

# **CENTRAL AUSTRALIA ABORIGINAL COMMUNITY- CONTROLLED OUT-OF- HOME CARE STRATEGY 2019–2023**

## **EXECUTIVE SUMMARY**



## **This paper provides a summary of the Central Australia Aboriginal Community-Controlled Out-of-Home Care Strategy.**

Over the last year SNAICC has been facilitating consultations with Aboriginal and Torres Strait Islander communities and representatives of the community-controlled service sector in Central Australia. Consultations have been focused on informing the creation of an Aboriginal community-led strategy to develop community controlled out-of-home care (OOHC) services.

The project seeks to enable Aboriginal leadership in service design and delivery and places the safe maintenance of children's cultural, family and community connections at the centre of child protection practice in Central Australia.

A local Steering Committee has been convened for the strategy development that includes representatives of Central Australian Aboriginal Congress, Tangentyere Council, North Australian Aboriginal Justice Agency, Northern Territory Council of Social Services, Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council and Territory Families.

SNAICC's consultations have further included meetings with leaders of community-controlled services, Aboriginal Elders and community representatives, and Shire Council representatives. On 14 June 2018, SNAICC convened a forum with 33 representatives from these stakeholder groups, with representation from all of the organisations on the Project Steering Committee and additionally:

- Akeyulere Healing Centre
- Bushmob
- Grandmothers Against Removal
- Julalikari Council
- Children's Ground
- the Queensland Aboriginal and Torres Strait Islander Child Protection Peak
- Victorian Aboriginal Child Care Agency.

Consultations at the June forum provided some clear directions for strategy development, with key principles discussed and agreed. The direction provided by stakeholders has remained largely consistent with the outcomes of the earlier 2016 Aboriginal OOHC forum in Alice Springs and demonstrated that there exists a well formed and articulated vision for the future of the sector in Central Australia amongst local Aboriginal leaders.

**This strategy aims to restore cultural authority and empower Aboriginal communities to lead and direct the policies, programs and practices that are developed to promote the care and protection of Aboriginal children in Central Australia who are experiencing vulnerability.**

# GOAL

The goal of the Central Australia Aboriginal Community-Controlled OOHC Strategy is to ensure that Aboriginal children and young people and their families who are in contact with child protection services in the Northern Territory are safe and have the opportunity to thrive through the provision of a holistic scope of quality and culturally safe supports led by Aboriginal families, communities and community-controlled organisations.

## GUIDING PRINCIPLES

The guiding principles for the strategy are informed by consultations and reflect principles identified at two forums with representatives of Central Australian Aboriginal communities and community-controlled organisations in 2016 and 2018.

### THE GUIDING PRINCIPLES ARE:

1. There is an Aboriginal lens in service development and delivery
2. Self-determination is acknowledged and reflected in services that respect cultural authority
3. Families are empowered to participate through family-led decision making processes across the system
4. Aboriginal organisations deliver holistic family strengthening, placement prevention, reunification and OOHC services to children and families
5. Aboriginal out-of-home care services prioritise safe reunification of children with their families
6. Services are based on trauma-informed practice principles
7. Aboriginal child-rearing practices are understood and valued
8. The voices of children and Elders are listened to in making decisions
9. Realistic and flexible funding for OOHC services is based on need and for service models that are appropriate for the communities in each region
10. Services must have a remote footprint to support children, families and communities outside of major urban centres
11. Transition of OOHC to the Aboriginal community-controlled sector builds on existing service infrastructure in regions
12. Aboriginal organisations are supported to become accredited OOHC service providers through partnerships and/or capacity building strategies.



