# Supporting children and families to flourish

Putting human relationships at the centre of transformational reform of the child protection and out-of-home care system in NSW

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- tackle the big, multidimensional policy challenges facing governments;
- leverage expertise from academics, policymakers, practitioners and the wider community to deliver innovative and pragmatic solutions;
- forge dynamic collaborations between academic experts and government policymakers that enable ongoing relationships.

The core project team for this project worked in close collaboration with the Department of Communities and Justice (DCJ) and the Centre for Relational Care (CRC), and was advised by an Expert Advisory Group (EAG). We note that the Chairperson of the CRC (and a member of the EAG for this project), Jarrod Wheatley OAM, is also the Founder and CEO of Professional Individualised Care (PIC), which receives funding from DCJ to deliver its services.

**Explanatory statement on authorship**

JMI does not adopt an institutional view on specific policy issues. This report reflects the calibrated view of the project team, which operated under a highly collaborative model. Its view was formed on the basis of an assessment of relevant academic research, stakeholder consultations, and engagement with relevant experts, including the EAG. The findings and options of any JMI publication do not necessarily reflect the views of the Institute, its Board, funders, advisers, or other partners.

# Contents

# Executive Summary

**In NSW, we are struggling to create the conditions for all children to experience the loving, nurturing relationships that we know they need to thrive.** The child protection and out-of-home care system ('the system') understandably focuses on preventing harm and ensuring safety. These are worthy goals in and of themselves, but a reductive focus on these aims has had profound unintended consequences. In short, the status quo makes it harder to actually support families to flourish or to focus on the holistic wellbeing of children.

**Despite waves of reform and genuine effort by many dedicated people, the status quo has been difficult to disrupt.** Deeply ingrained mindsets and practices geared toward containing risk for the sector, and specific organisations and people within it, mean that time and energy are not focused where they should be: on creating trust with families and supporting them to build the capabilities they need to achieve their goals.

**Transformative change requires four major shifts:** an imperative embedded throughout the system to walk alongside families and create love and hope for children; time and energy to be relentlessly focused on that imperative; a reframing of risk; and measurement of what families feel about their experience of the system and the support they receive.

**A relational approach creates the conditions for families to develop their capabilities and take charge of their own lives.** It focuses on human-centric practices that emphasise listening and developing trust, and provide trauma-informed, tailored and holistic care to children and their families as agents of change.

**Meaningful relationships bring the human dimensions of an interaction to the fore, and create a sense of a meeting of equals** – not one party doing something to or for another. This dynamic changes how services are delivered. More broadly, it is clear that social connection and strong relationships support wellbeing outcomes. Safe, secure relationships are also a critical protective factor in the prevention of, and recovery from, adverse childhood experiences and trauma. Of course, relationships can also be destructive and harmful. A relational system would, within a broader context that supports connection, retain an effective investigatory capacity to address such harms.

**The pathway to a truly relational child and family system is conceptually simple but requires a multidimensional agenda – and a new narrative – to drive it forward.** It requires a new story to be developed in partnership with the community and told consistently by the NSW Government. This could be encoded in a new social compact that creates unity behind a new vision – one oriented toward wellbeing, connection and flourishing families – and a concrete mission.

**Strong leadership and a commitment to cultural change are key to sustaining a new relational vision.** These elements of reform are crucial to ensure robust backing for localised social infrastructure and frontline innovation that enables services and workers to authentically connect with families and walk alongside them.

**This work is hard and at times will be uncomfortable: a relational approach requires a paradigm shift, not just new programs.** A new relational vision needs to be embedded at all levels of the system. It requires direct support and investment in local experimentation and innovation to create momentum and demonstrate what is possible, as well as structural changes to create the conditions for local success.

**To advance this new paradigm, this report articulates 11 key opportunities within a public health approach that advances holistic wellbeing.** It purposefully broadens the concept of the system by starting at the point at which families show signs that they are struggling. Given a widespread desire for reform, it seizes a window of opportunity to reorient the focus of the system towards the holistic needs of children by empowering the families and communities who wrap around them. This is especially important for First Nations families and communities, who are disproportionately affected by the current system. A new orientation can help reinforce and accelerate the moral and practical imperative to shift to greater Aboriginal agency and self-determination.

**A wider set of opportunities**, alongside a new narrative, can enable the emergence of a relational system:

- Substantive **legislative reform** can be oriented to wellbeing and family flourishing.
- Children, families and carers can begin to steer the **performance indicators** of those working with them.
- The system can support and **empower workers and carers** to develop and use their judgement and skills.
- **Regulatory processes** can better account for relational needs and innovations.
- **Commissioning** can value the importance of human connection and community-led solutions more effectively.
- New **measurement** can capture the experience of families and carers receiving support, in order to drive ongoing reflection and improvement in the system.
- **Courts** can advance relational innovations.

**Progress can be piecemeal and incremental, but a commitment to the overall direction is key.** The opportunities articulated in this report should be considered component parts of achieving an overall paradigm shift. However, progress on one component does not need to wait for progress on the others: momentum can be built in one area, and then harnessed to make progress in other parts of the system. The reform process should itself reinforce this directionality, highlighting opportunities for learning and improvement.

**This report – the product of extensive collaboration with many experts from academia, government and the wider world of practice – contributes to the process of reform towards a more relational system.** Further work will be required to develop comprehensive next steps for government, working in partnership with the community and First Nations people in particular, where specific opportunities are taken forward.

# Components of a future relational system

A public health approach provides **support for families at all stages** of their journey, not just at the point of crisis.

| Relational early help and universal support for all families | Voluntary and place-based relational support for families that are struggling | Acute relational and holistic care for children in OOHC |
|---|---|---|

While embedding a **public health approach**, the system needs to have relationships at its core in order to truly operate in service of children, families and communities and their holistic wellbeing, as follows:

**1** A NSW cross-government commitment to a new vision and mission, embedded in a social compact, to guide a new system, co-designed with the community and oriented towards love, wellbeing, human connection and family flourishing. A new social compact between the community, the sector and government should build solidarity around the new vision and mission.

**2** Strong leadership and governance to drive cultural transformation and relational service delivery

**3** Place-based, community-driven approaches to building social infrastructure

To support this shift, **system enablers must be reorientated** to centre meaningfully on connection, trust, empowerment and innovation to ensure that a new relational vision is embedded at all levels of the system.

**4** **Legislative reform** that promotes positive relationships and family wellbeing

**5** **Regulatory culture** that enables relationships and provides accountability

**6** **An empowered workforce** with the right time and incentives to engage in relational practice

**7** **Collaborative, community-led commissioning** incentivising whole-of-family support and real human care

**8** **A sustainable investment strategy** to support a whole-of-family model of care

**9** **Measurement** of the experience of families and carers

**10** **Valued foster carers** supported to build meaningful relationships with children and families

**11** **Innovative court practices** that support a relational approach

Supporting First Nations agency and self-determination priorities

# 1. Introduction

## 1.1    Background and context

This report was prepared against a backdrop of a heightened recognition of the need for reform of the child protection system in NSW.

Despite several significant reform efforts over the past two decades, long-term, positive wellbeing outcomes remain inherently challenging in the child protection system – especially in out-of-home care (OOHC). The reforms have tended to focus on optimising mechanisms and levers, but not on the underlying cultural norms and institutional imperatives. For example, the system is currently oriented towards mitigating risks, rather than creating opportunities for change, and addressing crises, rather than preventing them.

There is currently an active call for reform, driven by both the NSW Government and community groups. These groups include First Nations communities, as well as parent and family support groups such as the Family Inclusion Network (FIN).[1] Stakeholders are identifying opportunities for improvement in the sector and avenues for change. Learning from prior reform efforts is an important part of this process.

Stakeholders across the child protection system acknowledge the importance of trusted, meaningful human relationships in every part of the system: between children and their parents or caregivers, between families and support workers, between birth parents and caregivers, among support workers themselves, and between children and families and their wider community.

A 'relational approach' to system reform is a new way forward. A relational approach is based on human-centric practices that build trust and effective working relationships with families. Relational systems and supports provide tailored, holistic and trauma-informed care to children and their families, and work to create the conditions for families to develop their capabilities and act as agents of change in their own lives. Emerging evidence from both local and international contexts indicates that redesigning social systems to centre on relationships enables them to deliver better wellbeing outcomes that help families thrive, and supports First Nations self-determination.

This report complements the wider landscape of reform efforts, as it lays out a new way of working that can help realise the aims of other constructive proposals. In particular, the opportunities outlined seek to support and enable Aboriginal-led reform efforts, including those outlined in Section 2.

## 1.2    Aims and objectives

This project aims to contribute insights on how the NSW Government can effectively embed a relational approach across the child protection system to drive improved outcomes for children and their families and communities. This includes:

1.  Synthesising evidence for the importance and benefits of a relational approach in systems that support children and families.
2.  Building an evidence-based case for what a relational approach could look like.
3.  Identifying key policy levers and opportunities to embed a relational approach in NSW.

This project is designed to outline a potential path forward for embarking on transformational change. Further work will be required, including working alongside First Nations communities, to better understand the full potential of the opportunities outlined in Section 6.

## 1.3    Project scope

This project considers expanding the range of the child protection system's activities. Support is more effective if provided early, especially in the context of the increasingly complex challenges facing families, and the *current* range of the system's activities and interactions with children and families may not cover some important areas.

The project uses a working definition of the scope of child protection as **"starting at the point at which families show signs that they are struggling"**. This seeks to capture the possible breadth of policies and services in the child and family system, from targeted early intervention to statutory child protection and emergency accommodation for children in OOHC.

The opportunities identified in Section 6 use this scope to identify potential institutional reform and cultural changes that would be a necessary part of designing a relational system.

# 2. Supporting Aboriginal-led child and family priorities in NSW

First Nations children and families are overrepresented in child and family services, particularly statutory responses. A significant driver of this is intergenerational trauma and disadvantage resulting from colonisation and the forced removal of children from their families. A legacy of institutional harm and racism continues to have a devastating impact on First Nations families, communities and cultural continuity.

Addressing this overrepresentation will require greater Aboriginal control of systems, Aboriginal decision-making, and partnerships with Aboriginal persons to design and deliver services. There are also calls for a separate Aboriginal-led child protection system.

Reform currently underway in support of these aims includes the work of the restoration taskforce/Aboriginal Authority for Restoring Children (AARC) and the Ministerial Aboriginal Partnership (MAP) Group, implementation of Active Efforts to keep First Nations families together safely, and ongoing system transformation through the National Agreement on Closing the Gap.

According to *Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031* and the *National Agreement on Closing the Gap*, transformational system change should be:

- Co-designed or developed via partnered governance, to increase self-determination and consider lived experience of First Nations people.

- Implemented with ongoing oversight and monitoring by Aboriginal-led governance structures and peak organisations, shared decision-making, data sovereignty and transparency.

- Properly resourced to enable Aboriginal Community Controlled Organisations (ACCOs) to both increase their capacity to reach more families and improve their capability to undertake more complex service delivery.

Aboriginal-led approaches to working with families and communities are often relational at their core, given the importance of kin and community in Aboriginal culture. ACCOs are relational by design, embedded within communities and having high levels of trust and cultural legitimacy. A relational approach emphasises listening, understanding of context and circumstances, a sense of reciprocity, and meeting as equals.

This project offers insights and suggests opportunities that could help shift the current dominant ways of working in the system closer to what will work for First Nations people. This includes amplifying First Nations agency and acknowledging historical and ongoing harm, disempowerment and power imbalances.

# 3. The power of a relational approach

## Summary

- There is clear evidence for the importance of positive relationships for children, adults, families, communities and societies.
- Relational approaches focus on human-centric practices that emphasise listening and developing trust, and providing tailored and holistic care. They build human capabilities to help make people agents of their own change.
- In NSW and internationally, there are pockets of relational practice that are achieving improved outcomes for children and families.
- The NSW child protection system, in its current state, is not able to foster relational approaches more broadly.
- To realise the potential of relational approaches, the system must be oriented toward relationships. This includes embedding the value of relationships through governance, leadership, culture, and workforce settings, and integrating lived experience in policy design, implementation and continual improvement.

## 3.1    The importance of relationships

**Relationships are important for everyone**

There is clear evidence to support the importance of positive relationships for children, adults, families, communities and societies. Academic research across several fields has revealed that we are wired for connection with other human beings[2] and that connectedness brings numerous benefits to our lives.

For instance, better health outcomes are associated with social capital (the resources derived from social connections).[3] Social connections influence health through biology, psychology and behaviour.[4] Research has demonstrated the effects of relationships (or the lack of them) on heart disease, diabetes, dementia, stress, depression, hypertension, post-viral illnesses and overall health and mortality.[5] For example: in terms of overall risk of mortality, a meta-analysis found people with stronger social relationships have a 50 per cent greater likelihood of survival;[6] and another study found social isolation increases the risk for premature mortality by 29 per cent.[7] Based on the extensive body of evidence, the US Surgeon General now promotes social connection as a key measure to support long-term physical and mental wellbeing.[8]

Despite the evidence base, relationships have been largely left out of the design of modern social support systems. This may be because their importance was not properly recognised, or because human connection was seen as contradictory to other system objectives such as fairness or impartiality.[9] Governments often target wellbeing outcomes without integrating relationships into relevant policies, even when there is overwhelming evidence that relationships matter greatly to the chances of achieving those outcomes.

**Positive relationships are crucial for children's development and their long-term outcomes**

Human relationships are a foundational part of a child's wellbeing and development. Positive relationships in childhood can be thought of as building blocks that set children up for further positive relationships throughout their lives.[10] Studies show that positive relationships with peers, family, teachers and mentors lead to improved education and life outcomes.[11]

The converse is also true. Social isolation can have long-lasting effects of depression and anxiety. Relational trauma and child maltreatment can have lifelong consequences on brain development, mental health, learning, physical wellbeing and even survival.[12] The absence of adequate relationships for children and young people in different care situations is associated with a range of mental health challenges,[13] as well as mental and physical health issues into adulthood.[14]

On the other hand, particularly for child protection policy, positive childhood experiences can be a protective factor to negate and recover from experiences that may otherwise create relational trauma for children.[15] Consistent, stable and positive relationships are key for children who have experienced maltreatment to move on from hypervigilance and begin healing.[16]

Importantly, the quality of relationships cannot be replaced by therapeutic interventions. Consistent, safe, everyday relationships with adults in a child's life – such as parents, carers and teachers – is essential.[17]

For these reasons, establishing and strengthening the positive relationships of children and young people should be an important consideration for child protection systems.


**Genuine trusting relationships are key to the effectiveness of social supports**

Genuine trusting relationships improve engagement of the people being supported with services, and enable cooperative ways of working that have been demonstrated to achieve better outcomes.[18] Trusting relationships enable proximity and, thereby, a clearer understanding of a family's challenges, which is critical to providing appropriate support.[19]

Conversely, deficit- and risk-based approaches encourage workers to focus on compliance and procedural engagement, which can lead to feelings of distrust, marginalisation and aggrievement towards workers and the system itself.[20] Workers are then inhibited from engaging effectively, leading to poorer outcomes for individuals and higher levels of stress and burnout for workers.

There is good evidence that governments can, however, effectively empower frontline workers, harness their sense of purpose, and foster a more relational approach to their work (see page 46).[21]


**Trusting relationships are essential for empowering and working alongside First Nations communities**

Services that display and enable trust and integrity are particularly important for First Nations families and communities. Historical and ongoing overrepresentation of Aboriginal families in child protection has left parents and carers unconvinced of the system's ability to deliver on its aims.[22] In response to this crisis, AbSec, the Aboriginal peak child, family and community body in NSW, calls out the importance of listening and trust-building with families and communities versus a forensic or transactional approach to services. AbSec initiatives centre on proactively creating and maintaining good relationships, in contrast to mainstream approaches.[23]

# Five facts on the importance of relationships for a child and family support system

## 1 FOR ALL OF US

People with stronger social relationships have been found to have a 50% increased likelihood of survival than those with weaker social relationships.

## 2 FOR CHILDREN GROWING UP

Positive relationships are critical for healthy childhood development and learning.

## 3 FOR CHILDREN IN CARE

Positive childhood experiences can be a 'protective factor' to negate experiences which may otherwise create relational trauma.

## 4 FOR BUILDING TRUST WITH SUPPORTIVE SERVICES

Trusted relationships are key to engagement. For people experiencing multiple disadvantages "the way in which people are supported may be more important than what is delivered."

## 5 FOR EFFECTIVE AND SUSTAINABLE GOVERNMENT SYSTEMS

There is emerging evidence on the systemic benefits of "mission driven bureaucrats" focused on relationships and a "relational state" focused on building trust, decentralised capability-building, and backing innovation. "Mission driven bureaucrats" focused on relationships have a critical role to play.

1. Julianne Holt-Lunstad, Timothy B Smith and J. Bradley Latyon, "Social Relationships and Mortality Risk: A Meta-analytic Review", *PLoS Med*, 7:7 (2010), 1-20.
2. Tim Moore, *Developing holistic integrated early learning services for young children and families experiencing socio-economic vulnerability* (Melbourne: Murdoch Children's Research Institute, 2021).
3. Christina Bethell, Jennifer Jones, and Narangerel Gombojav, "Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels", *JAMA Paediatrics*, 173:11 (2019), 1-10.
4. Department for Levelling Up, Housing & Communities, "Frontline support models for people experiencing multiple disadvantage: A Rapid Evidence Assessment" (London: UK Government, 2023), https://assets.publishing.service.gov.uk/media/642af3507de82b000c31350c/Changing_Futures_Evaluation_-_Frontline_support_models_REA.pdf
5. Dan Honig, *Mission Driven Bureaucrats: Empowering People to Help Government Do Better* (Oxford: Oxford University Press, 2024).

