

Proactively supporting children and young
people during COVID-19 and beyond
International Scan – Detailed Report

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Executive Summary

Executive Summary

COVID-19 has placed, and continues to place, significant pressure on many families, children and young people. With significant disruption to regular points of contact and face-to-face services, children and young people are at greater risk of missing out on the support they need to protect their wellbeing. As countries emerge from the pandemic response, the recovery phase will bring with it complex social and wellbeing needs, triggered by the economic impacts of industry shut-downs and strict quarantine measures.

The response to COVID-19 highlighted the pragmatic and resilient nature of the child protection and youth justice sectors. Continuing to harness these strengths will be crucial to continuing to adapt to the evolving and increasingly complex COVID-19 environment – all while addressing the existing challenges of budget constraints, organisational silos and already existing capacity pressures on agencies.

In this context, an international scan was undertaken to identify how jurisdictions responded to the crisis, and understand what lessons can be applied to efforts in supporting families, children and young people through what is anticipated to be a very challenging time ahead. Through 24 interviews with a range of government and professional representatives across Australia, the United Kingdom, Brazil and the United States, insights were identified that illustrated the experience of organisations, practitioners and partner agencies,

and responses and innovations in proactively supporting the care and protection of children and young people, in the community and custodial settings.

A number of themes emerged when considering the lessons learned. These include:

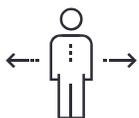
-  The critical role of the school in providing care and advocacy for children and young people during the crisis
-  The importance of community level relationships to maintain support for families and children
-  The need for communication and campaigns tailored to young people, culturally diverse groups and community leaders
-  The critical need for continuing face to face engagement with the most 'at risk' groups and supporting staff to do so within strict health guidelines; and
-  The value in linking government locally with cross-system data sharing channels to enrich the view of families and young people at risk, or who may become at-risk.

Please note, this report is intended to provide snapshot of the current situation and available information on responses to COVID-19 as at 12th August 2020. There are some limitations as a result of availability of data and stakeholders during this challenging time.

Proactively supporting children and young people during COVID-19 and beyond

COVID-19 brought many challenges...

Reduced oversight of children and young people



Increasingly complex community needs



Strain on service providers



Budget pressures



but jurisdictions responded quickly...

Care and protection of children

- Leveraging local networks
- Online service delivery
- Creative, grassroots practices to proactively support children and families
- Rapid upskilling of staff



Youth Justice

- Rapid digitisation
- Health imperative to close facilities quickly
- Communication and engagement with families



Intelligence and Data Approaches

- From data reporting and demand forecasting to data modelling
- Cross-government collaboration and 'soft intelligence' to enrich data sets
- Debt and financial indicators and key determinants of other areas of need



Culturally Appropriate Responses

- Inclusive approach
- Leveraging community networks
- Tailored communication



laying the foundation for how services will continue to care for children beyond the pandemic.



Key role of the school
in providing care and advocacy



Importance of community relationships
to maintain support for families and children



Need for communication and campaigns
tailored for children, young people and culturally diverse groups



Critical imperative of face to face contact
for the most at risk groups and supporting staff in the field to maintain contact



Value in linking government locally
with cross-system data sets to enrich the view of families and young people

Introduction

Introduction

Background

Oranga Tamariki – Ministry for Children is responsible for the care and protection of children and youth in New Zealand. The ministry supports any child in New Zealand whose wellbeing is at significant risk of harm now, or in the future, as well as working with young people who may have offended, or are likely to offend.

COVID-19 has placed, and continues to place, significant pressure on children and their whānau. This pressure stems from social isolation, worry about health risks, and immediate and ongoing financial hardship. With significant disruption to schools and other face-to-face services during the COVID-19 lockdown in New Zealand, children and young people have missed out on the support they need to assist their wellbeing – with flow-on effects impacting children and youth today and in the coming months.

Purpose of report

With children and their whānau under increased pressure, and many services being forced to shut down during the pandemic, Oranga Tamariki, like other jurisdictions, have lost visibility of children and have experienced a drop in reports of concern. Continuity of care has been impacted as face-to-face contact has been reduced, leading to a strain on service providers as they try to catch up during the recovery response.

Oranga Tamariki has partnered with EY to investigate how other jurisdictions are responding to COVID-19 in terms of proactively identifying and supporting children and young people, and establishing long-term intelligence functions for care, protection and youth justice agencies. Oranga Tamariki will seek to leverage these insights and learnings to evaluate its practices and COVID-19 response.

Scope and overview of report

As part of the jurisdictional scan, EY has conducted 24 interviews with a mix of agency and government representatives and stakeholders working closely with care and protection and youth justice systems. Here, EY has covered four Australian states and territories (VIC, QLD, NSW, SA), as well as the UK, USA, and Brazil. Alongside these interviews, EY has conducted desktop research and has reviewed several documents on COVID-19 responses from these jurisdictions.

This final report summarises macro trends in the key challenges facing the care, protection and youth justice sectors, and dives into themed responses from the chosen jurisdictions. The report also includes four case studies covering adaptations in care and protection for children, adaptations in youth justice, intelligence functions, and culturally sensitive responses.

COVID-19 and the key challenges facing the care, protection and youth justice sectors

COVID-19 and the key challenges facing the care, protection and youth justice sectors

COVID-19 has placed significant pressure on social care systems around the world. The pandemic has placed increased stress on families and caregivers and created hardship through financial strain, underemployment and unemployment. The population in need has expanded with new cohorts entering social care systems for the first time, in addition to growing need from existing service recipients. As a result, demand for social care systems has been growing rapidly at the same time as significant disruption in their ability to provide critical social services. This strain has occurred in the context of service systems which are often under-resourced or at capacity, facing budgetary pressures and limitations of organisational silos, data sharing capabilities and joint agency practices to proactively support families and individuals in need.



190 countries shut down their schools

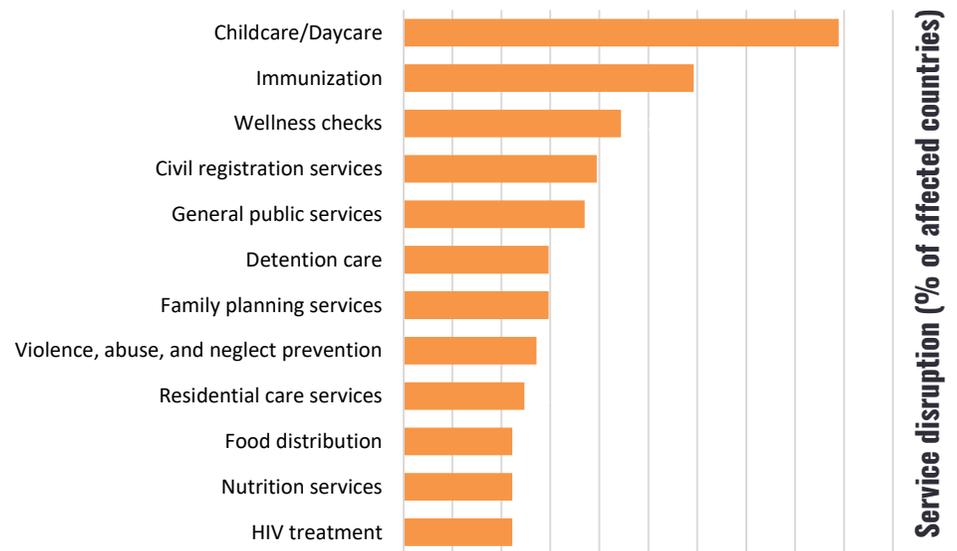
during the pandemic, which affected more than 1.5 billion students. [1] An unequal access to digital networks and remote learning opportunities has exacerbated pre-existing inequalities.



Poorer, minority, and migrant neighborhoods

have faced disproportionate levels of disease incidence rates and employment loss from shelter-at-home orders.

81 countries have reported disruption in their ability to provide critical social services. [2]



Source: "Rapid situation tracking for COVID-19 socioeconomic impacts," UNICEF, <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>, accessed 30 June 2020.

COVID-19 and the key challenges facing the care, protection and youth justice sectors

22 countries

Reported a 50-100% drop in children and families' access to child welfare authorities during COVID-19

23 countries

Reported a 50-100% drop in violence prevention programmes (eg. Parenting, campaigns, child safety online)

368.5 million children across 143 countries

who normally rely on school meals for a reliable source of daily nutrition must now look to other sources

19 countries

Reported a 50-100% drop in case management services or referral pathways to prevent and respond to violence, abuse, neglect and exploitation of children

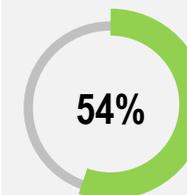
35 countries

Reported a 50-100% drop in all household visits to children and women at risk of abuse

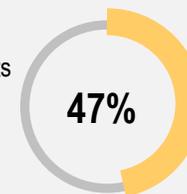
13 countries

Reported a 50-100% drop in detention, legal and judicial care services to children and youth

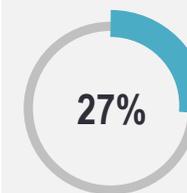
OECD's Risks That Matter survey



Becoming ill or disabled is one of the three greatest short-term risks for more than half of the respondents or their immediate families.



Nearly half of respondents reported that they were struggling to make ends meet.



Affordable housing was top of mind for the more than quarter of individuals who were unable to find adequate and affordable housing

Source: UNICEF's Rapid Situation Tracking on Socioeconomic Impacts. Data updated 16th June. <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>

COVID-19 and the key challenges facing the care, protection and youth justice sectors

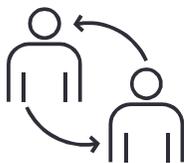
Based on the interview sample, the following challenges were also noted as key pain points felt during the pandemic response.