Representation, policy leadership, sector support and development

## CENTRALISED ABORIGINAL OOHc SERVICES

A central resource for families and communities: expertise, case management, support and training

### LOCALISED CULTURAL AUTHORITY

Community representatives and families lead services and decisions for their children



Elders, grandmothers and Aboriginal community representatives in each community

- Meeting regularly to discuss child safety
- Finding and supporting kin carers
- Facilitating family-led decision making
- Advising child protection agencies
- Supporting safe family reunification



Central Australia Aboriginal Child Safety Hubs  
Community-controlled services for Central Australia with expertise in child protection and trauma informed support to children and families

### SPECIALISED SUPPORT FOR FAMILIES

Families referred to specialist supports that focus on prevention and early intervention



Families are referred to specialised supports to address issues causing child protection concerns

- Early intervention family support
- Drug and alcohol, family violence, mental health
- Legal services
- Housing, health, welfare, education and disability

### COMMUNITY CHILD SAFETY LEADER GROUPS, FAMILIES AND CHILDREN INFORM THE DECISIONS OF TERRITORY FAMILIES AND THE COURT

#### Territory Families

- Child protection investigatory services
- Retains key statutory case decisions

#### Children's Court

- Hears and decides upon applications for care and protection orders
- Takes full account of the views of Aboriginal families and communities in decision making

#### Accreditation

- Provide information and support for OOHc accreditation
- Assesses agencies against accreditation standards

## FUTURE MODEL OF ABORIGINAL OOHC IN CENTRAL AUSTRALIA

The diagram below describes what a model would look like in a fully developed and operational state and is intended to be developed progressively over a 5-year period, commencing in early 2019 and building on initial investments in Aboriginal OOHC services that were pre-existing or commenced in 2018. The Aboriginal Child Safety Hubs (ACSH) model described would operate out of two or three sites, one in Alice Springs, one in Tenant Creek, and potentially a third hub that outreaches to NPY Lands communities from an Alice Springs base. Not all functions of the hub would necessarily be performed by a single service. Consultations suggest that services with different strengths and geographical footprints may be best placed to perform clusters of the identified functions and work collaboratively through a regional network of providers, to offer a holistic suite of services.

## STRATEGIC PRIORITIES

Based on consultation with Aboriginal communities and organisations in Central Australia, and on the requirements to establish the intended future model of service delivery, the following strategic priorities have been identified as necessary to operationalise the Central Australia Aboriginal Community-Controlled OOHC Strategy. These strategic priorities are interconnected and interdependent and need to be pursued concurrently rather than understood as an ordered list of priorities. The priorities are:

- Establishing the peak body for Aboriginal children and families
- Establishing the ACSHs
- Establishing child advocate roles with sub-regional coverage
- Identifying or establishing community child safety leader groups
- Developing a kinship care identification and support service
- Establishing a protocol and practice framework between Aboriginal OOHC services and Territory Families
- Developing an Aboriginal Family-led Decision-Making model
- Establishing and implementing a plan for local Aboriginal workforce development
- Meeting quality and accreditation standards
- Building and scaling case management capability
- Building strong partnerships for early intervention and prevention
- Aligning policies and processes with the Aboriginal OOHC model.

This strategy details the activities, resources, responsibilities and timeframes for implementing each of these priorities.



# STRATEGY OVERVIEW

The following strategy overview provides a summary of key actions required for the implementation of each strategic priority area. Note that not all actions are reflected in the overview and it is necessary to refer to the implementation plan in section four of the full strategy document to fully understand the implementation actions required.

