

REVIEWING IMPLEMENTATION OF
THE ABORIGINAL AND
TORRES STRAIT ISLANDER
CHILD PLACEMENT
PRINCIPLE
VICTORIA
2020



SNAICC
National Voice for our Children

Review of the ATSI CPP implementation efforts over the reporting period 1 May 2019 – 30 April 2020

By SNAICC March 2021

About SNAICC

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.

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Introduction

This report reviews the progress of the Victorian Government, through the Department of Health and Human Services (DHHS) in implementing the full intent of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). This review is informed by the best practice approach set out in SNAICC [Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle – A Resource for Legislation, Policy, and Program Development](#) and SNAICC (2018) the [Aboriginal and Torres Strait Islander Child Placement Principle: A Guide to Support Implementation](#). Based on these resources, SNAICC undertook comprehensive baseline analyses of the progress of states and territories in implementing the full intent of the principle in 2018. Following from the baseline analysis, SNAICC undertakes annual state and territory compliance reviews to map the progress and gaps in the implementation of the ATSICPP across Australia.¹ The current review considers ATSICPP implementation efforts over the past year (from 1 May 2019 to 30 April 2020).

In undertaking the review, SNAICC uses both quantitative and qualitative analysis to measure and review state and territory progress against the five elements of the ATSICPP – Prevention, Partnership, Placement, Participation, and Connection – across five interrelated systems elements – Legislation, Policy, Programs, Processes, and Practice. The reviews primarily focus on the actions of child welfare agencies across Australia and therefore do not fully consider the progress of other departments and agencies. However, the child welfare agencies consulted are encouraged to provide information about whole-of-government efforts and the initiatives of other agencies that contribute to implementation of the ATSICPP. The reviews are developed with input from Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) and state and territory governments.

The Aboriginal and Torres Strait Islander Working Group for the National Framework for Protecting Australia’s Children guides the development of the reviews. The Working Group is tasked with ensuring implementation of the ATSICPP in line with the agreement under the Fourth Action Plan to “uphold the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle to recognise the rights of Aboriginal and Torres Strait Islander children to be raised in their own culture and the importance and value of their family, extended family, kinship networks, culture and community”.²

The review aligns with the priority reform areas of the new *National Agreement on Closing the Gap*. It aims to hold governments accountable to reforming their systems in a way that will achieve better outcomes for Aboriginal and Torres Strait Islander children and their families, as well as highlight the successes of their reforms.

¹ SNAICC – National Voice for our Children (2018). *Baseline Analysis of Best Practice Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: Victoria*, available at <https://www.snaicc.org.au/wp-content/uploads/2019/02/ATSICPP-Baseline-VIC-Final-April-2018.pdf>

² Commonwealth of Australia (2018). *Fourth Action Plan 2018-2020: Supporting Families, Communities and Organisations to Keep Children Safe*, available at https://www.dss.gov.au/sites/default/files/documents/01_2019/dss-fourth-action-plan-v6-web-final.pdf

Snapshot of progress and areas for improvement

Progress highlights

Implementation across all elements

Continuation of the implementation of the *Wungurilwil Gaggapduir Agreement* with support from the Aboriginal Children's Forum.

Dedicated project to fully implement all recommendations from the recent inquiries of the Commission for Children and Young people.

Further investment in Aboriginal community-controlled organisations (ACCOs).

Areas for improvement

Lack of substantive change in cultural safety of universal and mainstream services.

Lack of trauma-informed and healing programs for Aboriginal families.

Lack of cultural competency across the government and mainstream service workforce.

Inconsistent application of ATSI CPP across Victoria.

Prevention element

Prioritising prevention and intervention in the *Wungurilwil Gaggapduir Strategic Action Plan 2020 – 2021*.

Introducing a diversion and early intervention trial.

Extending maternal and child health services through the Aboriginal child health initiative.

Investing in Aboriginal Family Preservation and Reunification response.

Second highest rate ratio of overrepresentation of Aboriginal and Torres Strait Islander children in out of home care in Australia.

Universal and prevention services fail to meet demand and lack of investment in ACCOs to provide prevention and family support.

Families often referred to services that are culturally unsafe or not appropriate.

Proportion of unborn reports progressing to care within 12 months of birth has increased.

Partnership element

Investment of additional \$13.6 million over two years to expand the Aboriginal Children in Aboriginal Care program.

Expansion of Aboriginal Child Specialist Advice and Support Service (ACSASS).

Investment in Aboriginal Family Preservation and Reunification Response.

Reports of inequity of resourcing of ACCOs compared with mainstream organisations.

Lack of data to monitor expenditure on ACCOs.

Short-term funding that is not sustainable, impeding ACCOs from succeeding to the best of their ability.

Partnerships often based on individual relationships rather than formalised and supported structurally.

Placement element

Investment of an additional \$116.1 million to continue the Kinship Care Model.

Expansion of the Aboriginal Child Specialist Advice and Support Services.

Investment in the Aboriginal Family Preservation and reunification Response.

Expansion of Aboriginal children in Aboriginal Care program.

Some practitioners do not understand Aboriginal kinship systems or Aboriginal childrearing practice.

Placement decisions are often made too quickly without exploring all options.

Rejecting applications for kinship placements based on arbitrary reasons such as old criminal records (for example, speeding fines).

Participation element

Updating guidelines to improve Aboriginal family-led decision-making.

Evaluating the Marram-Ngala program to build the evidence for expansion.

Investing in the Aboriginal Family Preservation and Reunification Response.

Expanding the Aboriginal Child Specialist Advice and Support Services (ACSASS).

Inconsistent practice across Victoria, some regions there is a lack of cultural competency.

Practitioners often apply a deficit lens on assessment. There needs to be a better cultural lens on assessment with a strength-based focus.

Families often feel judged by DHHS practitioners.

Practitioners should undertake cultural awareness training to be able to differentiate fear/mistrust.

Connection element

Introduction of a new cultural planning model with additional staff.

Continuing to expand the Aboriginal Child Specialist Advice and Support Services (ACSASS).

Investing in the Aboriginal Family Preservation and Reunification response.

Evaluating the Marram-Ngala program to build the evidence for expansion.

Only 44% of Aboriginal and Torres Strait Islander children had a cultural plan at April 2020.

ACSASS should be present from the earliest point of first visit to make sure information is culturally safe for families.

Often there is a perception on behalf of child protection and mainstream agencies that cultural connection can be 'ticked off' by attending cultural events alone.

