FAMILY MATTERS

**Strong communities. Strong culture.
Stronger children.**

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

ACKNOWLEDGEMENTS

FAMILY MATTERS PLATINUM CAMPAIGN PARTNERS

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ABBREVIATIONS

AbSec	Aboriginal Child, Family and Community Care State Secretariat (NSW)
ACCO	Aboriginal and Torres Strait Islander community-controlled organisation
AIHW	Australian Institute of Health and Welfare
ANC	Antenatal care
APGR	Annual population growth rate
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
BBF	Budget Based Funding
CCB	Child Care Benefit
COAG	Council of Australian Governments
CSO	Community Services Organisation
ECEC	Early childhood education and care
IFSS	Intensive family support service
MACS	Multifunctional Aboriginal Children's services
RoGS	Report on Government Services
SEIFA	Socio-Economic Indexes for Areas
OOHC	Out-of-home care
VACCA	Victorian Aboriginal Child Care Agency

In 2018 we are encouraged by the states and territories that have made significant shifts in legislation and policy to address the ever-rising rates of our children in out-of-home care. The outcomes for families, however, have only become worse. Sadly, we are still facing a crisis of child protection intervention in Aboriginal and Torres Strait Islander family life.

The answers lie in healing and supporting our families and communities to provide safe and loving care for children. But, the pace of investment and action in prevention and early intervention is slow. Efforts to address broader community and social issues that contribute to risk for our children across areas such as housing, justice, violence and poverty, remain vastly inadequate and lack coordination.

Our projections confirm, yet again, that the number of Aboriginal and Torres Strait Islander children in out-of-home care will more than triple over the forward 20 years if we don't act now.

This year's Family Matters Report puts a spotlight on primary prevention measures in the early years of children's lives – the years that matter most to changing the storyline for our families. The most promising data in the report sees 4-year-old preschool attendance reaching parity. But, in the years before that, that matter even more, we are not seizing the opportunity to support children experiencing vulnerability who stand to benefit most from early learning. The introduction of a new early childhood education and care funding model that targets working families will reduce access to critical supports for our most vulnerable children and families. This, alongside persistently low rates of access to antenatal care, and linked disparities in infant health, shows that we are not reorienting service systems to give our children the best start in life.

There are notable mentions in this year's report to states and territories that have acknowledged and acted on the evidence that self-determination in child safety and wellbeing is central to improving our children's futures. Most notably, Victoria and Queensland have established Aboriginal and Torres Strait Islander led bodies for oversight of reform agendas that have been designed with significant participation of our communities, and what's more, they have upped

investment in community-controlled organisations to deliver culturally safe service responses. In the Northern Territory, a promising scope of reform commitments has emerged in the wake of their recent Royal Commission, and in Western Australia, new investments in community-controlled early intervention have commenced. Nationally, Community Services Ministers from all jurisdictions met in June 2018 and made a collective commitment to undertake *active efforts* to implement all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle – putting a focus on our children's vital connections to kin, culture, community and country. Community Services Ministers also committed to support the role of our community-controlled organisations in providing services to Aboriginal and Torres Strait Islander families.

Despite these promising steps, **tragically this year we have seen the percentage of our children who are placed with Aboriginal and Torres Strait Islander carers drop below 50 per cent for the first time following a steep decline over the last 10 years.** Even for those children placed with kin, we know that many are not placed in genuine kinship placements. Authorities continue to define kinship far too broadly and fail to consult with our communities who have the cultural knowledge and authority to determine the most appropriate placements for children.

Throughout the year the Federal Government continued to consult on and debate new targets for the *Closing the Gap* agenda. Reflecting the findings of this year's Report, Aboriginal and Torres Strait Islander leaders consistently called for new targets to eliminate over-representation in out-of-home care and to improve early developmental outcomes for children. This report reinforces the vital importance of these targets and accompanying strategies to achieve them. We wait in anticipation to see these new targets adopted.

Yet another year has passed with too little action. Our highest priority campaign calls remain unheeded. We must recognise that this is an issue of enormous national importance **– we must adopt a national Aboriginal and Torres Strait Islander Children's Strategy that includes generational targets to eliminate over-representation and address the causes of Aboriginal and Torres Strait Islander child removal.** We all have a responsibility to act now, and to act decisively. We call on all Australian Governments to work with Aboriginal and Torres Strait Islander communities and their representatives over the coming year and beyond to implement the evidence based strategies for change that this report shows are desperately needed. We hope that, as a result, next year's report will show a changing story. The choices that we make now go to the very heart of our shared obligation to heal our nation's fractured past and secure our children's future. We have a shared responsibility to ensure the right of every Aboriginal and Torres Strait Islander child to thrive in family, community and culture.

Natalie Lewis

Family Matters Chair

Queensland Aboriginal and Torres Strait Islander Child Protection Peak, CEO

INTRODUCTION

Bringing Them Home, the landmark report into the Stolen Generations, was released 21 years ago, in 1997. At that time, many Australians were shocked to learn that Aboriginal and Torres Strait Islander children represented 20 per cent of children living in-out of-home care (Human Rights and Equal Opportunity Commission, 1997).

Now, Aboriginal and Torres Strait Islander children make up just over 36 per cent of all children living in out-of-home care; the rate of Aboriginal and Torres Strait Islander children in out-of-home care is 10.1 times that of other children, and disproportionate representation continues to grow (Australian Institute of Health and Welfare [AIHW], 2018b). Since the last Family Matters Report over-representation in out-of-home care has either increased or remained the same in every state and territory. This has eventuated despite – or because of – the laws, policies, and programs of successive Australian governments.

Government and community agree there is a problem. The Stolen Generations policies and practices, in combination with persistent social inequity, have created an ongoing legacy of disproportionate child protection interventions with Aboriginal and Torres Strait Islander children, families and communities across Australia, and significant under-investment in Aboriginal and Torres Strait Islander community-led and controlled solutions. Things are getting worse, not better.

Family Matters reports set out what governments are doing to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care, and the outcomes for children and their families. The reports contribute to efforts to change the story by explaining the extent of the problem and reporting on progress towards implementing evidence-informed solutions that aim to eliminate, within a generation, the over-representation of Aboriginal and Torres Strait Islander children living away from their parents and families in statutory out-of-home care.

The Family Matters Roadmap (published separately) proposes four inter-related building blocks, underpinned by evidence and ethics, detailing the systemic changes needed to achieve this aim:

All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive

Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children

Law, policy and practice in child and family welfare are culturally safe and responsive

Governments and services are accountable to Aboriginal and Torres Strait Islander people

It is clear that without substantial and effective policy initiatives to strengthen prevention and early intervention, progress toward achieving the campaign goal will continue to be minimal. This year's report takes a particular focus on the early years, reflecting the weight of evidence indicating that supports and interventions early in a child's life will be most critical to change trajectories for children and families experiencing vulnerability. Guest author, Professor Deborah Brennan, highlights concerning trends in access to early childhood education and care and early developmental outcomes for Aboriginal and Torres Strait Islander children in the feature section *Focus on the Early Years*.

As detailed later in this report, if the tide is not turned, we project the population of Aboriginal and Torres Strait Islander children living in out-of-home care will more than triple by 2037, and the level of over-representation will also increase. The trajectory over the next 20 years has worsened since the last Family Matters report. A positive change profiled in this year's *Report Card Summary* is that, while outcomes have not significantly improved, policy settings have shown increased alignment with best practice across a number of jurisdictions, in areas such as supporting community-controlled approaches, building cultural safety of the services system and increasing accountability for reform. These instances of increased alignment with the building blocks provide promise that with increased and sustained efforts we can begin to turn the tide. The 2018 report draws on the following sources of information:

- publicly available data about child protection and out-of-home care, and related social, economic and community-level factors that mitigate vulnerabilities and prevent Aboriginal and Torres Strait Islander families coming into contact with child protection systems;

- research about what would make a difference;

- inputs invited from state and territory governments about their current strategies and investments aimed at reducing over-representation;

- inputs invited from jurisdictional Family Matters working groups about progress; and

- government-held jurisdictional data about:
  - investment in Aboriginal and Torres Strait Islander community-controlled child protection and family support services;
  - access to preventative family support services for Aboriginal and Torres Strait Islander families;
  - reunification with parents; and
  - connection of children in out-of-home care to family and culture.

Data sovereignty is a tool for using available data to advance the self-determination aspirations of Aboriginal and Torres Strait Islander people. The Family Matters report uses data to show the limitations of current government child protection strategies from an Aboriginal and Torres Strait Islander standpoint, and to demand that government is accountable to us for their actions. The data tells the story our way, in contrast to how statistics are often used to portray Aboriginal and Torres Strait Islander families and communities in a negative way. When the government interprets data for its agenda, it often downplays issues of vital importance to us. We recognise that the data does not tell the whole story, because crucial data held by government is not publically available. There are currently many problems in what data child protection systems collect, how things are counted, and how they are interpreted. For example, there are problems in recording Indigenous status, interpretations are made about kinship care that are not in accordance with Aboriginal and Torres Strait Islander concepts of family and kin, data about children who are reunified is inadequate, and there is a lack of data about prevention, early intervention, and outcomes. There is unequal access to resources and limited transparency about investment in Aboriginal and Torres Strait Islander community-controlled services. To have greater control over data about us, we need Aboriginal and Torres Strait Islander involvement in setting performance indicators, assuring data quality, and interpreting data.

The report considers government efforts across all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle, which is the primary principle in legislation and policy that safeguards children's cultural identity and connections, and seeks to ensure self-determination for Aboriginal and Torres Strait Islander peoples in child protection. The elements of the Principle (prevention, partnership, participation, placement and connection) are discussed with a particular focus on strategies and progress to drive early intervention and prevention. Understanding and applying all five elements recognises that they are inter-related and work together to achieve the Family Matters campaign goal of Aboriginal and Torres Strait Islander children growing up safe and cared for in family, community, and culture.

ABOUT FAMILY MATTERS

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 (2040).

Family Matters is led by SNAICC – National Voice for our Children and supported by a Strategic Alliance of over 150 Aboriginal and Torres Strait Islander and non-Indigenous organisations.

KEY RECOMMENDATIONS

1. Development of **a national comprehensive Aboriginal and Torres Strait Islander Children's Strategy** which includes generational targets to eliminate over-representation and address the causes of Aboriginal and Torres Strait Islander child removal to improve child safety and wellbeing.

2. A target and strategy to **increase proportional investment in evidence-informed and culturally supportive prevention and early intervention** services that are accessible for Aboriginal and Torres Strait Islander families.

3. A target and strategy to **Close the Gap in developmental outcomes for Aboriginal and Torres Strait Islander children in the early years, and in access to vital preventive services** in early childhood education and care (ECEC) and maternal and child health. This must include:

   a. Funding universal preschool access for 3 and 4 year olds, including additional funding to ensure a minimum 3 days per week access for Aboriginal and Torres Strait Islander children; and

   b. Investing in quality Aboriginal and Torres Strait Islander community-controlled integrated early years services through a specific program with targets to increase coverage in areas of high Aboriginal and Torres Strait Islander population and high levels of disadvantage.

4. **Priority investment in service delivery by community-controlled organisations in line with self-determination**, including through investment targets aligned to need and "Aboriginal and Torres Strait Islander first" procurement policies for services to Aboriginal and Torres Strait Islander families.

5. National standards to ensure family support and child protection legislation, policy and practices in **adherence to all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)** including:

   a. Nationally consistent standards for implementation of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and linked jurisdictional reporting requirements through the National Forum for Protecting Australia's Children;

   b. Increased representation of Aboriginal and Torres Strait Islander families, children and communities at each stage of the decision-making process, including through independent Aboriginal and Torres Strait Islander family-led decision-making;

   c. Increased investment in reunification services to ensure children are not spending longer in out-of-home care than is necessary due to inadequate planning and support for parents; and increased investment in support services for families once children are returned;

   d. Increased efforts to connect Aboriginal and Torres Strait Islander children in out-of-home care to family and culture, through cultural support planning, family finding, return to country, and kinship care support programs.

6. **Permanent care orders and adoption are not used for Aboriginal and Torres Strait Islander children in out-of-home care.** Aboriginal and Torres Strait Islander people must be provided with opportunities to design alternative policies to support stability for Aboriginal and Torres Strait Islander children in connection with kin, culture and community. Where permanent care orders are used, they must never be applied without clear evidence that the Aboriginal and Torres Strait Islander Child Placement Principle has been fully applied, and without oversight of an Aboriginal and Torres Strait Islander agency.

7. Development of **a dedicated National Plan to Reduce Violence Against Aboriginal and Torres Strait Islander Women and Children,** that commits to a sustained increase in investment to ensure national coverage of Aboriginal and Torres Strait Islander community-controlled culturally safe and specialist family violence services.