# 3.2 Defining a relational approach

**Relationships can be incorporated into practice, service design, and systems in various ways. This section defines a relational approach in the context of the child protection system.**

There is no single definition of a relational approach, because such an approach will look different in every circumstance. A relational approach simply means actively recognising the importance of relationships with and for children and families, and meeting them where they are at.

In a child and family support system, a relational approach might involve, for example, the following:

- Offering voluntary, proactive support in community-based, welcoming settings *before* families find themselves in crisis.[24]
- Providing interventions that have relationships as both the means and the end – i.e., they both catalyse change and create safety and wellbeing.[25]
- Actively promoting relationship development with workers, carers, family (where possible), and the broader community.

A relational approach is tailored to the unique needs of each child and family, and thus looks different in each context – for instance, families showing early signs of struggling, vulnerable families that require intensive support, or families that have already entered the statutory child protection and OOHC system.

Figure 1 illustrates how we can view the important role of relationships through three different lenses, based on a social ecological model of child wellbeing and development.[26]


**A relational system works to build and strengthen relationships through every interaction**

There is a danger that a concept as general as relationships is used so flexibly that it does not contribute to real change. For example, a local council in the UK attempted to embed "kindness", but this did not "cut through" – it led to comfortable conversations but not structural change.[27]

To address this, this report applies the concept of a relational approach to various levels of the system, and compares it to a traditional approach. It draws on evidence from relationship-based practice (models of care that are place-based and respond relationally to the needs of their communities), and academic and grey literature on relational, responsive social services. The following section provides a conceptual guide to what is distinctive about a relational approach.

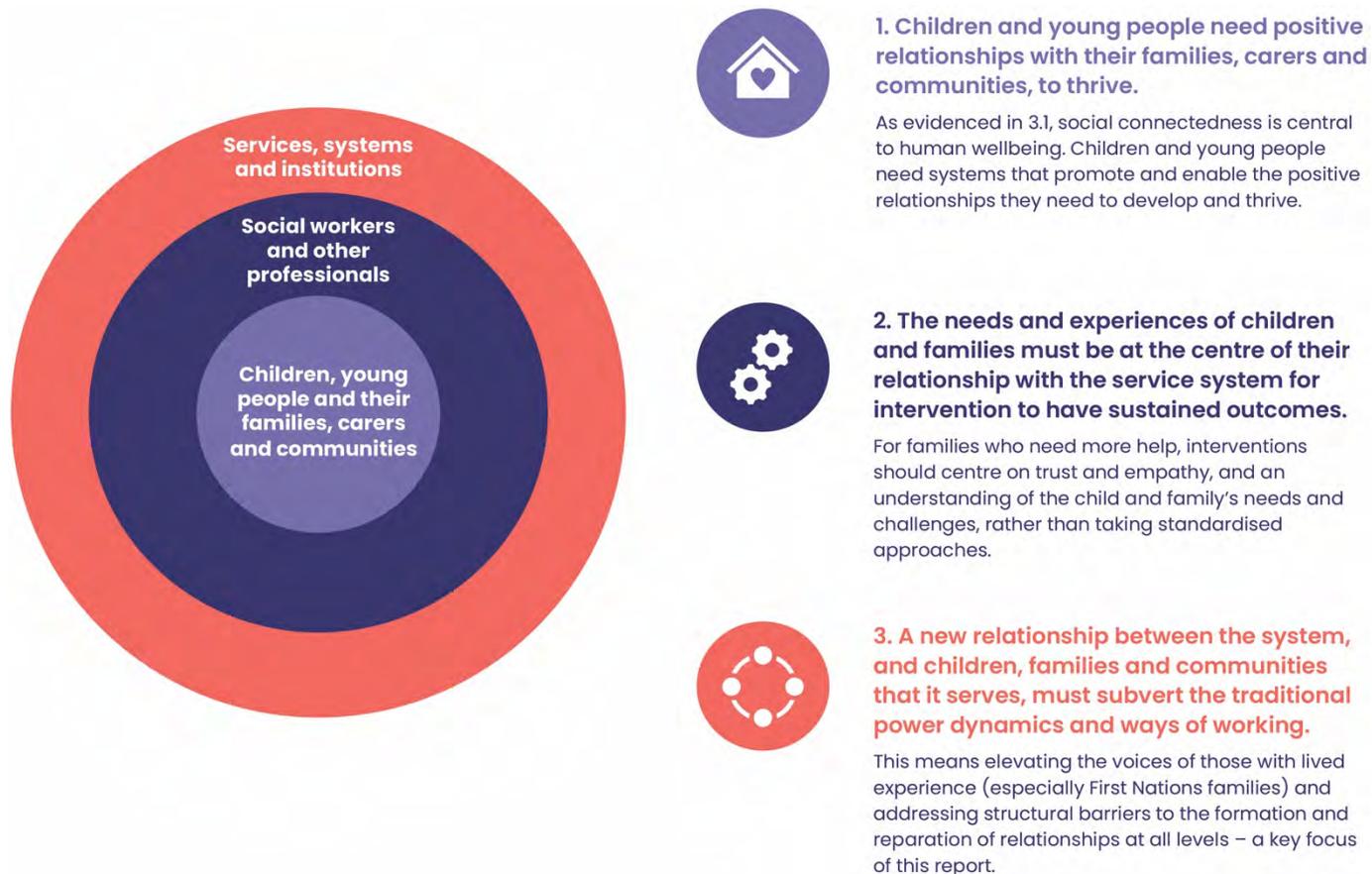**Figure 1**: A social ecological model illustrating the important role of relationships within the system



**1. Children and young people need positive relationships with their families, carers and communities, to thrive.**

As evidenced in 3.1, social connectedness is central to human wellbeing. Children and young people need systems that promote and enable the positive relationships they need to develop and thrive.

**2. The needs and experiences of children and families must be at the centre of their relationship with the service system for intervention to have sustained outcomes.**

For families who need more help, interventions should centre on trust and empathy, and an understanding of the child and family's needs and challenges, rather than taking standardised approaches.

**3. A new relationship between the system, and children, families and communities that it serves, must subvert the traditional power dynamics and ways of working.**

This means elevating the voices of those with lived experience (especially First Nations families) and addressing structural barriers to the formation and reparation of relationships at all levels – a key focus of this report.

Figure 1 References: [28], [29], [30]

## Relationships and capability-building go together

A relational approach is linked to the 'capability approach' of cultivating capabilities in people, developed by Nobel Prize-winning economist Amartya Sen. A capability approach realises a person's wellbeing through them doing or being what they value – the opportunity to achieve what is valuable to them.[31] It requires people to have agency, assumes they want to build good lives, and seeks to remove internal and external obstacles to their flourishing. Hilary Cottam builds on this approach, explaining that, "Humans are designed to grow, heal when necessary and to continually develop … Social systems need to be designed to mimic and support this naturally occurring generative and regenerative capacity."[32] As she points out, the ability to sustain relationships can itself be considered a capability.

# What a relational approach looks like, contrasted with traditional approaches to child protection and support for families

## For children, young people, their families and communities

| Traditional approaches | In a relational system |
|---|---|
| Support for a child is viewed through the lens of managing or reducing risks to their physical safety, including maltreatment and risky behaviour | Support for a child centres their connections, understands their past, and focuses on building greater connection and capability – with a reduction in risks as a result of this holistic approach |
| Children in out-of-home care have somewhere to live and resources are provided for appropriate services | Therapeutic care integrates meaningful relationships that set up children for a lifelong sense of connectedness and purpose |
| Support for families focuses on identifying problems that can be fixed – families don't have a strong sense of power or agency in catalysing change | Families are empowered and have a clear sense of agency in the types of supports that would be helpful for them, including designing and measuring these supports |

## For frontline workers

| Traditional approaches | In a relational system |
|---|---|
| Mostly transactional, focused on identifying risks and problems | Focused on listening and building trust first, in order to support families to solve their complex problems |
| Spending a large amount of time administering and managing perceptions of risk is the norm | Spending the majority of time listening to families and children, fostering trust, and supporting children and families to build their capabilities is the norm |
| Frontline workers are respected, and they are provided various supports to fulfil their tasks | Frontline workers are systematically supported within their local context (as part of a joint effort with others), their sense of purpose is harnessed, and their proximate knowledge and relevant skills are highly valued |

## For carers

| Traditional approaches | In a relational system |
| --- | --- |
| Birth families and caregivers are viewed in terms of their individual relationships with a child | Carers and workers are supported to work together with birth families and other caregivers in the interests of a child's wellbeing |
| Carers are viewed as a vital resource fulfilling important tasks | Carers are actively supported and valued so they can provide better care |

## For services and organisations

| Traditional approaches | In a relational system |
| --- | --- |
| Services are provided to or for families based on demonstrated need | Families (and family members) are supported to build their own capabilities and pursue self-defined goals, in their local context – services are based on a sense of equality and empowerment |
| Community-based relationships and supports are encouraged within pre-existing rules and program logics | Community-based, volunteer, informal and peer relationships are actively encouraged, with rules and program logics adapting to foster such relationships in support of families |
| The system seeks to measure outcomes from services provided | The system measures the experience of people receiving support as a key way to improve outcomes, while continuing to track outcomes |
| Standardised services are provided to children and young people, families and communities, with mostly top-down design | Place-based and tailored support is offered to families, based on family and community context and co-design |

## At the system level

| Traditional approaches | In a relational system |
| --- | --- |
| Identifying and removing harm to children is a central driver of the system | The system focuses on providing children with a sense of connectedness and holistic care, families are supported to deliver this, and these efforts are complemented by an effective investigative capacity where needed |
| Rules guide practice in a way that sometimes inhibits relational care | Principles guide practice, creating space for innovative, human-centric approaches to relational care, with rules and standards designed to enable this |

Some guiding questions can help individuals, organisations and systems to reflect on the relational nature of their practice or approach within their own unique context. A set of such questions are offered below.

## Reflective questions to ensure a relational approach

Relationship-based practice is embedded in the NSW Practice Framework.[33] Through the framework, practitioners are guided towards the following questions to ensure they are working in a relational way:

- Do I regularly consider the power I hold as an adult, and if I ever use this power in a way that disempowers or silences children?
- Do I adapt how I involve each child, in ways that best suits their needs?
- Do I respectfully persist if the child or family are reluctant with me, seeking cultural guidance about alternative ways to approach, speak and connect with the child and family?

For organisations, relational practice may involve reflecting on a similar set of questions at the service level:

- How do people in my organisation spend most of their time? Is it on paperwork, or with people – having conversations with them and supporting them to build their capabilities and pursue their goals?
- Do the people accessing the care service express a strong connection to at least one person in the service?
- Is there a predetermined end date or timeframe when starting the engagement with the person needing help? Is there a plan to provide some ongoing point of connection?
- If the funding stops, does engagement from the care provider or service have to stop? Has there been sufficient reflection on what sort of boundaries make most sense in context, or are these arbitrary and fixed?
- Does the practice, operating environment and culture create the opportunity for people to offer the potential of a lifelong connection?
- Does the practice, operating environment and culture provide the space and flexibility for good matches in terms of personality, identities and backgrounds?

*The set of questions for a relational organisation listed above were adapted from a set of questions developed by the Centre for Relational Care.*

## 3.3   The case for a relational public health system

The previous sections (3.1-3.2) outline the importance of relationships for children, families and communities, and how a relational approach to the child protection system can help achieve positive outcomes.

This section outlines a theory of change: the current system is not able to foster the types of relationships that children and families need and, given the importance and benefits of relationships, a paradigm shift towards a relational system could improve outcomes.

This theory of change draws on strong evidence of the importance of relationships, past reviews of the NSW child protection system, case studies illustrating the effectiveness of relational models, and emerging evidence that relational systems are achieving encouraging results internationally.

**Relational practices and approaches are already working in NSW and around the world**

In NSW and elsewhere, there are pockets of relational innovation that are achieving positive outcomes for children and families. This includes NSW Government-funded services, such as **Aboriginal Child and Family Centres (ACFCs)**, which have increased health checks, immunisation rates and service access (see Figure 4). Other models operating effectively in communities across Australia and internationally include **Family by Family**, which has achieved a 90 per cent success rate in improving family life, as measured by "families achieving their own goals" (see Case Study 8).

This report includes ten case studies of relational practices and models that are achieving positive outcomes. These case studies demonstrate how a relational approach can work at the community, organisational and practice levels. Section 4 outlines how we can build on the current system and highlights opportunities to strengthen and expand existing relational approaches to care.

**However, the NSW child protection system, in its current state, is not able to foster relational approaches more broadly**

Current system-level settings and incentives inhibit the availability, implementation and success of relational approaches for children and families in NSW.[34] Two key drivers include:

- A 'report, investigate, and remove' approach, which has resulted in an overwhelmed system that is unable to meet demand[35] and a workforce that is unable to spend the necessary time with children and families to engage in high-quality relational support.
- A focus on mitigating the harm from negative relationships, giving less attention to enabling children and young people to form and maintain ongoing connections with their families, carers and communities while in out-of-home care.[36]

**There is evidence that a relational approach is more effective than statutory intervention**

Approaches that provide support to families and seek to strengthen family relationships are highly effective at reducing maltreatment and removals, with no evidence to suggest an increased risk of harm. In the US, 'differential response' models triage families to voluntary, supportive services (rather than focusing first on investigating maltreatment), and were associated with 19 per cent fewer substantiations of maltreatment, 25 per cent fewer substantiations of neglect, and little evidence to suggest that children were less safe.[37] Supported families were 18 per cent less likely to get a high-risk notification, and there was a significant reduction in long-term costs.[38]

By contrast, evidence suggests that statutory intervention does not ameliorate long-term risks to a child. A rare comparative study from the US known as LONGSCAN compared risk factors in families who received no intervention compared to families who were subject to a statutory investigation. The

risk factors remained for the families who were investigated but the statutory approach missed the opportunity to provide supportive services while also putting families through a stigmatising experience.[39]

It is worth noting that a relational system, as envisioned in this report, would retain an effective investigative capacity. However, institutions in such a system would be more accountable to the people they are intended to serve, provide transparency about the purpose of an investigation, and offer pathways of support for those who are willing to take steps toward greater child and family safety.

**A relational system can support Aboriginal self-determination and empower First Nations communities**

The *National Agreement on Closing the Gap* prioritises Aboriginal-led decision-making and service delivery by community-controlled organisations. In health settings, Aboriginal community-controlled services are considerably more effective than mainstream services, in part because of higher rates of service engagement, uptake and adherence.[40] Given their connections with community, Aboriginal-led and controlled services are particularly relevant in service areas where First Nations families are otherwise hesitant to engage.

To further enable Aboriginal-led decision-making, models of care and services that leverage strong relationships with communities need to be supported at every level of the system. The limited success of previous reform efforts, such as *Their Futures Matter* and the recommendations from the *Family is Culture* report, suggests that this will require a fuller reorientation of the system towards relationships to address the barriers identified in Section 3.4.

**The potential of relational practices is best realised in a *system* oriented toward relationships**

Consultations undertaken for this project highlighted that relational approaches are more likely to catalyse change for families, children and young people experiencing hardship or vulnerability – and that they can provide an organising principle to promote safety, permanency and wellbeing.[41] A clear view emerged that for relational practices to create wide-scale benefits, they need to be enabled by a broader system orientation towards meaningful relationships.[42] The UK *Independent Review of Children's Social Care* in 2022 advocated for this type of structural change, with an emphasis on expanding human-centric relational practice for children and families at a system level, and prioritising early supports and preventative care.[43]

Case studies of emerging relational social service systems reinforce this finding. Some local councils in the UK,[44] such as Camden, have recently reoriented their systems towards relationships. This has included a focus on:

- Governance, leadership and culture.
- Workforce – e.g., empowerment based on relational principles.
- Measurement, design, implementation and continual improvement of services and supports – e.g., embedding lived experience.

Two UK local government initiatives discussed in this report – Camden's reforms (Case Study 1) and Changing Futures Northumbria (Case Study 5) – have prioritised investment in public health and developed policies that address structural inequalities and promote empowerment. Population-wide programs[45] and targeted supports are more effective at reducing maltreatment, at a lower long-term cost than investigative responses.[46] The lower cost enables the system to support more families before they reach crisis point. Section 6 outlines opportunities and policy levers that can build a relational system, in response to the evidence in this section.