The Five Core Elements of the Aboriginal and Torres Strait Islander Child Placement Principle



Overview

Key findings

Victoria has introduced and continued several reforms in the reporting period to better support Aboriginal and Torres Strait Islander children and their families, and to improve the child protection system. Key findings for each element include:

- **Prevention:** the *Wungurilwil Gaggapduir Agreement* (discussed below) prioritises early intervention and prevention in its *Strategic Action Plan 2020 – 2021*. Promisingly, Victoria's expenditure on family support and intensive family support is 25%, which is approximately 9% higher than the Australian average. Nevertheless, the uptake of Aboriginal and Torres Strait Islander children and families accessing these services is relatively low, comprising only 10.7% of all children and families accessing the service. The rate of Aboriginal and Torres Strait Islander children in out-of-home care (OOHC) increased to 16.1 in 2017-2018 from 15.1 in 2018-2019, and is the second highest in Australia. Thus, there is an urgent need for increased investment in prevention and family support services to reduce the number of Aboriginal and Torres Strait Islander children coming into care.
- **Partnership:** a key achievement was the additional investment of \$13.6 million over two years to support the transition of case management of Aboriginal children to ACCOs. This builds on the existing successful Aboriginal Children in Aboriginal Care Program. While this suggests that Victoria is increasing its investment in ACCOs, unlike other states and territories, the Department did not report on its funding allocation this year. Promisingly, as of June 2020, 49% of Aboriginal children on contractible orders were case managed by ACCOs.³
- **Placement:** Victoria is the clear leader in implementing the ATSICPP, with an increase in and highest percentage of placement of Aboriginal children with family and kin in the country. Its investment in continuing the Kinship Care Model and transfer of case management of Aboriginal children to ACCOs demonstrates clear efforts to increase the number of Aboriginal children placed with family or Aboriginal carers.
- **Participation:** Aboriginal family-led decision-making continued over the reporting period with 1,345 meetings held in 2018-2019. Aboriginal family-led decision-making is essential to successfully implementing the participation element; however, sector leaders continue to report inconsistency in practice. Hence, further work is required to ensure that families are in practice empowered to participate in decision-making.
- **Connection:** Victoria has introduced several measures to implement the connection element; however, data provided indicates that only 44% of Aboriginal and Torres Strait Islander children had a cultural plan at April 2020. Nevertheless, there have been positive developments in reunification, with a \$46 million investment into a new family preservation and reunification response. The transition of case management to ACCOs has also proven successful in increasing reunification rates. Victorian Aboriginal Child Care Agency (VACCA)'s Nugel program is achieving stronger results, with a reunification rate of 22% compared with only 5% for Aboriginal children still directly case managed by the Department of Health and Human Services.⁴

³ Family Matters (2020). *The Family Matters Report 2020*, available at https://www.familymatters.org.au/wp-content/uploads/2020/11/FamilyMattersReport2020_LR.pdf

⁴ Ibid.

Key overarching initiatives

As the 2018 Baseline Analysis noted, Victoria has one of the strongest legislative and policy frameworks in Australia for implementing the full intent of the ATSI CPP. It has built on this in the reporting period with the continuation of a range of policy and program responses and further investment in ACCOs. Overarching initiatives include:

Wungurilwil Gagapduir: Aboriginal Children and Families Agreement⁵ – the first tripartite agreement between ACCOs, community service organisations and government has continued over the reporting period. Sector leaders have supported this agreement, noting that it is a promising document to promote partnership and improve outcomes for Aboriginal children and families. The Aboriginal Children’s Forum, which works to implement and monitor the *Wungurilwil Gagapduir Agreement*, has been lauded as a positive mechanism to promote decision-making and engagement with the Aboriginal sector.

Implementation of the Recommendations from the Commission for Children and Young People – the DHHS reported that it is undertaking a project to fully implement the remaining recommendations from the Commission for Children and Young People (CCYP) in its inquiry *In the child’s best interests – a systemic review of the Victorian child protection system’s compliance with the Aboriginal child placement principle*.⁶ While this is a positive step, it has been four years since the inquiry and the delay in implementing the recommendations is concerning.

Investment in ACCOs – the Victorian Government has further invested in ACCOs through several initiatives. The 2019-2020 Victorian state budget invested an additional \$13.6 million over two years to support the transition of case management of Aboriginal children to ACCOs. An additional \$13 million over two years was also pledged in response to COVID-19 to meet an increase in ACCO service demand. As part of the department’s response to COVID-19, \$46 million was also provided for a new family preservation and reunification response.

Community voices

Sector leaders continue to be deeply concerned that the over-representation of Aboriginal children in care in Victoria continues to escalate year after year. While the Victorian Government’s commitment to advance self-determination and reduce the over-representation of Aboriginal and Torres Strait Islander children in OOH has been welcomed, stakeholders reported no evidence to suggest that current legislative, policy and program settings in Victoria will see the goal of eliminating over representations by 2040 achieved. Some specific issues raised relating to practice and lack of investment in prevention services included:

- no substantive change in the cultural safety of universal and mainstream services
- that there remain few services and supports that promote healing for Aboriginal families

⁵ Victorian State Government (2018). *Wungurilwil Gagapduir*, available at https://www.dhhs.vic.gov.au/sites/default/files/documents/201804/Aboriginal%20Children%20and%20Families%20Agreement%202018_1.pdf

⁶ Commission for Children and Young People, Victoria (2016). *‘Always was, always will be Koori children’: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria*, available at <https://ccyp.vic.gov.au/assets/Publications-inquiries/always-was-always-will-be-koori-children-inquiry-report-oct16.pdf>; Commission for Children and Young People, Victoria (2016). *In the Child’s Best Interests: Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle in Victoria*, available at <https://ccyp.vic.gov.au/assets/Publications-inquiries/In-the-childs-best-interests-inquiry-report.pdf>

- lack of cultural competency across in the government and mainstream workforce, and inconsistent practice across Victoria.

Despite this, stakeholders acknowledged that Aboriginal self-determination reforms in Victoria are progressing well through continued resourcing for ACCOs to take on the care and case management of Aboriginal children in care.

Sector leaders also noted the following issues and challenges that emerged from the COVID-19 environment (these began within the reporting period but have remained throughout the course of the coronavirus pandemic):

- COVID-19 has slowed progress in implementing ATSI CPP, particularly in relation to permanency and family reunification and cultural plans.
- Families have been significantly impacted due to lack of face-to-face visitation influencing their ability to connect with their children.
- Some practitioners are placing an onus on families to prove they have been impacted by COVID-19, rather than working with families to adapt reunification plans and timelines.

What the data says

Data indicates that Aboriginal and Torres Strait Islander children continue to be over-represented in the child protection system. Key relevant data for the reporting period includes that:

- Aboriginal and Torres Strait Islander children are 16.1 times more likely to be placed in OOHC than non-Indigenous children. This is an increase from the 2017-2018 rate of 15.1. Victoria has the second-highest rate of over-representation of Aboriginal and Torres Strait Islander children in OOHC in Australia⁷.
- the number of Aboriginal and Torres Strait Islander children commencing intensive family support services has increased from 933 in 2017-18 to 1450 in 2018-19 (growth of over 50%)
- forty-four per cent of Aboriginal and Torres Strait Islander children in care had a cultural plan at April 2020
- twenty per cent of all children and young people in OOHC in Victoria are Aboriginal and Torres Strait Islander. This is a slight decrease from 21% in 2017-2018.⁸
- the percentage of Indigenous children placed with kin or other Aboriginal and Torres Strait Islander carers increased slightly from 78% in 2018 to 78.8% in 2019. Victoria is the only jurisdiction to have consistently increased the percentage of Indigenous children placed with kin or other Aboriginal and Torres Strait Islander carers since 2013.⁹

