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Supporting Children, Young People and Families Early

Submission to Child and Family Focus SA — consultation on the Second Action Plan

The Reily Foundation Inc · 11 September 2026

Thank you for the opportunity to contribute to Child and Family Focus SA's consultation on the Second Action Plan. This submission responds to the six questions put to the sector, and draws on what parents and families tell The Reily Foundation, on our practice with families who are at risk of entering or are already inside the child protection system, and on what we see when we deliver our Support Before System practitioner training.

One question runs underneath everything that follows:

What will children, young people and families experience differently as a result of this plan?

Our central argument is that South Australia has spent decades building a system that is very good at identifying risk. What is needed now is a system that is equally good at building trust. Trust is not a soft outcome that sits alongside the real work of child protection. It is the precondition for early help-seeking, and therefore for prevention.

1. What would make the biggest difference in helping children, young people and families get the right support early, before concerns escalate?

The biggest difference would be families feeling safe enough to ask for help before things get hard.

At present, families wait. Parents tell us they are afraid that asking for help will bring judgement, or involvement from statutory systems. So, they hold on until the problem has become a crisis — and by then the support they need is larger, more intrusive and harder to provide.

That fear rarely announces itself. It shows up as absence, as silence, as "I'm fine." The families who stop turning up are often the families who need support the most, and a system that reads disengagement as a lack of willingness will keep missing them.

The shift we would want to see is help-seeking recognised as a strength. A parent who asks for support is demonstrating insight, responsibility and commitment to their family. That should be read as a protective factor, not as evidence that they are failing.

In practice this means supports that families can walk into themselves: where they can self-refer, choose how and when they engage, and receive practical help through a relationship rather than through a referral form or an assessment process. It also means normalising the reality that parenting is hard and that every family needs support at some point. Asking for help at the right time is responsible parenting, not risky parenting.

What we have seen

Since The Reily Foundation introduced a self-referral appointment process, we have seen stronger engagement from parents, more meaningful participation and greater capacity within our service. The families who come to us for ongoing support arrive more ready to engage, and we have been able to find other ways to support the families who are not as ready yet. Removing the barrier changed who reached us and when.

2. How can child and family services work better together with health, education, disability, housing, justice and family violence services?

Families do not experience us as separate systems. They experience one life. The fragmentation is ours, not theirs — and families should not have to tell their story ten times, or work out which of us is the right door to knock on.

Trust is built across the whole system, not inside any one organisation. If one service says "we're here to help" and the next responds with judgement, the whole system loses its credibility. Coordination is therefore not only an efficiency question; it is a trust question.

Every part of the system already holds a piece of this. Health and education are positioned to notice early. Housing and family violence services hold many of the practical pressures that drive family stress. Disability services hold capability and support. Justice holds the hardest end. None of us holds enough of it alone.

At a practice level, a warm referral is worth considerably more than handing a family a phone number. Practitioners can be the bridge between fragmented systems when they are given the time and the mandate to do it.

We would also draw attention to poverty. A significant proportion of what presents as family stress is material hardship — housing instability, transport, food insecurity, utility debt. Where family support is not connected to practical anti-poverty supports, families are escalated into increasingly intensive services for circumstances that were never parenting problems.

The answer is not always more services. It is better connections between the services and community supports that already exist.

3. What actions would best support Aboriginal and Torres Strait Islander children and families to stay safe, thrive and remain connected to family, community, culture and Country?

The people best placed to answer this question are Aboriginal leaders and Aboriginal Community Controlled Organisations. The Reily Foundation does not seek to speak for

Aboriginal families or communities. As we are a mainstream service, our response is therefore directed to the responsibilities of mainstream organisations: what we must do differently, where we must step back, and how we must be accountable.

The first action is to support ACCOs to lead — and to follow that leadership in practice — by prioritising ACCO-led pathways, making warm handovers, and recognising when mainstream services should step back rather than compete.

The second is asking, early, who else holds a family up. Kin, Elders and community are safety and support systems. Mapping them with the family's consent, before a crisis rather than during one is a practical action available to every service – and where kin do step in, they should be resourced to do it.

Underneath all of this is how we listen. Deep, unhurried listening — without judgement, without steering the conversation toward the information we need for our own forms, and without treating silence as something to be filled or read as resistance. The third is leading with the practical rather than the paperwork. Food, transport and housing before assessment. This is what reduces shame, and shame is one of the main reasons families do not engage.