	PHASE 1 (1-2 YEARS)	PHASE 2 (2-3 YEARS)	PHASE 3 (3-5 YEARS)
<b>Establishing the Aboriginal children and families peak</b>	<ul style="list-style-type: none"> <li>Establish Aboriginal community-controlled organisation-led project executive group</li> <li>Provide secretariat resources for the project executive group</li> <li>Aboriginal community-controlled organisation and community-led design of peak and establishment plan</li> </ul>	<ul style="list-style-type: none"> <li>Establish governance, incorporation and operation of peak</li> <li>Resource functions in policy design and sector development</li> <li>Transition oversight of this strategy to the peak</li> </ul>	<ul style="list-style-type: none"> <li>Peak support for policy design and sector development</li> <li>Strategic projects to support success of this strategy</li> <li>Monitoring and reporting on strategy progress and outcomes for children</li> </ul>
<b>Establishing the Aboriginal Child Safety Hubs (ACSHs)</b>	<ul style="list-style-type: none"> <li>Scope location and coverage for 2 or 3 ACSHs</li> <li>Complete tendering and establishment</li> <li>Develop governance, strategic plans, policy and procedures</li> <li>Commence service design and/or delivery across core functions</li> <li>Interim accreditation</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing capability development and service scale-up</li> <li>Monitor service engagement and outcomes to inform improvements</li> <li>Formal and final accreditation and licensing</li> </ul>	<ul style="list-style-type: none"> <li>Organisational growth in line with service capacity</li> <li>Learnings applied to support continuous improvement</li> <li>Evaluation of effectiveness and future planning</li> </ul>
<b>Establishing child advocate roles with sub-regional coverage</b>	<ul style="list-style-type: none"> <li>Develop role descriptions and requirements and recruit the child advocate workforce</li> <li>Provide induction and training opportunities</li> <li>Develop contingency strategies for leave and spikes in demand</li> <li>Child advocates commence support to pilot sites</li> </ul>	<ul style="list-style-type: none"> <li>Child advocates expand support to community child safety leader groups across their sub-region</li> <li>Child advocates support priorities for local community child safety leaders</li> <li>Collaborative practice development with Territory Families</li> <li>Scale-up of numbers of specific children and families supported</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of progress and effectiveness for improvement</li> <li>Adaptation in response to place-based issues</li> <li>Grow the role and capacity of community child safety leaders</li> </ul>
<b>Identifying or establishing community child safety leader groups</b>	<ul style="list-style-type: none"> <li>Establishment of governance, functions and operation of each group</li> <li>No one form assumed allowing unique cultural systems of operation</li> <li>Support and train group members to understand their role and power to influence child safety</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of support for groups to achieve full geographical coverage</li> <li>Focus to support local, culturally defined models of Aboriginal Family-Led Decision Making to engage extended family groups to support safety for children</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing support for the aspirations and priorities of the groups</li> <li>Activities to be significantly defined by the groups themselves as they establish and define their governance, objectives and operation</li> </ul>

	PHASE 1 (1-2 YEARS)	PHASE 2 (2-3 YEARS)	PHASE 3 (3-5 YEARS)
<b>Building strong partnerships for early intervention and prevention</b>	<ul style="list-style-type: none"> <li>Align program design for connected early intervention initiatives, including Aboriginal Child and Family Centres</li> <li>Establish early intervention networks, referral pathways, information sharing, and collaborative case management</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal peak agency support for collaborative practice development</li> <li>Identify and address gaps in service supports and family engagement</li> <li>Progress opportunities to transition services' responses to Aboriginal agencies</li> </ul>	<ul style="list-style-type: none"> <li>Improve, maintain and consolidate collaborative practice for early intervention</li> <li>Complete a final evaluation to inform future improvement of collaborative practice</li> </ul>
<b>Establishing a protocol and practice framework between Aboriginal OOHHC services and Territory Families</b>	<ul style="list-style-type: none"> <li>Establishment and negotiation of roles and responsibilities between Territory Families, ACSHs and community child safety leaders</li> <li>Joint development and agreement of a protocol and practice framework</li> </ul>	<ul style="list-style-type: none"> <li>Identify opportunities to improve communication and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing review by partners of the effectiveness of the protocol and practice framework</li> </ul>
<b>Developing an Aboriginal Family-Led Decision Making model</b>	<ul style="list-style-type: none"> <li>Review best practice and trials of Aboriginal Family-Led Decision Making to inform design</li> <li>Recruit and induct Aboriginal Family-Led Decision Making practice leaders and provide train the trainer program</li> <li>Local design for how Aboriginal Family-Led Decision Making is applied for each ACSH</li> <li>Initial implementation with a focus on pilot communities and early intervention</li> </ul>	<ul style="list-style-type: none"> <li>Training and support by practice leaders for ACSH and Territory Families, staff and community child safety leaders</li> <li>Provide additional resources and brokerage for community convenors</li> <li>Support community child safety leaders to develop locally and culturally adapted Aboriginal Family-Led Decision Making processes</li> </ul>	<ul style="list-style-type: none"> <li>Promote system-wide integration through training to community members, core staff, and connected services</li> <li>Engage the Aboriginal children and families peak to support and facilitate communities of practice</li> <li>Complete final evaluation to inform future implementation</li> </ul>
<b>Developing a kinship care identification and support service</b>	<ul style="list-style-type: none"> <li>Build on outcomes from the Tangentyere Council pilot</li> <li>Develop a project plan to pilot across all ACSH locations</li> <li>Develop tools to promote kinship care</li> <li>Align with Aboriginal Family-Led Decision Making to ensure family input to kin mapping and identification</li> <li>Consult to develop culturally adapted carer assessment tool/s</li> </ul>	<ul style="list-style-type: none"> <li>Expand to achieve broader coverage</li> <li>Increase role for community child safety leaders to identify carers</li> <li>Support setup of local kinship care support groups</li> <li>Monitor impact on increase and sustainability of Aboriginal kinship care placements</li> </ul>	<ul style="list-style-type: none"> <li>Service expansion to achieve full coverage and development and improvement in response to evaluation</li> <li>Integration of kinship carer support roles with case management functions as they increase</li> </ul>

