



S N A I C C

Secretariat National Aboriginal and Islander Child Care

Pathways to safety and wellbeing for Aboriginal and Torres Strait Islander children

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SECTION 1: CONTEXT

Purpose and evidence base

This paper describes priority pathways and actions to support improved safety and wellbeing outcomes for Aboriginal and Torres Strait Islander children, based on the knowledge of Aboriginal and Torres Strait Islander community and sector leaders and the evidence from practice and research. It presents clear ways forward for implementation action under Supporting Outcome 5 of the *National Framework for Protecting Australia's Children 2009-2020 (National Framework)*. Supporting Outcome 5 recognises that safety and wellbeing for children is enabled when “Indigenous children are supported and safe in their families and communities.”¹ It identifies that achieving this goal requires tailored approaches that recognise cultural differences and strengths; the specific challenges faced by Aboriginal and Torres Strait Islander communities, and the need for “Indigenous-led and managed solutions.”²

Work under the *National Framework* to date has engaged Aboriginal and Torres Strait Islander community leaders from around the country to identify barriers and practical solutions to promoting the safety and wellbeing of Aboriginal and Torres Strait Islander children. This paper draws on:

- an evidence-base from literature;
 - consultation with leading non-government organisations, Aboriginal and Torres Strait Islander child and family services leaders, academics and government stakeholders;
 - the outcomes of a workshop held in May 2013 addressing the Aboriginal and Torres Strait Islander Child Placement Principle and identifying barriers and solutions to improve compliance and reporting (the ATSICPP workshop);
 - the outcomes of a Knowledge Circle on the Safety and Wellbeing of Children in Aboriginal and Torres Strait Islander communities held in June 2013 (the Knowledge Circle);
 - input from the National Forum for Protecting Australia's Children (the National Forum);
 - the guidance of a working group of stakeholders under the National Forum convened by the Secretariat of National Aboriginal and Islander Child Care (SNAICC) (including stakeholder representation from both federal and state governments, the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children, and SNAICC);
- Note: Although the drafting of this paper has been assisted by the working group, the views in this paper remain those of SNAICC and have not been formally endorsed by the National Forum or by the Commonwealth and state and territory governments.*
- broader academic and stakeholder review of the paper.

In particular, this paper aims to continue the spirit and direction of the June 2013 Knowledge Circle which engaged a significant number of Aboriginal and Torres Strait Islander and sector leaders with the express purpose:

¹ Council of Australian Governments (2009), *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*, p. 28.

² *Ibid.*

³ Report of the *Knowledge Circle: Wellbeing and Safety of Children and Young People in Aboriginal and Torres*

“to identify and suggest next steps to improve the safety and wellbeing of children and young people in Indigenous communities from an Indigenous perspective. The workshop was based on the concept that Indigenous leaders and communities know best the challenges faced and how to provide effective prevention and early intervention.”³

The priority pathways and actions described in this paper are provided to assist the development of the Third Three-year Action Plan under the National Framework. They are also provided to inform the broader activities of government and civil society to advance the safety and wellbeing of Aboriginal and Torres Strait Islander children.

Addressing challenges for Aboriginal and Torres Strait Islander children and families is everyone’s business

Aboriginal and Torres Strait Islander families and communities have successfully provided love and care for their children, growing them up strong and safe in their cultural traditions for thousands of years. Despite the adversity of post-colonisation history for Aboriginal and Torres Strait Islander communities, these traditions have endured and remain the dominant paradigm in community and cultural care for Indigenous children. The cultural strengths of Aboriginal and Torres Strait Islander child rearing practices contribute to create safe and nurturing environments for children – indeed, the literature has recognised the value of Indigenous kin and community systems that provide holistic care for children.⁴ However, despite these strengths and the committed effort of the vast majority of Aboriginal and Torres Strait Islander people to care for children, Indigenous communities find themselves under a level of strain that is impacting negatively on children, requiring a whole of community and society response to redress the issues.

The higher rates of poverty and disadvantage experienced by Aboriginal and Torres Strait Islander communities as compared to the general population are well documented and recognised as stemming from experiences of colonisation, discrimination, forced child removal, and the inter-generational impacts of resulting trauma.⁵ Aboriginal and Torres Strait Islander children experience trauma through their connection to adults and communities that are dealing with the negative impacts of history, including dispossession and cultural identity loss, as well as directly through exposure to violence, abuse and neglect that occur more commonly in communities experiencing poverty and disadvantage.⁶ The higher rate of involvement of Aboriginal and Torres Strait Islander people in the criminal justice system, and issues related especially to housing, and drug and alcohol use, contribute to unsafe environments for children.⁷

³ Report of the *Knowledge Circle: Wellbeing and Safety of Children and Young People in Aboriginal and Torres Strait Islander Communities*, Cairns, 7 June 2013.

⁴ Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2009). *Footprints in Time: The Longitudinal Study of Indigenous Children—Key Summary Report from Wave 1*, p. 42; SNAICC (2004). *Indigenous Parenting Project: Final Report*, Me, p. 40; Yeo, S. (2003). Bonding and attachment of Australian Aboriginal children. *Child Abuse Review*, 12, 299; Taylor, J. (2011). Coming, ready or not: Aboriginal children’s transition to school in urban Australia and the policy push. *International Journal of Early Years Education*, 19(2), 145, p. 148; Armstrong, S, Buckley, S., Lonsdale, M., Milgate, G., Kneebone, L., Cook, L., and Skelton, F. (2012). *Starting school: a strengths-based approach towards Aboriginal and Torres Strait Islander children*, pp.11-12.

⁵ Aboriginal and Torres Strait Islander Healing Foundation (2013), *Growing our Children Up Strong and Deadly*.

⁶ Atkinson, J. (July 2013). *Trauma Informed Services and Trauma specific care for Indigenous Australian Children* (Resource Sheet no. 21), Australian institute of Health and Welfare, Australian Institute of Family Studies, Closing the Gap Clearinghouse.

⁷ Australian Institute of Health and Welfare (2014), *Indigenous Child Safety*, p. 12, 22.

At 30 June 2013 Aboriginal and Torres Strait Islander children were 10.6 times more likely to be in out-of-home care than non-Indigenous children, a rate that is rising annually.⁸ While this reality is of great concern, and indicates the need for urgent redress of the causes of child abuse and neglect, it is important to remember that the cohort of Indigenous children in out-of-home care in 2013 represented only 5.7% of Australia's Indigenous child population.⁹ The vast majority of Aboriginal and Torres Strait Islander families are strongly functioning and providing quality and culturally strong care for children. Indeed, 53.5% of Indigenous children that were in out-of-home care in 2013 were cared for by Aboriginal and Torres Strait Islander kin and community members¹⁰ who successfully provide care, albeit with additional hardship. Strong informal networks of support already exist within communities. The *National Framework* has outlined the need to build from the existing strengths of Aboriginal and Torres Strait Islander communities to care for children. Thus, empowering communities to develop and deliver responses is key to addressing the broader challenges.

Wellbeing for Aboriginal and Torres Strait Islander children is enabled through positive connections to their Indigenous community and culture that reinforce positive self-identity.¹¹ These connections have been linked to children's development of resilience and emotional strength,¹² and are critical to the maintenance of support networks that contribute to keeping children safe.¹³ Canadian studies have also shown the links between cultural continuity at the community level and reduced rates of youth suicide.¹⁴ The interruption and lack of support for these cultural connections as a result of family breakdown and child protection intervention is a major contributor to poor wellbeing, educational and health outcomes being experienced by children. This evidence highlights an urgent need for family and community strengthening initiatives to change outcomes for vulnerable Indigenous children now and into the future.

A focus on prevention and early intervention

Broad-reaching reforms were proposed in the consultations that inform this paper, and are necessary to address the complex challenges facing families and communities. However, this paper aims to identify a narrower set of clear and achievable priority actions. It takes a particular focus on increasing early intervention and prevention activity, a recognised priority for achieving outcomes under the National Framework.

This focus aligns with the evidence-informed focus of the National Framework itself to reorient service systems to increase universally available family supports, and targeted prevention activity aligned with a public health model, thus reducing, over time, the reliance on tertiary responses through statutory child protection systems.¹⁵

⁸ Australian Institute of Health and Welfare (2014) Child Protection Australia 2012-13, p. 107.

⁹ Ibid, p. 107.

¹⁰ Ibid, p. 102.

