

Discussion Paper

An evidence-based approach to address the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care

Context

Aboriginal and Torres Strait Islander children have grown up safe, well and cared for in their families, communities and cultural traditions for thousands of years. Despite a deficit focus pervasive in media and policy debates on child welfare, safe cultural care remains the dominant reality in Aboriginal and Torres Strait Islander societies. Today, almost 95% of Aboriginal and Torres Strait Islander children are cared for in their families of origin.¹ Of the other 5.1% who are in alternative care,² over half are cared for by Aboriginal and Torres Strait Islander people³ who are shouldering the greater burden of care within Australia's child protection systems, despite experiencing higher levels of social and economic hardship.⁴

The evidence is clear that the strengths to address child wellbeing and safety concerns lie within Aboriginal and Torres Strait Islander communities. Research describes the value of unique Aboriginal and Torres Strait Islander child-rearing practices,⁵ alongside the critical importance of continuity of cultural identity to the wellbeing of Indigenous children.⁶ Yet, these strengths continue to be undermined by an ever-deepening crisis of child removal that breaks families apart and disrupts the social fabric of communities.

Since the *Bringing them Home* report was released in 1997 the number of Aboriginal and Torres Strait Islander children in out-of-home care has increased dramatically from 2,785 in 1997 to 15,455 in June 2015, a rise of 455 per cent in 17 years.⁷ Aboriginal and Torres Strait Islander children make up nearly 35% of all children in out-of-home care in Australia, despite representing only 5.5% of the population and are over 9 times more likely to be in out-of-home care than their non-Indigenous peers.⁸ This paper provides an overview of the issues underlying these tragic outcomes and presents the evidence-base for fundamental policy change to advance the safety and wellbeing of Aboriginal and Torres Strait Islander children. The paper is intended to provide a base for the development of national, and state and territory reform strategies that could end over-representation within a generation.

Issues

There is overwhelming evidence of two abject failures in the response to the escalating crisis of child removal. First, there has been government failure to intervene early to support, strengthen and heal families and communities. Second, there has been government failure to enable a genuine space for self-determination – a platform in policy, legislation and resourcing that provides communities with opportunities for empowerment to draw on their strengths and lead responses to the issues facing their children and families.

Despite policy frameworks that espouse an early intervention focus to address negative impacts for children within Australia's over-burdened child protection systems,⁹ in 2014-15 expenditure on early intervention and intensive family support was just 16.58% of the \$4.34 billion national child and family welfare investment.¹⁰ Entrenched and worsening poverty and disadvantage for Aboriginal and Torres Strait Islander people¹¹ reflect government failures to

address disparities driven by historical and continuing injustice. These disparities impact the health and wellbeing of parents and carers and ultimately erode the supportive environment for children.

If one thing is clear from the evidence, it is that current efforts are not succeeding and that extensive reform is required to enable better outcomes for children. The result of the current level of inaction is the perpetuation of inter-generational harm, and continuing culturally destructive intervention in Aboriginal and Torres Strait Islander lives.

Solutions

Holistic responses in policy, service design and service delivery need to focus on children, while addressing the broader concerns facing the families and communities that nurture them.¹² Despite the many challenges, a range of valuable – and in some cases transformative – work is taking place in pockets around the country to empower and strengthen families and communities. Emerging and promising practice provides a base of knowledge to inform change.

This paper draws on a rapid review and analysis of relevant Australian and international literature to present a vision for fundamental change to policy and practice. This vision calls for the implementation of four key strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children in Australia's child protection systems. These are:

1. **Increasing Aboriginal and Torres Strait Islander participation** in decision-making for the care and protection of children through representative community participation models, family and kin decision-making, community guardianship models, genuine partnerships and Indigenous-led support services.
2. **Supporting families and communities to stay together** through increased investment in targeted and intensive supports services, and Indigenous-led design and delivery of integrated child and family services.
3. **Implementing trauma and healing informed approaches** including through government resourcing Aboriginal and Torres Strait Islander communities to develop their own healing approaches, and the development of a trauma informed child and family service workforce.
4. **Embedding accountability to Aboriginal and Torres Strait Islander priorities** within Australia's child and family service systems, including through Aboriginal and Torres Strait Islander oversight roles in every state and territory.

The following sections provide justification for why these strategies can be effective to advance the safety and wellbeing of children.

What does an effective system look like?