Prevention

The prevention element of the ATSI CPP aims to ensure Aboriginal and Torres Strait Islander children and their families grow up healthy, safe, and within their own family and community. Features of prevention are broad: they can include addressing social determinants of health;

⁷ Family Matters (2020). *The Family Matters Report 2020*. Melbourne: SNAICC – National Voice for our Children, available at <https://www.familymatters.org.au/the-family-matters-report-2020/>

⁸ Table 16A.19 (SCRGSP, 2020)

⁹ Table 16A.20, Table 16A.21 (SCRGSP, 2019, 2020)

organisational reforms to address institutional racism; or more targeted earlier interventions aimed at supporting families and preventing children from entering the child protection system. Thus, most government departments have a role to play in prevention. During the reporting period, measures that DHHS took to implement the prevention principle included:

- committing to priorities which include actions on prevention and intervention in the *Wungurilwil Gaggapduir Strategic Action Plan 2020 - 2021*¹⁰
- continuing the *Roadmap for Reform*¹¹ and its focus on early intervention and prevention
- introduction of a diversion and early intervention trial
- continuing the Child FIRST support and referral services as an alternative referral pathway to child protection
- further investing in ACCOs (see Partnership)
- investing in the Aboriginal Family Preservation and Reunification Response (see Connection)
- extending maternal and child health services through the Aboriginal Maternal Child Health Initiative¹².

Despite these measures, sector leaders reported that there has not been substantive change in the cultural safety of universal services and upstream placement prevention for Aboriginal and Torres Strait Islander families, children and young people. There continues to be a lack of trauma-informed and healing programs that address the complex issues facing Aboriginal and Torres Strait Islander children and their families. This is reflected in the low uptake of intensive family support services, with the percentage of clients that were Aboriginal and/or Torres Strait Islander only being 10.7% in 2018-2019.¹³

This view is reflected in the data, where the percentage of children in OOHC who were Indigenous as at June specified year has continued to increase over the last decade. Concerningly, **Figure 1** shows that the rate of overrepresentation of Aboriginal and Torres Strait Islander children in care has increased significantly over the last decade, from 9.7 in 2010 to 16.1 in 2019 – far higher than the Australian rate ratio (9.7) and second highest in Australia.

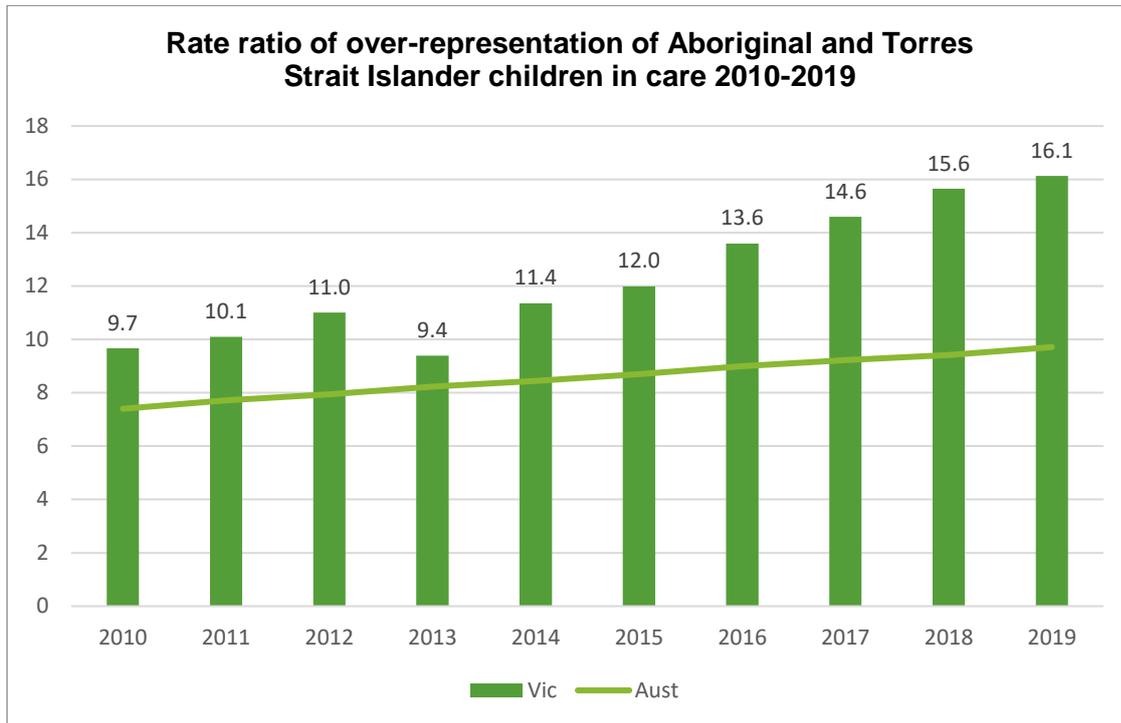
¹⁰ Victorian State Government (2018). *Wungurilwil Gaggapduir*, available at https://www.dhhs.vic.gov.au/sites/default/files/documents/201804/Aboriginal%20Children%20and%20Families%20Agreement%202018_1.pdf

¹¹ Department of Health and Human Services (DHHS), Victoria (2016). *Roadmap for Reform*, available at <https://www.dhhs.vic.gov.au/sites/default/files/documents/201905/Roadmap-for-reform-28-4-2016.pdf>

¹² Department of Health and Human Services, Victorian Government. Aboriginal Maternal and Child Health (MCH) Services, available at <https://providers.dhhs.vic.gov.au/aboriginal-maternal-and-child-health-28201>

¹³ Family Matters (2020). *The Family Matters Report 2020*. Melbourne: SNAICC – National Voice for our Children, available at <https://www.familymatters.org.au/the-family-matters-report-2020/>

Figure 1: Rate ratio of over-representation of Aboriginal and Torres Strait Islander children in care 2010-2019 ¹⁴



Investment in family support and intensive family support services is essential for strengthening families and preventing them from entering the child protection system. **Figure 2** indicates the Victorian Government’s expenditure on family support and intensive family support remained at 25% of the overall real expenditure on child protection in 2018-2019. While higher than the Australian average of 16%, this is still a significant under-investment in supports that promote the wellbeing of children and families. Since 2011-2012, investment in family support and intensive family support services has increased by only 2.8%.