¹¹ Colquhoun, S., and Dockeray, M. (2012). *The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples*, p. 23, 26; Armstrong, S, Buckley, S., Lonsdale, M., Milgate, G., Kneebone, L., Cook, L., and Skelton, F. (2012). *Starting school: a strengths-based approach towards Aboriginal and Torres Strait Islander children*, p. 10.

¹² Colquhoun, S., and Dockeray, M. (2012). *The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples*, p. 23, 26.

¹³ Australian Institute of Health and Welfare (2014), *Indigenous Child Safety*, p12, 22.

¹⁴ Chandler, M., and Lalonde, C. (1998). *Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*.

¹⁵ Council of Australian Governments (2009), *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*.

The application of prevention and early intervention approaches in Aboriginal and Torres Strait Islander communities requires differential responses. This is in recognition of the different causes of child neglect and abuse, and cultural differences that impact family engagement and the effectiveness of service supports.

To be effective, approaches must incorporate an understanding that:

- Harm to children often has inter-generational causes linked to the breakdown of cultural and community connectedness and identity.¹⁶ Prevention of harm in this context must seek to intervene in inter-generational cycles of harm by healing, strengthening and re-connecting communities.¹⁷
- Access to services is often inhibited by delivery that is not culturally appropriate and Aboriginal and Torres Strait Islander people under-utilise mainstream services.¹⁸ Indigenous-led and culturally strong services assist to overcome engagement barriers.¹⁹
- Levels of substantiated child abuse and neglect for Indigenous children are higher than for any other group in Australian society and indicate the need for targeted prevention responses to meet the needs of families with multiple and complex problems and vulnerabilities.²⁰ Integrated service responses are also critical to address service access barriers for families with high needs.²¹
- Success of interventions heavily depends on community development and empowerment.²² Child and/or family focussed interventions alone cannot address broader issues around community leadership, workforce development, education, poverty alleviation and community healing.

The early intervention and prevention focus of this paper means that a range of actions proposed in the consultations that inform it around child protection systems operation, and supports for Aboriginal and Torres Strait Islander children in out-of-home care are not addressed. SNAICC recommends that the National Forum should consider alternate processes for following up these recommendations, particularly as arising from the ATSI CPP workshop. This will be necessary if the commitment from the Second Three Year Action Plan to '*Enhance the application and nationally consistent reporting of the Aboriginal Child Placement Principle*'²³ is to be genuinely progressed. Of the five broad elements identified as underpinning effective implementation of this principle, spanning prevention,

¹⁶ Atkinson, J. (July 2013). *Trauma Informed Services and Trauma specific care for Indigenous Australian Children* (Resource Sheet no. 21), Australian Institute of Health and Welfare, Australian Institute of Family Studies, Closing the Gap Clearinghouse; Aboriginal and Torres Strait Islander Healing Foundation (2013), *Growing our Children Up Strong and Deadly*.

¹⁷ Aboriginal and Torres Strait Islander Healing Foundation (2013), *Growing our Children Up Strong and Deadly*.

¹⁸ SNAICC. (2010). *Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services*.

¹⁹ Flaxman, S. et al (2009). *Indigenous families and children: coordination and provision of services*, Occasional Paper No 23, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), p.23; SNAICC (2010). *Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services*.

²⁰ Matthews, G. and Burton, J. (2013). Promising practice in intensive support for Aboriginal and Torres Strait Islander children and families. *Developing Practice: The Child, Youth and Family Work Journal*, 34: 56.

²¹ Moore, T., and Skinner, A. (2010). *An integrated approach to early childhood development*, Centre for Community Child Health (CCCH) and The Benevolent Society, p. 6.

²² Higgins (2014). *Community development approaches to safety and wellbeing of Indigenous children*, p. 7.

²³ Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2012). *Second Three Year Action Plan, 2012-2015: Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*, p. 22.

representative Indigenous participation, child and family participation, appropriate placement, and cultural care,²⁴ only the first three are significantly taken-up by this paper.

²⁴ For a full description of these elements, see: Tilbury, C. (2013). *Aboriginal and Torres Strait Islander Child Placement Principle: Aims and Core Elements*, Secretariat of National Aboriginal and Islander Child Care.

SECTION 2: PATHWAYS TO CHANGE

Introduction and overview

This section identifies a number of specific priority pathways and actions to advance efforts promoting the safety and wellbeing of Aboriginal and Torres Strait Islander children. For each action, a three-year implementation strategy is provided, with the intention of informing implementation efforts that could align with the Third Three-Year Action Plan under the National Framework. These strategies provide broad guidance on appropriate implementation activity, but require adaptation within each state and territory taking account of different systems, issues and progress already made.

Figure 1 provides an overview of the pathways and actions identified.

Figure 1: Pathways to safety and wellbeing for Aboriginal and Torres Strait Islander children.

PATHWAY 1: SUPPORTING FAMILIES AND COMMUNITIES TO STAY TOGETHER	PATHWAY 2: ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION	PATHWAY 3: TRAUMA AND HEALING INFORMED APPROACHES	PATHWAY 4: SYSTEMS ACCOUNTABILITY TO ABORIGINAL AND TORRES STRAIT ISLANDER PRIORITIES
Action 1: Implementing Indigenous-led integrated child and family service supports	Action 4: Making Aboriginal and Torres Strait Islander Family Decision-Making processes available	Action 7: Enabling Aboriginal and Torres Strait Islander communities to develop and deliver their own healing approaches	Action 9: Development of an outcomes monitoring framework on cultural, family and community connection
Action 2: Developing process and accountability for identifying and recording Aboriginality	Action 5: Supporting development of community-based representative child protection structures	Action 8: Implementing workforce development to embed healing and trauma informed practice across relevant service sectors	Action 10: A mechanism for monitoring outcomes led by Aboriginal and Torres Strait Islander people and/or organisations
Action 3: Providing culturally strong, and quality intensive family support services as early as possible	Action 6: Strengthening partnerships between Indigenous and non-Indigenous organisations		

PATHWAY 1: SUPPORTING FAMILIES AND COMMUNITIES TO STAY TOGETHER

“Maintaining connection to family, community and culture is essential within a framework that respects the physical, mental and emotional security of the child. This is particularly important in light of the historical experiences that Aboriginal families have had with child protection agencies.”

National Framework for Protecting Australia’s Children 2009-2020

Pathway 1 focuses on actions that implement early intervention and prevention responses that strengthen Aboriginal and Torres Strait Islander families and communities to care for their children.

Participants in the Knowledge Circle identified critical gaps in the effectiveness of current approaches:

“Where early intervention service options do exist, these were often seen as not as effective as they could be due to a lack of connection with local culture...Discussion of [early intervention and prevention] also linked with the importance of greater local control of services and enforced the concept that timely and early family support is required, driven by strong community leadership.”²⁵

Participants described that:

“Further development and implementation of service delivery models that facilitate Indigenous controlled, community-directed brokerage of services which are specifically tailored to meet local needs are required.”²⁶

The workshop proposed the identification and development of brokerage models through which Aboriginal and Torres Strait Islander communities have funding control to respond to local needs. Brokerage funds could enable Aboriginal and Torres Strait Islander organisations to purchase services from non-Indigenous providers for their children and families, exercising greater control over what services are purchased, who delivers them and how they are delivered.

Amongst promising Australian initiatives to employ a model of community-level control of funding allocation has been the Communities for Children program that has demonstrated improved outcomes in areas including parenting, employment levels, social cohesion, and child and family service collaboration.²⁷ Flaxman et al (2009) in their review of Indigenous service delivery through the program, describe that it gave local non-government ‘facilitating partners’ that administered funding and the ‘community partners’ they worked with,

“greater control over what services were delivered and the manner in which this was done. [Facilitating partners] also saw a greater opportunity to negotiate more

²⁵ Report of the Knowledge Circle: Wellbeing and Safety of Children and Young People in Aboriginal and Torres Strait Islander Communities, Cairns, 7 June 2013.

²⁶ Ibid.

²⁷ Muir, K. et al. (2009). *National evaluation (2004-2008) of the Stronger Families and Communities Strategy 2004-2009*, Occasional Paper No 24, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). p. ix-xi.

meaningfully with communities because they had a better understanding of the local context than did governments.”²⁸

While the Communities for Children program has not had an intentional focus on Indigenous community leadership in service delivery, its successes have more recently been drawn upon in the development of the Stronger Communities for Children (SCfC) program in the Northern Territory. SCfC provides an example of an emerging focus on Aboriginal community leadership in local service design, and is in the early stages of supporting the development and operation of ‘Local Community Boards’, consisting of Aboriginal community leaders, to drive child and family service design and delivery.