1. Increased community demand: Growing demand for social care services overall, with increasing numbers of families experiencing financial stress, unemployment and impacts on mental health.



2. Increased risks to vulnerable cohorts: Growing risks to children and families through the presence of other indicators, such as reports to police and family violence incidents.



3. Continuity of workforce and care: Impacts on workforce continuity due to infection rates or risks of infection to vulnerable workers. Further impact on the ability to continue services and care due to workforce capacity.



4. Increased impact on custodial settings: Immediate concerns for the health and wellbeing of young people in custodial settings, and impacts on the ability of custodial services to safely maintain workforce continuity and service provision.



5. Limited data sharing: Limitations in cross-agency systems and processes for data sharing to identify and maintain visibility of children and families at risk in 'real time'. Data and organisational 'silos'.



6. Lack of cross-agency collaboration: Limitations in cross-agency joint practice approaches to draw on 'soft intelligence' across the service system and collaboratively work together to maintain contact and provide services with children and families.

COVID-19 and the key challenges facing the care, protection and youth justice sectors

Based on the interview sample, the following challenges were also noted as key pain points felt during the pandemic response.



7. Lack of oversight: All jurisdictions interviewed have been receiving fewer reports of concern (RoCs) to child protection agencies, leading to concern for the welfare of children and anticipation that there will be a surge of reports and demand in coming weeks/months.



8. Budgetary pressures: Limited budget and rising debt levels are forcing governments to do more with less. The initial roll out of government relief for the COVID-19 pandemic has widened public debt levels to 137% of GDP in the OECD. [3]



9. Use of virtual interactions: Many jurisdictions have moved to online social services, including court hearings, but many are aware of the unequal access to digital networks and the challenges of poor internet connections in some communities.



10. Delays in court assessments: A slow down in courts has been observed, and although some courts allow virtual hearings, the time children spend awaiting court outcomes has been prolonged, leading to a heightened sense of instability and anxiety in children, as well as creating a backlog to address in the recovery phase



11. Lag in data collection: Many local authorities have found that there is a lag in information processing. While authorities need information quickly and readily during the pandemic, staff take time to collect and upload information, or source it from other departments.



12. Lack of visibility on future needs: Social service agencies generally have limited visibility of the coming surge in demand which will impact their ability to proactively prioritise resources to support the (unknown) levels and types of need for both existing and new clients.

New Zealand's approach to protecting children and young people during COVID-19

The Oranga Tamariki approach to protecting children and young people during COVID-19

A cross-service system response to protect children and young people

When the COVID-19 pandemic began in New Zealand, the New Zealand Government quickly moved to reduce movement across the community and minimise risk of transmission of infection. As a result of lockdown measures, schools and non-essential services closed, impacting on contact with children and young people in need. Oranga Tamariki quickly put in place a range of responses intended to:



Minimise risk of infection for families, children and young people, youth justice and care and protection workers



Maintain contact with children and young people in the absence of school and face to face services



Understand changes in risk and need for children and young people in the care and protection and youth justice systems



Identify and provide practical supports needed by families to protect and care for their children



Build capability of frontline staff and social workers to work safely and protect children and families throughout COVID-19



Draw on the collective knowledge of partner agencies, service providers and local community organisations to identify needs of children and families



Identify emerging risks to children and young people and new families in need



Proactively reach out to families to mitigate against emerging risks and protect children and young people

The Oranga Tamariki Intelligence Function was rapidly established in response to the COVID-19 pandemic to provide robust data to support service provision and Incident Management across youth justice and care and protection.

The Intelligence Function became a key component of the Oranga Tamariki response throughout the pandemic, enabling Oranga Tamariki to rapidly mobilise a daily and weekly cadence of reporting on key indicators. This provided insight on the impacts of the pandemic on children, families and caregivers, as well as levels of contact and service provision. It also enabled monitoring of changes in risk and need, and gathered data from frontline, back office staff and social workers to understand patterns and trends across their sphere of accountability. This was particularly important throughout the period of lockdown which saw disruption to traditional indicators (e.g. reports of concern) and face to face means of identifying risk and need.

From a service delivery perspective, Oranga Tamariki responded swiftly, placing a majority of face to face contact on hold to protect families and workers and introducing virtual forms of service delivery wherever possible. Practice guidelines were developed for frontline staff and social workers to support consistent practice and health protection. A strong focus on rapidly building capability of staff helped support a shift to new practice and ways of working. A strong focus was placed on creative ways to maintain contact and keep sight of changes in risk and need, whilst identifying practical supports needed by families. Oranga Tamariki also worked alongside partner agencies such as education, health and police to facilitate a cross-service system response.

New Zealand's response to COVID-19

New Zealand put in place a range of responses to COVID-19 to support service delivery, understand risk and need for children and young people and enable data-informed approaches.

Intelligence approaches



Weekly view of key indicators

Including reports of concern, further action required, entries to care, exits from placements, unplanned entries to care, youth justice referrals, youth justice family group conferences held, Care and Protection family group conferences held, assessments completed, all about me plans completed, visits completed



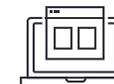
Surveys

of caregivers and staff to understand how they are tracking and if there are any issues/needs within their sphere of care



Surveys

of social workers to understand how children/young people in their line of sight are doing and monitor risk and need



Scanning of domestic and international literature and media sources

to identify emerging research and insights that inform a view of risk and need, how to address it and challenges in doing so



Weekly reporting

To other social sector agencies for their dashboards including the justice sector and police, Family Violence Taskforce and Ministry of Social Development



Weekly intelligence gathering

Gathering intelligence, information and data from other partners and agencies to inform daily and weekly situation reporting on risk and need across children and families as well as other family risk indicators (such as family violence)



Daily situation report

Advising on number of COVID cases, PPE supply and demand and information arising through other agencies situation reports



Intelligence map

Illustrating what information is currently available and where there are gaps

New Zealand's response to COVID-19

New Zealand put in place a range of service delivery responses to COVID-19 to protect children and young people across care and protection and youth justice.

Service Delivery



Reduction in face to face service delivery and introduction of alternative ways to respond to needs, to protect children and families, frontline staff and social workers from infection yet still enable children and young people to be heard



Introduction of virtual service delivery to maintain contact with children, young people and families/caregivers, such as virtual family group conferences



Development of practice guidance for frontline staff and social workers to support safe and consistent service delivery



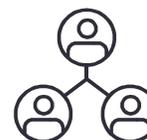
Training for frontline staff and social workers to support practice, build capability in COVID-safe responses, improve capacity to minimise infection risks whilst enabling effective monitoring of risk and need of children and families



Food relief program to respond to immediate needs and maintain contact with vulnerable families, in close partnership with the Ministry of Social Development



In partnership with education services, **provision of digital technology** to children and young people to support home learning and maintain contact and service delivery



Collaboration with other social services agencies to maintain contact, monitor risk and need and proactively respond when practical support were required



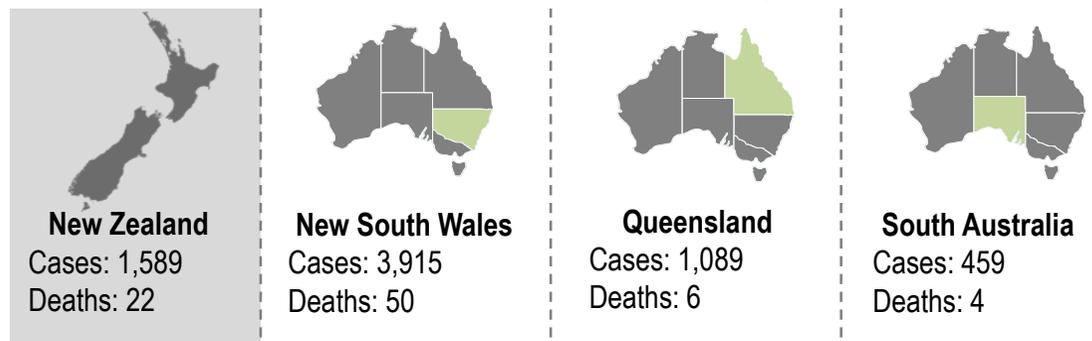
Use of data and intelligence from weekly situation reports to inform proactive approaches to service delivery at a national and local level and for individual families

