magistrate comes and sits around the big table and the parents and the lawyer, everyone sits around the table. And [magistrate name] has started doing that for all mentions”. Participants in the BDAC and Njernda focus group said that a Koori Court would mark an improvement for Aboriginal families involved in child protection in regional and rural areas. A participant said,

> I think that we would see differences in some of the issues that we're experiencing if there was a Koori Court where things were done differently. Roundtable discussions as opposed to how we operate in our Bendigo Courts. Very archaic.

Similarly, participants in the Aboriginal practice and policy group highlighted the value of AFLDM as an alternative decision-making process. A participant in the BDAC and Njernda focus group said,

> I really think there is so much merit in AFLDMs, and why can’t that be used as a legal process to work out what is best for a child? And there are bloody heaps of arguments in AFLDMs! But normally by the end everyone's agreeing with what’s happened.

Better Support for Permanent Carers

There was general agreement that carers were not always offered the level of support that they needed. This could take the form of therapeutic services or financial and practical support. The Delegate for the CEO, FCAV said,

> I've dealt with a carer this morning whose placement is about to break down because she can't get the child into kindergarten because there's no birth certificate or registered birth. And, she's been asking for the birth to be registered for 12 months and it hasn't been done, and she needs to work. She needs the child care support, and they need that income. And in terms or broader financial support, the carer allowance is very low. Well, it's one of the lowest in Australia.

Remove the Reference to Adoption in the Hierarchy of Permanency Objectives

It was suggested that adoption should be removed from the permanency hierarchy. The Director, Kinship Carers Victoria said,

> I was alarmed to see adoption listed in the hierarchy of care options in the legislation. Whilst I never really thought that the Department would use it as an option. It never worried me too much because I knew some of the current decision makers in the Department would not pursue such a solution. However, that is small comfort. The legislation should not list adoption as an option at all and the government must take action to tidy this matter up.

Ensure Children’s Views are Adequately Represented

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outcomes for Koori children in child protection proceedings, providing a culturally appropriate process to assist in decision making. It also aims to improve adherence to the Aboriginal Child Placement Principle in the CYFA.

For some key informants, the absence of children's voices from the decision-making process, particularly in relation to permanent care plans, was a significant issue. The CEO, VACCA said,

> There's no way that VACCA wouldn't support stability for Aboriginal children, because we do want children to have some form of permanency. We've certainly heard children say, "please make a decision, stop trying to reunify me with mum and dad when you know it's not going to work". So, we do have to be able to, in any permanency planning hear the voice of Aboriginal children and young people in that decision-making.

Similarly, the Commissioner for Aboriginal Children and Young People said,

> Having the child involved in their plan. Having a voice and having the system that not only just hears the words of the child, but to be able to action what the voice of the child is something that would strengthen the overall well-being of the young person and their family.

Conclusion

Nine focus group discussions and 23 key informant interviews were undertaken to provide insights into three overarching questions about the most significant impacts of the permanency amendments, the main barriers, and facilitators of meeting the objectives of the permanent amendments and further changes that are needed so that the objectives of the permanency amendments can be met.

Several themes emerged in the analysis of the data on the most significant impacts of the permanency amendments. There was general agreement across stakeholder groups that a key objective of the amendments had been achieved, with more children in OOHC being transitioned from temporary placements to ongoing placements. It was also acknowledged by stakeholders in the child welfare practice group that younger children had benefited the most, while participants in the legal, clinic and disability advocate group and some magistrates said that the amendments did not address the problem of older children 'drifting' in care. Some participants in the child welfare policy group and the child welfare practice group indicated that children under PCOs were living with permanent carers who were loving and reliable, were feeling safe and secure and making gains developmentally. However, some participants in the legal, clinic and disability advocate group said that some PCOs are being made before carers are prepared for their changed role, which are vulnerable to breaking down. Some participants in the Aboriginal practice and policy group also said that Aboriginal community attitudes towards permanent care had shifted following the amendments, and that PCOs are appropriate, even preferential, for Aboriginal children compared to OOHC if Aboriginal family finding and cultural planning had been thoroughly done.

While the requirement for earlier case plans containing a permanency objective was viewed by some participants in the child welfare policy group and the child welfare practice group as helping families and children understand the purpose and direction of child protection intervention, there were divergent views across stakeholder groups about the impact of the amendments on child protection case planning.

Participants in the Aboriginal practice and policy group said there had been no change in the involvement of the Aboriginal Child Specialist Advice and Support Service (ACSASS) in case planning decisions or in the completion of AFLDM processes at the point of substantiation following the amendments, and that improvement was still needed. Participants from the child welfare policy group said that compliance with cultural planning requirements had improved following the amendments off a low base. However, there was general agreement among magistrates and participants in the child welfare policy group and the Aboriginal practice and policy groups that there is little consistency in the quality of Cultural Plans. More needs to be done to ensure Aboriginal children in care have a meaningful Cultural Plan to support a strong sense identity and ensure children develop and maintain a connection to their Aboriginal family and Country.

Participants in the child protection policy group and the child protection practice group indicated that the permanency amendments had had a significant and mostly positive impact on child protection case planning although improvements are still needed. In contrast, participants in the legal, clinic and disability advocate group and the magistrates group said that they had seen little change in the quality of case plans and protection applications. Some magistrates also felt that earlier case planning (at the point of substantiation) may be of little assistance in determining what order to make on a protection application if parents contest the case plan or if the parent's circumstances change. Participants in the legal, clinic and disability advocate group and the magistrates group also said that child protection case planning had become prescriptive following the amendments and that this included a routine reduction in parent and child contact once a case plan direction moves away from reunification.

Participants in the legal, clinic and disability advocate group and some magistrates said the permanency amendments, including the reunification timeframes and the narrow range of Court orders, had weakened judicial discretion and oversight, and the ability to make decisions in the child's best interests in certain cases. Participants in these groups, as well as participants in the Aboriginal practice and policy group, said there was an incongruity between the legislated reunification timelines and the time it may take for parents to engage in support services and address protective concerns. Some participants in the legal, clinic and disability advocate group and the magistrates group also suggested the inability to place conditions on CBSOs has been problematic for children and families and had

contributed to parents contesting applications for a CBSO and pursuing PCOs earlier than the Department plans.

