SNAICC

National Voice for our Children

SNAICC submission to the Productivity Commission's draft report into Expenditure on Children in the Northern Territory

January 2020

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 fulfillment of the rights of our children, in particular to ensure their safety, development and well-being.

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.

SNAICC
National Voice for our Children
Aboriginal and Torres Strait Islander Corporation
Level 7, 20 Otter Street
Collingwood, VIC 3066

Phone 03 9419 1921 | Fax 03 9489 8044
PO Box 1144 Collingwood Vic 3066
info@snaicc.org.au | www.snaicc.org.au

SNAICC
National Voice for our Children

Introduction

SNAICC- National Voice for Our Children (SNAICC) welcomes this opportunity to contribute to the Productivity Commission's Inquiry on Children in the Northern Territory (NT). Aboriginal and Torres Strait Islander children in the NT experience high levels of disadvantage and are 11 times more likely to be in out-of-home care than non-Indigenous children.[1] It is essential that the service system enable children and families to have access to a full range of culturally safe and accessible universal services that strengthen communities and families.

Outlined in this submission are SNAICC's responses to specific findings, draft recommendations and general comments.

Response to specific findings, draft recommendations and general comments

Draft finding 2.1. Significant funds are spent on children and family services in the Northern Territory – in 2018-19, expenditure on services directly relevant to the prevention of harm to children was about $538 million.

SNAICC believes the $538 million figure described as being spent "directly relevant to the prevention of harm to children" in the NT is misleading. As discussed below, there are a high proportion of services included within the quoted figure of $538 million that are primarily tertiary level service responses and do not have a dedicated prevention goal or focus, and there is a lack of information about the quality of included services and whether they actually engage families effectively and serve to prevent harm. The description of this expenditure as being directly relevant to the prevention of harm is misaligned with the broad body of literature that defines prevention and early intervention service responses. This finding could be misinterpreted as indicating that expenditure is adequate if appropriately targeted to meet harm prevention need, when there is in fact a lack of clear evidence to support this finding. SNAICC recommends that the Productivity Commission consider clarifying *Draft finding 2.1* and the assertion in Chapter 3 that "significant funds are directed not only at the provision of statutory services, but also at preventative and early intervention services."[2] The Commission may consider highlighting within *Draft finding 2.1* and *Key points* at the beginning of Chapter 3, that it is not possible to determine whether the current level of expenditure, or types of services provided, are addressing the harm prevention needs of children and families, and that a high proportion of expenditure has been identified as being directed towards tertiary level services, for example 35% on child protection, out-of-home care and juvenile justice responses.

Research has clearly established that the current child and family service systems are not designed to respond to the significant complexities facing families.[3] This is particularly so for Aboriginal and Torres Strait Islander families, who, due to intergenerational trauma resulting from discriminatory policies and practices, can have high and complex needs at the outset.[4] As a result, it is very difficult to determine whether the current expenditure amount is at the level required to address the complex needs experienced by vulnerable families in the NT. However, SNAICC members and stakeholders continue

---

[1] Family Matters Campaign. (2019). *The Family Matters report.* Retrieved from https://www.familymatters.org.au/wp-content/uploads/2019/10/1097_F.M-2019_LR.%C6%92.pdf
[2] Productivity Commission. (2019). *Expenditure on children in the Northern Territory: Draft report,* p. 79
[3] Arney, F. (2019). *Child and family focused system redesign: Harnessing early intervention and prevention potential to change the lives of children.* Paper presented at SNAICC National Conference, Adelaide, Australia.
[4] The Healing Foundation & Australian Institute of Health and Welfare. (2019). *Children living in households with members of the Stolen Generations.* Retrieved from https://healingfoundation.org.au/aihwchildrensreport/

to report that funding for prevention and early intervention services remains well below the level of need experienced by many children and families in the NT.

According to a number of our key stakeholders, one concern is a lack of holistic and independent, community-controlled early intervention and prevention services. The over-representation of Aboriginal and Torres Strait Islander children in the Northern Territory child protection system indicates a failure to focus on and invest adequately in culturally safe preventative measures to keep children out of the child protection system. We are concerned that the draft report has the potential to misrepresent the on the ground realities of access to child and family services for Aboriginal and Torres Strait Islander families in the NT.

The proportion of expenditure directed to particular service types provides a very limited indication of the quality or effectiveness of the service response for vulnerable children and families in the NT. The $538 million figure, as delineated in Table 3.2, encompasses a very broad scope of potentially uncoordinated services ranging from sports, recreation, culture and well being; child protection; education; migrant services; and remote services. However, evidence clearly demonstrates that an Aboriginal and Torres Strait Islander led integrated approach to service delivery – which centres the child and family by organising to respond to needs in specific family and community contexts – increases access to supports for Aboriginal and Torres Strait Islander families.[5] It is critical that families have prompt access to a service system that enables them to readily engage with the full range of culturally safe service supports they require.[6]

As noted above, a key concern is the broad definition of services classified as preventing harm to children. Many of the services included in the scope may have little or no impact on prevention, given the lack of information regarding service quality, and the inclusion of many services that are not prevention focused. For example, 23% ($124 million) of the total figure is Territory Families expenditure on out-of-home care services, that includes child protection investigatory services and out-of-home care – which are tertiary level interventions. Tertiary interventions are for children and families where maltreatment has already occurred and where it has been determined that parents cannot provide safe care for a child without significant statutory intervention.[7] Indeed, based on its own classifications presented in Table 3.2, the Commission's finding indicate that 25% of the total expenditure on children and families in the NT is allotted to statutory child protection and ancillary services for those transitioning in or out of the child protection system. Conversely, only 3.5% ($19 million) of expenditure is allotted to homelessness and housing services in a jurisdiction where the rate of homelessness is almost 12 times the national rate.[8] It is in this context, that SNAICC recommends that the Commission clarify that its assessment of expenditure does not indicate a high proportional investment in prevention services, and does not account for the levels of need experienced in the NT, nor the quality or effectiveness of the current service system response.

---

[5] SNAICC. (2012). *Integrated service delivery for Aboriginal and Torres Strait Islander families.* Retrieved from https://www.snaicc.org.au/wp-content/uploads/2015/12/02879.pdf

[6] SNAICC – National Voice for our Children. (2018). *The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation.* Retrieved from https://www.snaicc.org.au/wp-content/uploads/2019/06/928_SNAICC-ATSICPP-resource-June2019.pdf

[7] Family Matters Campaign. (2019). *The Family Matters report.* Retrieved from https://www.familymatters.org.au/wp-content/uploads/2019/10/1097_F.M-2019_LR.%C6%92.pdf

[8] Australian Institute of Health and Welfare. (2019). Specialist homelessness services annual report 2017-18. Retrieved from https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/indigenous-clients

Draft recommendation 6.1 Community plans and coordinated funding decisions. To deliver on their shared responsibility for funding children and family services in the Northern Territory, the Commonwealth and NT Governments need a new way of working together. This should include both governments genuinely engaging with NT communities, coming to a shared understanding of the issues affecting children and families, and jointly committing to solutions, with collective ownership and accountability for outcomes.

In principle, SNAICC supports the report's recommendation to enable greater involvement of Aboriginal communities in the design and delivery of approaches to improve safety and wellbeing for children in the NT. The concept of community plans, as outlined in Recommendation 6.1, aligns with the clear research findings that Aboriginal and Torres Strait Islander leadership, knowledge and engagement are critical to positive results for communities.[9] The success of the recommended approach is dependent upon a commitment to building deeper, respectful and more genuine relationships between governments and Aboriginal and Torres Strait Islander communities. Based on SNAICC's research and experience, the core principles that underpin genuine and successful partnerships are:

1. Commitment to developing long-term sustainable relationships based on trust.
2. Respect for Aboriginal and Torres Strait Islander cultural knowledge, lived experience and connection to community and country.
3. Commitment to self-determination for Aboriginal and Torres Strait Islander peoples.
4. Aim to improve long-term well-being outcomes for Aboriginal and Torres Strait Islander children, families and communities.
5. Share responsibility for shared objectives and activities.
6. Valuing process elements as integral to support and enable partnerships.
7. A commitment to redressing structures, relationships and outcomes that are unequal and/or discriminatory.
8. Openness to working differently with Aboriginal and Torres Strait Islander children and families.[10]

While Aboriginal led community-level service design should absolutely be the primary focus, there will always be a range of legislation, policy and program decisions made by the Territory and federal governments that impact the enabling environment for local self-determination in child and family services. In this context, participation in the development of policies, legislation and services is further enabled through the establishment of peak bodies. Peaks also have a critical role to play in the establishment and support of quality and effective community-controlled service systems. They provide a mechanism for Aboriginal communities and their service providers to be represented in Territory-wide policy, system design, and sector development processes. However, in the NT there remains no dedicated Aboriginal peak body to lead in the design of policies and services that impact

[9] Hunt, J. (2013). Using a community development approach for Aboriginal development in Central Australia. *Development Bulletin, 75,* 35-38.
KPMG. (2018). *Maranguka justice reinvestment project: Impact assessment.* Retrieved from http://www.justreinvest.org.au/wp-content/uploads/2018/11/Maranguka-Justice-Reinvestment-Project-KPMG-Impact-Assessment-FINAL-REPORT.pdf
[10] SNAICC. (2014). *Partnership training manual: Creating change through partnerships.* Retrieved from https://www.snaicc.org.au/partnership-training-manual-creating-change-through-partnerships-2014-snaicc-resource/

on Aboriginal children and families, despite calls from a number of Aboriginal organisations to establish one.[11]

It is also important to acknowledge that Aboriginal communities in the NT have engaged through a number of consultation processes over the previous years, including the *Royal Commission into the Protection and Detention of Children in the Northern Territory;* and *Safe, Thriving and Connected: Generational Change for Children and Families.* SNAICC has engaged with key stakeholders in the NT throughout these consultation processes, and has hosted forums related to child and family wellbeing. Throughout these processes, participants have consistently highlighted that expanding and strengthening the ACCO child and family sector across the NT is a key priority. SNAICC believes that a coordinated, Territory-wide commitment to resourcing the sector needs to occur alongside the development of community plans. SNAICC sees a level of risk if the development of community-level plans and funding decisions are a barrier to immediate and continued action to implement reforms that communities have been calling for decades, and that have been detailed in the recommendations of successive inquiries, particularly in relation to child protection and juvenile justice. SNAICC advises that the Commission highlight that efforts must continue and increase to support and build the Aboriginal community-led child and family service sectors that will provide communities with the resources and infrastructure needed to develop and implement meaningful community plans that can address the needs of children and families.

Draft recommendation 6.3 Better data on outcomes for children and families. To provide a more complete picture of the wellbeing of children and families in the NT, the Commonwealth and NT Governments should improve their data so that it is: outcomes-focused – seeking to measure outcomes for children and families using available child-centred indicators across all the domains of child wellbeing and collected, tracked and publically reported at the community level wherever possible.

The development and publication of data to better measure the situation of Aboriginal and Torres Strait Islander children is critical for tracking progress against the things that matter most for improving safety and wellbeing for Aboriginal and Torres Strait Islander children. We agree with the Productivity Commission that there are significant data gaps in areas that are critical to assessing safety and well-being outcomes for Aboriginal and Torres Strait Islander children, their families and communities.

The Northern Territory Government, in partnership with the Menzies School of Health Research, released the Story of Our Children report. This report provides data against indicators of wellbeing based on the Australian Research Alliance for Children and Youth's The Nest framework. A cultural reference group for the report adapted the Nest, however, the data is not disaggregated by Aboriginal and Torres Strait Islander status. We also note a number of data gaps on key indicators of wellbeing, particularly those related to cultural identity, learning, and mental and emotional wellbeing.

In 2018-19, SNAICC consulted on and developed *The Aboriginal and Torres Strait Islander Child and Family Services Wellbeing Framework* **(Attachment A)**. The Framework was designed to articulate wellbeing outcomes based on Aboriginal and Torres Strait Islander values and beliefs. SNAICC suggests that the Productivity Commission consider the Framework as a potential template for reporting against the outcomes of child and family services delivered to Aboriginal and Torres Strait Islander children.

[11] The Central Australia Aboriginal Community-Controlled Out-of-Home Care Steering Committee (2019). *Communique.* Retrieved from https://www.snaicc.org.au/wp-content/uploads/2019/04/CentralAustralia_OOHC_Forum_Communique.pdf.

Draft recommendation 7.5 Transition to Aboriginal controlled service delivery. When commissioning children and family services primarily targeting Aboriginal and Torres Strait Islander people, the Commonwealth and NT Governments should ensure that service providers have the capacity to deliver physically accessible and culturally appropriate services:

- *Funding decisions should take into account the characteristics of capabilities of providers (such as their cultural competence and connection communities) and their ability to deliver improved outcomes. To support this, grant rules and guidelines should be adapted where necessary.*
- *Where an ACCO is expected to deliver better outcomes for children and families over the longer term, but lacks the capacity to effectively deliver services, the Commonwealth and NT Governments should engage non-ACCO service providers to partner with them, with funding agreements outlining a clear succession plan over defined timeframes and appropriated resourcing and incentives for building the capacity of the ACCO sector.*

SNAICC supports most aspects of this recommendation, however suggests that it requires clearer and stronger wording to achieve its intent. Alternate wording could specify that, "grant rules and guidelines should prioritise funding to an Aboriginal community controlled organisation with capability to deliver services." This stronger statement would reflect the evidence that Aboriginal and Torres Strait Islander led services with adequate resourcing and opportunities to develop capability, are best placed to deliver improved outcomes for their families and communities.