## "Radical help" and the relational turn in social services

In her book *Radical Help: How we can remake the relationships between us and revolutionise the welfare state*, Hilary Cottam OBE makes a case for reimagining the welfare state by centring it on relationships and building human capabilities.[47]

Cottam's book draws on evidence from her organisation Participle, which was established to try new approaches to working alongside families "to grow their capabilities; to learn, to work, to live healthily and to connect to one another". Five "experiments" led by Cottam were recognised for their collaborative approach in tackling entrenched social problems in communities across Britain, co-designing innovations across family life, young people, work, chronic conditions, and ageing.
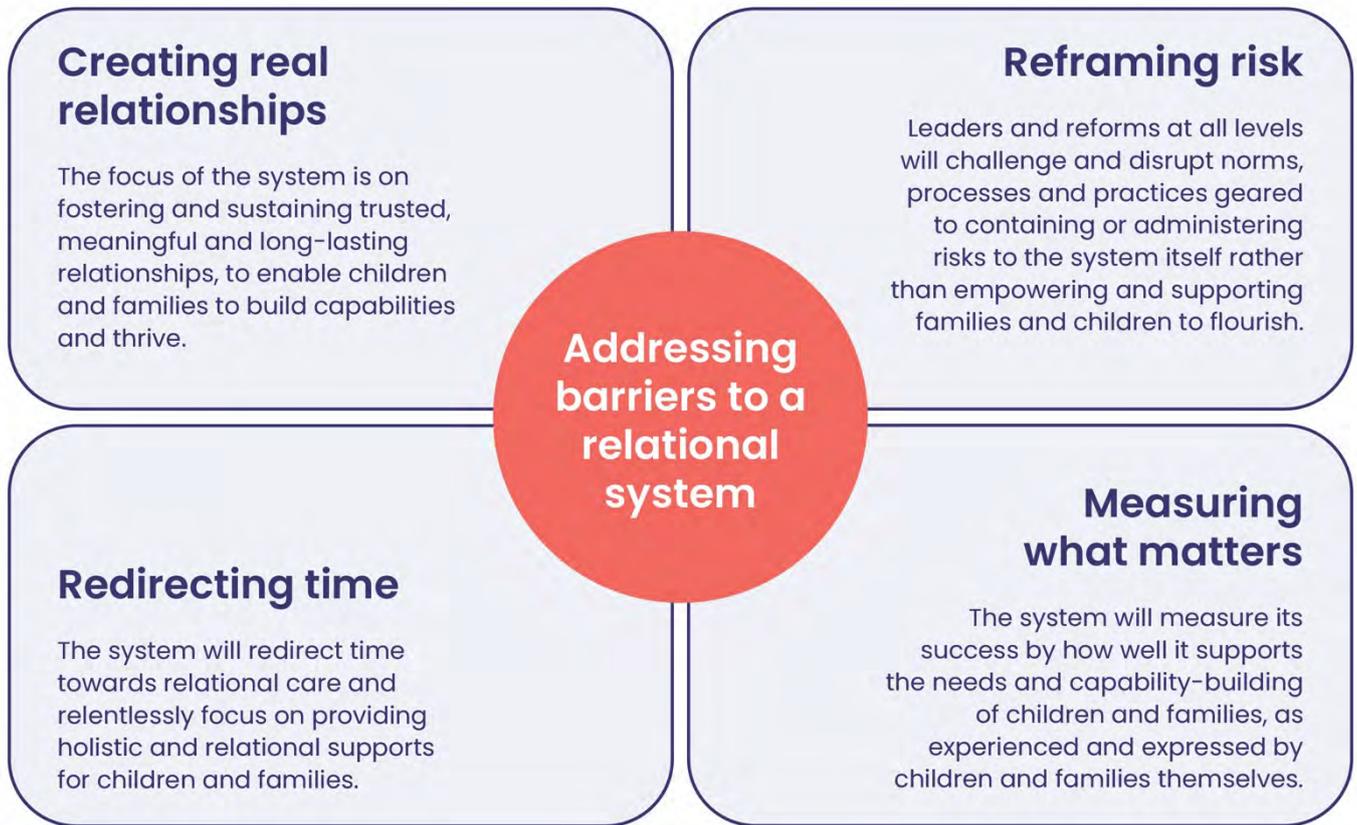
The Life program, focused on families (see Case Study 3), generated relational principles that have also been embedded at a municipality-wide level. The "Wigan Deal", for example, has reset how that council works with citizens and community groups, including through an "asset-based' approach to service delivery, with positive results in savings, healthy life expectancy, and fewer children in care.

Cottam's experiments and *Radical Help* has inspired a "relational turn" in the UK more broadly, shifting the national narrative on priorities within public services. This has created momentum for a new way of working, with more communities and organisations embracing practices inspired by Cottam's work without Participle's direct involvement. Cottam's insights have also been increasingly acclaimed by policymakers and community leaders around the world.

## 3.4   How we can address barriers to a relational system

There are four key barriers to a system being oriented around relationships. Breaking down each of these barriers, as shown in Figure 2, is therefore crucial to changing the system. Previous reforms have had limited success because they did not address these barriers, which worked against their intent to deliver relational care.

**Figure 2**: Addressing barriers to a relational child and family support system



**Creating real relationships**

The focus of the system is on fostering and sustaining trusted, meaningful and long-lasting relationships, to enable children and families to build capabilities and thrive.

**Reframing risk**

Leaders and reforms at all levels will challenge and disrupt norms, processes and practices geared to containing or administering risks to the system itself rather than empowering and supporting families and children to flourish.

**Addressing barriers to a relational system**

**Redirecting time**

The system will redirect time towards relational care and relentlessly focus on providing holistic and relational supports for children and families.

**Measuring what matters**

The system will measure its success by how well it supports the needs and capability-building of children and families, as experienced and expressed by children and families themselves.

These barriers are not unique to the child protection system or to NSW, but rather are common to social service systems around the world. Section 6 outlines 11 opportunities to address these barriers and reorient the system in a more relational direction.

# Case study 1: A relational government organisation (Camden, UK)

**Camden Council in the UK has been using a relational approach across their social care programs. Rates of children entering care have fallen significantly.[48]**

Camden has embedded a relational approach through all their work in social care, similar to the approach outlined in this report. They have made a significant transformation to ensure relational care is driving their leadership, culture, practice, funding decisions and measurement. For example:

- A relational vision and collective responsibility to citizens, "Camden 2025."
- Leaders that drive relational practice and innovation, including a culture of "test and learn" and hiring a Director of Relational Practice.
- Using parent peer-support models to harness lived experience and address the significant power imbalance in relationships between government workers and families.
- Shifting measurement frameworks to understand how a family is experiencing a relationship with their support worker and what that relationship has helped them to do (see Opportunity 9 for more detail).

**What this tells us about a relational approach**

Camden Council provides emerging evidence that a relational approach can achieve positive outcomes for families and for government operations.

The rate of children entering the care system has reduced significantly, whereas the England average continues to rise (see graph below). This represents both better outcomes for children (in prevention of family breakdown) and a significant economic saving (in the avoidance of care costs). While the relational approach is only one factor driving the outcome, the reduction did occur when relational work took hold in children's services in Camden.

Rate of children looked after (per 10,000)*
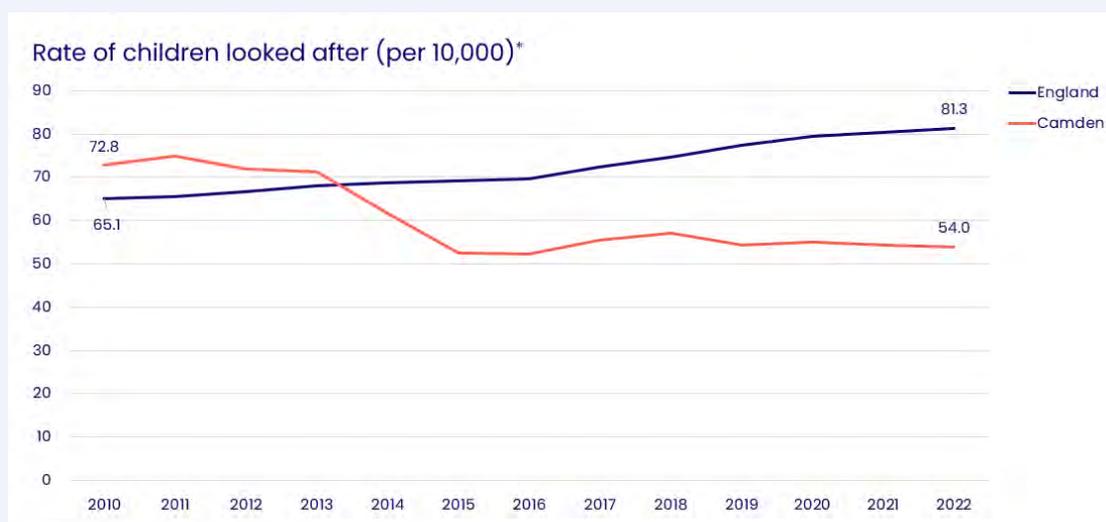
# 4. Building blocks for change

The child protection and OOHC system in NSW has been under regular review and reform over the past twenty years. Previous reforms have made some progress toward relational ways of working, as shown in Figure 3.

However, there is significant opportunity to deepen and expand how human relationships are prioritised at a system level. Further work is required to ensure that relational programs and practices reach children and families more widely, and to identify where relational practice can be embedded in a systematic way.

**Figure 3**:  How the NSW child protection system has started walking alongside families and communities to build their capabilities and address their needs

**At the system and institutions level, NSW has already:**
- Invested in services that support families to maintain and strengthen their relationships through early intervention
- Shifted the goals of the system closer to a relational vision i.e. towards preservation and permanency

**How we can build upon this:**

Embed relationships in the heart of the system and how it flows into every service that is provided for children and families in NSW.

**Among the social workforce, carers and other professionals, NSW has already:**
- Improved relational practice through the NSW Practice Framework and the ways practitioners relate to children and families

**How we can build upon this:**

Improve the ability for the workforce to implement the NSW Practice Framework with every family, by creating the time and risk environment for them to do so.

Improve how carers are valued and empowered.

**Alongside children, young people and their families and communities, NSW has already:**
- Started implementing relational care by bringing families into the care journey e.g. through family group conferencing

**How we can build upon this:**

Ensure that the system is continually working in service of building the relationships of children and young people and walking alongside families and communities to build their capabilities and address needs.

Figure 4 (overleaf) identifies some concrete relational strengths in the current system that NSW could build upon as part of a broader process of reform towards a more relational system.

## Building Block 1: NSW Practice Framework & Standards

| | |
|---|---|
| Description | The NSW Practice Framework and Practice Standards set out what is expected and how practice is skilfully and ethically carried out to achieve a positive impact and good outcomes for children, their families and communities. |
| How the approach is relational | The standards are relationship-based and focused on seeing children as part of a family system, community and culture and supporting their long-term connections. |
| How the relational intention can be built upon | Case workers often lack the time and professional support to deliver relational care aligned to the standards set out in the Practice Framework. The time, experience and capabilities required to genuinely walk alongside families in often complex circumstances is incongruent with a workforce with high turnover and more than double the case loads of countries that practice more relational care (for example, in Denmark). |

## Building Block 2: Aboriginal Child and Family Centres (ACFCs)

| | |
|---|---|
| Description | ACFCs are flexible, inclusive and community-based hub models aimed at increasing Aboriginal participation in early years services. |
| How the approach is relational | ACFCs are delivered by Aboriginal Community-Controlled Organisations and are a 'one stop shop' for a range of culturally safe, child and family services including parenting support, health checks, play groups and preschool or daycare. This means families can access a range of supports in a trusted environment and build relationships with ACFC staff over time.<br><br>An early process evaluation conducted in 2014 found that centres had been successful in improving health checks and immunisation rates, and had significant success in improving service access for typically hard-to-reach families. |

| How the relational intention can be built upon | Community-based services like ACFCs are key to Aboriginal families receiving the preventative child and family support they need, prior to and separate from the statutory connotations and ways of working of traditional DCJ-led services. |
| --- | --- |

## Building Block 3: Early intervention in schools

| Description | Family Connect and Support (FCS) is a free, voluntary statewide early intervention service for children, young people, and families. |
| --- | --- |
| How the approach is relational | The service builds relationships through specialised child safety workers who can provide advice to teachers and form relationships with children and parents who can have their needs met on-site through programs or coordinated referrals. |
| How the relational intention can be built upon | There is an opportunity to further mainstream universal modes of service delivery to address current risk-focused cultures of mandatory reporting. More families would have their needs addressed voluntarily, in trusted places that are easy for families to access. |

## Building Block 4: Family Group Conferencing (FGC)

| Description | FGC is an alternate dispute resolution process that occurs before seeking care orders from the Children's Court. An evaluation in 2022 found that FGC has helped avoid removals at a rate of 16% generally, and 3% for First Nations children. |
| --- | --- |
| How the approach is relational | It seeks to strengthen family decision making and develop a collaborative plan to keep children safe. |
| How the relational intention can be built upon | There is a need to consider how family-led solutions can be incorporated earlier via relational casework or preventative support, and how these processes can be much more responsive to the needs of First Nations families. This could include through less formal 'family meetings' and building capacity to more readily and competently facilitate family meetings |

| | where the family decides who should be there. FGC and other, more informal models based on similar principles, could be more consistently utilised across the system. |
|---|---|

## Building Block 5: Brighter Futures

| | |
|---|---|
| Description | Brighter Futures is a program for families with children under 9 years. It offers intensive casework, access to children's services and parenting programs to help families facing a range of challenges including mental health, drug and alcohol abuse, domestic and family violence, parenting issues, and child behaviour. |
| How the approach is relational | The program works with the whole family to understand their context and challenges. This means workers are able to offer integrated services that address underlying challenges that can lead to contact with statutory child protection. |
| How the relational intention can be built upon | Brighter Futures is one of several programs that could be expanded upon to provide preventative and relational support for all families across NSW. |

# 5. Design principles for a truly relational child and family system

The opportunities in Section 6 were developed using the following set of design principles. These principles build off the evidence base and conceptual framework outlined in Section 3 to guide the design of a future system.

## 1 Holistic wellbeing
The holistic wellbeing of children should be placed at the heart of all decisions, and the perspective and story of the child valued at every stage of their care journey.

## 2 Reciprocity & equality
The system should enable relationships that have a sense of reciprocity and equality, and create a sense of belonging for children.

## 3 Reflective system
The system should be reflective, recognising historical harms and actively resetting ongoing power imbalances, to focus on genuine support and healing, especially for First Nations families.

## 4 Incentives for capability building
The system should enable and incentivise services and organisations to walk with families and build the capabilities of family members to have agency over their own future.

## 5 Empowerment of workers
Workers and carers should be empowered to use their creativity, judgement, skills and time to build trust with children and families and support them to flourish.

## 6 Risk redefined
The needs and aspirations of children and families – the risks to their holistic wellbeing – should be prioritised over system-driven monitoring, investigating or administering of risk.

## 7 First Nations agency and community control
The system should amplify First Nations agency and strengthen mechanisms for community control, especially to deliver culturally-informed, relationship-based family preservation and restoration.

## 8 Experimentation & innovation
The system should actively create room and possibilities for experimentation and innovation that responds to local circumstances.

## 9 Family experiences
The system should value direct feedback from children and families about their experience as part of judging success, and actively learn through reflection about what is working well.

# 6. The way forward

**This section summarises 11 key opportunities to bring about transformational change and to shift the NSW child protection system towards a relational child and family support system.**

The path to a truly relational child and family system is conceptually simple but requires a bold and ambitious reform agenda to drive it forward effectively. These opportunities for reform provide a starting point towards a child and family system that centres on relationships to support children, families and communities to thrive. Further work will be required to flesh out the next steps for government, working in partnership with First Nations communities and others, should the government decide to pursue these opportunities.

Given the complexity of transforming the child protection system in NSW, and the barriers to change outlined in Section 3.4, the opportunities have been designed to complement each other (as outlined in the Executive Summary). Each of the opportunities should be considered a component of achieving a true paradigm shift towards a relational system. However, progress on one component does not need to wait for progress on the others: it is important that momentum be built where it can. The reform process itself should reinforce the direction in which the system needs to change. For example, the democratic process of legislative reform should underscore a new vision for the system and create opportunities for greater learning about what works for families and communities.

## 6.1 Develop a public health model of child and family support centred on relationships

**There is increasing recognition among policymakers, experts and practitioners that a paradigm shift is required in the way our systems support children and families.[50]** Evidence suggests that a paradigm shift toward a relational approach may be highly compatible with a broader system shift toward a public health model in effectively addressing the structural drivers of vulnerability for children and families.[51] A public health approach requires the redirection of resources to better support families earlier, to alleviate stressors and to build the capacity of families to care for their children before challenges escalate.[52]

A public health approach proposes **the establishment of a core child and family support system** that offers both:

- **universal supports**, to promote safety, health and wellbeing for children and families across the entire population at any point in time, and
- **targeted supports**, for children and families that have more complex needs, or that may need more intensive help to fully recover and heal from negative life experiences.

These supports cannot just be crisis-driven, with a certain statutory threshold to meet eligibility requirements. They need to support families where they are in each stage of their life and parenting journey, and to equip family members to build their capabilities.[53] This requires a greater emphasis on relationships, not only with the people that the system supports, but between facets of the system itself. Multiagency and multidisciplinary approaches can more effectively address a family's intersectional needs. This could include adult challenges that drive child maltreatment, such as mental health, alcohol and other drugs, housing, and domestic and family violence, which are inherently multidisciplinary.[54]

While NSW has made some progress towards more preventative and integrated models of support, the child protection system remains focused on individualised investigations of harm with the potential for removal. This focus is out of step with global evidence.[55] There is growing appetite for family-centred prevention and response systems that build a network of support around each family, while preserving investigative capacity where it is necessary.

Supportive approaches have been shown to effectively reduce referrals and contact with child protection,[56] while also achieving significant reductions in long-term intervention costs.[57] A reduction in acute spending can increase the funding available for preventative approaches to support more families.