There is strong evidence to suggest that a system that works for Aboriginal and Torres Strait Islander families would adopt a **holistic strengths-based early intervention** model. This section explains why such a model can work to reduce the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care and describes its component elements.

Why should the model be strengths-based?

Evidence firmly indicates that building on the strengths of families and communities to support their continuing safe care of their children offers the best prospect to secure children's long-term wellbeing.¹³ This is true for *all* children.

The Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) reflects the importance of community and cultural caring strengths in Australian law and policy. When the *Bringing them Home Report* highlighted the racist underpinnings and tragic consequences of the Stolen Generations, it recommended the implementation of a principle that prioritises safe connection to family and culture for all Aboriginal and Torres Strait Islander children.¹⁴ Though somewhat misleading in its focus on ‘placement’ in out-of-home care, the Principle was designed with the intention of a more holistic response to strengthening families’ and communities’ capacity to care, while actively maintaining cultural connections for children in out-of-home care.¹⁵ The principle is underpinned by a strong evidence base that highlights: the cultural strengths of Aboriginal and Torres Strait Islander child rearing practices;¹⁶ the critical importance of continuity of cultural identity to child wellbeing;¹⁷ that better outcomes can be achieved through Indigenous community-led solutions;¹⁸ and the importance of cultural knowledge to making decisions in children’s best interests.¹⁹

Addressing over-representation requires strengths-based approaches that enable Aboriginal and Torres Strait Islander peoples to lead redress of the issues impacting their children, and to provide love and care for their children in their own cultural ways. Such approaches would reflect a holistic application of the Aboriginal and Torres Strait Islander Child Placement Principle.

Why should the model be early intervention focused?

The term ‘early intervention’, as it relates to child welfare, is recognised in the literature as having a dual meaning referring both to interventions early in the life of issues that may lead to child neglect and abuse, and also to interventions targeted early in the life cycle.²⁰ It encompasses both the active prevention of the development of future problems, and also the proactive promotion of the necessary conditions for a child’s healthy development. These foci reflect a firm base of evidence that care and environmental factors early in life have crucial impacts on later health and wellbeing outcomes,²¹ and that interventions will be more effective the earlier that they are applied to address family issues that may otherwise worsen, compound, and increase the risk of harm to children over time.²² Early investment in strengthening families provides long-term social and economic benefits by interrupting trajectories that lead to health problems, criminalisation, and child protection intervention.²³

