

SNAICC Submission: Closing the Gap 'Refresh' Process

April 2018

About SNAICC

SNAICC – National Voice for our Children (Aboriginal and Torres Strait Islander Corporation) is the national non-governmental peak body for Aboriginal and Torres Strait Islander children.

SNAICC works for the fulfilment of the rights of our children, in particular to ensure their safety, development and wellbeing.

The SNAICC vision is an Australian society in which the rights of Aboriginal and Torres Strait Islander children, young people and families are protected; our communities are empowered to determine their own futures; and our cultural identity is valued.

SNAICC was formally established in 1981 and today represents a core membership of Aboriginal and Torres Strait Islander community-controlled organisations providing child and family welfare and early childhood education and care services.

SNAICC advocates for the rights and needs of Aboriginal and Torres Strait Islander children and families, and provides resources and training to support the capacity of communities and organisations working with our families.

See more about SNAICC at www.snaicc.org.au.

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1. Executive Summary

- Achieving equality for Aboriginal and Torres Strait Islander people within a generation necessitates a primary focus on children and young people. The issues impacting our children and young people should therefore be afforded the highest priority in the Closing the Gap framework (CTG) by the Coalition of Australian Governments (COAG).
- Many Aboriginal and Torres Strait Islander children and young people are impacted by a number of complex and interrelated issues. This means that a narrow focus on specific issues – as is the case with the current CTG targets – is unlikely to bring about the holistic and comprehensive change that is required to achieve equality of outcomes within a generation.
- The CTG strategy must adopt a strengths-based approach that encompasses the individual, community, environment and economic domains. However, to be effective, the CTG strategy must also include targeted strategies to address underlying issues and barriers to achieving equality of outcomes experienced by many Aboriginal and Torres Strait Islander people. This requires explicit recognition within the CTG framework of the broad range of factors that are often at play for Aboriginal and Torres Strait Islander children and families across the historical, cultural, political, economic and social determinants of health and wellbeing.
- The first 1000 days of a child's life are the most critical predictor of life-long outcomes. A focus on positive change in the early years for Aboriginal and Torres Strait Islander children is fundamental to CTG. A key target should therefore be broader than early childhood education, and be expanded to encompass early childhood development outcomes across the physical, emotional, social and educational domains that are relevant to providing Aboriginal and Torres Strait Islander children with the best possible start in life.
- A strengthened focus on early childhood development requires expanding the measure to encompass the first 3 years of a child's life, and ensuring that many more Aboriginal and Torres Strait Islander children have access to an Aboriginal or Torres Strait Islander community-controlled integrated early years service.
- One of the largest impediments to positive outcomes for Aboriginal and Torres Strait Islander children and young people is contact with the child protection system. It has been 10 years since the historic Apology to the Stolen Generations. However, in that time rates of child removal have doubled and continue to get worse. There is an urgent and compelling need to eliminate the over-representation of Aboriginal and Torres Strait Islander in out-of-home care. An additional CTG target is the most effective way to achieve this.
- The additional CTG target to eliminate over-representation in out-of-home care must be underpinned by the development of a comprehensive national strategy that is both adequately resourced and developed in partnership with Aboriginal and Torres Strait Islander peoples. The strategy must target the underlying causes of child protection intervention, including by driving culturally safe prevention and early intervention programs that support families to stay safely together.
- Many Aboriginal and Torres Strait Islander children and their families experience multiple and complex issues given the structural issues resulting from colonisation and its impacts. It is imperative that the CTG framework recognise the intersectional and often compounding nature of these issues and that the key targets are expanded to include housing, disability, family violence and imprisonment. All of these issues impact disproportionately on Aboriginal

and Torres Strait Islander children, and require concerted attention to achieve positive long-term outcomes.

- Self-determination and Aboriginal and Torres Strait Islander led co-design must be a central tenet of the refreshed CTG framework. Formal roles must be established for Aboriginal and Torres Strait Islander people to oversee and guide policy development, implementation, monitoring and evaluation.
- It is imperative for the successful implementation of the CTG strategy that engagement with and the participation of Aboriginal and Torres Strait Islander people in all aspects of the strategy is real and meaningful. A more explicit emphasis must be placed on the role of and investment into Aboriginal and Torres Strait Islander community-controlled organisations and peak bodies.
- The most significant barrier to measuring what is working and what is not working for Aboriginal and Torres Strait Islander children is the lack of development and publication of quality, nationally consistent data. Particularly in the child protection space, a significant investment into data development is needed to access the information required to improve understanding of progress towards positive change and the targeting of future efforts.

2. Recommendations

Recommendation 1:

The current Closing the Gap target on early childhood education should be strengthened to encompass early childhood development and expanded to include outcomes relating to Aboriginal and Torres Strait Islander children from birth to 3 years.

Recommendation 2:

An additional Closing the Gap target should be included in relation to child protection.

Recommendation 3:

The current Closing the Gap targets relating to health, education and employment should be retained.

Recommendation 4:

Additional Closing the Gap targets should be included for other priority areas, including housing, disability, family violence and imprisonment.

Recommendation 5:

The refreshed Closing the Gap strategy should comprise key inputs and key indicators that enshrine and monitor the key principles of self determination, investment into Aboriginal and Torres Strait Islander community-controlled organisations, increased investment in early intervention and prevention, and the incorporation of trauma- and healing-informed approaches.

Recommendation 6:

The most effective way to incorporate culture into the Closing the Gap framework is to:

1. institutionalise the direct involvement of Aboriginal and Torres Strait Islander people and their representative organisations in all aspects of the Closing the Gap framework, including the 'refresh' process itself;
2. recognise that Aboriginal and Torres Strait Islander community-controlled organisations are the experts in and preferred providers of culturally safe services and supports that are responsive to the particular rights and interests of Aboriginal and Torres Strait Islander peoples; and
3. ensure that Aboriginal and Torres Strait Islander community-controlled organisations receive adequate levels of funding to have the capacity to respond to community needs.

Recommendation 7:

A significant investment in data development should form a key aspect of the refreshed Closing the Gap strategy. This project could be led by either the Productivity Commission or the Australian Institute of Health and Welfare in partnership with Aboriginal and Torres Strait Islander representative organisations.

Recommendation 8:

Increased investment into Aboriginal and Torres Strait Islander peak bodies should form a key aspect of the refreshed Closing the Gap strategy.

Recommendation 9:

An Aboriginal and Torres Strait Islander Children's Commissioner should be established in each state and territory and at the federal level.

Recommendation 10:

An Aboriginal and Torres Strait Islander body or working group should be established to oversee the development and implementation of a national children's strategy.

3. About this Submission

It has been 10 years since COAG's Closing the Gap strategy began. In that time, only three of the seven national targets are reported as being on track and four are due to expire in 2018. COAG is currently undertaking the Closing the Gap 'refresh' process. This process is a unique opportunity to influence the next phase of the CTG agenda, which will form the framework over the next 10 years for all Australian governments to advance outcomes for Aboriginal and Torres Strait Islander people. It will also provide the framework for how government funding is prioritised to meet the targets.

This submission is made by SNAICC – National Voice for our Children, the national non-governmental peak body for Aboriginal and Torres Strait Islander children. SNAICC works for the fulfilment of the rights of our children, in particular to ensure their safety, development and wellbeing.

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4. Theory of Change methodology

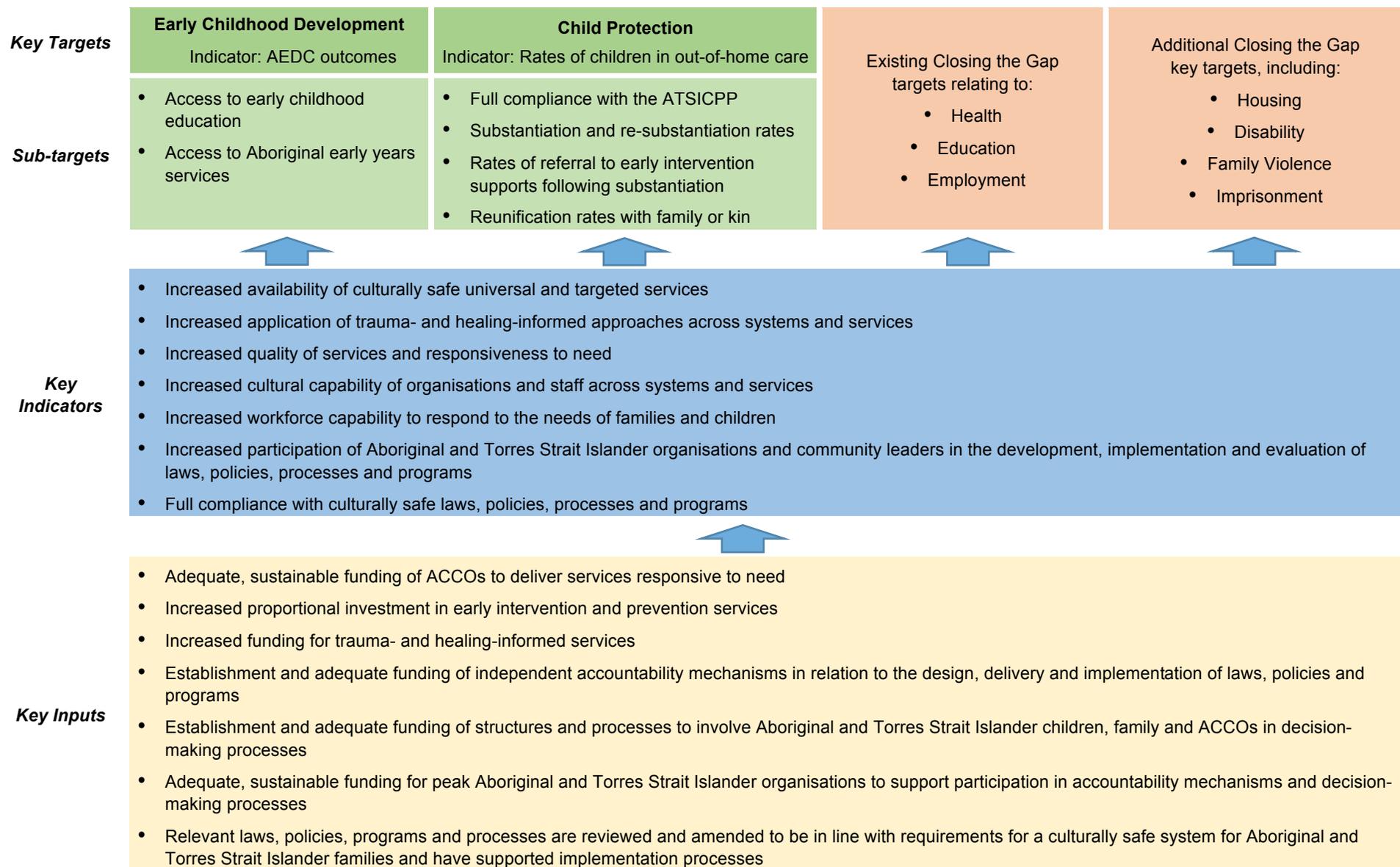
SNAICC understands that COAG proposes to use a 'theory of change' methodology to develop the targets and indicators that will comprise the refreshed CTG framework. Accordingly, this submission outlines the key aspects that SNAICC believes should be included within this methodology. These elements are outlined in Figure 1.