**A relational approach must underpin the design and implementation of any new child and family support system.** A relational support system for children and families should focus its efforts on ensuring that children and young people grow up feeling loved and cared for. The system's goal must be to connect children and families with each other, to their culture and communities, as well as to establish and maintain meaningful relationships with the service system to build their own capabilities.

Without this paradigm shift, the support provided to children and families will likely remain focused on risk and bureaucratic imperatives under the guise of safety. In this sense, relationships are not merely a gateway for more effective service delivery – they are the foundation for a new kind of human-centric practice.[58]

The first set of opportunities seeks to embed a relational approach into a new public health model for child and family support.

**1**

**PUBLIC HEALTH APPROACH**

## Establish a shared commitment to children, families and their communities in NSW

1.1 Co-develop with the community, particularly Aboriginal communities and people with lived experience, a new vision for a child and family support system in NSW oriented towards love, wellbeing, human connection and family flourishing.

1.2 Co-develop a clear, measurable mission aligned with this vision to catalyse sector-wide cultural change across a broad coalition of actors.

1.3 Promote a social compact between the community, the sector and government to build solidarity around a new vision and mission.

1.4 Embed the vision, mission and a common language in a whole-of-government strategy and outcomes framework that is, in turn, reflected within individual agency strategic plans.

## Why this is needed

As noted in Section 3.3, the success of a relational approach is reliant on a broader system orientation towards the importance of relationships. A practical opportunity to achieve this shift is through an aspirational cross-government vision and commitment to supporting children and families in NSW. Although it may only be a sentence, an aspirational vision is an important mechanism to focus and direct the system toward clear and agreed-upon objectives.

The current vision for the child protection system in NSW focuses the system on preventing and responding to negative outcomes for children, as noted earlier in this report, rather than on how it can enable holistic and long-term wellbeing for children and families.

**NSW** "We are committed to the **safety and wellbeing** of children, teens and adults and **protecting them from the risk of harm, abuse and neglect**".

**Scotland** "We want all children and young people to live in an **equal society** that enables them to **flourish**, to be treated with **kindness, dignity and respect**, and to have their **rights** upheld at all times".

**Queensland** "Our vision is for **better outcomes and stronger life trajectories** for young Queenslanders through targeted investment in prevention and early interventions".

**New Zealand** "Our vision is to ensure all tamariki in Aotearoa New Zealand are in **loving whanau (families) and communities** where oranga tamariki (child wellbeing) can be upheld".

A relational approach seeks to rebalance and broaden this focus to consider children and families holistically and share responsibility for child wellbeing across government and the community.

A clearly defined, measurable mission can catalyse a diverse coalition of actors to contribute to the mission's realisation, especially as they start to see how their own incentives and purposes are aligned with it.[60] Public service agencies with a strong vision and mission perform better and are more likely to sustain innovation.[61]

This underscores the need for an inclusive social compact. To effect change, the leadership and governance settings outlined in Opportunity 2, and other opportunities to transform system enablers, should align with and reinforce the new relational vision and mission.

A shared commitment to children, families and communities in NSW needs to establish three key foundations for change.

**Firstly, families, First Nations communities, carers, sector organisations, and government should feel inspired and connected to the system's vision and mission based on their own roles.** As noted in Section 3, trust is key to providing effective social support. To achieve a relational paradigm shift, government must therefore rebuild trust with children, families and the community at a system level. The community must be invited to participate in the design of a new vision for supporting children and families and feel genuinely listened to and understood. Given that a relational approach can mean different things to different people, a mission statement will also be helpful to direct the system towards a defined and measurable goal. For example, the UK's 2022 *Independent Review of Children's Social Care* recommended an ambitious relational mission, along with four other missions, that "no

young person should leave care without at least two loving relationships, by 2027".[62] A similar mission could be adopted in the NSW context.

**Secondly, government agencies, the ACCO sector, other social services, and communities share a common understanding of their roles in achieving the vision.** It is frequently said that "child protection is everyone's business" but there is no clear cross-government or coordinated community effort to support child and family wellbeing. A social compact can support a sense of collective responsibility across agencies and communities, and orient the wider sector toward long-term, transformative change.[63] Scotland, for example, has made a 'Promise' to children: "*You will grow up loved, safe and respected. And by 2030, that promise must be kept*" and has outlined the role of key stakeholders, including families and communities, in upholding this commitment.

**Finally, government agencies have a clear and implementable plan for how they should cooperate to achieve a collective vision.** To truly meet the needs of children and families in NSW, there needs to be a whole-of-government strategy and outcomes framework. This framework should commit agencies to their roles and responsibilities in achieving improved outcomes for children and families. It should have a long-term view to transform the system (for example, ten years) and flow through into individual agency strategic plans.

## Key considerations

- If a concrete mission is pursued, a multistakeholder body consisting of people with lived experience, First Nations voices, and proven reformers in relational practice would provide a highly valuable source of guidance and accountability, to help ensure a reductive interpretation or metric of success is not unintentionally adopted.
- In addition to a new whole-of-government strategy for children and families, existing cross-government strategies and outcomes frameworks, such as the Human Services Outcomes Framework, should be updated to align to this new vision and mission.

## 2

### PUBLIC HEALTH APPROACH

## Establish strong leadership and governance to drive cultural transformation of the sector

2.1 Work with First Nations partners to establish system leadership and governance that aligns with self-determination priorities and can drive multiagency stewardship of a new system.

2.2 Set a clear agenda for cultural transformation of the system toward care and connection, over management and forensic risk orientation, and identify champions of change to lead across government.

2.3 Explore governance and leadership reforms to better empower place-based, community-driven supports for families.

2.4 Embed co-design and community participation mechanisms in system design, especially with First Nations people and people with lived experience, to grow place-based, community-driven supports for families.

## Why this is needed

**Committed and driven whole-of-government leadership, oriented around a common vision and mission, is essential for genuine system transformation.** While technical changes can make some progress, adaptive changes through leadership and culture are critical. The system's forensic roots lend themselves to an investigative, punitive and risk-focused culture based on a system-driven definition of safety. A highly individualised concept of child safety and wellbeing fails to view family and community relationships as a strength, and guides transactional funding rather than long-term community investment.

This shift in culture needs to operate at multiple levels:

1. **At a political and strategic policy level, high-level buy-in and effective multiagency governance is critical for the sustainability of reform.** Previous system transformation efforts, in particular *Their Futures Matter*, have been undermined by a lack of agreement across agencies on the strategic direction of the reform, and, accordingly, substantial reticence to pool funds toward evidence-based early intervention.

2. **At an agency and service delivery level, significant cultural transformation is required to reorient the system around a relational approach to supporting children and families who may be struggling.** Currently, despite the best efforts of highly skilled and committed individuals working within it, the system tends to prioritise internal incentives over the wellbeing of children, families and communities. For a relational paradigm shift to flow through to

children, families and carers' experiences of support, a management culture is required that trusts and empowers frontline workers and carers to exercise judgement and contextualised knowledge in their relationships with children and families (see Opportunities 6 and 10).

Effective governance of a relational system would need to be able to:

- provide flexible and sufficient financing for local solutions, including through ACCOs;
- forge multidisciplinary, integrated teams in communities, with aligned incentives and reporting structures;
- foster systematic reflection and spread learning about local efforts that are working well; and
- actively identify and remove obstacles to implementing innovative local solutions, including inappropriate funding procedures and prohibitive rules focused on risk rather than relational family support.

This requires an effective whole-of-government approach, with greater clarity on how different mandates support an overall vision for the system. It also requires dynamic leadership to promote a new organisational culture, as well as experimental and localised solutions.

The inclusion of strong First Nations leadership within the system is critical, both to deliver on self-determination and Closing the Gap priorities and to harness the relational strengths of the ACCO sector. Existing capabilities inside government, such as Transforming Aboriginal Outcomes (TAO) within the NSW Department of Communities and Justice (DCJ), can also provide valuable knowledge and leadership toward reform. Independent Aboriginal oversight of the child protection system, including a potential Commissioner for Aboriginal Children and Young People, can also support accountability of mainstream systems to First Nations communities. Such a position would need to work closely with and be supported by other Aboriginal governance bodies.

## Key considerations

- Government will need to consider statutory powers, funding and commissioning remit, and the appropriate level of leadership to ensure the success of any governance arrangements, learning from the success and failure of previous reform efforts.
- International best practice should be harnessed as part of ongoing organisational transformation, in particular the compelling practical insights on how to foster and empower "mission driven bureaucrats" at all levels (see page 46).

**3**

**PUBLIC HEALTH APPROACH**

**Strengthen social infrastructure for children and families through investment in place-based, community-driven supports**

3.1   Review models of holistic family support and support them to grow when they are effective.

3.2   Convene a taskforce in each DCJ district responsible for a community engagement process to understand local need and map existing community strengths to build on.

3.3   Establish a dedicated role to support service coordination and navigation in each DCJ district, with a focus on supporting relational practice.

## Why this is needed

A relational public health approach offers effective support when it is timely, helpful, and needed to alleviate stressors, build capability, and prevent escalation of challenges. Such supports are most effective when they are place-based and centred on the strengths and relationships of the child, family and local community. Place-based approaches that seek to strengthen existing social infrastructure can support the capacity of service systems, access and referral networks, and the community itself, to better support children and families within their local communities.

Academic research[64] and practitioner-based insights indicate that investment in prevention and early intervention under a public health approach needs to be complemented by structural change in service delivery, including:

- **Building on and investing in community strengths and social infrastructure.** The current culture of mandatory reporting as a means to manage wellbeing concerns is often driven by a lack of awareness, confidence or capacity in the local service system. Through strengthening localised community responses to struggling families, those closest to a child – such as teachers, community and health workers – can better utilise referral and access pathways and broker connections between services and community.

- **Responding effectively to local needs.** Mechanisms for community engagement and leadership – including to bring marginalised voices to the fore – should complement data-driven approaches that ensure service coverage and address duplication and gaps.

- **Providing opportunities for children and families to engage with voluntary supports in safe, trusted environments.** Community-based environments can help to alleviate the fear and stigma associated with statutory child protection contact and encourage voluntary

engagement. This is especially important for First Nations people, where there is strong distrust of statutory child protection. For example, there is evidence that peer parental advocacy is an effective way of improving the relationship between social workers and parents, building trust, supporting participation, and improving outcomes for children.[65] Informal and voluntary participation, such as by First Nations elders or parents, should be actively nurtured, rather than stifled because it does not fit a pre-determined framework for placed-based solutions. The judgement of frontline staff about these kinds of local dynamics, with appropriate support for them to experiment within an agreed set of principles, should trump adherence to system-based rules.

- **Embedding a 'no wrong door' approach to service access**. It is critical to provide community-based, non-stigmatising referrals in places where parents are already engaged. However, they can only be effective where they align and coordinate cross-agency measures to address underlying challenges. Hub- and community-based models need strong relationships with services and supports that address structural drivers of maltreatment and statutory child protection contact, such as poverty, unemployment and housing.

## Key considerations

- Developing capacity in the community sector is critical to ensure the success of a differential response to child wellbeing concerns (Opportunity 4). Having an investment strategy for sustainable early intervention funding for whole-of-family approaches (Opportunity 8) and flexible commissioning practices (Opportunity 7) is critical to empowering communities, enabling innovation, and providing the stability to build trusted service capacity and relationships, including between government and community.

# Case study 2: Community-integrated child and family centres

**There are multiple models of community-led integrated service centres that are delivering positive outcomes for children and families in welcoming and voluntary environments.** [66]

Aboriginal Child and Family Centres (ACFCs) are delivered by ACCOs and offer a range of services for families, including childcare, parenting programs, health checks and playgroups, in a welcoming environment. For families showing signs of struggling, ACFCs run culturally safe parenting programs, and help them to navigate government service systems.

ACFCs have close networks with mainstream community and health organisations, as well as other ACCOs, and can refer parents to services where they are not required to repeat their story every time they interact with a new support worker. These types of community-based settings can offer a warm referral to more intensive support services.

Integrated Child and Family Centres (ICFCs), for the wider population, are also seen as an effective, holistic family and child early years service model. Using a public health approach, the government can commission services within existing community networks, such as through health districts and schools. By integrating these services, a preventative *community* response can avoid overuse of a *child protection* response.

## 6.2 Transform system enablers so that children and families can form meaningful relationships and flourish

**A relational public health approach requires a paradigm shift, not just new programs.** Investment in a new or expanded service system is crucial but, in isolation, will continue to perpetuate the barriers to outcomes experienced by its previous reform efforts. This means that a new relational vision needs to be embedded at all levels of the system. This requires system enablers to be reorientated to centre meaningfully on connection, trust, empowerment and innovation.

**This section outlines opportunities to transform key system enablers to align with a new relational vision and mission for the system (see Opportunity 1).**

This means:

- A management culture that trusts and empowers frontline workers and carers to exercise their judgement and contextualised knowledge in their interactions with children and families.
- Structures and processes that support and incentivise behaviours that align with the vision for the system, and the real-life experiences of children and families.
- Outcomes measurement that acknowledge the paramount importance of how children and families feel about their own experience of support.
- Recognition that sector cultural transformation will take time, and adopting an attitude of continuous improvement that allows the system to learn from failure and focus on knowledge sharing.

**4**

## Undertake substantive legislative reform that promotes wellbeing and family flourishing aligned to a relational approach

4.1   Undertake substantive reform of the *Children and Young Persons (Care and Protection) Act 1998* so that the legislative framework aligns to a new vision for the system, and families and carers are included within it.

4.2   Revise mandatory reporting provisions in the legislative framework to establish a "differential response" to direct children and families that experience vulnerability and low-to-moderate maltreatment risk to a non-statutory service pathway.

## Why this is needed

Recognising that law has an expressive function,[67] legislative reform offers an important opportunity to communicate the emphasis, direction and culture of a new relational child and family support system. Legislation shapes system priorities and sets the tone for the nature of statutory involvement in the lives of children and families. The current *Children and Young Persons (Care and Protection) Act 1998* reflects and reinforces the forensic underpinnings of the current system. It frames the scope of intervention toward "report, investigate and remove" as the primary response, which contributes to an overwhelmed and crisis-oriented system. Further, consultations for this project underscored that rolling amendments and changes over time have resulted in an Act that is overly complicated and contains internal contradictions, leading to inconsistent interpretation and application in practice.[68] Legislative change would provide an opportunity to ensure greater clarity, simplicity and alignment with broader reform.

Current thresholds for statutory reporting may be too low (where support is more appropriate and needed), while thresholds for receiving supportive services are too high. Mandatory reporting as the primary mechanism to broadcast concerns about a child contributes to high rates of low-to-moderate risk reports that overwhelm the system with families who may need support, but not necessarily statutory intervention. This is further exacerbated by a reporting culture centred on the risk to individual reporters and their agencies, rather than on directly addressing risks to child and family wellbeing. Concerns deemed serious enough are investigated with a forensic response, rather than an understanding of family struggles, capacity and needs.

This presents a barrier to families in accessing appropriate support to address wellbeing concerns. While 220,000 Risk of Significant Harm (ROSH) reports were made in 2021-22, only around 29 per cent

of children subject to reports were seen by a caseworker.[69] Support may only be provided once the families' situation has deteriorated. Now under threat of removal, they require a more acute form of diversionary response, perpetuating crisis-driven service spending and care entries. Legislative measures aimed at diverting entries to care – such as alternative dispute resolution or Active Efforts to prevent First Nations children from being removed – may come too late. Additionally, prospects for preservation are undermined by the lack of preventative non-statutory child and family support.[70] Preventative and non-statutory child and family support is associated with increased family engagement, reduced contact with child protection systems and fewer substantiations of maltreatment,[71] which could be codified in law.

Entries to care can be reduced through a legislative framework that:

- Promotes an alternative system orientation centred on positive relationships and family preservation. The system should consider a child's safety within the context of their relationships and their family and care setting, rather than as individuals "at risk of harm."
- Codifies a 'differential response' system (see Figure 6) that refers children and families at low-to-moderate risk to an alternative, voluntary service pathway, rather than using investigation as the primary response. This type of system assesses and responds to struggling families through community-based general or intensive supportive services, so that support is not subsidiary to a crisis response and escalation of challenges. This should stipulate that families self-define their support needs, rather than be prescribed a fixed solution.
- Enables case management practices focused on building trust and transparency. This should include listening to children and families to understand their challenges and conflicts and attempting to broker a solution that meets them where they are.
- Positions emergency powers (removal and use of the Children's Court) as a function of last resort, while maintaining appropriate investigative capacity for cases of serious maltreatment and harm. This would contrast with using emergency powers as an inevitable linear outcome of escalation, or an appropriate response based on previous removals.
- Retains and better aligns with measures like Alternate Dispute Resolution and First Nations-targeted approaches to case management, placement and avoiding removals, including Active Efforts.

Figure 6 (overleaf) provides some examples of how relational principles can inform legislative change.

**Relational principles for legislation**

(a) A child's family has the primary responsibility for the child's upbringing, protection and development.

(b) The preferred way of ensuring a child's safety and wellbeing is through supporting the child's family.

(c) Care placements should actively promote connection for children and young people.

**Legislating a 'differential response' and alternative reporting pathways**

(a) Mandatory reports are triaged between an investigative and alternative supportive service pathway.

(b) The alternative pathway offers voluntary, community-based and needs-based support to children and families.

(c) Within the investigative pathway, children and families are offered access to appropriate, supportive services.