Participants in diverse stakeholder groups said that the Court had responded to weakened judicial discretion and oversight in unexpected and unintended ways, such as Court extensions to IAOs and judicial case management through IAOs. Magistrates, and participants in the legal, clinic and disability advocate group said this practice helped to ensure child protection practitioners are progressing reunification case plans, while participants in the child welfare policy group and the child welfare practice group said that contests relating to PAs undermined working relationships between parents and child protection practitioners and parental engagement in the change process. Finally, there was a view expressed by participants across several groups that a more contest-driven culture at Court, and an increased focus on what parents need to do within certain timeframes meant the child's 'voice' was not heard in decision-making.

Several barriers and facilitators of meeting key objectives of the permanency amendments were identified by participants in the focus group discussions and interviews. Participants in the Aboriginal practice and policy group, the child welfare policy group and the child welfare practice group said a lack of cultural awareness among non-Aboriginal practitioners in mainstream services was a barrier to the development of meaningful Cultural Plans for Aboriginal children in care. However, a member of the child welfare policy group said that new positions to support Care Teams to develop Cultural Plans had contributed to greater compliance with cultural planning requirements. Participants in the child welfare policy group and the child welfare practice group also said disputes regarding Aboriginality can delay the development of Cultural Plans and other key processes on the pathway to permanent care for Aboriginal children.

Several barriers were identified in relation to timely reunification. Participants across diverse stakeholder groups recognised that child protection practitioners are managing very high caseloads, and that this undermined capacity to progress reunification case plans and provide relationship-based social support. There was also general agreement across stakeholder groups that problems with service availability, including a lack of healing services to support Aboriginal parents to recover from complex trauma, and a lack of specialist support for parents with an intellectual disability, hampered the change process. Participants in the child welfare policy group and the child welfare practice group also said that contests relating to PAs impeded early engagement of parents and services when implementing reunification case plans.

Participants in several stakeholder groups identified a lack of suitable permanent carers as creating a barrier to permanent care, particularly for older children. Participants across several stakeholder groups indicated that post-placement support had an impact on the

availability of permanent carers, including the willingness of foster carers to convert to permanent care. A member of the child welfare policy group said that the flexible funding for specific needs that was introduced to support the amendments facilitated the making of more permanent care orders. However, participants across several groups indicated problems accessing flexible funding, including a lack of awareness of flexible funding when case planning for permanent care and a lack of consistency in the allocation of flexible funding. A member of the carer advocate group also said that there were insufficient ongoing resources to support some permanent care placements, and some participants in the Aboriginal practice and policy group said that Aboriginal kinship carers may avoid asking for additional help for fear of further child protection involvement.

As with timely reunification, participants across diverse stakeholder groups said that high child protection caseloads led to delays in progressing permanent care case plans. According to some magistrates and some members of the legal, clinic and disability advocate group and the carer advocate group, a lack of resourcing for processes specific to Aboriginal children, such as Aboriginal family finding, obtaining a report from an Aboriginal agency recommending a PCO and preparing Cultural Plans, can delay an Aboriginal child's journey to permanent care.

Participants in the child welfare practice group and participants in the CPLO focus group said that attempts to extend the reunification timeframe beyond 24 months in OOHC by the Court and legal representatives for parents delayed decision-making processes. Participants in the Aboriginal practice and policy group also said that Authorised Aboriginal Agencies often worked with families towards a reunification permanency objective after 24 months in OOHC under the exceptional circumstances provision to provide parents additional time to make change, to facilitate Aboriginal ways of working and to ensure Aboriginal children can experience cultural and relational permanence.

Regarding the facilitators of timely permanent care, several magistrates and participants in the child welfare policy group said that increased awareness of the importance of timely permanency had been a factor. However, some participants in the child protection practitioner focus group saw little change in Court. While the inability to attach conditions on care by Secretary orders were viewed as causing uncertainty and conflict, adoption and permanent care practitioners said that CBSOs with contact conditions capable of being modified through the case planning process removed obstacles to placing children permanently. Finally, some magistrates said that case docketing had reduced delays in Court decision-making.

Several changes were suggested so that the objectives of the permanency amendments could be met. Unsurprisingly, these related to the main barriers of timely reunification and timely permanent care discussed above. In terms of supporting timely reunification,

participants in the child welfare policy group suggested transferring post-Court casework to community service organisations. Diverse stakeholders also identified the need for more resources for the reunification process, to improve casework capacity and access to services and support including access to specialist services for parents with an intellectual disability and services to support the healing of Aboriginal parents. Several magistrates and participants in the legal, clinic and disability advocate group also recommended changes to permit the Court to extend the period of a FRO in cases where parents face significant service-related barriers.

In terms of supporting timely permanent care, there was agreement across diverse stakeholder groups that in some cases, permanent carers needed a greater level of support. Participants the child welfare policy group and the child welfare practice group also suggested re-establishing permanency teams as a way of progressing permanent care case plans. A participant in the child welfare practice group recommended providing services for birth parents of children who require permanent alternative care, while others in this group identified a gap in therapeutic services for children requiring permanent alternative care. Some magistrates and participants in the legal, clinic and disability advocate group proposed that the judiciary should be able to order conditions on CBSOs to reduce contests and support the maintenance of children's family connections. Finally, more widespread use of least adversarial trial approaches was suggested by participants in the legal, clinic and disability advocate group and the Aboriginal practice and policy group to assist child protection decision-making and address an adversarial Court culture. Involving children in the decision-making process was emphasised by participants in the Aboriginal practice and policy group, while a member of the carer advocate group encouraged the removal of adoption from the permanency hierarchy.