¹⁴ Table 16A.2 (SCRGSP, 2020)

Figure 2: Real recurrent expenditure for child protection Australia 2018-2019, Victoria
15

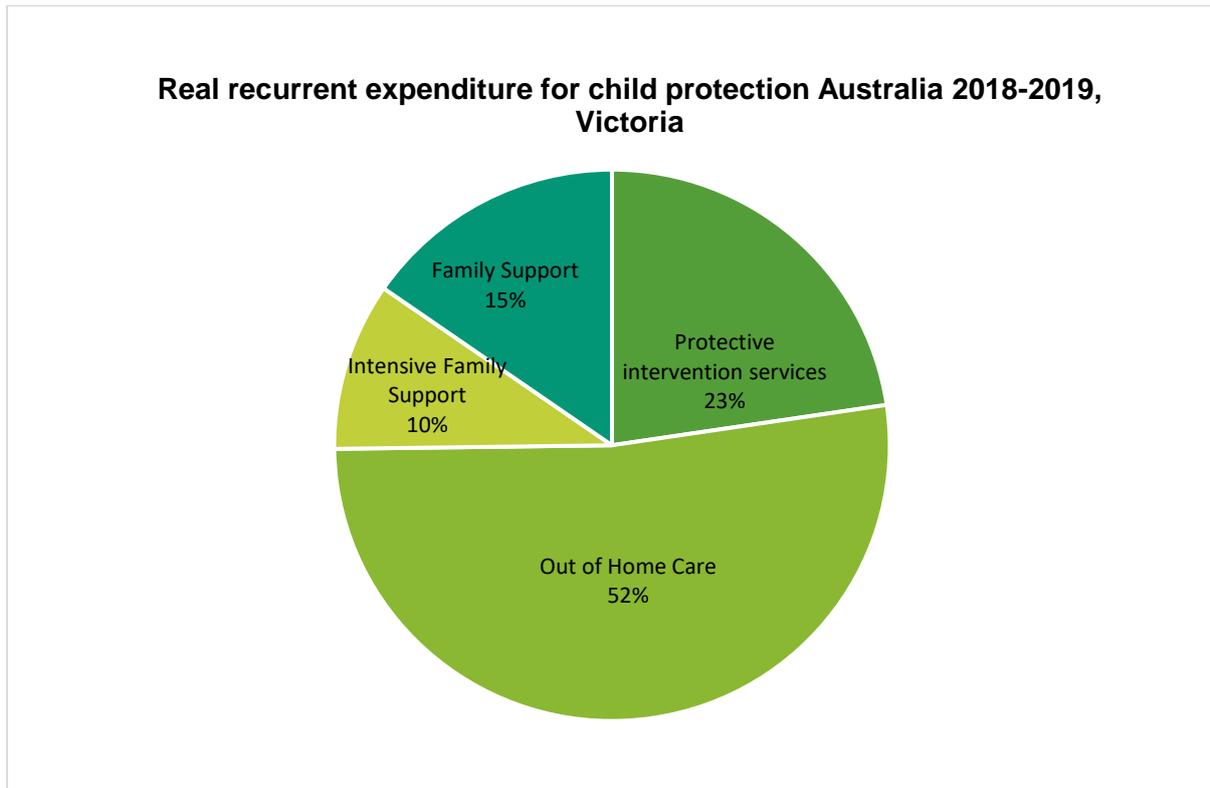
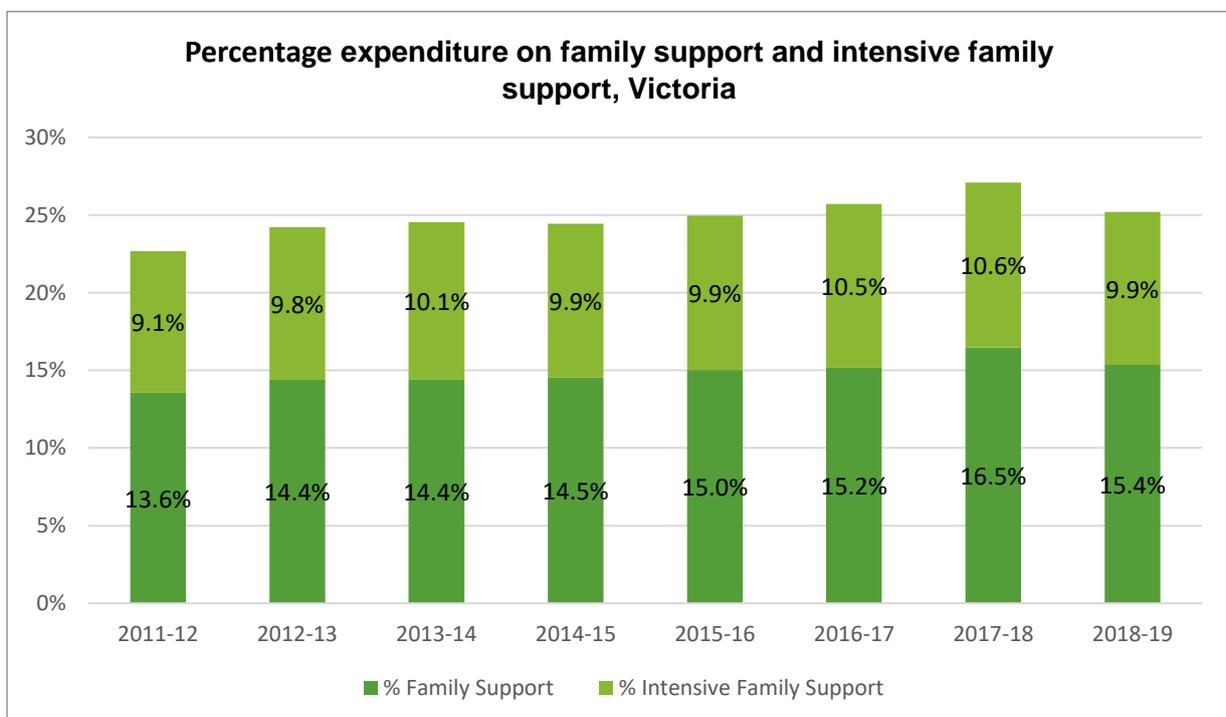


Figure 3: Percentage expenditure on family support and intensive family support, Victoria¹⁶



¹⁵ Table 16A.7 (SCRGSP, 2020)

¹⁶ Table 16A.7 (SCRGSP, 2020)

Roadmap for Reform

The Victorian Government's *Roadmap for Reform* establishes the reform agenda relating to prevention and early intervention, inclusive of commitments to work with Aboriginal communities to develop strategies. Specifically:

- Reform direction 1: building supportive and culturally strong communities and improving access to universal services
- Reform direction 2: supporting children, young people and families in need with integrated wraparound supports and targeted early interventions
- Reform direction 3: strengthening home-based care and improving outcomes for children and young people in OOHC.

Intake and referral

The Child FIRST support and referral services continued throughout the reporting period. Child FIRST provides a central referral point for community-based family support services and an alternative referral pathway to child protection. In some cases, referrals about Aboriginal children and families are made directly to ACCOs.

In terms of general referral processes, sector leaders reported that they are seeing the same clients rebounding and coming back with repeated child protection reports. Often this is because the services families are being referred to are not culturally safe or able to support the families to engage with the process. Many of the ACCOs have support programs available for families, but families are often unaware of what is available to them. Sector leaders believe that this is because DHHS does not effectively link Aboriginal families to the available support programs. Further, families are often unsure of what services they can ask for, or there is a fear that if they need assistance it will 'go against them' in family court matters. This often leads to families being unsupported and at risk of further contact with child protection services. Sector leaders recommended that an alternative intake and referral pathway in partnership with ACCOs would produce better outcomes for Aboriginal and Torres Strait Islander children and families.