The ATSICPP workshop recognised that a fundamental issue contributing to the failure to provide effective responses to vulnerable Aboriginal and Torres Strait Islander children is the practice of de-identifying or failing to identify the Indigenous status of Aboriginal and Torres Strait Islander children. This practice, sometimes described as ‘unticking the box’, has broad-ranging implications for cultural connection, wellbeing and identity for children, including non-provision of services that recognise and respond to their specific cultural needs. The workshop identified the priority to develop “policy and practice guidance regarding the identification and confirmation of Aboriginality.”²⁹ While the extent of the problem is currently not well documented, national data suggests gaps in effective identification. The AIHW (2014) reports in its annual review of child protection data that, “*The practices used to identify and record the Indigenous status of children vary across states and territories, with some jurisdictions recording large numbers of unknowns.*”³⁰

The ATSICPP workshop also emphasised the importance of improving family support services and better matching them to the needs of Aboriginal and Torres Strait Islander communities. Strategies identified aligned with the literature emphasising the importance of targeted responses for family preservation and restoration with a focus on the cultural and healing needs of children, families and communities.³¹

The workshop outcomes also highlighted that solutions should include increasing the availability of non-stigmatising service entry points, including integrated early years targeted family supports, such as those provided by the Aboriginal and Torres Strait Islander Child and Family Centres.³² Discussions were clearly aligned with the literature that strongly identifies integrated services that provide holistic responses to child and family needs as critical to support Aboriginal and Torres Strait Islander families. As Arabena (2014) identifies, “*Coordinated interventions that properly engage parents and vulnerable children with interrelated issues — such as maternal mental health, parental incarceration, racism and familial stress — and also engage with the child protection and welfare systems have the best chance of being effective.*”³³

²⁸ Flaxman, S. et al (2009). *Indigenous families and children: coordination and provision of services*, Occasional Paper No 23, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), p. 9.

²⁹ Australian Centre for Child Protection (2013) *Aboriginal and Torres Strait Islander Child Placement Principle Workshop: Workshop summary*, 20 May, p. 3.

³⁰ Australian Institute of Health and Welfare. (2014). *Child Protection Australia 2012-13*, p. 107.

³¹ Tilbury, C. (2015 – forthcoming). *Moving to prevention: Research report: Intensive family support services for Aboriginal and Torres Strait Islander children and families*.

³² Australian Centre for Child Protection (2013) *Aboriginal and Torres Strait Islander Child Placement Principle Workshop: Workshop summary*, 20 May, p18.

³³ Arabena, K. (2014). The First 1000 Days: Catalysing equity outcomes for Aboriginal and Torres Strait Islander children. *The Medical Journal of Australia*, 200(8): 442.

Priority actions for change:

Action 1: Increase coverage and capacity of Aboriginal and Torres Strait Islander community organisations to lead integrated and holistic service supports for families based on their knowledge of local needs.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> Assess coverage and gaps for Indigenous community-led integrated family service models operating in each state and territory. Explore brokerage models through which community-controlled organisations could exercise greater control over funding allocation by purchasing services for their families. Commence development of state/territory-wide coverage plans for Indigenous-led integrated family services. Implement capacity building programs where there is a need to increase Aboriginal and Torres Strait Islander community and organisational leadership in child and family services (Years 1 - 3).
YEAR 2	<ul style="list-style-type: none"> Allocate flexible brokerage funding wherever there is existing capacity for Aboriginal and Torres Strait Islander communities and their organisations to lead integrated service responses. Complete development of a state-wide coverage plan and appropriate leadership model/s for implementation in each state/territory.
YEAR 3	<ul style="list-style-type: none"> Commence state/territory-wide roll-out of an Aboriginal and Torres Strait Islander community-led integrated family services model/s in line with capacity and readiness of communities to implement.

Priority Outcomes

- Increased number of child and family services that provide strengths based, culturally strong services that respond to local community needs.
- Increased leadership of Aboriginal and Torres Strait Islander communities and organisations in child and family service design and delivery.
- Community development and increased employment for Aboriginal and Torres Strait Islander community members.

Strong and emerging practice to inform implementation of Action 1:

Aboriginal Children and Family Centres (ACFCs) and Multi-functional Aboriginal Children's Services (MACS) across Australia provide integrated services targeted to meet family support, maternal and child health, education and care needs for families with young children. Both service types deliver flexible, holistic programs designed to meet locally determined priorities and needs. Operating as community hubs, they offer a range of integrated services through a 'one right door' approach, in addition to acting as referral agencies to connect families with a range of relevant social services. A further key element of these services is their inclusive approach, catering as far as possible to the children and families who live in and visit their communities, rather than restricting support only to those who are formally enrolled and/or able to pay fees.³⁴ As Indigenous-led services, ACFCs and MACS are uniquely placed in their delivery of culturally strong services, where history, culture and language inform and are honoured within daily practice. Through strong Aboriginal and Torres Strait Islander leadership, and a focus on the employment and training

³⁴ Brennan, D. (2013). *Joining the Dots. Program and Funding Options for Integrated Aboriginal and Torres Strait Islander Children's Services*, p. 4.

of local Aboriginal and Torres Strait Islander staff, the services also facilitate the development, sustainability and economic empowerment of their local communities. With a compelling history of enabling positive outcomes for Aboriginal and Torres Strait Islander children and families, the ACFC and MACS models provide a powerful base from which to build upon and inform the implementation of Action 1.

Child FIRST (Child and Family Information, Referral and Support Teams) is a Victorian initiative implemented by the Department of Human Services (DHS). The initiative is part of an **Integrated Family Services** system and acts as an intake, referral and assessment service, providing links to other services. Each Child FIRST service sits within a Child and Family Service Alliance, which are established within each sub-region. The Alliances are comprised of representatives from Child FIRST, DHS (including Child Protection and Departmental staff), Integrated Family Services and Aboriginal Community-Controlled organisations. A central focus of Child FIRST is to increase the accessibility for and uptake of child and family services by Aboriginal families. To enable this, collaboration with and inclusion of Aboriginal organisations as active Alliance participants is a central strategy. Aboriginal organisations are 'supported to take a lead in designing services and ensuring their cultural responsiveness to Aboriginal children and families.'³⁵ An enabling initiative adopted by some catchments is the employment of an Aboriginal Liaison Worker (ALW) by an Aboriginal agency to provide input and advice to all cases for Aboriginal children. The ALW provides input into assessment, planning and intervention phases, and provides insight into other relevant areas.³⁶

Stronger Communities for Children (SCfC) is an integrated early intervention and prevention programme. It aims to give Indigenous children and young people the best possible start in life through safer families and communities and nurturing educational environments. It also aims to provide positive participation opportunities so that children and young people grow up strong, healthy and confident. The programme was established in five sites in 2013-14. The SCfC model involves a lead non-government organisation (a Facilitating Partner) working with community (via a Local Community Board) to decide on the services needed. The Facilitating Partner works with local services to ensure collaboration, joint planning and to avoid duplication. The Facilitating Partner organisation is supported by a Quality Service Support Panel (QSSP), Ninti One, that assists organisations in the establishment of SCfC services, ensuring they have the capacity and resources they need to be successful in the role. The QSSP provides day to day mentoring and professional support to the SCfC Facilitating Partners, including in the selection of evidence-based services. The QSSP works with communities to identify the most appropriate local governance arrangements to represent the interests of the SCfC client target groups and facilitate their formation into a leadership group (Local Community Board). Under the Australian Government's Indigenous Advancement Strategy, SCfC will have an increased focus on targeting school-readiness and supporting children's learning to encourage school completion. Service delivery will target family support, parenting, youth safety and the employment of local Indigenous people.

³⁵ KPMG. (2011). *Child FIRST and Integrated Family Services – Final Report*, prepared for the Department of Human Services, February, p. 46.

³⁶ KPMG. (2011). *Child FIRST and Integrated Family Services – Final Report*, prepared for the Department of Human Services, February, p. 49.

Action 2: Develop a policy and practice guidance on identifying, confirming and recording Aboriginality³⁷ for all child and family service providers, including government child protection services.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> • State/territory review of current policies and procedures for identifying, confirming and recording Aboriginality. • Consultation with service providers and communities to determine the nature and extent of the problem and practice issues contributing to the problem.
YEAR 2	<ul style="list-style-type: none"> • Develop national policy and practice guidance for identifying and confirming Aboriginality. • Adoption, dissemination and application of national practice guidance to reform of systems and policy development.
YEAR 3	<ul style="list-style-type: none"> • Include compliance with the practice guidance in all future family service contracts. • Resource Aboriginal and Torres Strait Islander organisations to provide advice and support to aid identification. • Ongoing implementation and monitoring.
Outcomes	
<ol style="list-style-type: none"> 1. Reporting and statistics accurately reflect service use and issues for Aboriginal and Torres Strait Islander children. 2. Aboriginal and Torres Strait Islander children receive culturally specific services that respond to their unique needs wherever these are available. 3. Effective identification of children supports application of the Aboriginal and Torres Strait Islander Child Placement Principle, keeping children connected to family and culture. 	