In 2018, SNAICC provided a submission to the Productivity Commission's What Works review of Systems for Protecting Children. This review sought to understand how to enable the public health approach to protecting children. SNAICC's submission **(Attachment B)** set out a number of the characteristics and capabilities of service providers required for effective prevention and early intervention service delivery for Aboriginal and Torres Strait Islander children and families – These include:

1. Aboriginal and Torres Strait Islander led holistic, integrated prevention and early intervention service delivery based on knowledge of local needs;
2. Empowered, community-based organisations that deliver the full range of services family required and enable family-led decision-making processes;
3. High levels of cultural safety among non-Indigenous professionals;
4. Integrated service models that enable families to access the universal and targeted supports that they need, when they need them; and
5. Culturally safe and responsive child protection laws and policies that enable an early intervention and prevention approach to child and family wellbeing.

Also, in regards to the recommendation for the engagement of non-ACCO service providers to partner with ACCOs, SNAICC believes that this is only one way to support capacity development and that other ways must also be considered, including the provision of direct business and service development supports and partnerships with other well established ACCO service providers in the NT or interstate. As explained in a forthcoming SNAICC resource about establishing genuine partnerships for child and family service delivery:

> *"Enabling and respecting self-determination means that partnership cannot be imposed on an Aboriginal and Torres Strait Islander community or organisation; it needs to be based on the aspirations and interests of that community to engage in partnerships and service delivery. One of the key outcomes of any partnership should be, where required and wanted, to build the operational and leadership capacity of the Aboriginal or Torres Strait Islander entity, in line with the aspirations of that entity for increasing its role and service offering for families. It also requires recognising the existing strengths of Aboriginal and Torres Strait Islander people and organisations, including that in many cases a partnership to 'build capacity' may not be wanted or required when an organisation already has significant capability and is*

already best placed to lead service provision for Aboriginal and Torres Strait Islander families…[12] In many cases Aboriginal and Torres Strait Islander organisations already have significant skills and capability in child and family services, or adaptable capacity from experience in related sectors. In these circumstances [they] may be best placed to provide the services on [their] own, or to take on the role of lead partner, inviting mainstream organisations to provide specialised services in fields where [the] organisation has expertise gaps."[13]

The underdevelopment of the Northern Territory ACCO sector is a major shortfall across all aspects of the child and family service delivery system and is demonstrated through the lack of engagement and co-design in policy and programming; support and capacity building of the ACCO sector; and effective participation of ACCOs in child protection decision-making and family support service provision. According to data provided to the Family Matters campaign, in 2017-18, ACCOs received just 2.4% of funding spent on child protection, out-of-home care and family support services in the NT – 1.8% of family support funding (a decrease of 5.2% since 2016-17) and 0.3% of child protection funding (a decrease of 10.7% since 2016-17). This indicates that despite its ambitious reform agenda and commitment to transfer service delivery, the sector continues to be dominated by non-Indigenous providers that provide limited cultural safety for Aboriginal and Torres Strait Islander children and families.[14]

Though the current level of service delivery by ACCOs is vastly below the future capacity envisaged in the NT's *Safe, Thriving and Connected* reform strategy, there is significant base capacity that exists in the NT ACCO sector for delivery of child and family services.[15] The current capacity of ACCOs is reflected across a broader range of services, supports and community and cultural relationships beyond formalised and funded roles in relation to child protection. For example, the community-controlled health sector in the NT plays a critical role in delivering services to vulnerable families through primary health care, as well as early intervention approaches such as the Nurse Family Partnership Program which provides support to pregnant women and their children up to 2 years of age and is delivered by Danila Dilba and Central Australian Aboriginal Congress (CAAC).

A number of ACCOs, including Tangentyere Council and NPY Women's Council also have significant experience in the delivery of intensive and targeted family support services with the intent of preventing harm and reducing engagement of families with child protection systems. Tangentyere Council has also recently developed a new model of kinship care, *Children Safe, Family Together.* The model has been formally accepted by Territory Families. The model provides a comprehensive approach to identifying, recruiting and supporting Aboriginal family and kin carers that is evidence and place-based. Alongside this policy reform, Ngurratjuta/Pmara Ntjarra Aboriginal Corporation, Larrakia Nation Aboriginal Corporation and Tangentyere Council have been funded to pilot kin care programs. A second round of funding has been announced to support further Aboriginal organisations to deliver these services. Since these programs were introduced, 42 Aboriginal children have been placed with

---

[12] SNAICC – National Voice for our Children. (2020, forthcoming). *Creating change through partnerships: An introductory guide to partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations in child and family services.*
[13] SNAICC – National Voice for our Children. (2020, Forthcoming). *Applying for funding for Aboriginal and Torres Strait Islander child and family services: A guide to best-practice partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations.*
[14] Family Matters Campaign. (2019). *The Family Matters report,* p. 88. Retrieved from https://www.familymatters.org.au/wp-content/uploads/2019/10/1097_F.M-2019_LR.%C6%92.pdf
[15] NT Government. (2017). *Safe, Thriving, Connected.* Retrieved from: https://rmo.nt.gov.au/__data/assets/pdf_file/0006/498174/Safe,-Thriving-and-Connected-Overview-of-the-Plan.pdf

Aboriginal carers (an increase of 18% since the previous year).[16] Sector leaders have informed SNAICC that while this is a very positive step, it is important that Territory Families refers cases to ACCOs early so that they can focus on keeping children with their family, reunifying them after removal and finding kin carers at the earliest stage possible. There is significant potential to support expansion of new and existing kinship care and family support services and develop comprehensive child and family welfare ACCOs within the NT.

Draft recommendation 9.2 Independent oversight of reforms. The NT Government should task the NT Children's Commissioner (and its future replacement in the Commission for Children and Young People) with ongoing monitoring and public reporting on the progress of reforms to children and family services in the NT. This should include reporting annually on the progress of implementation of the recommendations of the Royal Commission into the Protection and Detention of Children in the NT and implementation of the recommendations of this Productivity Commission study. Where Commonwealth services or funding are involved, the Commonwealth Government should proactively assist the NT Children's Commissioner.

SNAICC supports the recommendation for an expanded monitoring and oversight role by the NT Children's Commissioner, however is of the position that there needs to be a dedicated Aboriginal and Torres Strait Islander Children's Commissioner to provide oversight on the progress of implementations of the reforms as they relate to Aboriginal and Torres Strait Islander children. Establishment of this role is a critical step to ensure a whole of territory and systems focus on responding to the needs of Aboriginal and Torres Strait Islander children, which is essential in the context of widely recognised and unacceptable disparities in levels of disadvantage and opportunities for our children to thrive.

The Assistant Commissioner at the Office of the Children's Commissioner, who is Aboriginal, plays an important role in keeping government accountable and ensuring implementation of important government commitments. However, the Assistant Commissioner has limited powers and functions to carry out this work effectively. There remains no dedicated commissioner for Aboriginal children and young people with the requisite powers to conduct investigations into systemic issues impacting Aboriginal children in the Northern Territory. In this regard, SNAICC recently developed a position paper outlining the core components required for the establishment of a national commissioner for Aboriginal and Torres Strait Islander children (**Attachment C).** This paper could also be used to inform the establishment of a dedicated commissioner role for Aboriginal and Torres Strait Islander children in the NT.

Given the significant and widespread issues experienced by many Aboriginal and Torres Strait Islander children, there is increasing recognition of the importance and value of Aboriginal and Torres Strait Islander children's commissioners. Victoria established the Commissioner for Aboriginal Children and Young People in 2013, who has since released a number of reports detailing a range of systemic issues with the child protection system that disproportionately impact Aboriginal and Torres Strait Islander children and led to major reforms being introduced by the Victorian Government.[17] In 2018, South Australia also established the Commissioner for Aboriginal and Torres Strait Islander Children and Young People, who has been taking an active role to call for and support vital system reforms despite significantly limited resourcing and the lack of a legislated mandate.

---

[16] Family Matters Campaign. (2019). *The Family Matters report,* p. 83. Retrieved from https://www.familymatters.org.au/wp-content/uploads/2019/10/1097_F.M-2019_LR.%C6%92.pdf

[17] SNAICC – National Voice for our Children & the Family Matters Campaign. (2019). *Position paper: Establishment of a national commissioner for Aboriginal and Torres Strait Islander children and young people.* Retrieved from https://www.snaicc.org.au/wp-content/uploads/2019/10/SNAICC_Family-Matters_Position-Paper_national-commissioner_FINAL.pdf

Addressing the needs of children and families that move between and/or have family relationships across Western Australia, South Australia and the Northern Territory

SNAICC notes that the draft report has not addressed the very significant ongoing issues families connected across the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) lands experience in accessing services and the importance of clear strategies for addressing the needs of children and families in the cross-border region. The NPY lands consist of 350,000 square kilometres across WA, SA and the NT and these communities "share language, historical, cultural and familial connections."[18] The remoteness, lack of infrastructure and high mobility of families across the tri-border region create a particularly complex service delivery environment that requires significant coordination and the effective implementation of interstate protocols.[19]

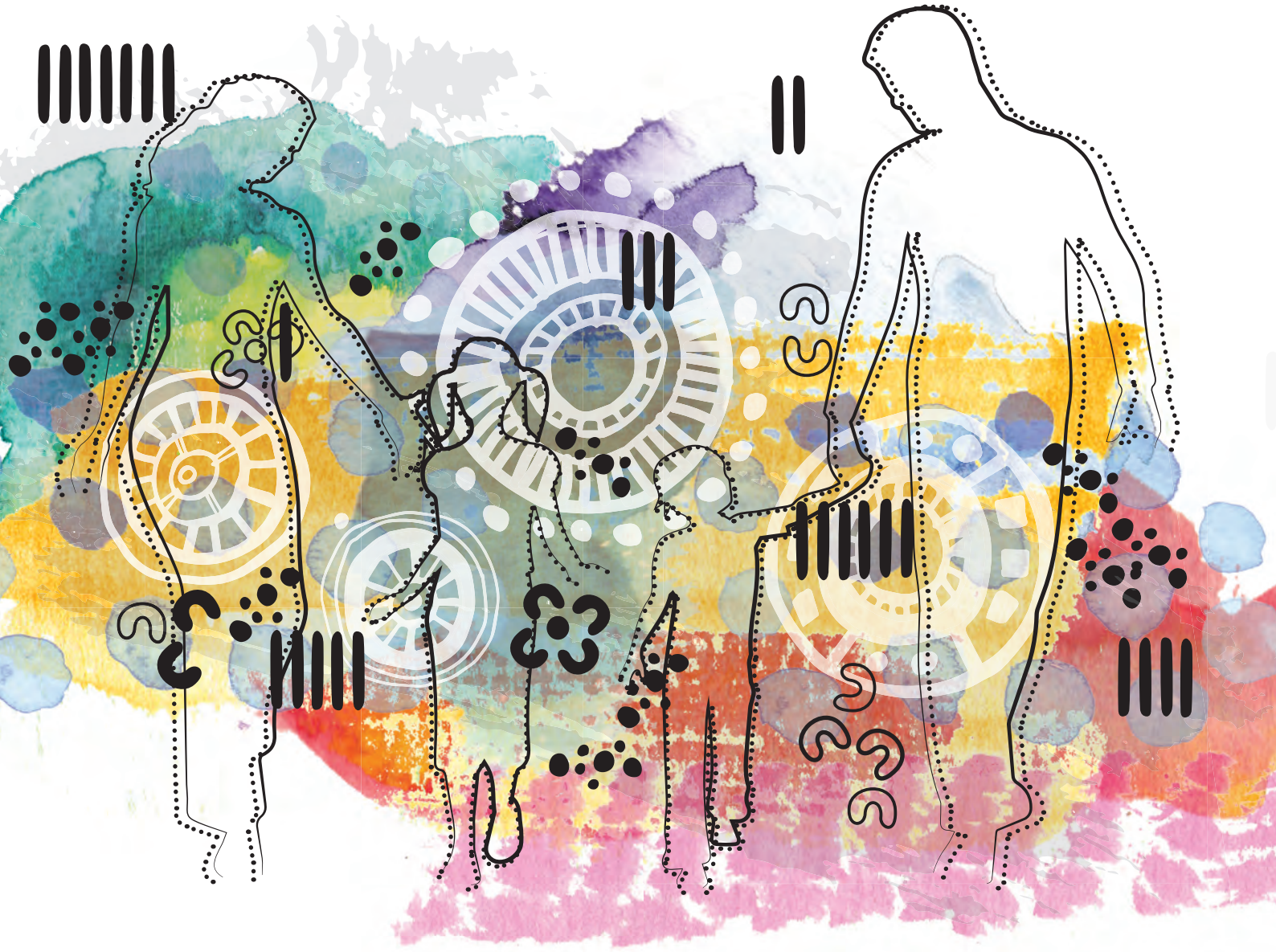
Alice Springs is often the service centre for Anangu and Yarnangu people living in the NPY lands, with many children coming to the attention of child protection whilst they are in town. According to NPY Women's Council, "the consequence for these children and their families is that children and young people can be forced to stay in Alice Springs whilst the various agencies" complete the assessments and processes required to return children home."[20] This leads to prolonged separation from support networks, and inadequate service responses for vulnerable children and families who have had to relocate away from their community, without accommodation or the family, community or cultural supports that strengthen and enable parents to care for their children. Any new approach to funding for services must give consideration to the needs and priorities of children and families living across the NPY lands. SNAICC advises that the Commission highlight the specific barriers to service accessibility for families residing in this region and make recommendations regarding coordination of investments in children and family services between state, territory and federal governments for services to communities in the NPY lands.