Diversion and early intervention trial

DHHS has recently funded four ACCOs to carry out a trial of Child Protection Diversion and Early Intervention in the notification process, with four ACCOs taking the lead in partnership with Child Protection. However, there is limited publicly available information about the nature of the trial and extent of investment.

Conclusion

The Victorian Government has clearly demonstrated a high-level policy commitment to early intervention and prevention through numerous initiatives. However, the data reveals that Aboriginal and Torres Strait Islander children and their families are increasingly becoming involved in the child protection system. Further, while the expenditure on Family Support and Intensive Family Support remains higher than the national average, 25% is still a significant under-investment in supports that promote the wellbeing of children and families. Victoria urgently needs a self-determination reform strategy, akin to the reforms in OOHC, that shifts family support services and programs to Aboriginal community control. To prevent Aboriginal children from coming into care, ACCOs need the resources to support Aboriginal children as early as possible.

Partnership

Victoria's progress in implementing the Partnership principle is strong compared to other jurisdictions mainly due to the continuation of several reforms which prioritise investment in ACCOs. During the reporting period, measures that DHHS took to implement the Partnership principle included:

- investing an additional \$13.6 million over two years to support the transition of case management of Aboriginal children to ACCOs
- engaging with the Aboriginal community in design and delivery of reforms and services
- continuing to expand the Aboriginal Child Specialist Advice and Support Services (ACSASS) program
- investing in the Aboriginal Family Preservation and Reunification Response (see Connection)
- investing an additional \$116.1 million to continue the Kinship Care Model (see Placement)
- updating guidelines to improve Aboriginal family-led decision-making (see Participation).

Aboriginal Children in Aboriginal Care (ACAC) and Transitioning Aboriginal Children (TAC)

Section 18 of the *Children, Youth and Families Act 2005* enables DHHS to transfer functions and powers in relation to a Children's Court protection order for an Aboriginal child or young person to an approved ACCO. This program, combined with the Transitioning Aboriginal Children (TAC), aims to achieve self-determination and support culturally safe alternative care for Aboriginal children to return them home to their parents or extended families. The program has been widely successful and resulted in higher reunification rates for Aboriginal children who are being case managed by ACCOs.¹⁷

The 2019-2020 Victorian State Budget invested an additional \$13.6 million over two years to support the transition of case management of Aboriginal children to ACCOs. Over the reporting period, the Department announced that the program will be expanded to include Njernda Aboriginal Corporation and Ballarat and District Aboriginal Cooperative as approved ACCOs. Further, additional funding was provided for the expansion of the VACCA program to three teams and Bendigo and District Aboriginal Cooperative's Mutjang Bubuwingarak Mukman program to two teams. The *Wungurilwil Gagapduir Agreement* aims to transition all case management and care of Aboriginal children to ACCOs by the end of 2021. As of June 2020, 49% of Aboriginal children on contractible orders were case managed by ACCOs.

Sector leaders reported that the proportion of Aboriginal families supported by ACCOs appears to be remaining static in Victoria. Further, there was concern that a partnership without enough resourcing from government is unworkable and undermines efforts to promote Aboriginal self-determination and the ATSICPP. Stakeholders believe that there is an inherent inequity in the resourcing available to ACCOs compared to mainstream community service organisations (CSOs). Thus, further investment is required to ensure that

¹⁷ Family Matters (2020). *The Family Matters Report 2020*. Melbourne: SNAICC – National Voice for our Children, available at <https://www.familymatters.org.au/the-family-matters-report-2020/>

not only case management of Aboriginal children is transferred to ACCOs but also that ACCOs are sufficiently funded to deliver a meaningful and effective service.

Investment in ACCOs

The 2019-2020 Victorian State Budget invests \$13.6 million to further support ACCOs. The funding aims to continue to support the self-determination of Aboriginal and Torres Strait Islander people in Victoria. An additional \$13 million over two years was also pledged in response to COVID-19 to meet an increase in ACCO service demand. Despite this, sector leaders continue to report poor existing and new investment in ACCOs; in particular, for prevention and OOHHC. Further, funding is often short-term, ad hoc and not sustainable, impeding ACCOs from succeeding to the best of their ability. Nevertheless, it was acknowledged that there is growing investment by DHHS in supporting ACCOs to build an evidence base (for example, to develop program logics and gain a deeper understanding of what is required to evaluate programs and practice). Overall, sector leaders strongly urged that lessons should be drawn from the OOHHC reforms in Victoria to meaningfully embed self-determination in family support and shift programs to Aboriginal community control.

Victoria is one of only three states and territories which did not provide data relating to the percentage of their expenditure on ACCOs. This year, building the community-controlled sector was a priority area agreed upon by the Australian Government through the *National Agreement on Closing the Gap*. It is therefore important that Victoria revises its data to capture and monitor its expenditure on ACCOs, in line with the government's commitment to promoting self-determination.

Engagement with the Aboriginal and Torres Strait Islander community

Sector leaders noted that implementation of the Partnership element would be strengthened by improved consultation and engagement with the Aboriginal community, including through ACCOs, the ACSASS program and Aboriginal family-led decision-making. Stakeholder feedback was that these programs are being utilised inconsistently and in some places in an ad hoc manner, resulting in less Aboriginal engagement or real involvement in decision-making. There was also concern that there is not enough accountability around monitoring of outcomes of decision-making, and that partnerships are often built on individual relationships rather than formalised and structurally supported. Positive examples of implementing the Partnerships element include:

- the development of the COVID-19 policy and operational context which led to closer partnerships with ACCOs, particularly through the Aboriginal Taskforce during COVID-19
- the establishment of the Aboriginal Children's Forum has played a significant role in promoting the voice and decision-making of the Aboriginal sector
- the development of Aboriginal monitoring and evaluation frameworks against the key Aboriginal specific plans including for *Wungurilwil Gapgapduir* which actively promotes accountability of DHHS to the ACCO sector.

Marram-Ngala Ganbu

Marram-Ngala Ganbu (which means 'we are one' in the Woiwurrung language) was launched in August 2016 to improve outcomes for Koori children and families involved in child protection proceedings. It seeks to provide a more effective, culturally appropriate, and just response for Koori families through a culturally appropriate court process that enables

greater participation by family members and culturally informed decision-making. In the reporting period, the Children's Court of Victoria commissioned an independent evaluation to assess the performance of Marram-Ngala Ganbu to support the future expansion of the program. The evaluation provided evidence that the program is achieving its intended short-to medium-term outcomes, and there are early indicators that it is on track to deliver the desired long-term outcomes.¹⁸

Additionally, in this review, sector leaders reported that the program is run in a much more culturally appropriate way than the standard court. It allows for parents to feel as though they can have a say in what happens with their child and family, and it allows other members of the family (for example, grandparents) to attend court to show their support for the child and parents. This is not only empowering for the family, but it gives the DHHS and court a greater understanding of all the supports available to the family. Stakeholders recommended that this approach be expanded to all courts in Victoria.