Strong and emerging practice to inform implementation of Action 2:

The research for this paper has identified only **limited practice guidance on identifying ‘Aboriginality’ for child and family service providers** and the extent of the practice varies across different states and territories. The Victorian Government Department of Human Services outlines practice for identifying ‘Aboriginality’ in the *Aboriginal Child Placement Principle Guide: For Child Protection and Careworkers*. This guide outlines that the Child Protection Worker should attempt to establish Aboriginality at the notification stage. This is to be achieved by the Child Protection worker asking the notifier if the child is Aboriginal or Torres Strait Islander.³⁸ Less specific is the NSW *Standards for Statutory Out of Home Care*. Standard Eleven refers to initial assessments responding to the identified needs of the child and refers to the Aboriginal and Torres Strait Islander Placement Principle (Placement Principle). While Standard Eleven does not define ‘Aboriginality’ status it includes criteria that the initial assessment will consider cultural identity and the Placement Principle.³⁹ Families South Australia *Child Safe Environments: Principles of Good Practice* outlines when a child protection report is made that if both the notifier and or the children and adults

³⁷ Note: the term ‘Aboriginality’ is generally understood to refer to the Indigenous status of both Aboriginal and Torres Strait Islander people and is used here with that meaning.

³⁸ Department of Human Services. (2012). *Aboriginal Child Placement Principle Guide*, p 25.

³⁹ NSW Office of the Children’s Guardian. (2013). *NSW Standards for Statutory Out of Home Care*, p 14.

subject to the notification are Aboriginal and Torres Strait Islander, workers should be aware of the particular supports that should be made available.⁴⁰ The Tasmanian Government's *Kids Come First* framework refers to Aboriginal status and Aboriginal children in out-of-home care placed in accordance with the Placement Principles as a specific outcome area for data aggregation.⁴¹ The *Notification to Child Protection Services* form specifically asks if the notifier is aware of the Aboriginal status of the children and family.⁴²

Initiatives in the health sector in particular have sought to improve practice in the effective identification of Aboriginal and Torres Strait Islander peoples accessing health service. For example, the **Australian Institute of Health and Welfare has developed a suite of resources to support identification practice** that includes best practice guidelines, a brochure, training tool, factsheet and poster that are all available from the AIHW website. Also, the **Royal Women's Hospital** in Melbourne has been undertaking work to improve the identification of Aboriginal and Torres Strait Islander babies in mainstream maternity services. The project, working with the Victorian Aboriginal Community Controlled Health Organisation and the Victorian Government, has implemented changes to data collection systems, policies and procedures and produced training and information resources.⁴³

Action 3: Provide culturally strong and effective intensive family support services for vulnerable Aboriginal and Torres Strait Islander families as early as possible.

Three-year implementation strategy	
YEAR 1	<ul style="list-style-type: none"> Assess coverage and gaps for intensive family support for Aboriginal and Torres Strait Islander families with complex needs. Review current models of intensive family support to assess their appropriateness to provide effective and early supports to Aboriginal and Torres Strait Islander families, considering recent SNAICC research on effective approaches for Aboriginal and Torres Strait Islander families. Assess the current role and capacity of Aboriginal and Torres Strait Islander organisations to provide intensive supports and identify opportunities to strengthen their role and capacity. Develop best practice standards for non-Indigenous organisations providing intensive supports for Aboriginal and Torres Strait Islander families, including partnership approaches (see Action 6 below).
YEAR 2	<ul style="list-style-type: none"> Increase investment in intensive family support to respond to coverage gaps identified. Provide increased resourcing and/or capacity-building supports for Aboriginal and Torres Strait Islander organisation to provide intensive family supports. Adapt models to better align with good practice in intensive support for Aboriginal and Torres Strait Islander families.

⁴⁰ Families SA .(2012). *Child Safe Environments: Principles of Good Practice*, Department for Education and Child Development, p. 33.

⁴¹ Tasmanian Government. (2013). *Kids Come First Update*, p. 5.

⁴² Tasmanian Department of Health and Human Services, Notification Form, retrieved 10 December 2014 at: http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0007/62989/Notification_Form.pdf

⁴³ Freeman, K (2014). *Improving identification of Aboriginal and/or Torres Strait Islander babies in mainstream maternity services (Vic)* (Powerpoint Presentation), retrieved 24 February 2015 at: <http://www.law.monash.edu.au/castancentre/public-events/events/2014/kate-freeman.pdf>

	<ul style="list-style-type: none"> • Include best practice standards within all future service agreements for non-Indigenous organisations providing services to Aboriginal and Torres Strait Islander families.
YEAR 3	<ul style="list-style-type: none"> • Continue to build capacity and role for Aboriginal and Torres Strait Islander organisations to deliver intensive supports.
Priority Outcomes	
<ol style="list-style-type: none"> 1. Increased use by at-risk Aboriginal and Torres Strait Islander families of best practice intensive service supports. 2. Increased diversion of Aboriginal and Torres Strait Islander children living in safe environments with their families of origin. 3. Increased service delivery by Aboriginal and Torres Strait Islander community-controlled organisations. 	

Strong and emerging practice to inform implementation of Action 3:

Since 2012, SNAICC, in partnership with Professor Clare Tilbury of Griffith University has been working on a project to explore **good practice in intensive or targeted family support services for Aboriginal and Torres Strait Islander families**. The project has been supported by the Australian Government Department of Social Services under the National Research Agenda for Protecting Australia's Children.

The forthcoming report '*Moving to Prevention*' has identified the strengths of Aboriginal and Torres Strait Islander organisations providing culturally strong and quality intensive support to families in their communities. The report reviews practice in five Aboriginal and Torres Strait Islander community-controlled organisations providing intensive support for families at risk of, or subject to, child protection intervention. The five participating family support services are from urban, rural, remote and discreet communities in the Northern Territory, Queensland, New South Wales and Victoria.

The findings from the research have identified the following elements of best practice:

1. Providing services in culturally competent and respectful ways.
2. Matching services to child and family needs and strengths.
3. Partnerships with and participation of family members.
4. Providing a mix of practical, educational, therapeutic and advocacy supports.
5. Effective working relationships with statutory child protection agencies.

This research sets out the way in which the five intensive or targeted family support services delivered by Aboriginal and Torres Strait Islander community-controlled organisations operate in unique ways to meet the needs of their local communities by using a range of strategies to promote family empowerment, engagement and participation in service provision.

The **New South Wales Intensive Family Based Services (IFBS)** program is based on the Homebuilders model developed in Washington State, USA. Funded by the NSW Department of Family and Community Services, the IFBS offers intensive, time-limited, home-based support for Aboriginal and Torres Strait Islander families with children aged 0 to 17 years in crisis where:

- children are at high risk of entering an out of home care placement;
- children are currently in an out of home care placement and a restoration plan is in place; or
- a child's placement is at imminent risk of breakdown and the child and/or carer requires support to stabilise the placement.

Caseworkers have low caseloads and work intensively with families initially visiting the family most days over a 12 week period. There is a clear assessment framework and child and family progress is reviewed weekly or fortnightly. A step down service for up to 6 months is available for families where there are no ongoing child protection concerns.

IFBS are funded to deliver assessment, case planning and management, family and child engagement, and skill building and support. Caseworkers have access (phone, email, service visits) to clinical issues consultants within the Department for specialist advice about domestic and family violence, mental health, and drugs and alcohol. Casenotes are input directly to a web-based portal to which designated statutory caseworkers also have access, aimed at ensuring good communication in the partnership to protect children.

There are four community-controlled Aboriginal IFBS, supported by state peak body for Aboriginal child and family welfare services, AbSec. The services are currently being externally evaluated.

PATHWAY 2: ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION

The participation of Aboriginal and Torres Strait Islander communities and their organisations in the design and delivery of responses that promote the safety and wellbeing of Aboriginal and Torres Strait Islander children is essential to improving outcomes.⁴⁴ However, research has found that this critically important recommendation of the *Bringing them Home* report to include Aboriginal communities and organisations in all decisions regarding the safety of their children remains largely unimplemented.⁴⁵ Pathway 2 focuses on actions that seek to redress this inaction by including Aboriginal and Torres Strait Islander communities, families and children in decision-making for ensuring the safety and wellbeing of children.