By way of brief explanation of each element –

The **Key Targets** are the specific headline targets to be included as part of the CTG refresh. The key targets specifically recommended by SNAICC are (1) Early Childhood Development and (2) Child Protection, both of which are supported by a number of indicators, or **Sub-targets**. As discussed in greater detail later in this submission, given the complex and interrelated nature of many issues faced by Aboriginal and Torres Strait Islander children and families, SNAICC considers that a number of additional key targets are required as part of the CTG framework. These issues are discussed in further detail in section 5 of this submission.

In order to achieve the key targets, SNAICC considers that a number of **Key Inputs** are essential to the successful implementation of the CTG framework. **Key Indicators** can be used to determine the effectiveness and impact of these key inputs. The key inputs and key indicators identified in Figure 1 are based on fundamental principles relating to self-determination, the role of Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs), investment into prevention and early intervention, and the need for trauma- and healing-informed approaches. These principles are not just specific to the two primary key targets recommended by SNAICC, but rather are central to achieving all of the CTG key targets. These principles, along with the key inputs and key indicators, are discussed in further detail in section 6 of this submission.

Figure 1: Theory of change relating to SNAICC’s specific focus areas



5. Key Targets

CTG Discussion Paper Question:

What do you think are the key targets or commitments that should be measured in a refreshed Closing the Gap agenda?

The current CTG targets focus on three key areas: health, education and employment. While SNAICC broadly supports the current targets, we consider that the CTG strategy would be substantially strengthened by including a broader spectrum of issues that currently significantly impact on Aboriginal and Torres Strait Islander people, and especially our children and young people. In particular, a greater emphasis must be placed on addressing the underlying causes of disadvantage and disempowerment.

Achieving positive generational change for Aboriginal and Torres Strait Islander people necessitates a focus on children and young people. The issues impacting our children and young people must be afforded the highest priority by COAG. Many Aboriginal and Torres Strait Islander children and young people are impacted by a number of different issues, which means that a narrow focus on specific issues – as is the case with the current CTG targets – cannot bring about the holistic and comprehensive change that is required to achieve equality of outcomes within a generation. SNAICC therefore strongly supports the approach outlined in the Discussion Paper that canvasses policy priorities for the refresh being extended across the economic, individual, community and environment domains.

Based on our experience working with Aboriginal and Torres Strait Islander children and their families, SNAICC understands that issues such as family violence, poor mental health, disability, homelessness and overcrowding, substance misuse and intergenerational trauma all undermine the ability to support and promote the safety and healthy development of children and young people. In particular, contact with the out-of-home care system has significant negative impacts on Aboriginal and Torres Strait Islander children and young people, and is linked to poorer health and wellbeing outcomes later in life. These issues all contribute to intergenerational disadvantage and trauma that is entrenched in future generations.

Strategies to achieve better health, education and employment outcomes for Aboriginal and Torres Strait Islander people must therefore be underpinned by targeted strategies to address underlying issues and barriers to achieving these outcomes.

SNAICC recommends that the following additional targets be included within the CTG framework to ensure that Aboriginal and Torres Strait Islander children are supported to grow up safe, happy and healthy in their families and cultures:

- a strengthened target for early childhood education that is expanded to encompass early childhood development;
- the inclusion of an additional target for out-of-home care; and
- the inclusion of additional targets for other priority areas, including housing, disability, family violence and imprisonment.

Each of these recommendations is outlined in further detail below.

5.1 Strengthened Target: Early Childhood Development

One of the current CTG targets is to ensure that 95 per cent of all Aboriginal and Torres Strait Islander 4 year olds are enrolled in early childhood education by 2025. For the reasons outlined below, SNAICC considers that this current target should be expanded and strengthened to:

- focus more broadly on early childhood development outcomes, rather than the current narrow focus on participation in early childhood education; and
- given the crucial importance of the early years, be expanded to include children from birth to 3 years, rather than the current narrow focus on 4 year olds.

To achieve this, SNAICC recommends the following as a revised key target:

Key target: To close the gap in the early childhood development domains contained in the Australian Early Development Census (AEDC) by 2030.

Sub-targets:

- (a) To ensure that 95 per cent of all Aboriginal and Torres Strait Islander 3 and 4 year olds access 30 hours per week of early childhood education by 2030.
- (b) To ensure that an Aboriginal or Torres Strait Islander community-controlled integrated early years service is available for all Aboriginal and Torres Strait Islander children from birth to 2 years living in areas of particular vulnerability by 2030.

Each of these aspects is discussed further below.

(a) **Need and Imperative**

Access to quality early childhood education and care (ECEC) is the most important investment that can be made to support a child's successful transition to school and lifelong education and employment outcomes. Quality ECEC makes a significant contribution to educational achievement, including:

- improving school readiness;
- lifting National Assessment Program – Literacy and Numeracy (NAPLAN) results and Programme for International Student Assessment (PISA) scores; and
- higher year 12 completion rates.¹

Quality ECEC is also linked to broader benefits, including:

- higher levels of employment, income and financial security;
- improved health outcomes; and
- reduced criminal activity.²

Particularly for Aboriginal and Torres Strait Islander communities, ECEC provides a universal support for entire families and a gateway to accessing other supports for vulnerable families and children early in life. Early investment in strengthening families provides long-term social and economic benefits by interrupting trajectories that lead to health problems, criminalisation, and child protection intervention.³

¹ See Pascoe and Brennan, 'Lifting Our Game: Report of the review to achieve educational excellence in Australian schools through early childhood interventions', Government of Victoria, 2017.

² Ibid.

³ Fox et al (2015), *Better systems, better chances: A review of research and practice for prevention and early intervention*, The Australian Research Alliance for Children and Youth (ARACY).

Longitudinal, randomised controlled studies from the USA, for example, demonstrate that 95 per cent of children experiencing disadvantage who participate in quality early learning services from birth to 3 years develop an IQ within the normal range, compared with 45 per cent of those children who don't.⁴ Other outcomes included: greater likelihood of full-time higher status employment; increased social competence; additional years of education; and reduced proportion of high-risk activities like smoking, drugs and teen pregnancy.⁵

Importantly, the impacts of participation reduced after the age of three: suggesting that birth to 3 years is a critical window for children experiencing significant vulnerability.

The argument for improved access for vulnerable children to ECEC services is also an economic one. The Abecedarian Program, for example, delivers a cost-benefit ratio of between 3-4 to 1 at 21 years post-program.⁶ Research by the Australian Research Alliance for Children and Youth (ARACY) states that:

In addition to being crucial to children's developmental trajectories, it is clear that investments in the early years and in prevention and early intervention more broadly yield significant financial returns. The return on investment for prevention and early intervention is consistently greater than costly remedial responses; preventative investment reduces downstream expenditure on remedial education, school failure, poor health, mental illness, welfare reciprocity, substance misuse and criminal justice.⁷

A recent report by PricewaterhouseCoopers affirms this, finding that increasing participation of vulnerable children in ECEC services would amount to a \$13.3 billion benefit to Australia's GDP by 2050. It confirmed a public benefit-cost ratio of \$2.69 to 1, although international estimates are much higher.⁸

Despite this growing and compelling evidence, the ECEC system is currently failing Aboriginal and Torres Strait Islander children across Australia. Aboriginal and Torres Strait Islander children are twice as likely to be developmentally vulnerable early in life,⁹ and only half as likely to access early education as non-Indigenous children.¹⁰ In 2014, the Productivity Commission identified a 15,000 place gap in early learning places for Aboriginal and Torres Strait Islander children, and since that time there has been no significant change in our children's representation in government approved child care.¹¹

SNAICC is concerned that the current CTG target that narrowly focuses on enrolment of 4 year olds in early childhood education is insufficient to encompass the early development needs of Aboriginal and Torres Strait Islander children. In particular, it does not adequately encompass the focus that is required on the first 1000 days and the broader supports that are required to give all children the best start in life.

⁴ Sparling, Ramey & Ramey, *The Abecedarian Experience* in Eming Young (ed) (2007) *Early Childhood Development From Measurement to Action: A priority for Growth and Equity* Washington, The World Bank pp 81 - 99 at p.89 & 96.