Aboriginal child specialist advice and support services (ACSASS)

The aim of the Aboriginal child specialist advice and support service (ACSASS) is to ensure that a culturally appropriate and effective response is provided in the protection of Aboriginal children from harm. The objective of the service is to ensure that child protection is supported to consider the cultural needs and issues in reaching decisions in regard to the best interests of Aboriginal children. DHHS funds four ACCOs to deliver the ACSASS across Victoria. In the reporting period, new program requirements were introduced to replace the 2021 edition of the program requirements. The program requirements were developed in consultation with ACCOs and provide a detailed description of the role and responsibilities of ACSASS providers and child protection to enable ACSASS to meet its intended purpose. Over the reporting period, DHHS also partnered with Njernda Aboriginal Corporation and Bendigo and District Aboriginal Cooperative as new ACSASS service providers in the Loddon area. The Department has undertaken to again seek expressions of interest from non-Metropolitan ACCOs for provision of ACSASS in rural Victoria in 2021.

Sector leaders reported that the program is strong in a legislative and policy sense; however, they noted some issues around the nature of the partnership, as the ultimate decision-making power is not in the power of the ACCOs but rather, in general, the Department has the final say. Further, the lack of clear communication on the part of practitioners impacts the families' ability to engage. Practitioners should make sure that the ACSASS is present from the earliest point of first visit to ensure information is accessible and culturally safe for families, and to reduce distress and improve engagement of families. Another issue stakeholders reported was that, despite ACSASS input into the child protection response, many children remain disconnected from their Aboriginal family members due to other barriers that include resistance by child protection practitioners to visitations when permanency planning. Often there is a perception on behalf of child protection and mainstream agencies that cultural connection can be 'ticked off' by attending cultural events alone. There were also reports of inconsistency in the implementation of the requirement to engage ACSASS and failure by DHHS to report and monitor compliance with this requirement.

The Department has reported that new data collection and reporting requirements will be developed to provide more useful and detailed information about the ACSASS program and

¹⁸Arabena, K., Bunston, W., Campbell, D., Eccles, K., Hume, D., & King, S. (2019). *Evaluation of Marram-Ngala Ganbu*, available at https://www.childrenscourt.vic.gov.au/sites/default/files/Evaluation%20of%20Marram-Ngala%20Ganbu%20November%202019%20%28web%20version%29_0.pdf

better inform policy and service design decisions, noting that ongoing changes to data collection and performance measures will be reached through negotiation with ACSASS providers. This is a promising step towards addressing some of the issues reported by sector leaders.

Conclusion

Victoria's numerous initiatives to support and fund the ACCO sector suggests promising progress to implement the partnership element; however, the lack of transparency and reporting on this expenditure creates difficulties in assessing and comparing with other jurisdictions. Nevertheless, Victoria's commitment to transfer case management of Aboriginal children to ACCOs and further investment demonstrates the government's willingness to relinquish control over key decisions in the interest of promoting self-determination of Aboriginal and Torres Strait Islander people to achieve better outcomes for their children. Sector leaders have strongly urged that lessons be learnt from this reform and applied to family support reforms to enable more ACCOs to provide family support services.

Placement

During the reporting period, measures that DHHS took to implement the Placement element included:

- investing an additional \$116.1 million to continue the Kinship Care Model
- continuing to expand the Aboriginal Child Specialist Advice and Support Service (ACSASS) program (see Connection)
- investing in the Aboriginal Family Preservation and Reunification Response (see Connection)
- investing an additional \$13.6 million over two years to support the transition of case management of Aboriginal children to ACCOs (see Partnership)
- implementing changes to the Client Relationship Information System (CRIS) to better enable increased compliance with the ATSICCP hierarchy.

Figure 4 indicated that the percentage of Indigenous children placed with kin or other Aboriginal and Torres Strait Islander carers has been rising steadily since 2012. Promisingly, the percentage has risen from 55.2% in 2012 to 78.8% in 2019. Victoria is one of the only jurisdictions in Australia that has seen such an increase (the Australian Capital Territory has seen a steady increase since 2014).

Figure 5 indicates the number of Aboriginal and Torres Strait Islander children placed with Aboriginal and Torres Strait Islander carers. This figure may be a better representation of children who are placed in accordance of the ATSICPP, as while they are not deemed 'kin', Aboriginal and Torres Strait Islander carers may help children maintain connection to culture more effectively than non-Indigenous people of significance in the child's life. In Victoria, the number of children placed with Aboriginal and Torres Strait Islander carers increased from 78% in 2018 to 78.8% in 2019.

Figure 4: Percentage of Indigenous children placed with kin or other Aboriginal and Torres Strait Islander carers between 2006 and 2019 in Victoria ¹⁹