[18] NPY Women's Council. (2010). *Fact Sheet 16: NPY Women's Council: Cross-border justice issues.* Retrieved from https://www.npywc.org.au/wp-content/uploads/sites/45/16-Advocacy-Cross-border-Justice-Issues.pdf

[19] Institute of Child Protection Studies. (2013). *Central Australia cross border project: Enhancing cross border family and child wellbeing in Central Australia.* Canberra: Australian Catholic University.

[20] NPY Women's Council. (2014). *Out of Home Care submission.* Retrieved from https://www.aph.gov.au/DocumentStore.ashx?id=b81af696-4d19-45be-adb5-997e50e81cd8&subId=301347

SNAICC
National Voice for our Children



ABORIGINAL AND TORRES STRAIT ISLANDER CHILD AND FAMILY SERVICES

EVALUATION READINESS TOOLKIT

CONTENTS

INTRODUCTION 3

MEASURING OUTCOMES 5
What is an outcome? 5
What does an outcomes framework measure? 5
What is a theory of change? 5
How does a theory of change help us with evaluation? 6
How do an outcomes framework and theory of change fit together? 6

THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD AND FAMILY WELLBEING FRAMEWORK 7

THEORY OF CHANGE DEVELOPMENT GUIDE 11
What steps do we need to take and who should be involved? 11
STEP 1: Program goal and stakeholder mapping 14
STEP 2: Program inputs 16
STEP 3: Activities and outputs 18
STEP 4: Long-term outcomes 20
STEP 5: Articulating the change you create 24
STEP 6: Populating your theory of change 30
STEP 7: Thinking about indicators 32

WHERE TO FROM HERE? 37
Appendix A: Sample survey questions 38

ACKNOWLEDGEMENTS

AUTHORS

SNAICC – National Voice for our Children: Andria Mastroianni, John Burton and Janelle Young.

The Incus Group: Arjun Ravi

SNAICC thanks the organisations and individuals who provided guidance, review and input to this resource. In particular we would like to acknowledge the Aboriginal and Torres Strait Islander people and community-controlled organisations from across the country who contributed to the resource, including the SNAICC National Council and the following organisations: Jarjum Bugal nah Childcare & Family Centre, Kura Yerlo Children's Centre and Towri Multifunctional Aboriginal Children's Services.

SNAICC thanks the Australian Government Department of Prime Minister and Cabinet for funding support to develop this resource. The views in this publication do not necessarily reflect those of the Australian Government.

DESIGN: Mazart Design Studio | www.mazartdesignstudio.com

...monitoring and evaluating the performance and outcomes of these services is an essential component to the growth and strengthening of our children, families and communities...

INTRODUCTION

All children deserve to thrive and fulfil their potential. SNAICC's purpose is to see that all Aboriginal and Torres Strait Islander children grow up healthy, happy and safe. Aboriginal and Torres Strait Islander community-controlled child and family services play a vital role in addressing the needs and aspirations of Aboriginal and Torres Strait Islander communities. Monitoring and evaluating the performance and outcomes of these services is an essential component to the growth and strengthening of our children, families and communities.

The organisations that SNAICC represents have identified a need and high interest in support to better monitor, evaluate and articulate their outcomes. This need has been informed by the lack of available evaluation and evidence relating to programs designed with and delivered by Aboriginal and Torres Strait Islander peoples and organisations. The lack of documented evidence often leads to the under-valuing of locally designed and driven approaches. Programs are then implemented with an international evidence-base that are ineffective in the context of Aboriginal and Torres Strait Islander communities.

This Aboriginal and Torres Strait Islander Child and Family Evaluation Readiness Toolkit has been prepared with the objective of addressing the abovementioned issues to enable organisations working in the Aboriginal and Torres Strait Islander child and family services sector to articulate the unique ways in which they work in creating wellbeing outcomes for families, children and the communities they work in. It aspires to empower them to highlight the value of locally designed and driven approaches and build their own evidence base to prove and improve the effectiveness of their programs.

THE EVALUATION READINESS TOOLKIT COMPRISES:

- **The Aboriginal and Torres Strait Islander Child and Family Wellbeing Framework**
  - Provides a consistent set of outcome statements relevant to all organisations working in the Aboriginal and Torres Strait Islander child and family services sector.
- **Theory of Change Development Guide and Activities**
  - Guides your organisation through a step-by-step process to develop your theory of change.
- **Theory of Change Development Excel Tool**
  - Present your theory of change in a concise manner to monitor and update over time.

THE EVALUATION READINESS TOOLKIT WILL ENABLE ORGANISATIONS TO:

- **articulate** the outcomes they achieve for children, families and community and their social impact
- **communicate** these outcomes and their social impact succinctly and precisely
- **identify** indicators to collect data on, in order to build an evidence base to demonstrate the impact of their programs.

It is anticipated that most organisations will use the Evaluation Readiness Toolkit to develop their internal capacity, competency and confidence in measuring outcomes.

...outcomes are the changes that individuals, families, organisations and communities experience – changes in knowledge, practical skills, attitudes, wellbeing and coping mechanisms...

MEASURING OUTCOMES

WHAT IS AN OUTCOME?

An outcome is a positive, or negative, change that occurs as a result of a program or activity. Outcomes are the changes that individuals, families, organisations and communities experience – changes in knowledge, practical skills, attitudes, wellbeing and coping mechanisms. Although outcomes are measured for a variety of different reasons and agendas, for the purpose of this toolkit, they are utilised to measure the effectiveness of a program at an individual, family and community level. The key question to ask in determining effectiveness is to understand the question, "What difference does our program make for the people we deliver services for?"

WHAT DOES AN OUTCOMES FRAMEWORK MEASURE?

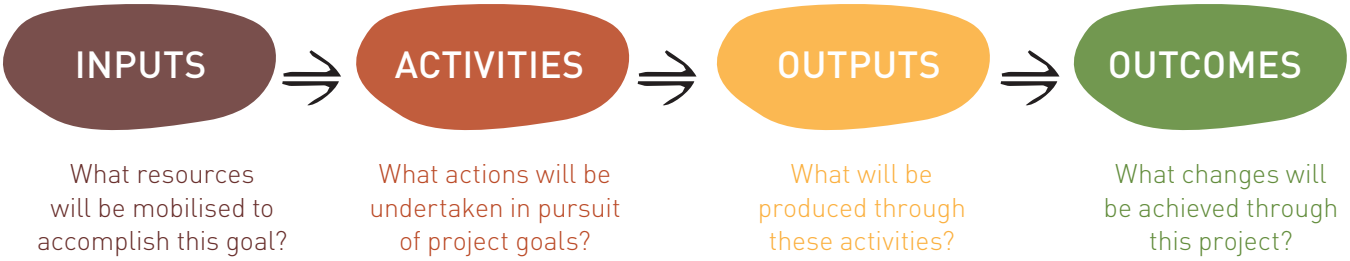
An outcomes framework is created to specify the desired outcomes for a particular group in the population or a service sector– the focus being Aboriginal and Torres Strait Islander families and children and the services that support them. Using an outcomes framework helps monitor and track the outcomes of programs in a consistent manner across the sector, while allowing each organisation to tailor this to their own programs.

An outcomes framework will consist of different areas of interest, also known as domains. Under each domain (e.g. health) may be specific outcomes that are more relevant to some organisations and programs than others. Together the outcomes and domains provide a consistent foundation for program planning, monitoring and evaluation.

WHAT IS A THEORY OF CHANGE?

An outcomes framework should be underpinned, or work alongside a theory of change. A theory of change refers to the description of how your program is intended to achieve meaningful, positive changes for individuals, communities and organisations. A theory of change is not just a description of what the intended changes are. Rather, it is a depiction of how your program is supposed to work and what it is intended to achieve. In short, it outlines the cause-and-effect relationship between the program's activities and the long-term outcomes it creates for its targeted stakeholders.

A theory of change is useful for your organisation to develop, as it provides a basis to both design and evaluate programs. It will also enable your organisation to tell the story of the unique change you create as a result of your activities – it therefore goes to the heart of what your organisation does. It can be helpful to represent the theory of change as a flowchart. This illustrates the chain of events leading up the achievement of an outcome, as shown below.



The key terms involved in understanding and building a theory of change are described below:

- **Input:** An input is a resource – whether labour hours, financial or physical resources – that is used to pursue an activity or operate a project or program. Inputs are often already accounted for in the existing reporting structure of an organisation, as they are relatively easy to track and quantify.
- **Activity:** An activity is what the organisation does with the inputs used.
- **Output:** An output tells you an activity has taken place and is also usually quantitative (e.g. number of people trained, number of food boxes distributed).
- **Outcome:** An outcome is a positive, or negative, change that occurs as a result of a program or activity. Outcomes are the changes that individuals, families, organisations and communities experience. These changes are not always immediate and can exist on a spectrum from creating awareness to creating behaviour change. It is therefore helpful to think of outcomes as operating on different time scales so they can be:
  - **Intermediate outcomes:** For example, improved awareness of healthy eating habits or increased confidence
  - **Long-term outcomes:** For example, improved quality of health or obtaining employment.

HOW DOES A THEORY OF CHANGE HELP US WITH EVALUATION?

A theory of change helps to generate the clarity and specificity required for success and often demanded by funders and other stakeholders. It offers an organised way of defining your program goals, activities and measurable outcomes by producing:

- a list of what you have and what you need to operate your program
- an explanation of how and why your program will produce desired results
- a blueprint for future program management, evaluation and improvement.

The process of developing the theory of change is an opportunity to chart the course of your program and should be part of an ongoing process of discussion, commitment, and reflection as part of an organisation's dedication to program improvement and accountability. The theory of change is a key component of any evaluation and the benefits of having one is that they:

- can enhance a program manager's ability to plan, design, implement, analyse, and generate knowledge
- serve as the starting point for this conversation and can later be considered the *report card* that you might use to understand whether you are meeting your program goals and objectives.
- can be developed to meet large or small-scale program outcomes
- help to focus on the big picture (long-term outcomes) as well as more short-term effects (intermediate outcomes).

A theory of change should be revisited on a regular basis and should closely reflect the outcomes of your program and evaluation plan.

HOW DOES AN OUTCOMES FRAMEWORK AND THEORY OF CHANGE FIT TOGETHER?

The outcomes framework provides the basis for identifying the outcome domains and relevant long-term outcomes to begin to map and articulate how your individual programs and activities achieve change for your beneficiaries through your theory of change.

THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD AND FAMILY WELLBEING FRAMEWORK

The Aboriginal and Torres Strait Islander Child and Family Services Wellbeing Framework (the Framework) forms the basis of the Evaluation Readiness Toolkit.

Through the national Family Matters campaign and SNAICC's policy and project work with our members, SNAICC has consulted on and developed a valuable program logic that describes the interaction between high-level inputs, system and service change process outcomes, and improved wellbeing and safety outcomes for Aboriginal and Torres Strait Islander children and families. It draws significantly on the Family Matters Roadmap, Queensland's Our Way strategy and the Victorian Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement as leading strategies that have been developed with Aboriginal and Torres Strait Islander peoples to improve outcomes for our children. The Framework is about self-determination: empowering Aboriginal and Torres Strait Islander families to exercise opportunities to live well, according to Aboriginal and Torres Strait Islander values and beliefs. It is also about ensuring children can thrive and reach their full potential; and protecting rights recognised in the United Nations Convention on the Rights of the Child. It reflects the views and voices of many Aboriginal and Torres Strait Islander Elders, community members and non-government organisations.

The Framework is organised into two layers:

- **Eight wellbeing domains:** These proposed wellbeing domains derive from a range of sources, including the ARACY Common Approach Wellbeing Wheel, and the OECD's Better Life Index, the Family Matters Roadmap, the Queensland Our Way Strategy and the Victorian Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement.
- **21 long-term outcome statements that map to the domains:** These are derived from the consolidated stakeholder engagement and literature review conducted to develop the Family Matters Roadmap and draw on the rights enshrined in the United Nations Convention on the Rights of the Child.

The mapping of long-term outcome statements and wellbeing domains are shown in the table and diagram below.