The third is applying the Aboriginal and Torres Strait Islander Child Placement Principle in full, not only at the point of placement. Prevention, partnership, participation and connection are obligations that fall on mainstream services well before a child meets the statutory system — and they are the same active efforts standard we describe at question four. Where a child is placed away from family, connection to family, community, culture and Country is part of their safety, not an add-on to it.

The fourth is checking our own decision-making. Am I seeing risk, or difference? Is this poverty or is this danger? Shared care and kinship raising are strengths, not neglect. Aboriginal families are drawn into this system through racism, poverty and the ongoing impacts of colonisation — not through Aboriginal parenting.

In 2020-21, one in two Aboriginal and/ or Torres Strait Islander children in South Australia were notified to the Department for Child Protection, compared with one in twelve non-Aboriginal children.

Finally, the accountability for this work sits with non-Aboriginal organisations. Naming racism, challenging unsafe practice and changing our own systems should not be left to Aboriginal staff and families to carry. That accountability also must be answerable to someone: mainstream organisations should report publicly on their own outcomes for Aboriginal children and families and be accountable for them to Aboriginal governance rather than only to themselves.

4. What is needed to strengthen the child and family workforce, so children, young people and families receive safe, high quality and culturally responsive support?

This is the work The Reily Foundation does through Support Before System, and what we see is that the gap is rarely willingness. Practitioners want to support families. What they are short of is time, permission, and a clear picture of what supporting actually looks like when they are worried.

Trust takes time, and time is what we do not fund

A family who has been let down before does not trust a worker at the first appointment. They trust them at the fifth, when the worker turned up the way they said they would. But reporting, compliance and activity targets are what get counted, so we ask practitioners to build relationships and then measure them on throughput. Any serious workforce strategy has to fund the time that relational practice requires.

Give practitioners practice, not principles

In our training we use a simple ladder to make the expectation concrete:

- "I gave mum a brochure." — a passive response.
- "I provided a referral." — a reasonable effort, and where most practice currently sits.
- "I sat with mum and completed the referral. I followed up two weeks later. I helped organise transport. I brought the supports together. I checked whether the support actually worked." — an active effort.

The distance between the middle step and the top one is what a frontline worker could change tomorrow morning. It does not require a new program or new funding. It requires clarity about what is expected and the time to do it.

Permission to sit with worry

Practitioners need to be supported to hold concern without immediately escalating. Reporting is a legal obligation, not a substitute for support. Where a report is made, the practitioner's role does not end: active efforts should continue, and be documented — what was offered, who was contacted, and what changed.

Related to this, practitioners should be supported to treat an indicator as a prompt rather than a conclusion. An empty lunchbox does not tell you the story. It tells you to start a conversation.

Cultural safety as core business

Cultural safety cannot be delivered as a training day. It belongs in recruitment, induction, supervision, position descriptions and performance conversations. And it has to reach the decision point — the moment a practitioner decides whether what they are seeing is risk or difference.

5. What guidance, resources, practice tools or other supports would help organisations better implement approaches that strengthen children and young people's safety, wellbeing, voice and participation?

Participation fails when it is an add-on. Most organisations already have a feedback form and a youth advisory group. What is missing is participation built into the decisions that actually affect a child's life.

The most useful thing is not another framework. It is practice tools — a conversation rather than a policy. Three questions a worker can actually ask. A way of recording what a child

said in their own words. A prompt before a decision is made that asks whether this child has been asked, and what they said.

Organisations also need to give permission as much as guidance. Workers often know they should be asking children directly and do not, because they are unsure whether they are allowed to, or are worried about what they will hear and what they will then be obliged to do. That is resolved in supervision, which is where participation needs to live — not only in a policy document.

We would want tools that include parents alongside children. Children's voice and parent voice are not in competition. A child's safety and wellbeing generally improves when their parent is also heard, and families disengage when they feel they are being worked around rather than worked with.

Practically, the sector would benefit from shared practice tools rather than each organisation building its own; resourcing for lived experience and peer roles, including young people with care experience; and training focused on how to have the conversation rather than on why participation matters. Most practitioners already accept why.

And there should be a way of checking that it happened. Not "does the organisation have a participation policy", but: can a young person tell you what they said, and what changed because of it?

6. What would help governments, services and communities understand whether the Second Action Plan is improving outcomes for children, young people and families?