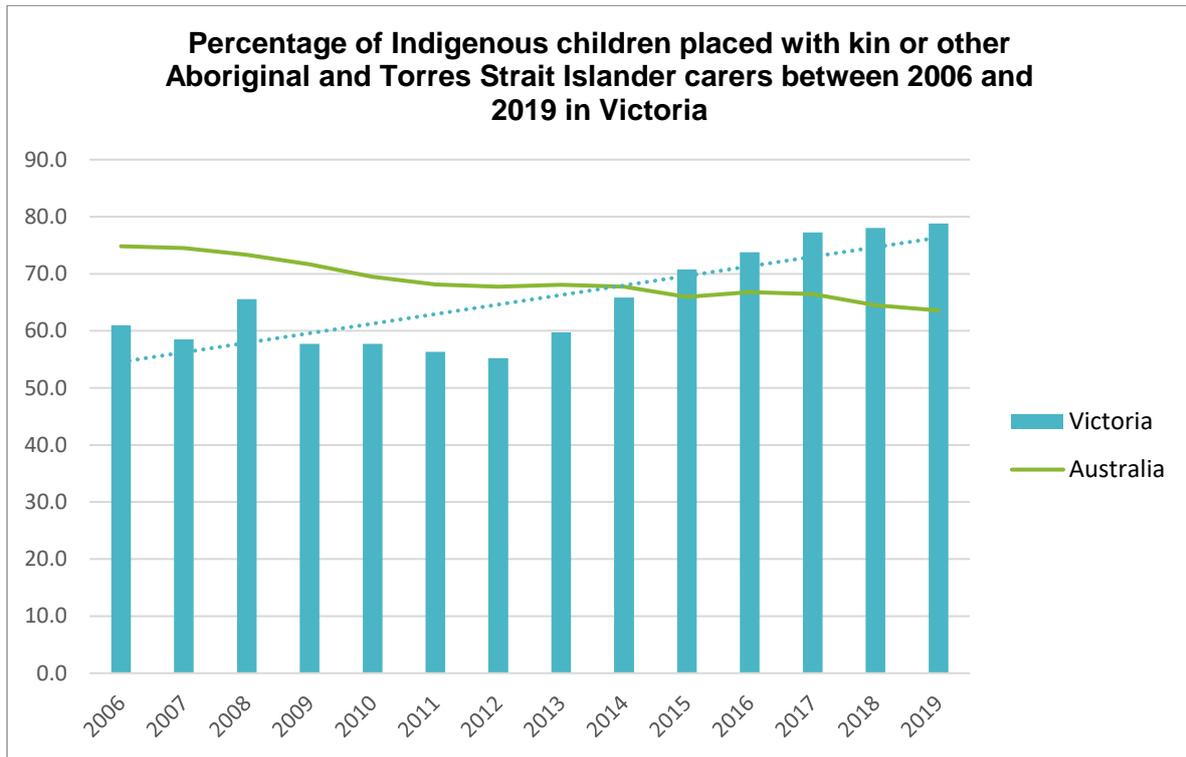
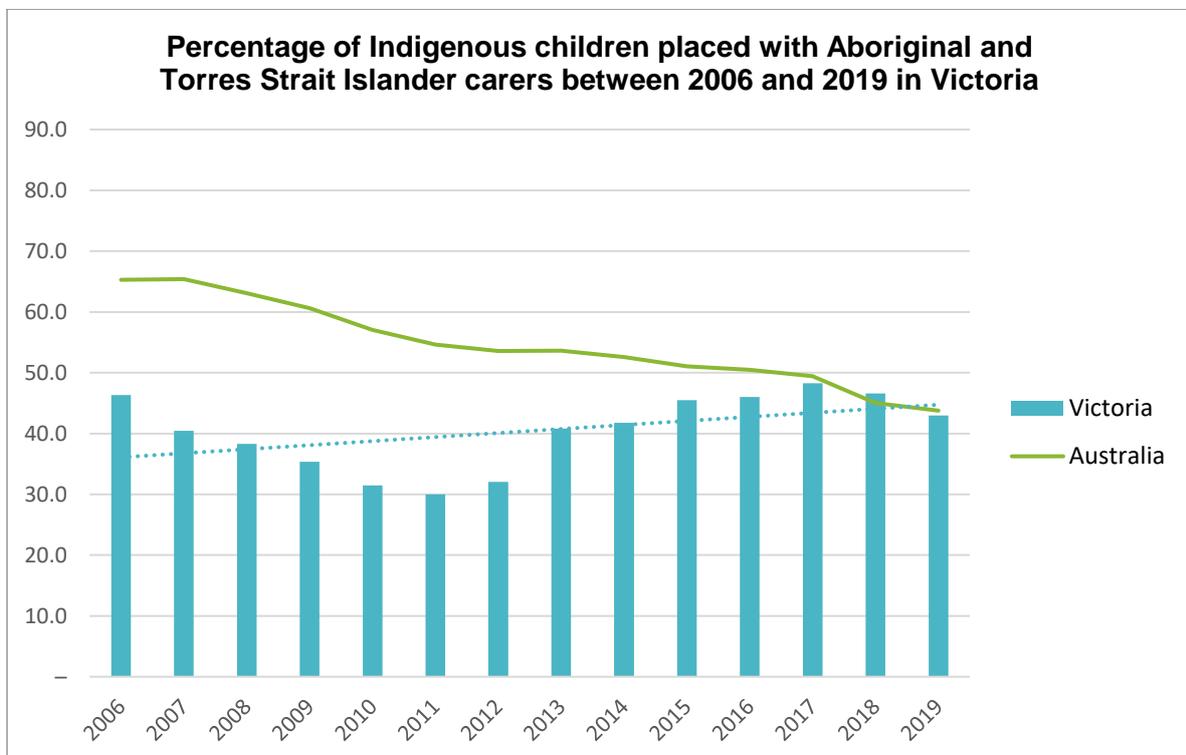


Figure 5: Percentage of Indigenous children placed with Aboriginal and Torres Strait Islander carers between 2006 and 2019 in Victoria ²⁰



¹⁹ Table 16A.20, Table 16A.21 (SCRGSP, 2019, 2020)

²⁰ Ibid.

Kinship Care Model

The Victorian Government 2019-2020 budget is investing an additional \$260.6 million in child protection services, programs and agencies to protect the wellbeing of vulnerable children and their families. This includes \$116.1 million to continue the Kinship Care Model.

The Victorian Government's new model of kinship care is designed to strengthen Aboriginal children's connection to family, culture and community. This includes the newly funded program Aboriginal Kinship Finding Service. The new model consists of the following five components:

1. **Kinship care workers:** employed by the Department of Health and Human Services (the Department), equivalent to 36 full-time staff, to actively search for and connect with a child or young person's networks and provide dedicated support to kinship carers.
2. **Aboriginal placement identification and support:** including genealogical information and specialised searching expertise.
3. **First Supports:** delivered by CSOs and ACCOs to support new kinship placements.
4. **Reunification support:** two ACCOs delivering 39 targets of 200 hours of intensive family services for Aboriginal children and young people in a pilot program.
5. **Case management:** an additional 300 targets for non-Aboriginal children, noting that ACCOs received new contracting targets through the Transitioning Aboriginal Children initiative.

An evaluation of the new kinship model will inform future service programs and delivery. On referral from child protection, the new kinship finding program is building kinship networks for Aboriginal children in care, enhancing their connection to family and culture, as well as improving compliance with the ATSICCPP.

Sector leaders have reported that the investment in the Aboriginal Kinship Finding program has seen improvements and greater self-determination in the family identification process. It was reported that it helps children connect with their culture and builds their sense of identity and resilience. This is a positive step towards increasing the percentage of Aboriginal and Torres Strait Islander children placed with kin or Aboriginal and Torres Strait Islander carers.

Practice and accountability

Sector leaders reported concerns about the lack of competency of some child protection practitioners, which contributes to Aboriginal and Torres Strait Islander children being placed with non-Indigenous carers. This includes:

- practitioners not understanding the Aboriginal Kinship system (for example, a non-Aboriginal foster carer being assessed as a kinship carer over a non-Aboriginal grandmother caring for the child's Aboriginal cousins)
- practitioners not understanding Aboriginal child rearing practices (for example, not placing a child with Aboriginal family members because they assess there are too many people in the home)
- making placement decisions too quickly without exploring all options (for example, immediately placing a child with a non-Aboriginal grandmother because she has put her hand up first). There is little revisiting with Aboriginal family members or revisiting Aboriginal family placement options.
- practitioners not considering socioeconomic inequity and its influence on Aboriginal families not volunteering straight away to look after a child. There needs to be more focus on how to support families to take on a child.

- practitioners accepting minimal information from families who do not trust child protection rather than engaging ACCO and ACSASS programs to support the families to engage
- rejecting applications for kinship placements based on arbitrary reasons, such as very old criminal records (for example, for speeding fines), size of the carer's family, or gaining a Working with Children Check in time.

Conclusion

Victoria is the clear investment leader nationally in implementing the placement principle with legislation that enables powers and functions to be transferred to ACCOs. Further, the success of numerous initiatives investing in ACCOs, including the continuation of the Kinship Care Model, is clearly being reflected in the data. Victoria is the only jurisdiction that has seen a consistent increase in the percentage of Indigenous children placed with kin or other Aboriginal and Torres Strait Islander carers since 2012. While sector leaders continue to report gaps in practice and implementation, the combination of promising data and investment in ACCOs clearly demonstrates progress in implementing the placement element.