Attachment A
Focus group schedules

Child protection policy
Overall, what have been the most significant impacts (positive and negative) of the amendments? What have been the main impacts of the requirement to prepare case plans immediately following substantiation and have a permanency objective? *Prompt: Are there more, or less internal reviews of case plan decisions? Are there more, or less contest hearings? Are there more or fewer orders made by consent? Is there more or less case work 'by agreement' without a protection application?* To what extent have the permanency amendments changed the nature of Court hearings or the interactions that are occurring in the Court? *Prompt: Is Court more, or less stressful for child protection professionals and lawyers who represent DHHS? Are matters more, or less adversarial?* Are there systemic issues affecting the quality or timeliness of reunification case work when a child is subject to an IAO or a FRO? *Prompt: Are the right services available? Do practitioners have the skills, confidence and knowledge to engage families and undertake reunification case work? Have the way families engage with child protection changed?* To what extent have the permanency amendments changed the time between the child entering OOHC and the child protection practitioner's decision to pursue a permanent care order? *Are practitioners making plans for long-term alternative care more, or less quickly once children have entered OOHC? Have timeframes for departmental decision-making changed since the permanency amendments?* Are there systemic issues affecting the timeliness and quality of case planning and case work when reunification has been ruled out, say for example when a child is subject to a CBSO? *Prompt: Are there issues with the capacity of the child protection service to undertake proactive case planning and case work? Do practitioners have the skills, confidence and knowledge to undertake case work that's focused on transitioning children to a permanent care order?*

To what extent have the permanency amendments addressed barriers to existing kin and foster carers becoming permanent carers? How is the child protection department tracking permanency objectives and outcomes? How is the department tracking cultural planning? *What proportion of Aboriginal children in OOHC have a cultural plan as part of their case plan?* What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend for policy/practice so that these objectives can be met?
Lawyers who represent DHHS in the Children's Court (CPLO and barristers briefed to appear for child protection)
Overall, what have been the most significant impacts (positive and negative) of the amendments? *How have the amendments impacted parents who have legal representation compared to parents who represent themselves?* To what extent have the number, characteristics and legal needs of children, young people and parents seeking legal advice and representation changed since the permanency amendments? To what extent have the permanency amendments changed the engagement of children, young people and parents in child protection proceedings and/or their understanding of the implications of proposed orders? To what extent have the permanency amendments changed the nature of Court hearings or the interactions that are occurring in the Court? *Is Court more, or less stressful for children, parents and professionals? Are matters more, or less adversarial?* To what extent has the permanency amendments influenced the likelihood that protection applications will be resolved by consent rather than by contest? *Are there more contest hearings? Are outcomes negotiated sooner later in the process? Are there more conciliations conferences? Are fewer orders made by consent?* To what extent have the limits on time the child can spend in OOHC changed the way protection applications progress through Court?

Prompt: Is it more, or less likely that the parties involved will reach agreement? Is it more, or less likely that cases progress to Conciliation Conference or to a contest hearing? Has the length of time children remain on IAOs changed? In what way, or why? Has the duration of the Court process changed?

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Have particular groups been more or less affected?

:|What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO?
Prompt: Has it affected the way applications for these orders progress through Court? Has it affected the Court outcome? Has it resulted in outcomes for the child that were positive, unintended or undesirable?

Are magistrates more, or less likely to approve applications for permanent care orders since the permanency amendments?
Why/why not?

To what extent has the Court guidance been a factor in decisions about protection orders?
Prompt: Has the guidance focused attention on a child's need for permanency? Has it been useful in deciding when there is compelling evidence that a parent will resume care of a child in the extension period / reunification is not possible / when children should be transitioned to a LTCO or a PCO?

To what extent have the permanency amendments changed the nature of the hearings or the interactions that are occurring in the Court?
Is Court more, or less stressful for children, parents and professionals?

Are there systemic issues that cause delays in processing protection, secondary or permanent care applications?
Prompt: Increase in the number of applications? Waiting for assessments?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Lawyers who represent parents and children in the Children's Court (including individual interviews)

Overall, what have been the most significant impacts (positive and negative) of the amendments?
How have the amendments impacted parents who have legal representation compared to parents who represent themselves?

To what extent have the number, characteristics and legal needs of children, young people and parents seeking legal advice and representation changed since the permanency amendments?

To what extent have the permanency amendments changed the engagement of children, young people and parents in child protection proceedings and/or their understanding of the implications of proposed orders?
Is the situation any different for Aboriginal children, young people and parents?

To what extent has the permanency amendments influenced the likelihood that protection applications will be resolved by consent rather than by contest?
Are there more contest hearings? Are outcomes negotiated sooner later in the process? Are there more conciliations conferences? Are fewer orders made by consent?

To what extent have the permanency amendments changed the environment of the Court, or the interactions that are occurring in the Court arena?
Prompt: Is Court more, or less stressful for children, young people and parents? Are matters more, or less adversarial? Are Independent Children's Lawyer's (ICL's) being appointed more, or less often?

To what extent have the limits on time the child can spend in OOHC changed the way protection applications progress through Court?
Prompt: Is it more, or less likely that the parties involved will reach agreement? Is it more, or less likely that cases progress to Conciliation Conference or to a contest hearing? Has the length of time children remain on IAOs changed? In what way, or why? Has the duration of the Court process changed?

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Have there been different impacts for cases involving Aboriginal children?

What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO?
Prompt: Has it affected the way applications for these orders progress through Court? Has it affected the Court outcome? Has it resulted in outcomes for the child that were positive, unintended or undesirable?

Are magistrates are more, or less likely to approve applications for permanent care orders since the permanency amendments?
Why/why not? Is the situation any different for Aboriginal cases?

To what extent has the Court guidance been a factor in decisions about protection orders?
Prompt: Has the guidance focused attention on a child's need for permanency? Has it been useful in deciding when there is compelling evidence that a parent will resume care of a child in the extension period / reunification is not possible / when children should be transitioned to a LTCO or a PCO?

Are there systemic issues that cause delays in processing protection, secondary or permanent care applications?
Prompt: Increase in the number of applications? Waiting for assessments?

Marram-Ngala Ganbu (Koori Family Hearing Day) commenced around the same time as the permanency amendments came into effect. How do the experiences of Aboriginal families who participate in these sittings differ from the experiences of Aboriginal families who participate in mainstream Family Division?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Child protection practitioners and team managers

Overall, what have been the most significant impacts (positive and negative) of the amendments?