8. Development and publication of **data to better measure the situation of, and causes and responses to over-representation of Aboriginal and Torres Strait Islander children in out-of-home care.** Data development should take account of identified gaps throughout this report.

9. Establishment and resourcing of **state-based and national commissioners, peak bodies and other representative bodies for Aboriginal and Torres Strait Islander children.**

ABOUT THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE

The Aboriginal and Torres Strait Islander Child Placement Principle aims to:

- ensure an understanding that culture underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children in child protection and out-of-home care systems;
- recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters;
- increase the level of self-determination of Aboriginal and Torres Strait Islander people in child welfare matters; and
- reduce the over-representation of Aboriginal and Torres Strait Islander children in child protection and out-of-home care systems.

The five elements of the Principle are:

PREVENTION: Protecting children's rights to grow up in family, community and culture by redressing the causes of child protection intervention.

PARTNERSHIP: Ensuring the participation of community representatives in service design, delivery and individual case decisions.

PLACEMENT: Placing children in out-of-home care in accordance with the established ATSICPP placement hierarchy:

- with Aboriginal and Torres Strait Islander relatives or extended family members, or other relatives and family members;
- with Aboriginal and Torres Strait Islander members of the child's community; and
- with Aboriginal and Torres Strait Islander family-based carers.

If the above preferred options are not available, as a last resort the child may be placed with:

- a non-Indigenous carer or in a residential setting.

If the child is not placed according to the highest priority, the placement must be within close geographic proximity to the child's family.

PARTICIPATION: Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children.

CONNECTION: Maintaining and supporting connections to family, community, culture and country for children in out-of-home care.

See SNAICC publication: *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A resource for legislation, policy and program development.*

KEY FINDINGS

This report finds that Aboriginal and Torres Strait Islander children and their families continue to be grossly over-represented in child protection and out-of-home care systems and to experience significant inequality on key indicators of social and economic disadvantage that contribute to risks of neglect, abuse and intervention in family life.

At the same time, they are under-represented in universal and targeted services that could act to prevent their increasing rate of contact with child protection services. Significant gaps in the participation and leadership of Aboriginal and Torres Strait Islander people in the policies that impact children, and the decisions that are made about them, mean that children's wellbeing and vital connections to community, culture, family and country are being regularly compromised. Some national, state and territory policies are demonstrating increased alignment with evidence-based strategies for change, but the scale and pace of change remain grossly inadequate to arrest rising over-representation.

1. CURRENT DATA AND TRENDS IN OVER-REPRESENTATION IN OUT-OF-HOME CARE

Aboriginal and Torres Strait Islander children are over-represented at virtually every decision-making point in the child protection system that is currently reported at the national level. Aboriginal and Torres Strait Islander children are far more likely than non-Indigenous children to be notified, investigated, substantiated, placed on a protection order, and to reside in out-of-home care. Furthermore, the disparities between Aboriginal and Torres Strait Islander children and non-Indigenous children have continued to increase dramatically for most of these measures in recent years.

CURRENT RATES OF OVER-REPRESENTATION

In 2017, **Aboriginal and Torres Strait Islander children were 10.1 times more likely to be residing in out-of-home care than non-Indigenous children.** This national figure of over-representation is an all-time high. Over-representation in out-of-home care varied significantly between states and territories, and was highest in Western Australia (17.8 times), Victoria (15.8 times), and the ACT (13.9 times). While data are available on removal of children, a lack of focus on supporting their safe reunification with family is evident in the absence of publicly available data to describe the rate at which Aboriginal and Torres Strait Islander children are reunified with their parents, and the length of time they spend in out-of-home care before reunification occurs.[1] Four jurisdictions (ACT, NT, SA and Vic.) provided data relating to reunification for this report. **While the Northern Territory was reunifying children more often than the other jurisdictions, it also had the highest disparity between reunification for Aboriginal and Torres Strait Islander and non-Indigenous children.**

PROJECTED GROWTH IN OVER-REPRESENTATION

There is strong reason to believe that the number and proportion of Aboriginal and Torres Strait Islander children in out-of-home care will continue to rise. We used available estimates over the last seven years of child protection data from the Australian Institute of Health and Welfare combined with data from the Productivity Commission Report on Government Services to project future out-of-home care population growth. We predict that t**he population of Aboriginal and Torres Strait Islander children in out-of-home care will more than triple in size by 2037,** while the non-Indigenous population of children in out-of-home care will almost double. While the growth in out-of-home care is alarming for both populations, this projection presents a particularly startling and disturbing picture of the future impacts on Aboriginal and Torres Strait Islander families and communities if we fail to effectively intervene now.

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1   There is some national information available on the number of children exiting out-of-home care to reunification, but this information cannot be used for many basic calculations. Most importantly, it cannot be used to calculate the length of time children spend in OOHC because the bulk of the children who are in OOHC (those who are not reunified) are not included in these calculations.

2. DATA ON ECONOMIC, SOCIAL AND COMMUNITY-LEVEL FACTORS

Aboriginal and Torres Strait Islander child wellbeing includes their safety, health, culture and connections, mental health and emotional wellbeing, home and environment, learning and skills, empowerment and economic wellbeing. Achievement of wellbeing outcomes depends on a complex interplay between individual (child) and family factors and broader community and societal factors, which means focusing on just one wellbeing domain to the exclusion of others will not lead to improvements in overall child wellbeing. Ensuring children grow up safe and cared for requires commitments and actions from multiple sectors. There is strong evidence that early care and environmental factors have crucial impacts on later health and wellbeing, and that interventions will be more effective the earlier in the lives of children that they are applied. Whole-of-population preventative measures to improve family and community wellbeing have a downstream effect in reducing child maltreatment. If not addressed, family problems may worsen, and ultimately increase the risk of harm to children over time. Investment in prevention and early intervention to strengthen families can provide long-term social and economic benefits by interrupting trajectories that lead to adverse adult outcomes.

Available data shows that Aboriginal and Torres Strait Islander peoples are grossly over-represented on measures of disadvantage that contribute to child protection risks, and similarly under-represented in services that could respond and prevent entry to out-of-home care. Service systems have also failed to enable the participation of Aboriginal and Torres Strait Islander peoples in the design, delivery and decision-making about service responses for their children.

a) Structural drivers of child protection intervention

POVERTY

Numerous studies have indicated that poverty is one of the major drivers of child protection system involvement. For Aboriginal and Torres Strait Islander communities, high rates of poverty stem from experiences of colonisation, discrimination, forced child removal and the inter-generational impacts of resulting trauma (Aboriginal and Torres Strait Islander Healing Foundation, 2013). The Socio-Economic Indexes for Areas (SEIFA) ranks areas in Australia according to relative socio-economic advantage and disadvantage. According to the 2016 census, while the distribution of the non-Indigenous population is spread evenly across the SEIFA deciles, **almost 48 per cent of all Aboriginal and Torres Strait Islander peoples were in the most disadvantaged SEIFA areas. In 2016, only 5.4 per cent of Aboriginal and Torres Strait Islander people lived in areas of high relative advantage** (Australian Bureau of Statistics [ABS], 2018).

HOUSING

Access to safe and healthy housing environments has a substantial impact on the capacity of families to provide safe and supportive care for children. Aboriginal and Torres Strait Islander people experience significantly higher rates of homelessness, overcrowded housing, and unstable housing tenure than non-Indigenous Australians. IIn 2016-17 Aboriginal and Torres Strait Islander people were 9.2 times as more likely to access homelessness services than non-Indigenous people. **One in four Aboriginal and Torres Strait Islander clients (23 per cent) using homelessness services was a child under the age of 10 years, compared with 14 per cent for non-Indigenous children under 10 years** (AIHW, 2018c). There has been a significant drop in the disparity in homelessness service access by remoteness. In 2015-16, Aboriginal and Torres Strait Islander people in remote or very remote areas were 20 times more likely to access a service, while in 2016-17 they were 17.7 times more likely than a non-Indigenous person to access a service in a remote or very remote area. It cannot be determined from the data whether this drop related to reduced need for services, or reduced service availability or accessibility.

b) Access to quality, culturally safe universal and targeted services

MATERNAL AND CHILD HEALTH

Inequity trajectories start early. Pregnancy, birth and early childhood are critical transition periods for families, especially mothers and infants, and present a time of great opportunity for healthy growth, learning and development, as well as to reduce vulnerabilities associated with child protection notifications (Holland, 2015). Antenatal care is especially important for Aboriginal and Torres Strait Islander women who are at higher risk of giving birth to pre-term and low birthweight babies, and who have greater exposure to other risk factors and complications such as anaemia, poor nutrition, chronic illness, hypertension, diabetes, smoking, and high levels of psychosocial stressors (de Costa & Wenitong, 2009; AHMAC, 2012). **In 2014, the age-standardised proportion of Aboriginal and Torres Strait Islander mothers who attended antenatal care (ANC) in the first trimester was significantly lower than for non-Indigenous mothers (by 8.8 percentage points, 52.3 per cent compared with 61.1 per cent, respectively). Compared with Aboriginal and Torres Strait Islander women who received ANC in the first trimester, women who received no ANC were approximately 4 times as likely to have a pre-term or low-birthweight baby.** While there have been significant gains to reduce Aboriginal and Torres Strait Islander child mortality, Aboriginal and Torres Strait Islander child deaths **account for more than 10 per cent of all child deaths, despite the fact that Aboriginal and Torres Strait Islander people comprise around 3 per cent of the total population** (ABS, 2018).

EARLY CHILDHOOD EDUCATION AND CARE

The formative years of a child's life are a critical predictor of their successful transition to school and life-long education, health, wellbeing and employment outcomes (Fox et al., 2015). While all children benefit from high-quality early learning programs, the benefits are greater for children experiencing vulnerability (Pascoe & Brenan, 2018). As of 2016-17, **Aboriginal and Torres Strait Islander children are now as likely to attend preschool as their non-Indigenous peers.** However, we have no reliable data about the duration and intensity of children's engagement with preschool. There are still striking disparities in access to Commonwealth funded services such as long day care, family day care and out of school hours care. In 2017 **Aboriginal and Torres Strait Islander children attended these services at less than half the rate (49 per cent) of their non-Indigenous peers.** Expert analysis has identified that the newly introduced childcare subsidy system, with its focus on parental workforce participation, is likely to exacerbate inequality, and runs counter to international research and best practice which points to the provision of low-cost and easily accessible services focused on child needs.

EARLY INTERVENTION SERVICES

Provision of early intervention supports to families is one of the major strategies used to improve outcomes for vulnerable children and families, and is one of the core strategies described in the *National Framework for Protecting Australia's Children 2009-2020*. However, **in 2016-17, only 17 per cent of overall child protection funding was invested in support services for children and their families** amounting to just over $900 million as compared to over $4.3 billion, or 83 per cent, of funds spent on child protection intervention and out-of-home care services. The level of funding for these family support services was almost the same as the previous two financial years. However, over a longer period, it decreased relative to funding for out-of-home care and child protection. Although quality data is not available on the full range of family support services, data does show that **only 2 per cent of Aboriginal and Torres Strait Islander children commenced an intensive family support service in 2016-17** across five states and territories where data were available, a rate well below their rate of contact with child protection services.

FAMILY VIOLENCE

Aboriginal and Torres Strait Islander people are significantly more likely to experience family violence than non-Indigenous people. The greatest direct impact of family violence is on Aboriginal and Torres Strait Islander women (Memmott, Stacy, Chambers & Keys, 2001; National Family Violence Prevention Legal Services Forum, 2014), which leads Aboriginal and Torres Strait Islander children to be especially vulnerable to the direct and indirect impacts of family violence. This causes deep and lasting harm and contributes to their over-representation in Australia's child protection systems (Commission for Children and Young People, 2016, p.3). Aboriginal and Torres Strait Islander men experience a wide range of negative impacts as victims and/or perpetrators of family violence, including higher rates of incarceration, recidivism, self-harm, and suicide (Aboriginal and Torres Strait Islander Healing Foundation, 2016). Despite the significant impacts of violence, there is limited data available on access to family violence services for Aboriginal and Torres Strait Islander people. In **2016-17, emotional abuse – which can include exposure to family violence – was the most common type of substantiated harm for Aboriginal and Torres Strait Islander children.**

DRUGS AND ALCOHOL

Research demonstrates that parental substance misuse is one of the most commonly identified risk factors for child abuse and neglect (Australian Institute of Family Studies, 2017). It is important to note that parental substance misuse does not present a risk to a child's safety and wellbeing in all cases. Nevertheless, for many families, exposure to parental alcohol and substance misuse is one of the primary reasons for which Aboriginal and Torres Strait Islander children come to the attention of statutory child protection (Commission for Children and Young People, 2016). In 2016-17, **Aboriginal and Torres Strait Islander people were 6.5 times more likely to receive treatment for alcohol and other drugs than non-Indigenous Australians** (AIHW, 2018a).