TABLE 1 - WELLBEING DOMAINS AND OUTCOME STATEMENTS	
Wellbeing	Long-term outcome statements
Safety	Children can grow up safe in their families, cultures and communities
	Families are free from violence and abuse
Health	Children are born healthy
	Children and families have good nutrition, healthy lifestyles and access to quality healthcare
	Children meet developmental milestones
Culture and connections	Children and families have strong kin and community networks
	Children develop and maintain their personal and cultural identity
Mental and emotional wellbeing	Children live in a society that values their identity and is free from racism and discrimination
	Children and families are well supported to address the impacts of individual and intergenerational trauma through therapeutic healing
Home and environment	Families have a stable, safe and suitable place to live and raise their children
	Children who need to be in out-of-home care are placed with kin, and enabled to reconnect or reunify with their families
	Parents are ready and able to nurture and care for children
Learning and skills	Children have the opportunity to learn, develop their skills, maximise their capabilities and pursue their interests
	Children and families engage in lifelong learning by participating in education and training opportunities
Empowerment	Children can grow as citizens and leaders, taking their place and strengthening their cultures in contemporary society
	Families act as first teachers, and engage fully with the education and development of their children
	Children and families can exercise greater choice, control and cultural authority over decisions that affect them
Economic wellbeing	Families experience financial resilience and independence
	Young people are supported to engage with training and education opportunities that prepare them for employment

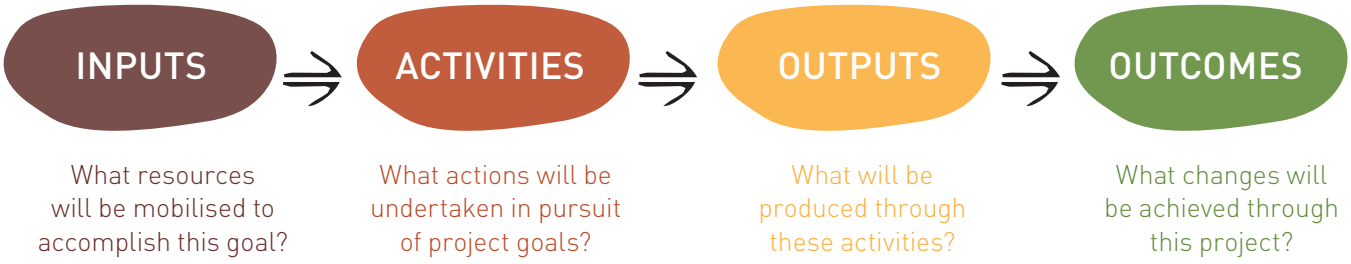
Family, Child and Community Outcomes
1. Children can grow up safe in their families and communities
2. Families are free from violence and abuse
Safety
Health
3. Children are born healthy
4. Families live healthily
5. Children meet developmental milestones
Economic Wellbeing
20. Families experience financial resilience and independence
21. Young people are supported to engage with training and education opportunities that prepare them for employment
Wellbeing
Aboriginal and Torres Strait Islander Family and Child Services Wellbeing Framework
Outcomes
Culture & Connections
6. Children and Families have strong kin and community networks
7. Children develop and maintain their personal and cultural identity
Empowerment
17. Children can grow as citizens and leaders, taking their place and strengthening their cultures in contemporary society.
18. Families act as first teachers, and engage fully with the schooling of their children
19. Families can exercise greater choice, control and cultural authority over decisions that affect them
Learning & Skills
Mental & Emotional Wellbeing
8. Children and families live in a society that values their identity and is free from racism and discrimination
9. Children and families are well supported to address the impacts of individual and intergenerational trauma through therapeutic healing
10. Children and Families are well supported to restore and promote their wellbeing
13. Children have the opportunity to learn, develop their skills, maximise their capabilities and pursue their interests
14. Children have the opportunity to play and engage with other children and young people in safe environments
15. Families have the skills and knowledge to deal with life's challenges
16. Families are ready and able to parent
Home & Environment
11. Families have a stable, safe and suitable place to live and raise their children
12. Children in out of home care are placed with kin, and enabled to reconnect or reunify with families

The Framework is about self-determination: empowering Aboriginal and Torres Strait Islander families to exercise opportunities to live well.

THEORY OF CHANGE DEVELOPMENT GUIDE

A theory of change is a description of how your program intends to achieve meaningful, positive changes for children, families and communities.

It is not just a description of what the intended changes are. Rather, it is a depiction of how your program is supposed to work and what changes it will achieve.



WHAT STEPS DO WE NEED TO TAKE AND WHO SHOULD BE INVOLVED?

This toolkit provides a seven-step process for developing your theory of change which is collaborative and flexible.

Theory of change development phase | Topic		Who to involve?
Step 1	Program background and stakeholder mapping	Organisational staff
Step 2	Inputs	Organisational staff
Step 3	Activities and outputs	Organisational staff
Step 4	Long-term outcomes	Organisational staff
Step 5	Articulating the change you create	Organisational staff and program beneficiaries
Step 6	Populating your theory of change	Organisational staff
Step 7	Thinking about indicators	Organisational staff

The following section will guide you through a series of worksheets and activities to be able to articulate the unique way through which your program creates outcomes in your community.

It is recommended that most of the steps be completed by a small group of organisational staff involved in designing and implementing the program. Where possible, it is also highly beneficial to involve some of the families accessing your services in the drafting or testing of your intermediate outcomes (Step 5).

7 STEPS

EVALUATION READINESS TOOLKIT

STEP 1
PROGRAM GOAL AND STAKEHOLDER MAPPING

This section guides you through developing a program goal statement and listing out your stakeholders. Gaining a good understanding of your stakeholders is especially important as it helps you think about:

- the specific needs of the families and children you run your programs for, from their perspective
- who else is impacted, and how, as a result of running programs for your children and their families
- any unintended positive or negative changes that arise as a result of your services
- how other complementary services in the community can assist you to improve outcomes for families and children attending your programs.

DEVELOPING YOUR PROGRAM GOAL STATEMENT

Tips to developing a program goal statement

- A program goal is a concise, broad and future oriented statement of the desired condition you are working towards.
- Goal statements identify the specific target group and provide the what and why information, rather than how the goal will be achieved or when it will come about
- Example: The goal of our program is to increase the number of young children attending school, so they have the opportunity to maximise their capabilities and pursue their interests.

Activity 1.1

What is your program's goal?

Identifying your stakeholders

Stakeholders (ie: mother, children, schools)	**Description** (age, location, health factors, specific needs etc.)

Activity 1.2

Fill out the following table with your program's stakeholders

Tip for identifying your stakeholders

- You can list all of your stakeholders but focus on the ones experiencing *material* outcomes. This means asking yourself: If I left the outcomes for this stakeholder out of an evaluation of my program, would somebody make a different decision about the program under analysis?
  - If yes: the information is important and should be included in my stakeholder list.
  - If no: the information would not change decisions being made and I don't need to include this stakeholder in my list (but can be noted).

Identifying your stakeholders

Stakeholders	Description

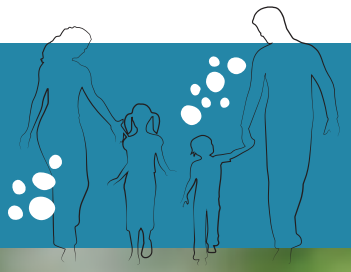
Simply put, a stakeholder is any individual, group or organisation that influences, or is affected by your program, i.e. they contribute to the change or experience the change.

Who are your stakeholders? Think about...

- Who directly accesses your program?
- Do you work with any other organisations to deliver your program?
- Are there any other people or groups who are indirectly affected as a result of the changes you create for the people you directly work with?

II

STEP 2
PROGRAM INPUTS



This section guides you through identifying the inputs of your program. It is important to consider Inputs holistically and as more than just monetary funding required to deliver services.

Here are some important inputs to consider, which are often overlooked:

- Many programs are dependent on in-kind donations and volunteer participation that is usually not taken into account while preparing and forecasting budgets. It is therefore important to consider and put into place measures to retain volunteers and secure in-kind contributions for future sustainability of your program.
- Specific staff expertise in running programs, and their relationships with community stakeholders and program participants are very often intangible traits that cannot be captured in position descriptions while recruiting for positions.
  It is therefore vital that these are identified and taken into account to ensure staff retention and recruitment.
- It is likely that families that attend your program may access related community organisations that offer complementary services to ones that you offer. Knowing which ones your families access most frequently and creating strong relationships and links with them will allow you to offer a better service to families through more referrals and potential partnerships while delivering services.

Your understanding of these inputs will enable you to better understand what contributes to the outcomes you achieve, and will help to create budgets and funding requests that better reflect the operational needs of your programs.

CATEGORISING YOUR PROGRAM INPUTS

Your program inputs are the financial, human and other resources available to undertake your program activities.

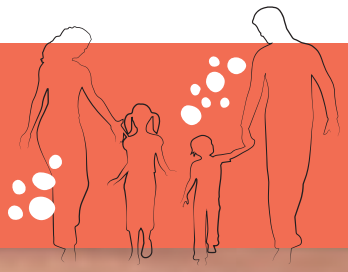
Activity 2.1

Fill out the following table about your program inputs using the guidance provided

Inputs	Description
Staff	What competencies do your staff require to run this program?
Money	How much does it cost to run this program? Think about how much it costs to: design, recruit and maintain staff and participants, purchase any resources, fund trips, etc.
Resources	What do you require to run this program? Think about materials, space, IT, volunteers, vehicles, promotional material, etc.
Relationships	Do you work with any other organisations, departments or people to run your program?

III

STEP 3
ACTIVITIES AND OUTPUTS



This section will guide you through categorising your program activities and listing your outputs. While it is likely that you may offer a wide range of activities at different times, it is important to keep track of how often you provide these, and the number of people that are impacted. The description of your activities and the amount of them that you provide are known as outputs. They are the most basic form of reporting required to quantify the impact and reach of your activities.

- Categorising and describing the distinct activities you offer through your program allows you to differentiate yourself and demonstrate the unique ways that your program is tailored to meet the needs of the families you serve.
- Keeping track of the frequency of these activities and monitoring the number of attendees over a period of time also allows you to demonstrate the:
  - consistency with which families access your services
  - reach and influence you have within your community.
- Monitoring your outputs will also give you valuable information regarding program attendance that may allow you to make important changes to enable wider access and community impact.

TOC development and progress	Step 1	✔	Step 2	✔
	Program background and stakeholder mapping		Program Inputs	

Activity 3.1

Fill out the following table with your program activities and outputs

Tips for listing your activities and outputs

Categories of activity undertaken – what you do to deliver your program, for example: casework, education, referrals, field trips, financial support, etc	A **description of the activities** – for example nutritional education, goal setting, bush picnics, literacy classes, healthcare referral, budgeting advice etc.	**Outputs** – what you need to measure to quantify what your program produces. These are the units of activities delivered or accessed, and are generally easily countable. For example: number of trainings provided, number of attendees, number of field trips, number of cases managed, etc. How much of this activity did you provide? How many people accessed this activity?

Activity category	Description of activity	Outputs

STEP 4
LONG-TERM OUTCOMES

LINKING YOUR LONG-TERM OUTCOMES TO THE WELLBEING FRAMEWORK

The Aboriginal and Torres Strait Islander Child and Family Wellbeing Framework provides a comprehensive list of domains and long-term outcome statements that are applicable to a wide range of programs delivered by organisations.

This step guides you to think about the connection between the activities you listed in Step 3 and the achievement of long-term outcomes you enable for the program stakeholders you identified in Step 1.

Activity 4.1

Identifying program long-term outcomes

Use the program long-term outcomes checklist worksheet below to do this activity. Each long-term outcome statement in the Framework includes some examples to put the outcome into context. Think about the intentions of your activities for your children and families and decide which of the 21 outcome statements across the eight wellbeing domains are relevant to achieve the goal of your program.

Remember, it is unlikely that all the long-term outcome statements listed will be applicable to your program.

Program long-term outcomes checklist

Which of the outcomes in the Framework does your program contribute to? Remember, while your programs may enable families and children to attain a large number of outcomes in the framework, only select the ones that the activities you offer directly contribute to. This is important as it enables you to provide more specific evidence and justification to prove how your program creates these outcomes.

Activity 4.1 Identifying program long-term outcomes

Wellbeing domains	Long-term outcomes	**Activities that support this outcome** (These are examples only. There may be many other things that you do to support these outcomes.) Examples below:
Safety	1. Children can grow up safe in their families and communities	- Supporting families to address challenges and issues that create safety risks for children - Working with families and communities to find safe care arrangements for children where there are concerns for their safety - Providing supports for children to safely reunify with their family when they are in out-of-home care
	2. Families are free from violence and abuse	- Supporting victims/survivors of family violence through refuge, therapeutic and practical support, and referrals - Promoting awareness and prevention of family violence in the community - Working with perpetrators of violence to change behaviours and end abuse - Ensuring children who witness and experience violence are safe, cared for and supported
Health	3. Children are born healthy	- Providing expectant mothers and fathers with health and parenting education and supports during their pregnancy and child birth - Providing education about sexual health, parenting and family planning to young people
	4. Children and families have good nutrition, healthy lifestyles and access to quality healthcare	- Providing nutrition and healthy lifestyle education and support programs - Providing health and allied health supports and assessments - Providing referrals and assistance to families to access healthcare
	5. Children meet developmental milestones	- Providing children with early education and developmental supports, such as child care, playgroups and early learning activities - Assisting families to access early diagnosis, treatment and management supports for health and development concerns - Supporting parents to develop skills and capacity to nurture their children's development
Culture and connections	6. Children and families have strong kin and community networks	- Hosting or facilitating cultural and community events that provide opportunities to celebrate, share and pass on Aboriginal and Torres Strait Islander cultural knowledge and practices to children - Supporting children in out-of-home care to maintain cultural connections through contact with their kin and participation in the cultural life of their Aboriginal or Torres Strait Islander community - Providing a safe and welcoming space for Aboriginal and Torres Strait Islander people to come to where their culture and strengths are valued

Wellbeing domains	Long-term outcomes	**Activities that support this outcome** (These are examples only. There may be many other things that you do to support these outcomes.) Examples below:
Culture and connections	7. Children develop and maintain their personal and cultural identity	- Providing educational environments that support positive identity development and learning about Aboriginal and Torres Strait Islander cultures - Supporting children in out-of-home care to learn about their cultures and participate in the cultural life of their community
Mental and emotional wellbeing	8. Children live in a society that values their identity and is free from racism and discrimination	- Promoting awareness amongst the broader public, community and government regarding the strengths and value of Aboriginal and Torres Strait Islander cultures - Promoting awareness and understanding of the impacts of colonisation and discriminatory policies and the need for healing
	9. Children and families are well supported to address the impacts of individual and intergenerational trauma through therapeutic healing	- Applying culturally safe, and trauma and healing informed approaches to support children and families - Providing therapeutic supports to children who have experienced neglect, abuse and instability in their home environments - Creating opportunities for communities to acknowledge collective trauma and identify pathways to healing
Home and environment	10. Families have a stable, safe and suitable place to live and raise their children	- Assisting families to access a housing support service - Supporting families to acquire household items and goods - Advocating for families to access maintenance and repair services when required
	11. Children are placed with kin, and enabled to reconnect or reunify with families, if in out-of-home care	- Working with families to map and identify potential family and kin carers - Convening Aboriginal Family-led Decision making meetings - Undertaking family and kin carer assessments - Providing support services to family and kin carers
	12. Parents are ready and able to nurture and care for children	- Providing intensive and non-intensive family support services - Referring families to services within the community - Providing maternal and child health services
Learning and skills	13. Children have the opportunity to learn, develop their skills, maximise their capabilities and pursue their interests	- Providing children with access to primary and allied health services, including immunisations, speech and hearing screenings - Embedding cultural knowledge and teachings within services and activities
	14. Children and families engage in lifelong learning by participating in education and training opportunities	- Providing a Transition to School program to prepare children for participation in school - Providing education and homework programs - Supporting families to access adult education opportunities - Providing early years services