**Differential response to maltreatment reduces entries to care**

A differential response (DR) system assesses family needs and offers a supportive service.

A time series study (2004-17) of US jurisdictions with a DR system found states with such a program had lower rates of substantiated reports of maltreatment (-19 per cent) and fewer entries to care (-17 per cent).[72] This reduction was even higher for entries to care based on neglect (-25 per cent). DR systems are effective in supporting decision-makers to offer alternatives to removal where they may be uncertain, particularly in cases of neglect in which statutory responses are indicated to be the least effective response.

In Australia, a systematic approach to DR is a significant opportunity to reduce entries of First Nations children into care, who are overrepresented in cases of neglect. In North America, DR was less likely to be assigned to African American, Native American and multiracial children, when controlling for poverty and risk factors. Measures need to be considered to counter inequitable access to this diversionary mechanism.

## Key considerations

- Noting that substantive legislative reform could take considerable time, the process of reform should itself be viewed as an opportunity to generate institutional reflection about deficiencies in the culture of the current system, build support for a new vision, and create openings for greater practical learning about what is working for families and communities.
- Given the complexity of the *Children and Young Persons (Care and Protection) Act* and the extent of its internal contradictions, and noting the benefits of simplicity and coherence, an effective option for legislative reform to advance a relational approach may be to repeal and replace the Act.

- Differential response will require additional investment in community-based support services and time to yield results. Findings from the *Australian Child Maltreatment Survey* suggest public health and prevention efforts are needed to meet considerable unmet demand in support services (see Opportunity 3). While NSW may offer pathways to support via some preventative or intensive programs, they may have highly conditional entry requirements and reach families too late, may not be needs-based, or have limited capacity.
- Changes to mandatory reporting to an alternate service system would require revised protocols, awareness, and education of new risk thresholds in the *NSW Mandatory Reporter Guide*. Child Wellbeing Units or district taskforces across Health, Education and Police could be leveraged to support a system-wide alternative pathway for families at low-to-moderate risk, including awareness of available services in a local area. Over time, families should increasingly access supports via community networks and linkages, self-referral and word of mouth, rather than via concern reports.
- Changes to the threshold for statutory intervention will continue to require an effective investigative capacity that harnesses relational practice where possible.

## 5

**SYSTEM ENABLERS**

## Ensure regulatory culture supports a relational approach

5.1  Develop and embed a simplified set of cross-sectoral minimum standards for practitioners, designed to enable and incentivise relational approaches to working with children and families.

5.2  Establish a consultative body to the Office of the Children's Guardian (OCG) to ensure that the OCG has access to relevant insights on a relational approach.

5.3  Review and systematically reduce regulatory documentation requirements, with open reporting on the progress made in unlocking this time for relationship-building.

## Why this is needed

Academic and practitioner experts alike argue that a reframing of risk and simplification and clarification of regulatory standards is required to unlock the capacity of the system to operate relationally. Both the *Tune Review* and *Family is Culture* report highlighted that systemic complexity results in siloed service delivery and creates barriers to navigating the system. The often-competing priorities across the various regulatory standards and frameworks that guide child protection in NSW – including but not limited to the *NSW Child Safe Standards for Permanent Care*, the *NSW Interagency Guidelines for Practitioners,* and the *DCJ Case Management Policy* – create significant regulatory complexity. While these frameworks contain valuable guidance, they are heavily focused on rules, responsibilities, and prohibitions, inadvertently creating an overall narrative and environment focused on compliance rather than relational best practice.

Practitioners report feeling constrained by inflexible or conflicting procedures and guidelines. They note that the time required to navigate them can hinder their ability to prioritise the wellbeing of children, and the timeliness of service delivery. Under the status quo, an entrenched fear of making mistakes, or falling short of compliance standards, fuels a risk-averse approach that undermines the development of meaningful and supportive relationships for children. It can also lead to excessive paperwork that does not have clear benefits for children and families, or for accountability of the system. However, the OCG has limited power outside of the accreditation process to ensure accountability for workers and organisations that fail to meet standards.

Rather than focusing on bureaucratic risk to the system, risk should be reconceptualised to include relational deprivation and loss of positive agency for children and their families. This does not mean, however, compromising children's rights to safety or diminishing necessary forensic and investigatory responses of child protection authorities. A regulatory system that supports a relational approach must consider opportunities to centre the lived experience of children and families, rather than institutional or bureaucratic notions of risk.[73] To this end, greater openness and structured dialogue with the community should be embedded in regulatory processes to ensure their insights are effectively communicated to the regulator. This should include the voices of those with lived experience, First Nations communities and reformers who have deep experience implementing relational practice. Mechanisms for community input and feedback are critical for system-level learning, accountability and improvement, including the effectiveness of the OCG.

There may also be opportunities for other parts of government to more systematically share insights with the regulator on how regulation might help or hinder relational practice. This could include the Office of the Senior Practitioner (OSP) or the Advocate for Children and Young People (ACYP).

## Key considerations:

- Careful consideration will need to be given to how changes to regulatory culture align with the key systemic goal of reducing administrative burdens for frontline workers.
- The evolution of regulatory culture is also linked to Opportunity 2.2, which addresses cultural transformation across the system so that a new conception of risk and safety becomes widely understood by caseworkers, managers and organisations.

## 6

### SYSTEM ENABLERS

## Empower and protect those who work with children and families to engage in quality relational practice

6.1 Embed the NSW Practice Framework across the government and NGO sectors with specific provisions to uplift the capability of frontline workers, carers and managers to engage meaningfully with children, families and carers.

6.2 Review and systematically reduce administrative barriers to greater facetime of frontline workers with families, with open reporting of the progress made in unlocking time for relationship-building.

6.3 Set key performance indicators centred around supporting a family's own, self-defined goals for the future, and optimise caseloads to enable quality relational practice to achieve them.

6.4 Embed quality professional supervision, reflective practice and workforce development focused on how to build a child and family's relationships as career incentives for management.

6.5 Embed mechanisms to ensure cultural safety and tailored supervision for Aboriginal, culturally and linguistically diverse (CALD) and lived experience workers.

## Why this is needed

Genuine and systematic relational care requires a highly skilled, experienced and appropriately resourced workforce. Working relationally with families requires caseworkers to have the time, skills and support to deeply understand a family, their environment, needs and goals. An understanding of a family as a set of autonomous and complex people allows for genuine partnership with families. In turn, this enables more impactful intervention, better and more inclusive decision-making, and opportunities for families to build their capability and capacity to move forward based on self-determined goals, including restoration following removal.

A high-quality workforce should be trusted and empowered to exercise their judgement based on contextualised knowledge and professional competence, rather than focusing on risk and liability frameworks centred on the needs of the system.

This is reliant upon four key elements:

- **Incentives centred on the goals and experiences of children and families.** Much of the relational intent of individual practitioners is undermined by the need to constantly manage risk and administrative demands in a tightly resource-constrained environment. While current tools and processes such as Case Plans and Family Action Plans provide some guidance for working collaboratively with families, the use of these frameworks has become oriented around compliance. Caseworkers feel disempowered to use these approaches in a meaningful way, with families as the owners of their own goals and plans. Instead, caseworkers are compelled to focus on box-ticking and onward referrals that provide the illusion of progress.

- **Prioritisation of quality time spent face to face with children and families, supporting the family to solve problems and build capability.** Caseloads need to be managed based on a clear understanding of the time required to build meaningful relationships with children and families rather than based on a proportion of the total number of families that DCJ is expected to see each year. This shift may be feasible, even within current funding levels, if workflows can be reoriented to free up time for workers. Currently, approximately 20 per cent of caseworker time is spent engaging with families in-person, while the remainder is spent on administration and reporting, planning, supervision and training. These caseload challenges are further compounded by a risk-averse culture that adds significant requirements for frontline workers to document activities and manage risk,[74] and in turn limits the amount of time they have available to develop authentic, trusted relationships.

- **Regular professional supervision and reflective practices.** Managers need to support staff to ask the right questions to understand challenging or complex cases and situations, and enable the transfer of knowledge from more experienced staff and across disciplines. Such practices can also help to build horizontal systems of accountability[75] where mistakes and failures can be safely addressed and learned from, and in which leaders can create room for creativity. However, supervision is often the first mechanism to be deprioritised when resources are stretched. Managers, facing the same administrative burden as their caseworkers, may then have limited availability to provide hands-on support. In particular:
    - Support from experienced peers is essential in learning to better identify, understand and de-escalate potentially violent situations, which form a core part of the working environment for frontline staff.
    - Supervision is also critical to ensure staff wellbeing and inclusion. Cultural supervision is particularly important in creating a culturally safe workplace, both to provide space for First Nations and CALD workers who want to reflect on the complexities of their own cultural experience and its impact on their work, and for non-Indigenous workforces to upskill, learn and enhance their practice to include cultural awareness and safety.

- **Retention of skilled and experienced staff with a relational mindset.** The child protection workforce experiences around a 30-40 per cent turnover rate, while 22 per cent are employed on a casual basis.[76] Systemic barriers to working in alignment with the Practice Framework in their day-to-day work is reported as a key driver of caseworkers leaving the sector. Embedding a relational approach can enhance caseworker morale and job satisfaction by providing greater opportunities to develop a strong sense of professional identity and take pride in their work. While there is a need for a comprehensive workforce strategy focused on improving retention more broadly, optimising caseloads will serve as a critical first step to

allow time for the development of professional capabilities aligned with the Practice Framework and a relational approach.

Further, a relational system includes working across siloes to provide wraparound support. Multidisciplinary teams within the statutory system are used effectively in NSW and other jurisdictions but could be better embedded and supported within the child protection context. Opportunity 3 outlines where hub and colocation models as part of a place-based approach can draw on multidisciplinary teams to provide an integrated care experience for children, families and carers.

## Key considerations

- While technical changes to Key Performance Indicators and caseload settings will practically shift how casework time is spent, adaptive changes through leadership and culture (Opportunity 2), and strong alignment with the overall relational system direction (Opportunity 1), are crucial in empowering the workforce to engage in relational practice beyond rapport-building.[77]
- Appropriate skills, qualifications and quality of supervision are critical across the child protection workforce. Attention to these practical dimensions is required for the success of reform efforts and requires consideration of a broader workforce development strategy and approach. Acknowledgment of the complex and often violent contexts in which workers operate is important to ensure this occurs in a supported environment.
- Government can leverage international best practice on mission-driven bureaucrats (see next page) – as well as the insights of local innovators in relational practice, community engagement and co-design – to foster a new organisational culture and specific practices that empower workers in an evidence-based way.[78]

Case studies 3, 4 and 5 provide examples of where such approaches have been implemented in international contexts.

# Empowering mission-driven workers

There are understandable prima facie concerns with encouraging greater caseworker discretion and judgement in the handling of child protection issues. For instance, there is a risk that such an approach might create inconsistencies in case management, introduce potential bias and lead to preventable and tragic errors.

However, there is not a rigid binary between compliance-orientated and mission-orientated (or "'empowerment") management approaches and both present their own types of risk. This case is well made in Dan Honig's 2024 book *Mission Driven Bureaucrats*,[79] which stresses that while compliance-driven forms of management are often useful and necessary, they also should be used selectively. This is because a rigid compliance approach can lead to perverse and unintentional consequences and often comes with significant costs to worker morale and organisational productivity.

Relevant to the child protection workforce, Honig suggests that if a job is difficult to monitor and employees are or can become mission-driven, an empowerment-orientated approach is superior in improving organisational performance and worker morale.

Honig's argument draws upon the most extensive dataset on this topic in the world, gathering all nationally representative surveys of civil servants that contained questions on workforce motivation and performance. The database drew on more than four million individuals across 2000 government agencies in five countries.

**Conditions of success for an empowerment approach**

For an empowerment-based approach to be effective, Honig argues that there are some key conditions of success. This includes the articulation of a clear "'mission point" that outlines what an organisation is seeking to achieve. This serves as a performance accountability mechanism and is also a useful device in shaping an organisation's internal ethos.

Honig also stresses the importance of management proactively supporting workers to exercise their own self-directed motivation to achieving their organisation's mission. Rather than operating from "above", empowerment strategies come from "behind", supporting employees and providing the right structures for staff to leverage their expert judgement and mission motivations. Honig argues that this approach has three key ingredients:

- **Allowing autonomy**: bureaucrats are given a zone of independent action in which to make judgements and see themselves as causal agents.
- **Cultivating competence**: bureaucrats are encouraged to foster a sense of skill and capability - a confidence in their own abilities to further their agency's mission.
- **Creating connection to peers and purpose**: bureaucrats are encouraged to connect and feel valuable to other humans through their work, most frequently to coworkers and beneficiaries.

Honig points out that successful empowerment-focused approaches are tailored to specific contexts and tasks of managers and staff. They require a supportive and trusting environment with a long-term orientation. They should consider the extrinsic and intrinsic motivators of staff and negotiate an optimal balance between empowerment and compliance-orientated approaches.

# Case study 3: The Life program

**The Life program in the UK, run by Hilary Cottam's organisation Participle, demonstrated the benefits of building meaningful relationships with families and supporting them to develop their capabilities.[80] The Life program began by working with six families in Swindon, eventually being established in four municipalities across the UK. Its relational principles have now also been embedded more broadly in the work of some municipalities, with positive results.[81] For the NSW context, considering the experience of the Life program in Swindon can help illuminate key design and practice principles.**

The Life team in Swindon was multidisciplinary, bringing together eight people from different backgrounds and departments including housing, social work and the police. The program was based out of a 'Life Hut' – a safe space where families and communities could drop in at any time and knew they would be respected and supported on an ongoing basis.

There were two rules for the program:

1.  80 per cent of the team's time would be spent with families and 20 per cent on administration.
2.  The families would hold the power and they would drive the change.

Relationships were the key thread through all stages of the program and the core element of its success. The families themselves sat on the selection panel to choose the workers for the Life team. Once the team was chosen, the multidisciplinary team set out to build trust with the families. They gave each family a small amount of money and asked them to decide what to do with it – "the activity did not matter much; what did matter was the relationships that started to form between the team and the families as they did things together".

Then, once these relationships were established, the team focused on enabling families to design their own goals and plans. These plans were written and owned by the families themselves and included practical next steps to build capabilities (including the capability to build relationships). Creating the plans was the purpose – they were not designed to measure or track the success of the families or the program.

**Within the first months, there were positive changes in all six families,** led by the families themselves. This included one family avoiding their child being removed and two children no longer needing to be monitored on a child protection plan.

Family successes built on themselves and over time the families started to grow their own ambitions. For example, a family member asked if the support team could help realise her long-term goal of working in an office. Within the Life program, "almost all families have been supported onto a different and independent path – to a better life".

# Case study 4: OurSPACE

The OurSPACE service provides a specialist therapeutic service tailored to the needs of each child or young person across NSW by building a multidisciplinary care team of invested adults. This team includes the carer, child protection and agency workers, school staff and many others.

The focus of OurSPACE is to support placement stability through a relational permanency approach. OurSPACE recognises that "placement stability and relationship permanence are the most significant factors that lead to positive developmental, education and health outcomes for children and young people in care."[82] A key feature of the program is helping children and young people to build and sustain meaningful connections as a key determinant of positive wellbeing and stability.

**What this tells us about a relational approach**

OurSPACE evaluations have shown that the relational service is achieving positive outcomes for children and young people, including more placement stability and a reduction in trauma symptoms.

- The service has been successful in stabilising the placements of 92 per cent of children and young people engaged in the program, either by bolstering support in their current placement or by guiding the move to a new placement using a therapeutic transition plan.[83]
- Between 2018-22, children and young people in the program had three to five times more informal relationships compared to when they started in the program.[84]
- Other positive outcomes include the significant reduction of trauma symptoms in 79 per cent of the client group and an increase in educational engagement by 92 per cent, amongst many others.[85]

# Case study 5: Changing Futures Northumbria, UK

Changing Futures Northumbria is part of a collection of programs funded until 2025 to explore new ways of working alongside individuals experiencing multiple forms of disadvantage.

The program has developed the 'Liberated Method' of working, which involves caseworkers and peer support specialists (who have lived experience) building trusted relationships with individuals and supporting their specific needs to enable them to thrive.

There are no service models or pathways within the program – rather people are asked "What matters to you?" and then a response is tailored to their individual needs.

The method consists of two rules that caseworkers and peer support specialists must follow at all times, as well as five principles that guide their practice but also enables the worker to do what matters most (see next page).

However, the Liberated Method is not just operationalised through casework alone. The program notes that in order to make this type of relational work possible, there needs to be appropriate leadership, governance and funding arrangements that centre the importance of relationships at all levels.

**What this tells us about a relational approach**

The Changing Futures Northumbria program provides emerging evidence that the Liberated Method, and prioritising relationships, has potential to achieve better outcomes for people who are in need of support, alongside reducing demand on the system and minimising low-value services.

The program claims that around 70 per cent of people supported have experienced "demonstrably positive upturns in their lives."[86] While only a baseline evaluation has been conducted for the Changing Futures programs so far, the UK Government has already extended funding for the programs, based on evidence that it is reaching people that are most in need.[87]

**Figure 7**: Northumbria's method for enabling and supporting a relational workforce[88]

# THE LIBERATED METHOD: 2 RULES

## STAY LEGAL

Basically, don't break the law!
Why are we stating this when it's obviously the case for anything? This has been made explicit because of the plethora of rules and regulations that get in the way. We may want to ignore laws that make no sense, but this isn't something we have permission for.