What have been the main impacts of the requirement to prepare case plans immediately following substantiation and have a permanency objective?
Prompt: Are there more, or less internal reviews of case plan decisions? Are there more, or less contest hearings? Are there more or fewer orders made by consent? Is there more or less case work 'by agreement' without a protection application?

To what extent has the requirement to prepare case plans immediately following substantiation and have a permanency objective…
…influenced case planning practices and decisions?
…changed the involvement of parents, other family members, children and other professionals in case planning?

…influenced the alignment between the recommendations made by the Child Protection practitioner and the orders made by the Court?

To what extent have the permanency amendments affected compliance with AFLDM processes?

The new cultural support planning model specifies that the child must receive a cultural support plan 19 weeks after entering OOHC. Are these timelines being met?
What helps/where are the delays?

To what extent do care teams receive adequate support in developing cultural support plans (e.g., from Senior Advisor– Aboriginal Cultural Planning and ACSASS?)

To what extent have the limits on the time a child can spend in OOHC influenced…
…. parent engagement and access to rehabilitative support in the protective intervention phase?

… the way protection applications progress through Court?

To what extent do parents with children subject to a FRO receive timely and appropriate support?
What helps/ what gets in the way? (e.g. delays in accessing services, constraints on CP workers to undertake casework)

To what extent have the limits on time the child can spend in OOHC changed the way protection applications progress through Court?
Prompt: Is it more, or less likely that the parties involved will reach agreement? Is it more, or less likely that cases progress to Conciliation Conference or to a contest hearing? Has the length of time children remain on IAOs changed? In what way, or why? Has the duration of the Court process changed?

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Is the situation different for specific groups of children?

To what extent do children's characteristics determine whether foster/kinship carers agree to a permanent care order?
Prompt: Age when permanency in care is recommended, Aboriginality, where child has complex care needs?

What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO?
*Prompt: Have p*rovisions for contact for children with reunification and permanent care case plans changed*?*

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Child protection placement practitioners

Overall, what have been the most significant impacts (positive and negative) of the amendments?

To what extent have the number and type of referrals to placement coordination programs changed since the permanency amendments?

To what extent have the permanent amendments affected the appropriateness of arrangements that are made for the child entering OOHC?

To what extent have the permanency amendments affected the availability of kinship carers and foster carers?
Has the number of foster/kinship cares transitioning to a permanent care order been an issue?

To what extent have the permanency amendments affected children's connections and contact with siblings?
Sibling groups? Children who enter OOHC sequentially? Are siblings more, or less likely to be placed together in OOHC since the permanency amendments?

To what extent have the permanency amendments affected the number of different placements the child has while in OOHC?

To what extent have the permanency amendments affected compliance with the Aboriginal Child Placement Principles?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Community services practitioners and managers
Overall, what have been the most significant impacts (positive and negative) of the amendments? To what extent do parents with children subject to a FRO receive timely and appropriate support? *What helps/ what gets in the way? (e.g. delays in accessing services, constraints on CP workers to undertake casework)* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Is the situation different for specific groups of children?* To what extent are foster/kinship carers more likely to agree to a permanent care order since the permanency amendments? *Prompt: Has the helpline and flexible funding for permanent carers helped in this regard? Has the restriction on the amount of contact for a PCO helped? Are things like managing family contact and ongoing support still an issue?* In what circumstances are foster/kinship carers unlikely to agree to a permanent care order? Are there issues that continue to cause delays in transitioning children to permanent care orders? *Prompt: Inactive case work/ delays in decision making (caused by capacity of non-contract case managers and caseloads, unallocated cases, worker turnover), time to finalise permanent care arrangements (e.g. time taken to complete assessments (e.g. Children's Court Clinic), time to receive recommendation from ACCO, time to explore kinship options).* To what extent have the permanency amendments affected children's connections and contact with siblings and other family members? What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?
Aboriginal agency staff
Overall, what have been the most significant impacts (positive and negative) of the amendments?

The new cultural support planning model specifies that the Aboriginal child must receive a cultural support plan 19 weeks after entering OOHC. Are these timelines being met? *What helps/where are the delays?* To what extent do parents with children subject to a FRO receive timely and appropriate support? *Prompt: What helps/ what gets in the way? (e.g. delays in accessing services, constraints on CP workers to undertake casework) Do parents with Aboriginal children receive better/more timely support when case management is undertaken by ACCOs)* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the Aboriginal child that were positive, unintended or undesirable? *Prompt: Children being returned home with significant protective concerns being unaddressed? Re-entries to OOHC? Disconnection from family, culture and community?* To what extent are foster/kinship carers more likely to agree to a permanent care order since the permanency amendments? *Prompt: Has the helpline and flexible funding for permanent carers helped in this regard? Has the inability of the Court to make more than 4 contacts per year helped? Are things like managing family contact and ongoing support still an issue?* What other factors cause delays in the pathway to a permanent care order for the Aboriginal child? *Prompt: Disagreement about when it is appropriate for an application for a permanent care orders to be made in relation to the Aboriginal child / disagreement about who is an appropriate permanent carer for the Aboriginal child?* To what extent have the permanency amendments affected Aboriginal children's connections and contact with siblings and other family members? To what extent have the permanency amendments affected Aboriginal children's connections to their culture and country? What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?
Adoption and permanent care practitioners
Overall, what have been the most significant impacts (positive and negative) of the amendments?

To what extent has the number and type of referrals to permanent care programs changed since the permanency amendments?

To what extent have the permanency amendments reduced the time it takes to transition children to permanent care orders?

Are there things that continue to cause delays in transitioning children to permanent care orders?
Prompt: delays in making case planning decisions (e.g. capacity of non-contract case managers and caseloads, unallocated cases, worker turnover), time to finalise permanent care arrangements (e.g. time taken to complete assessments, time to receive recommendation from ACCO, time to explore kinship options).

To what extent does the requirement to have an endorsed cultural support plan affect the time it takes to transition Aboriginal children to permanent care orders?