Wellbeing domains	Long-term outcomes	**Activities that support this outcome** (These are examples only. There may be many other things that you do to support these outcomes.) Examples below:
Empowerment	15. Children can grow as citizens and leaders, taking their place and strengthening their cultures in contemporary society	- Engaging Elders in designing and delivering programs to children - Supporting children to share their cultures with the broader community
	16. Families act as first teachers, and engage fully with the schooling of their children	- Providing supported playgroups - Teaching parents how to engage with schools
	17. Families can exercise greater choice, control and cultural authority over decisions that affect them	- Delivering Aboriginal and Torres Strait Islander family-led decision making programs - Undertaking culturally safe assessment that recognise the strengths and successes of families - Ensuring that the family's perspectives, rights and wishes are represented in engagement with other services
Economic wellbeing	18. Families experience financial resilience and independence	- Teaching parents and caregivers financial literacy and management - Advocating for families in their engagement with Centrelink
	19. Young people are supported to engage with training and education opportunities that prepare them for employment	- Providing education and homework support programs - Creating opportunities for young people to participate in mentoring programs and hear from individuals who have attend post-secondary education

STEP 5
ARTICULATING THE CHANGE YOU CREATE

This section is for you to describe the various ways in which the activities you offer through your program contribute to short and medium term changes that allow the families you serve to achieve the long-term outcomes selected from the Framework.

This will allow you to:

- create a realistic and comprehensive narrative of the story of change that your stakeholders experience (*See Step 6*)
- identify unique program specific indicators (*See Step 7*) that you can develop to build an evidence base to demonstrate the impact of your programs
- succinctly communicate the goal and impact of your program to internal and external stakeholders and strengthen funding applications.

WHAT ARE OUTCOMES?

- Remember, outcomes are the changes enabled for children, families and communities. They are the difference that your program makes for your stakeholders.
- Outcomes are not static and usually occur over the short-term (during or immediately after your program) and medium-term (a few months after individuals or communities have interacted with your program) – these are considered intermediate outcomes and programs will need to create these intermediate outcomes so that stakeholders can achieve the long-term outcomes identified in Step 4.
- Intermediate outcomes typically relate to:
  - access to resources and opportunities
  - knowledge, awareness, information and insight
  - skills
  - attitudes, values and behaviour – individual or organisational
  - relationships.

Activity 5.1

Fill out the following table listing the ways in which your program increases access to services and/or for families, children and community

The following activity guides you through thinking about what the intermediate outcomes of your program are, using the list of typical categories above. While filling out the tables, try to articulate the unique and specific changes that your stakeholders experience on their pathway to achieving the long-term outcomes that you have identified in Step 4. Please be as specific as you can and list one per row.

CHANGES IN ACCESS

In the table below, list out the ways in which your program increases access to services and/or for families, children and community (i.e. Access to individualised support, specialist health services, appropriate educational classes, health resources etc).

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Activity 5.2

Fill out the following table listing the ways in which your program increases access to services and/or for families, children and community

CHANGES IN KNOWLEDGE AND AWARENESS

In the table below, list out the changes in knowledge and awareness that your program enables for families, children and community (i.e. awareness of the impacts of FASD, increased nutritional knowledge, awareness of cultural stories, etc).

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Activity 5.3

Fill out the following table listing the ways in which your program increases access to services and/or for families, children and community

CHANGES IN SKILLS

In the table below, list out the skills that your program aims to build for families, children and community (i.e. improved cooking skills, interpersonal skills, improved strategies to avoid AOD misuse etc).

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Activity 5.4

Fill out the following table listing the ways in which your program increases access to services and/or for families, children and community

CHANGES IN ATTITUDE AND BEHAVIOUR

In the table below, list out the types of sustained attitude and behaviour changes that your program aims to instil in families, children and community (i.e. improved attitudes towards seeking employment, increased help seeking behaviour, healthier eating habits, increased interest in child's education etc).

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Activity 5.5

Fill out the following table listing the ways in which your program increases access to services and/or for families, children and community

CHANGES IN RELATIONSHIPS

In the table below, list out any substantial changes in relationships between children, families, community and organisations that your program aims to create (i.e. Positive relationships between partners, increased interaction with community elders, etc).

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

STEP 6
POPULATING YOUR THEORY OF CHANGE

By completing Steps 1-5, you now have all the required information to populate your program's theory of change.

Activity 6.1

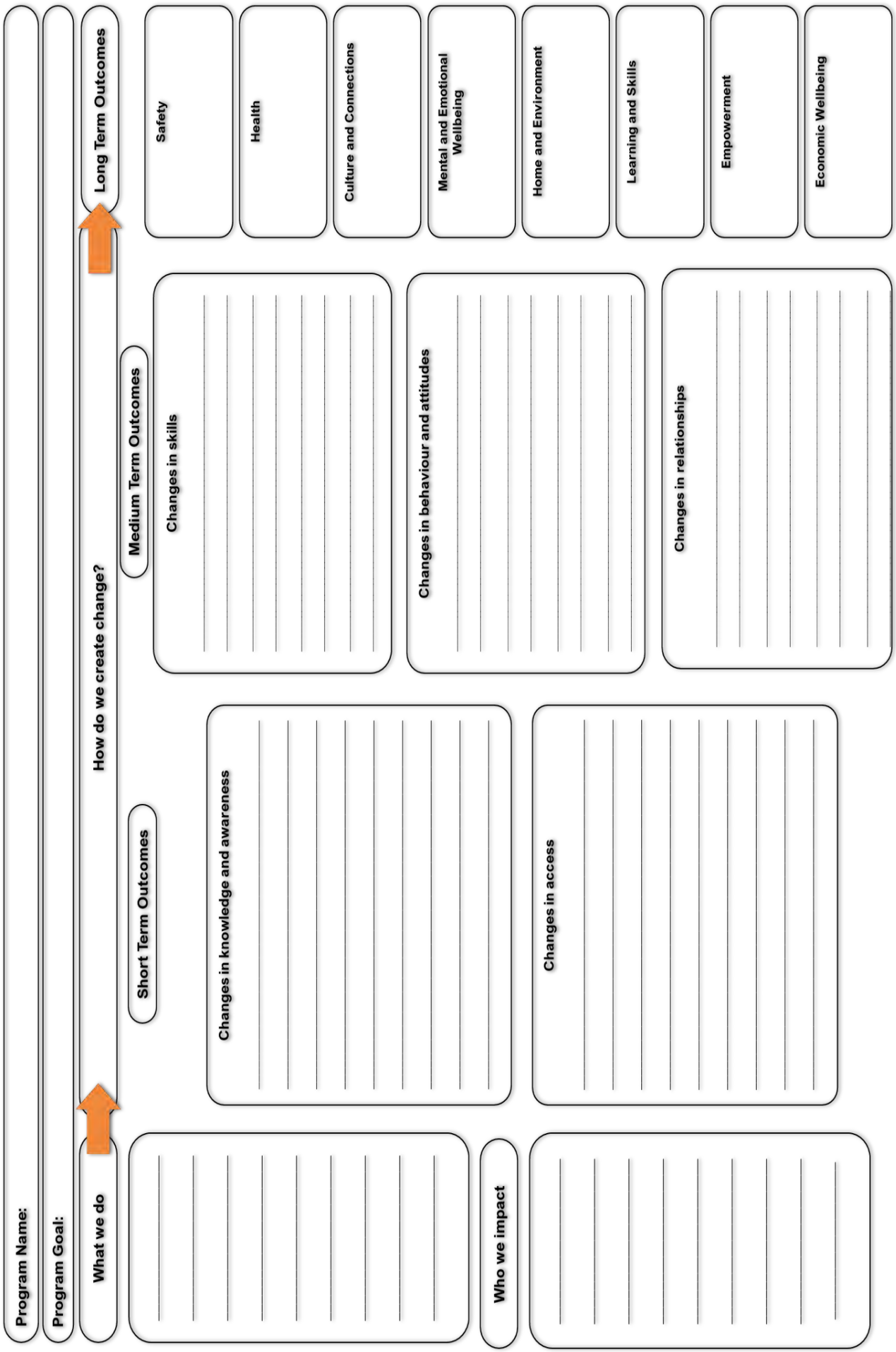
Populate the theory of change template for your program

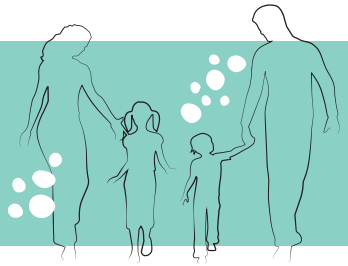
There is a blank chart below to capture all the elements of a theory of change. Using this chart, please complete the following based on the previous steps:

- Program name: The name of your program.
- Program goal: The goal statement you drafted in Activity 1.1.
- Who we impact: List the stakeholders you have in Activity 1.2.
- What we do: List the activities you have in activity category column in Activity 3.1.
- Long-term outcomes: List out the long-term outcome statements you chose from the program long-term outcomes checklist worksheet (Activity 4.1) in the appropriate outcome domain boxes (if you run out of space, simply write the corresponding statement number from the Framework).
- How do we create change: Summarise the changes you listed in Section 5 in the corresponding boxes.

Once you have completed the template below, you have completed Step 6 and you will have your theory of change documented on a single page – congratulations!

YOUR PROGRAM'S THEORY OF CHANGE





STEP 7
THINKING ABOUT INDICATORS

Through a theory of change approach, you have now been able to articulate how your program uniquely creates pathways to outcomes for the families, children and communities that you work with.

The next step towards measuring the impact of your program is to be able to collect evidence on how much of the change in each outcome that you have identified is actually occurring for your stakeholders. This is where we need indicators.

WHAT ARE INDICATORS?

Indicators are a key component of measuring outcomes. They are ways of knowing a change has taken place.

They can be:

- **objective** or **tangible** and easily counted (e.g. number of health clinic visits or number of job placements)
- **subjective** or **intangible**, based on personal feelings (e.g. self-reporting on physical health or aspirations).

Contrary to popular belief, objective indicators are not necessarily more rigorous or better than subjective ones. Most changes that are realistically achievable during a funding period of a program are usually intangible and relate to awareness, behaviour change and an increase in skills. It is thus likely that high level and readily accepted outcome indicators such as birth weight, employment rates, school results are not always the most appropriate indicators to use to evaluate your programs and will not capture the unique ways through which your activities create outcomes.

Remember, to effectively evaluate your programs you should be interested in measuring material outcomes for stakeholders, not just those outcomes that are easy to measure.

Activity 7.1

Developing your own indicators

This activity will guide you to start thinking about what potential indicators you could use to capture evidence regarding the outcomes you create for the stakeholders of your program.

Where you don't have readily available appropriate indicators for your outcomes, the **intermediate outcomes achieved can be indicators to measure the longer-term outcome**. For example, *better knowledge of nutrition,* and *decrease in eating junk food* could both be intermediate outcomes for the *families live healthier* outcome. This is also a way of knowing that Improved healthy living might be taking place.

You could use this intermediate indicator to collect evidence in the following way.

Type of indicator	Description
Subjective	You can ask families pre and post program survey questions to gauge the extent to which their awareness of food nutrition has changed: • Survey statement: "I am aware of the nutritional value of the food that I eat" • Response options: Strongly disagree / Disagree / Neutral / Agree / Strongly agree By asking this question **before and after** your program, you can not only gauge if the participant has experienced a change in awareness in this outcome, but you can also understand to what extent it has occurred based on how different the answers are.
Objective	You could also interview program participants and collect information on what they now do as a result of having better nutritional awareness. This can be presented as quotes or case studies. If you have identified, *decrease in eating junk food* as an indicator of the *healthy living* outcomes, you can ask your participants: • how many times they eat junk food per week before and after the program; or • how many fewer times per week they eat junk food after the program. The difference reported by individuals/families would then give you an objective indicator to evidence your outcome.

It is recommended that you use more than one indicator for every outcome you are trying to measure.

This way you have a balanced evidence base that informs you if an outcome has occurred or not and to what extent it has been achieved. Multiple indicators also allow you to provide customised evidence on the unique ways that your program creates outcomes.

In the table below, list out at least one subjective and one objective indicator for each Long-Term outcome that you have identified in your Theory of Change and how you would go about collecting it (i.e. Surveys of participants, interviews, observations of participants, etc.)