## DO NO HARM

We ensure no harm comes to those we're helping and anyone connected to them and the work we do.
This rule also applies to staff both directly by not putting themselves in harm's way and by paying attention to work/life balance and boundaries. This is something we need to guide our level of risk; we shouldn't be afraid of risk nor should we be oblivious to it.

2R 5P

CHANGING FUTURES NORTHUMBRIA

BHM-Aug23

# THE LIBERATED METHOD: 5 PRINCIPLES

## UNDERSTAND, NOT ASSESS

Assessments are about accessing resources rather than working out what matters to someone. Understanding starts with a blank sheet rather than a checklist that you might find in an assessment. It starts with *"what matters to you?"*, *"what does a good life for you look like?"* This helps to build a trusting relationship between the person and the workers.

## DECISIONS MADE IN THE WORK

Staff have autonomy to make decisions without needing to ask for permission or waiting for someone else to decide the best course of action.
Operational teams should learn to pull for advice, not permission. Leadership need to learn to respond to this in as close to real time as they can.

## NO TIME LIMITS

Although we recognise that our programme will come to an end, during the time we are operating we don't close cases unless a person requests it. We continue to support people when they relapse or transition between specialists as we recognise that this is often when people need support the most.

① ② ③ ④ ⑤

## PERSON SETS THE SCOPE

This is basically saying that nothing is out of scope. Whatever weird and wonderful things people are into (as long as it's legal!), this work takes you there. It might be the thing that helps someone engage, to gain confidence, to meet people and to change their life.
This principle helps caseworkers to be creative and think laterally and helps identify points of tension in the existing system when you hear 'we don't do that…'

## PULL FOR HELP (OR REFER & HOLD)

We don't do referrals by choice.
Instead, we ensure the workers 'hold' the case and invite specialists in (instead of passing them on). We want every citizen to have a go to person that can help them and can navigate whatever specialisms are needed.
We pull specialisms in to join the team around the person rather than add to a web of unconnected people.

2R 5P

CHANGING FUTURES NORTHUMBRIA

BHM-Aug23

# 7

## SYSTEM ENABLERS

## Enhance collaborative and community-led funding and commissioning practices that incentivise relational approaches to whole-of-family support

7.1 Revise commissioning practices to support integrated child and family support models that are community-based and draw upon local leadership.

7.2 Embed lived experience perspectives from advocates and care leavers, as well as relational practice and innovation, into commissioning processes for OOHC services.

7.3 Define program outcomes flexibly, including for OOHC services, incorporating new metrics on 'what matters' to children and young people in care, their families and carers (see Opportunity 9).

## Why this is needed

Best practice commissioning puts people, their lived experience and needs at the heart of service design. Evidence-based approaches can be customised to align with local priorities, to meet diverse child and family needs. Currently, a range of issues challenge the service system's ability to provide viable prevention-focused services as well as meet the needs of people in care.

While commissioning in NSW human services alludes to collaborative service design, the process often reflects tightly prescribed, managerial and transactional tendering.[89] With short timeframes to achieve material outcomes, this approach is unlikely to produce a viable, place-based child and family preventative support system, and is especially inappropriate for First Nations-led commissioning with ACCOs.

Some effective early intervention programs in NSW use flexible commissioning practices. Yet, previous efforts, such as *Their Futures Matter*, have struggled to systematically embed a system that provides what works to who needs it. There remains a need to effectively map demand, duplication and service gaps to ensure adequacy of service to achieve positive child and family outcomes. These practices are needed to reduce the use of statutory acute interventions, and removals.

OOHC services are strictly regulated to meet minimum standards. Yet, children and young people often feel relationally deprived, disconnected, and miss out on "normal" experiences of growing up.[90] These programs need to better meet what children and young people value, namely, feeling encouraged, supported and connected.

Commissioning practices and criteria are needed that:

- Enable place-based implementation of evidence-based preventative interventions that respond to local priorities and ways of working. Commissioning criteria should prioritise community-based organisations that understand local needs, have strong leadership and links to the community, particularly, early years services, schools and health settings.

- Maintain financially flexible commissioning to meet changing community needs, and an iterative 'try, test and learn' approach to continuous and place-based service improvement. This includes defining program outcomes that are flexible to diverse child and family support needs and meet self-determined goals.[91] This approach also recognises that community-based service networks can take time to become fully embedded and require adequate lead time for commissioning, as well as meaningful contract terms (such as five years).

- Incorporate the lived experience of people in service design and encourage employment of people with lived experience in services to ensure they are relevant and responsive to the people they engage. In OOHC services, this includes service co-production with advocate and care leaver channels, such as the Advocate for Children and Young People, Youth Consult for Change, and Create Foundation. For First Nations services, the relevant peak organisations and ACCOs more generally should be engaged to reflect lived experience.

- Promote access services via a no wrong door approach in non-stigmatising pathways, self-referral and natural entry points in the community, such as services co-located with daycare centres or via warm referrals from social workers or counsellors at schools (see Opportunity 3).

- Enable and prioritise organisations that are driving relational-based innovation in OOHC services to accelerate and deepen wider sector transformation towards relational practice.

## Key considerations

- Continuing to develop strategies that capture data on the prevalence of key risk factors for families in each district can help shape service planning based on the likely population-level need for primary, secondary and intensive support services. These can also be used to inform future investment strategy (see Opportunity 8).

- Leveraging a new district taskforce and family support coordinators (Opportunity 3) could help DCJ provide effective support for community integration of services to ensure they are getting to the right families.

- The Productivity Commission has reported that Australian governments are not meeting the intention of the *National Agreement on Closing the Gap*[92] in how services are commissioned with the ACCO sector. The Commission emphasised the need to better value the expertise and ways of working of ACCOs. This includes respecting their service models, reducing the administrative burden, funding programs holistically, and providing for meaningful contract terms of five to seven years.

# Case study 6: Maranguka Cross Sector Leadership Group

**Maranguka is a model of Indigenous self-governance in Bourke NSW, where disconnected and reactive crisis-end services had failed to reduce crime or increase child wellbeing.**[93]

Maranguka's leadership group worked relationally to build trust across government, non-governmental organisations and service providers and align the community towards an Aboriginal-led agenda. The leadership group works in support of the Bourke Tribal Council's *Growing Our Kids Up Safe Smart and Strong* strategy.

The strategy's outcomes, rather than discrete health or justice targets, focus on whole-of-life and strengths-based independence. The strategy targets issues likely to push First Nations people into the justice system that arise from a child's early years and into adulthood.

Service mapping and investment focused on holistic wraparound services for at-risk families and specialised, intensive services. "Maranguka Principles" were applied to services to ensure that they were culturally competent and focused on Aboriginal employment and self-determination principles. Community leadership, respect for cultural authority, deep collaboration and accountability are cited as key factors for success.

**What this tells us about a relational approach**

Maranguka is an exceptional case study of how government and service systems can support, integrate with and champion community-led approaches that know their communities best and work relationally to support holistic wellbeing.

The project initially set out to prove that "a whole-of-community and whole-of-government approach, led by the community, will see better outcomes for children and families". An impact assessment in 2018 demonstrated this, reporting that in one year, community-led family strength, youth development and adult empowerment initiatives had an impact on the local economy and justice system five times greater than the operational cost of $0.6M.

# Case study 7: Waminda – South Coast Women's Health and Wellbeing Aboriginal Corporation

**Waminda exemplifies the direction of a public health-based and relational support system for children and families.**[94]

It is a culturally safe and holistic service, providing women and their Aboriginal families an opportunity to belong and receive quality health and wellbeing support.

Waminda's approach has relationships at its core – focusing on providing tailored strength-based care. The centre provides a free service for women and children of all ages and offers a range of integrated supports. These include primary and allied health care, maternity programs, case management, family preservation and restoration, domestic violence, drug and alcohol supports and cultural programs.

**What this tells us about a relational approach**

In 2020-2021 SNAICC identified Waminda as one of 11 early intervention and family support programs that are achieving positive outcomes for Aboriginal and Torres Strait Islander families.

# Case study 8: Family by Family

**Family by Family is a relational model that is co-designed _with_ families _for_ families.[95]**

Family by Family "leverages the lived experiences of families and couples… to create confidence, self-agency and resilience for all families". The model forms a network of two types of families – those who are in a tough time and need support, and those who have been through a tough time and are now able to provide support to others.

The model exemplifies the relational approach of walking alongside families and supporting them to build their own capabilities and solve their own problems. Through the program, the families measure themselves against their own change goals to see how they are progressing, which in turn supports motivation and engagement. Since Family by Family began, over 1500 families have engaged with the model in their own communities across Australia.

**What this tells us about a relational approach**

There have been four independent evaluations of Family by Family since the model was created. An initial evaluation in 2012 presented "increasingly strong evidence that expanding this program will lower costs and improve the life chances of some of the most vulnerable in society."[96] The evaluation found the following positive impacts:

- A 90 per cent success rate in improving family life (measured by "families achieving their own goals").[97]
- Enabling many families to access support - one professional family coach works with 15 'sharing families', who in turn work with 40 'seeking families', reaching up to 100 children at risk and potentially keeping them out of the child protection system.[98]
- A cost-benefit ratio for governments of 1:7 - for every dollar governments spend on Family by Family, they stand to save seven.[99]

A further evaluation in 2015 of Family by Family sites in South Australia and NSW found that the model was associated with a reduction in notifications from families while they were participating in the program.[100]

**8**

## Undertake modelling and review funding settings to ensure appropriate and sustainable funding for whole-of-family support

8.1   Undertake modelling to determine how much additional funding is required for relational early intervention supports for families and the long-term impacts on the child protection budget.

8.2   Consider options for new funding settings that will ensure relational early intervention supports are prioritised and funded sufficiently into the future.

## Why this is needed

Adequate and sustainable funding for early whole-of-family support services is a key enabler for a relational approach. Without sufficient funding for early intervention supports, a relational system built on a differential response system (Opportunity 4) and reliant upon spending genuine time working alongside families (Opportunity 6), will not succeed in implementation.

Already, the system is unable to meet demand, with only 29 per cent of children subject to Risk of Significant Harm reports seen by a caseworker.[101] This is an illustration of a reactive and resource-constrained system that is unable to meet the relational needs of families. Evidence indicates a crisis-oriented system is not unique to NSW, and that these systems not only fail citizens but are also expensive and unsustainable.[102]

International evidence supports a preventative approach. Funding early support for families can help unlock the time and resources needed to deliver relational care for all children and respond appropriately to their level of need.[103]

The UK recently undertook a modelling exercise as part of its Independent Review into Children's Social Care. The modelling found that the system required a £2.6 billion increase over four years to fund the proposed relationally-orientated reforms.[104] The majority of this funding (£2 billion) was for a new early intervention system designed "to comprehensively respond to entrenched family difficulties".[105]

Fundamental progress has already been made in NSW to evidence the effectiveness of early intervention programs, both in terms of outcomes for children and families and for the sustainability of the system. The evidence base and modelling built by *Their Futures Matter*[106] and the Investment

Approach for Human Services are key foundations from which to build.[107] What is still needed is modelling that builds upon the *Their Futures Matter* work. This modelling would understand the necessary quantum of funding required across government to provide evidence-based and relational preventative supports for families to begin reducing the number of families that enter the statutory child protection system.

This modelling should also illustrate the longer-term impacts and potential benefits of additional investment on the sustainability of the system. For example, the UK modelling found that the additional funding required for early intervention could be brought forward from future budget allocations. This funding would then become cost-neutral to the government over ten years, due to avoided costs in OOHC programs (see Figure 8 below).[108]

**Figure 8**: The UK Review into Children's Social Care found that their relationally-oriented reforms could be cost-neutral to the government within ten years
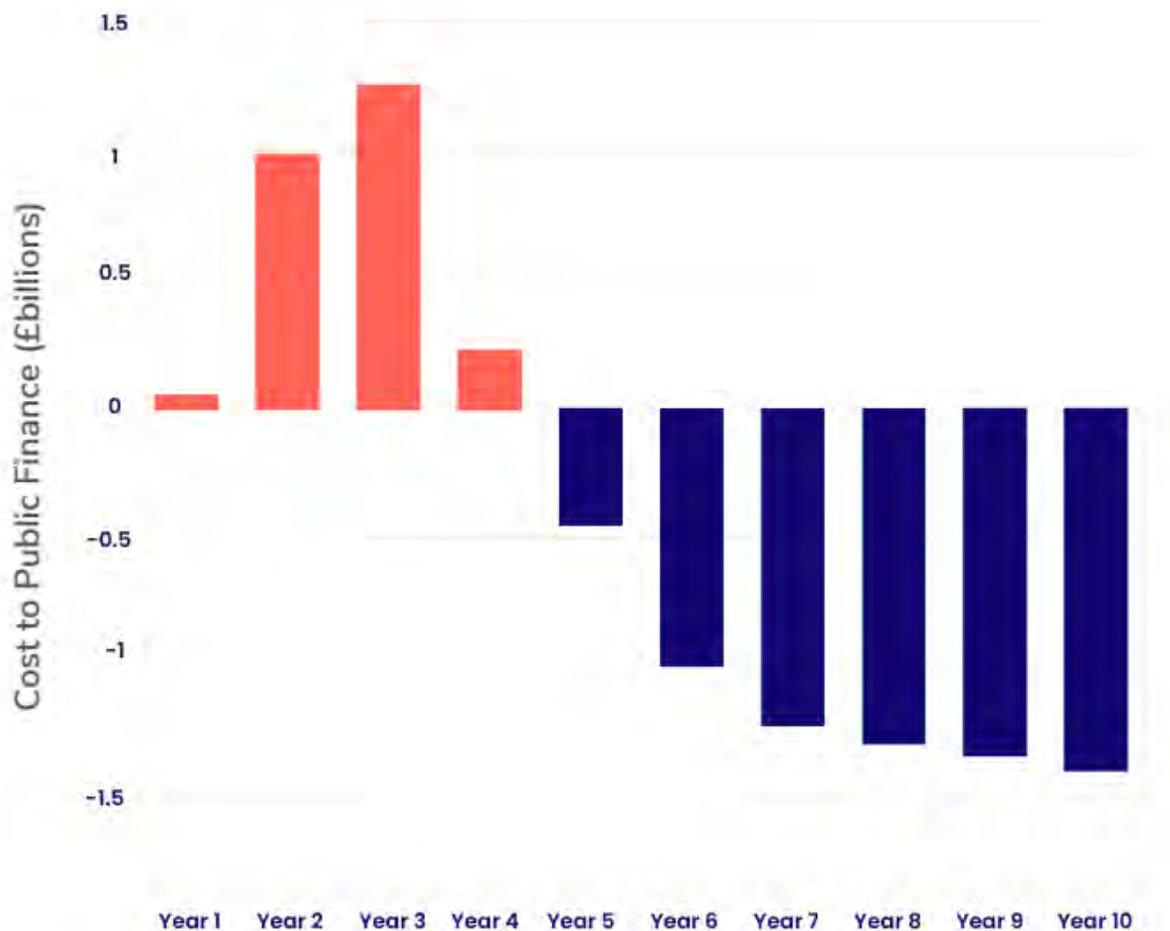
## Key considerations

- Paired with any increase in funding, there should be an investment approach that incorporates the commissioning principles in Opportunity 7 to ensure additional funding goes to relational services.

- Ensuring that the funding remains targeted towards early supports, and does not slip towards reactive services, is a problem faced by most governments around the world.[109] Budget mechanisms could help to protect funding for early support. For example, the UK review mentioned above recommended that the government adopt a funding formula tied to deprivation, so that if deprivation increases nationally, total funding would also increase.[110] Another option is to ring-fence early intervention funding based on a clear definition of what early intervention services involve.

**9**

**SYSTEM ENABLERS**

## Measure the experience of families accessing support

9.1 Develop a mechanism for families to report on their own experiences of support, in particular the quality of relationships, leveraging the considerable expertise of DCJ's Family and Community Services Insights, Analysis and Research (FACSIAR) team, insights from the Aboriginal community, relational practice experts and workers, and international best practice.

9.2 Embed feedback from families on their experience of the support they receive into caseworker performance metrics (including in relation to 6.3).

9.3 Integrate measurement of family experiences of support into relevant evaluation and data collection processes, including via DCJ's InfoShare, the Quality Assurance Framework (QAF) and the Data Exchange (the DEX Portal) administered by the Commonwealth Department of Social Services.

9.4 Develop an adaptable tool for family members to work with caseworkers on how they perceive they are tracking on their development goals.

9.5 Develop a mechanism for carers to report on their experience of support and interactions with the system and embed this in relevant performance metrics.

## Why this is needed

Data on the experience of those who are affected by child protection and family support services is sparse or non-existent. Such metrics can begin shifting the sector towards valuing how the system feels, not only what it provides or its outputs, recognising that this is critical to overall wellbeing outcomes.

More broadly, the NSW Government has invested in valuable research and data systems that capture rich insights and important outcomes for those in the child protection system. A powerful example is the DCJ-supported *Pathways of Care Longitudinal Study* (POCLS), the first large-scale prospective longitudinal study of children and young people in OOHC in Australia.[111]

At a practice level, however, current measurement approaches tend to orientate towards what can be easily measured rather than what people in the system perceive or say is meaningful to them. The quality of relationships, which is critically important to other outcomes, is particularly difficult to capture directly in standard measurement. Innovation and experimentation are therefore required to measure what is important to people in the system, including the kind of relationships they experience.