Overview of jurisdictions and summary of key approaches during COVID-19

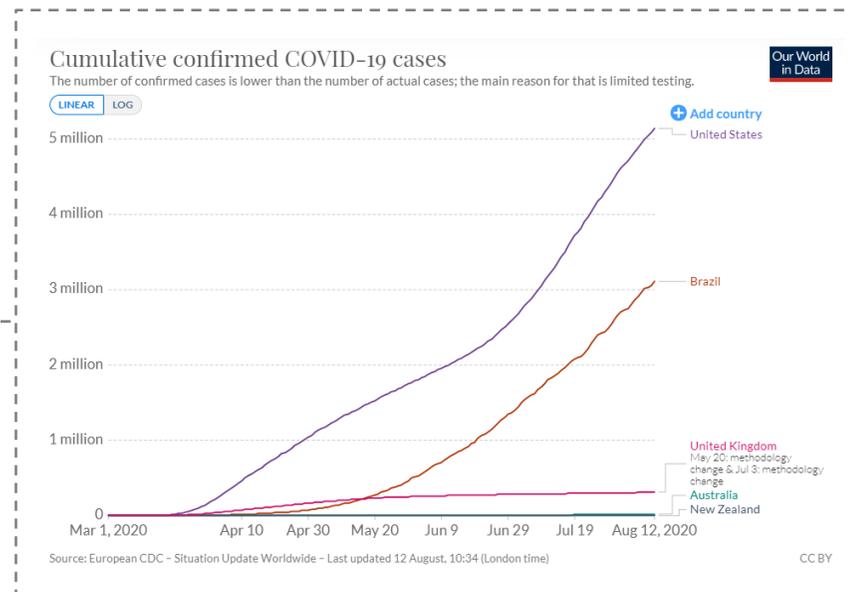
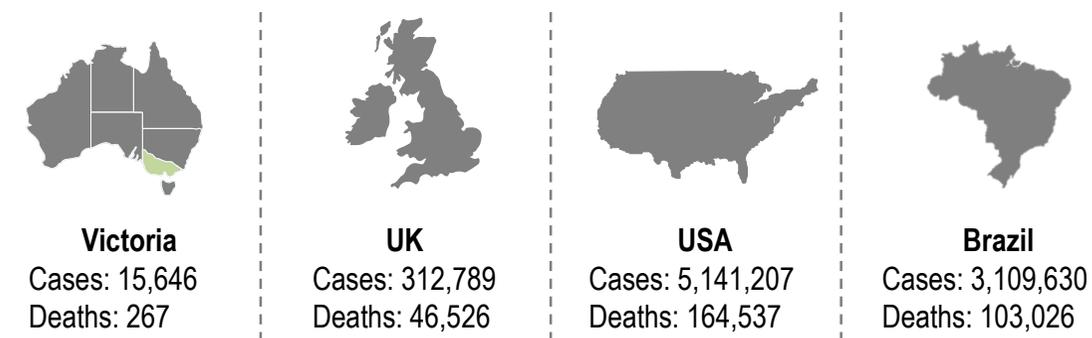
Overview of Jurisdictions and COVID-19 spread

This report researched responses to COVID-19 across eight jurisdictions, with a range of experiences of the pandemic.

Jurisdictions that have controlled or stopped the community spread of COVID-19:



Jurisdictions that have continued community transmission of COVID-19 [4], [5]:



COVID-19 cases and deaths as at 12th August 2020 [6], [7]

Overview of Jurisdictions and COVID-19 spread

New Zealand

New Zealand's first case of COVID-19 was identified on 28th February 2020. Infection rates continued to grow, with Level 4 lockdown beginning on 25th March, within four weeks of the initial identification of infection. Lockdown measures included closing all schools, restaurants, bars, shops, non-essential services and halting non-essential domestic travel.

Care and protection response: Weekly operational reporting on key statistics to maintain oversight of children and youth. These included reports of concern, entries into care and referrals to youth justice family group conferences. Some face-to-face visits were maintained during lockdown, while others moved to virtual means.

Youth justice response: Implementing creative ideas to keep youth engaged in positive activities during lockdown. For example, youth preparing ready-to-cook meals for whānau, and delivering them through contactless delivery.

Lockdown information: Level 4 lockdown began on 25th March, with 102 confirmed cases of COVID-19. Initial restrictions eased (Level 3) from 27th April, with lockdown finished (Level 1) from 8th June.

Status of schools: All schools closed, with online teaching available. Schools reopened 28th April.

Current status: New Zealand has seen some reoccurrence of the virus with evidence of community transmission on the 11th August, prompting concern for a 'second wave' of COVID-19.



New South Wales

New South Wales had their first case of COVID-19 on the 25th January, on the same day as Victoria. The state had three confirmed cases on this day, with the infection rates in NSW peaking in late March. The state imposed lockdown restrictions from 23rd March, with 164 confirmed cases, and started to ease some lockdown measures on 15th May.

Care and protection response: The NSW government implemented both funding and wider support measures to at-risk families and communities. Face-to-face contact was maintained for high-risk children and youth, while virtual forms of service delivery, including parenting services, were also used.

Youth justice response: NSW Youth Justice rapidly locked down custodial facilities and worked with agencies to assist in keeping in touch with remote youth justice clients. This included having a staff member in the office to answer phone calls from clients and other agencies, on a rostered basis.

When lockdown began: Lockdown began on 23rd March, with 164 confirmed cases of COVID-19. Initial restrictions eased from 15th May.

Status of schools: Schools open for children of essential workers and vulnerable children, otherwise closed. Schools reopened 25th May.

Current status: New South Wales has some continuing rates of community transmission of the virus, though remaining at fairly low levels.



Overview of Jurisdictions and COVID-19 spread

Queensland

Queensland reported their first case of COVID-19 a few days after New South Wales and Victoria, on the 28th January. Similarly to other Australian states, the infection rates peaked around 28th March, with lockdown beginning several days before this, on the 23rd March.

Care and protection response: QLD focused on communications to key groups during COVID-19 – including leveraging several communications channels and methods to educate and inform key groups, to help maintain oversight of children and youth during lockdown.

Youth justice response: QLD youth justice worked closely with community control organisations to support high-risk children and youth who were struggling at home, as well as using data to monitor safety and stability of correctional facilities, and health and wellbeing of young offenders in facilities.

When lockdown began: Lockdown measures began on 23rd March, with 319 confirmed cases of COVID-19. Initial restrictions eased from 16th May.

Status of schools: Schools open for children of essential workers and vulnerable children, otherwise closed. Schools encouraged to take a broad view of ‘vulnerable’, to accommodate for more children and youth. Schools fully reopened 25th May.

Current status: Queensland has largely controlled community transmission of the virus, with stable infection rates.



South Australia

South Australia reported a small number of COVID-19 cases compared to other states, and did not report a first case until 1st April. Although the state implemented lockdown measures on 27th March, most schools remained open throughout restrictions, due to the low case numbers. The state started to ease lockdown measures on 20th May.

Care and protection response: SA opted to keep schools open during COVID-19, due to the low reported case numbers and benefits of schooling. Front-line service delivery was increased and adapted in creative ways to check on remote and vulnerable communities and clients. SA also leveraged relationships with NGOs to develop an intelligence group, to help identify and support vulnerable children and families in the community.

Youth justice response: The Adelaide Youth Training Centre continued with essential visits and services for youth in custody.

When lockdown began: Lockdown measures began on 27th March, with 257 confirmed cases of COVID-19. Initial restrictions eased from 11th May.

Status of schools: Most schools remained open, with some only closing where they have had a positive test by a student or staff member.

Current status: South Australia has largely eradicated the virus, only having 5 new cases since 24th April.



Overview of Jurisdictions and COVID-19 spread

Victoria

Victoria was the first state in Australia to report a COVID-19 case, on 25th January. The first peak of infection was similar to other states (at the end of March), with similar lockdown measures in place. However, the state has experienced a 'second wave' of COVID-19 cases, with rates of infection much in excess of the initial peak. Stage 4 lockdown measures have been re-initiated for a minimum of six weeks.

Care and protection response: During the first lockdown measures in April and May, VIC looked to leverage school connections to stay in touch with children and youth.

Youth justice response: Professional visits are still permitted in youth justice precincts, and youth have been provided with secure tablet devices for virtual contact. Case management and education is still ongoing through virtual means.

When lockdown began: Lockdown measures began on 23rd March, with 466 confirmed cases of COVID-19. Victoria continues to stay in lockdown.

Status of schools: Schools open for children of essential workers and vulnerable children, otherwise closed with students undertaking home learning.

Current status: Victoria has community transmission of the virus, having seen a significant 'second wave' of COVID-19 infection, requiring a return to stricter lockdown measures.



UK

The UK reported its first case of COVID-19 on 29th January, however, did not implement lockdown measures until the 23rd March. The infection peaked around late April, although community transmission is still prevalent in the country today. Schools remained open for children of essential workers and vulnerable children during the lockdown period.

Care and protection response: The UK provided significant funding to charities and community groups during the lockdown period to enable continued service delivery. The Social Work Together programme helped with workforce capacity by easily registering recently retired social workers in the system, while food delivery hampers enabled care workers to keep eyes on children and youth while helping families in need.

Youth justice response: Youth in custody have been provided with extra phone credit so that they can stay in contact with their families, while youth in detention centres will have access to secure video call technology.

When lockdown began: Lockdown measures began on 23rd March, with 6,650 confirmed cases of COVID-19 .

Status of schools: Schools open for children of essential workers and vulnerable children, otherwise closed. Most schools still remain closed.

Current status: UK has community transmission of the virus, though rates of infection have stabilised..



Overview of Jurisdictions and COVID-19 spread

USA

Out of the jurisdictions studied, the USA was the first to report a case of COVID-19, on the 20th January. However, depending on the state, lockdown measures and stay-at-home orders were not implemented until late March. The peak of infection in the USA is thought to not have occurred yet, although some states have started to ease restrictions already.

Care and protection response: In Florida, the Hillsborough County has been piloting the use of the Vulnerable Person Platform, to identify and support at-risk families now, in the coming months, and in the future. This includes a survey to the families, which links them to service providers based on their response, and uses the data for resource allocation and preparation.

Youth justice response: In some states, nonviolent youth offenders who do not pose a threat to the community have been released. Furthermore, some states have reduced the intake of new youth into facilities.

When lockdown began: Most states imposed stay-at-home orders during the last week of March or early April. Lockdown currently varies between states.

Status of schools: [Depending on the state] – most schools closed, with online teaching available. Schools re-opening as lockdown restrictions lifted during June and July.

Current status: The US has continuing community transmission of the virus.



Brazil

Similarly to New Zealand, Brazil did not report its first case of COVID-19 until 25th February. Lockdown measures were initially implemented from late March, including stay-at-home orders and closing non-essential businesses. However, these restrictions have been implemented loosely, meaning that the peak of infection is likely yet to occur.

Care and protection response: In the last few months, Brazil has taken largely a reactive approach – working to support children and families through service delivery methods. These methods include re-distributing school meals through supermarkets to at-risk families, and offering vouchers for food and hygiene hampers to families. Face-to-face consultations are also still occurring. Brazil only has a small use of data and intelligence to identify and support vulnerable families during COVID-19.