The Knowledge Circle Report included a focus on building the role and capacity of Aboriginal and Torres Strait Islander services working in the early intervention and prevention space. The report described that:

“Participants considered that despite recent efforts, more work is required to implement community based services which are founded on community development principles which include building strong communities with capacity to solve collective problems.”⁴⁶

This emphasis reflects national research that has confirmed significant gaps in the coverage and capacity of Indigenous organisations to provide services, and described the imperative to grow their role in order to enhance quality of service delivery, while also contributing to local governance, leadership and economic participation.⁴⁷ The Knowledge Circle specifically recommended action to enable *“communities to identify and manage local solutions, and to drive early intervention.”⁴⁸*

Participants in the ATSICPP workshop report further concluded that,

“Coupling decision making authority for Aboriginal and Torres Strait Islander entities and individuals, with the delivery of programs that are likely to lead to the greatest impact for children...is most likely to be effective in addressing the over-representation of Aboriginal and Torres Strait Islander children in care and protection systems.”⁴⁹

The workshop report also emphasised the critical importance of family and child participation in planning and decision-making, and concluded that:

⁴⁴ Secretariat of National Aboriginal and Islander Child Care. (2013), *Whose voice counts?: Aboriginal and Torres Strait Islander participation in child protection decision-making.*

⁴⁵ Ibid.

⁴⁶ Report of the *Knowledge Circle: Wellbeing and Safety of Children and Young People in Aboriginal and Torres Strait Islander Communities*, Cairns, 7 June 2013, p. 6.

⁴⁷ Australian National Audit Office (2012). *Capacity Development for Indigenous Service Delivery*, Audit Report No 26, 2011-2012, p17.

⁴⁸ Report of the *Knowledge Circle: Wellbeing and Safety of Children and Young People in Aboriginal and Torres Strait Islander Communities*, Cairns, 7 June 2013.

⁴⁹ Australian Centre for Child Protection (2013) *Aboriginal and Torres Strait Islander Child Placement Principle Workshop: Workshop summary*, 20 May.

“Family decision making processes which are driven by Aboriginal organisations are seen as a favourable model of practice and should be made available more broadly across the nation. Good practice models and ideas of what works well should be held up and translated across jurisdiction. ...Family decision making models, such as those operating in Victoria, have self-determination incorporated within the model and work to restore children to their families.”⁵⁰

A model of Aboriginal Family Decision Making that includes Aboriginal organisations in a co-facilitator role for family conferences has been implemented across Victoria since 2005. The 2012 report of the *Protecting Victoria’s Vulnerable Children* inquiry noted the model as a strength in the inclusion of the Aboriginal community in decision-making and recommended its broader use.⁵¹ The report of the Queensland Child Protection Commission of Inquiry recommended the Victorian model be piloted in Queensland,⁵² and the promise of the approach has been reflected in the recent development of trials in New South Wales and Queensland.

The absence of support for Aboriginal and Torres Strait Islander children to participate and have their voices heard on the issues and decisions affecting them has also been identified as a significant gap. Research in the child protection sector has described limited development of systems, knowledge and practitioner competencies for enabling children’s participation, and the absence of culturally appropriate supports for enabling Indigenous children’s participation.⁵³

⁵⁰ Ibid.

⁵¹ Cummins, P., Scott, D., and Scales, B. (2012). *Report of the Protecting Victoria’s Vulnerable Children Inquiry*. p. 304, 309.

⁵² Carmody, T. *Taking Responsibility: A Roadmap for Queensland Child Protection*. p. 220-21.

⁵³ Secretariat of National Aboriginal and Islander Child Care. (2013). *Whose Voice Counts: Aboriginal and Torres Strait Islander participation in child protection decision-making*. p. 44.

Priority actions for change:

Action 4: Make Aboriginal Family Decision-Making (AFDM) processes available to all Aboriginal and Torres Strait Islander families at the earliest possible opportunity when there are child safety concerns. Include Aboriginal and Torres Strait Islander organisations in the coordination and facilitation of conferences.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> Review current models of AFDM including especially the model operating in Victoria and assess potential for implementation and adaptation. Assess legislation, policy, and procedure for enabling Aboriginal and Torres Strait Islander families and children to participate in child protection decision-making. Commence development of an AFDM model, and revision of policy and procedure where required.
YEAR 2	<ul style="list-style-type: none"> Complete model development and revision of policies and procedures to align with a strong model of Aboriginal and Torres Strait Islander family participation. Develop a plan for and commence roll-out of AFDM. Provide resources, support and capacity-building where required for Aboriginal and Torres Strait Islander organisations to coordinate and facilitate conferences. Initiate any necessary legislative change agenda required to support Aboriginal Family Decision-Making.
YEAR 3	<ul style="list-style-type: none"> Effect legislative amendments, where required, to support AFDM. Complete at least 50% roll out of AFDM. Evaluate initial implementation of AFDM.

Outcomes

1. Best practice models of Indigenous family participation are embedded within jurisdictional child protection systems.
2. Increased proportion of substantiated child protection notification cases that reach mediated decisions which see children safe and cared for within family.
3. Increased family engagement in the ongoing safety and wellbeing of Aboriginal and Torres Strait Islander children.

Strong and emerging practice to inform implementation of Action 4:

Aboriginal Family Decision-Making (AFDM) has been developed as a state-wide program in Victoria since 2005. Family decision-making conferences are convened using a partnership model between a Department of Human Services convener and a community convener from a local Aboriginal agency.⁵⁴ AFDM seeks to include family members, children, community members, and respected elders in decision-making for Aboriginal children. The process used is based on the New Zealand developed model of family group conferencing and includes: “information sharing, private family time and agreeing plans. The model provides a framework that assists participants moving from what has happened (history) and where we are now (present) to making plans for what will happen (future).”⁵⁵ In 2013 Aboriginal family decision-making was redeveloped to sit within a single ‘**Family Led Decision-making**’ program that incorporates the mainstream family group conferencing

⁵⁴ Victorian Department of Human Services. (2013). *Family-led Decision-making Program Guidelines*, p. 12.

⁵⁵ Ibid, p. 33.

model. Program guidelines are clear that distinct features of Aboriginal family decision-making are maintained in the new program, and state that:

“The redevelopment of one FLDM program has as its foundation the existing core principles of the Aboriginal Family Decision Making model. The cultural uniqueness of the AFDM model underpins the redeveloped model benefiting not only the Aboriginal community but the whole of community.⁵⁶

A significant change in the new approach is the now mandatory requirement to offer families AFDM as soon as child protection concerns have been substantiated, unless the matter is proceeding to court.⁵⁷ This has significant potential to increase the early engagement of Aboriginal families in decisions for their children. AFDM must also be offered at case planning and case plan review stages for children on child protection orders.⁵⁸

In Western Australia protection and care cases can be referred to a Signs of Safety Pre-hearing Conference facilitated by an independent convenor. The objective of the conference is developing collaborative plans for ensuring children’s safety with families, the Department for Child Protection and Family Support (DCFS), support services, and other interested parties. DCFS in collaboration with Legal Aid Western Australia is implementing a pilot program, **Signs of Safety Pre-hearing Conference: Getting Ready Aboriginal Pilot**. The pilot has been developed acknowledging that Conferences need to be adapted to recognise that Aboriginal family roles and child rearing practices are considerably varied to mainstream Australian family systems. The pilot involves conducting meetings with Aboriginal families prior to Conferences to support their preparation and ensure they have a voice in Conferences.

Action 5: Support development of community-based representative child safety structures to promote child-wellbeing, input to decision-making about the welfare of children and families, and drive local early intervention and prevention strategies.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> • Literature review on international and national approaches. • State and territory review of existing participatory structures and approaches to describe the baseline for further development. • Consultation with communities and development of a draft policy and program, with systems, processes and accountability mechanisms for clear and effective functioning.
YEAR 2	<ul style="list-style-type: none"> • Programs approved by each jurisdiction. Community applications reviewed and determined. • Development and release of practice resources for the set up and operation of community child safety structures. • Pilot sites established in each jurisdiction, with strong monitoring and evaluation components.
YEAR 3	<ul style="list-style-type: none"> • Support provided to further communities to establish pilot community child safety structures. • Ongoing support, oversight and capacity development of community child safety structures.