Activity 7.1 Formulating your own Indicators			
Wellbeing domains	**Long-term outcomes**	**Describe the indicators that you could use to evidence this outcome for your program**	**How would you get this information?**
Safety	1. Children can grow up safe in their families and communities	*Subjective:*	
		Objective:	
	2. Families are free from violence and abuse	*Subjective:*	
		Objective:	
Health	3. Children are born healthy	*Subjective:*	
		Objective:	
	4. Children and families have good nutrition, healthy lifestyles and access to quality healthcare	*Subjective:*	
		Objective:	
	5. Children meet developmental milestones	*Subjective:*	
		Objective:	
Culture and connections	6. Children and families have strong kin and community networks	*Subjective:*	
		Objective:	
	7. Children develop and maintain their personal and cultural identity	*Subjective:*	
		Objective:	

Activity 7.1 Formulating your own Indicators			
Wellbeing domains	**Long-term outcomes**	**Describe the indicators that you could use to evidence this outcome for your program**	**How would you get this information?**
Mental and emotional wellbeing	8. Children live in a society that values their identity and is free from racism and discrimination	*Subjective:*	
		Objective:	
	9. Children and families are well supported to address the impacts of individual and intergenerational trauma through therapeutic healing	*Subjective:*	
		Objective:	
Home and environment	10. Families have a stable, safe and suitable place to live and raise their children	*Subjective:*	
		Objective:	
	11. Children are placed with kin, and enabled to reconnect or reunify with families, if in out-of-home care	*Subjective:*	
		Objective:	
	12. Parents are ready and able to nurture and care for children	*Subjective:*	
		Objective:	
Learning and skills	13. Children have the opportunity to learn, develop their skills, maximise their capabilities and pursue their interests	*Subjective:*	
		Objective:	
	14. Children and families engage in lifelong learning by participating in education and training opportunities	*Subjective:*	
		Objective:	

Activity 7.1 Formulating your own Indicators			
Wellbeing domains	**Long-term outcomes**	**Describe the indicators that you could use to evidence this outcome for your program**	**How would you get this information?**
Empowerment	15. Children can grow as citizens and leaders, taking their place and strengthening their cultures in contemporary society	*Subjective:*	
		Objective:	
	16. Families act as first teachers, and engage fully with the schooling of their children	*Subjective:*	
		Objective:	
	17. Families can exercise greater choice, control and cultural authority over decisions that affect them	*Subjective:*	
		Objective:	
Economic	18. Families experience financial resilience and independence	*Subjective:*	
		Objective:	
	19. Young people are supported to engage with training and education opportunities that prepare them for employment	*Subjective:*	
		Objective:	

Congratulations – you have now completed the final step in this theory of change development guide!

WHERE TO FROM HERE?

Now that you have developed a theory of change for your program and identified potential indicators, you are well on your way to being evaluation-ready and able to measure and demonstrate the impact of your work. Once you are happy with your theory of change and indicators, the next steps are to:

• Develop appropriate data collection tools that will allow you to collect data based on your indicators.	• Collate and analyse the data you collect.	• Reflect, celebrate and improve your work.
- For example, you may want to develop interview scripts or surveys for clients asking them to self-report their wellbeing or have community partners complete surveys about the impact of your work. - For a high-level snapshot of the impact your program has on children and families, we have suggested some survey questions you could use to collect data from the families that you work with. See Appendix A.	- You should collate and analyse data in two different ways: a mix of ongoing data for monitoring (e.g. feedback forms or intake sheets that are completed regularly) and less frequent, more intensive data for evaluation purposes (e.g. surveys and reflection interviews that are completed annually). - Depending on how much data you have, you may want to use software for analysis (e.g. NViVo for interview notes, Excel for survey data).	- Use the data to understand how your program is faring, share and communicate the successes and identify areas for improvement. For example, you may want to schedule a regular meeting with staff to discuss what the data is showing and how you can best respond and change what you are doing. You may also want to produce an impact report for your organisation or for a particular program or service to share with your community, stakeholders, and current or potential funders.
TIP: pilot any data collection tool you develop by having a colleague or small group of clients try it out to ensure it makes sense, is easy to complete and gives you the data you require.	**TIP**: it is important to look at your overall data to see if you are creating the change you desire, but you should also break down the data by particular demographics (e.g. age, gender, ethnicity) or vulnerabilities (e.g. clients with high need) to see if there are particular groups of your children and families who are experiencing more or less change.	**TIP**: your theory of change should be a living document. Once you have collected and analysed data on outcomes from your stakeholders, look at what it is saying and review your theory of change to make sure it still reflects actual, rather than intended, outcomes.

APPENDIX A

SAMPLE SURVEY QUESTIONS

Select the long-term outcomes chosen from the Framework in developing your theory of change, and collect data from your clients on the appropriate questions.

The activities and support that I get at _____

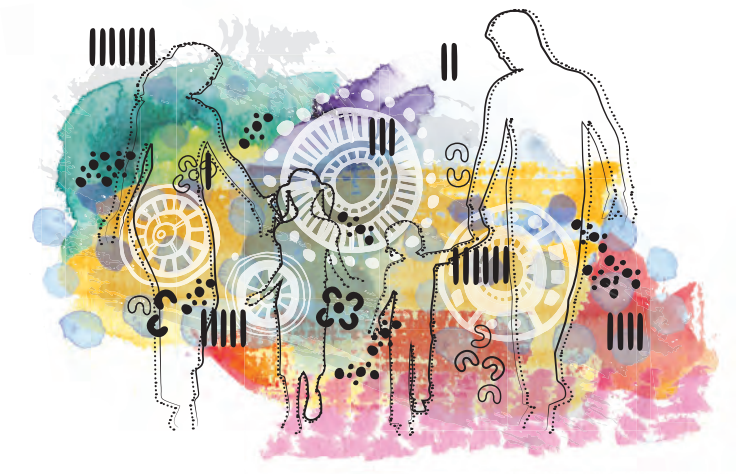
Sample survey questions

For the following statements, select a number from one (had no impact) to 10 (had a significant impact)

Domain	Outcome statement	Response option (1= no impact to 10=significant impact)									
		1	2	3	4	5	6	7	8	9	10
Safety	1. contributes to my children being able to grow up safe with my family and our community										
	2. contributes my family from being free from violence and abuse										
Health	3. assists my family to ensure that my children will be born healthy										
	4. assists my family to live a healthy lifestyle and access appropriate services										
	5. contributes to our children meeting important developmental milestones										
Culture and connections	6. promotes and contributes to our children and my family having strong kin and community networks										
	7. allows our children to develop and maintain their personal and cultural identity										
Mental and emotional wellbeing	8. facilitates our children to live in a society that values their identity and is free from racism and discrimination										
	9. supports my family and our children to address the impacts of individual and intergenerational trauma through therapeutic healing										

Domain	Outcome statement	Response option (1= no impact to 10=significant impact)									
		1	2	3	4	5	6	7	8	9	10
Home and environment	10. facilitates our children to live in a society that values their identity and is free from racism and discrimination										
	11. supports our children to be placed with kin and enables them to reconnect or reunify with families (if in out-of-home care)										
	12. builds the capacity of my family to be able to be ready and able to parent										
Learning and skills	13. enables my children to have the opportunity to learn, develop their skills, maximise their capabilities and pursue their interests										
	14. allows my myself and/or my family to engage in lifelong learning by participating in education and training opportunities										
Empowerment	15. enables my children to grow as citizens and leaders, taking their place and strengthening their cultures in contemporary society										
	16. allows me and family to act as first teachers, and engage meaningfully with the schooling of my children										
	17. enables me to exercise greater choice, control and cultural authority over decisions that affect my family										
Economic wellbeing	18. builds my capacity to experience financial resilience and independence										
	19. supports young people in our community to engage with training and education opportunities that prepare them for employment										

Notes



SNAICC

National Voice for our Children

SNAICC

National Voice for our Children

What Works: What is known about systems that enable the ‘public health approach’ to protecting children

Submission

April 2019

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 well-being.

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.

SNAICC
National Voice for our Children
Aboriginal and Torres Strait Islander Corporation
Level 7, 20 Otter Street
Collingwood, VIC 3071

Phone 03 9419 1921 | Fax 03 9489 8044
PO Box 1144 Collingwood VIC 3066
info@snaicc.org.au | www.snaicc.org.au

SNAICC
National Voice for our Children

Introduction

SNAICC – National Voice for our Children (SNAICC) welcomes this opportunity to contribute to the Review of Government Service Provision's What Works project on implementation of a public health approach to child safety and wellbeing.

This submission draws on the work of Family Matters, the national campaign to end the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care (OOHC) by 2040. The Family Matters Roadmap (Attachment **A**) outlines the evidence-based pathways to realise this goal.

Aboriginal and Torres Strait Islander children are over-represented across child protection systems. In 2018, Aboriginal and Torres Strait Islander children were 11 times more likely to be living in OOHC than non-Indigenous children.[1] The over-representation of Aboriginal and Torres Strait Islander children in OOHC is a result of a number of interrelated factors that includes under-representation in universal prevention and early intervention services, and over-representation in intensive and statutory service systems.

The evidence is clear that the strengths to address child well-being and safety concerns lie within Aboriginal and Torres communities with extensive research documenting the unique value of Aboriginal and Torres Strait Islander child-rearing practices and the importance of Indigenous-led solutions to improving outcomes.[2] However, SNAICC notes with concern that the consultation paper has not considered the specific elements of effective prevention and early intervention service delivery for Aboriginal and Torres Strait Islander families. This submission provides a response to the priority areas identified in the consultation paper as they relate to the needs of our children.

Prevention and early intervention approaches to Aboriginal and Torres Strait Islander child safety and wellbeing

Prevention and early intervention programs and services are necessary to strengthen families to enable them to provide the best possible environment for their children, and family support is necessary to provide in-home or intensive services when there are concerns about children, whether there is high risk of child protection intervention or a child has been removed and pre and post reunification support is required. Despite this, only 17 per cent of child protection and family support funding is spent on family support services focused on prevention and early intervention.[3] There is an urgent need to refocus efforts to invest in prevention, and for governments to work in partnership with Aboriginal and Torres Strait Islander communities to achieve real change for our children.

The consultation paper outlines a number of key system characteristics that have been found to enable and support the public health approach to child safety and wellbeing, including a skilled workforce, multiple entry points for vulnerable families, quality data, strong links across services and consistent values across the system. SNAICC has identified a number of key issues related to the key system characteristics for Aboriginal and Torres Strait Islander children and families that we wish to make comment on.

Aboriginal and Torres Strait Islander participation across service design and delivery

The consultation paper highlights the importance of community engagement in design to ensure that systems are tailored to the needs of local communities. Participation of Aboriginal and Torres Strait Islander peoples in decisions that affect them is a core human right, and essential for ensuring that

services and systems are configured so that Aboriginal and Torres Strait Islander people lead the service design and delivery and the decision-making for their children.[4]

Australian and international evidence has confirmed the effectiveness of Indigenous-led service design and delivery that consistently produces better results[5], and has linked Indigenous community empowerment to broadly positive social and emotional well-being outcomes for community members.[6] In the context of system design, key approaches that SNAICC has found to promote participation include:

- Aboriginal and Torres Strait Islander led holistic, integrated prevention and early intervention service delivery based on knowledge of local needs;
- resourced roles to inform the design of child and family welfare policy and service models at local, state and federal levels;
- empowered community-based organisations to facilitate family decision-making processes for all families;
- community-based representative child safety structures that promote safety and well-being; and
- building the capacity of Aboriginal and Torres Strait Islander organisations and professionals to deliver the full range of services required.[7]

Cultural safety for Aboriginal and Torres Strait Islander families

Figure 3, which represents the desirable characteristics of the system, places children, families and communities at the centre, and notes the importance of catering to diversity. Given the high over-representation of Aboriginal and Torres Strait Islander children in OOHC and the priority to target preventive supports for Aboriginal and Torres Strait Islander families, it is vital that the Productivity Commission consider the specific cultural needs of our children and families in its report.

There is a strong evidence base which demonstrates that services are most impactful when they incorporate cultural knowledge and values around child rearing.[8] It is therefore important that recognition of and respect for Aboriginal and Torres Strait Islander child rearing practices are embedded within system and program design. In the context of significant and persistent underutilisation of universal services by Aboriginal and Torres Strait Islander people, research has strongly recommended that service engagement is supported by service systems and providers that develop cultural safety and service delivery that is culturally appropriate.[9] Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) are best placed to delivery culturally safe services.[10]

Queensland is the first jurisdiction in Australia to have a dedicated generational strategy to eliminate the over-representation of our children in OOHC through its *Our Way* strategy.[11] The strategy, developed in partnership with Queensland Family Matters, represents a long-term commitment to transforming Queensland's child and family services systems and increasing culturally safe, community-based supports for Aboriginal and Torres Strait Islander peoples.

Significant increased funding of Aboriginal community-controlled organisations is a key component of the *Our Way* strategy. Thirty-three Aboriginal and Torres Strait Islander Child and Family Wellbeing Services have been set up across Queensland to support families who are at risk or have come into contact with the child protection system.[12] Preliminary feedback that SNAICC has received from key stakeholders suggests that the establishment of the Child and Family Wellbeing Services has resulted in substantially increased access to support services by Aboriginal and Torres Strait Islander families.

Where non-Indigenous professionals are carrying out this work, they should have high cultural competency to engage meaningfully with Aboriginal and Torres Strait Islander families. There must be

mechanisms in place at the organisational level to ensure that cultural competency training is conducted. Cultural competence, when understood in a meaningful way, is not about reaching a particular standard of knowledge or practice that can be ticked off as competent. Building a professional and culturally competent workforce 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.[13]

Integrated service delivery

Families experiencing the highest levels of vulnerabilities are often those who face the biggest barriers in finding and accessing the supports they need. Systems must be built in ways that prioritise access for the most vulnerable families to ensure they are able to access the service they need at the times that they need them the most. In SNAICC's experience, a key challenge in early intervention is establishing a service system that leads to early identification of at-risk families, which incorporates both universal ***and*** targeted supports to address the needs of families. SNAICC believes that models of integrated service delivery can play a critical role in meeting the needs of our children and families. Integrated service delivery refers to the process of building collaboration between services to develop a service response that addresses the unique needs of families. Integrated service delivery is a continuum that ranges from collaboration amongst service providers to support individual families at the direct practice level, to full integration through the merging of independent services into a single integrated entity.[14]

SNAICC has observed and studied a number of highly successful approaches to engaging and supporting families through Aboriginal and Torres Strait Islander led integrated services, particularly in early childhood and family focused services that aim to:

- increase Aboriginal and Torres Strait Islander children and families access to a broad range of child and family support services by reducing barriers present in mainstream service systems;
- respond to family needs early in the life cycle by integrating a range of supports within, or on referral from, universally available early childhood service contexts; and
- create multiple entry points into the integrated service system, thus ensuring that families receive the supports needed at the right time.