When lockdown began: Lockdown measures imposed from 24th March, with 345 confirmed cases of COVID-19. Some lockdown measures eased from 2nd June.

Status of schools: Schools closed, with online teaching and other remote learning resources available. Some private schools re-opening in July.

Current status: Brazil has continuing community transmission of the virus.



Quick reference of COVID-19 responses

Please note, this summary is not intended to be an exhaustive list, but is based on information provided in interviews, as well as desktop research.

Key initiatives	Cited by (jurisdiction)							Is NZ doing this?
	NSW	QLD	VIC	SA	UK	USA	Brazil	
Service Delivery and Support								
Virtual service delivery								
Moving low risk clients to online and phone consults	✓	✓	✓	✓	✓			✓
Greater use of parenting webinars and help sessions	✓							
Virtual conferencing for youth justice clients and family group conferences	✓	✓	✓	✓	✓			✓
Provision of laptops and phones to young people at home and in detention	✓	✓	✓	✓	✓			✓
Practical support and assistance								
Food relief; food and hygiene hampers delivered by local partners (i.e. Local charities, schools, churches)				✓	✓		✓	✓
Keeping schools open for at-risk children and front line workers	✓	✓	✓	✓	✓			
Using social media, online communications and flyers in supermarkets and shops (and adapting this in culturally sensitive ways) to communicate with families and young people		✓	✓					✓
Workforce contingency and development								
Double teaming and staff rosters to ensure a contingency of key staff and service continuity	✓	✓	✓	✓	✓			
Social Work Together program, bringing recently retired social workers back into service (see page 27 for more detail)					✓			
Webinars and training for social workers, practitioners and frontline staff to rapidly shift ways of working			✓	✓	✓		✓	✓
Leveraging community networks and partnerships								
Volunteer outreach program – website to facilitate matching of volunteers to charities and programs					✓			✓
Targeted funding and support to charities and NGOs to continue to provide service delivery and support					✓	✓		✓
Leveraging places of trust (churches, community centres) to connect with at-risk families and provide support						✓	✓	✓

Quick reference of COVID-19 responses

Please note, this summary is not intended to be an exhaustive list, but is based on information provided in interviews, as well as desktop research.

Key initiatives	Cited by (jurisdiction)							Is NZ doing this?
	NSW	QLD	VIC	SA	UK	USA	Brazil	
Intelligence Functions and Data Approaches								
Cross-agency intelligence groups								
National Vulnerable Children’s Board (see page 34 for more detail)					✓			
NGO Intel Group (see page 36 for more detail)				✓				
Sharing of intelligence with partner agencies and integrating in daily/weekly situation reporting								✓
Modelling and dashboards								
Custodial Intelligence (see page 35 for more detail)	✓	✓						
Prioritising vulnerable cohorts through risk indicators (see page 38 for more detail)			✓		✓			
Local Area Profiles of Child Vulnerability – how many children in each area at-risk, allowing targeted resources and interventions					✓			
Weekly view of key indicators using administrative data, also through a regional lens			✓					✓
Real-time data collection and integration								
Vulnerable Person Platform – survey of real-time needs of the family, linking directly to service providers based on needs						✓		
Online pulse surveys to social workers, caregivers and all staff to check on needs, and to check on how the children in their care and line of sight are doing								✓

Deep Dive 1: Responses to COVID-19 for care and protection of children and young people

Responses for care and protection of children and young people

A range of responses to the COVID-19 pandemic were quickly initiated by care and protection agencies, to proactively identify and support children, young people, and their families.

These included:



Adjustments to service delivery mechanisms to minimise face to face contact, protecting families (and workers) from the risk of infection



Creative strategies to safely conduct face to face visits 'on the door step'



Introduction of new technologies to enable virtual service provision and contact



Provision of practical supports to families to relieve hardship and maintain contact, such as food and other assistance



Leveraging places of trust and other community networks to maintain contact, provide outreach and identify 'new entrants' to the social care system



Rapid training and upskilling of practitioners to adapt to the new service delivery arrangements



Rapid introduction of new workforce models and workforce contingency plans to ensure the families most at risk within a local area would be well supported across agencies throughout the pandemic

Protecting families and children from risks of infection

Interviews with a range of jurisdictions revealed some common approaches to protect children, young people and their families from the risks of infection.

Most service systems moved quickly to:

- 1 Assess care and protection activities still requiring face to face contact and put in place protective measures for children, families and practitioners: Face to face contact was still deemed to be important in some cases. For example, to maintain contact with 'high risk' families, to investigate Reports of Concern, and for some case management activities
- 2 Minimise non-essential face to face contact: ceasing non-essential home visits by care workers or statutory child protection workers and ceasing supervised contact with birth parents (for children in out of home care)
- 3 Identify children, families and carers with particular vulnerabilities to infection: providing public health advice, adjusting service provision and putting in place strengthened monitoring to mitigate risk, particularly where families also had instances of mental health, drug and alcohol use or other health/immune challenges.
- 4 Identify children and families deemed 'high risk', requiring more intensive maintenance of contact and monitoring during periods of lockdown.

A range of alternative measures were then put in place to maintain contact with children and young people and provide 'wrap around' supports to those at greatest risk.

Jurisdictions reported a range of challenges:



Difficulty engaging with families

Families and carers were understandably concerned about risks of infection which further contributed to difficulties engaging with 'hard to reach' families. Although many jurisdictions maintained school access for children and young people in need, school attendance from these groups was reportedly very low, with parents and carers overwhelmingly preferring to keep their children at home. Service providers and key workers closest to the family proactively sought to maintain contact and used strategies such as supporting to attend school, however, this was not widely taken up.

“Only 20% of eligible families took up the option of sending children to school during the lock down period.” – Senior stakeholder, UK

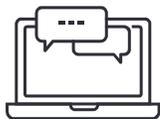


Consistency of service provision

Challenges were also reported in achieving consistency of service responses across different geographic areas and service providers. Inconsistencies arose in policies and practices for face to face contact, home visits and use of PPE which resulted in differential service provision and impacted on the ability to consistently maintain service provision, maintain contact and monitor risk. Jurisdictions worked quickly to set common standards, policies and practice guidance for service systems to respond to this.

Responses to care and protection of children and young people

Introducing new technologies to maintain services



Technology played an integral role in maintaining contact with children, young people and their families during the pandemic response. Agencies invested rapidly in technology upgrades and new common platforms to support virtual contact with families, collaboration across agencies and remote working for care workers.

Where appropriate, families and young people deemed low risk were moved primarily to virtual and phone contact. Platforms such as FaceTime, Zoom and MS Teams were used by care workers to connect and engage with families. In some jurisdictions (NZ, VIC, NSW, QLD, UK), provision of tablets and laptops to support home learning (or specifically to assist care/protection and youth justice agencies) enabled agencies to maintain contact and families to readily engage with their care worker.

Challenges of the shift to virtual service delivery included lack of access to tablets and laptops for families and children, poor quality internet connection, and limitations on privacy and confidentiality. For example, jurisdictions reported instances where young people were not able to speak freely while their parents were in the house.

Conversely, virtual forms of contact were reported to have been well received by some families. Families found virtual contact could be more flexible to fit around their day and less imposing than a home visit. Feedback from young people has also been positive with young people quickly adapting to virtual contact, appreciating the ease of contact with their care worker based on their needs.

Care workers reported that virtual technology enabled them to more easily contact families at times that better met families needs, that 'virtual home tours' had proven effective substitutes for home visits and that virtual methods of supervised contact were enabling children and young people in out of home care to more readily connect with their birth family.

The increased use of technology and provision of services online was viewed in a positive manner overall. There was a general consensus from interviewees that online services will continue to be a mainstay of service delivery, particularly to supplement service delivery when face to face is not achievable. Agencies all acknowledged the need to determine the right mix of virtual and face to face service delivery in the future.

Innovative technology approaches



Alcove Assistive Technology (UK) – in-home devices, GPS wearables and care phones to keep socially distanced people connected and to help monitor the home environment



Cornerstone Partnership (UK) – immersive technology and virtual reality to create a virtual meeting room for youth therapy sessions. Also used for training foster parents and care workers, to help create empathy in building a first-person immersive experience

Responses to care and protection of children and young people

Creative practices to maintain services for young people

A range of simple, pragmatic and creative measures were taken to support children and families through the pandemic period. These practical supports were successfully employed by all jurisdictions to rapidly support immediate needs through a period of increased stress and hardship and also assist to maintain contact and visibility of children and young people.

Creative strategies employed included:



Use of food relief and delivery programs to ensure contact with families and carers. By utilising care workers, partner agencies and representatives from community organisations to deliver **vouchers** from food banks and supermarkets and hygiene **hampers** (e.g. including practical goods such as nappies), agencies were able to combine delivery with a 'door step' check in to rapidly assess family and child wellbeing, understand additional needs and monitor risk (Brazil, South Australia, USA, UK).

"In South Australia, our agencies provided chairs so that family members could sit on their front porch and talk to their care worker and then their neighbour."

"In the UK, we invested heavily in food relief for over a million vulnerable and in need families."

Working closely with recognised **places of trust** in the community, such as churches and community centres, to provide practical supports to families and maintain contact. In the USA, these provided a valuable access point to the social care system for the many people who required assistance for the first time in their lives and were important for specific communities such as the African American community and Hispanic community. In New Zealand these strategies were important for Pacific Islander communities. Places of trust and community organisations enabled essential services to continue operating and a provided a place to **connect with and support** at-risk children and families (USA, NZ).

"We have had an exponential increase in new families who have never before needed support. They just don't know how to navigate the system – so places of trust are key."