⁵⁶ Ibid, p. 5.

⁵⁷ Ibid, p. 11.

⁵⁸ Ibid, p. 21.

	<ul style="list-style-type: none"> Evaluation report on initial 12 months of operation of community child safety structures.
Outcomes	
<ol style="list-style-type: none"> Communities are exercising greater agency and demonstrating increased accountability for the care and well-being of Aboriginal and Torres Strait Islander children. Community-developed strategies in place and driving increased early intervention and prevention activity. Vulnerable Aboriginal and Torres Strait Islander families are receiving increased and improved, culturally strong and responsive supports to better care for their children. 	

Strong and emerging practice to inform implementation of Action 5:

Community Child Protection Committees (CCPC) in the Cape York/Gulf area have been established with the assistance of the Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association (RAATSICC). These committees provide a consultative forum to discuss child, youth and family matters and feed back information to RAATSICC. The CCPC practices through principles of self-governance, and valuing community and family knowledge. Members of CCPC are selected by the community; members are respected Elders of the community, council members, shelter or safe houses workers, early intervention workers, justice group members, workers from community clinics, health workers, and educational (day care, preschool, play group, school) workers.

The committees draw on the existing resources available to them in the community, acknowledging community capacity and mobilising community at the grass roots level. The principle of self-governance promotes the community to be collectively responsible for child and family welfare issues and to respond in a culturally appropriate manner. Currently the scope of influence and decision-making authority for the committees is limited however to information provision.

The **Aboriginal Child Specialist Advice and Support Service (ACSASS)** has been operating state-wide in Victoria since 2005. It was established to implement legislative requirements⁵⁹ for participation of Aboriginal agencies in child protection decision-making and the 2002 protocol between the Victorian Department of Human Services (DHS) and the Victorian Aboriginal Child Care Agency (VACCA). ACSASS is operated by Aboriginal community-controlled organisations. The objectives of ACSASS include: to ensure an Aboriginal perspective in risk assessments; improve decision-making for Aboriginal children; and improve engagement of Aboriginal families and communities in child protection.⁶⁰ ACSASS aims to fulfil roles in: cultural advice provision to DHS staff; facilitating family and community involvement in decision-making; advising on decisions implementing the Aboriginal Child Placement Principle; supporting case planning and cultural support planning; and advising on appropriate family support services.⁶¹

⁵⁹ *Children, Youth and Families Act 2005 (Vic)*, s12.

⁶⁰ Victorian Government Department of Human Services. (November, 2012). *Practice advice: Responding to Aboriginal Children*, p. 2.

⁶¹ Victorian Government Department of Human Services. (July, 2012). *Program requirements for the Aboriginal Child Specialist Advice and Support Service*, p. 9.

The **Protecting Aboriginal Children Together (PACT)** service in New South Wales aims to ensure there is an Aboriginal lens and perspective when it comes to making key decisions on the care and protection of Aboriginal children and young people. PACT Aboriginal cultural support workers, employed by Aboriginal community-controlled agencies, work alongside child protection caseworkers when Aboriginal children are subject to a child protection response and/or intervention to ensure Aboriginal children’s and family’s cultural needs are taken into account. The service also provides support to Aboriginal families to understand child abuse and neglect issues, and to understand the child protection service and system.⁶²

Action 6: Support the development of genuine partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations providing child and family support services.

Three-year implementation strategy	
YEAR 1	<ul style="list-style-type: none"> Identify gaps in Indigenous-led child and family service delivery and opportunities for partnership supported growth (overlaps with scoping required for other actions, especially Action 1 above). Promote partnership approaches to mainstream and Indigenous organisations, including through voluntary adoption of principles for genuine partnership with Aboriginal and Torres Strait Islander communities and organisations. Provide training and facilitation support to at least 3 new or emerging partnerships in each state/territory drawing on SNAICC’s <i>Creating Change through Partnerships</i> program.
YEAR 2	<ul style="list-style-type: none"> Integrate partnership requirements within service agreements for mainstream organisations targeting a significant proportion of Indigenous clients. Provide training and facilitation support to a further 3 new or emerging partnerships in each state/territory.
YEAR 3	<ul style="list-style-type: none"> Document and share partnership success stories to promote broader uptake and learning from good practice. Re-assess service gaps and opportunities for partnership supported growth. Provide training and facilitation support to a further 3 new or emerging partnerships in each state/territory.
Priority Outcomes	
<ol style="list-style-type: none"> At least 30 new memoranda of understanding are established between mainstream and Indigenous organisations that include a core objective aligned with improving safety and wellbeing outcomes for Aboriginal and Torres Strait Islander children and their families. Aboriginal and Torres Strait Islander organisational capacity and participation in the delivery of child and family services increases. Cultural competence of mainstream providers to support Aboriginal and Torres Strait Islander families increases through stronger relationships with Indigenous organisations and communities. 	

⁶² Information provided by the New South Wales Department of Family and Community Services, November 2014.

Strong and emerging practice to inform implementation of Action 6:

A partnership approach to **develop capacity for Aboriginal out-of-home care agencies in New South Wales** has been supported in line with a commitment from New South Wales Government to transition all out-of-home care placements for Aboriginal children to be supported by Aboriginal agencies. Working in partnership with mainstream peak body, ACWA, and the NSW Government Department of Family and Community Services (FaCS), AbSec is supporting partnerships between mainstream non-government organisations and Aboriginal communities. The goal of the initiative is to build strong and accredited Aboriginal community-controlled organisations (ACCOs) delivering out-of-home care services state-wide. Already accredited mainstream agencies are auspicing and supporting the development of the new Aboriginal agencies and committing from the outset to handover service delivery to the local Aboriginal community. The model is documented in detail in the publication: SNAICC, AbSec (2013) *Developing Capacity through Partnerships: A promising model for capacity building partnerships between Aboriginal and Torres Strait Islander services and non-Indigenous services*.

SNAICC's Genuine Partnerships Training Manual and Partnerships Audit Tool have been developed through broad consultation over the last three years with organisations engaged in promising partnerships between Indigenous and mainstream child and family service providers. The training manual provides a guide for partnership leaders and 'champions' within organisations to support partnership development. It provides information and practice resources to inform processes of establishing, sustaining and reviewing partnerships. It is also a tool that facilitators can use to support partnership development processes. The partnership audit tool supports the review of inter-agency partnerships, so that partner organisations can identify partnership strengths and weaknesses and plan together to strengthen partnership work.

The **Aboriginal Peak Organisations of the Northern Territory (APONT) Principles for Partnership** were developed through a collaboration between APONT and NTCOSS and promote the voluntary commitment of mainstream agencies to principles for partnering with Aboriginal community-controlled organisation to support their role and capacity. By supporting the APONT principles mainstream organisations agree to work in accordance with principles that include: not competing with Aboriginal and Torres Strait Islander organisations to provide services for Aboriginal people where those organisations have existing capacity to do so; developing partnership with Aboriginal organisations and communities to support their capacity for service delivery to their own communities; and developing cultural competence for working with Aboriginal and Torres Strait Islander peoples.

PATHWAY 3: TRAUMA AND HEALING INFORMED APPROACHES

“Child abuse, neglect and socio-economic disadvantage are symptoms of underlying pain and suffering. If this generation of children and young people are to have a different experience from their parents and grandparents, we must act to acknowledge and address their healing needs. Unless children and young people are able to heal from their own experience of trauma, many will go on to create a traumatic environment for their own children and the cycle of intergenerational trauma will continue.”

Aboriginal and Torres Strait Islander Healing Foundation (2013)

Research has highlighted that the trauma resulting from the inter-generational impacts of colonisation, disempowerment, child removal and entrenched disadvantage contributes significantly to risk factors for child abuse and neglect.⁶³ It is also evident that there has been limited research into elements and outcomes of successful programmes for healing for Aboriginal and Torres Strait Islander communities, and into how healing informed approaches can be integrated into child and family support practice.⁶⁴ Atkinson (2013) has recognised, in her review for the Closing the Gap Clearinghouse, the gap at the policy level in the development of a *“coherent strategic plan of action for supporting trauma recovery.”*⁶⁵

Pathway 3 focuses on measures to promote systems and practice development that is aware of and attuned to the healing needs of Aboriginal and Torres Strait Islander children, families and communities. The work of the Aboriginal and Torres Strait Islander Healing Foundation to support the design, implementation and evaluation of healing programs with Aboriginal and Torres Strait Islander communities is noted as providing a significant scope of emerging practice and knowledge to draw on in efforts to advance Pathway 3.