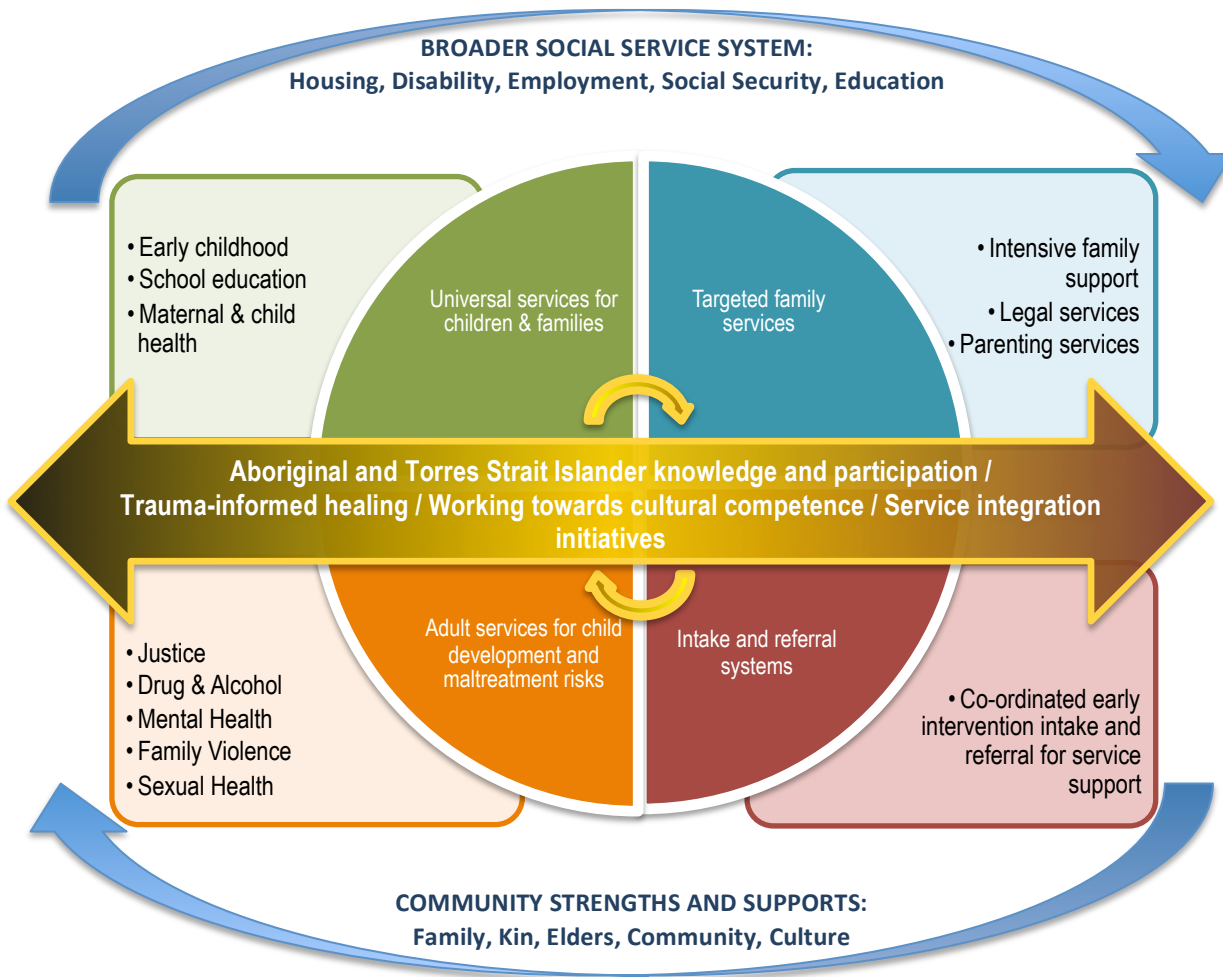
Drawing on this evidence base, the *National Framework for Protecting Australia’s Children 2009-2020* advocates the adoption of a public health model for protecting children.²⁴ This model pursues the increased use of universal child and family support and targeted early intervention in order to reduce the need for more intensive supports and statutory child protection intervention.

Addressing over-representation requires an investment by government, led and delivered by community, in interventions that support, heal and strengthen families early in the life cycle and as early as possible when issues that impact family functioning emerge.

What would a holistic strengths-based early intervention model look like?

The diagram below provides a summary of the evidence-based components of a strengths-based early intervention model for Aboriginal and Torres Strait Islander children and families. It reflects the inter-connectedness of social services and community supports that do, or have the potential to, provide holistic responses to child and family needs. The four quadrants describe critical stages of connection to the formal service system for enabling child safety and wellbeing, while the centre arrow describes strengths-based drivers of an effective system for Aboriginal and Torres Strait Islander families.

Figure 1: Holistic strengths-based early intervention for Aboriginal and Torres Strait Islander families



What are the evidence-based drivers of a system that works?

At the heart of an approach that will redress over-representation in child protection systems are the evidence-based drivers of a service system that is responsive to the needs of Aboriginal and Torres Strait Islander children and families. This section describes why these are important and how they are defined.

Aboriginal and Torres Strait Islander knowledge and participation

Participation of Aboriginal and Torres Strait Islander peoples in decisions that affect them is a core human right,²⁵ and recognised as critical to decision-making that is informed by the best interests of children, from a cultural perspective.²⁶ Enabling participation in child protection decision-making is essential to address injustices that caused the Stolen Generations, and to ensure those tragic events are never repeated.²⁷ Australian and international evidence has confirmed the efficacy of Indigenous-led service design and delivery that consistently produces better results,²⁸ and has linked Indigenous community empowerment to broadly positive social and emotional wellbeing outcomes for community members.²⁹ Genuine participation based on a human rights framework incorporates: community representative structures for participation; consultation and negotiation in good faith to obtain the free,

prior, and informed consent of affected communities; prioritising and safeguarding Aboriginal and Torres Strait Islander culture in decision-making; and enabling the participation of children in decisions made about them.³⁰