Participation

During the reporting period, measures that the Victorian Government took to implement the Participation element included:

- updating guidelines to improve Aboriginal family-led decision-making
- continuing to expand the ACSASS program (see Connection)
- producing the evaluation of the Marram-Ngala program to build the evidence for expansion (see Partnership)
- investing in the Aboriginal Family Preservation and Reunification Response (see Connection).

Aboriginal family-led decision-making

Aboriginal family-led decision-making continued over the reporting period. The program guidelines were updated to reflect the review that took place in 2017. A referral must now be made to the Aboriginal family-led decision-making program for every Aboriginal child within one business day following substantiation of protection concerns. The Aboriginal family-led decision-making meeting itself must occur within 21 days from substantiation. Mandatory referrals to a meeting will ensure an ACCO-operated approach to enable family and community participation in decision-making. The Aboriginal family-led decision-making guidelines also strengthen the requirement to have regular and ongoing training regarding convening meetings, cultural needs of children, and the Client Relationship Information System (CRIS). These updated guidelines are a promising response to concerns around Aboriginal family-led decision-making meetings being preferred practice rather than mandatory.

Over the reporting period, the Department reported that 1,345 Aboriginal family-led decision-making meetings were held in 2018-2019. Sector leaders report that Aboriginal family-led decision-making practice across the sector in Victoria is inconsistent. In some regions, it is working successfully; and in other regions, families are disengaged due to lack of cultural competency of case managers (who are not Aboriginal). The Aboriginal family-led decision-

making model relies on a co-convenor relationship; and, therefore, if DHHS are facilitating it rather than an ACCO, the outcomes are usually poorer due to a lack of engagement or consultation. Despite concerns of poor practice, sector leaders agreed that Aboriginal family-led decision-making can be significantly empowering for families and allows them to have a say in the way their children and families are treated.

Cultural competency of staff

A culturally competent workforce is essential to providing families with meaningful opportunities to participate in decisions made about them and their children. This is particularly important in the child protection context where there is a fear and mistrust by many Aboriginal and Torres Strait Islander families of the system. Sector leaders reported that cultural competency of child protection staff continues to be a problem, with the following issues frequently encountered in practice:

- Practitioners often apply a deficit lens on assessment. There needs to be a better cultural lens on assessments with a strengths-based focus.
- Practitioners not considering culture as a protective factor and as central to case planning and thinking about Aboriginal and Torres Strait Islander children and young people's needs.
- Aboriginal and Torres Strait Islander families often feel judged by DHHS practitioners. All practitioners should undertake cultural awareness training and implicit bias training annually to assist them to differentiate fear/mistrust from non-engagement or disinterest when working with families.
- Although some practice and programs are good at centring the voice of the child, more work needs to be done to embed the child's voice in decision-making across the whole of the child and family welfare sector. At times there seems to be a greater focus on the carer's needs rather than the child's needs.
- Professions outside of the child protection sector also lack cultural competency. Cultural competency training should apply across agencies to ensure that families are being provided culturally safe services.

Despite these concerns, sector leaders reported positive developments during the reporting period, including that:

- a number of services routinely contact ACCOs to provide cultural competence training as part of the staff induction
- the refreshed Best Interest Framework places emphasis on relational practice and cultural competency
- the new Family Preservation and Reunification Response program has a critical design element seeking input of an Aboriginal practice lead in both program and operation governance.

Conclusion

Victoria has continued its long-standing state-wide program of Aboriginal family-led decision-making which is an essential component for implementing the Participation element. Promisingly, 1,345 meetings were held in 2018-2019. Nevertheless, like many other family-led decision-making processes, inconsistencies in practice continue, and ongoing commitment, resources and investment is required to ensure that, in practice, all families are empowered to participate in decision-making.

Connection

During the reporting period, measures that DHHS took to implement the Connection element included:

- introducing a new model with additional staff to improve cultural planning
- continuing to expand the Aboriginal Child Specialist Advice and Support Services (ACSASS) program (see Partnership)
- investing in the Aboriginal Family Preservation and Reunification Response
- producing the evaluation of the Marram-Ngala program to build the evidence for expansion (See Partnership)

According to the data provided by DHHS, 44% of Aboriginal and Torres Strait Islander children had a cultural plan at April 2020. Further, 41% of Aboriginal and Torres Strait Islander children in care had been reconnected to Aboriginal and Torres Strait Islander relatives/kin at 30 June 2019 over the 12 months July 2018-June 2019.

Cultural planning

The 2019-20 Victorian State Budget made funding for the cultural planning model ongoing. The Department has introduced a new model based on the 2018 evaluation of the cultural planning model. Key elements of the model are:

- establishment of 18 FTE Senior Advisory Cultural Planning positions in ACCOs to support the development and implementation of a cultural plan for every Aboriginal and Torres Strait Islander child in care
- a Statewide Co-ordinator for cultural planning, based at VACCA
- an online portal and 0.5 FTE portal administrator to provide local cultural information to support development of cultural plans
- a co-designed cultural plan template that holds information about the child's identification, cultural heritage, cultural connections to family and mob, reflections of their own cultural history, and cultural aspirations.

The government reported that a pilot project is in development to be trialled with one area to improve referral processes to ACCOs. Sector leaders, however, continue to report that development and implementation of quality cultural plans remains a challenge and that the most successful plan are developed when there is a strong relationship between child protection staff and ACCOs.

Aboriginal Family Preservation and Reunification Response

In April 2020, as part of the Department's response to COVID-19, \$46 million was provided for a new Aboriginal Family Preservation and Reunification Response. This includes both a combined model and a dedicated Aboriginal model. Building on the existing Family Preservation and Reunification services, the response addresses key components in the Roadmap for Reform. Sector leaders have lauded this announcement as a positive step, noting that it highlights what is important to the service system, with a commitment from DHHS to work in a different way to address service system issues and achieve better outcomes.

In relation to broader family reunification rates, sector leaders reported that it is misleading to claim any significant improvement in family reunification across the system for Aboriginal and Torres Strait Islander children. According to the *Victorian Government Aboriginal Affairs Report 2019*, reunification rates over the past 10 years have ranged between 78% in

2008, to a low of 72% and sat at 74% in 2018. Further, while reunification rates are the highest in Victoria, Aboriginal and Torres Strait Islander children enter care at a much higher rate than in any other jurisdiction. Thus, a degree of caution must be applied when measuring reunification outcomes in Victoria given that the over-representation of Aboriginal and Torres Strait Islander children continues to rise.

Conclusion

Victoria has introduced several measures to implement the connection element: however, data provided indicates that only 44% of Aboriginal and Torres Strait Islander children had a cultural plan at April 2020. Further, while the ACSASS program is recognised as a positive initiative to implement the Connection element, sector leaders continue to report gaps with implementation and issues with the cultural awareness of departmental staff. Despite this, it is clear that the Department is taking steps to address these issues; in particular, with the investment of \$46 million into a new Family Preservation and Reunification Response.