Leveraging and mobilising **several methods of communication**, such as tailored flyers, posters and fact sheets, websites, advertising and social media to inform and educate care workers, parents, bystanders, the community, children and youth on how to help and where to go for help. This was critical to maintain two-way communication with at-risk families, as well as broaden community awareness on available supports and access pathways and mobilise community members to support families and identify need or concern (Queensland, Victoria). Communications avenues (online or in physical locations, such as chemists and supermarkets) also provided an avenue for children and mothers to signal for help when outside the home (NZ, Australia).



"while other industries were ramping down, we needed to ramp up."

Targeting supports to specific cohorts of children and young people, for example children in care. Some jurisdictions made it possible for children and youth in foster care or out-of-home care **to stay in care placements beyond their 18th birthday**, reducing stress and pressure during COVID-19 (Canada, UK).^[8] "It was critically important for us that we wrapped around our young people and ensured they would be supported throughout the entire pandemic period"

Responses to care and protection of children and young people

Leveraging networks to maintain visibility and continuity of care

Each jurisdiction noted the challenges of maintaining visibility and contact during the lockdowns. However, creativity and relationship building is often part of day-to-day business in the social care sector and this came to the fore in some local areas. In many cases, the agency’s relationships with local groups and stakeholders, and in particular the innovative efforts of individuals at a grass roots, community-led level, proved most effective in maintaining continuity of service and care for families during the pandemic response.



Funding and support across networks

Increased funding to outreach groups, service providers and large community groups (such as Iwi and marae in New Zealand) was a common approach across the jurisdictions. In some cases (Australia, UK, NZ) the agency provided added procedural and technology support in the form of health protocols and policies, workforce continuity and contingency planning, practice guidance, training health protection and virtual service delivery protocols, recruitment of volunteers, provision of laptops and investments in upgraded technology infrastructure. The agency supported essential workers to stay in the field, continue operating effectively, help them feel safe to do so and effectively collaborate with other providers and authorities. ^[10]



Re-thinking the role of services and networks

The role of local partners also became more focused on the care and wellbeing of children. Examples were provided whereby local groups such as police, local community groups and schools took on a greater role to provide care and support for families and children during the lockdown. This included collaborative cross-agency working to pool local resources and information, monitor family needs and risk and rapidly mobilise to support families in need of immediate support, breaking down typical silos and crossing over organisational boundaries to work together to rally around local families.

“looking after children became a shared task...there was more role generosity (among local stakeholders).”



The critical role of education networks

The role of schools and teachers was especially highlighted as a place of safety and trust for young people. Localised examples were cited where teachers and principals had proactively supported care and protection during lockdown by delivering food packages and maintaining contact. Jurisdictions recognised the trusted role that teachers and school leaders play and the close visibility they have of children experiencing harm or neglect - and the gap created by school closures.

A lack of a regular school routine and social environments was highlighted as a concern for some children and young people, with many families unable to cope with or support home schooling. However, jurisdictions also reported positive impacts such as improved behaviour, reduced social and academic anxiety, improved opportunities for more flexible learning and strengthened connections with parents, carers and family members.

Responses to care and protection of children and young people

Rapid upskilling of workforce and organisational learning

COVID-19 has been the catalyst for a much farther reaching technological change and upskilling than could ever have been previously imagined.

All jurisdictions noted the rapid uptake of technology to facilitate virtual service delivery, internal meetings and forums, and intergovernmental and community consultations had required staff to embrace technology adoption and rapidly upskill in digital literacy. In many cases this transformation occurred almost overnight, or over the space of one week, in organisations which often had long term efforts underway to improve technology and digital capability.

The rapid introduction of new service delivery approaches and cross-agency ways of working required introduction of new policies, practice guidance and processes. The COVID-19 pandemic has also changed the dynamic of client needs, requiring care workers to upskill to recognise new behaviours resulting from COVID-19 and to hone in on visual and verbal cues through virtual technology. Practitioners, case workers and service leaders alike were rapidly trained in models and approaches to support new needs and unique difficulties in some jurisdictions.

A range of workforce continuity risks and challenges have been experienced across jurisdictions. Immediate staffing impacts were felt due to COVID-19 health risks, caring responsibilities and impacts of home schooling. Caregivers, who often comprise vulnerable groups such as grandparents, experienced challenges fulfilling their role throughout COVID-19 and agencies saw impacts in terms of availability of placements. Jurisdictions have proactively analysed future workforce requirements and risks (due to infection rates amongst the workforce, impacts on caregivers and expected demand for services) and developed a range of proactive workforce contingency plans:

Reorganising front-line staff to suit service needs and staff health and wellbeing. For example, older or at-risk care workers were moved from face-to-face consultations to working in non-client facing positions, such as in food banks. Staff were organised into “A” and “B” teams to mitigate infection risks and protect service continuity.

Rapidly bolstering the workforce and building contingency. The UK’s **“Social Work Together”** program brings recently retired social workers, or social workers whose registration had lapsed, back into the system to provide contingency for existing staffing levels (although the demand anticipated has not yet materialised) (UK). [9] The UK has also actively recruited volunteers to supplement the social care workforce nationally.

Establishing creative cross-agency models to pool resources across organisational boundaries. For example, in Victoria, a new ‘COVID-19 response team’ model was designed to rapidly stand up cross-agency, multi-disciplinary teams within local areas to proactively support the most at-risk families and children has provided an innovative strategy to mitigate workforce risks and maintain service continuity.



“We rapidly trained hundreds of staff in remote working tools and virtual service delivery – in the space of two weeks we did what would normally take us almost two years.”

“staff who would never have used technology are now using it without a second thought.”

Deep Dive 2: Responses to COVID-19 in youth justice

Responses in youth justice

A range of responses to the COVID-19 pandemic were quickly initiated by youth justice agencies, to protect youth in custodial facilities and maintain visibility over at-risk youth.

These included:



Implementation of new technologies to enable staff to increase care and visibility of at-risk youth in the community and conduct virtual Family Group Conferences



Strict hygiene, health and safety measures in custodial facilities to keep the population safe, as well as significant testing of youth and staff



Provision of secure mobile phones, tablets and laptops to enable youth in facilities to maintain contact with families



Partnering with youth outreach and community organisations to encourage continuity of service and to maintain visibility over at-risk youth



Working closely with youth justice departments in other states and territories, as well as continuous contact with police, education and health departments



Predictive analysis of court numbers in coming months, and using the backlog of court data during the lockdown period to forecast agency resourcing requirements for the coming months.

Responses in youth justice

Rapid uptake in technology may have human and cost benefits beyond COVID-19

As with other services affected by COVID-19, the youth justice sector experienced a rapid uptake in digital technologies to maintain contact and continuity of services with their clients. This included the use of mobile phones and video conferencing functions to maintain contact with lower risk clients during the lockdown, while one-on-one, face to face contact continued to support those clients deemed to be at higher-risk. It was noted by one interviewee that the potential impact of re-focusing of efforts between higher and lower risk clients will be interesting to track moving forward. In this regard, it was hypothesised that if similar approaches are taken post-COVID, lower risk clients may face less risk of “over-intervention” which may have long term benefits to that individual.

Some jurisdictions noted that client relationships had strengthened during the pandemic response as a result of increased engagement, which emphasised care and support for the young client during the shut down. Young people had responded positively to communicating via virtual methods, with a perception that it was more flexible and could be better undertaken on the young person’s terms. It was anticipated that this may have benefits for the client relationship as services move into the recovery phase, where a range of complex social and economic issues impacting young people in the youth justice space are anticipated.

Jurisdictions also reported significant disruption to court processes, with some Children’s Courts proceedings (or equivalent) put on hold and some transferred to a virtual court setting. In the case of conferencing and court appearances, it was acknowledged that face to face contact is often preferable as it provides visibility of ‘non verbal’ cues. Young people also reportedly missed the face to face contact through court settings as this had provided opportunities to see their family (New Zealand). However, the experience through the pandemic response has highlighted that in some situations, virtual contact has been beneficial in some ways, such as making the experience less confronting for the young client. With a large backlog of cases, jurisdictions may consider which cases (for example, some drug and traffic offences where there is no specific victim) may be appropriate to convene via online platforms thereby offering a more time efficient and cost effective way to hear cases.



“none of our clients ‘disappeared’ as we went to virtual contact – we actually found that the kids preferred to respond with phones and emails.”

Responses in youth justice

Proactive measures in custodial facilities

All jurisdictions noted the health imperative to lock facilities down quickly and implement enhanced cleaning and safety measures to protect the health and safety of young people and staff in custodial facilities.

Visits from family members and members of the community were put on hold, and agencies emphasised the importance of communication and engagement with families and young people to maintain trust with the facility during the shutdown. Families maintained contact via phone and Skype. This was not always considered sufficient by families. Some jurisdictions also sought to close facilities and enable young people to return to their homes/communities in order to control the risk of infection spreading through the centres.

The important role of the school was also highlighted as a means of maintaining a sense of order and routine for young people in custodial facilities during the pandemic response. In both the UK and Australia, young people were provided with laptops and tablets to continue online classes.

While some young people benefitted from this approach, it was acknowledged that many young people in facilities require the teacher-led support to engage effectively in their studies. To this end, the lock-down highlighted once again the critical role of the school in providing care and wellbeing support for young people.



“the school used the time to educate the kids on health and nutrition as well.”

Youth outreach: importance of face to face contact

While visibility and contact with clients increased overall during the pandemic response, maintaining visibility and services for youth at risk of coming into custody was largely contingent on relationships with community partners. Some jurisdictions interviewed acknowledged that there had been a drop in contact with these young people and challenges maintaining visibility and monitoring risks and behaviour.

Community organisations and networks were leveraged to support outreach where possible for young people in the community. Rather than focusing on changes in practices, the jurisdictions interviewed noted the importance of existing youth diversion programs and face to face contact. Wherever possible, agencies leveraged local networks to maintain these services during the lockdown, such as youth homelessness programs in Brisbane and the Youth on Track program delivered by Mission Australia in New South Wales.