Working towards cultural competence

In the context of significant and persistent under-utilisation of universal services by Aboriginal and Torres Strait Islander people, research has strongly recognised that service engagement is supported by service systems and providers that develop cultural competence and service delivery that is culturally appropriate.³¹ Aboriginal and Torres Strait Islander organisations have been identified as best placed to provide culturally competent services that are attuned to the needs of their communities, and evidence confirms that these services are more likely to be used.³² Research describes that *'Indigenous specific services offer Indigenous families a safe, comfortable, culturally appropriate environment that is easier to access and engage with.'*³³ Leading cultural competence frameworks all emphasise that competence development is about far more than acquiring a defined set of knowledge – it is a continuous journey of cross-cultural learning that can only happen in deep and genuine relationship with Aboriginal and Torres Strait Islander people.³⁴ The process of cultural competence development requires a commitment to working in partnership with Aboriginal and Torres Strait Islander people 'to produce services, policies and programs that make it possible for Aboriginal and Torres Strait Islander culture to thrive and Aboriginal and Torres Strait Islander people to pursue their culture and identity as is their right.'³⁵

Trauma-informed healing

Aboriginal and Torres Strait Islander individuals, families and whole communities experience trauma that derives from the negative impacts of colonisation, forced child removal, and ongoing discrimination. Intergenerational trauma occurs when children experience trauma either through exposure to the trauma within their families and communities, or through neglect, abuse and violence that manifest in some families impacted by trauma.³⁶ The evidence base for the effects of intergenerational trauma includes biological markers. Stress can be passed from mother to child in utero³⁷ and multiple studies have shown links between parental experience of trauma and genetic predisposition to post-traumatic stress disorder.³⁸ Childhood trauma interrupts the normal physical, physiological, emotional, mental and intellectual development of children and can have wide-ranging, and often life-long implications for their health and wellbeing.³⁹ A trauma-informed approach to protecting children needs to be attuned to the source and impact of trauma experienced by Aboriginal and Torres Strait Islander children and requires family and community healing to interrupt cycles of inter-generational harm.⁴⁰

Service integration initiatives

Service integration can be viewed as the endpoint of a continuum of increasing collaboration between agencies and service providers.⁴¹ It aims to improve service access for families through coordination that makes the service system easier to navigate and positions services to identify families' needs and connect each family with the right supports at the right time.⁴² Integration efforts are particularly critical to address access issues for families experiencing vulnerability who are often least equipped to navigate a complex web of service supports.⁴³ Interventions for vulnerable families are also recognised to be more effective where they target the holistic range of issues affecting families,⁴⁴ increasing the likelihood of addressing the root causes of concerns for children. Intersecting with the literature on Indigenous participation, integration initiatives are a key site for Aboriginal and Torres Strait Islander leadership to ensure the design and delivery of a range of responses tailored to community-identified needs.⁴⁵

What are the elements of a system that works?

The four system elements described below are not entirely discreet. In fact, within a well-functioning system that pursues service integration, these elements should be deeply inter-connected. Universal services, for example, can be a critical point of access through which to connect families experiencing vulnerability to targeted family supports and other adult services. Intake and referral processes should operate across the system creating as many *gateways* and *pathways* as possible for families to connect to the supports they need.⁴⁶ This section describes the elements of an effective system that is adapted to the needs of Aboriginal and Torres Strait Islander families, applying the evidence-based drivers described above.



Universal services commonly refer either to those services provided to all people, or alternatively to those services that are open to all people to access.⁴⁷ Amongst the most important universal services to address the needs of Aboriginal and Torres Strait Islander children are services in: early childhood education and care; maternal and child health; and school education. Universal services are identified as a critical site for early intervention because they often provide a non-stigmatising entry point to the service system.

Integration that links targeted responses from universal service entry points is recognised as a critical strategy for early identification of issues and support for vulnerable families.⁴⁸ In particular, the literature identifies early childhood services as key sites for service integration that targets issues early in the life cycle.⁴⁹

While some commentators argue that universal supports should be all inclusive and adaptable to meet the needs of diverse client groups,⁵⁰ others highlight the dangers that universal services can 'become colonised by particular groups or cliques within the community and can deter some hard-to-reach families from accessing those services.'⁵¹ Aboriginal and Torres Strait Islander people significantly under-utilise core universal services including early childhood education and care,⁵² and maternal health.⁵³ Their under-utilisation of preventive services connects to their over-representation in tertiary services systems. Tailoring universal services to meet the unique needs of Aboriginal and Torres Strait Islander people has been recognised as effective in overcoming access barriers to enable stronger community engagement with services.⁵⁴