MENTAL HEALTH

Parental mental illness, particularly when untreated, can adversely impact on the quality and consistency of care provided to children (Australian Institute of Family Studies, 2010). For Aboriginal and Torres Strait Islander people, colonisation has had a profound impact on mental health and wellbeing (Aboriginal and Torres Strait Islander Healing Foundation, 2015). The Kessler 10 (K10) psychological distress scale is commonly used as a measure for assessing mental health. Research demonstrates an association between high scores on the K10 and a variety of categories of mental illness (Andrews & Slade, 2001). According to the 2014-15 National Health Survey, **Aboriginal and Torres Strait Islander people were over twice as likely to experience high or very high levels of psychological distress than non-Indigenous people** (SCRGSP, 2018). Despite experiencing higher rates of psychological distress, research indicates that Aboriginal and Torres Strait Islander people commonly report barriers in accessing culturally safe and effective mental health services (Australian Institute of Family Studies, 2014).

3. DATA ON ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION AND CONNECTION TO CULTURE

ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE

The Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) recognises the importance of connection to family, community, culture and country in child and family welfare policy, legislation and practice. Very limited data are available to measure compliance with the Principle. What is available focuses on an out-of-home care placement hierarchy as a proxy measure of compliance with the Principle, though this data says little about whether the process of investigating and considering available family and community placement options has been followed, let alone whether there has been compliance with other elements of the Principle. The proportion of Aboriginal and Torres Strait Islander children placed with family, kin or other Aboriginal and Torres Strait Islander carers has continued to decrease over the past 10 years. **As of 2017, only 66.5 per cent of Aboriginal and Torres Strait Islander children in Australia were placed with family, kin, or other Aboriginal and Torres Strait Islander carers** (AIHW, 2018b). Notably, **the rate of placement with Aboriginal and Torres Strait Islander carers (excluding non-Indigenous family and kin) has dropped even more steeply. In 2017, less than half – 49.4 per cent – of Aboriginal and Torres Strait Islander children in out-of-home care were placed with Aboriginal and Torres Strait Islander carers.** For Aboriginal and Torres Strait Islander children removed and placed in out-of-home care outside of their families and communities, efforts to maintain and develop connections to family, community, culture, and country are especially vital to their ongoing safety and wellbeing. There are some promising initiatives across Australia for current and future cultural planning. For example, Victoria requires that the Chief Executive Officer of an ACCO endorse cultural plans before they are implemented, and has provided funding for ACCOs to employ Aboriginal cultural planners. New South Wales now also requires that an Aboriginal child or young person in out-of-home care who is being managed by a non-Indigenous organisation must have their cultural plan approved by either an ACCO, another recognised Aboriginal organisation, or a respected member of the Aboriginal community.

PARTICIPATION IN CHILD PROTECTION DECISION-MAKING

Participation of Aboriginal and Torres Strait Islander peoples in decisions that affect them is a core human right (SNAICC, 2012) and is recognised as critical to decision-making that is about the best interests of children from a cultural perspective (Committee on the Rights of the Child, 2009). Review of Australian legislation shows that **a requirement to include**

Aboriginal and Torres Strait Islander agencies in all significant decisions for Aboriginal and Torres Strait Islander children is still only fully provided in the legislation of one state (Qld) and nominally in New South Wales, but without a specified enabling process or service. Notably, significant legislative reforms have recently taken effect in Queensland, for the first time embedding all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle in legislation and requiring that independent Aboriginal and Torres Strait Islander entities facilitate participation of families in significant child protection decisions.

As well as participation in individual case decisions, genuine participation further requires that Aboriginal and Torres Strait Islander peoples, through their representatives, are able to participate in policy development, service design, and oversight of the systems and services that impact on the safety and wellbeing of children. This area has seen some of the most promising developments across the country in recent times. This year, **the development of Victoria's *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement* in Victoria,** has been a significant step in government commitment to work in partnership with Aboriginal community representatives and peaks in policy and program design. Implementation of the agreement will be monitored by the Aboriginal Children's Forum. In the Northern Territory, the Children and Families Tripartite Forum (the Tripartite Forum) was established with representatives from non-government organisations, including Aboriginal community-controlled organisations, and the Commonwealth and Northern Territory Governments to guide implementation of the recommendations of the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. In Queensland, the First Families and Children Board was established to ensure Aboriginal and Torres Strait Islander representatives oversee implementation of the *Our Way* generational strategy to eliminate over-representation in out-of-home care.

Despite these important steps towards self-determination in child protection, there remains only three states and the Commonwealth that provide significant funding to statewide children and families peak bodies, or other ACCOs, for representative policy input and sector development support (NSW, Vic., Qld, Cth). Also, only two states have enabled the role of a dedicated commissioner for Aboriginal children and young people (Vic., SA). Two other states or territories have appointed an Aboriginal person to be a commissioner or deputy commissioner for children (Qld, NT).

INVESTMENT IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED SERVICES

International and Australian evidence strongly supports the importance of Indigenous participation and self-determination in service design and delivery to

achieving positive outcomes for Indigenous children and families (Cornell & Taylor, 2000; Denato & Segal, 2013; Chandler & Lalonde, 1998). Enabling the role and capacity of Aboriginal and Torres Strait Islander organisations is not only important for effective service delivery, but an important policy objective in its own right in so far as it promotes local governance, leadership and economic participation, building social capital for Aboriginal and Torres Strait Islander peoples (ANAO, 2012). This year, four jurisdictions provided data on investment in community-controlled service delivery (ACT, NT, Qld, WA). **Queensland has significantly increased funding in ACCO-run family support and intensive family support services in 2017-18, with almost 20 per cent of funding on family support and 34 per cent of funding on intensive family support services going to community-controlled organisations. Queensland provided significantly greater funding to ACCOs for children and family services than any other state or territory providing data. Significant ACCO funding commitments made by Victoria would suggest a high level of investment, but data were not provided.**

THE STATE AND TERRITORY REPORT CARD

The fold out Report Card on the following pages identifies state and territory trends across a number of indicators aligned with the four building blocks of the *Family Matters Roadmap*. Although little improvement is observable in the outcomes data, the Report Card demonstrates a promising level of improvement in the alignment of policies, programs and investments, with best practice, in some states and territories. The majority of states and territories have improved their assessments against the Family Matters building blocks. Notably, **Victoria has demonstrated high commitment to Aboriginal participation and self-determination and accountability to Aboriginal people.** This is highlighted in its commitments to partnership through the *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement*, overseen by the Aboriginal Children's Forum, and through increasing investment in ACCO case management and the delegation of statutory child protection functions to ACCOs. **Queensland has also stood out in its commitment to self-determination** with high investment in ACCOs for early intervention services, its establishment of the First Children and Families Board to oversee the *Our Way* strategy, and the commencement of new legislation requiring implementation of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle. **The Northern Territory has shown a promising level of new policy alignment** as it works to introduce broad scale reforms in response to findings of the *Royal Commission into the Protection and Detention of Children in the Northern Territory.* **Western Australia continues to have the highest rate of over-representation, but has made some promising new investments in** ACCOs for providing early intervention family supports. **Only New South Wales has regressed in its alignment to the building blocks,** with community representatives

raising high levels of concern including a lack of government transparency and low involvement of Aboriginal people and organisations in policy and legislative design.

CONCLUSION

In 2018, the *Family Matter Report* again reveals that across almost all indicators, the outcomes for Aboriginal and Torres Strait Islander children and their families are getting worse. While there are some encouraging new policy commitments, and early stage reforms, we know that far greater and more decisive action is needed to arrest the crisis in child protection for Aboriginal and Torres Strait Islander children. The response remains inconsistent and piecemeal, and as a result, most of our key recommendations are the same as last year. We need a significant coordinated national response if we are to achieve the extent of change required. **Through the Council of Australian Governments (COAG), all governments must commit to a national strategy and generational target to eliminate over-representation in out-of-home care and address the causes of Aboriginal and Torres Strait Islander child removal.**

We need clear and comprehensive public data, accountability mechanisms, jurisdictional-based strategies (both national and state/territory), and appropriate investment targeted towards prevention. Most importantly, we need engagement with Aboriginal and Torres Strait Islander peaks, community-controlled services and community representatives to enable Aboriginal and Torres Strait Islander-led co-design of policy and its implementation on the ground.

Once the critical importance of culture and self-determination is recognised, and once investment follows that recognition, we can then begin to co-create a future where Aboriginal and Torres Strait Islander children can thrive.

FAMILY MATTERS

**Strong communities. Strong culture.
Stronger children.**

The Family Matters
REPORT CARD 2018

COLOUR GUIDE
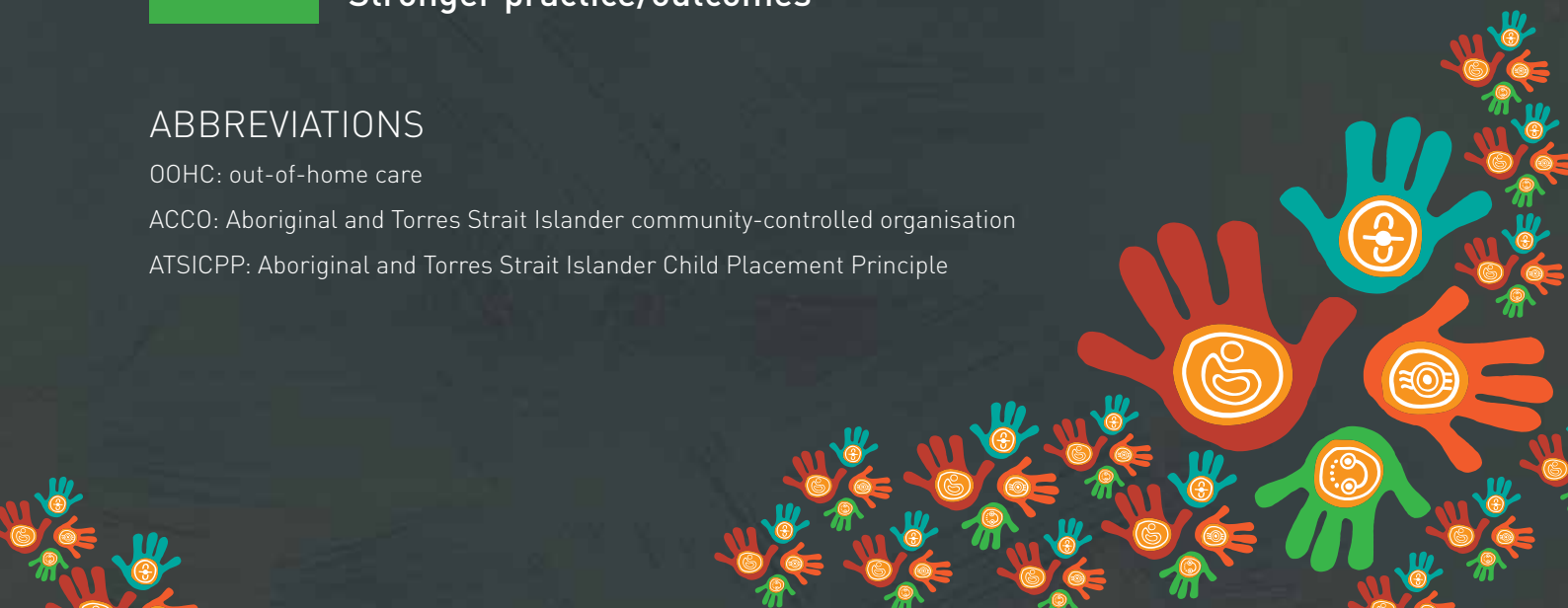
🟥	Very poor
🟧	Poor
🟧	Promising/improving
🟩	Stronger practice/outcomes