To what extent has it been easier to recruit new permanent carers since the permanency amendments?
To what extent have the permanency amendments addressed permanent carers support needs?

What have been the main impacts of the inability to decide frequency of contact for a PCO?
Prompt: How have lives and wellbeing of parents and carers been affected? Has it been easier for permanent carers to manage contact?

To what extent have the permanency amendments affected children's connections and contact with siblings and other family members?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

VACCA staff

Overall, what have been the most significant impacts (positive and negative) of the amendments?

What have been the main impacts of the requirement to prepare case plans immediately following substantiation and have a permanency objective?

To what extent has the requirement to prepare case plans immediately following substantiation…
…changed the involvement of Lakidjeka in this phase of the child protection process?
…changed the involvement of Aboriginal children, parents and other family members in case planning?

To what extent have the permanency amendments affected compliance with AFLDM processes?

To what extent have the limits on the time the Aboriginal child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?

To what extent do Aboriginal parents with children subject to a FRO receive timely and appropriate support?
What helps/what gets in the way? To what extent has the ACAC program made a difference to the support parent of Aboriginal children receive?

To what extent have the permanency amendments influenced decisions to transition Aboriginal children to a permanent care order?

To what extent have the permanency amendments changed the Court experiences of Aboriginal children and their parents?

To what extent have the permanency amendments affected children's connections with their siblings and Aboriginal family members?

To what extent have the permanency amendments affected compliance with the Aboriginal Child Placement Principles?

To what extent have the permanency amendments affected Aboriginal children's connections to their culture and country?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Attachment B
Key informant interview schedules

Discussion questions/themes
President of the Children's Court
Overall, what have been the most significant impacts (positive and negative) of the amendments? *How have the amendments impacted parents who have legal representation compared to parents who represent themselves?* What have been the main impacts of including case plans in the Court report? *Prompt: Has is assisted the Court to understand DHHS plans for the child and family?* To what extent have the limits on time the child can spend in OOHC changed the way protection applications progress through Court? *Prompt: Is it more, or less likely that the parties involved will reach agreement? Is it more, or less likely that cases progress to Conciliation Conference or to a contest hearing? Has the length of time children remain on IAOs changed? In what way, or why? Has the duration of the Court process changed?* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Have particular groups been more or less affected?* What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO? *Prompt: Has it affected the way applications for these orders progress through Court? Has it affected the Court outcome? Has it resulted in outcomes for the child that were positive, unintended or undesirable?* Are magistrates more, or less likely to approve applications for permanent care orders since the permanency amendments? *Why/why not?* To what extent has the Court guidance been a factor in decisions about protection orders? *Prompt: Has the guidance focused attention on a child's need for permanency? Has it been useful in deciding when there is compelling evidence that a parent will resume care of a*

child in the extension period / reunification is not possible / when children should be transitioned to a LTCO or a PCO? To what extent have the permanency amendments changed the nature of Court hearings or the interactions that are occurring in the Court? *Is Court more, or less stressful for children, parents and professionals? Are matters more, or less adversarial?* Are there systemic issues that cause delays in processing protection, secondary or permanent care applications? *Prompt: Increase in the number of applications? Waiting for assessments?* What can we learn from Marram-Ngala Ganbu (Koori Family Hearing Day) and the Family Drug Treatment Court about the way child protection proceedings can help promote family reunification? What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?
Magistrates
Overall, what have been the most significant impacts (positive and negative) of the amendments? *How have the amendments impacted parents who have legal representation compared to parents who represent themselves?* What have been the main impacts of including case plans in the Court report? *Prompt: Has is assisted the Court to understand DHHS plans for the child and family?* To what extent have the limits on time the child can spend in OOHC changed the way protection applications progress through Court? *Prompt: Is it more, or less likely that the parties involved will reach agreement? Is it more, or less likely that cases progress to Conciliation Conference or to a contest hearing? Has the length of time children remain on IAOs changed? In what way, or why? Has the duration of the Court process changed?* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Have particular groups been more or less affected?*

What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO? *Prompt: Has it affected the way applications for these orders progress through Court? Has it affected the Court outcome? Has it resulted in outcomes for the child that were positive, unintended or undesirable?* Are magistrates more, or less likely to approve applications for permanent care orders since the permanency amendments? *Why/why not?* To what extent has the Court guidance been a factor in decisions about protection orders? *Prompt: Has the guidance focused attention on a child's need for permanency? Has it been useful in deciding when there is compelling evidence that a parent will resume care of a child in the extension period / reunification is not possible / when children should be transitioned to a LTCO or a PCO?* To what extent have the permanency amendments changed the nature of Court hearings or the interactions that are occurring in the Court? *Is Court more, or less stressful for children, parents and professionals? Are matters more, or less adversarial?* Are there systemic issues that cause delays in processing protection, secondary or permanent care applications? *Prompt: Increase in the number of applications? Waiting for assessments?* What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?
Director of the Children's Court Clinic
Overall, what have been the most significant impacts (positive and negative) of the amendments? To what extent have the number and characteristics of children and families for whom an assessment is requested changed since the permanency amendments? What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?

Executive Director for Family Youth and Children's Law, Victoria Legal Aid
Overall, what have been the most significant impacts (positive and negative) of the amendments? *How have the amendments impacted parents who have legal representation compared to parents who represent themselves?* To what extent have the number, characteristics and legal needs of children, young people and parents seeking legal advice and representation changed since the permanency amendments? To what extent have the permanency amendments changed the engagement of children, young people and parents in child protection proceedings and/or their understanding of the implications of proposed orders? *Is the situation any different for Aboriginal children, young people and parents?* To what extent has the permanency amendments influenced the likelihood that protection applications will be resolved by consent rather than by contest? *Are there more contest hearings? Are outcomes negotiated sooner later in the process? Are there more conciliations conferences? Are fewer orders made by consent?* To what extent have the permanency amendments changed the environment of the Court, or the interactions that are occurring in the Court arena? *Prompt: Is Court more, or less stressful for children, young people and parents? Are matters more, or less adversarial? Are Independent Children's Lawyer's (ICL's) being appointed more, or less often?* To what extent have the limits on time the child can spend in OOHC changed the way protection applications progress through Court? *Prompt: Is it more, or less likely that the parties involved will reach agreement? Is it more, or less likely that cases progress to Conciliation Conference or to a contest hearing? Has the length of time children remain on IAOs changed? In what way, or why? Has the duration of the Court process changed?* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Have there been different impacts for cases involving Aboriginal children?* What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO?