An example of success in this regard has been seen in a number of Aboriginal Children and Family Centres across the country that provide a range of services across early education and care, maternal and child health, family support, community development and cultural programs. There are recent profiles of the development of these Centres across a number of states and territories available on the SNAICC website.[15] The promising practice below provides one example of an Aboriginal Children and Family Centre delivering integrated services for Aboriginal and Torres Strait Islander children and families.

Promising Practice: Cullunghutti Aboriginal Child and Family Centre
(extracted from SNAICC *Aboriginal and Torres Strait Islander Child and Family Centres: Changing Futures with Our Children and Families NSW Profiles,* available at www.snaicc.org.au)

Aboriginal Child and Family Centres (ACFC) are a model of integrated early years service delivery that aim to connect vulnerable families to an array of services designed to meet locally determined priorities and needs, and provide primary prevention and early intervention activities.

ACFCs focus on developing capacity for local community governance and participation in service design and delivery. ACFCs have Aboriginal and Torres Strait Islander boards and receive input and guidance from parents, the community and local elders in different ways, including open days, feedback forms and regular services.

An emphasis on service integration and collaboration is evidenced through the ACFCs' strong partnerships with other community-controlled organisations, mainstream service providers and government departments.

As a trusted *one-stop shop* for Aboriginal and Torres Strait Islander families who would otherwise be unlikely to access any other service supports, ACFCs have a significant role in improving the safety, health and wellbeing of families and communities. For example, Cullunghutti ACFC, located in NSW, provides a range of social, health and education services to children and their families, including:

- Childcare
- Early Childhood Learning Programs
- Paediatrician
- Allied Health Services
- Family and Parenting Support
- Housing, Centrelink and Legal Assistance
- Elders Group
- Cultural Programs
- Community Events

The broad range of services and supports available to children and families who access Cullunghutti ACFC reduce practical and geographical barriers that might prevent them from accessing the full range of supports required to meet their needs and address issues that may bring them to the attention of child protection services.

Linked to the focus on service access and integration, it is critical that a wide range of services are available and accessible to address the support needs of children, their families and communities. This includes **universal services**, such as early childhood education and care and maternal health, which are significantly under-utilised by Aboriginal and Torres Strait Islander peoples.[16] Their under-utilisation of preventive services connects to their over-representation in tertiary service systems.

Targeted family services, including intensive family support and parenting support services are essential to support preservation and reunification for families experiencing vulnerabilities. Research has found that quality interventions of Aboriginal and Torres Strait Islander community-controlled support services address barriers for families by providing culturally strong casework supports and assisting them to access and navigate the broader service system.[17]

Shifting the design of child protection systems also requires a broader focus on addressing factors impacting parental capacity to care. The range of personal, familial and social life issues faced by parents and carers experiencing vulnerability can prevent them from providing the positive, safe and nurturing care environment that is needed for a child. Supporting families to care for their children requires investment and action beyond child protection programs and policies, and includes programs that improve health, safety and wellbeing for all children and families, as well as specific services for parents that aim to enhance family functioning and increase parental skills. It depends upon income support, wages and tax policies, disability services, health, justice, housing, education and other social programs.[18]

In addition to increased investment in these essential services to support participation and address barriers to access for Aboriginal and Torres Strait Islander families, the literature identifies two key policy and practice directions to ensure **adult services** address child safety and well-being goals:

- that adult services and practitioners adopt family-oriented practice that is attuned to the impacts of adult issues on children;[19] and
- that effective service integration enables parents to access adult services through and/or on referral from universal and targeted children and family services.[20]

Culturally safe and responsive child protection laws, policies and practices

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is designed to recognise the importance of safe care within family and culture to the best interests of children, and asserts that self-determining communities are central to supporting and maintaining those connection. Adoption of the ATSICPP in legislation, policy and practice has been recognised as the "single most significant change affecting welfare practice since the 1970s."[21] The ATSICPP spans both prevention to entry to OOHC and reunification to ensure culturally connected placements and enable the participation of Aboriginal and Torres Strait Islander families and communities in child protection decision-making.[22]

The enshrinement of consistent principles and provisions that recognise the importance of connections to family, community culture within child protection legislation is foundational to application of the ATSICPP in policy, programs, procedures and practice. State, territory and federal governments have responsibilities to transform services for Aboriginal and Torres Strait Islander families to create a culturally safe and competent system.

A systems reform agenda must include: the full implementation of the five elements of the ATSICPP; and amendment of laws, policies, and procedures that discriminate against Aboriginal and Torres Strait Islander children and impact their access to early intervention and prevention services.

---

[1] Productivity Commission. (2019). *Child protection services.* Retrieved from https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/community-services/child-protection/rogs-2019-partf-chapter16.pdf

[2] Lavoie, J., et al. (2010). Have investments in on-reserve health services and initiatives promoting community control improved First Nations' health in Manitoba? *Social Science & Medicine, 71(4),* 714-717.
Ritte, R., & et al. (2016). An Australian model of the First 1000 Days: An Indigenous-led process to turn an international initiative into an early-life strategy benefiting Indigenous families. *Global health, Epidemiology and Genomics, 1.*
Australian Institute of Family Studies. (2013). *What works? A review of actions addressing the social and economic determinants of Indigenous health.* Retrieved from https://www.aihw.gov.au/getmedia/8eab67d7-1752-45e7-aa82-ffaf33ce7e13/ctgc-ip07.pdf.aspx?inline=true
Salmon, M., Skelton, F., Thurber, K., & Kneebone, L. (2018). Intergenerational and early life influences on the well-being of Australian Aboriginal and Torres Strait Islander children: Overview and selected findings from

Footprints in Time, the Longitudinal study of Indigenous children. *Journal of Developmental Origins of Health and Disease, 10*(1), 17-23.
Blacklock, S., et al. (2016). Stronger ways of working with Aboriginal children and families. *Developing practice: The Child, Youth and Family Work Journal, 44,* 97-100.

[3] Productivity Commission. (2019). *Child protection services.* Retrieved from https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/community-services/child-protection/rogs-2019-partf-chapter16.pdf

[4] SNAICC. (2012). *Genuine participation of Aboriginal and Torres Strait Islander peoples in child protection decision-making for Aboriginal and Torres Strait Islander children: A human rights framework.* Melbourne: Author.

[5] Australian National Audit Office. *Capacity development for Indigenous service delivery,* No 26, Canberra. Cornell, S., & Taylor, J. (2000). Sovereignty, devolution, and the future of tribal-state relations, Cambridge: Harvard University. Denato, R., & Segal, L. (2013). Does Australia have the appropriate health reform agenda to close the gap in Indigenous health. *Australian Health Review, 37*(2).

[6] Chandler, M.J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*(2), 191-219.

[7] SNAICC – National Voice for our Children. (2018). *The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation.* Retrieved from https://www.snaicc.org.au/the-aboriginal-and-torres-strait-islander-child-placement-principle-a-guide-to-support-implementation/

[8] Australian Institute of Family Studies. (2012). *Parenting in the Early Years: Effectiveness of parenting support programs for Indigenous families.* Retrieved from https://aifs.gov.au/publications/parenting-early-years

[9] Flaxman, S., Muir, K., & Oprea, I. (2009). *Indigenous families and children: Coordination and provision of services,* Occasional Paper No 23, Canberra, p. 23.

[10] SNAICC – National Voice for our Children. (2018). *Evaluation: Aboriginal Family-led Decision Making trial.* Retrieved from: https://www.snaicc.org.au/snaicc-report-aboriginal-torres-strait-islander-family-led-decision-making-trials-queensland-jan-2016-jun-2017/

[11] Queensland Government. (2018). *Our Way strategy and action plan.* Brisbane: Author.

[12] Queensland Government. (2018). *Support families, changing futures 2018 update.* Retrieved from: https://www.csyw.qld.gov.au/campaign/supporting-families/background/embedding-strengthening-reforms

[13] SNAICC – National Voice for our Children. (2018). *The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation.* Retrieve from: https://www.snaicc.org.au/wp-content/uploads/2018/12/SNAICC-ATSICPP-resource_final-Dec2018.pdf

[14] Secretariat of National Aboriginal and Islander Child Care. (2012). Integrated service delivery for Aboriginal and Torres Strait Islander children and families. Retrieved from https://www.snaicc.org.au/wp-content/uploads/2015/12/02879.pdf

[15] SNAICC – National Voice for our Children. (2019). Profiles of Aboriginal and Torres Strait Islander Child and Family Centres. Retrieved from https://www.snaicc.org.au/ policy-and-research/early-childhood/profiles-of-aboriginal-and-torres-strait-islander-child-and-family-centres/

[16] Family Matters. (2018). *The Family Matters report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia.* Retrieved from: http://www.familymatters.org.au/wp-content/uploads/2018/11/Family-Matters-Report-2018.pdf

[17] Tilbury, C. (2013). *Moving to prevention research report: Intensive family support services for Aboriginal and Torres Strait Islander children.* Melbourne: SNAICC. Retrieved from https://www.dss.gov.au/sites/default/files/documents/03_2015/moving_to_prevention.pdf

[18] Commonwealth of Australia. (2009). *National Framework for Protecting Australia's Children 2009 -2020.* Retrieved from https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business

[19] Scott, D. (2009). Think child, think family. *Family Matters,* No 81. Melbourne: Australian Institute of Family Studies.

[20] Bromfield, L., et al. (2009). *Contemporary issues in child protection intake, referral and family support.* Australian Institute of Family Studies: Melbourne.

[21] Human Rights and Equal Opportunity Commission. (1998). *Bringing them home: National Inquiry Into the Separation of Aboriginal and Torres Strait Islander children from their families.* Canberra: Author.

[22] SNAICC – National Voice for our Children. (2017). *Understanding and applying the Aboriginal and Torres Strait Islander Child Placement Principle: A resource for legislation, policy and program development*. SNAICC: Melbourne. Retrieved from https://www.snaicc.org.au/wp-content/uploads/2017/07/Understanding_applying_ATSICCP.pdf

SNAICC
National Voice for our Children

FAMILY MATTERS
Strong communities. Strong culture. Stronger children.

Position Paper

Establishment of a national commissioner for Aboriginal and Torres Strait Islander children and young people

Acknowledgements

This position paper was developed by SNAICC-National Voice for our Children (SNAICC) and Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), with support from Schokman Consulting.

The authors would like to acknowledge the SNAICC Board and Council and the Family Matters Leadership Group for their contribution to this position paper.

This position paper has been endorsed by over 70 organisations listed on the next page, as well as the following children's commissioners and guardians from across Australia:

- Liana Buchanan, Principal Commissioner for Children and Young People, Victoria
- Jodie Griffiths- Cook, Public Advocate and Children and Young People Commissioner, Australian Capital Territory
- April Lawrie, Commissioner for Aboriginal Children and Young People, South Australia
- Justin Mohamed, Commissioner for Aboriginal Children and Young People, Victoria
- Natalie Siegel-Brown, Queensland Public Guardian
- Cheryl Vardon, Chief Executive & Principal Commissioner, Queensland Family & Child Commission
- Penny Wright, Guardian, Office of the Guardian for Children and Young People, South Australia.

This position paper has also been endorsed by Dr Hannah McGlade, newly elected member to the Permanent Forum on Indigenous Issues.

© SNAICC – National Voice for our Children. Family Matters – Strong communities. Strong culture. Stronger culture. is an initiative of SNAICC.

Design: Yakuwa Graphic Design.

October 2019.

SNAICC – National Voice for our Children (SNAICC) is the national non-government 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 well-being.

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.

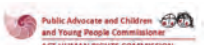
SNAICC was formally established in 1981 and today represents a core membership of Aboriginal and Torres Strait Islander community-controlled organisations providing child and family welfare and early childhood education and care services.

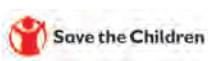
SNAICC advocates for the rights and needs of Aboriginal and Torres Strait Islander children and families, and provides resources and training to support the capacity of communities and organisations working with our families.

Family Matters – Strong communities. Strong culture. Stronger children is Australia's national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. Family Matters aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care within a generation (by 2040).

Family Matters is led by SNAICC – National Voice for our Children and a group of eminent Aboriginal and Torres Strait Islander leaders from across the country. The campaign is supported by a Strategic Alliance of over 150 Aboriginal and Torres Strait Islander and non-Indigenous organisations.

Community Connections Solutions Australia





Mulungu Aboriginal Corporation

This position paper outlines the core components required for the establishment of a national commissioner for Aboriginal and Torres Strait Islander children and young people (national commissioner) to advocate at a national level for the needs, rights and views of Aboriginal and Torres Strait Islander children and young people.

1. Executive Summary

Aboriginal and Torres Strait Islander children and young people around the country experience widespread and persistent discrimination and disadvantage, impacting on current and future generations. There is an urgent need and imperative to establish a dedicated national commissioner for Aboriginal and Torres Strait Islander children and young people to provide improved oversight and accountability for systems and services to improve the protection of the rights of Aboriginal and Torres Strait Islander children and young people.