Aboriginal Community Controlled Health Organisations (ACCHOs), for example, provide quality, community-led and culturally distinct holistic primary health care services that are effective to engage with Aboriginal and Torres Strait Islander communities. Several studies have shown that the ACCHO sector provides equivalent quality of health outcomes to mainstream services, but with a more complex patient load.⁵⁵ In the early childhood development sector, despite recognised funding limitations,⁵⁶ a significant number of community-led Multi-functional Aboriginal Children's Services, and Aboriginal and Torres Strait Islander Children and Family Centres have succeeded in creating and coordinating integrated services that meet child developmental needs, while supporting families and driving community and workforce development.⁵⁷

Targeted family services in this context refer to specialist and intensive services that are directed to meet the specific needs of families experiencing higher-level and complex problems that impact safe and quality care for children.⁵⁸ Targeted services can also refer to those services targeted to a specific population (such as by age or cultural group). This review considers the targeting of services for Aboriginal and Torres Strait Islander children and families as an integral component across all system elements.



Targeted family services

Core service types that are identified as critical in targeting families experiencing vulnerabilities include: intensive family support to preserve and reunify families where there are child protection concerns; parenting support services; and other less-intensive casework support for families experiencing lower-level issues. Intensive family support models have been recognised for their efficacy to address complex needs for vulnerable families.⁵⁹ Research has detailed quality interventions of Aboriginal and Torres Strait Islander community-controlled intensive family support services that are addressing access barriers for families by providing culturally strong casework supports and assisting them to access and navigate the broader service system.⁶⁰

Parenting support services target, in a more direct way, the relationship between the child and primary carers. Studies have questioned the efficacy of parenting support services where they are delivered in isolation from the context of holistic supports that address the underlying issues that cause parenting concerns⁶¹, and where they don't take account of differences in child rearing practices and family/kin relationships in Aboriginal and Torres Strait Islander cultures.⁶² A number of parenting programs have been recognised as supportive for Aboriginal and Torres Strait Islander families experiencing vulnerability, including, for example, the *Australian Abecedarian Approach*,⁶³ the *Australian Nurse Family Partnership Program*,⁶⁴ and the *Home Interaction Program for Parents and Youngsters*.⁶⁵ However, success for these programs has been recognised as dependent on cultural adaptation and Aboriginal and Torres Strait Islander community leadership both in their adaptation and implementation.⁶⁶



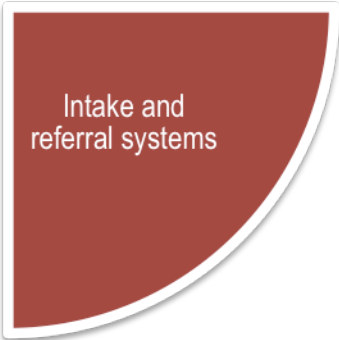
Adult services for child development and maltreatment risks

Evidence is clear that effective interventions for vulnerable families need to go beyond targeting the parent-child relationship in isolation to address factors impacting parental capacity to care. The literature identifies two key policy and practice directions to ensure **adult services** address child safety and wellbeing goals: 1. that adult services and practitioners adopt family-oriented practice that is attuned to the impacts of adult issues on children;⁶⁷ and 2. That effective service integration enables parents to access adult services through and/or on referral from universal and targeted children and family services.⁶⁸

Research has clearly identified that the three most common parental issues present in cases of child neglect and abuse are: substance misuse; family violence; and mental health concerns, and that the co-occurrence and interrelation of these factors contributes to risk for children.⁶⁹ The impacts of parental incarceration are also especially significant for Aboriginal and Torres Strait Islander families, with adults incarcerated at a rate 13 times higher than for non-Indigenous adults,⁷⁰ and up to 80% of Aboriginal and Torres Strait Islander women in prison estimated to be mothers of dependent children.⁷¹

Housing and homelessness issues have also been identified as a major contributor to risks for children, with high Indigenous over-representation in housing and homelessness services, and families living in overcrowded households.⁷² It is critical to retain the perspective that many of the causal factors for these issues lie in: 1. Experiences of poverty: requiring structural redress of systems that exclude Aboriginal and Torres Strait Islander peoples from social and economic advancement; and 2. Unresolved trauma linked to colonisation and the impact of the Stolen Generations: requiring trauma and healing informed policy and practice responses to be integrated within adult services, as well as community-led and directed healing services that can assist to address the causes of parental issues.⁷³