Prompt: Has it affected the way applications for these orders progress through Court? Has it affected the Court outcome? Has it resulted in outcomes for the child that were positive, unintended or undesirable? Are magistrates more, or less likely to approve applications for permanent care orders since the permanency amendments? *Why/why not? Is the situation any different for Aboriginal cases?* To what extent has the Court guidance been a factor in decisions about protection orders? *Prompt: Has the guidance focused attention on a child's need for permanency? Has it been useful in deciding when there is compelling evidence that a parent will resume care of a child in the extension period / reunification is not possible / when children should be transitioned to a LTCO or a PCO?* Are there systemic issues that cause delays in processing protection, secondary or permanent care applications? *Prompt: Increase in the number of applications? Waiting for assessments?* Marram-Ngala Ganbu (Koori Family Hearing Day) commenced around the same time as the permanency amendments came into effect. How do the experiences of Aboriginal families who participate in these sittings differ from the experiences of Aboriginal families who participate in mainstream Family Division? What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?
Director, Child Protection Policy, DHHS
Overall, what have been the most significant impacts (positive and negative) of the amendments? What have been the main impacts of the requirement to prepare case plans immediately following substantiation and have a permanency objective? *Prompt: Are there more, or less internal reviews of case plan decisions? Are there more, or less contest hearings? Are there more or fewer orders made by consent? Is there more or less case work 'by agreement' without a protection application?* To what extent have the permanency amendments changed the nature of Court hearings or the interactions that are occurring in the Court?

Prompt: Is Court more, or less stressful for child protection professionals and lawyers who represent DHHS? Are matters more, or less adversarial? Are there systemic issues affecting the quality or timeliness of reunification case work when a child is subject to an IAO or a FRO? *Prompt: Are the right services available? Do practitioners have the skills, confidence and knowledge to engage families and undertake reunification case work? Have the way families engage with child protection changed?* To what extent have the permanency amendments changed the time between the child entering OOHC and the child protection practitioner's decision to pursue a permanent care order? *Are practitioners making plans for long-term alternative care more, or less quickly once children have entered OOHC? Have timeframes for departmental decision-making changed since the permanency amendments?* Are there systemic issues affecting the timeliness and quality of case planning and case work when reunification has been ruled out, say for example when a child is subject to a CBSO? *Prompt: Are there issues with the capacity of the child protection service to undertake proactive case planning and case work? Do practitioners have the skills, confidence and knowledge to undertake case work that's focused on transitioning children to a permanent care order?* To what extent have the permanency amendments addressed barriers to existing kin and foster carers becoming permanent carers? How is the child protection department tracking permanency objectives and outcomes? How is the department tracking cultural planning? *What proportion of Aboriginal children in OOHC have a cultural plan as part of their case plan?* What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend for policy/practice so that these objectives can be met?
The Commissioner for Children and Young People
Overall, what have been the most significant impacts (positive and negative) of the amendments?

What have been the main impacts of the requirement to prepare case plans immediately following substantiation and have a permanency objective?
Prompt: Are there more or less internal reviews of case plan decisions? Are there more or less contest hearings? Are there more or fewer orders made by consent? Is there more or less case work 'by agreement' without a protection application?

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Have particular groups been more or less affected?

What have been the main impacts of the inability to make conditions for contact, on CBSOs and LTCOs and the inability to decide frequency of contact for a PCO?
Prompt: Has it affected the way applications for these orders progress through Court? Has it affected the Court outcome? Has it resulted in outcomes for the child that were positive, unintended or undesirable?

Are there systemic issues that cause delays in processing protection, secondary or permanent care applications?
Prompt: Increase in the number of applications? Waiting for assessments?

Are there systemic issues affecting the timeliness and quality of reunification case work when a child is subject to an IAO or a FRO?
Prompt: Are the right services available? Do practitioners have the skills, confidence and knowledge to engage families and undertake reunification case work?

Are there systemic issues affecting the timeliness and quality of case planning and case work when reunification has been ruled out, say for example when a child is subject to a CBSO?
Are there issues with the capacity of the child protection service to undertake proactive case planning and case work? Do practitioners have the skills, confidence and knowledge to undertake case work that's focused on transitioning children to a permanent care order?

What are the main barriers and facilitators of meeting the objectives of the amendments?
What issues have been brought to your attention from the legal and community sector?

What further changes would you recommend so that these objectives can be met?

The Commissioner for Aboriginal Children and Young People

Overall, what have been the most significant impacts (positive and negative) of the amendments? To what extent have the permanency amendments affected compliance with AFLDM processes? To what extent have the permanency amendments affected compliance with the Aboriginal Child Placement Principles? To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the Aboriginal child that were positive, unintended or undesirable? The new cultural support planning model specifies that the Aboriginal child must receive a cultural support plan 19 weeks after entering OOHC. Are these timelines being met? *What helps/where are the delays?* To what extent do parents with Aboriginal children subject to a FRO receive timely and appropriate support? *What helps/what gets in the way? Do parents with Aboriginal children receive better/more timely support when case management is undertaken by an ACCO?* To what extent is there agreement in the Aboriginal sector about when it is appropriate for an application for a permanent care orders to be made in relation to the Aboriginal child? Are there circumstances where it is not appropriate for an application for a permanent care orders to be made in relation to the Aboriginal child? What have been the main impacts of the inability to decide frequency of contact for a PCO? *Prompt: How have lives and wellbeing of Aboriginal parents and carers been affected? Has it been easier for permanent carers to manage contact?* What are the main barriers and facilitators of meeting the objectives of the amendments? What further changes would you recommend so that these objectives can be met?
Director, Kinship Carers Victoria
Overall, what have been the most significant impacts (positive and negative) of the amendments?