ABBREVIATIONS

OOHC: out-of-home care

ACCO: Aboriginal and Torres Strait Islander community-controlled organisation

ATSICPP: Aboriginal and Torres Strait Islander Child Placement Principle

	Headline indicator Over-representation in OOHC (rate)	Building Block 1 Universal and targeted services	Building Block 2 Participation, control and self-determination	Building Block 3 Culturally safe and responsive systems	Building Block 4 Accountability
ACT	13.9	• Third highest rate of over-representation in OOHC • New family support program delivered by an ACCO (Family Functional Therapy through Child Welfare) • Highest comparative rate of pre-school attendance • Second lowest proportional investment in family support and intensive family support (15.3%)	• Pilot of family group conferencing for Aboriginal families with $1.44m funding committed for 4 years • Current low investment in ACCOs for child protection & OOHC (0%) and family support (6%) • Increased Aboriginal participation to influence policy through *Our Booris, Our Way* review	• Placement with Aboriginal and Torres Strait Islander carers well below the national average (38.6%) • No ACCO roles directly in child protection services and no apparent strategy for ACCO investment • Review of Aboriginal children in OOHC in progress	• Review of Aboriginal children in OOHC overseen by Aboriginal steering committee, with some early reform recommendations made and progressed • Provided significant data to inform this report • No independent Aboriginal and Torres Strait Islander system oversight body
NSW	10.8	• Over-representation in OOHC over national average • High comparative Aboriginal pre-school attendance • Largest investment in intensive family support relative to population, but reported limited engagement with ACCOs in design and delivery • Commitment of 30% targeted early intervention funds to ACCOs, but lack of plan for achievement	• Community voices report low partnerships with ACCOS to follow-through on reform commitments • Aboriginal peak resourced for policy input, but reports lack of consultation, incl. high concern regarding recently announced legislative changes • Lack of implemented statewide representative or family participation in case decisions	• Concerning level of policy priority to adoption and inflexible timeframes for legal permanent care • Highest rate of placement with Aboriginal and Torres Strait Islander carers (63.6%), but community concerns about data accuracy • Stated commitments to ACCO service delivery, however largely unfunded commitments	• No independent Aboriginal system oversight body • Provided no data to inform this report and broader concerns raised regarding transparency • No dedicated and monitored strategy to address over-representation • Community voices report low engagement with Aboriginal people on reform implementation
NT	11.5	• Over-representation in OOHC over national average • Commenced establishment and expansion for 17 children and family centres ($28.7m over five years) • Largest disparity in pre-school & child care attendance and early developmental outcomes • Highest proportional investment in family support and intensive family support services (25.3%)	• Developing family group conferencing consulting with ACCOs (target: 350 conferences in 3 years) • Developing an ACCO OOHC strategy supported by local and national Aboriginal peak organisations • No Territory-wide model for representative organisation or family participation in case decisions, but commitment to establish these	• New program for kinship care placement finding and support through ACCOs ($4.2m over 4 years) • Highest rate of reunification relative to admission to child protection orders of states providing data • Consulting ACCOs to establish ACCO-run OOHC • Second lowest rate of placement with Aboriginal and Torres Strait Islander carers (32.3%)	• New 5 year strategy to improve outcomes for vulnerable children and families • Reforms directed through an Aboriginal chaired tripartite forum with ACCO representation • Provided significant data to inform this report • No independent Aboriginal and Torres Strait Islander system oversight body
QLD	8.7	• Second lowest rate of over-representation in OOHC • Continued funding of $33.3m annually to support 33 ACCO family wellbeing services • Aboriginal children less than half as likely to attend child care • Second lowest disparity in early developmental vulnerability	• Legislation recognises self-determination, applies the ATSICPP 5 elements across the Act & requires Independent Entity facilitates family participation • A far greater amount of funding provided to ACCOs than any other jurisdiction providing data • Aboriginal and Torres Strait Islander peak roles in strategy, policy co-design & sector development	• Placement with Aboriginal and Torres Strait Islander carers well below the national average and trending downwards for the last 4 years (36.5%) • Legislation includes all 5 ATSICPP elements & allows for delegation of all powers & functions to ACCOs • Aboriginal and Torres Strait Islander peak roles in strategy, policy co-design & sector development	• Continued implementation of the *Our Way* strategy to eliminate over-representation • First Children and Families Board established for oversight of the *Our Way* strategy • Provided significant data to inform this report • Identified commissioner role but no dedicated independent Commissioner for Aboriginal Children
SA	10.8	• Over-representation in OOHC over national average • Second largest disparity in child care attendance • Highest representation of Aboriginal children commencing intensive family support • Fifth highest proportional investment in family support and intensive family support • Aboriginal Leaders Group for early intervention	• Community voices report lack of engagement with ACCOs and Aboriginal representative groups • Legislated family group conferencing and trialing of Aboriginal family-led decision-making • Stated intention to increase the number and role of Gazetted Organisations to input to decision-making • No Aboriginal peak for children and families	• Placement with Aboriginal and Torres Strait Islander carers well below the national average (39.7%) • Development of culturally adapted carer assessment and case planning tools • Some significant investment in ACCO child protection, but data to quantify not available • Significant role of Principal Aboriginal Consultants	• Community voices report lack of engagement with ACCOs and Aboriginal representative groups • Appointed Aboriginal Children's Commissioner, but concerns raised that role & powers are not equivalent to the "principal commissioner" • Developing strategy to address over-representation • Provided significant data to inform this report
TAS	3.4	• Lowest rate of over-representation in OOHC • Increased early intervention funds to Tasmanian Aboriginal Centre & planned expansion of intensive family support ($7.5m over 3 years) • Lowest disparity in early developmental vulnerability	• No Aboriginal peak for children and families or policy roles for ACCOs • New commitment to contact an ACCO when a family is identified as at-risk • No statewide models for representative or family participation in case decisions	• Lowest rate of placement with Aboriginal and Torres Strait Islander carers (17.5%) • Limited or no funding to ACCOs directly for child protection services and no data to quantify • Cultural awareness training pilot to respond to over-representation	• No independent Aboriginal and Torres Strait Islander system oversight body • No dedicated and monitored strategy to address over-representation • Provided very limited data to inform this report
VIC	15.8	• Second highest rate of over-representation in OOHC • Near highest rate of pre-school attendance for Aboriginal children, compared to non-Indigenous • Second highest proportional investment in family support and intensive family support (25.2%) • Lowest rate of Aboriginal children commencing intensive family support	• ACCOS resourced for policy input, advice on case decisions and to facilitate family decision-making • High growth & targets for ACCO OOHC case management (28% at June 2018 & 100% target by 2021) • Expansion of delegated statutory functions to ACCOs for Aboriginal children in OOHC	• Increased cultural plan funding ($11.9m over 4 years) including cultural advisors in ACCOs • Second highest rate of placement with Aboriginal and Torres Strait Islander carers (48.3%) and only state with significant upward trend • High use of long-term and permanent care orders, but some oversight by ACCOs for permanent care	• High accountability and collaborative work with ACCOs through the Aboriginal Children's Forum and the Wungurilwil Gapgapduir agreement • Only state with a dedicated Commissioner for Aboriginal Children and Young People and who leads independent systemic inquiries • Provided some new data to inform this report
WA	17.8	• Highest over-representation in OOHC nationally • 12 ACCOs newly funded for early intervention either independently or in partnerships • Low Aboriginal participation in child care & second highest disparity in early development vulnerability • Lowest proportional investment in family support and intensive family support (6.7%)	• Commenced ACCO Strategy with ACCO procurement and capacity building focus, and some significant new investments in ACCO services • Proposed legislative amendment to require ACCO participation in some child protection decisions • No statewide peak body or model for ACCO supported family participation in case decisions	• Some funding to ACCOs for OOHC and flagged expansion in the state ACCO Strategy • Family Care Support service prioritising Aboriginal families to support family and cultural connections • High use of long-term and permanent orders for Aboriginal and Torres Strait Islander children • Significant role of Aboriginal Practice Leaders	• No independent Aboriginal and Torres Strait Islander system oversight body • Strategies developed for OOHC reform and early intervention reform, including ACCO Strategy • Provided some new data to inform this report • Increased engagement with representatives through Noongar CP Council & Family Matters WA

* The methodology for development of the Report Card table is described in appendix IV

COMMUNITY VOICES FROM ACROSS AUSTRALIA

Family Matters Jurisdictional Working Groups and Aboriginal and Torres Strait Islander peak agencies play a key role to lead the campaign and call for change and accountability in their states and territories. This year, they were invited to comment on progress to address over-representation. Not all states and territories provided input, particularly those without a sector peak or jurisdictional working group. Family Matters strongly advocates that Aboriginal and Torres Strait Islander children and families peak bodies need to be resourced and supported in each jurisdiction to enable representative community voices to participate in policy design, sector development, and oversight of government commitments to improve outcomes for Aboriginal and Torres Strait Islander children.

NEW SOUTH WALES

Progress in realising the Family Matters Principles and Building Blocks remains concerning, despite ongoing advocacy from Aboriginal organisations and Family Matters partners. Positive steps outlined by NSW Family and Community Services last year – including commitment to more equitable funding in the Targeted Earlier Intervention (TEI) and the implementation of the Aboriginal Industry Development Strategy (IDS) – have not yet been carried forward. Further, commitment to transition case management of Aboriginal children in out-of-home care to accredited Aboriginal agencies continues to stall, and has been undermined by Government revisions to program guidelines.

Concerns identified in last year's *Family Matters report* persist.

In addition, Aboriginal communities and organisations remain deeply concerned about the Government's promotion of adoption of Aboriginal children, and the imposition of permanent care orders more broadly. These orders lack safeguards to uphold the rights and best interests of Aboriginal children and young people, including their right to safety, to meaningful connections to family, community and culture, and to ongoing periodic review of their placement and treatment. This approach suggests that little has been learned from past reviews, including the Royal Commission into Institutional Responses to Child Sexual Abuse and *Bringing Them Home*, about promoting the safety, welfare and wellbeing of Aboriginal children and young people through Aboriginal community-controlled approaches. The Aboriginal Child, Family and Community Care State Secretariat NSW (AbSec), the peak NSW Aboriginal organisation in the sector, continues to advocate for greater self-determination of Aboriginal communities in establishing the types of orders relevant for Aboriginal children and families and their administration, greater participation by Aboriginal families and community representative bodies in child protection decision-making, and greater accountability and oversight of these systems. This remains a critical area for reform.

The NSW Government has reported a reduction in the number of Aboriginal children and young people entering out-of-home care, which it attributes to practice changes and the implementation of intensive family preservation models. However, there is scepticism that these changes explain the reported reduction. It is worth noting that the reduction is lower for Aboriginal children and young people than their non-Indigenous peers, demonstrating that a tailored approach, rather than a mainstream one, is needed to overcome enduring disparities.

Overall, two key trends have emerged with respect to the NSW Government's current approach to the sector: a lack of transparency, and rhetoric rather than action.

Since noting the lack of transparency evident in the government's refusal to publish the *Tune Report*, continued advocacy finally achieved its release. However, transparency remains an issue. It is embarrassing that NSW is the only jurisdiction that did not provide data for this report. Similarly, proposed legislative reforms have recently been introduced to parliament, with only extremely limited consultation, reinforcing permanency and failing to strengthen safeguards for Aboriginal children and families – a unilateral approach that marginalises Aboriginal community voices.

Where the NSW Government has engaged with Aboriginal communities to develop shared ways

forward, we often see only limited or piecemeal engagement, suggesting rhetoric rather than action. Examples include the piecemeal approach to the agreed Aboriginal IDS, limited investment in implementation of the co-designed *Plan on a Page for Aboriginal Children and Young People 2015-2021*, limited implementation of the Guiding Principles, failure to articulate how the 30 per cent TEI funding target will be achieved, and delays to the endorsement and implementation of the Aboriginal Case Management Policy.

It seems the NSW Government lacks either the capacity, the commitment, or both, to partner with Aboriginal communities to deliver on the Building Blocks required to overcome the systemic inequities impacting Aboriginal children and families. There is reluctance to divert decision-making to ACCOs, despite a strong and growing safety net of them across NSW.

Structural change is needed. To achieve this, AbSec has outlined four key pillars for reform that reflect the Family Matters Principles and Building Blocks (AbSec, 2018):

• Establish an empowered Aboriginal Child and Family Commission

• Build a strong, holistic Aboriginal child and family services sector

• Invest in responsive, Aboriginal-led supports for Aboriginal children and families, and

• Rebuild the system around Aboriginal-led design and delivery.

We encourage the NSW Government to engage with these proposals and work in partnership with AbSec and Aboriginal communities to achieve their intent of better outcomes for Aboriginal children and young people, their families and communities. Ultimately, action, not rhetoric, is the appropriate measure of commitment to new ways of working.

QUEENSLAND

Queensland is the first jurisdiction in Australia to have a dedicated target and strategy, through the *Our Way* strategy, to eliminate the over-representation of Aboriginal and Torres Strait Islander children in statutory child protection systems.

Our Way outlines a framework for transformational change that will occur over the next 20 years. It represents a long-term commitment from the

Queensland Government and the Aboriginal and Torres Strait Islander community to work together. The strategy is now in its second year of rollout; and is approaching the end of its first triennial action plan, which comes under the first implementation stage *Changing Tracks*.

Family Matters Queensland is a lead partner to the Strategy and has been working with the *Our Way* strategy team within the Department of Child Safety, Youth and Women. Our focus has been to drive and deliver on our implicated action measures, in line with the strategy and the first action plan, whilst also placing a strong emphasis on retaining independence as a campaign to ensure that we hold government to account.