⁵ Ibid, 96.

⁶ Fox et al, above n 3, p.45.

⁷ Ibid, p.34.

⁸ PricewaterhouseCoopers (2014), *Putting a value on early childhood education and care in Australia*, p.4.

⁹ Productivity Commission (2014), *Child Care and Early Childhood Learning*. Productivity Commission Inquiry Report Volume 2. No. 73. Australian Government, p.526.

¹⁰ Australian Government (2013). *A Snapshot of Early Childhood Development in Australia 2012 – AEDI National Report*. Re-issue November 2013. Australian Government, Canberra, p.13.

¹¹ Productivity Commission, above n 9, p.644.

A focus on change in the early years is fundamental to CTG. Not enough is being done to ensure Aboriginal and Torres Strait Islander children are accessing early years programs, despite evidence clearly showing that the formative years of a child's life are a critical predictor of their successful transition to school and life-long education and employment outcomes.¹²

Expanding the current target to include all children from birth to 4 years would provide one of the most powerful opportunities to change the trajectory for Aboriginal and Torres Strait Islander children – not just in the early childhood development target, but across all aspects of the CTG strategy.

(b) A Revised Target and Sub-Targets

SNAICC considers that the AEDC outcomes provide a much more useful and appropriate measure regarding the early childhood development of Aboriginal and Torres Strait Islander children than enrolment in early childhood education. The domains contained within the AEDC encompass physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and communication skills. While enrolment in pre-school for 4 year olds is an important component, a more comprehensive assessment of developmental outcomes for Aboriginal and Torres Strait Islander children would provide a much more relevant and useful measure, as well as one that provides a valuable indicator that is directly relevant to other key targets contained in the CTG framework.

In order to achieve this headline target for early childhood development, SNAICC recommends the adoption of the following sub-targets/indicators:

1. To ensure that 95 per cent of all Aboriginal and Torres Strait Islander 3 and 4 year olds access 30 hours per week of early childhood education by 2030

SNAICC supports retaining the current indicator for 4 year olds as an important sub-target, but extending it beyond enrolment and to include 3 year olds. We recommend that the target be strengthened to ensure that 95 per cent of all Aboriginal and Torres Strait Islander 3 and 4 year olds access early childhood education by 2025.

Consistent with the definitions contained in the National Partnership Agreement on Universal Access to Early Childhood Education:

- 'early childhood education' means a quality preschool program delivered by a qualified early childhood teacher; and
- 'access' involves participation as well as quality programs and services.

Access, participation and quality are much stronger and more appropriate measures than enrolment. The fact that a child may be enrolled in a service does not necessarily mean that the child is regularly attending and therefore benefiting from participating in a quality early childhood program. Reconfiguring the target in this way also ensures that major barriers to participation that many of our children face, including poor cultural competency of services, are redressed.

This revised target would require amending the definition of an 'early childhood education programme' in the National Partnership Agreement to include programs delivered in the two years before full-time school.

¹² Fox et al, above n 3; MCEETYA (Ministerial Council on Education, Employment, Training and Youth Affairs) (2009). *Four Year Plan 2009 – 2012. A Companion Document for the Melbourne Declaration on Educational Goals for Young Australians*, Melbourne, MCEETYA, in Brennan (2013) *Joining the Dots: Program and funding options for integrated Aboriginal and Torres Strait Islander Children's Services*, Melbourne, SNAICC, p.11.

2. To ensure that an Aboriginal or Torres Strait Islander community-controlled integrated early years service is available for all Aboriginal and Torres Strait Islander children from birth to 2 years living in areas of particular vulnerability by 2030

As discussed earlier in this submission, the early years sector offers one of the most powerful opportunities for changing the life trajectory of Aboriginal and Torres Strait Islander children and families. The unique role of a dedicated Aboriginal and Torres Strait Islander community-controlled early years sector must be a key aspect of the CTG framework in order to achieve the generational outcomes that are sought.

Almost half of all children who are removed in to out-of-home care are removed by age four. The evidence demonstrates that a well-resourced Aboriginal and Torres Strait Islander integrated ECEC sector is an essential and indispensable component to preventing this trajectory and closing the gap. Without properly resourcing and expanding these unique and essential ECEC services, we will continue to see Aboriginal and Torres Strait Islander children falling behind in educational outcomes, and most tragically the numbers of our children in out-of-home care will only continue to grow.

It is imperative that all Aboriginal and Torres Strait Islander children from birth to 2 years have the option to attend an Aboriginal and Torres Strait Islander community-controlled integrated early years service. SNAICC recommends framing this sub-target on the basis of 'availability', rather than requiring participation. This ensures that essential ECEC services are available for Aboriginal and Torres Strait Islander children and their families to meet their evolving needs. In terms of assessing 'areas of particular vulnerability', SNAICC recommends that a model be developed that combines different measures, including the AEDC outcomes and Socio-Economic Indexes for Areas (SEIFA) for Aboriginal and Torres Strait Islander populations.¹³

Achieving this sub-target requires supporting and growing existing Aboriginal Children and Family Centres (ACFCs), Multifunctional Aboriginal Children's Services (MACSs) and other critical early years supports, as well as developing new community-controlled services to address the 15,000 place gap in ECEC service participation for Aboriginal and Torres Strait Islander children. ACFCs and MACS offer a unique type of support for our children and families that is culturally grounded, holistic, trauma-informed and responsive to the complex and multi-faceted needs facing children and families that are experiencing high levels of vulnerability. These services provide an essential lifeline for children and families that are unable or unwilling to access mainstream services due to experiences of both racial discrimination and culturally inappropriate practices. However, many services are under-resourced to reach their potential, and have faced high levels of funding instability and cuts over recent years.

A wealth of literature highlights the importance for Aboriginal and Torres Strait Islander children of early childhood service models that 'acknowledge and affirm Indigenous culture and build positive cultural identity'.¹⁴ Aboriginal and Torres Strait Islander families have identified that a critical factor in their engagement with a child care service is the ability of the service 'to recognise and incorporate

¹³ For example, a similar model is used by the federal Department of Education and Training to determine who is eligible to apply for the Community Child Care Fund.

¹⁴ SNAICC (2004), *Indigenous Parenting Project: Main report*, 42; see also Trudgett & Grace (2011), 'Engaging with early childhood education and care services: The perspectives of Indigenous Australian mothers and their young children'. *Kulumun Indigenous Online Journal*. Vol. 1, 17; Priest (2005), *Preparing the Ground for Partnership - exploring quality assurance for Aboriginal and Torres Strait Islander child care: A literature review and background paper*. Department of Family and Community Services. Commonwealth of Australia, pp.9-10; and Kitson & Bowes (2010), 'Incorporating Indigenous ways of knowing in early education for Indigenous children'. *Australian Journal of Early Childhood*. Vol. 35 (4).

cultural practice into the way the child and family is dealt with'.¹⁵ The NIRA affirms this, setting out that:

Connection to culture is critical for emotional, physical and spiritual wellbeing. Culture pervades the lives of Indigenous people and is a key factor in their wellbeing – culture must be recognised in actions intended to overcome Indigenous disadvantage...efforts to Close the Gap in Indigenous Disadvantage must recognise and build on the strength of Indigenous cultures and identities.¹⁶

Aboriginal and Torres Strait Islander ECEC services incorporate culture on an everyday, incidental basis by focusing on developing children's identity, sense of belonging and pride within their community, family and culture.¹⁷ Whilst many mainstream early childhood services do aim to be inclusive of Aboriginal and Torres Strait Islander culture, there are important distinctions. Aboriginal and Torres Strait Islander ECEC services, for example, naturally embrace culture as central to every aspect of service delivery: it is not something external, but inherent in what they are. This creates a strong and important sense of cultural safety for families.¹⁸

Aboriginal and Torres Strait Islander ECEC services are also about meeting the needs of all children in the community. Services focus not on just the children attending the centre but seek to reach all children who may be in need in the community, as demonstrated by the case study below. This is achieved, for example, through outreach, mobile services, and provision of care to children visiting the community. This 'community approach to child care is consistent with a "traditional" Indigenous approach'.¹⁹ This principle is supported within the National Early Childhood Development Strategy, which states that a key element of a responsive ECEC services is 'active service outreach into the community'.²⁰

Another feature of Aboriginal and Torres Strait Islander ECEC services is their holistic nature and responsiveness to cater for a child's comprehensive developmental needs, including language development, speech and hearing support. These need to be part of an integrated approach and not considered as add-ons to a program. Holistic early childhood services also need to provide a range of services beyond child care and development programs, including health, family support and capacity building, nutrition and early intervention. These additional programs have been identified by families and services alike as critical to increasing families' access and engagement with an early childhood service.²¹ The provision of such additional programs in an integrated approach is also critical to meeting broader family needs and overcoming disadvantage in early childhood. This requires 'a holistic approach that addresses children and families in the context of their communities and

¹⁵ Department of Families, Housing and Community Services and Indigenous Affairs (FaHCSIA). (2007). *Towards an Indigenous Child Care Services Plan*. Canberra, p.9.

¹⁶ COAG (2009), *National Indigenous Reform Agreement (Closing the Gap)*. Canberra, p.A-22.

¹⁷ SNAICC, *Learning from Good Practice: implementing the Early Years Learning Framework for Aboriginal and Torres Strait Islander children* (2012).

¹⁸ Hutchins, Martin, Saggars and Sims (2007), *Indigenous Early Learning and Care*. Australian Research Alliance for Children and Youth (ARACY), p.22.

¹⁹ Lopez-Atkinson (2008), *Indigenous Self-Determination and Early Childhood Education and Care in Victoria*. Unpublished PhD thesis. The University of Melbourne, p.90.