To what extent do parents with children subject to a FRO receive timely and appropriate support?
What helps/ what gets in the way?(e.g. delays in accessing services, constraints on CP workers to undertake casework)

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Have particular groups been more or less affected?

To what extent have the permanency amendments influenced decisions to transition children to a permanent care order?
Are child protection practitioners making plans for long-term alternative care more quickly once children have entered OOHC?

To what extent have the permanency amendments influenced the likelihood that kinship carers will agree to a permanent care order?
Has the new support for permanent carers been a factor?

To what extent do children's characteristics determine whether foster/kinship carers agree to a permanent care order?
Prompt: Age when permanency in care is recommended, Aboriginality, where child has complex care needs?

Are there issues that continue to cause delays in transitioning children to permanent care orders?
Prompt: Inactive case work/delays in decision making (caused by capacity of non-contract case managers and caseloads, unallocated cases, worker turnover), time to finalise permanent care arrangements (e.g. time taken to complete assessments, time to receive recommendation from ACCO, time to explore kinship options).

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Have particular groups been more or less affected?

What have been the main impacts of the inability to decide frequency of contact for a PCO?
Prompt: How have lives and wellbeing of parents and carers been affected? Has it been easier for permanent carers to manage contact?

What are the main barriers and facilitators of meeting the objectives of the amendments?
Prompt: What issues have been raised by the Kinship Carers membership?

What further changes would you recommend so that these objectives can be met?

CEO of Permanent Care and Adoptive Families

Overall, what have been the most significant impacts (positive and negative) of the amendments?

To what extent have the permanency amendments influenced decisions to transition children to a permanent care order?
Are child protection practitioners making plans for long-term alternative care more quickly once children have entered OOHC?

To what extent have the permanency amendments addressed barriers to existing kin and foster carers becoming permanent carers?
Prompt: Are foster/kinship carers more, or less likely to agree to a permanent care order?

Are there issues that continue to cause delays in transitioning children to permanent care orders?
Prompt: Inactive case work/delays in decision making (caused by capacity of non-contract case managers and caseloads, unallocated cases, worker turnover), time to finalise permanent care arrangements (e.g. time taken to complete assessments, time to receive recommendation from ACCO, time to explore kinship options).

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: Have particular groups been more or less affected?

To what extent do children's characteristics determine whether foster/kinship carers agree to a permanent care order?
Prompt: Age when permanency in care is recommended, Aboriginality, where child has complex care needs?

What have been the main impacts of the inability of the Children's Court to decide frequency of contact for a PCO?
Prompt: How have lives and wellbeing of parents and carers been affected? Has it been easier for permanent carers to manage contact?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Delegate for the CEO of the Foster Care Association Victoria
Overall, what have been the most significant impacts (positive and negative) of the amendments? To what extent have the number and type of children entering foster care changed since the permanency amendments? To what extent have the permanency amendments affected the availability of foster carers? *Has the number of foster carers transitioning to a permanent care order been an issue?* To what extent do parents with children in foster care subject to a FRO receive timely and appropriate support? *What helps/ what gets in the way?* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Have particular groups been more or less affected?* To what extent are foster carers more likely to agree to a permanent care order since the permanency amendments? *Prompt: Has the helpline and flexible funding for permanent carers helped in this regard? Has the restriction on the amount of contact for a PCO helped? Are things like managing family contact and ongoing support still an issue?* In what circumstances are foster carers unlikely to agree to a permanent care order? Are there issues that continue to cause delays in transitioning foster care children to permanent care orders? *Prompt: Inactive case work/delays in decision making (caused by capacity of non-contract case managers and caseloads, unallocated cases, worker turnover), time to finalise permanent care arrangements (e.g. time taken to complete assessments (e.g. Children's Court Clinic), time to receive recommendation from ACCO, time to explore kinship options).* To what extent have the permanency amendments affected foster care children's connections and contact with siblings and other family members? What are the main barriers and facilitators of meeting the objectives of the amendments? *Prompt: What issues have been raised by the FCAV membership?*

What further changes would you recommend so that these objectives can be met?
CEO of the Centre for Excellence in Child and Family Welfare
Overall, what have been the most significant impacts (positive and negative) of the amendments? To what extent have the number and type of children entering foster care changed since the permanency amendments? To what extent have the permanency amendments affected the availability of foster carers? *Has the number of foster carers transitioning to a permanent care order been an issue?* To what extent do parents with children in foster care subject to a FRO receive timely and appropriate support? *What helps/ what gets in the way?* To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Have particular groups been more or less affected?* To what extent have the permanency amendments influenced decisions to transition children to a permanent care order? *Are child protection practitioners making plans for long-term alternative care more quickly once children have entered OOHC?* To what extent have the permanency amendments influenced the likelihood that foster/kinship carers will agree to a permanent care order? *Has the new support for permanent carers been a factor?* To what extent do children's characteristics determine whether foster/kinship carers agree to a permanent care order? *Prompt: Age when permanency in care is recommended, Aboriginality, where child has complex care needs?* Are there issues that continue to cause delays in transitioning children to permanent care orders? *Prompt: Inactive case work/delays in decision making (caused by capacity of non-contract case managers and caseloads, unallocated cases, worker turnover), time to finalise*

permanent care arrangements (e.g. time taken to complete assessments, time to receive recommendation from ACCO, time to explore kinship options). To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? *Prompt: Have particular groups been more or less affected?* What are the main barriers and facilitators of meeting the objectives of the amendments? *Prompt: What issues have been raised by the CfECFW membership?* What further changes would you recommend so that these objectives can be met?
CEO of the Victorian Aboriginal Child Care Agency
Overall, what have been the most significant impacts (positive and negative) of the amendments? What has your experience been like reviewing Cultural Plans? *Prompt: Do the plans that come to you for review generally align with children's cultural support needs? Are they of good quality?* The new cultural support planning model specifies that the Aboriginal child must receive a cultural support plan 19 weeks after entering OOHC. Are these timelines being met? *What helps/where are the delays?* Thinking about VACCA's Nugel program, to what extent do Aboriginal parents with children subject to a FRO receive timely and appropriate support? *What helps/ what gets in the way?* To what extent have the limits on the time the Aboriginal child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable? To what extent have the permanency amendments influenced decisions to transition Aboriginal children to a permanent care order? *Are child protection practitioners making plans for long-term alternative care more quickly once Aboriginal children have entered OOHC?* When is it not appropriate for an application for a permanent care orders to be made in relation to the Aboriginal child? *Can you give me an example of when you have not endorsed an application for a permanent care order?*

To what extent have the permanency amendments affected Aboriginal children's connections to their culture and country?