As a whole-of-government strategy, Our Way demands integrated, cross-departmental action. Family Matters Queensland has been advocating for the need for maintained commitment and active efforts across the entirety of the Queensland Government, if we are to achieve our vision and targets.

There has been some progress with implementation of identified activity measures in the first action plan. For example, all 33 family wellbeing services have now been funded and commenced operations across the state; and we have seen a rise in investment to the Aboriginal and Torres Strait Islander community-controlled sector.

The legislative backdrop against which we operate has also been subject to change, with commencement of legislative amendments under the *Child Protection Amendment Bill 2017*. The last stage of these amendments will be introduced come November 2018, and will include:

• Full incorporation of the Aboriginal and Torres Strait Islander Child Placement Principle and each of its five elements;

• Removal of reference to the Recognised Entity and introduction of Independent Persons; and

• The ability to delegate functions and powers to an Aboriginal and Torres Strait Islander organisation.

We are also pleased to report that the Family Participation Program (FPP) initiative, which entails the state-wide roll out of Aboriginal and Torres Strait Islander family-led decision-making, has now been progressed, with all services commencing the implementation phase. This is a deliverable under *Our Way* and correlates with key campaign priorities.

It is also noteworthy that the Queensland First Children and Families Board (QFCFB) has been appointed and will convene for the first time on 1 November 2018; commencing its important role in providing independent monitoring and oversight for the *Our Way* strategy; and guiding future action plan development

However, there are still a number of actions to be implemented across respective departmental portfolios before the end of 2019. Furthermore, while the Queensland Government committed to the development of Family Matters data priorities in 2017, we are unable to report significant progress in this regard. While data on proportional investment to community-controlled services has now been provided for the first time, this was the only data priority responded to as part of the 2018 Family Matters data request. However, it is anticipated that data pertaining to access to and use of family support services for Aboriginal and Torres Strait Islander families will be available in 2019.

While there is considerable progress to be made, we believe that through sustained and collaborative efforts across both government and non-government sectors, we can achieve measurable and targeted improvements that contribute to the safety, wellbeing and connection of Aboriginal and Torres Strait Islander children and families.

A priority for Family Matters Queensland for the upcoming period will also include pursuing greater accountability of service providers through development of a self-audit tool that ensures faithful adherence to the Family Matters Principles and Building Blocks. The aim is to ensure that the guiding principles and Building Blocks of the campaign are given true effect, as opposed to passive acknowledgement. This is important across all aspects of the campaign's priorities; but particularly pertinent to Building Block 4, which encapsulates service providers' and governments' accountability to Aboriginal and Torres Strait Islander people.

SOUTH AUSTRALIA

Family Matters South Australia's progressing of jurisdictional priority change efforts has been notably hindered by both the previous and current governments' lack of genuine engagement with, and funding of, Aboriginal community managed and/or led organisations and specialist representative groups, which includes the Family Matters Working Group in South Australia.

The right of Aboriginal people to determine their future, particularly with respect to decisions affecting their future generations, has long been denied. The Family Matters SA is concerned that in the context of the current reform process this hasn't changed, and is unlikely to change without a genuine shift in thinking about the value of deep engagement with Aboriginal families, communities and groups.

Since commencing the *forensic* or legalistic approach to system reform presented in *The Life They Deserve* (Nyland, 2016), which casts the child protection system as the *expert* in reform measures, both the previous and current governments have alienated essential community and cultural professionals from a partnership in the design and approach to the support and protection of children and the prevention of their contact with the child protection system.

Despite an initial investment of over $200 million to commence implementing the child protection system reform, as detailed in *A Fresh Start*, data from the Report on Government Services (RoGS) as well as the Guardian for Children and Young People (SA) has confirmed that, over the past 12 months, the number of Aboriginal children being placed in out-of-home-care **has increased**; the number of Aboriginal children placed in accordance with the ATSICPP has decreased; and the interconnected Aboriginal youth incarceration rates **increased above the national average.**

The Department for Child Protection's annual $50,000 of funding to Family Maters SA was received and is appreciated. The Department for Child Protection has demonstrated its willingness to engage with and support the Family Matters campaign in South Australia and to assign delegates to the state working group. Family Matters SA has reminded the government that a whole of government approach to supporting the campaign is vital, and that the current financial contribution to the campaign seems absolutely tokenistic when the SA Government child protection reform implementation budget is examined. Family Matters SA is further concerned with the growing body of evidence confirming that despite the over $400 million the SA Government is spending to "fix" the broken child protection system, the two most obvious abject failures for responding to the escalating crisis of Aboriginal children being forcibly removed and severed from family, community and culture remain:

- Government failure to fund Aboriginal services to provide holistic, socio-medical, wrap-around services that intervene early to support, strengthen and heal Aboriginal families and communities; and

- Government failure to enable a genuine space for self-determination – a platform in policy, legislation and resourcing that provides families and communities with genuine opportunities for empowerment to draw on their strengths and lead responses to the issues facing their children, families and communities.

Twenty-one years after *Bringing Them Home*, and ten years after the Federal Government's apology to the Stolen Generations, Aboriginal families and communities in South Australia remain justifiably concerned that nothing has changed. The Family Matters Working Group in South Australia reiterates that the problems facing Aboriginal families and communities in this state go far beyond the remit of just the Department for Child Protection's ability to protect vulnerable children. What is required is genuine political leadership and a willingness to invest in culturally responsive, culturally valid, Aboriginal-led responses that take place at the community level.

TASMANIA

Currently in Tasmania, Aboriginal and Torres Strait Islander children are 3.4 times more likely than non-Indigenous children to be in out-of-home care, and only 41.3 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with Aboriginal and Torres Strait Islander kin or other Indigenous carers in 2017. These statistics – particularly the poor rate of placement with kin– demonstrate that Tasmania has a significant way to go to eliminate over-representation and improve outcomes for Aboriginal and Torres Strait Islander children in out-of-home care.

There are, however, some promising developments. At present, the child protection system is in the process of being redesigned, with the Tasmanian Government investing $51.2 million to better support families and children at risk. As part of this redesign, the Tasmanian Aboriginal Centre has seen greater commitment by the government to work collaboratively with ACCOs to improve outcomes for Aboriginal and Torres Strait Islander children. The Tasmanian Aboriginal Centre has been granted increased funding to provide early supports to Aboriginal families at risk of having their children enter the child protection system. When an Aboriginal child is deemed at risk, the Department of Health and Human Services (the Department) has committed to contacting ACCOs at the earliest stage to ensure that families receive culturally safe, intensive supports. This is an important step in tackling issues early on. Nevertheless, greater investment is needed,

as only 14.1 per cent of total real recurrent expenditure for child protection was spent on family and intensive family support services in 2016-17 in Tasmania.

Another concern voiced by community in relation to early intervention is the fact that on some occasions the Department took approximately eight weeks to investigate a notification that an Aboriginal child was at risk. This limits the family's and child's ability to receive the supports they need at the earliest possible stage to prevent issues escalating and the child being removed.

Finally, child safety staff at the Department are undergoing training on how to better support Aboriginal families, though it is too early at this stage to assess the impact of the trainings.

VICTORIA

Victoria has seen progress in terms of promising policies to improve outcomes for Aboriginal and Torres Strait Islander children in or at risk of being placed in out-of-home care. However, there are also a number of challenges and a significant way to go before the goal of eliminating over-representation can be realised. In fact, the ratio of Aboriginal and Torres Strait Islander children in out-of-home care in comparison with non-Indigenous children increased by 1.3 points in Victoria from the 2015-16 to the 2016-17 periods.

To address the issue, the Victorian Government has committed to progressively transferring case management of Aboriginal children in out-of-home care to ACCOs, with the intention to transfer case management of all Aboriginal children by the end of 2021. As part of this process, the Victorian Aboriginal Child Care Agency (VACCA) launched its *Nugel* program in November 2017. The program was managing 32 children in September 2018, with plans to expand to 72 children in October 2018. The challenge remains to ensure that ACCOs are receiving the funding and supports they need to facilitate a smooth transition.

The Victorian Aboriginal Children and Young People's (VACYP) Alliance has also been involved in this process, assisting with the design of the child and family service system, and the programs for *Transitioning Aboriginal Children to ACCOs* and *Aboriginal Children in Aboriginal Care*.

There have also been advancements in relation to improving children's connection to culture and community. A new model of Aboriginal cultural planning commenced in 2016, with a State-Wide Coordinator for Aboriginal Cultural Planning appointed in 2017.

This model seeks to ensure that Aboriginal people and organisations play a key role in developing and approving cultural plans for Aboriginal children in the child protection system. Since the new model commenced, there have been 550 cultural plans endorsed by ACCO CEOs. The feedback from ACCO CEOs has been that they have seen an improvement in the quality of the plans, with a much greater focus on the child's voice. Further, the *Deadly Story Portal*, an online resource to support Aboriginal children to stay connected to culture and community, was launched in November 2017. Data collected thus far indicates that a large volume of users are child protection practitioners. It is hoped this will translate into a high level of completion of quality cultural plans.

Moreover, Victoria's *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement* has been a significant step in government commitment towards self-determination. This is the country's first tri-partite agreement between the Aboriginal community, government and community services organisations committing to better outcomes for Aboriginal children and young people. The *Wungurilwil Gapgapduir Strategic Action Plan* outlines specific steps to be taken to address over-representation, with government investing $53 million to implement the strategies agreed upon. Progress will be monitored by the Victorian Aboriginal Children's Forum, which has continued as a successful forum involving ACCOs in high-level oversight of system reform and monitoring of outcomes data.

Finally, the *Victorian Aboriginal Affairs Framework 2018-2023* has clear targets to address the over-representation of Aboriginal children in child protection substantiations. It is important that the government, when developing targets, takes into account the fact that the rate of reunifications significantly drops after children are in care for 12 months, and the need to provide reunification supports early.

Despite these developments, challenges remain. Aboriginal kinship carers should be receiving equal supports as foster carers and greater efforts are needed to recruit Aboriginal kinship carers. Further, there is a need to prioritise investment in prevention and early intervention strategies as little has been done to holistically address families' complex needs and circumstances prior to families entering the tertiary system. Given that only 25.7 per cent of real recurrent expenditure for child protection in Victoria was spent on family and intensive family support services in 2016-17, it is vital that funding is increased in this area and that ACCOs have precedence in the design and delivery of these services.

Finally, ACCOs are expanding rapidly in their delivery of holistic services, ranging from health, housing, child protection, family violence, wellbeing and cultural programs and services. As a result, more must be done to adequately resource and assist ACCOs to respond to the requirements of expanding service provision and an expanding workforce.

WESTERN AUSTRALIA

Western Australia continues to have the highest over-representation of Aboriginal and Torres Strait Islander children in the country and rates are rising. While good intentions and some initial progress on reforms can be seen, this year's report continues to raise huge concerns. There has been a significant drop in investment in family support services, in a state that spends the lowest proportion of its child and families service budget on family support services.

There has, however, been some progress. Family Matters WA welcomes implementation of *foundational pillars* towards a comprehensive Aboriginal child protection system reflective of and responsive to our children's and families' needs. Notably, this important shift shows alignment to the Family Matters Building Blocks.

The current government has begun to shift towards a more robust, culturally safe approach across the prevention, early intervention and statutory child protection systems. This shift away from a reactionary, deficit-based model will only be maintained and progressed by listening to our Aboriginal communities, people, professionals, and organisations, including members of Family Matters WA.

It is important to acknowledge the steps taken towards a comprehensive Aboriginal child protection system across our great state:

- The *foundational* implementation of the Department of Communities' *Aboriginal Community Controlled Organisation Strategy to 2022* through investment in:
  - The Noongar Child Protection Council to establish a regional representative membership base and voice for approximately 1400 Aboriginal children and young people in the South West;
  - The Aboriginal In-Home Support Service (limited to Metropolitan), an ACCO consortium led by Wungening Aboriginal Corporation delivering intensive family support services;

- Yorganop out-of-home care service, providing recruitment, assessment, and ongoing case management support for foster and kinship carers. This is our state's only Aboriginal-led out-of-home care service; and

- Kinship Connections' family identification and family finding service, which is instrumental in assisting the fulfilment of the Aboriginal and Torres Strait Islander Child Placement Principle. However, there has been limited investment, and the service is fee based.

• The *Earlier Intervention and Family Support Strategy* sees an Aboriginal community-controlled organisation taking the lead and 11 Aboriginal community-controlled organisations working as partners in consortium arrangements across Western Australia. The strategy will be responsible for providing culturally safe intensive family support services that aim to divert families from the child protection system.