²⁰ COAG (2009), *Investing in the Early Years – A National Early Childhood Development Strategy*. Canberra, p.17.

²¹ Trigwell (2000), *Childcare Models and Options in Rural and Remote Indigenous Communities*. Western Australian Council of Social Service for the Department of Family and Community Services, p.43; SNAICC, *Learning from Good Practice*, above n 17, p.19-28.

cultures, taking into account children's physical and mental health, emotional wellbeing and development.²²

A strengths-based approach to ECEC service provision builds on existing family and community strengths and expertise to develop children's and families' capacity, confidence and pride. It utilises Aboriginal and Torres Strait Islander culture and languages, recognising – as stated in the House of Representatives recent report on Aboriginal and Torres Strait Islander traditional language development – the multitude of evidence that 'early childhood Aboriginal language and cultural programs lead to increased self-esteem, improved academic performance, improved school attendance, reduced drop-out rates and better proficiency in reading skills in both the Indigenous language and English.'²³

It requires active community participation, 'encouraging and facilitating communities "doing it for themselves" rather than "being done to".'²⁴ The National Early Childhood Development Strategy describes this as 'engaging and empowering parents and communities in early childhood development and services', highlighting this as an essential component of a responsive early childhood service.²⁵ A strengths-based approach is particularly important for Aboriginal and Torres Strait Islander families and communities, for whom past policies, structures and histories have eroded self-esteem and social cohesion. In overcoming this, therefore, a critical element of an empowering, strengths-based approach is recognising each family and community's unique context and qualities. As Sims describes, 'It is essential to remember that each family/community/culture has different strengths, not all of which are recognised as strengths in a white, middle-class world'.²⁶

(c) Implementation

Central to achieving this expanded target is the availability of culturally safe ECEC services. Supporting the wellbeing of the most vulnerable children and families in our community requires reducing the barriers that many Aboriginal and Torres Strait Islander families experience in accessing services.

²² Hallam (2008) and Watson & Tully (2008) in Sims (2011). 'Early childhood and education services for Indigenous children prior to starting school'. Closing the Gap Clearinghouse, Australian Government. Resource sheet no. 7.

²³ House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs (2012), *Our Land Our Languages: Language Learning in Indigenous Communities*. Commonwealth of Australia, p.99.

²⁴ Turner (2001), *Pipirri Wiimaku 'for the little kids' innovative child care report*, Waltja Tjutanku Palyapayi Aboriginal Corporation, Alice Springs cited by Hutchins et al (2017), above n 18, p.22.

²⁵ COAG. (2009). *Investing in the Early Years – A National Early Childhood Development Strategy*. Canberra, 17.

²⁶ Sims. (2011). 'Early childhood and education services for Indigenous children prior to starting school'. Closing the Gap Clearinghouse, Australian Government. Resource sheet no. 7, 6 & see also 8.

Case study: Cullunghutti Aboriginal Child and Family Centre, Nowra NSW, March 2015²⁷

Cullunghutti ACFC has 70 children enrolled in its early education program, and another 45 children on the waiting list. In addition to this, over 400 children and adults participate each year in allied health and family support programs.

After only 18 months of operation, Cullunghutti ACFC has dramatically changed the way Aboriginal families are supported in Nowra through the provision of culturally centred, holistic responses to the needs of families.

Child and family health is supported through an extensive range of freely available on-site allied health services, including:

- speech and occupational therapy
- psychology
- paediatric services, including child hearing assessments, 'blue book' health checks and coordination of GP assessments for allied health plans
- antenatal maternal health assessments.

A comprehensive case management approach ensures that families receive wraparound services, including:

- behavioural management support and inclusion support services
- drop-in housing support
- parenting programs, including a supported playgroup
- cultural and arts programs, as well as separate men's and women's groups
- a catering and nutrition program
- support for kinship carers.

Cullunghutti ACFC also supports the development of a strong Aboriginal workforce, employing 12 Aboriginal workers out of 16 staff. The Aboriginal General Manager, Aboriginal Teaching Director and eight-member community and parent board ensure strong Aboriginal management and leadership.

The very real differences brought about in the lives of Nowra's children as a direct result of the service include:

- families report feeling that they have a strong voice at the centre
- a significant increase in early childhood diagnosis of additional needs and learning delay
- 80-85 per cent of the children and families accessing the early learning and supported playgroup did not previously access any early learning service
- children who previously experienced limited access to health professionals now receive health checks, visited health professionals and additional supports responsive to need.

Changes are not just visible for the children, but also for their families and the community as a whole. Adults are supported to undertake TAFE level study in work readiness, community services and micro-enterprise. And due to the success of the nutrition program, Cullunghutti has established

²⁷ Full case study available at: <https://www.snaicc.org.au/wp-content/uploads/2015/12/Cullunghutti-service-case-study-2015.pdf>.

its own catering business as a social enterprise.

In addition to valuable early childhood education and care services, Cullunghutti ACFC delivers a vital service to Aboriginal children, family and the community as a whole in the Nowra region.

As demonstrated by this case study, a well-resourced Aboriginal and Torres Strait Islander integrated early years sector is the most important component to shift the trajectory for Aboriginal and Torres Strait Islander children and families. These unique services play a unique role to reduce the barriers experienced by many Aboriginal and Torres Strait Islander families that act as a significant impediment to achieving equality of outcomes.

Ensuring the availability of culturally safe ECEC services requires two key aspects:

- first and foremost, there must be recognition of the specific and unique purpose of Aboriginal and Torres Strait Islander integrated ECEC services, an enabling system and adequate investment in their effective and sustainable operation; and
- second, mainstream agencies and services must build their capacity to provide culturally safe services, and where appropriate work with ACCOs to support them to be the lead organisation in providing integrated services.

Support for ACCOs is discussed in further detail in section 6 below regarding effective implementation.

(d) Responsibility

Primary responsibility for the early childhood development target should rest at the federal level with the Department of Education and Training, working in partnership with the Department of Prime Minister and Cabinet and respective Departments of Education across jurisdictions. Other departments also have a critical role to play in supporting access and holistic responses in early childhood services environments, including especially departments responsible for health, social services and human services.

COAG has a clear responsibility to ensure that the inequality that exists between Aboriginal and Torres Strait Islander children and non-Indigenous children in accessing early childhood services is redressed in every state and territory jurisdiction. A strengthened target that encompasses early childhood development as part of the CTG strategy would be the most effective way to achieve continued and increased support for quality and culturally safe service delivery that is driven by Aboriginal and Torres Strait Islander peoples.

Recommendation 1:

The current Closing the Gap target on early childhood education should be strengthened to encompass early childhood development and expanded to include outcomes relating to Aboriginal and Torres Strait Islander children from birth to 3 years.

5.2 Additional Target: Child Protection

An additional target relating to child protection must be included as part of the CTG refresh process.

(a) Need and Imperative

Over-representation in all aspects of the child protection system is one of the major issues facing Aboriginal and Torres Strait Islander children, families and communities across Australia. Over 15,000 Aboriginal and Torres Strait Islander children are in out-of-home care, most separated from their families and culture. They are removed at a rate nationally 10 times that of other children.²⁸

More than 20 years ago, the *Bringing them Home* report revealed that while they were less than 5 per cent of the overall child population, Aboriginal and Torres Strait Islander children represented 20 per cent of all children living in out-of-home care arrangements.²⁹ Alarming, over the two decades since, this figure has now risen to over 36 per cent and continues to grow.³⁰ Projections developed by the University of Melbourne in 2017 show that the population of Aboriginal and Torres Strait Islander children in out-of-home care will triple in the next 20 years if today's conditions remain the same and significant reform is not undertaken to interrupt current trajectories.³¹

The devastating numbers of our children removed into out-of-home care is driven by complex factors centring around: the inter-generational trauma caused by past policies of assimilation and forced removal of children from their families; poor socio-economic status; and misperceptions arising from cultural differences in child-rearing practices.³² Evidence demonstrates that abuse, neglect and contact with the child protection system have significant negative impacts on children and young people, and are linked to poorer health and wellbeing outcomes later in life. Harm caused by family violence, for example, can range from death, injury, complex trauma, developmental and learning impacts, suicide and self-harm, increased risk of sexual assault, and ongoing negative impact on social and emotional wellbeing.³³ Childhood trauma interrupts the normal physical, physiological, emotional, mental and intellectual development of children and can have wide-ranging, and often life-long, implications for their health and wellbeing.³⁴ The Western Australian Aboriginal Health Survey identified adverse life outcomes from forced separation from families as including: alcohol misuse; criminal arrest; gambling problems; social isolation; and mental health concerns.³⁵

²⁸ Australian Institute of Health and Welfare (2017), *Child Protection Australia 2015-2016*, Canberra ACT.

²⁹ *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Human Rights and Equal Opportunity Commission, April 1997. Available at: <https://www.humanrights.gov.au/publications/bringing-them-home-report-1997>

³⁰ Australian Institute of Health and Welfare (2017) *Child Protection Australia 2015-16*.

³¹ SNAICC National Voice for our Children (2017), *Family Matters Report*, Melbourne, p.46.

³² *Bringing Them Home* report, above n 29.

³³ Holt, Buckley and Whelan (2008), *The impact of exposure to domestic violence on children and young people: a review of the literature*, *Child Abuse and Neglect*, 32(8): 797-810.

³⁴ Van der Kolk (2005), 'Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories', *Psychiatric Annals*, 35(5), 401-408; Van der Kolk (2007), 'The developmental impact of childhood trauma' in Kirmayer, Lemelson and Barad (eds), *Understanding trauma: Integrating biological, clinical and cultural perspectives*, New York: Cambridge University Press, pp224-41, cited in Aboriginal and Torres Strait Islander Healing Foundation. (2013). *Growing our children up strong and deadly: Healing for children and young people*, Canberra, p.4.