To what extent have the permanency amendments affected children's connections with their siblings and Aboriginal family members?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?

Delegate for the CEO of the Victorian Public Advocate

These questions are about parents with a disability who are have been to Court following involvement with child protection.

Overall, what have been the most significant impacts (positive and negative) of the amendments?

To what extent have the permanency amendments changed the interactions that parents with a disability have with legal representatives and non-legal advocacy and support services?
Prompt: Do parents with a disability require/access litigation guardians more or less often?

To what extent have the permanency amendments changed the engagement of parents with a disability in child protection proceedings and/or their understanding of the implications of proposed orders?

To what extent do parents with a disability with children subject to a FRO receive timely and appropriate education and support?
What helps/ what gets in the way?

To what extent have the limits on time the child can spend in OOHC resulted in outcomes for the child with a parent with a disability that were positive, unintended or undesirable?

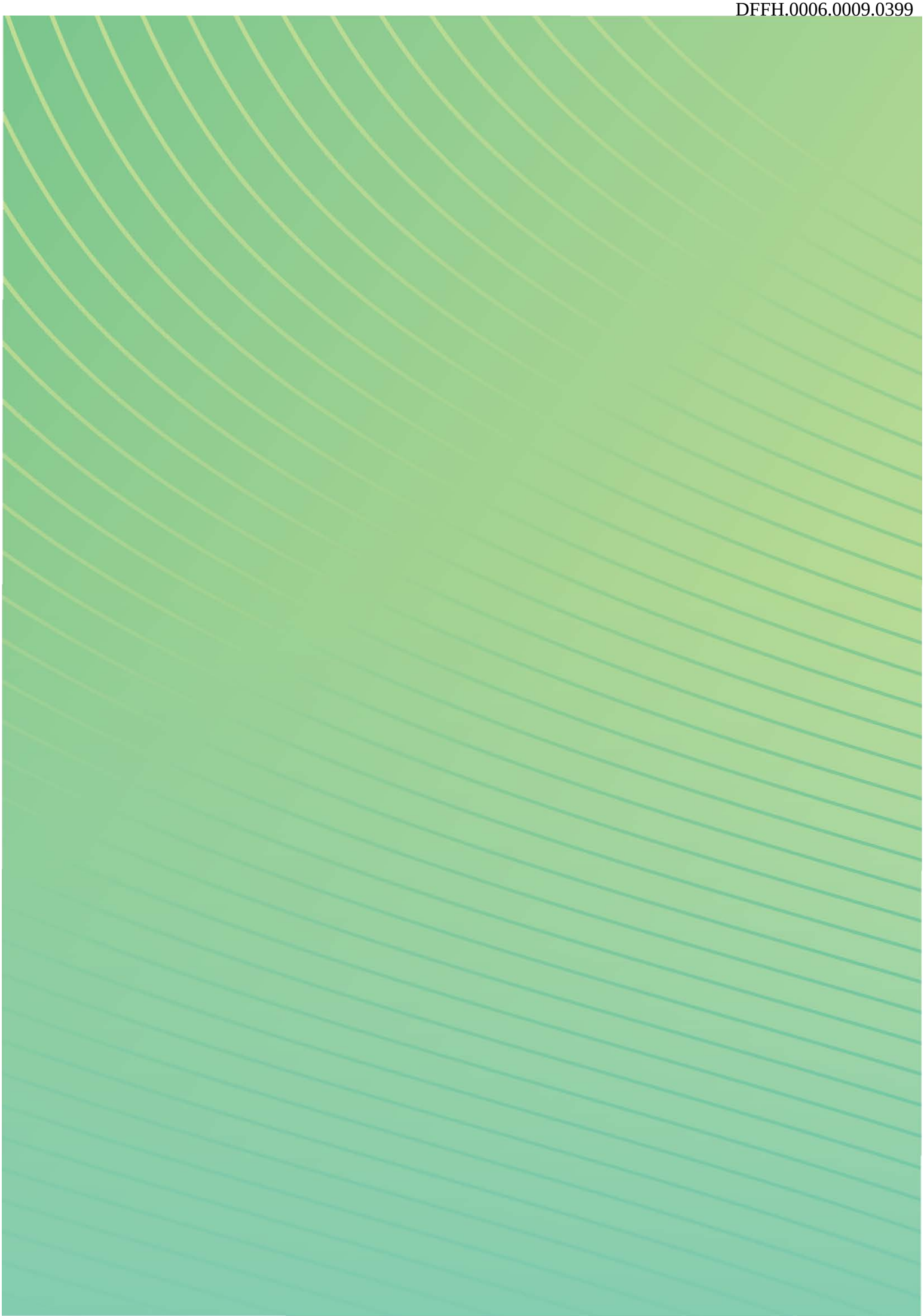
To what extent have the permanency amendments increased the number of children with a parent with a disability on a permanent care order?

To what extent have the limits on the time the child can spent in OOHC resulted in outcomes for the child that were positive, unintended or undesirable?
Prompt: What has the impact of the time limits been like on the lives and wellbeing of parents with mental illness or intellectual disability?

To what extent have the permanency amendments affected connections and contact between parents with a disability and children subject to a Court order?
Are parents with a disability less likely to be involved in the lives of their children following the permanency amendments?

What are the main barriers and facilitators of meeting the objectives of the amendments?

What further changes would you recommend so that these objectives can be met?



T: 03 9035 5371
E: sarah.wise@unimelb.edu.au