	PHASE 1 (1-2 YEARS)	PHASE 2 (2-3 YEARS)	PHASE 3 (3-5 YEARS)
<b>Building and scaling case management capability*</b>	<ul style="list-style-type: none"> <li>• Design case management pilot and develop indicators of success</li> <li>• Develop policies and procedures, including secondment of Territory Families practice leader to support alignment</li> <li>• Commence case management pilot with priority focus on children in kinship care</li> </ul>	<ul style="list-style-type: none"> <li>• Review and improve procedures and practice in response to pilot evaluation</li> <li>• Develop a capacity growth plan and scale number of children steadily</li> <li>• Increase caseloads to 100 per cent based on best practice for experienced practitioners</li> </ul>	<ul style="list-style-type: none"> <li>• Continue capacity growth and expansion to achieve case management for all Aboriginal children in OOHC by the ACSHs</li> </ul>
<b>Establishing and implementing a plan for local Aboriginal workforce development</b>	<ul style="list-style-type: none"> <li>• Develop a regional strategic workforce plan 2019–2023</li> <li>• Develop a service map for all related services to plan for adequately skilled and qualified workforce</li> <li>• Form partnerships with TAFEs and universities</li> <li>• Provide competency based training aligned to skillsets and knowledge required for this strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Continued implementation of the strategic workforce plan 2019–2023</li> <li>• Engage the role of the Aboriginal children and families peak to provide training and practice development support for the Aboriginal community-controlled sector workforce</li> </ul>	
<b>Meeting quality and accreditation standards</b>	<ul style="list-style-type: none"> <li>• Establish appropriate accreditation body/function</li> <li>• Co-design of standards with ASCH providers</li> <li>• Clear articulation of standards, including mandatory standards, accreditation cycles and processes</li> <li>• Develop self-assessment tool</li> <li>• Preliminary accreditation and resources for monitoring and reporting on compliance established</li> </ul>	<ul style="list-style-type: none"> <li>• Complete full accreditation of the ASCHs and Territory Families with the full set of required standards</li> <li>• Continue standards compliance monitoring, reporting and assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Continue standards compliance monitoring, reporting and assessment</li> </ul>
<b>Aligning policies and processes with the Aboriginal OOHC model</b>	<ul style="list-style-type: none"> <li>• Deliberate process of considering and integrating the strategy across policy design, program and service design, resourcing and tendering practice, legislative design, and operational policies and procedures</li> </ul>		

\* The provision of OOHC case management would also include the administration of residential care facilities by community-controlled organisations. Although the strategy prioritises finding and supporting family-based kinship care arrangements, residential care will remain necessary for some children. Enabling the role and capacity of Aboriginal and Torres Strait Islander organisations to provide culturally strong models of residential care is an essential component of developing an Aboriginal community-controlled OOHC system.