With restrictions across most of Australia being lifted, the focus is now on ramping up these programs to mitigate any anticipated increases in illegal behaviour and youth violence, expected to be triggered by a post-pandemic recession.



“we partnered with these community organisations to encourage them to keep going.”

Deep Dive 3: Use of intelligence functions, data and analytics during COVID-19

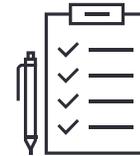
Intelligence Functions

Agencies' responses to the COVID-19 pandemic were supported by a range of intelligence mechanisms, data and analytics to support identification of children and families in need, monitor risk and inform proactive service responses and supports.

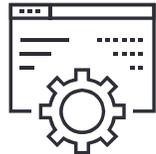
These included:



Use of cross-agency intelligence forums to monitor risk, need and demand for services at a national, sub-national/state and local level



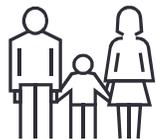
Real time monitoring of key indicators and analysis of 'new' lead indicators to identify need and risk



Custodial intelligence systems to monitor risk of infection, safety and stability of facilities and health and wellbeing of young people



Online pulse surveys of practitioners, caregivers and staff to identify needs, understand overall impacts on children and families/carers



Proactive intelligence gathering from local and regional service networks to form local area profiles of risk and inform interventions



Cross-agency intelligence functions and integrated data sets to enable real-time analysis and forecasting of need

Intelligence Functions

Use of data and analytics

Data and analytics was applied in various ways and to varying levels of maturity across the jurisdictions interviewed. Where jurisdictions had already established clear data sets and risk indicators, as well as data sharing infrastructure, processes and cross-agency governance were able to very rapidly utilise these intelligence functions to monitor risk and need, analyse current and projected impacts of the pandemic and quickly translate this into service responses. Where less established intelligence mechanisms existed, most jurisdictions rapidly stood up a range of intelligence processes and capabilities to help them understand the impacts of the pandemic on children, families, carers and services, identify and monitor risk and need, and inform proactive responses. Due to the speed of response to the crisis, jurisdictions did their best to leverage existing platforms, systems, analytics and intelligence approaches and increased the cadence of reporting to enable closer to real-time intelligence sharing, and focus of analysis became more tailored to the risk factors associated with COVID-19.

A number of jurisdictions used national or state level cross-agency intelligence forums to proactively monitor children known to the care and protection system, monitor the impacts of the pandemic and child safety, risk and wellbeing.

UK – National Vulnerable Children’s Board

In the UK, the National Vulnerable Children’s Board is an existing multi-agency group comprising police, health, local councils and child protection agencies, responsible for overseeing the safeguarding of approximately 400,000 children in need, one million vulnerable children and 270,000 children in care. The Board met monthly to review national data on children at risk to inform strategic responses. Monitoring of data at a local authority level is undertaken by Local Child Safeguarding Boards, accountable for the effectiveness of local service delivery across police, health, children’s services and other agencies.

Throughout the pandemic, the National Children’s Board met weekly to monitor national data and maintain national visibility of at-risk families and young people. Data included domestic abuse, missing children, A&E attendance and a range of other indicators, helping to monitor the impacts of the pandemic and identify risks. Additional data returns were gathered nationally, such as frequency of visits to at-risk children, to provide a health check on the service system.

Although the initial forming of the group before the crisis had taken time, it successfully developed a data set that can be triangulated with anecdotal concerns to inform rapid responses to population groups.

“we worked much more closely with local government leads to maintain oversight of our children in need”

South Australia – Vulnerable Persons Board

South Australia’s Vulnerable Persons’ Board took a key role throughout the pandemic in monitoring the impact of the pandemic on children at risk and their families. Real time data was reviewed on a weekly basis, using a range of child protection, health, police and other indicators to maintain visibility of risk and need, monitor pandemic impacts and inform state-wide service responses, practical supports, planning and delivery at a local level.

Intelligence Functions

Custodial intelligence systems

Custodial intelligence systems were utilised throughout the pandemic to monitor risk of infection, safety and stability of facilities and health, behaviour and wellbeing of young people. Most jurisdictions interviewed had existing systems in place and regularly available management information to monitor a range of indicators on safety, risk and stability within correctional facilities, as well as mechanisms to monitor behaviour, risks of reoffending and family risk factors for young people on custodial orders in the community. For young people at risk of entering the youth justice system, collaborative approaches were taken between child protection agencies and youth justice to monitor these young people.

As a result of the pandemic, for custodial facilities, the rapid lockdown meant that agencies were able to focus on preventing infection risk and monitoring behaviour and wellbeing of young people. For young people on community-based orders, data was used to monitor behaviour, risks of reoffending and impacts of the pandemic on them and their families.

New South Wales Youth Justice – Custodial Intelligence

In NSW, the youth justice (custodial) intelligence function changed its focus during the lockdown to identifying individuals in custody who would be more likely engage in poor behaviour and focused resources on applying measures to prevent those behaviours from occurring. This targeted objective was successful and the facilities did not experience major disturbances, compared to adult facilities in many jurisdictions where disturbances had been seen.

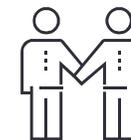


“the intel team had a very narrow, targeted focus here.”

Queensland Youth Justice – Use of custodial data

In Queensland, having quickly locked down custodial facilities, the youth justice agency was able to use data to monitor safety and stability of facilities and draw on soft intelligence from corrections officers to monitor impacts on behaviour, wellbeing and health of young offenders.

Data was also used to monitor risks of infection and workforce continuity to ensure custodial facilities were able to safely maintain operation throughout the pandemic. This helped inform proactive responses such as new technology and communication tools, behaviour support and practical supports for the family.



“we kept a close eye on the kids in both the custodial and community settings.”

Intelligence Functions

Proactive collaboration with other government and community groups to gather ‘soft intelligence’

As communities began to rapidly shut down and usual points of contact with families and children disappeared, inter-government and community level relationships were crucial to maintaining “eyes and ears” during the lockdown. Each jurisdiction noted an increased level of communication and collaboration among government departments and with local community members. Sharing of information and the establishment of intelligence functions varied in levels of maturity and scope across the jurisdictions interviewed, however, most jurisdictions sought to establish formal and informal lines of communication through cross-agency groups and with community and indigenous leaders (for example, with Iwi in New Zealand) at local and regional levels to gather and review ‘soft intelligence’ and qualitative information on both the impacts of the pandemic on children, families and carers as well as the service system. There was broad recognition of the importance of connection with local stakeholders and community and maintaining open communication channels to facilitate two-way information and dialogue.

Victoria (Australia) – Cross-sector collaboration

Victoria put in place frequent mechanisms for dialogue with peak bodies, service providers and lead Aboriginal Community Controlled Organisations across the child and family service system to understand impacts of the pandemic at the community and family level and inform the state-wide service response. This approach enabled the identification of changing needs of families and services, and informed the development of consistent state-wide guidelines to mitigate infection risks and maintain consistency of practice.

South Australia – NGO Intel Group

South Australia established an NGO Intel Group in response to the crisis as a way to directly communicate and share information between the Department of Human Services and community services chief executives and senior officers from the NGO sector. The forum, convened via online conferencing, provided the opportunity to share information and intelligence about local impacts on children, families, carers and services and known or anticipated risks. It provided local stakeholders with the opportunity to contribute to the overall planning for families where risk had been identified. Outcomes as a result of the work of the NGO Intel Group included:

- Increased funding to the emergency and food relief sectors
- Establishing the ‘**Regional Connector Program**’ whereby community development coordinators and family practitioners were reassigned to assist Red Cross and the COVID-19 Relief Line, providing additional support when needs could not be addressed over the phone
- Regular communiqués to provide NGO partners with updates to agency reforms in response to COVID-19, and updated health procedures for home visits

“local partners were crucial to maintaining ‘eyes and ears’ during the lockdown.”

“we put in place a system of daily calls between central government, local authorities and principal social workers to gather intelligence.”

“our shared task was keeping an eye on children.”

Intelligence Functions

Monitoring of key indicators

Throughout the pandemic, most jurisdictions experienced a significant reduction in Reports of Concern to child protection agencies. In the absence of school and other forms of contact to maintain visibility of children, jurisdictions used a range of indicators to monitor children at risk. These included data and indicators from child protection, child and family services, police, health and other community providers. Typical indicators included:

- History of reports of concern and re-reports
- Incidence or history of domestic and family violence
- Visits to hospital Accident and Emergency
- Known family risk factors, such as mental health, disability, drug and alcohol use, offending
- Known chronic health conditions or other vulnerabilities to infection

This was also combined with data from pulse surveys of practitioners, caregivers and staff to identify needs and understand impacts.

Some jurisdictions worked with welfare agencies, tax offices and public health agencies to obtain additional indicators of family stress, as lead indicators for risk to the child:

- Unemployment or furloughing
- Mortgage stress, debt and loan defaults
- Isolation and exclusion

In some cases these indicators were successfully used to identify anticipated increases in risk, inform analysis of future needs, future demands on the service system and identification of proactive and preventive strategies for these families.

Cross-agency intelligence functions

Jurisdictions were able to make best use of available indicators and data throughout the pandemic where they had access to real time, integrated data sets, supported by cross-agency data sharing mechanisms and an operating model that enabled proactive analysis and monitoring of key indicators.

Some local authorities in the UK, counties in the US and Australian states were identified as having invested over time in the establishment of a cross-agency intelligence functions and integrated data sets to enable real-time analysis of risk and forecasting of need which was being used to inform both policy and service system design, as well as direct operational service delivery to at-risk children and their families.