³⁵ Zubrick, Silburn, Lawrence, Mitrou, Dalby, Blaire, Griffin, Milroy, De Maio, Cox, Li (2005), *The Western Australian Aboriginal Health Survey: the Social and Emotional Well-being of Aboriginal Children and Young People*. Perth. Curtin University of Technology and Telethon Institute for Child Health Research, vol 2.

There is therefore a strong imperative to ensure the safety and wellbeing of all Aboriginal and Torres Strait Islander children. However, there is no CTG target relating to child protection.

The imperative for ensuring that Aboriginal and Torres Strait Islander children are safe and well within families and culture is even greater given the enormous social and economic impacts of child removal. Removal doesn't just result in removal from the family – it also leads to disconnection from family, community, culture and country, and further contributes to the intergenerational trauma experienced by many Aboriginal and Torres Strait Islander people. This disconnection is a major cause of poor outcomes and experiences for Aboriginal and Torres Strait Islander people across all facets of life in the immediate and long-term. Given the impacts of experience of Aboriginal and Torres Strait Islander people in the out-of-home care system, this creates a major long-term burden for all Australian governments through future expenditure on the health system, welfare system, criminal justice system and through issues such as family violence. A 2006 study of a cohort of 1150 Australians who were in out-of-home care, for example, found total costs to Government of just over \$2 billion across their lifetimes with the highest cost areas including family services (\$190 million), income support (\$76 million) and housing support (\$67million).³⁶

Despite numerous legal and policy frameworks designed to advance safety, as well as family and cultural connections for children, the rate of Aboriginal and Torres Strait Islander children in out-of-home care continues to grow at alarming rates. The National Framework for Protecting Australia's Children 2009-2020 has recognised the intergovernmental partnership required to redress the causes of child protection, spanning as it does both federal and state powers, and has provided a good starting point for cohesive national action. Its limitations are apparent however, as we near the end of its term. For example, despite being founded on a public health model, funding for early intervention measures has decreased rather than increased as a proportion of funding of total child protection expenditure over its lifetime. Less than \$1 in every \$5 spent goes to prevention – 83 per cent of the \$4 billion child protection budget remains targeted at the tertiary end of the spectrum, in child protection and out-of-home care.³⁷

It is clear that much more needs to be done to address the family and community factors that cause harm and put our children at risk, and develop culturally safe child protection systems. There is an urgent and compelling need for comprehensive national targets to address the causes of child removal and improve child safety and wellbeing. The most effective way to ensure this comprehensive national action is by including an additional CTG target for child protection.

(b) Key Target and Indicators

SNAICC considers that a target to eliminate the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system by 2040 would be appropriate and achievable. The sole key indicator to determine whether the target has been met would be closing the gap in the number of Aboriginal and Torres Strait Islander children in out-of-home care compared with non-Indigenous children.

³⁶ Morgan Disney & Associates Pty Ltd and Applied Economics Pty Ltd (2006), *Transition from care: Avoidable costs to governments of alternative pathways of young people exiting the formal child protection system in Australia*, available at: https://www.dss.gov.au/sites/default/files/documents/05_2012/vol1_transition_care_0.rtf.

³⁷ Steering Committee for the Review of Government Service Provision (2017), *Report on Government Services 2017*.

SNAICC recommends that a number of key indicators be adopted to determine whether this target is being achieved, namely:

- Full compliance with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)
- Substantiation and re-substantiation rates
- Rates of referral and access to early intervention supports following substantiation
- Reunification rates with family or kin

The ATSICPP is a principle with 5 elements embedded to varying extents in child and family welfare legislation and policy across jurisdictions that recognises the importance of self-determination and connections to family, community, culture and country for Aboriginal and Torres Strait Islander children.³⁸ Implementation across the five elements of the ATSICPP is very poor in every state and territory. As a consequence, children continue to be separated from their families and cultures at an alarming rate. Through the National Framework for Protecting Australia's Children's Third Action Plan all Australian governments committed to implementing all five elements of the ATSICPP, but comprehensive implementation action and accountability are still lacking.

The development of clear and comprehensive standards and a mechanism that requires states to report on progress towards implementing each element of the ATSICPP would contribute to increased accountability and promote positive reforms aimed to improve outcomes for Aboriginal and Torres Strait Islander children in the child protection system. The inclusion of indicators relating to compliance with the ATSICPP would promote greater focus on:

- supporting Aboriginal and Torres Strait Islander families to address the challenges they face and prevent the need for removal;
- healing trauma and interrupting the inter-generational cycle of harm to our communities and cultures;
- broad-based legislative and policy reform to strengthen representation of Aboriginal and Torres Strait Islander organisations, communities, families and children in decisions about child safety and removal; and
- ensuring children who need to be removed are cared for by kin and Aboriginal and Torres Strait Islander carers, stay connected to their cultures, and are supported to safely reunite with their families wherever possible.

(c) Implementation

A CTG target to eliminate over-representation in out-of-home care should be underpinned by a comprehensive national strategy to address the causes of this over-representation. The strategy must be co-designed with Aboriginal and Torres Strait Islander people and organisations, and agreed through COAG. The importance and need for prevention and early intervention approaches in the child and family welfare space is well recognised – by COAG, Community Services Ministers, and in the National Framework for Protecting Australia's Children.

The proposed national strategy will require a substantially increased focus on preventative approaches, with greater integration and coordination of complementary federal, state and territory services, addressing areas including: family support; housing; social security; family violence; drug and alcohol misuse; health and mental health; ECEC; and child protection.

³⁸ SNAICC (2017), *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: a resource for legislation, policy and program development*.

(d) Responsibility

While the operation of statutory child protection systems is primarily a state and territory responsibility, it is clear that the Federal Government maintains responsibility in relation to a number of the key areas that are relevant to ensuring the safety of children and preventing their removal into out-of-home care, including most significantly the provision of funding for appropriate universal and targeted services. As noted above, there is a compelling financial case for the Federal Government to increase investment in effective measures to prevent child removal, particularly given that it ultimately bears significant costs of health and wellbeing issues associated with child abuse, neglect and experiences of out-of-home care.

Specific responsibility for different components would be identified in the development of the national strategy, which would accompany the proposed target and sub-targets.

Recommendation 2:

An additional Closing the Gap target should be included in relation to child protection.

5.3 Other Priority Areas for Key Targets

Structural issues such as family violence, contact with the justice system, poor mental health, substance misuse and intergenerational trauma all undermine the ability to support and promote the healthy development of children and young people. These issues play a major role in inhibiting the broader health, education and employment outcomes for our people. For example, the external stressors experienced by a mother can be transferred to a child in utero, reducing his/her long-term health and wellbeing; and children born into poverty, with mental health problems, affected by homelessness or abuse are at a much higher risk of poor developmental outcomes.

SNAICC strongly supports the CTG targets being expanded to include housing, disability, family violence and imprisonment. As outlined below, each of these issues is particularly relevant to achieving better health and wellbeing outcomes for Aboriginal and Torres Strait Islander children and young people.

(a) Housing and homelessness

Access to safe and healthy housing environments has a substantial impact on the capacity of families to provide safe and supportive care for children. Aboriginal and Torres Strait Islander people experience significantly higher rates of homelessness, overcrowded housing, and unstable housing tenure than non-Indigenous Australians. In 2011, Aboriginal and Torres Strait Islander people were 14 times more likely to be homeless than non-Indigenous people.³⁹ In 2015-16, in Australia, clients accessing homelessness services were 9.1 times more likely to be Indigenous. Of those, more than 34 per cent were sole parents, 13 per cent were couples with children, and 1 in 4 was a child under the age of 10.⁴⁰ The differences were much larger in remote areas where Aboriginal and Torres Strait Islander people were approximately 20 times more likely to access homelessness services. The latest census identified that 1 in 4 Indigenous people were living in over-crowded households.⁴¹ Housing tenure types also suggest a significantly lower level of housing stability for Aboriginal and Torres Strait Islander people who in 2011 were 6.4 times more likely to live in social housing.

³⁹ Australian Institute of Health and Welfare, *Child Protection Australia*, 2014.

⁴⁰ Australian Institute of Health and Welfare, *Child Protection Australia*, 2017.

⁴¹ Australian Institute of Health and Welfare, *Child Protection Australia*, 2014.

Given the link between safe and secure housing, and better health, safety, education and wellbeing outcomes for Aboriginal and Torres Strait Islander children and families, SNAICC recommends that the CTG targets be expanded to include an additional target on housing.

(b) Disability

Aboriginal and Torres Strait Islander people are more than twice as likely to be living with a disability than other Australians. A lack of appropriate services and supports impacts on the ability of many people with a disability to achieve equal health, education, employment and other outcomes. For Aboriginal and Torres Strait Islander children and young people with a disability, or whose parents or carers have a disability, there are additional barriers to achieving equality of outcomes.

SNAICC refers to and endorses the submission of the First People's Disability Network, and in particular the recommendations relating to:

- a standalone disability target relating to access to the National Disability Insurance Scheme; and
- that all CTG target areas provide disaggregated data by disability in reporting processes.