Both the Knowledge Circle and the ATSI CPP Workshop strongly identified a significant gap in this area. They both highlighted the need for development of trauma and healing informed approaches that address the high rates and inter-generational aspects of trauma in Aboriginal and Torres Strait Islander communities. The Knowledge Circle Report described that:

“There were strong views that trauma experiences of children and young people, as well as adults, is so entrenched in Aboriginal and Torres Strait Islander communities, that it warrants specific attention. Participants considered that services should be informed by, and based on, an understanding of trauma; including inter-generational trauma and healing practices.”

Similarly, ATSI CPP workshop participants described that *“family support and preservation work should also incorporate Aboriginal and Torres Strait Islander concepts regarding healing and spirituality, not just a narrow focus on ‘parenting’ alone.”*

⁶³ Aboriginal and Torres Strait Islander Healing Foundation. (2013). *Growing our Children up Strong and Deadly*, p. 4.

⁶⁴ Atkinson, J. (July 2013). *Trauma Informed Services and Trauma specific care for Indigenous Australian Children* (Resource Sheet no. 21), Australian Institute of Health and Welfare, Australian Institute of Family Studies, Closing the Gap Clearinghouse.

⁶⁵ *Ibid*, p. 16.

Priority actions for change:

Action 7: Enabling Aboriginal and Torres Strait Islander communities to develop and deliver their own healing approaches and developing a good practice evidence base through action research with communities.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> • Consultation with the Aboriginal and Torres Strait Islander Healing Foundation to assess current progress and further support needed for the establishment of programs. • Development of the action research methodology in collaboration with the Aboriginal and Torres Strait Islander Healing Foundation (continuation of current work). • Development of a national plan of action for community empowerment and capacity building for healing program development and implementation.
YEAR 2	<ul style="list-style-type: none"> • Fund new Aboriginal and Torres Strait Islander community-led healing programs (number to be determined through year 1 scoping). • Implement capacity building supports and action research process through the Aboriginal and Torres Strait Islander Healing Foundation for new and existing programs.
YEAR 3	<ul style="list-style-type: none"> • Continue support for program development and ongoing evaluation of change process and impact for communities • Disseminate findings of what works in Aboriginal and Torres Strait Islander community-led healing programs through papers, conference presentations and information resources that support good practice sharing.

Priority Outcomes

1. The availability of effective Aboriginal and Torres Strait Islander community-led healing programs increases.
2. Action research outcomes provide evidence and inform resources to promote good practice in the design and delivery of healing programs.
3. Family and community capacity to provide safe and loving care for children increases as issues of inter-generational trauma are addressed.

Action 8: Implement broad scale workforce development activity to embed trauma and healing informed practice approaches within family support, child protection, health and education service delivery.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> • Indigenous-led development of resources and a training program for trauma and healing informed practice in services for Aboriginal and Torres Strait Islander children and families (Building on materials already developed by the Aboriginal and Torres Strait Islander Healing Foundation). • Development of sector specific training materials targeting workers in early childhood, education, family support, child protection and health service delivery. • Development of a national strategy for trauma and healing informed
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	workforce development.
YEAR 2	<ul style="list-style-type: none"> • Sector targeted roll-out of training supports for trauma and healing informed practice. • Continued consultation and development of training and resources to meet the needs of all relevant sectors. • Monitoring and evaluation of training impacts. • Online promotion of resources to support practice.
YEAR 3	<ul style="list-style-type: none"> • Continued training roll-out across all relevant sectors. • Continued monitoring and evaluation of training impacts. • Review of national workforce development strategy and planning for future implementation. • Review and quality improvement of training materials and practice resources.
Priority Outcomes	
<ol style="list-style-type: none"> 1. Quality healing and trauma informed practice training and resources are available to support workforce development. 2. The workforce supporting Aboriginal and Torres Strait Islander children and families has a deeper understanding of, and capacity to support, healing. 3. Social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander children improve through more effective service support for children and families. 	

Strong and emerging practice to inform implementation of Actions 7 and 8:

The **Independent Aboriginal and Islander Community School (known as the Murri School)** in Brisbane, Queensland, has implemented a holistic health and wellbeing model combining Western methodologies and Indigenous healing concepts and practice to address the trauma experienced by students and families. The project recognises that holistic, trauma-informed approaches are fundamental to improving children and young people’s engagement in schooling and education and the development of positive skills they can rely on in later life. The project works in strong collaboration with local Indigenous and non-Indigenous service providers to address needs.

A diverse range of project activities have been implemented including:

- weekend social and cultural activities;
- healing camps for young people and families on country;
- psychological assessments and therapeutic interventions;
- outreach to vulnerable families using the Parents Under Pressure model; and
- service coordination and case management.

Recognised outcomes of the project include:

- progress towards the development of the Murri School as a trauma-informed organisation that provides an environment for healing;
- improved parental engagement in their children’s education and trusting relationships between the school and families;
- improved social and emotional wellbeing of students and reduced challenging behaviours within the education environment; and
- improved coordination of government and non-government services for young people and families.

The project has secured the participation of almost 300 students and 40 family members and employed 6 Aboriginal and Torres Strait Islander staff.

Leading Aboriginal healing advocate from Jiman and Bundjalung country, Professor Judy Atkinson, authored a **Closing the Gap Clearinghouse paper in July 2013, *Trauma Informed Services and Trauma specific care for Indigenous Australian Children*** (Resource Sheet no. 21). This article recognises that trauma specific research concerning Indigenous children and families is in its infancy, but provides valuable insights into what practical experience and available research suggests works to support clients to deal with trauma and its effects. Professor Atkinson shares a set of principles to inform the function of trauma-informed services.

The **Aboriginal and Torres Strait Islander Healing Foundation** in collaboration with Prof Fiona Arney of the **Australian Centre for Child Protection** are releasing a report in early 2015 detailing emerging learning and issues for future development of programs that address inter-generational trauma for Aboriginal and Torres Strait Islander peoples.

The **Australian Institute of Family Studies** is also undertaking an examination of the literature and evidence around trauma in 2015. This will be a conceptual paper that looks at how the concept is being used in practice and how this fits with the evidence.

Together, this research base will assist to inform a national plan of action for healing program development and contribute to the knowledge of good practice to support workforce development activity.

The **Aboriginal and Torres Strait Islander Healing Foundation** (the Healing Foundation) was established to address the profound legacy of pain and hurt caused by colonisation, forced removals and other past government policies. The Healing Foundation plays a leading role in supporting the development of community-based healing programs for Aboriginal and Torres Strait Islander people. As part of the *Our Healing Our Solutions* initiative the Healing foundation funded 21 projects that supported recovery from the historical legacy of trauma as a result of colonisation, forced removals and other past government policies.⁶⁶ Programs funded under *Our Healing Our Solutions* successfully increased support for wellbeing with 92 percent of participants reporting improved physical, emotional, social, spiritual and cultural wellbeing.⁶⁷ This highlights the importance of practices that reconnect people to spiritual and cultural identity, country and community.⁶⁸

Providing opportunities for healing and preventing the transmission of trauma through future generations will improve outcomes for the social and emotional wellbeing of Aboriginal and Torres Strait Islander families and children. A large part of the early work on the Healing Foundation's intergenerational trauma projects has been to create a healing

⁶⁶ Aboriginal and Torres Strait Islander Healing Foundation. (2013). *Our Healing Our Solutions –Sharing Our Evidence*.

⁶⁷ Aboriginal and Torres Strait Islander Healing Foundation (2013), *Our Healing Our Solutions –Sharing Our Evidence*, p. 14.

⁶⁸ Aboriginal and Torres Strait Islander Healing Foundation (2013), *Our Healing Our Solutions –Sharing Our Evidence*, p. 32.

framework within the context of the host organisations and the local communities they serve.⁶⁹

In 2012 the **Aboriginal and Torres Strait Islander Healing Foundation** funded 47 projects across Australia in remote, rural and urban areas under its **Community Education and Workplace Training** funding round. The primary purpose of the funding round was to provide community education and workplace training opportunities to develop skills for understanding and managing the outcomes of trauma.

An external evaluator was contracted to evaluate the funding round. The evaluation found that the participants and trainers involved in the projects significantly increased their knowledge and understanding of trauma and how it manifests in communities, families, workplaces and individuals. An in depth analysis of five funded projects found that understanding the impact of trauma on health and wellbeing has been transformative for participants and healers alike.