During the pandemic, these intelligence functions provided a rich asset and the cross-agency mechanisms to analyse risk, need and service patterns across children and families, monitor impacts on the service system and inform rapid decision making on responses to proactively support children and families.

South Australia – Data Matching and Demand Forecasting

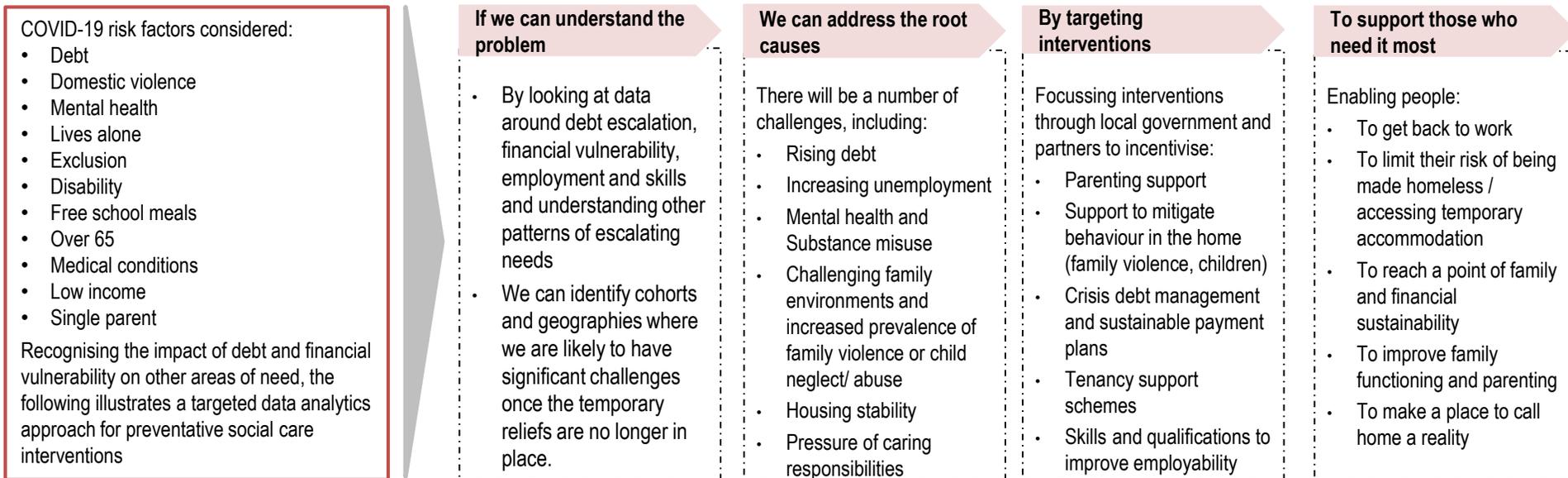
Prior to the pandemic, the South Australian Government had undertaken a transformation process to create the Office of Data Analytics within the Department of Premier and Cabinet. The Office facilitates data sharing across government and performs data analytics via data matching architecture in a Defence-grade secure environment. With the infrastructure and data sharing policies already in place, analysis focused on using existing data sets to enable fast decision making during the crisis. This included modelling of workforce management needs and PPE demand to enable frontline workers to conduct home visits and deliver intensive support to high-risk groups.

Intelligence Functions

Case study: Using data and analytics to drive a targeted response to COVID-19: A London Borough

In terms of data modelling, a London Council sought to generate a clearer understanding of the ‘at risk’ groups during COVID-19, including families, children and young people. The approach considered what risk factors are currently present, how many people are in the vulnerable groups and who these individuals are, so they could take action and prioritise resources in the best way. The data led approach enabled the council to prioritise within the vulnerable cohort by considering risk factors that will be exacerbated directly by the virus or by the sanctions in place to mitigate its impact. This approach considered resident vulnerability in three ways:

- 1) Residents most at risk of being directly affected by COVID-19 (e.g. elderly, existing health conditions)
- 2) Residents most at risk of being indirectly affected by COVID-19 due to isolation and social distancing restrictions (e.g. history of domestic violence, known to care and protection services)
- 3) Residents for whom there are likely to be knock-on consequences of COVID-19 in the future (e.g. homelessness, debt)



Deep Dive 4: Culturally sensitive responses to COVID-19

Culturally sensitive responses

COVID-19 and indigenous populations: unique challenges

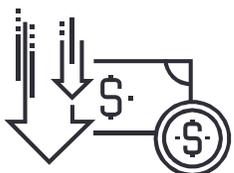
During an emergency or crisis, such as COVID-19, indigenous and culturally diverse populations face unique and pressing challenges due to a range of factors. Identifying and understanding these challenges has been important for all jurisdictions, to then tailor service delivery and crisis responses accordingly to protect these groups.



Poor access to healthcare: indigenous populations often have limited or no access to healthcare and medical support, exacerbating their risk of contracting and being severely impacted COVID-19. This is partly due to living in remote or regional locations and not having the means to travel to access healthcare. ^[11]



Increased vulnerability to infection: indigenous populations often experience a range of heightened health risks due to community prevalence of chronic conditions and increased vulnerability, due to experiences of intergenerational trauma



Socio-economic marginalisation: indigenous populations experience some of the highest socio-economic marginalisation, which increases their vulnerability during an emergency. They lack access to early-warning systems, health services and social services, and information that is available, is often not communicated in an indigenous language.



Traditional lifestyles of large groups and gatherings: in Australia, Aboriginal peoples' traditional lifestyles are a source of their resiliency – regularly organising in large gatherings to mark special events, and often living in multi-generational housing. However, this increases risk of COVID-19 spreading, especially to Elders within the group.



Lack of access to essential services, telecommunications and other key preventative measures: often living in remote/regional areas, indigenous populations have less access to essential services, information on COVID-19, and forms of communication and updates from officials. Furthermore, they are less likely to have access to internet or network communications to take part in phone or video calls from care workers.

Culturally sensitive responses

COVID-19 and migrant populations: unique challenges

In addition, migrant and culturally diverse populations face specific challenges due to cultural and linguistic barriers, risks to vulnerability and unemployment and implications of their resident/ visa status . Identifying and understanding these challenges has been important for all jurisdictions, to then tailor service delivery and crisis responses accordingly to protect these groups.



Poor access to healthcare: migrant and culturally diverse populations often have limited or no access to healthcare, health insurance and medical support, exacerbating their risk of contracting and being severely impacted COVID-19. This is partly due to cultural and linguistic barriers, migrant status and fear of authorities if illegally residing in the country. ^[16, 17]



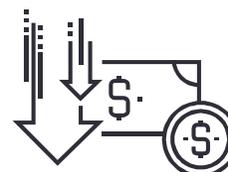
More limited access to public health information and advice: Cultural and linguistic barriers have placed greater challenges on migrant and culturally diverse groups accessing public health information. Limitations on effectively translated and culturally appropriate resources has impacted on their ability to understand and follow regularly changing public health advice.



Increased vulnerability to infection: migrant and culturally diverse populations have seen some greater risks of infection through large family groupings, multi-generational homes and community traditions and gatherings.



More significant impacts of border closures: border closures and travel restrictions have resulted in displacement of some migrants and their families and have more significantly impacted on migrants who have been unable to return home or visit families.



Greater vulnerability due to unemployment and lack of access to social security benefits: the pandemic and travel restrictions have significantly impacted on access to seasonal and casual work. Migrant and culturally diverse communities have been vulnerable to underemployment or unemployment, with limited access to benefits or assistance from their host country or home country. This has also impacted on their ability to send remittances to families in their home country.



Lack of access to social supports and networks: culturally diverse communities often experience socio-economic marginalisation and greater vulnerability due to limited connections to family, social networks and supports away from their home country. Stay at home directions have further impacted their ability to maintain networks and supports within their community.

Culturally sensitive responses

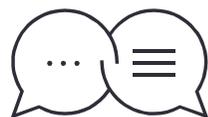
Protecting migrant populations

A limited range of supports have been put in place across jurisdictions to specifically support migrants. Some supports have involved access to financial relief, relaxation of visa rules and work permits to mitigate vulnerability. Targeted supports and health information, combined with community engagement have supported public health responses, whilst community-led responses have sought to build community resilience throughout the COVID-19 pandemic.



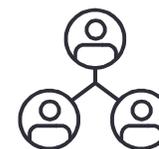
Specific supports for migrants

Some jurisdictions have released specific packages of financial and in-kind support for migrant communities, including relief and assurance for temporary visa arrangements, emergency funds for international students, access to superannuation/pension savings, access to increased hours worked for certain visa classes as well as supports for employers of seasonal/temporary workers (for example to cover costs of quarantine periods) (Australia, Canada)^[19]. Charities have provided extensive programs of support and relief packages for migrants who do not have access to government assistance (e.g. Red Cross internationally)^[18].



Targeted communications and engagement

Many jurisdictions have developed communications and public health information in a range of languages targeted at culturally diverse communities, through a range of channels (flyers/posters, web, social media) (Australian Government and all States/Territories, NZ, US, UK, Canada). Targeted community engagement strategies have been developed to support communities at risk of infection (or experiencing high rates of infection) to enable culturally appropriate messaging, raise awareness of public health advice and promote health prevention and community health outcomes. This has been seen particularly strongly in Victoria as a response to second waves of infection and through a range of community organisations in the UK, US, Canada and New Zealand.



Community-led responses

Community leaders from migrant and culturally diverse communities across jurisdictions have strongly advocated for community supports and have taken a lead in protecting community health, galvanising community members to support each other and building resilience. Culturally diverse communities have found virtual means of maintaining contact and replacing cultural and religious gatherings, supplemented with door stopping and outreach for families with particular vulnerabilities. In some jurisdictions this has been supported and enabled by community organisations and social service providers for culturally diverse communities, asylum seeker and refugee groups and religious organisations (Vic, NSW, SA, NZ, US, Canada, UK).