(c) Family violence

Aboriginal and Torres Strait Islander people are significantly more likely to experience family violence than non-Indigenous people. The greatest direct impact of family violence is on Aboriginal and Torres Strait Islander women,⁴² which leads Aboriginal and Torres Strait Islander children to be especially vulnerable to the direct and indirect impacts of family violence. This causes deep and lasting harm and contributes to their over-representation in Australia's child protection systems.⁴³ Aboriginal and Torres Strait Islander men experience a wide range of negative impacts as victims and/or perpetrators of family violence, including higher rates of incarceration, recidivism, self-harm, and suicide.⁴⁴ In 2015-16, 39 per cent of Aboriginal and Torres Strait Islander children involved with child protection across Australia were substantiated for emotional abuse, which includes exposure to family violence.⁴⁵ In Victoria, this number has recently been placed much higher, with 88 per cent of children in out-of-home care in Victoria being identified as having experienced family violence.⁴⁶

Any reduction in the disproportionate rates of family violence experienced by Aboriginal and Torres Strait Islander women would necessarily have beneficial impacts on Aboriginal and Torres Strait Islander children, particularly through less exposure to the out-of-home care system and less trauma and negative impacts on their health and wellbeing. SNAICC recommends that the CTG targets be expanded to include an additional target on family violence.

(d) Imprisonment

There is an inextricable link between experience of the child protection system and subsequent contact with the youth justice and adult criminal justice systems. These links and associated issues

⁴² Memmott, Stacy, Chambers & Keys, 2001; National Family Violence Prevention Legal Services Forum, 2014.

⁴³ Commission for Children and Young People, 2016, p.3. See also Strong Families, Safe Kids: Family violence response and prevention for Aboriginal and Torres Strait Islander children and families, policy paper (2017) SNAICC, NfVPLS and NATSILS: Melbourne.

⁴⁴ Aboriginal and Torres Strait Islander Healing Foundation, 2016.

⁴⁵ Australian Institute of Health and Welfare, *Child Protection Australia*, 2017.

⁴⁶ Commission for Children and Young People, 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria (Melbourne: Commission for Children and Young People, 2016).

have been explored extensively in recent major inquiries and reports, including the Royal Commission into the Protection and Detention of Children in the Northern Territory and the Australian Law Reform Commission report, *Pathways to Justice*. In particular, contact with the child protection system is both a cause and consequence of contact with the criminal justice system.

SNAICC therefore recommends that a specific justice target be included as part of the CTG framework to eliminate the over-representation of Aboriginal and Torres Strait Islander men, women and children in prison. For more detailed information, SNAICC refers to and endorses the submission made by the Change the Record Coalition (of which SNAICC is a member organisation).

Recommendation 3:

The current Closing the Gap targets relating to health, education and employment should be retained.

Recommendation 4:

Additional Closing the Gap targets should be included for other priority areas, including housing, disability, family violence and imprisonment.

6. Effective Implementation

The CTG strategy represents the major framework adopted by all Australian governments to reduce disadvantage and promote better outcomes for Aboriginal and Torres Strait Islander people. It is therefore essential that the framework for the refreshed CTG strategy has the buy-in and support of Aboriginal and Torres Strait Islander people, their representative organisations and peak bodies.

The CTG refresh website identifies six *implementation principles* to guide the new CTG agenda:⁴⁷

- Funding prioritised to meet targets
- Evidence-based programs and policies
- Genuine collaboration between governments and communities
- Programs and services tailored for communities
- Shared decision-making
- Clear roles, responsibilities and accountability

While SNAICC generally supports these principles, it is imperative for the success of the CTG strategy that engagement with and the participation of Aboriginal and Torres Strait Islander people is real and meaningful, and not merely rhetorical. In order to achieve this, and consistent with a theory of change methodology, SNAICC recommends that the CTG framework contains explicit reference to a number of key inputs and key indicators that are required to change the relationship between governments and Aboriginal and Torres Strait Islander communities, and contribute effectively to achieving better outcomes for Aboriginal and Torres Strait Islander peoples.

6.1 Key Inputs

As identified in Figure 1, SNAICC considers that there are a number of key inputs that are required to achieve the key targets identified in the CTG framework. While many of the key inputs are directly relevant to achieving the key targets recommended by SNAICC (identified earlier in this submission), we consider that each of the key inputs is directly relevant to achieving all of the key targets and contributing to the changes to systems and services that are required.

The principles underlying the key inputs (and key indicators) are outlined below.

(a) Investment into Aboriginal and Torres Strait Islander Community-Controlled Organisations

The most effective way to support a strengths-based approach in practice is to invest in and support Aboriginal and Torres Strait Islander communities and our organisations. Aboriginal and Torres Strait Islander community control makes service providers more accountable to community members, increases the likelihood that service offerings will be tailored to the community's particular priorities, and improves client satisfaction and outcomes.⁴⁸ The Australian National Audit Office reports that building the role and capacity of Aboriginal and Torres Strait Islander organisations is not only important for effective service delivery, but an important policy objective in its own right in so far as it

⁴⁷ Outlined at <https://closingthegaprefresh.pmc.gov.au/about>.

⁴⁸ Panaretto, Wenitong, Button & Ring (2014), 'Aboriginal community controlled health services: leading the way in primary care', *The Medical Journal of Australia*, vol. 200, no.11, pp.649–652.

promotes local governance, leadership and economic participation, building social capital for Aboriginal and Torres Strait Islander peoples.⁴⁹

In SNAICC's experience, issues such as the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care is symptomatic of a child and family service sector that broadly fails to understand, respond to and prioritise the specific needs, circumstances and experiences of Aboriginal and Torres Strait Islander children and families. Addressing the various gaps in socio-economic outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous people requires the active engagement of all Australian governments with Aboriginal and Torres Strait Islander communities that have the best knowledge about their unique needs and responses required. The most effective way to achieve this and to change the relationship between governments and Aboriginal and Torres Strait Islander communities is to prioritise increased investment into ACCOs.

Governments have increasingly recognised the need to engage in productive policy partnerships with Aboriginal and Torres Strait Islander peoples to address the chronic gaps in access, engagement and outcomes from child and family interventions. The principle of active participation of, and engagement with, Aboriginal and Torres Strait Islander communities is recognised within the National Indigenous Reform Agreement (NIRA) as fundamental in designing programs to effectively overcome disadvantage.⁵⁰ The NIRA identifies that 'strong relationship/partnerships between Government, community and service providers increase the capacity to achieve identified outcomes'.⁵¹ This shift reflects national and international evidence identified above that Indigenous participation in decisions that impact Indigenous peoples improves the quality of decision-making and capacity for improved outcomes.

To function effectively, government requires mechanisms for engaging with Aboriginal and Torres Strait Islander leadership and community-controlled organisations to ensure that the relevant expertise, knowledge and community connections are embedded in policy approaches to addressing the disadvantage experienced by Aboriginal and Torres Strait Islander peoples. Engaging with Aboriginal and Torres Strait Islander peak organisations provides a key platform for overcoming engagement barriers and translating community knowledge and the collective voices of Aboriginal and Torres Strait Islander peoples to inform Government policy.

Peak Aboriginal and Torres Strait Islander organisations would need to be resourced appropriately to provide a representative, culturally safe voice and sector expertise into the process, including the ability to consult with communities and local community-controlled services would need greater resourcing and flexible funding to deliver the right services to their communities. There is a growing evidence-base to suggest that Aboriginal and Torres Strait Islander-run services perform better than mainstream services, particularly when it comes to needed services being accessed and the outcomes of those services. However, current Federal funding approaches see significantly less funding going to Aboriginal and Torres Strait Islander-run services than mainstream services, for the direct delivery of services to Aboriginal and Torres Strait Islander people.⁵² This resourcing would be a substantive role for the Federal Government.

Increased investment into Aboriginal and Torres Strait Islander organisations would also enable organisations to provide services that are much more responsive to the needs and expectations of communities. In SNAICC's experience:

⁴⁹ Australian National Audit Office (ANAO). (2012). *Capacity Development for Indigenous Service Delivery*, Audit Report No. 26, 2011-2012, Canberra: Commonwealth of Australia, p.17.

⁵⁰ COAG (2009), *National Indigenous Reform Agreement (Closing the Gap)*. Canberra

⁵¹ Ibid.

⁵² Productivity Commission (2017) *Indigenous Expenditure Report 2017*.

- more flexible funding models must be established to support and enable ACCOs to deliver holistic wrap around services that are responsive to community needs;
- more coordinated and holistic approaches need to be developed, which break down the silos between federal and state/territory governments, between government departments and between Aboriginal and Torres Strait Islander peak organisations; and
- a greater emphasis on early intervention, prevention and community strengthening programs across the education, health, disability, child protection and justice sectors (as discussed earlier) is essential to ensure equality of health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

A fundamental aspect of the CTG refresh must involve the adequate resourcing of Aboriginal and Torres Strait Islander organisations and peak bodies. As the experts in working with our own communities, the resourcing of Aboriginal organisations and peak bodies is essential to achieving better-designed approaches with more effective outcomes.

(b) Investment in prevention and early intervention services

SNAICC considers that the CTG strategy should contain an indicator relating to increasing the proportional investment by governments in culturally safe prevention and early intervention services for Aboriginal and Torres Strait Islander children and young people.

As we near the end of the National Framework for Protecting Australia’s Children 2009-2020, there continues to be decreasing proportional investment into early intervention despite the Framework advocating for greater investment. SNAICC considers that a clear target and strategy are critical to drive a shift towards a public health model with strong prevention and early intervention measures. This would drive investment in evidenced and culturally safe ECEC, maternal and child health, trauma, healing and family support services, as well as family violence prevention and response. It would assist in redressing the adult-related issues impacting the care of children.

In 2017 Community Services Ministers from across the country took a step in the right direction announcing their agreement on ‘joint investment in services’ to identify required services and target investment. Their communiqué included a focus to support targeted and intensive family support services and a goal to improve outcomes for Aboriginal and Torres Strait Islander children and families. Urgently, we need to see how these broad commitments translate into an agenda and action for enabling culturally safe and community-led supports to address family needs. An early intervention strategy should draw on and include justice reinvestment approaches, recognising that many of the same drivers of child protection intervention drive incarceration of Aboriginal and Torres Strait Islander people. We need to intervene to prevent the pathway from child protection to juvenile and adult justice systems.