NSW can learn from good international practice and innovation in this area. For example, Camden Council in the UK has actively sought to measure the relational experience of its family support programs. Camden previously exclusively considered outcomes such as school attendance, reduced antisocial behaviour, improved housing circumstances, and improved family relationships. Recognising that frontline workers do not have direct control over those outcomes, Camden shifted towards metrics that workers do have (some) control over. This includes the worker's relationship with a family, which helps create the conditions for other measurable outcomes. Camden's early help for families now seeks to capture the impact of the practitioner/family relationship through a "How Are We Doing?" metric (see Figure 9). This relationship metric seeks to understand (1) how the family is experiencing the relationship with their worker; and (2) what that relationship has helped them to do, with a question on "my family worker is helping me, and my family, make progress towards our goals". The metric is revisited with a family regularly throughout the work.

This UK example provides a helpful starting point for developing a measure of families' experiences that could be suitable for the NSW context. A NSW measure will need to be developed with Aboriginal stakeholders to ensure it is suitable for Aboriginal families, considering factors of cultural safety, respect and racism. One approach would be for FACSIAR to establish a working group to pilot new metrics in NSW, bringing together Aboriginal stakeholders with relational innovation experts, frontline workers, and others with lived experience.

## Key considerations

- The development of measures on experience should consider reliability, integrity, validity and usability of the information gathered, as well as links to other outcomes.
- Careful consideration needs to be given to implementation design to ensure the data gathering process is empowering as well as user-friendly for families, and can generate system-level insights to inform future decisions on supports that are working for families.

- Aboriginal input and oversight will be especially important to the development of new measures on experience.
- Consideration should also be given to appropriate, thoughtful options for capturing the perspective of children about their experiences in future measurement.

**Figure 9**: Early Help 'How are we doing?' Survey – Camden Council, UK

# Early Help: How are we doing?

It is really important that our work with you is helpful, and your opinion matters to us. This short survey is for you to tell us about how helpful you are finding the relationship with your family worker. It takes three minutes to complete. It is anonymous, but you can choose to give your name if you want to. We may ask you for your views more than once to make sure we keep being helpful. Thank you for taking the time to tell us how we are doing. If you want to talk to someone in more detail about our work with you, email earlyhelp@camden.gov.uk.

1.  On a scale of 0-10, how much is the relationship with your family worker helping you and your family? (0 = not helping at all, 10 = helping a great deal)
2.  On a scale of 0-10, how much do you agree or disagree with this statement: "my family worker is helping me and my family make progress towards our goals"? (0 = strongly disagree, 10 = strongly agree)
3.  The relationship with my worker is helping me feel *(pick as many words as you want or choose your own word)*:

*Stronger; Cared for; Supported, Less worried; Less overwhelmed; More confident; Clearer; Happier; More optimistic; More in control; More able to cope; Listened to; Other.*

4.  The thing I value most about my family worker is *(choose as many as you want or pick your own thing)*:

*They listen; They don't judge me; They help me with practical things; They help me with emotional things; They do what they say they will; They are on time when we meet; they are there for me when I need them; They are organised; They show me they care about me and my family; Something else.*

5.  If you answered 'something else', what would you say you most value about your worker?
6.  Is there anything you would have wanted from the family worker that would have been helpful? (Y/N)
7.  If you said yes, what would you have found helpful?
8.  What is your family worker's name?
9.  What team is your family worker in?
10. How long have you been working with your family worker? *(Less than a month, 1-3 months, 4-6 months, More than 6 months)*
11. If you would like to give us your name, you can put it in the box below (you don't have to, it's up to you)

**10**

## Support foster and kinship carers to build meaningful connections with children and families, and to facilitate the development of supportive relationships

10.1  Review relevant regulation and standards to clarify decision-making roles, responsibilities and expectations of carers, families and caseworkers.

10.2  Increase carer allowances to better support carers to maintain relationship-focused placements and to incentivise new carers.

10.3  Develop a systematised training, professional development and reflective practice package for carers to support them to manage relational challenges and placement stability.

10.4  Review contractual fostering agreements between DCJ and NGOs to ensure they prioritise the relational needs of the child over the procurement needs of the organisation.

## Why this is needed

Carers (both kinship and foster carers) play an integral role in the support and healing of children and young people in OOHC through the direct provision and role modelling of safe, healthy and reparative relationships.[112] In the current risk-orientated OOHC system, carers are afforded very little power or support to enact a truly relational role, including in their relationships with a child's family.[113] In addition, NSW is facing a reduction in new carer authorisations and increasing rates of established carers leaving the sector, while the need for carers continues to increase.[114]

Carers receive certain powers under the Care Act and the associated NSW Code of Conduct, allowing them to make key decisions about everyday care and wellbeing.[115] However, carers frequently experience significant delays in receiving approvals from agencies for key decisions, including for therapeutic and medical care. This happens despite the provisions of the Code of Conduct, which stipulates that agencies are bound to its conditions, and must train, supervise and support carers to comply with its terms.[116]

There are core components of empowering foster and kinship carers and valuing them for their essential role in a relational system, as outlined below.

**Ensuring the caring role is a rewarding experience for carers and closer to that of a parent/child relationship.** To ensure that carers feel valued by the system and see their role as rewarding, carers should be supported to build strong relationships with children in their care. This could include a

graduated decision-making scale providing carers with more experience and longer relationships with children in their care and the ability to make (perceived) higher-risk decisions. Paired with this, carers also need more support from agencies, especially in relation to accessing specialised knowledge about parenting skills and support to form better relationships with a child's biological family.[117] The caring role must be continually reflected upon and revised to meet the needs of children, families and their carers. The perspectives of carers should be a core indicator of a successful relational model (detailed further in Opportunity 9).

**Ensuring the financial support for carers is reflective of their value to the system.** Part of carers feeling valued and empowered to take on responsibility for decision-making is having the financial means to do so. Carer allowances should be reflective of the complex needs of children and young people in OOHC, and the resources required to provide truly therapeutic relational care. Currently, the carers allowance covers only the basics of what a child or young person may need, forcing carers to self-fund or forgo essential therapeutic resources. An increase in the carers allowance would also better support carers, accounting for the recent cost-of-living increases, and reflecting the true value of the profession. This, in turn, is likely to encourage new carers into the system, which is especially important now when there are fewer families able to justify being a carer without a full income.

**Ensuring the caring role and related processes are set up to reflect and meet the needs of children and families, above and beyond the needs of the system.** A systemic culture that encourages a trusting, reliable and open relationship between the casework team, carer and family must be foundational to all casework practice. The current commissioning process also needs to be revised to put the holistic and relational needs of the children, family and carers at its centre. Due to funding arrangements, foster carers can currently become locked into working with a particular organisation if they want to continue caring for the same child or young person.

## Key considerations:

- For carers to be given greater autonomy to act in the interests of the child, the statutory body and delegated agencies must consider appropriate sharing of risk and responsibility. This will require considerable consultation and amendments to standards and regulations.

# Case study 9: Professional Individualised Care (PIC)*

**PIC is a model of OOHC that matches children and young people with a suitable, highly skilled and dedicated Professional Therapeutic Carer (PTC).[118]**

PIC represents an innovative model of OOHC, specifically designed to pair children and young people with highly skilled and dedicated PTCs. This approach stands in contrast to traditional foster care systems by employing carers who possess recognised qualifications and specialised skills. This ensures the provision of consistent therapeutic and trauma-informed care from the outset.

At the heart of the PIC model is an orientation toward relational connection first and foremost, in whatever manner suits the child or young person and carer best. PIC recognises that building genuine relationships requires time, dedication and the purposeful cultivation of trust and connection. This principle is woven into every aspect of the PIC model, from a relationship-focused authorisation process and intensive, ongoing supervision and support for carers, to the day-to-day home care provided by PTCs. Carers are encouraged to dedicate themselves full-time to their caring roles, receiving both a generous allowance to cover the needs of the child or young person and a compensatory income. PTCs are not only supported but are also encouraged in PIC to exceed expectations in their care, with trust placed in them as the primary decision-makers due to their close relationship with the child or young person in their care.

**What this tells us about a relational approach:**

PIC is distinct from other OOHC arrangements, such as Alternative Care Arrangements. This model houses children and young people in hotels when foster placements break down, and is known to be isolating and produce poor outcomes but cost between $340,000-750,000 per year. By contrast, a commissioned economic model by Lateral Economics showed that PIC typically costs 50 per cent less than the other placement options for its cohort, and produces significantly better lifetime holistic wellbeing outcomes. PIC demonstrates how OOHC can better meet the relational needs of children and young people in care by having a highly skilled and stable carer to set children and young people on a different path.

*\* Note: PIC receives DCJ funding to deliver its services.*

**SYSTEM ENABLERS**

## Develop innovative court practices that support a relational approach

11.1   Pilot a Family Drug Treatment Court within the NSW Children's Court, prioritising family reunification by providing comprehensive support to parents struggling with substance misuse or dependence.

11.2   Consider a targeted expansion of the Winha-nga-nha Court List model to additional sites in NSW to provide more relational support to Aboriginal families.

11.3   Consider introducing new court processes, involving proactive collaboration between counsel, to identify risks and family supports at an early stage of court involvement.

11.4   Undertake consultation to co-design an overarching restorative justice framework across the operations of the Children's Court, enhancing professional development and more consistent application of restorative justice principles.

## Why this is needed

Currently, legislative settings encourage an adversarial dynamic within Children's Court proceedings. Families tend to find court processes intimidating and difficult to understand, given their complex formalities.[119]

Previous reviews have also raised concerns that legal representative mechanisms are failing to appropriately respect the wishes of children and young people.[120] Academic research[121] and a 2022 NSW Parliamentary Inquiry into the Child Protection and Social Security system,[122] have established that children and young people frequently struggle to be heard meaningfully in court proceedings, despite the existence of best practice guides[123] and Australia being a signatory to the United Nations Convention on the Rights of the Child.

These problems are compounded by the overwhelming volume of cases in the court system, which severely restricts the time allotted for each proceeding, often resulting in an impersonal and alienating experience for those involved.

All of these barriers facilitate a lack of trust and impede a more relational approach, premised on open and frank exchange and a collaborative, problem-solving mindset that can deliver improved outcomes for children, young people and families.

While courts tend to be transactional in nature, and this is often appropriate to their work, there are opportunities for courts to enable and leverage relationships so that children and parents can thrive. There is growing interest in therapeutic and restorative justice models across the Australian legal

system that harness relationships to collaboratively resolve conflicts in order to address harms and to build agency and community.[124]

Accordingly, there is an opportunity to learn from steps that have been taken in NSW, as well as other jurisdictions around Australia, to make courts more aligned with relational and whole-of-family needs and therapeutic and restorative justice approaches.

There are four key opportunities to leverage:

- **Victoria's successful Family Drug Treatment Court (FDTC), which prioritises family reunification by providing comprehensive support to parents struggling with substance misuse or dependence.** The FDTC is a therapeutic 12-month program operating within the Family Division of the Children's Court of Victoria.[125] It offers a holistic approach, combining intensive case coordination, evidence-based therapeutic interventions, and a wide range of wraparound services that complement substance misuse treatment strategies.[126] Independent evaluations of the FDTC have demonstrated that participants were more likely to achieve reunification with their children, experience shorter timeframes to final orders, and have a lower likelihood of substantiated child protection reports post-court involvement.[127] This model could be applied to the NSW Children's Court through a pilot program to establish a multidisciplinary team to facilitate evidence-based and wraparound supports to families. By applying therapeutic jurisprudence principles, this court pilot would serve as an entry point for better coordinated family services and parenting supports. The program would prioritise assistance to families with risk factors, such as substance abuse, that could be minimised with targeted assistance.

- **The Winha-nga-nha Court List model at Dubbo's Children's Court, which offers culturally appropriate support for First Nations families involved in care proceedings.** This unique model was co-designed with First Nations community representatives and key stakeholders in response to Recommendation 125 of the *Family is Culture* report.[128] It provides culturally appropriate support for First Nations families involved in care proceedings by inviting extended family members, Elders, respected community members, carers, interpreters and non-legal advocates to court proceedings. By allocating at least 20 minutes of court time to each case, it enables a less formal and more solution focused approach, allowing more open communication and deeper understanding of each family's circumstances.[129] It also provides families with access to an Aboriginal Court Liaison Officer who serves as a primary point of contact and support resource.

- **Exploring the possibility of introducing new court processes involving greater collaboration between the Children's Court, DCJ, and other stakeholders at an earlier stage.** In this model, rather than counsel being engaged to represent each stakeholder's interests in an adversarial approach, counsel would be engaged to collaboratively identify risks to a child's welfare and to help the court determine which orders and family supports would be most effective. This approach would also prioritise the maintenance or development of relationships between a child and their family when making a care order.

- **Undertaking consultation with relevant stakeholders, especially First Nations communities, to co-design an overarching restorative justice framework that can be applied to the operation of the Children's Court.** A restorative justice framework would allow for more consistent application of restorative justice principles across different court stages and interventions, including dispute resolution conferences, external mediation and Aboriginal Care Circles.

# Key considerations

- For an expansion of therapeutic jurisprudence and restorative justice approaches to be successful, legislative reforms might be needed to support the development of collaborative relationships between legal counsel, service providers and court officials, including registrars and judicial officers.
- In addition, the progress of any pilots would need to be monitored regularly by the Children's Court through an independent evaluation framework.
- A potential expansion of Winha-nga-nha Court List model, and introducing a restorative justice framework, would require additional financial resourcing, the support of local Magistrates and extensive consultation with First Nations communities.
- Before implementing a pilot program, it will be crucial to assess potential adverse impacts on the scheduling of other court matters.

# Case study 10: Family Finding (USA)

Family Finding is a family engagement model that aims to build or maintain a 'Lifetime Family Support Network' for disconnected youth or those at risk of disconnection, through placements outside of their home and community. [130]

The Family Finding process includes the identification and engagement of relatives or supportive adults who are estranged or unknown to a child, but who are willing to commit to becoming a permanent, meaningful presence in the child's life. Family Finding argues that the development of these relational ties may result in greater family reunification and placement stability as well as improved child wellbeing and smoother transitions from the child protection system.

The model involves practitioners proactively seeking out relationships for children by engaging their families or other supportive adults, and then working collaboratively to resolve systemic obstacles that may hinder the development or strengthening of social connections.[131]

The approach is underpinned by a values-based methodology with clearly defined goals and activities and involves the creation of multiple plans to meet the holistic needs of disconnected youth. The process is tracked using a fidelity tool, and includes discovery, engagement, planning, decision-making, evaluation and follow-up support stages.

**What this tells us about a relational approach:**

Previous reviews of the Family Finding programs have identified some key barriers to effective evaluation, including low sampling sizes that make it difficult to assess contributions to longitudinal outcomes.[132] Nevertheless, a meta-study conducted in 2015 of multiple Family Finding programs identified that an Iowa initiative had significant positive impacts on emotional and relational permanency, indicating that the model can help foster enduring relationships for children.[133]

Additional benefits have been found in different evaluations too, including a 2020 UK evaluation that found a statistically significant decrease in fixed-term school exclusions for children participating in a Family Finding program, including the year following the completion of the program.[134]

While statistical evidence was lacking, the same evaluation also found that feedback from carers, practitioners and children indicated positive improvements in child wellbeing as a direct consequence of their participation.[135]

It is also important to stress that evaluations have noted some implementation issues that may have limited the effectiveness of Family Finding programs. However, the fact that Family Finding programs are being piloted in multiple jurisdictions across the world speaks to its potential, and there is an opportunity to leverage lessons from evaluations to improve implementation going forward.

# 7. Starting to move in a relational direction

Taken together, the 11 opportunities in Section 6 outline a strategic direction for reform towards a relational system. These opportunities target the structural levers of the system. Successful implementation will require significant effort across government over multiple years.

There are several possible next steps that could start moving the system in a relational direction and building momentum. These could include, for example:

- Committing to developing a new vision for a relational child and family support system and recognising the need for a social compact.
- Reviewing alignment of the 11 opportunities with other government priorities and ongoing reform efforts, to identify where a relational lens can be incorporated in existing and future work programs.
- Developing a practical plan to harness international best practice on mission-driven bureaucracies (see page 46) such as the expertise of the Better Government Lab, as well as relevant local expertise, to drive a new organisational culture and practices that empower workers in an evidence-based way (see Opportunities 1, 2 and 6).
- Considering areas where targeted working groups with membership from Aboriginal peak bodies, people with lived experience, practitioner experts with experience in relational approaches, and across government, could be tasked to make practical progress on specific opportunities. Areas that would benefit from further exploration include:
  - Redesigning key performance indicators around supporting a family's own self-defined goals for the future, and optimising caseloads to enable quality relational practice to achieve them (see Opportunity 6).
  - Designing a mechanism for families to report on their own experiences of support and using these insights as metrics that guide the system (see Opportunity 9).

# 8. Relational journeys

The journey maps on the following pages are intended to illustrate what a journey through a relational system might look like in contrast to the current system. These examples help to show how a relational approach differs at various touchpoints of the system. However, it is important to note that, while these journeys reflect the reality of the current state, the intention of both the current and a potential future system is to prevent children from being removed or entering OOHC in the first place.