• The proactive and effective relationship between government and Aboriginal organisations and leaders in the development of legislation, policy and practices. Of particular importance is the foundational work on legislative reform to establish recognised Aboriginal organisations to provide advice to government. Family Matters awaits the recognition of representative organisations within the statutory framework.

These foundational pillars are the first incremental step. However, we must not be complacent, and must continue to work towards a comprehensive, culturally proficient child protection system through:

• A state level symposium with strong Aboriginal representation and co-design to develop a comprehensive Western Australian plan to address Aboriginal children and young people's over-representation in child protection with clear actions, and measurable outcomes;

• Establishment of a representative state Aboriginal child protection peak body to assist in development of best practice legislation, policy and frontline service delivery;

• Empowering and investing in the Aboriginal community-controlled sector across metropolitan and regional areas for frontline service delivery across prevention, early intervention and statutory responses; and

• Immediate establishment of an Aboriginal Children's Commissioner with advocacy, monitoring and oversight powers and responsibilities.

Family Matters WA highlights the immediate need for strong government leadership on the Earlier Intervention and Family Support Strategy. Government must demonstrate effective contract management and oversight in relation to their intention to build ACCO capacity and transfer child protection service delivery to the 11 newly funded Aboriginal organisations across our state.

Although there has been a shift in the right direction, our communities await further action and investment, especially given that the rate of over-representation continues to rise.

"A right delayed is a right denied."

– Martin Luther King Jr

STRUCTURE AND CONTENTS

The report is structured in three parts. The first examines drivers of over-representation within child protection systems and available data about the scale of over-representation. The second addresses prevention and early intervention, examining the social and economic inequity that drives over-representation. The third part presents data on the extent to which governments work in partnership with Aboriginal and Torres Strait Islander communities to overcome the causes and consequences of over-representation, and to support cultural connection and identity for children.

1. **CURRENT DATA AND TRENDS IN OVER-REPRESENTATION IN CHILD PROTECTION:** In order to measure progress toward reducing over-representation in out-of-home care and to best focus efforts at change, it is important to understand the current situation and trends in child protection service system engagement for Aboriginal and Torres Strait Islander children. The report describes data relating to children's interactions with child protections systems, and provides a projection of how over-representation is likely to increase over the next 20 years if current conditions are maintained. The report also includes a description of the types of child protection data that are publicly available; new data provided by state and territory governments; and key data gaps that need to be addressed to properly gauge progress.

2. **ECONOMIC, SOCIAL AND COMMUNITY FACTORS:** The causes of over-representation in out-of-home care, both before and after child protection intervention, are many and complex and relate to the inter-generational trauma that has resulted from discrimination and unjust intervention in Aboriginal and Torres Strait Islander family and community life. The report focuses on available data that reflect a number of upstream drivers of over-representation and the level of access to service supports that can address these issues, as well as available data that measure progress toward parity in child and family economic and social circumstances.

3. **PARTNERSHIP, PARTICIPATION AND RESPECT FOR CULTURE:** Connection to culture is a human right and proven to be critical to the safety and wellbeing of Indigenous children across the world. In order to effectively respond to the needs of Aboriginal and Torres Strait Islander children and families, and enable their cultural rights, government must work alongside Aboriginal and Torres Strait Islander communities and support their self-determination in child protection matters. The report examines indicators of participation and partnership: resourcing Aboriginal and Torres Strait Islander community-controlled agencies and involving Aboriginal and Torres Strait Islander families, representatives and agencies in child protection policy design, decision-making and system oversight. This part also explores the extent to which our child protection systems support and maintain cultural identity and connection for children.

FOCUS ON PREVENTION AND EARLY INTERVENTION

Supporting families to care for their children requires investment and action beyond child protection policies and programs. It depends upon income support, wages and tax policies, health, housing, justice, education, and other social programs.

Efforts to reduce the over-representation of Aboriginal and Torres Strait Islander children in care need to address all three levels: prevention, early intervention, and statutory intervention, with a focus and emphasis on ensuring the availability of and access to primary preventive services.

Responding to child abuse and neglect is often conceptualised as three levels (Figure 1).
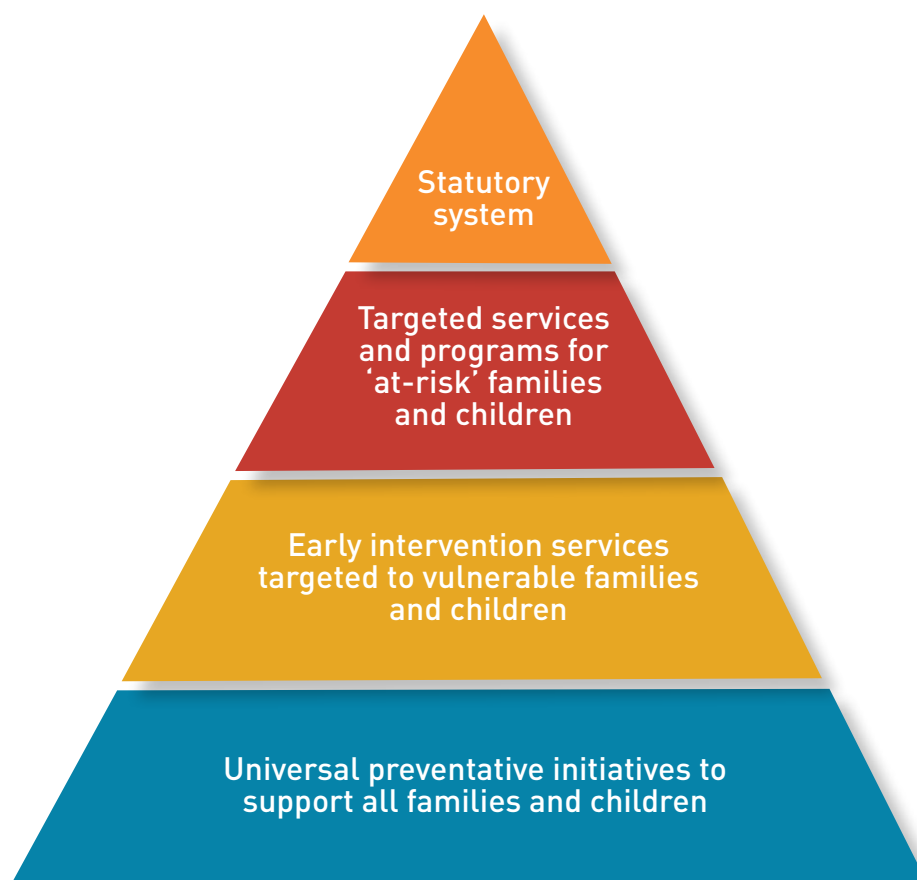
Statutory system

Targeted services and programs for 'at-risk' families and children

Early intervention services targeted to vulnerable families and children

Universal preventative initiatives to support all families and children

FIGURE 1

LEVEL 3: STATUTORY INTERVENTION

(tertiary level) is for children and families where maltreatment has been identified and aims to ensure safety, appropriate care and therapeutic support to children and to prevent the harm from re-occurring. They are used when it has been determined that parents or a caregiver cannot provide safe care for a child without statutory intervention. Family support, family preservation, investigation, obtaining court orders, out-of-home care, family reunification, cultural connection, post-care support, and therapeutic services are all part of the tertiary child protection and family support system.

Key related data points include:

- Rates of child protection notification, investigation, substantiation and placement in out-of-home care – Section 1.3
- Rates of children subject to long-term or permanent care orders, or adoption – Section 1.3
- Rates of placement of children in out-of-home care with Aboriginal and Torres Strait Islander carers – Section 3.1
- Discussion of data gaps regarding reunification and state-based reunification data – Section 1.3
- Discussion of data gaps relating to the quality and implementation of cultural support plans for children in out-of-home care – Section 3.2

LEVEL 2: EARLY INTERVENTION (secondary level)

which includes services and activities that are targeted for groups or individuals experiencing disadvantage and aim to enhance family functioning and increase parental skills and knowledge to prevent maltreatment occurring.

Early intervention involves family support services **targeted at families that may experience difficulty** in caring for children or showing early signs that problems may arise. The "early" in early intervention means both early in the child's life, and at the early stages of a problem emerging. The aim of early intervention is to reduce risks for families experiencing vulnerabilities, meet unmet needs, and resolve problems at an early stage.

Key related data points available within this report include:

- Investment in family support service provision – Section 2.3
- Access to family support services – Section 2.3
- Family violence incidence and related data – Section 2.3
- Access to alcohol and other drug treatment services – Section 2.3
- Psychological distress and access to mental health services – Section 2.3
- Investment in Aboriginal and Torres Strait Islander community-controlled family support services – Section 3.3

LEVEL 1: PRIMARY PREVENTION (primary level)

which includes services and activities that are universal with a whole-of-community focus that aim to prevent child maltreatment via programs and resources to improve the health, safety and wellbeing of children, families and communities.

Primary prevention involves population-level strategies that are **universally available to all families** and include a range of health services, early childhood education and care, primary and secondary school education, employment and housing.

Key related data points available within this report include:

- Access to maternal child health services and infant health outcomes – Section 2.3
- Access to early childhood education, development and care – *Focus on the Early Years* section
- Access to housing service supports, overcrowding and housing stability indicators – Section 2.2
- Poverty indicators – Section 2.2

FOCUS ON THE EARLY YEARS: LIFTING OUR GAME FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND FAMILIES By guest author, Professor Deborah Brennan

Compelling evidence, as well as practical experience, tells us that children thrive most when they are supported in the context of their families, cultures and communities. SNAICC's early years policy calls for a dedicated funding stream to support community-controlled and culturally appropriate early childhood services. Access to such services is a cornerstone of the Family Matters campaign.

A GROWING POLICY CONSENSUS

Lifting our Game, a report commissioned by all states and territories, brings together the latest evidence on the critical role of the early years in shaping children's lifetime trajectories (Pascoe & Brennan, 2017). It shows that quality early education and care, together with support for parents and other family members, can play a vital role in giving all children a fair start in life. High-quality services can be both protective and enriching. The years before school are especially important because children's brains are developing at an amazing rate at this time. The skills and behaviours acquired in the early years establish the foundations for future learning and life skills.

All children benefit from high-quality programs but the benefits are particularly significant for children experiencing disadvantage and vulnerability. *Lifting our Game* recommends that every child receive two years of early education, and that additional targeted support and resources be provided to those who need them most. Research provides the encouraging message that the things parents and carers do, such as reading to children, and the experiences children have, such as attending preschool, can act as a powerful counterweight to poverty and low income (Levine, Pollack, & Comfort, 2001).

The recommendations of *Lifting our Game* align well with SNAICC's advocacy for services that, rather than simply providing "child care", offer enriched opportunities for children and engage in supportive, respectful ways with families and communities. *Lifting our Game* has been endorsed by 36 Australian organisations, including SNAICC.

EARLY CHILDHOOD SERVICES

Many Aboriginal and Torres Strait Islander families and communities are strong, resilient and nurturing. They provide supportive, loving and positive environments for children, despite the history of dispossession and the continuing reality of child removal and trauma. It is important to bear these strengths in mind as we review Aboriginal and Torres Strait Islander children's access to early years services.

First, the good news: Aboriginal and Torres Strait Islander children's attendance at preschool has increased sharply in recent years. In 2012, Aboriginal and Torres Strait Islander children were substantially less likely than their non-Indigenous peers to attend preschool. The National Partnership Agreement to achieve access to preschool for every child in the year before school prompted sustained effort and investment by governments, community organisations and providers (Council of Australian Governments [COAG], 2008). At the aggregate level, attendance by Aboriginal and Torres Strait Islander children is now on par with that of non-Indigenous children in the year before school (Figure 2) although there are substantial variations between jurisdictions (Figure 3).

Attendance, however, is only part of the story. There are no reliable data about the duration and intensity of children's engagement with preschool but some evidence suggests that Aboriginal and Torres Strait Islander children participate in preschool for fewer hours per week, on average, than their non-Indigenous peers (Department of Families, Housing, Community Services and Indigenous Affairs [FaCHSIA], 2012).

Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 4 and 5 years attending a preschool program in the year before schooling (2012-2017)

Note: In 2016, a new state-specific Year Before Full Time Schooling (YBFS) definition was used.
Source: Table 3A.31, 3A.36, Chapter 3 (SCRGSP, 2017)
         Table 28 and Appendix 4 (Preschool Education Australia, 2016, 2017)
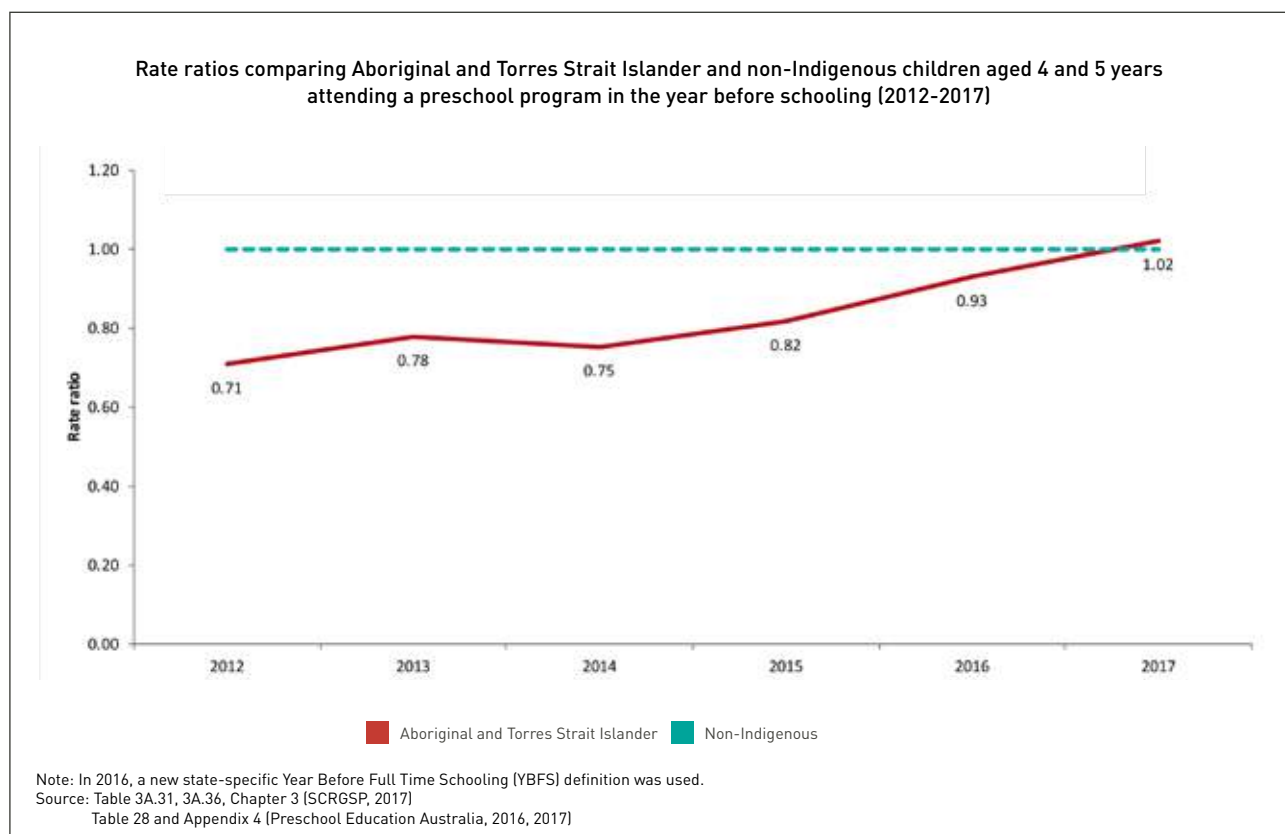
FIGURE 3   Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 4 and 5 years attending a preschool program in the year before schooling in 2017

Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 4 and 5 years attending a preschool program in the year before schooling in 2017

Note: In 2016, a new state-specific Year Before Full Time Schooling (YBFS) definition was used.
Source: Table 28 and Appendix 4 (Preschool Education Australia, 2017)
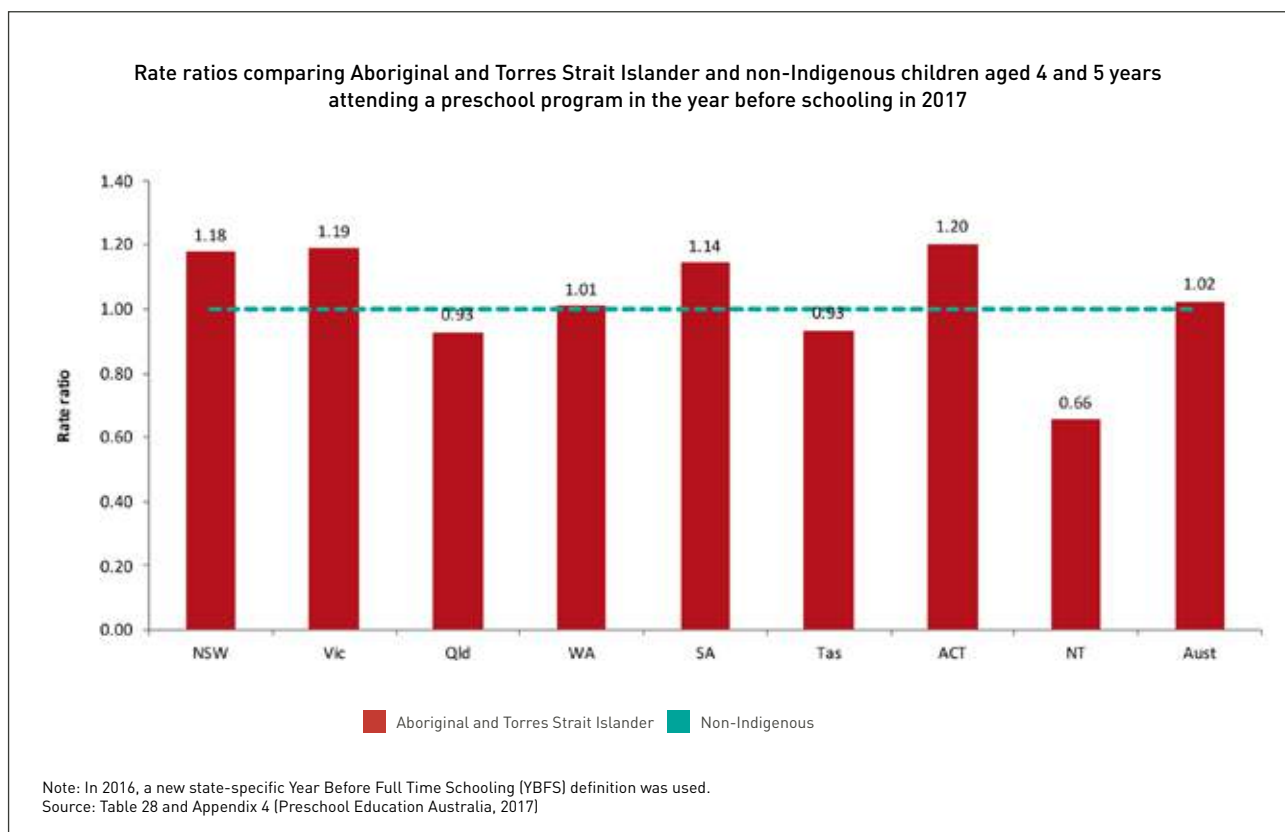
Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 0 to 5 attending Australian Government CCB approved child care services in 2017

Source: Table 3A.12, Chapter 3 (SCRGSP, 2018)

Given that the duration and intensity of preschool participation are important for achieving positive outcomes, better data on this issue must be a priority.

The gains in pre-school enrolment and participation to pre-school education in the year before school have not been matched by gains in access to other early childhood services. There are striking disparities in access to Commonwealth funded services such as long day care, family day care and out of school hours care. Across Australia, Aboriginal and Torres Strait Islander children attend these ser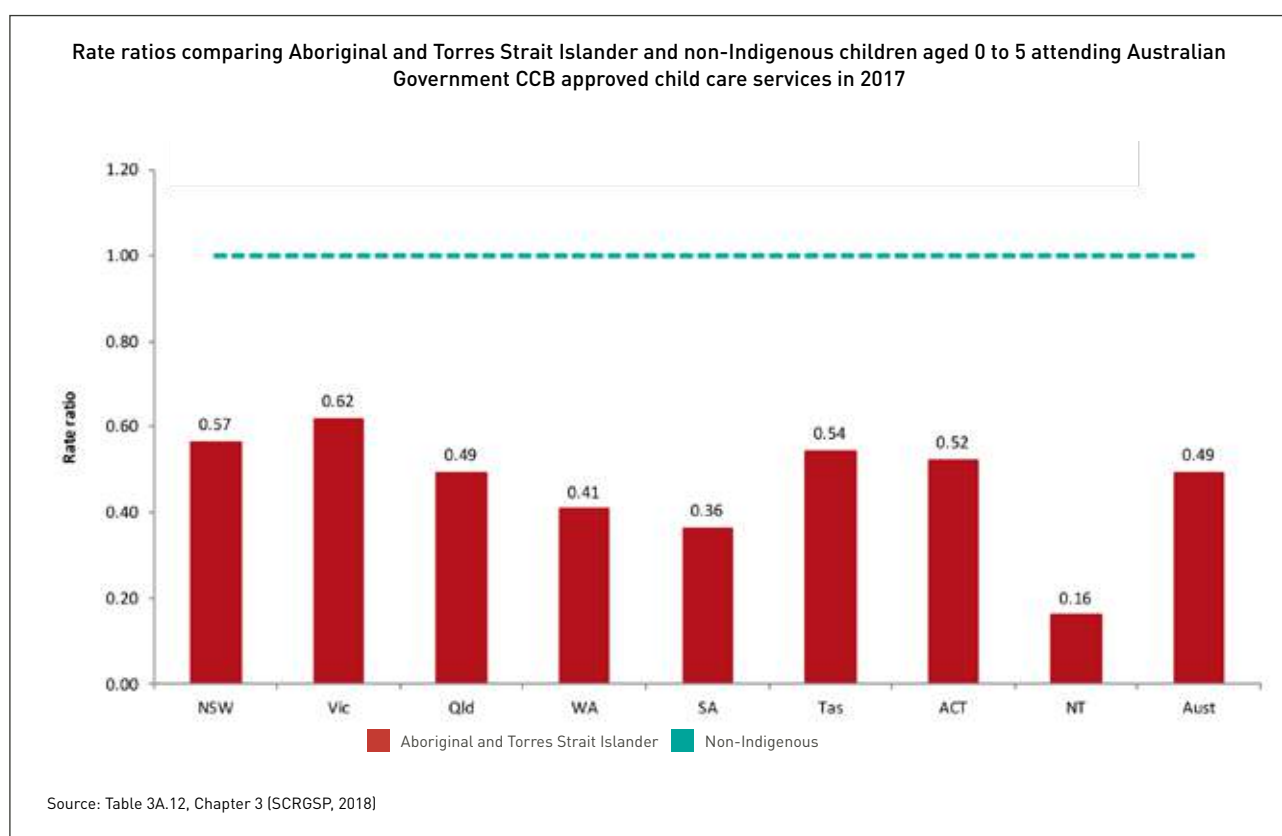vices at less than half the rate (49 per cent) of their non-Indigenous peers (Figure 4). There are significant differences between the jurisdictions, however, with rates varying from 16 per cent in the Northern Territory to 62 per cent in Victoria.

ON TRACK FOR SCHOOL

The Australian Early Development Census provides a measure of children's development at the time they commence full-time schooling. Data are collected in five areas or domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge. Most Aboriginal and Torres Strait Islander children start school on track for a positive educational experience, but a significant minority begin at a disadvantage. Overall, First Nations children are twice as likely to be vulnerable in one or more domains

of development than are their non-Indigenous peers. Disturbingly, they are even more likely to be vulnerable on two or more domains. There has been only marginal improvement on these measures since 2009 (Figure 5).

Again, the data reveal significant differences across jurisdictions, with the poorest developmental outcomes for Aboriginal and Torres Strait Islander children in the Northern Territory and Western Australia (Figure 6).