(c) Healing-informed approaches to address unresolved intergenerational trauma

Aboriginal and Torres Strait Islander individuals, families and whole communities experience trauma that derives from the negative impacts of colonisation, forced child removals (historical and contemporary), family dislocation, loss of identity, and ongoing discrimination. Intergenerational trauma occurs when children experience trauma either through direct exposure to the trauma within their families and communities, or through neglect, abuse and violence that manifest in some families impacted by trauma.⁵³ The evidence base for the effects of intergenerational trauma can also include

⁵³ Aboriginal and Torres Strait Islander Healing Foundation (2013), above n 34, p.3.

biological markers, such as stress being passed from mother to child in utero⁵⁴ and evidence from multiple studies showing links between parental experience of trauma and a child's genetic predisposition to post-traumatic stress disorder.⁵⁵ As noted above, childhood trauma interrupts the normal physical, physiological, emotional, mental and intellectual development of children and can have wide-ranging, and often life-long, implications for their health and wellbeing.⁵⁶ The sheer scope of numbers of Aboriginal and Torres Strait Islander people impacted by the Stolen Generations exposes the importance of redressing trauma, with the *National Aboriginal and Torres Strait Islander Social Survey* (2008) confirming 8 per cent (26,900) of people aged 15 and over were removed from their family and a further 38 per cent of people had relatives who had been removed from their family.⁵⁷ A trauma-informed approach to protecting children needs to be attuned to the source and impact of trauma experienced by Aboriginal and Torres Strait Islander children and requires family and community healing to interrupt cycles of inter-generational harm.⁵⁸

There must be a recognition of the ongoing trauma and discrimination experienced by Aboriginal and Torres Strait Islander peoples as a consequence of colonisation, and the need for services and approaches that are trauma-informed and strengths-based.

(d) Self-determination and real and meaningful participation in decision-making

Self-determination is an essential pre-requisite for improving safety and wellbeing outcomes for Aboriginal and Torres Strait Islander children and young people, their families and communities. Numerous reports and inquiries in Australia consistently confirm a lack of robust community governance and meaningful Indigenous community participation as major contributors to past failures of Government policy.⁵⁹ They highlight the need to build capacity for Aboriginal and Torres Strait Islander community-controlled children and family services.

Participation in all aspects of system design and decision making relating to Aboriginal and Torres Strait Islander children and young people must extend beyond consultation to genuinely include Aboriginal and Torres Strait Islander children, families and community representatives. Participation supports service access and engagement for Aboriginal and Torres Strait Islander families. New ways of working with Aboriginal and Torres Strait Islander families that are community led and managed can have multiple benefits in ensuring that services are culturally appropriate for and acceptable to Aboriginal and Torres Strait Islander families, addressing the myriad of barriers that contribute to their

⁵⁴ Bowers, M. and Yehuda, R. (2016). 'Intergenerational Transmission of Stress in Humans', *Neuropharmacology* (2016) 41, 232-244.

⁵⁵ O'Brien, K. (2004). The intergenerational transference of Post-Traumatic Stress Disorder amongst children and grandchildren of Vietnam veterans in Australia: An argument for a genetic origin. Review of current literature, paper presented at the Social Change in the 21st Century Conference, Centre for Social Change Research, Queensland University of Technology, 29 October 2004, pp6-7.

⁵⁶ See footnote 34.

⁵⁷ Australian Bureau of Statistics (2009), *National Aboriginal and Torres Strait Islander Social Survey*, available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4714.0Main+Features12008>.

⁵⁸ Atkinson (2013), *Trauma-informed services and trauma-specific care for Indigenous Australian children*, Resource sheet No 21 produced for the Closing the Gap Clearinghouse, Canberra.

⁵⁹ See for example: NSW Ombudsman. (2011). *Addressing Indigenous Disadvantage: the need to do things differently*, Sydney: NSW Ombudsman, p.4; Wild and Anderson (2007), *Little Children are Sacred*, Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, Darwin: Northern Territory Government, pp.142-143; Australian National Audit Office (ANAO). (2012). *Capacity Development for Indigenous Service Delivery*, Audit Report No. 26, 2011-2012, Canberra: Commonwealth of Australia; Cunneen and Libesman (2002), *Removed and Discarded: The Contemporary Legacy of the Stolen Generations. Australian Indigenous Law Reporter*, Vol 7, No 4, pp.1-20.

under-utilisation of mainstream services.⁶⁰ It is well accepted that service access of Aboriginal and Torres Strait Islander families is supported by service systems and providers that develop cultural competence and service delivery that is culturally appropriate.⁶¹ Collaboration between Aboriginal and Torres Strait Islander communities, mainstream agencies and government can contribute to build competency and offer ways of Indigenising families' experiences of child protection services.⁶²

In order to achieve the CTG targets, all Australian governments must transform services for Aboriginal and Torres Strait Islander families to create a culturally safe and competent service system. This requires a range of participation mechanisms that are established in law, policy, programs and practice that support effective Aboriginal and Torres Strait Islander peak body, service, family and child participation.

6.2 Key Indicators

As identified in Figure 1, SNAICC recommends that the CTG framework explicitly identify a set of key indicators. The purpose of the key indicators is to measure what changes the key inputs are making to systems and services. The key inputs and key indicators identify a number of elements that are essential to the effective implementation of the CTG framework and to achieving the key targets.

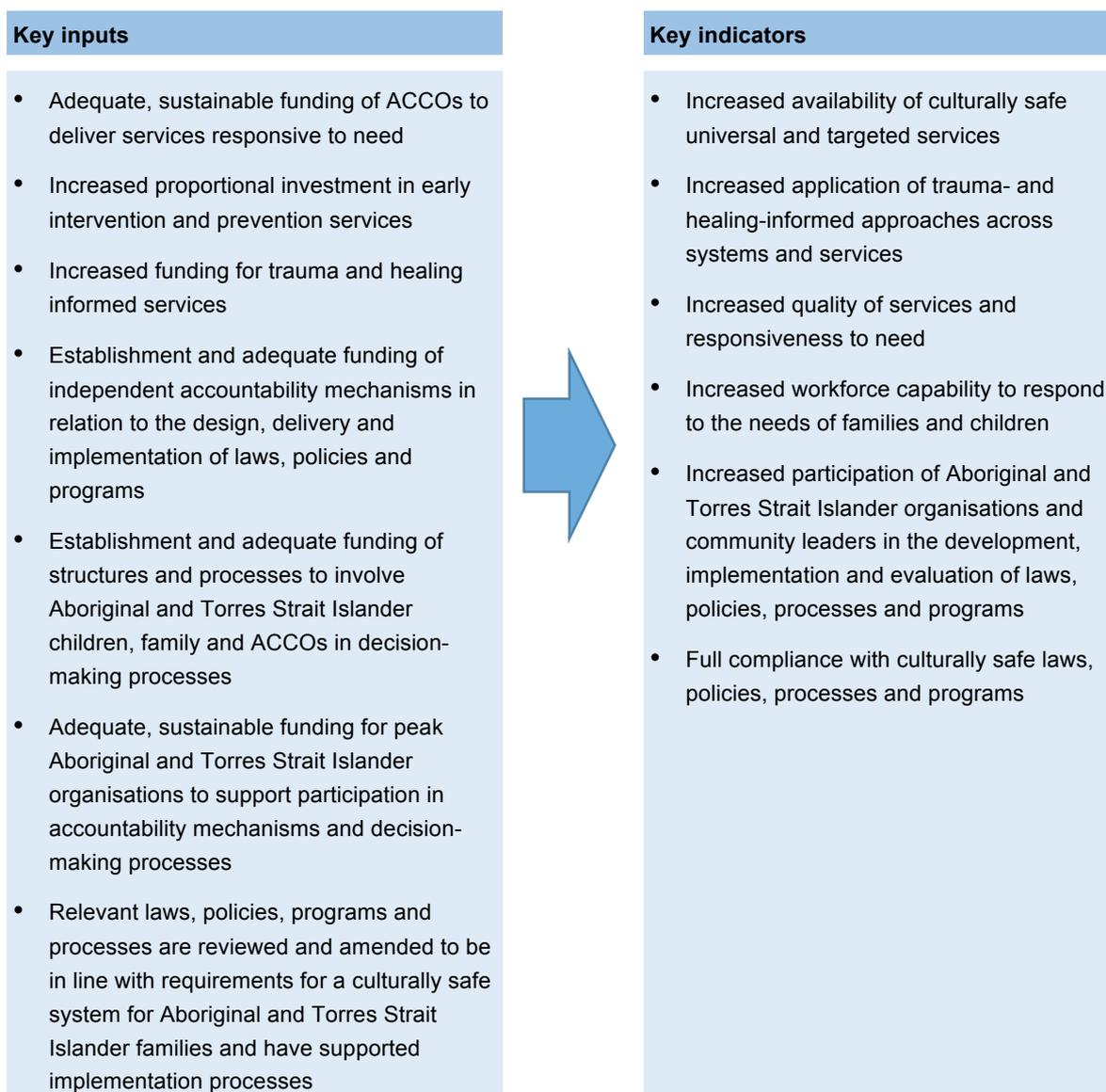
Figure 2 below outlines the relationship between the key inputs and key indicators.

⁶⁰ See SNAICC (2010), *Towards Aboriginal and Torres Strait Islander access and engagement: overcoming barriers to child and family services*.

⁶¹ Flaxman, S., Muir, K., and Oprea, I. (2009). *Indigenous families and children: coordination and provision of services*, Occasional Paper No 23. Canberra: Department of Families, Housing, Community Services, and Indigenous Affairs (FaHCSIA), p.23; See also: SNAICC (2010), *ibid*.