The specific journey maps aim to illustrate:

- How a family and child may progress through a relational system (Taleah and Arlo)
- How a caseworker may operate within a relational system (Jamie)
- How children may experience OOHC placements in a relational system (Hudson, Nadiya and Isla)
- How carers may engage in a relational system (Leanne and Scott).

# Taleah and Arlo's Journey

**Relational support system**

**Current system**

**1** A teacher identifies a wellbeing concern in relation to a mother called Taleah and her son Arlo.

**Relational support system:** With support from the Helpline, the teacher connects Taleah and Arlo to a place-based, community-led support network. The network listens to Taleah to find out what she needs support with, her capabilities and what is important to her family.

**2 (Current system):** Arlo's teacher does not feel they have the skills or the right to intervene in his home life. As a mandatory reporter, they have to report Arlo to the Helpline. Taleah is not informed that a notification has been raised, nor is the teacher told about any next steps.

**Relational support system:** Both Taleah and the network care team identify that the risk of harm to Arlo is increasing and raise a Child Protection notification for early intervention. Further targeted supports are wrapped around Taleah, based on her needs and family goals.

**3 (Current system):** After some months, the wellbeing concern is investigated and a ROSH report is filed. Taleah's family is placed on the waiting list for a TEI family support service.

**Relational support system:** Taleah is under significant stress and seeks advice from the network care team. She identifies that her family would benefit from Arlo being cared for by someone else for a little while.

**4 (Current system):** A case worker notices an escalation in ROSH and decides that it is physically safer and less risky for Arlo to be removed from Taleah's care.

**Relational support system:** Using a Family Group Conference, the case work team finds that Arlo is able to stay with his Aunty while they find an appropriate carer, who is matched to Taleah and Arlo's needs, location, and culture. Taleah and Arlo's wishes are taken seriously in the placement decision, and a plan is developed for how they can maintain connection and be supported to reunite in the future.

**5 (Current system):** Arlo's case is taken to the Children's Court and the case worker presents the necessary evidence to justify removal based on the risk to Arlo's physical safety, themselves and DCJ. Due to a high level of assessed risk, Arlo is placed with the first carer available without consulting with him or his family.

**Relational support system:** Workers from the OOHC team build consistent, trusting relationships with Taleah, Arlo, their family, and Arlo's carer. They ensure regular connection with each other and with others in their community, like Arlo's soccer coach, teachers, and cousins.

**6 (Current system):** Arlo's placement breaks down and he enters residential care, where he is cared for by multiple shift workers. He now lives too far away to continue going to soccer practice and he is only allowed to contact his mother once a month.

**Relational support system:** The care team begins the process of restoring Arlo back into Taleah's care with ongoing support from the network.

**7 (Current system):** Arlo's wellbeing suffers and he feels he no longer has any safe adults he can trust to help build back his confidence.

# Jamie's Journey

Jamie, an OOHC case worker, describes their typical work week.

## Relational support system

**Monday.** Jamie spends most of their day with the few children and young people on their case load in their homes and schools, and checks in with their carers. Jamie sends their notes from to the day to the team's administrative support worker, who uploads them to the system.

**Tuesday.** Jamie spends the morning following up with actions agreed with children, young people and carers he met with yesterday, such as liaising with schools, sports coaches and psychologists. In the afternoon, Jamie visits a parent to check in on their progress on their employment skills plan and to give them a detailed update on their child.

**Wednesday.** Jamie takes some of the children on their caseload shopping after school. One becomes dysregulated and spits on Jamie. Jamie is able to de-escalate the situation using a trauma-informed technique learned in training. Afterwards, Jamie calls their supervisor to debrief and discuss new de-escalation strategies to try in the future.

**Thursday.** Jamie attends group supervision where they discuss the needs of a family they are supporting using the Therapeutic Practice Framework. Jamie then visits the family and, along with the children's carer, they all discuss how to manage emerging challenges, and the long-term restoration plan for the children.

**Friday.** Jamie takes a sibling group to school and while there, checks in with their teachers about their progress. Jamie then takes a group of carers out for lunch so that they can connect with each other, and share their ideas and concerns. Towards the end the day, Jamie participates in clinical external supervision to focus on their wellbeing after a busy week.

## Current system

**1** Jamie spends their first few hours responding to emails, and on the phone to several different carers about crises that occurred over the weekend. In response, Jamie visits one young person and their carer. Jamie aimed to see another child but ran out of time. By the end of the day, Jamie already feels overwhelmed.

**2** Jamie spends 30 minutes on a monthly home visit with a group of three siblings and their carer. The next three hours are spent writing up a 27-page OOHC case plan. Jamie spends the afternoon on four requests for funding for additional costs not included in previous case plans, such as a child who requires tutoring for emerging issues with maths.

**3** Jamie is called to attend the local hospital to discharge a young person experiencing a mental health crisis. The young person's dad becomes upset and is aggressive towards Jamie. Jamie drives the young person back to their placement feeling unsafe and overwhelmed. Jamie's supervisors are all too busy for a proper debrief call until the end of the week.

**4** Jamie tries to book in a consultation with their supervisor and a casework specialist about a family that they are struggling to engage. Both offer Jamie a brief check-in but do not have time to discuss in detail for a couple of weeks. Jamie feels increasingly anxious and stalls organising another visit to the family until after the meeting, leaving the family's situation to escalate.

**5** Jamie spends the whole day writing up notes and responding to calls and emails that were missed during the week. One was from a carer requesting funding approval for a last-minute spot with a child's specialist paediatrician. They needed the approval by Thursday and will now have to wait two months for the next appointment. Jamie ends the week feeling isolated and worried that they are letting people down.

# Hudson, Nadiya and Isla's Journeys

**Hudson, and Nadiya and Isla, are navigating new OOHC placements.**

**1**

Hudson has been staying with his Nan for the past few months but she is unwell. Hudson's case worker has identified some potential carers who live in the same community. Hudson's case worker uses play and craft to explain the change to him. The carers come to Nan's for dinner and to play with Hudson a few times to get comfortable.

Sisters Nadiya and Isla are picked up from school by child protection workers and told that they will stay at a different house for a while. They aren't told why they can't go home but Nadiya fears it's because of what she told her teachers this morning. They aren't given a chance to say goodbye to their mum or dad, or collect any of their things.

**2**

Hudson enjoys spending time with the carers and they all agree that they should become his permanent caregivers once Nan becomes too ill to care for Hudson full time. Hudson remains at his original school and gets to go round to Nan's whenever he likes for dinner. Sometimes he goes alone, other times his carers come over too.

Nadiya and Isla move between several short-term placements over the next year. Eventually, the case worker team decide to split the siblings in a bid to find them long-term homes. Nadiya moves into a residential group home in her local area while Isla moves in with a carer far away. The girls still don't know why they are not with mum and dad but begin to suspect they will never live with them again.

**3**

Hudson, his schoolteacher, and his new carers all meet each term to talk about how to support Hudson while he is at school. Hudson enjoys these meetings because he gets to tell the adults what he wants. Last term Hudson asked to learn more about his culture and as a result, the school introduced Hudson to a mentor who takes him out to play footy and tell stories each week.

Nadiya stops going to school because she is getting bullied. She doesn't feel close enough to any of the girls or workers at the group home to confide in them. Isla attends her new school but struggles to keep up. Isla is too embarrassed to tell her new carer because she worries about being sent away again. Her carer is becoming frustrated because she doesn't know how to help.

**4**

Hudson makes a friend, Emilio, at school who comes over for playdates. Hudson's carers give Emilio's parents some guidance on caring for Hudson, which allows them to take special care of Hudson when he comes over to their house to play. Hudson starts to feel safe with and understood by more and more adults.

Both Nadiya and Isla find it hard to trust any of the adults around them and their worlds feel entirely confusing. They get to see each other on the weekend at the same park each time but Nadiya becomes jealous of the attention Isla gets from her new carer and lashes out. Isla's carer is worried about the impact these weekends have on Isla and advocates that the girls only have phone contact for the foreseeable future.

# Leanne & Scott's Journey

Leanne and Scott are going through the authorisation process to become full time foster carers. They are already parents, and both work full-time.

## Relational support system

## Current system

**1**

Over six months, Leanne and Scott undergo intensive training on trauma, child development and cultural competency. They are also supported to explore and heal their own childhood histories to understand their current parenting styles. They spend a lot of time getting to know the foster care team and build a trusting relationship with their future coordinator.

Leanne and Scott attend two trainings on trauma and behaviour management and find them helpful, but don't have time to attend the recommended parenting classes. They meet the foster care team a few times and are asked to share very personal information about themselves and their children which often makes them feel judged and misunderstood. By the time they are authorised three months later, the original coordinator has left.

**2**

Leanne and Scott work with their coordinator to identify a child that would best match their current family, skills and experience. They create a video bio of themselves and their family to share with a young person, Kayley. Kayley decides to spend a weekend with Leanne and Scott to see how things go. Leanne and Scott are provided extensive information about Kayley's needs in advance.

Leanne and Scott get a call to say that there is a child, Ravi, in need of short-term respite for three days. They are told that Ravi has low needs. but not much else. When Ravi arrives, he is much younger than they had agreed that they could care for and speaks a different language to them. They end up fostering Ravi for five months as they are told Ravi has nowhere else to go.

**3**

Once Kayley moves in with Leanne and Scott full time, they all attend a fortnightly care team meeting to regularly check in on Kayley's progress. Others involved in Kayley's care like her therapeutic specialist, biological Aunt and her teachers are regularly invited to meetings, and keep in touch in between. Leanne and Scott feel supported and learn new and effective strategies to support Kayley.

Leanne and Scott have to take time out of work to attend care team meetings during the day. Sometimes they are told that they can only attend for parts of the meeting for confidentiality reasons and often these meetings are not well attended by key stakeholders. Leanne and Scott feel as though they are caring for Ravi in the dark, trying new things with no guidance.

**4**

The carer coordinator has made it clear to Leanne and Scott that they are responsible and trusted to make informed decisions for Kayley regarding her day-to-day care. Leanne and Scott agree for Kayley to go on a short holiday to the coast with a friend from school and their family.

Late at night, Ravi becomes unwell and Leanne takes him to the local hospital. Leanne doesn't have any of Ravi's medical or family history. The doctor seeks authorisation to sedate Ravi, but Leanne is unsure of her delegated responsibilities. She tries to contact her coordinator, but no-one is available after hours. Leanne agrees to the medical advice but is highly distressed about the potential consequences for her carer authorisation.

**5**

Leanne notices that Kayley is calmest and able to regulate her emotions best when she is around animals. At the next care meeting, Leanne and Scott request extra funding for weekly equine assisted therapy for Kayley. The care team agree, and Kayley is able to start processing her grief.

Ravi tells Leanne and Scott that he is desperate to visit his grandparents who live interstate. A trip would require either Leanne or Scott to take time off work. The care team also deny their request for extra funding to cover travel expenses not included in their carer allowance. Tensions become heightened with Ravi's grandparents, who stop communicating directly with Leanne or Scott. Ravi's internal working model that he is unworthy of love and connection is reinforced.

# 9. About this report

This report is the result of a James Martin Institute for Public Policy collaborative project. This model brings together government, academia, and other expert stakeholders to work cooperatively on challenging policy issues.

The primary audience for this report is policymakers within the NSW Government, with the insights and policy pathways calibrated to focus on system-level reform. The report is also intended to be a useful resource for other state and territory governments and the Commonwealth Government, as well as the broader policy community, community leaders, researchers, and other stakeholders.

The core project team, including a Research Associate from the Australian Catholic University's Institute of Child Protection Studies, worked in close collaboration with the Department of Communities and Justice (DCJ) and the Centre for Relational Care (CRC), and was advised by an Expert Advisory Group (EAG) throughout the project.

## Project methodology and process

This report distils key insights and opportunities that emerged from a collaborative project of JMI with DCJ and the CRC.

The report draws on evidence from practitioner expertise, academic research, and real-world case studies – synthesised by JMI – to develop a relational approach in three steps: (1) articulation of a conceptual framework, (2) development of design principles, and (3) identification of options for practical reform, consistent with (1) and (2).

The project's focus on envisioning a child protection system where a relational approach is embedded, and identifying pathways to realise this, had implications for its methodology. A relational approach seeks to offer a new paradigm or way of working. It is about cultural transformation across the sector to systematically prioritise the human experience over other system imperatives. Paradigm change of this kind can be difficult in part because much of the existing evidence base emerges from, or uses the concepts and metrics of, the status quo child protection paradigm. This project sought to overcome these barriers.

It was methodologically important for the project to avoid a status quo bias that assumes existing institutional arrangements, practices or norms are justified because they have prevailed over time over other approaches, and therefore warrant only incremental adjustments.[136]

**The report, therefore, integrates evidence with a systematic approach to "future design".** Borrowing from the leading policy thinker Sir Geoff Mulgan, this meant it was informed by a "three-dimensional appraisal method" for assessing new ideas. This method considers:

- the use of evidence and existing knowledge (while recognising its limits);
- logic and coherence; and
- creativity, novelty and imagination.[137]

This three-dimensional appraisal method enabled the project to develop and present options for new policies or actions in a systematic way.

In practice, this involved an iterative process that included:

- **Building an extensive evidence library for the project.**
- **Conducting over 50 interviews with a wide range of leading experts**, including practitioner experts, policy experts (including former senior public servants with deep sector knowledge), and diverse academics across disciplines and fields, including social work, child protection,

design, law, regulatory studies and human geography. Interviews were semi-structured and used open questions so expert interviewees could guide the project team towards the most important aspects of a relational system from their own perspectives.

- **Drawing on insights from two multistakeholder 'design dialogue' workshops facilitated by the CRC.** These were especially helpful in developing, testing and refining the design principles with experts from the sector.
- **Integrating individual and collective input from a 16-person EAG**, including through an expert review function.

JMI served as an intermediary knowledge broker with expertise in translating diverse expert inputs into a coherent policy framework and strategy. By eliciting and synthesising the diverse expertise of a range of practitioner, policy and cross-disciplinary academic experts, the project developed the knowledge base for a new relational approach.

This report captures the collective intelligence that emerged through this process. Its insights reflect either an emergent consensus of expert inputs, or a view that is a logical extension of those inputs. All insights were open to scrutiny and feedback from the Expert Advisory Group.

Where relevant, the report cites systematic reviews or peer-reviewed studies. This is particularly helpful in clarifying some of the key underlying insights that underpin different levels of a relational approach, from the practice-level to systemic drivers and incentives. The emerging evidence of the transformative results of public sector organisations that prioritise relationships is also provided, with appropriate caveats on the limits of this evidence base.

The numerous case studies in the report have the functional purpose of demonstrating how a relational approach can work at the governmental, community, organisational and practice levels. These cases help convey the *how*, *what* and *why* of a relational approach, with particular attention to how implementation is making a difference on the ground, both in Australia and internationally. These case studies are a useful way to leverage emerging practitioner and community-based expertise in particular – small-scale insights on the effectiveness of a relational approach – so that this can inform policy strategy. Many opportunities identified are aimed at structural changes so that these kinds of initiatives at the child, family or community level can be more effectively fostered in the NSW context.

**The overall methodological approach taken in this report outlined has notable limitations**:

- It is focused on supporting a strategic direction, and encouraging future decisions to be weighed against this direction, rather than providing a detailed blueprint for reform.
- It is not designed to generate specific programming recommendations.
- It is not evaluative, but draws on a range of recent reviews of child protection in NSW.
- It does not provide modelling on the scale of investments.

**Expert Advisory Group (EAG) members**

- Professor Valerie Braithwaite (Emeritus Professor, School of Regulation and Global Governance, Australian National University)
- Professor Judy Cashmore AO (Professorial Research Fellow, School of Education and Social Work, University of Sydney)
- Professor Amy Conley Wright (Professor and Director, Research Centre for Children and Families, University of Sydney)
- Professor Ilan Katz (Professor, Social Policy Research Centre, University of New South Wales)

- Professor Lynne McPherson (Chair, Out of Home Care Research and Deputy Director, Centre for Children and Young People, Faculty of Health, Southern Cross University)
- A/Professor Tim Moore (Deputy Director, Institute of Child Protection Studies, Australian Catholic University)
- Dr BJ Newton (Scientia Senior Research Fellow, Social Policy Research Centre, University of New South Wales)
- Dr Elizabeth Reimer (Senior Lecturer, Faculty of Health, Southern Cross University)
- Bernie Shakeshaft (Founder and Director, Backtrack)
- Jarrod Wheatley OAM (Chairperson, Centre for Relational Care)
- Mandy Young (Board Member, Professional Individualised Care)
- Executives from across the NSW Department of Communities and Justice and the Premier's Department (Aboriginal Affairs)

## Consultations

JMI conducted consultations with a wide range of experts, based in Australia and internationally, including:

- First Nations experts
- Academic researchers
- Government policy staff
- Leading policy figures
- Professional practitioners

# Endnotes

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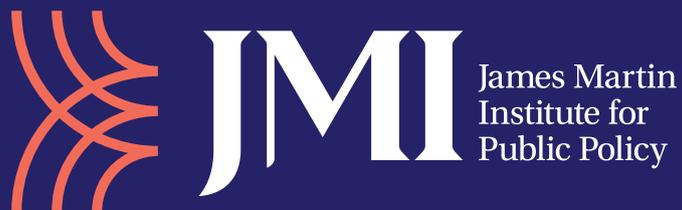
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JMI
James Martin
Institute for
Public Policy