Intake and referral systems that connect families into the service system have long been recognised as located primarily in child protection notification, investigation and response. Too often Aboriginal and Torres Strait Islander families' first contact with service systems is through child protection intervention that occurs too late in the development of family issues and is focused heavily on responding to risks for children, rather than supporting families to ensure those risks do not present or do not lead to child harm. A key platform of systems reform in recent years has been the introduction of alternative referral pathways for families experiencing lower-level concerns with the objective to ensure that they get the support they need before problems compound and escalate. Models recently adopted, including the pioneering Child FIRST initiative in Victoria, Gateway in Tasmania, and Child and Family Connect in Queensland, have utilised integration-focused approaches. In these models, coordinated networks of local providers manage family service intake and referral, with a centralised referral point for families.



Intake and
referral systems

The 2011 review of Child FIRST and the Integrated Family Services system in Victoria described significant success to: increase service coordination; improve relationships between universal and secondary services; improve visibility of services and increase referrals; improve service accessibility; and enable earlier intervention that reduces child protection involvement.⁷⁴

While the review found varying levels of success in improving service supports for Aboriginal families, it found success where Aboriginal organisations were genuinely engaged as partners in local alliances, involved in decision-making for Aboriginal families, and tasked with providing resourced casework advice and support for mainstream providers.⁷⁵ A critical learning in the development of intake and referral systems has been the need for parallel investment in family support services to ensure that new referral pathways act as gateways to an adequate range of available services, rather than bottlenecks where supports are not available.⁷⁶

Priority strategies for change

The following strategies reflect policy analysis to determine how adaptation can be driven with Australia's child and family service systems to enhance their alignment with an holistic strength-based early intervention model that is attuned to the specific needs of Aboriginal and Torres Strait Islander families. They draw on a broad base of evidence including literature review, broad-based consultation, and national policy development processes.⁷⁷

<p>Aboriginal and Torres Strait Islander Participation</p> <ol style="list-style-type: none"> 1. Enable community-based representative child safety structures to promote child-wellbeing, input to decision-making about child welfare, and drive local early intervention and prevention strategies. 2. Make Aboriginal Family-led Decision-Making (AFLDM) processes available at the earliest possible opportunity when there are child safety concerns. 3. Increase resourcing and capacity development for community-controlled services to deliver the full range of child and family welfare services. 4. Support the development of genuine partnerships for two-way capacity development between Aboriginal and Torres Strait Islander and non-Indigenous organisations providing child and family support services. 	<p>Supporting families and communities to stay together</p> <ol style="list-style-type: none"> 1. Increase coverage and capacity of Aboriginal and Torres Strait Islander community organisations to lead integrated and holistic service supports for families based on their knowledge of local needs. 2. Increase availability of culturally strong, quality intensive family support services that are provided as early as possible for vulnerable families. 3. Establish alternative referral pathways for early intervention family support through collaborative service provider networks that include strongly resourced roles for Aboriginal and Torres Strait Islander community controlled organisations.
<p>Trauma and healing informed approaches</p> <ol style="list-style-type: none"> 1. Enable Aboriginal and Torres Strait Islander communities to develop and deliver their own healing approaches and develop a good practice evidence base through action research with communities. 2. Implement broad- scale workforce development activity to embed trauma and healing informed practice approaches within family support, child protection, health, education, and related adult services. 	<p>Accountability to Aboriginal and Torres Strait Islander priorities</p> <ol style="list-style-type: none"> 1. Create a mechanism/s for monitoring of Aboriginal and Torres Strait Islander child safety and wellbeing outcomes led by Aboriginal and Torres Strait Islander people and/or organisations. 2. Establish a peak body for Aboriginal and Torres Strait Islander child and family welfare in every state and territory. 3. Develop a national outcomes monitoring framework, in consultation with Aboriginal and Torres Strait Islander communities, for child and family services, with a focus on achieving safe cultural, family and community care for children.

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¹ AIHW (2015) *Child Protection Australia 2013-14*, Table 5.5, p51 and table A50, p113.

² Ibid

³ Ibid, Table A33. Note: 52.6% of Aboriginal and Torres Strait Islander children in out-of-home care were cared for by Indigenous relatives or kin, or another Indigenous caregiver at 30 June 2014.

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