Evidence and case studies from these projects demonstrated that communities have had limited understanding of how their collective and on-going experiences of trauma, as a result of past government policies, has manifested in increased health issues and family and community dysfunction and disengagement. This evidence also indicates that the Aboriginal and Torres Strait Islander workforce is carrying significant levels of trauma. Self-care strategies and increased training and qualifications are required to sustain the employment of those working in the areas of health and social emotional wellbeing.⁷⁰ (Healing Foundation Journey to Healing Volume 2 (Dec 2012-November 2013))

⁶⁹ Aboriginal and Torres Strait Islander Healing Foundation. (2013). *Growing Our Children Up Strong*, The Intergenerational Trauma Initiative: Volume 1, p. 7.

⁷⁰ Aboriginal and Torres Strait Islander Healing Foundation (December 2012 – November 2013). *Journey to Healing: Volume 2*.

PATHWAY 4: SYSTEMS ACCOUNTABILITY TO ABORIGINAL AND TORRES STRAIT ISLANDER PRIORITIES

Creating effective systems drivers and oversight mechanisms that incorporate Aboriginal and Torres Strait Islander perspectives are essential to any approach that genuinely pursues Aboriginal and Torres Strait Islander participation and leadership. International evidence has shown that better outcomes are achieved where Indigenous peoples exercise control over the responses to issues facing their communities.⁷¹ In Australia the contribution of Aboriginal and Torres Strait Islander leadership to improved outcomes has been especially recognised in the health sector, with Denato and Segal (2013) citing several comprehensive studies of the Office of Aboriginal and Torres Strait Islander Health that commonly associate success with *“the crucial importance of community engagement, ownership and control over particular programs and interventions.”*⁷²

To enable the Indigenous leadership necessary to effect positive change requires both the empowerment of Aboriginal and Torres Strait Islander peoples and their organisations at the community-level, as well as shifting power dynamics to enable their effective influence in policy and program development, implementation and review. Pathway 4 addresses the higher systems level participation of Aboriginal and Torres Strait Islander peoples, and details actions necessary to ensure their perspectives contribute to the development of policy frameworks and their evaluation.

Participants in consultations have described the priority for ensuring that systems for promoting the safety and wellbeing of Aboriginal and Torres Strait Islander children are both aligned with Aboriginal and Torres Strait Islander priorities and include mechanisms for accountability to Aboriginal and Torres Strait Islander communities. Participants in the Knowledge Circle described that monitoring and evaluation *“should be rigorous and Indigenous led.”*

Participants at the ATSICPP workshop called for *“improved reporting and monitoring of family preservation, reunification, decision-making, child placement and cultural support planning.”* This broader suite of indicators was felt to better align with the original intent of the ATSICPP to keep families and communities together than existing measures. It was also described as supporting greater systems accountability to Aboriginal and Torres Strait Islander communities. Developing strategies for measuring diversion from care through early intervention was a specifically identified priority for generating more meaningful data.

Workshop participants also suggested strategies for accountability through oversight by Aboriginal and Torres Strait Islander Children’s Commissioners either at the state/territory or national level. A recent promising state level initiative implementing this type of accountability has been the appointment of the Victorian Aboriginal Children’s Commissioner, bringing a renewed and detailed focus to addressing key issues impacting Aboriginal and Torres Strait Islander children in Victoria.

⁷¹ Cornell, S., and Taylor, J. (2000). *Sovereignty, Devolution, and the Future of Tribal-State Relations*, p. 6-7.

⁷² Denato, R., and Segal, L. (2013). Does Australia have the appropriate health reform agenda to close the gap in Indigenous health?, *Australian Health Review*, May, 232, p. 235.

Priority actions for change:

Action 9: Develop a national outcomes monitoring framework, in consultation with Aboriginal and Torres Strait Islander communities, for child and family services, with a focus on achieving safe cultural, family and community care for children.	
Three-year implementation strategy	
YEAR 1	<ul style="list-style-type: none"> Literature and consultation based research on outcomes monitoring framework and effective monitoring processes. Consultation with Aboriginal and Torres Strait Islander leaders on what they see as 'success' in achieving better outcomes for Aboriginal and Torres Strait Islander children. Completion of Draft National Outcomes Framework.
YEAR 2	<ul style="list-style-type: none"> Broad consultation on Draft National Outcomes Framework, including efforts to align the framework with other existing frameworks and monitoring processes. Finalisation and testing of Framework. Establish body/process to monitor improvements in Aboriginal and Torres Strait Islander child safety and wellbeing, led by Aboriginal and Torres Strait Islander leaders (Detailed at Action 10 below). Broad dissemination of Framework.
YEAR 3	<ul style="list-style-type: none"> All jurisdictions progress work to integrate National Outcomes Framework across child and family services. Monitoring body commences operation. 1 year Report of monitoring body on implementation progress.
Priority Outcomes	
<ol style="list-style-type: none"> Availability of clear, concrete, common outcomes the sector aims to achieve concerning Aboriginal and Torres Strait Islander children and families, and means to measure progress in achieving them. Alignment of outcomes with Aboriginal and Torres Strait Islander priorities, and resulting increased engagement of Aboriginal and Torres Strait Islander communities and organisations to pursue outcomes. Use of common outcomes framework by the child and family service sector working with Aboriginal and Torres Strait Islander children and families. 	

Strong and emerging practice to inform implementation of Action 9:

The **Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP)** has recently engaged in the process of developing a practice framework and standards for Aboriginal and Torres Strait Islander Child Protection services in Queensland as a component of its role to participate in the reform of child protection services following the state's 2013 child protection system inquiry. The framework is grounded in the Aboriginal and Torres Strait Islander Child Placement Principle and based on a holistic understanding of the Principle as intended to drive action that keeps children safely connected to family, community and culture. It includes an outcomes framework with components addressing physical, emotional, and cultural safety and wellbeing; family, community, and cultural connection; and family strengthening to care for children. The framework is being used to drive strong practice across services for Aboriginal and Torres Strait Islander children and

families, as well as to inform the implementation of child protection systems reform more broadly.⁷³

Action 10: Create a mechanism/s for monitoring of Aboriginal and Torres Strait Islander child safety and wellbeing outcomes led by Aboriginal and Torres Strait Islander people and/or organisations.

Three-year implementation strategy

YEAR 1	<ul style="list-style-type: none"> Review existing monitoring and accountability to Aboriginal and Torres Strait Islander leaders (for example, through commissioner, peak body, committee participation roles) and identify good practice and gaps. Review international models to identify and learn from best practice examples. Identify appropriate models for monitoring and accountability at state/territory and/or national levels.
YEAR 2	<ul style="list-style-type: none"> Support the development of an appropriate body/ies to monitor implementation and outcomes, or build on the role and capacity of existing bodies. Ensure processes parallel development of outcomes frameworks described at Action 9 above.
YEAR 3	<ul style="list-style-type: none"> Continue role and capacity development. First report/s of monitoring body/ies on Aboriginal and Torres Strait Islander child safety and wellbeing outcomes.
Outcomes	
<ol style="list-style-type: none"> Increased focus on and accountability for implementation of actions targeted to achieve safety and wellbeing outcomes for Aboriginal and Torres Strait Islander children. More detailed review and reporting on progress to achieve outcomes from an Aboriginal and/or Torres Strait Islander cultural perspective. Increased availability of Aboriginal and Torres Strait Islander outcomes monitoring information to inform systems and service review and development. 	

Strong and emerging practice to inform implementation of Action 10:

The 2012 *Protecting Victoria's Vulnerable Children Inquiry* (Cummins) noted the unacceptably high rates of Aboriginal children in out of home care and called for renewed efforts to create better service responses. The creation of a dedicated Commissioner for Aboriginal children was a recommendation of Cummins and the role of the **Victorian Commissioner for Aboriginal Children and Young People** was established in 2013. Amongst the Commission's key functions is to provide advice to Ministers, Government Departments, health and human services about policies, practices and the provision of services relating to the safety and well being of children and young people. In its first year of operation the Office of the Commissioner has implemented innovative oversight and monitoring initiatives, including the Taskforce 1000 initiative to review the cases of all Aboriginal children in care in Victoria, and commencement of two inquiries: compliance with the intent of the Aboriginal Child Placement Principle in Victoria, and Aboriginal children in out of home care. The early work of the Commissioner is showing promise for creating a renewed

⁷³ Queensland Aboriginal and Torres Strait Islander Child Protection Peak. (2014). *Practice Standards: Working with Aboriginal and Torres Strait Islander children and families.*

focus on understanding and effectively responding to the issues many Aboriginal children in Victoria face daily, with Aboriginal leadership driving systems oversight and an important agenda for reform.