Culturally sensitive responses

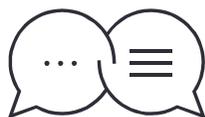
Protecting indigenous populations

Jurisdictions noted the importance of protecting remote and regional indigenous communities, due to the challenges facing these populations. However, jurisdictions also spoke of the importance of consulting with and including indigenous groups in decision making and communications throughout the COVID-19 pandemic.



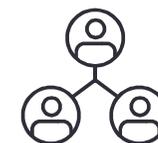
Community-led responses

Community-led agencies and groups have played a critical role leading engagement with the community to design and put in place responses tailored to community's needs (led by Aboriginal and Torres Strait Islander communities in Australia and Maori iwi in NZ). This has enabled community-led decision making on culturally-appropriate responses to the pandemic tailored to community needs, both in regional and remote locations, as well as urban communities. The Australian government has developed the *Management Plan for Aboriginal and Torres Strait Islander Populations*, to ensure indigenous perspectives and shared decision making are used between the Department of Health and the National Aboriginal Community Controlled Health Organisation. This supports tailored, culturally-appropriate and evidence-based responses to the COVID-19 pandemic. ^[12]



Inclusive communication

While maintaining health precautions, it has been crucial to maintain communication and contact with groups, especially those with lower levels of literacy. Several jurisdictions noted the importance of providing information in indigenous languages to avoid communication breakdowns. Peak bodies, Aboriginal Community Controlled and Maori-led lead agencies have played a critical role in leading tailored communications to build community awareness, promote health and safety and enable effective practice amongst service providers (Australia, NZ). For example, the Australian government has also engaged an Aboriginal-owned media company to develop communications materials on COVID-19, prioritising remote indigenous areas and indigenous language translations. ^[12]



Protecting remote/regional communities

Remote/regional communities have an advantage that they are isolated from main COVID-19 clusters. However, if a COVID-19 case was to reach an isolated community, the impacts are more severe, due to limited access to health care. This was a key consideration for service delivery in both child protection and youth justice. For example, in Queensland, Youth Justice were careful not to release youth from detention centres back into their communities without significant safeguards and testing in place. Meanwhile, other jurisdictions completely closed access to indigenous communities.

Culturally sensitive responses

Teaming up to offer tailored support

Jurisdictions noted the challenges in caring for and protecting indigenous groups during COVID-19. Many leveraged networks and communities to provide specialised and tailored services to indigenous children, youth and families.



Self-determination for communities

In Canada, the indigenous leaders of the nine communities of the Innu Nation in Quebec established a strategic unit aimed at mitigating COVID-19 health risks. This was due to the high rate of chronic diseases and overcrowding houses in their communities. Self-determination efforts like these have also been mirrored in Australia. For example, some communities restricted access to their region before government lockdown measures were implemented, and other communities produced their own educational material in multiple formats and languages to support their Aboriginal community members^[13]. In some Iwi communities in New Zealand, community members instituted road blocks and other measures to protect their community.



Specialised medical services

To support indigenous groups in remote and inaccessible areas, the Russian Federation is providing medical services via telemedical technologies. Furthermore, they have developed a monitoring system to provide medical assistance to those affected by emergency situations.^[12]

The government of Costa Rica has issued technical guidelines for preventing COVID-19 in indigenous territories, which take into account indigenous populations' understanding of health and knowledge in ancestral medicine.^[14]



Protecting land and resources

In Australia, the *Remote Community Preparedness and Retrieval* package aims at supporting Aboriginal people and their families to prepare and adapt to COVID-19.^[15] 45 community organisations covering 110 remote areas have been offered grants to help combat the spread of COVID-19. This gives indigenous communities extra support if an outbreak occurs in their remote areas, ensuring the development and implementation of culturally safe measures.

Chile, Brazil and Canada are also providing targeted funding to indigenous families in need.

Reflections, lessons learned and future preparedness

The Oranga Tamariki approach to protecting children and young people during COVID-19

Reflections, lessons learned and future preparedness

This international scan has revealed a wide range of practices and responses that have been put in place across jurisdictions for care and protection of children and young people, and for youth justice systems.

The COVID-19 experience of each jurisdiction has been quite unique – whilst some jurisdictions are in recovery, many are still fighting the pandemic. This research presents a point in time summary and responses to COVID-19 will continue to evolve over time.

Reflecting on its continuing experience of the pandemic, Oranga Tamariki is actively seeking to understand how effectively children and young people were supported throughout the pandemic period; the impact on children, young people, families and caregivers now and into the future; and the lessons learned and insights which may inform service delivery responses and preparedness for future events.

Oranga Tamariki also seeks to understand which measures, if retained going forward, would improve the future experience of children and young people, families and caregivers and strengthen overall day to day stewardship of the care and protection and youth justice service systems.

Building on learnings to date, Oranga Tamariki has already identified a range of initiatives to continue strengthening capacity to proactively identify and protect children and young people throughout a pandemic. This has included further work on strengthened daily and weekly situation reporting, systematic methods for sharing insights and data across service providers and partner agencies, modelling of implications for workforce and recovery, potential methods for early warning of

risk and need, and evaluating the overall effectiveness of crisis responses.

For Oranga Tamariki and the jurisdictions included in this study, this research provides a starting point from which to now consider a range of questions:

- What changes and responses delivered greatest impact for children and young people?
- What changes will be retained going forward? What changes present opportunities for future evolution and transformation?
- What have been the most significant challenges and how can these be overcome in the future?
- What are the key lessons learned that inform preparation for future pandemic events?

By exploring these questions and sharing experiences, practices, innovations and lessons learned, jurisdictions can seek to understand impact of their responses and support preparedness for future pandemic events.

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Appendix

Appendix 1: List of interviewees (external representatives)

Interview #	Name	Jurisdiction	Organisation	Role
1	Adam Barnett-Pierce	SA	Department for Human Services	Manager – Strategic Policy and Research
2	Ann-Marie Hayes	SA	Department for Human Services	Executive Director
3	Craig Jenkins	QLD	Department of Youth Justice	Regional director
4	Eleanor Williams	VIC	Department of Health and Human Services	Director – Centre for Evaluation and Research Evidence
5	Isabelle Trowler	UK	Department for Education	Chief Social Worker for Children and Families and Child Safeguarding Practice Review Panel member
6	Jean Mattos Duarte	Brazil	Belo Horizonte municipal government	Deputy Secretary for Budget Planning and Management
7	Justin Mohamed	VIC	Commission for Children and Young People	Commissioner for Aboriginal Children and Youth
8	Liana Buchanan	VIC	Commission for Children and Young People	Principal Commissioner for Children and Youth
9	Muriel Bamblett	VIC	Victorian Aboriginal Child Care Agency	Executive Director
10	Paul O’Reilly	NSW	Department of Juvenile Justice	Executive Director
11	Stacey Anderson	QLD	Department of Child Safety, Youth and Women	Principal Project Officer
12	Simone Czech	NSW	Department of Communities and Justice	Deputy Secretary

Appendix 1: List of interviewees (external representatives)

Interview #	Name	Jurisdiction	Organisation	Role
13	Margaret Collard	WA	Department of Communities	A/ General Manager, Professional Practice Unit
14	Melanie Samuels	WA	Department of Communities	General Manager
15	Dr. Lisa Pollard	QLD	Department of Youth Justice	Senior Executive Director, Strategy and Performance
16	Toni Craig	QLD	Department of Youth Justice	Director Policy, Strategy and Legislation

Appendix 1: List of interviewees (EY)

Interview #	Name	Jurisdiction	Organisation	Role
17	Alex Martin	NSW	EY	Partner/Principal - Justice
18	Andrea Danes	USA	EY	Executive Director – Human Services Lead, US
19	Andrea Lauchs	QLD	EY	Senior Manager – Human Services, QLD
20	Bridget Browne	ACT	EY	Partner/Principal – Actuarial
21	Helen Sunderland	UK	EY	Executive Director – Human Services lead, UK
22	Julie McQueen	UK	EY	Associate Director – Global Government and Public Sector
23	Kate Hillman	QLD	EY	Partner/Principal – Human Services, QLD
24	Kurt Solarte	VIC	EY	Partner/Principal – Technology
25	Laura Rasmussen	QLD	EY	Senior Manager – Human Services, QLD
26	Maria Laborne	Brazil	EY	Senior Manager – Government and Public Sector, Brazil
27	Mark Galvin	NSW	EY	Partner/Principal - Evaluation Practice Lead
28	Melissa Kaltner	NSW	EY	Senior Manager – Evaluation Practice Lead
29	Rohan Barrett	QLD	EY	Senior Manager – Human Services, QLD

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Appendix 3: Overview of research approach

Key problem statement

How are other jurisdictions responding to COVID-19 in terms of proactively identifying and supporting children, and establishing long-term intelligence functions? How can Oranga Tamariki leverage these insights to evaluate its practices and make changes going forward?

Reform context



Alignment to vision and strategy

Research focus areas

Intelligence function

- ▶ What intelligence approaches are in place to identify and support children?
- ▶ How has this been strengthened to identify and support children during COVID-19?
- ▶ What are the key elements and features of the intelligence function and operating model?
- ▶ What are the key results or outcomes expected from the data platform and operating model?
- ▶ How is the intelligence function being used to inform the future provision of practical supports?

Service delivery and operations

- ▶ What are the adaptations throughout identification, triage, investigations, case work and continuous care to address challenges from COVID-19?
- ▶ What are the adaptations across all stages of the youth offender continuum to address challenges from COVID-19?
- ▶ What are alternative formal and informal governance arrangements during COVID-19?
- ▶ What are potential changes to roles and responsibilities during COVID-19?