⁶² Libesman, "Indigenising Indigenous Child Welfare" (2007) 6(24) *Indigenous Law Bulletin* 17.

Figure 2: Key Inputs and Key Indicators



Recommendation 5:

The refreshed Closing the Gap strategy should comprise key inputs and key indicators that enshrine and monitor the key principles of self determination, investment into Aboriginal and Torres Strait Islander community-controlled organisations, increased investment in early intervention and prevention, and the incorporation of trauma- and healing-informed approaches.

7. Culture

CTG Discussion Paper Question:

Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?

For Aboriginal and Torres Strait Islander children, there is a strong base of evidence that highlights the importance of drawing on the strengths of their communities and cultures to keep them safe and well. Evidence highlights:

- the enduring strength of Aboriginal and Torres Strait Islander child rearing approaches in promoting healthy child development;⁶³
- the critical importance of continuity of cultural identity to child wellbeing;⁶⁴
- that better outcomes can be achieved through Indigenous community-led solutions;⁶⁵ and
- the importance of cultural knowledge to making decisions in children's best interests.⁶⁶

In addition to the importance of drawing on culture to promote better outcomes for Aboriginal and Torres Strait Islander children, cultural safety is also central to ensuring the effective delivery of services.

In the context of significant and persistent underutilisation of universal services by Aboriginal and Torres Strait Islander people, research strongly recommends that service engagement be supported by service systems and providers that develop cultural competence and service delivery that is culturally appropriate.⁶⁷ Aboriginal and Torres Strait Islander organisations have been identified as best placed to provide culturally competent services that are attuned to the needs of their communities, and evidence confirms that these services are more likely to be used.⁶⁸ Research notes that Indigenous specific services offer Aboriginal and Torres Strait Islander families a safe,

⁶³ 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*, above n 14, p.40; Yeo (2003), 'Bonding and attachment of Australian Aboriginal children', *Child Abuse Review*, 12, 299; Taylor (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, p148; Armstrong et al (2013), *Starting school: A strengths-based approach towards Aboriginal and Torres Strait Islander Children*, Australian Council for Educational Research, pp.11-12.

⁶⁴ Colquhoun and Dockeray (2012), *The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples*, pp.23, 26; Armstrong et al. (2013), *ibid*, p.10; Chandler and Lalonde (1998), 'Cultural Continuity as a Hedge Against Suicide in Canada's First Nations' *Transcultural Psychiatry* June 35, pp.191-219.

⁶⁵ Cornell and Taylor (2000), *Sovereignty, Devolution, and the Future of Tribal-State Relations*, Cambridge: Harvard University, pp.6-7; Morley (2015), *What works in effective Indigenous community-managed programs and organisations*, CFA Paper No 32, Australian Institute of Family Studies, Melbourne.

⁶⁶ UN Committee on the Rights of the Child, *General Comment No. 11, Indigenous children and their rights under the Convention*, 2009, CRC/C/ GC/11, 12 February 2009, para 31; SNAICC (2013), *Whose voice counts: Aboriginal and Torres Strait Islander participation in child protection decision-making*, Melbourne.

⁶⁷ Flaxman et al, above n 61, p.23; see also SNAICC (2010), above n 60.

⁶⁸ Bringing Them Home report, above n 29, p.396.

comfortable, culturally appropriate environment that is easier to access and engage with.⁶⁹ Service choice is also critical, with high cultural competence also required of mainstream services.

Leading cultural competence frameworks all emphasise that competence development is about far more than acquiring a defined set of knowledge – it is a continuous journey of cross-cultural learning that can only happen in deep and genuine relationship with Aboriginal and Torres Strait Islander people.⁷⁰ The process of cultural competence development requires a commitment to working in partnership with Aboriginal and Torres Strait Islander people ‘to produce services, policies and programs that make it possible for Aboriginal and Torres Strait Islander culture to thrive and to pursue their culture and identity, as is their right’.⁷¹

For the reasons outlined above, ensuring effective implementation of the Closing the Gap strategy requires placing a more explicit emphasis on the role of and support for Aboriginal and Torres Strait Islander community-controlled organisations and peak bodies.

Recommendation 6:

The most effective way to incorporate culture into the Closing the Gap framework is to:

1. institutionalise the direct involvement of Aboriginal and Torres Strait Islander people and their representative organisations in all aspects of the Closing the Gap framework, including the ‘refresh’ process itself;
2. recognise that Aboriginal and Torres Strait Islander community-controlled organisations are the experts in and preferred providers of culturally safe services and supports that are responsive to the particular rights and interests of Aboriginal and Torres Strait Islander peoples; and
3. ensure that Aboriginal and Torres Strait Islander community-controlled organisations receive adequate levels of funding to have the capacity to respond to community needs.

⁶⁹ Flaxman et al, above n 61, p.23.

⁷⁰ VACCA Cultural Competence Framework; Cross et al (1989), *Toward a culturally competent system of care*, Vol 1, Georgetown University Child Development Centre, Washington, DC, pp.iv-v; SNAICC (2012), *Opening doors through partnerships*, Melbourne.

⁷¹ SNAICC (2013), *A place for culture? Exploring Aboriginal and Torres Strait Islander cultural competence in the national quality standard*, Melbourne, p.12.

8. Measuring Progress

CTG Discussion Paper Question:

How could the Closing the Gap targets better measure what is working and what is not?

8.1 Need for Nationally Consistent Data

The most significant barrier to measuring what is working and what is not working for Aboriginal and Torres Strait Islander children is the lack of development and publication of nationally consistent data. Through the work of the Family Matters campaign, a number of significant gaps have been identified in data relating to the causes of and responses to the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care.

SNAICC recommends that a significant investment in data development is needed to ensure access to a range of relevant data that would inform a better understanding of the current situation of over-representation, the progress towards reform and the targeting of future efforts. In particular, the following priority data gaps should be addressed and reported against in relevant reports, such as the Productivity Commission's annual Report on Government Service, the AIHW Child Protection Australia Report, and the Overcoming Indigenous Disadvantage Report:

- Reunification rates of Aboriginal and Torres Strait Islander children in out-of-home care;
- Longitudinal data that allows for calculation of the length of stay in out-of-home care, time to exit by exit type, and re-entry to care, by Indigenous status;
- Investment in Aboriginal and Torres Strait Islander community-controlled ECEC as a critical point for culturally safe primary prevention service provision;
- Expenditure in child protection and family support both provided to Aboriginal and Torres Strait Islander children and provided by community-controlled services;
- Aboriginal and Torres Strait Islander access to family support and intensive family support services;
- Aboriginal and Torres Strait Islander family participation in child protection decision-making processes;
- Culturally appropriate evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families;
- Housing tenure type amongst Aboriginal and Torres Strait Islander families with children;
- Access to specialist homelessness services and overcrowding for Aboriginal and Torres Strait Islander children and families in contact with child protection services;
- The rate of child protection reports and substantiations related to family violence across all jurisdictions and by remoteness for Aboriginal and Torres Strait Islander children;
- Aboriginal and Torres Strait Islander peoples' interaction with the police, child protection authorities, family violence support services and legal services in relation to family violence incidents, including regionalised data to inform targeted responses; and
- A genuine and more meaningful measure of the development, quality and implementation of cultural support plans for Aboriginal and Torres Strait Islander children in out-of-home care.

SNAICC considers that a data development project could be led by either the Productivity Commission or the Australian Institute of Health and Welfare, which both report annually on a number of relevant existing data sets.

8.2 Oversight and Monitoring

If genuine self-determination and Aboriginal and Torres Strait Islander led co-design is to emerge as part of the CTG refresh process, then formal roles must be established for Aboriginal and Torres Strait Islander people to oversee and guide policy development, implementation, monitoring and evaluation. SNAICC recommends a number of mechanisms to achieve this:

1. Increased investment into Aboriginal and Torres Strait Islander peak bodies: Peaks have critical roles to play to enable a representative voice of the community-controlled sector in policy design and in the support and development of quality and effective community-controlled service systems.
2. The establishment of Aboriginal and Torres Strait Islander Children's Commissioners nationally and in each state and territory: Specific Commissioners would play a pivotal role in providing Aboriginal leadership to support both children and families on the one hand, and departmental transformation on the other, shining the light on necessary issues, monitoring progress and brokering solutions. Their work, alongside Aboriginal and Torres Strait Islander peak bodies, could provide significant assistance in informing policy reform and models of best practice to ensure a culturally respectful child and family welfare system centred on the wellbeing of all children, including Aboriginal and Torres Strait Islander children. Other models of system accountability to Aboriginal and Torres Strait Islander peoples are also emerging through the Aboriginal Children's Forum in Victoria and the announced First Children and Families Board in Queensland, with governments showing clear commitment to provide data, enable oversight and share power in the effort to improve outcomes for Aboriginal and Torres Strait Islander children.
3. The establishment of an Aboriginal and Torres Strait Islander body or working group to oversee the national children's strategy: Under the national children's strategy (discussed above in section 5.2), an independent body should be established, co-designed by and consisting of Aboriginal and Torres Strait Islander representatives, to provide leadership for and oversight of the design, implementation and review of the strategy.

Recommendation 7:

A significant investment in data development should form a key aspect of the refreshed Closing the Gap strategy. This project could be led by either the Productivity Commission or the Australian Institute of Health and Welfare in partnership with Aboriginal and Torres Strait Islander representative organisations.

Recommendation 8:

Increased investment into Aboriginal and Torres Strait Islander peak bodies should form a key aspect of the refreshed Closing the Gap strategy.

Recommendation 9:

An Aboriginal and Torres Strait Islander Children's Commissioner should be established in each state and territory and at the federal level.

Recommendation 10:

An Aboriginal and Torres Strait Islander body or working group should be established to oversee the development and implementation of a national children's strategy.