A dedicated national commissioner should form part of the Australian Human Rights Commission (AHRC) on equal footing with the existing commissioner roles. The national commissioner should be established in conformity with the United Nations benchmark guidelines for national human rights institutions, known as the Paris Principles. To achieve this, the role of the national commissioner must:

- be established by legislation to ensure its independence and autonomy from government
- be filled by an identified Aboriginal and Torres Strait Islander person with appropriate qualifications, knowledge and experience and appointed through a transparent process
- be mandated with a clear scope and purpose for the role
- be granted appropriate functions and powers to promote systemic change and accountability, including powers of inquiry and investigation
- be adequately resourced to perform its role effectively.

Details relating to each of these aspects are outlined below, including examples of similar powers vested in national and state/territory commissioner roles that already exist around the country.

2. Need and Imperative

There are at least three key reasons why there is an urgent need and imperative to establish a national commissioner dedicated to Aboriginal and Torres Strait Islander children and young people.

Firstly, **Aboriginal and Torres Strait Islander children and young people experience disproportionately high levels of disadvantage and discrimination.** The multiple and complex forms of disadvantage and discrimination experienced by Aboriginal and Torres Strait Islander children and young people is widespread, systemic and intergenerational. Unacceptably high levels of developmental vulnerability, and escalating rates of contact and significant over-representation in the child protection and youth justice systems around the country demonstrate that the need for change in the systems and services that support Aboriginal and Torres Strait Islander children and young people is significant and urgent. The historical and ongoing impacts of colonisation, dispossession and destruction of culture require responses and solutions that are uniquely tailored to the experiences of Aboriginal and Torres Strait Islander children and young people. A dedicated focus on advancing the rights of the current generation of Aboriginal and Torres Strait Islander children and young people is essential to end the intergenerational cycle of disadvantage and progress equality for future generations.

Secondly, **Aboriginal and Torres Strait Islander children and young people often fall through the cracks of our federal system.** Aboriginal and Torres Strait Islander children and young people are impacted by 'buck passing' between the federal and state and territory governments, as well as between government departments and agencies. A national commissioner could play a vital role in providing a dedicated voice for Aboriginal and Torres Strait Islander children and young people and supporting strategies for more effective collaboration and coordination both between and within governments.

Finally, **there is increasing recognition by state and territory governments** of the importance and value of a commissioner dedicated to Aboriginal and Torres Strait Islander children and young people. Victoria established the commissioner for Aboriginal children and young people in 2013. Since that time, South Australia established the commissioner for Aboriginal children and young people in 2018 and there are advanced discussions taking place in Queensland about a similar role. The establishment of a national commissioner will build on this momentum and contribute to more effective, consistent, efficient and accountable systems and services for Aboriginal and Torres Strait Islander children and young people

3. Key Principles

The United Nations Principles Relating to the Status of National Human Rights Institutions (known as the Paris Principles) set out the minimum standards required by national human rights institutions to be considered credible and to operate effectively.[1] The Paris Principles has been central to the establishment and ongoing operation of the Australian Human Rights Commission and its current commissioner roles,[2] and so too should provide the foundation for the establishment of a national commissioner.

The Paris Principles set out six main criteria that should be met:

1. A clearly defined and broad-based mandate based on universal human rights standards.
2. Autonomy from government.
3. Independence guaranteed by legislation or constitution.
4. Pluralism, including membership that broadly reflects the society.
5. Adequate resources.
6. Adequate powers of investigation.

The Paris Principles also outline a range of different functions required to:

- **protect** human rights, including by receiving, investigating and resolving complaints, mediating conflicts and monitoring activities
- **promote** human rights, including through education, outreach, the media, publications, training and capacity building, as well as advising and assisting government.

The application of the Paris Principles to the role of a national commissioner is outlined throughout this paper.

4. Independence and Autonomy

Independence and autonomy from government is the first and most essential requirement for the national commissioner. Independence and accountability are essential to be able to advocate effectively for marginalised and disadvantaged groups and to hold governments to account.

To ensure independence and autonomy, the role of the national commissioner needs to be established by Commonwealth legislation. Rather than being established as a new stand-alone statutory office, the national commissioner should sit within the Australian Human Rights Commission. This would have a number of advantages, including:

- the national commissioner would benefit from the expertise and experience of the other commissioners, particularly where there are common functions and powers
- the national commissioner would be able to work more readily in conjunction with the Aboriginal and Torres Strait Islander social justice commissioner and the national children's commissioner, as well as other AHRC commissioners where appropriate
- reducing the likelihood of any overlap and duplication that may otherwise occur.

This would require legislation being passed by the federal parliament that amends the *Australian Human Rights Commission Act 1986* (Cth), including a consequential amendment to section 8(1) of the Act to recognise the office of the national commissioner as constituting part of the Australian Human Rights Commission.

[1] Adopted by the United Nations General Assembly in 1993, available at https://nhri.ohchr.org/EN/AboutUs/Pages/ParisPrinciples.aspx.
[2] The Australian Human Rights Commission has been granted "A status" accreditation by the International Co-ordinating Committee of NHRIs.

5. Qualifications and Experience

It is essential that the role of the national commissioner is filled by a person with the necessary qualifications, knowledge and experience to carry out the role effectively. A key element of this is that the position must be filled by an Aboriginal and/or Torres Strait Islander person. Only an Aboriginal and/or Torres Strait Islander person could have the requisite cultural understanding and relationships to understand and promote the best interests of Aboriginal and Torres Strait Islander children and young people through the commissioner's role.

The establishing legislation should contain a section regarding the qualifications and experience for the appointment of the commissioner. This section should mirror equivalent provisions in the *Australian Human Rights Commission Act 1986* (Cth) regarding the qualifications and experience required for commissioner roles,[3] with an additional requirement mandating that the national commissioner be an identified position for an Aboriginal and/or Torres Strait Islander person.[4]

6. Scope

The scope of the national commissioner's role should be clearly defined in the establishing legislation. Specifically, the commissioner should be granted a clear mandate to advocate on a national level for the rights, views and needs of Aboriginal and Torres Strait Islander children and young people below the age of 18 years.

Consistent with the right of self-determination, the national commissioner role should sit on equal footing with other AHRC commissioners.

The legislation should also provide clarification on how the national commissioner's role is to interact with other AHRC commissioners, as well as state and territory commissioners – see further below regarding cooperation and coordination.[5] This is particularly important to avoid any duplication or uncertainty associated with the scope of the national commissioner's role.

It may be considered desirable, although not essential, to amend the legislation provisions regarding the scope of the Aboriginal and Torres Strait Islander social justice commissioner and the national children's commissioner roles to clarify that the national commissioner has a mandate that covers Aboriginal and Torres Strait Islander people under the age of 18 years.

7. Purpose

In addition to mandating a clear scope for the role, the establishing legislation should also identify the key purposes and objectives of the national commissioner role. This should include:

- monitoring the development and application of laws, policies and programs affecting Aboriginal and Torres Strait Islander children and young people
- contributing to the development and coordination of policies, programs and funding across Australia that impact on Aboriginal and Torres Strait Islander children and young people
- promoting best practice approaches to ensuring that Aboriginal and Torres Strait Islander children's unique needs and rights, including their right to stay connected to culture, are respected, protected and promoted
- proactively involving Aboriginal and Torres Strait Islander children and young people in decisions that affect them
- monitoring Australia's compliance with its international human rights obligations with respect to Aboriginal and Torres Strait Islander children and young people, particularly in relation to the UN Convention on the Rights of the Child (CRC) and the UN Declaration on the Rights of Indigenous Peoples (DRIP).

---

3 See for example sections 8B(2) and 46MC(2) of the *Australian Human Rights Commission Act 1986* (Cth).

4 Section 46B(2) of the *Australian Human Rights Commission Act 1986* (Cth) – that the person should have "significant experience in community life of Aboriginal persons or Torres Strait Islanders" – is not considered to be strong enough.

5 See section 32 of the *Commission for Children and Young People Act 2012* (Vic) as an example of a legislative provision providing for the need to avoid unnecessary duplication of the work of different authorities and bodies.

8. Functions and Powers

Given the significant and widespread issues experienced by many Aboriginal and Torres Strait Islander children and young people, it is important that the national commissioner be granted appropriate functions and powers to promote systemic oversight and accountability. To achieve this, the establishing legislation should grant the national commissioner the following range of general and specific functions and powers:

- **Reporting:** submit reports to the minister on the enjoyment and exercise of human rights by Aboriginal and Torres Strait Islander children and young people, which must also be tabled by the minister in the federal parliament.[6]
- **Promotion of human rights:** promote discussion and awareness of matters relating to the human rights of Aboriginal and Torres Strait Islander children in Australia, including undertaking research, publishing reports and delivering education programs.[7]
- **Review of Commonwealth laws:** examine existing and proposed Commonwealth laws, policies and programs and report to the minister on whether they recognise and protect the human rights of Aboriginal and Torres Strait Islander children.[8]
- **Complaints handling:** powers to receive, investigate and determine complaints from Aboriginal and Torres Strait Islander children and young people (or their representatives) who consider that their rights under the CRC [and/or DRIP] have been breached, as well as to publish determinations on the complaints.[9]
- **Inquiry and reporting:** the power to investigate and report publicly on particular issues that affect and are relevant to the wellbeing and safety of Aboriginal and Torres Strait Islander children and young, akin to the functions conferred on the Victorian commissioner for children and young people.[10] This should include the power to initiate own-motion inquires and reports as well as the ability to access information and documents relevant to inquiries.

Case Study: Taskforce 1000

In 2016, the Victorian Commission for Children and Young People released a landmark report on the over-representation of Aboriginal children and young people in Victoria's child protection system.[11] The report was based on a major investigation undertaken by the Commission into the experiences of nearly 1,000 Aboriginal children and young people in out-of-home care in Victoria, known as "Taskforce 1000".

The inquiry and investigation powers exercised by the Commission uncovered a range of systemic issues with the child protection system that disproportionately impact Aboriginal children and young people and led to major reforms being introduced by the Victorian Government.

Based on the success of Taskforce 1000, the Victorian Government recently established "Taskforce 250", which tasks the Victorian Commission for Children and Young People to use its powers to examine the situation of 250 Aboriginal young people in Victoria's youth justice system.

6 See, for example, sections 46C(2A) and (2B) and section 46M of the *Australian Human Rights Commission Act 1986* (Cth).
7 See, for example, powers granted to the Social Justice Commissioner under section 46C of the *Australian Human Rights Commission Act 1986* (Cth).
8 See, for example, powers granted to the Social Justice Commissioner under section 46C(1)(d) of the *Australian Human Rights Commission Act 1986* (Cth).
9 See, for example, powers granted to the President of the AHRC under Part IIB of the *Australian Human Rights Commission Act 1986* (Cth).
10 See Part 5 of the *Commission for Children and Young People Act 2012* (Vic).
11 Available at https://www.parliament.vic.gov.au/file_uploads/CCYP_-_Always_was__always_will_be_Koori_children_Systemic_Inquiry_report_October_2016_QZZbp4gC.pdf.

In undertaking the functions and powers identified above, the establishing legislation should also specify a number of requirements relating to how the national commissioner is to perform his or her functions. These requirements should include:

- **Regard to UN human rights instruments:** The national commissioner must have regard to the full range of UN human rights instruments to which Australia is a party when performing his or her functions or exercising his or her powers.[12] This should include explicit reference to both the CRC and DRIP.
- **Consultation with Aboriginal and Torres Strait Islander children and young people:** The right for children and young people to be directly involved in decisions about matters that affect them is a central principle of both the CRC and DRIP. The establishing legislation should include a strong emphasis on involving and empowering Aboriginal and Torres Strait Islander children and young people in the work of the commissioner.[13]
- **Broader consultation, cooperation and coordination:** In addition to consultation with Aboriginal and Torres Strait Islander children and young people, the national commissioner should also be required to consult, cooperate and coordinate with Commonwealth, state and territory government departments and agencies, Aboriginal and Torres Strait Islander community-controlled organisations, Aboriginal and Torres Strait Islander communities and families, and other entities concerned with issues affecting Aboriginal and Torres Strait Islander children and young people, as well as other AHRC commissioners.[14]
- **Documents and information:** The national commissioner should be able to access relevant documents and information on request from government departments and agencies.[15]

A specific provision should be included in the establishing legislation that contains the above requirements as part of a non-exhaustive list of matters to which the national commissioner must have regard when undertaking his or her functions.

9. Adequate Resourcing

It is crucial that the commissioner is adequately resourced to perform his or her functions. Establishing the commissioner as part of the AHRC will help facilitate this objective by reducing the costs required to run the office of the commissioner effectively. Ideally, the establishing legislation should make explicit provision for the need for adequate resourcing.

10. Other Key Provisions

Finally, the establishing legislation should also include other key provisions relating to the general operation and administration of the national commissioner role, including:

- appointment, duration and termination/resignation
- remuneration and allowances
- other terms and conditions.

These provisions should be based on equivalent provisions currently contained in the *Australian Human Rights Commission Act 1986* (Cth).

12 See, for example, section 46MB(6) of the *Australian Human Rights Commission Act 1986* (Cth).
13 See, for example, section 19B of the *Human Rights Commission Act 2005* (ACT) regarding the involvement of children and young people in decision-making.
14 See, for example, section 46MB(5) of the *Australian Human Rights Commission Act 1986* (Cth), section 23 of the *Family and Child Commission Act 2014* (Qld) and section 14(1) of the *Commission for Children and Young People Act 1998* (NSW).
15 See, for example, powers granted to the Social Justice Commissioner under section 46K of the *Australian Human Rights Commission Act 1986* (Cth).