A clear theory of change

At present there are aspirations and actions, but not a clear line between them: how the actions produce the outcomes, what mechanism reduces statutory involvement, and how investment in prevention reduces demand. Without that line it is not possible to distinguish progress from movement.

Measurable public targets

Progress should be reportable against named figures: reduced entries into care; reduced removals, and reduced emergency removals in particular; increased family preservation; increased reunification; reduced repeat notifications; improved housing stability for families; and increased access to early intervention services.

Named accountability

Shared responsibility is a sound principle, but it can quietly become nobody's responsibility. The plan should identify which outcomes sit with which agency, which are genuinely shared, who holds each accountable for delivery, and how performance is reported publicly.

Measures of what families experienced, not only what services did

We are very good at counting referrals made, appointments held and how quickly a case moved. None of that tells us whether trust was built. Families do not judge services by the number of contacts they receive; they judge them by whether they felt heard, respected, informed and supported.

We would want the plan to measure whether people felt safe enough to seek help in the first place:

- Did families feel safe and respected?
- Did they understand what was happening?
- Did they have genuine choice and voice in the supports they received or were offered?
- Did they get support before they reached crisis?
- Would they use the service again, or encourage another family to?

A practitioner-level test

There is a case-file version of the same question. A strong note shows what was offered, what the family said, what was arranged with consent, and what will be followed up and when. "Discussed supports with mother, she was not engaged" evidences nothing — the effort may well have occurred, but the record cannot show it. If we want to know whether active efforts are happening, this is where it becomes visible.

Families in the judging, not only the measuring

Families should be involved in evaluation and governance, not only as the population the data is collected about. Parent voice is comparatively absent from current accountability arrangements, and adding it would improve both the accuracy and the legitimacy of the reporting.

Recommendations

The Reily Foundation recommends that the Second Action Plan:

- 1** Set out a clear theory of change that links actions to outcomes, identifies the mechanisms expected to reduce statutory involvement, and explains how investment in prevention is expected to reduce demand.
- 2** Adopt measurable public targets, including reduced entries into care, reduced removals and emergency removals, increased family preservation and reunification, reduced repeat notifications, improved housing stability and increased access to early intervention.
- 3** Name which agency is accountable for which outcome, which outcomes are genuinely shared, who holds each to account, and how performance will be reported publicly.
- 4** Adopt measures of family experience alongside measures of service activity — whether families felt safe and respected, understood what was happening, had genuine choice and voice, received support before crisis, and would use the service again.
- 5** Operationalise active efforts: define what constitutes a sufficient effort, specify how it is evidenced in the record, identify who assesses it, and state what follows when it has not been demonstrated.
- 6** Fund the time that relational practice requires, and review activity-based reporting requirements that crowd out relationship-building.
- 7** Invest in self-referral and low-barrier access so that families can seek support directly, choose how they engage, and are not required to pass through a statutory threshold to receive help.
- 8** Connect family support to practical anti-poverty supports — housing, transport, food, utilities and childcare — so that material hardship is not misread as parental failure.
- 9** State explicitly that poverty is not parental failure, and that where concerns arise primarily from material hardship the response should prioritise practical assistance over statutory intervention.
- 10** Address cultural bias at the point of decision — in who is noticed, what is read as risk and which families are escalated — and make cultural safety core business in recruitment, induction, supervision, position descriptions and performance, rather than optional professional development.
- 11** Place responsibility for naming and addressing racism with non-Aboriginal organisations and leaders, rather than with Aboriginal staff, families and communities.

- 12** Resource shared, sector-wide practice tools for children and young people's participation, and embed participation in supervision rather than in policy alone.
- 13** Strengthen parent and family voice in governance, evaluation, decision making and accountability structures, alongside the voice of children and young people.
- 14** Invest in lived experience and peer roles — including parent peer workers, family mentors and young people with care experience — embedded in service delivery as well as in system design.

Closing comments

The Second Action Plan has an opportunity to move the system from responding to crisis toward preventing it. That shift will not be achieved through aspiration alone. It requires a clear theory of change, named accountability, measurable targets, and investment in the practical supports that help families stay safely together.

Families consistently tell us they do not need another referral. They need practical assistance when problems first emerge, and they need to feel safe enough to ask for it.

We have spent decades designing systems that are very good at identifying risk. We now need systems that are equally good at building trust.

The question is not whether support exists. It is whether families feel safe enough to ask for it.

Kind Regards

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