THE NEW CHILD CARE PACKAGE

As noted above, Aboriginal and Torres Strait Islander children currently have substantially less access to Commonwealth funded early childhood services than their non-Indigenous peers. The Jobs for Families Child Care Package, now renamed as the New Child Care Package, that commenced in July 2018 is likely to exacerbate this inequity. The new system requires *both* parents (or a sole parent) to be engaged in at least 8 hours of approved activity each fortnight as a condition of access to the Child Care Subsidy, although there are exemptions. Families earning below $66,958 are not required to meet the activity test and there are special access provisions for children in the year before school who attend a preschool program in a centre-based service. However, the complicated rules that govern the package and the requirement to apply for Child Care Subsidy online are likely to discourage many families. International research and best practice point in the

FIGURE 5   Rate ratios comparing developmentally vulnerable Aboriginal and Torres Strait Islander and
non-Indigenous children in their first year of full-time education

Rate ratios comparing developmentally vulnerable Aboriginal and Torres Strait Islander
and non-Indigenous children in their first year of full-time education
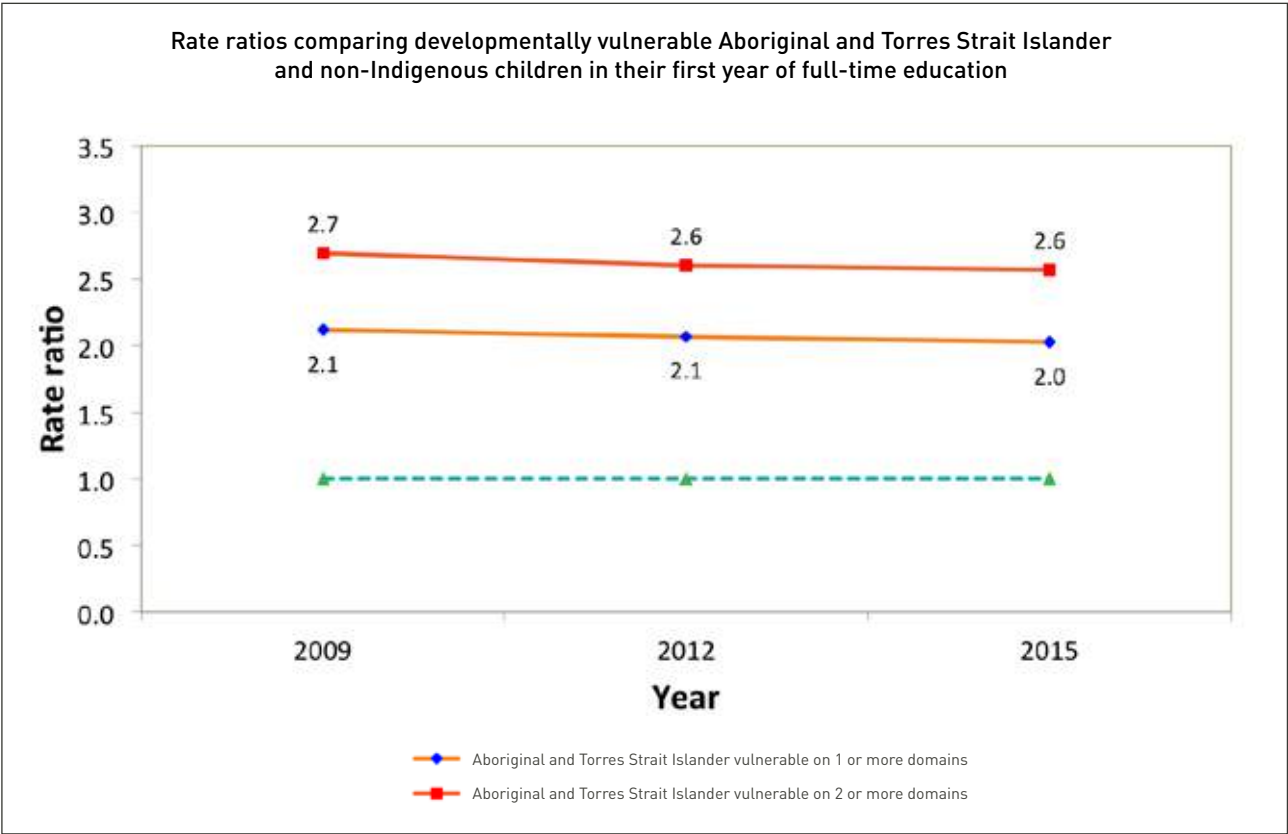
FIGURE 6   Rate ratio comparing developmentally vulnerable Aboriginal and Torres Strait Islander and non-Indigenous
children on two or more domains in their first year of full-time education

Rate ratio comparing developmentally vulnerable Aboriginal and Torres Strait Islander
and non-Indigenous children on two or more domains in their first year of full-time education
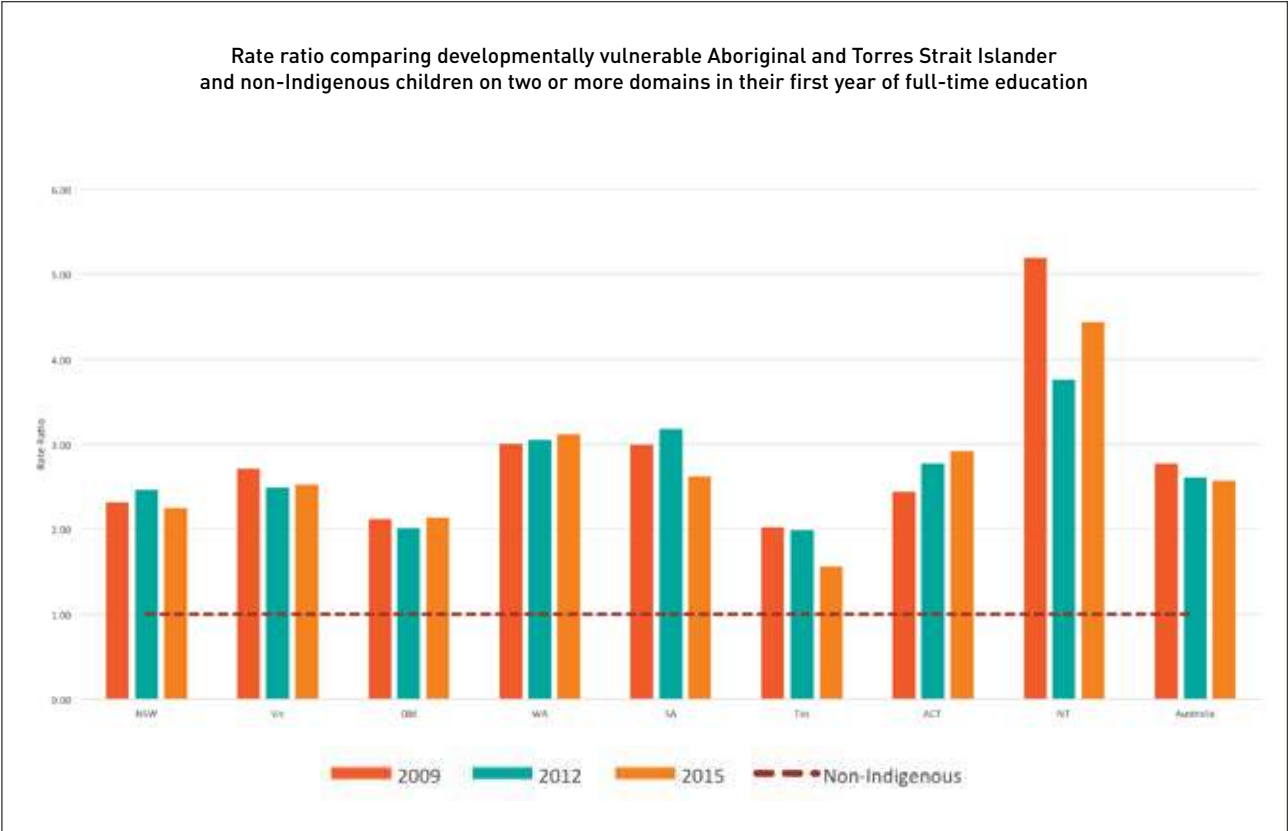
opposite direction: towards free or very low-cost, easily accessible services that are focussed on the needs of the child, not the workforce participation of parents, and that offer a supportive environment to parents and community members (Gambaro et al., 2014).

The new system brings to an end the priority of access guidelines that accorded some priority to Aboriginal and Torres Strait Islander families. Under the new arrangements, providers have the exclusive right to decide which children and families receive priority. Providers are asked to consider giving priority to children at serious risk of abuse or neglect and children of sole parents who satisfy the activity test through paid employment but they are not required to do so. No longer is there any priority given to Aboriginal and Torres Strait Islander children. Finally, for those exempted from the activity test who manage to secure a place in a service, access will be reduced from 48 hours to 24 hours per fortnight, or one full day of subsidised early learning and care per week. This low-level attendance is unlikely to enable the formation of secure, trusting relationships that are central to successful early learning.

The Budget Based Funded (BBF) services funding stream also came to an end with the introduction of the new system. Some of the previous BBF services demonstrated excellent and innovative practice with Aboriginal and Torres Strait Islander children and families, attracting inspiring teachers, linking with local schools, and supporting workforce development, leadership and empowerment. The former BBF services are required to transition to a new system that offers only limited recognition of the critical role that culturally relevant, community-controlled services play in protecting Aboriginal and Torres Strait Islander families and children. Some funding is available to former BBF services under safety net provisions, but there is no guarantee that this funding will be sustained. If it is intended simply to help services transition into the new system – a system that is designed to support families with stable, predictable employment – then the families and communities that the BBF services were established to support will effectively be excluded. Further, not all services are eligible to apply for transitional funding. Most services funded under the Aboriginal Child and Family Centre (ACFC) initiative, for example, are not eligible. This issue needs to be urgently revisited so that these evidence-based models of practice and empowerment are not lost.

THE WAY FORWARD

Reducing the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care requires a multi-faceted strategy. Recognition of the right of Aboriginal and Torres Strait Islander communities to design, develop and deliver services supported by adequate and sustainable funding – is an essential component of such a strategy. Access to culturally safe, high-quality programs can lay the foundations not only for educational attainment but also for broad life skills. Such services are essential to reduce the gap between Aboriginal and Torres Strait Islander and non-Indigenous people and to support success later in life.

PART 1

CURRENT DATA AND TRENDS IN OVER-REPRESENTATION IN OUT-OF-HOME CARE

1.1 OVERVIEW

The over-representation of Aboriginal and Torres Strait Islander children in out-of-home care (OOHC) placements is the end result of several linked processes, all of which are essential to understanding what it will take to bring about substantial change. From a systems perspective, the number of children in out-of-home care at any point in time is a function of four interrelated processes:

1. *Children already in out-of-home care*. This is a count of all children who are recorded as living away from their parents in out-of-home care on a given day. Some children will have been in OOHC for one day and some for 17 years. This gives a **point-in-time** count of the **prevalence** of OOHC and is reported nationally as at 30 June in *Child Protection Australia* and the *Report on Government Services.*

2. *Children entering out-of-home care.* This is a count of all entries into out-of-home care in a given period of time (usually over a year). Some children may have been in OOHC in an earlier year and others have had no prior contact, but all commenced a placement in a given year (i.e. removed from the care of their parent(s) and placed with a kinship or foster carer, in a residential care service, or other placement option in that jurisdiction). This is known as the **incidence** of OOHC (i.e. new cases) or an **entry cohort**.

3. *Children exiting out-of-home care*. This is a count of all children exiting out-of-home care in a given period (usually a year). This is known as an **exit cohort**. Most children exit care because they turn 18 years (i.e. age out of care), others return to the care of their parents or other family members, and some exit to other jurisdictional permanent care arrangements.

4. *The time children spend in out-of-home care*. When children enter care, they stay for very short to long periods of time (i.e. until they turn 18 years). This is commonly referred to as **length of stay** or duration in care, and is a main driver of prevalence, or the total number of children living in OOHC.

When considered this way, over-representation and under-representation could occur in any or all of these processes. Focusing only on those children in out-of-home care or those exiting out-of-home care leads to poor policy decisions. Reducing over-representation of Aboriginal and Torres Strait Islander children in out-of-home care requires legislative, policy and program attention to children entering care, in care, and exiting care. Crucially, prevention and early intervention 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 at entry to out-of-home care or pre and post reunification decision points.

1.2 HOW OVER-REPRESENTATION OCCURS

Over-representation of Aboriginal and Torres Strait Islander children in out-of-home care is a result of a chain of events that begins in under-representation in universal prevention and early intervention services, which is transformed into over-representation in intensive and statutory service systems. The likelihood of an Aboriginal or Torres Strait Islander child coming to the attention of authorities, being notified, investigated, substantiated and placed in out-of-home care is greater compared with non-Indigenous children. At the same time, over-representation reflects whether there is the same likelihood of an Aboriginal or Torres Strait Islander child, once placed, being returned to the care of their parents (rate of reunification or restoration) and how long this process takes (length of stay).

For Aboriginal and Torres Strait Islander children and families, the further into the system, the more intrusive the intervention. Each decision-making point (e.g. whether to refer to a support service or report to the statutory agency, the type of support service to which the family is referred, whether to investigate, the assistance needed if statutory intervention is not warranted, whether OOHC is needed, the type of order, whether to return a child to parental care) requires different strategies for bringing the system to parity. Data analysis and interpretation must inform policy and practice reforms and embed the *partnership* and *participation elements* of the Aboriginal and Torres Strait Islander Child Placement Principle. Without

effective community-controlled family preservation and reunification or restoration services that address child and family needs, children are more likely to languish in placements that do not comply with the *placement* element, be raised outside of family and community (i.e. contrary to the *prevention* element) and not have strong connections to family, community, culture and country (i.e. contrary to the *connection* element).

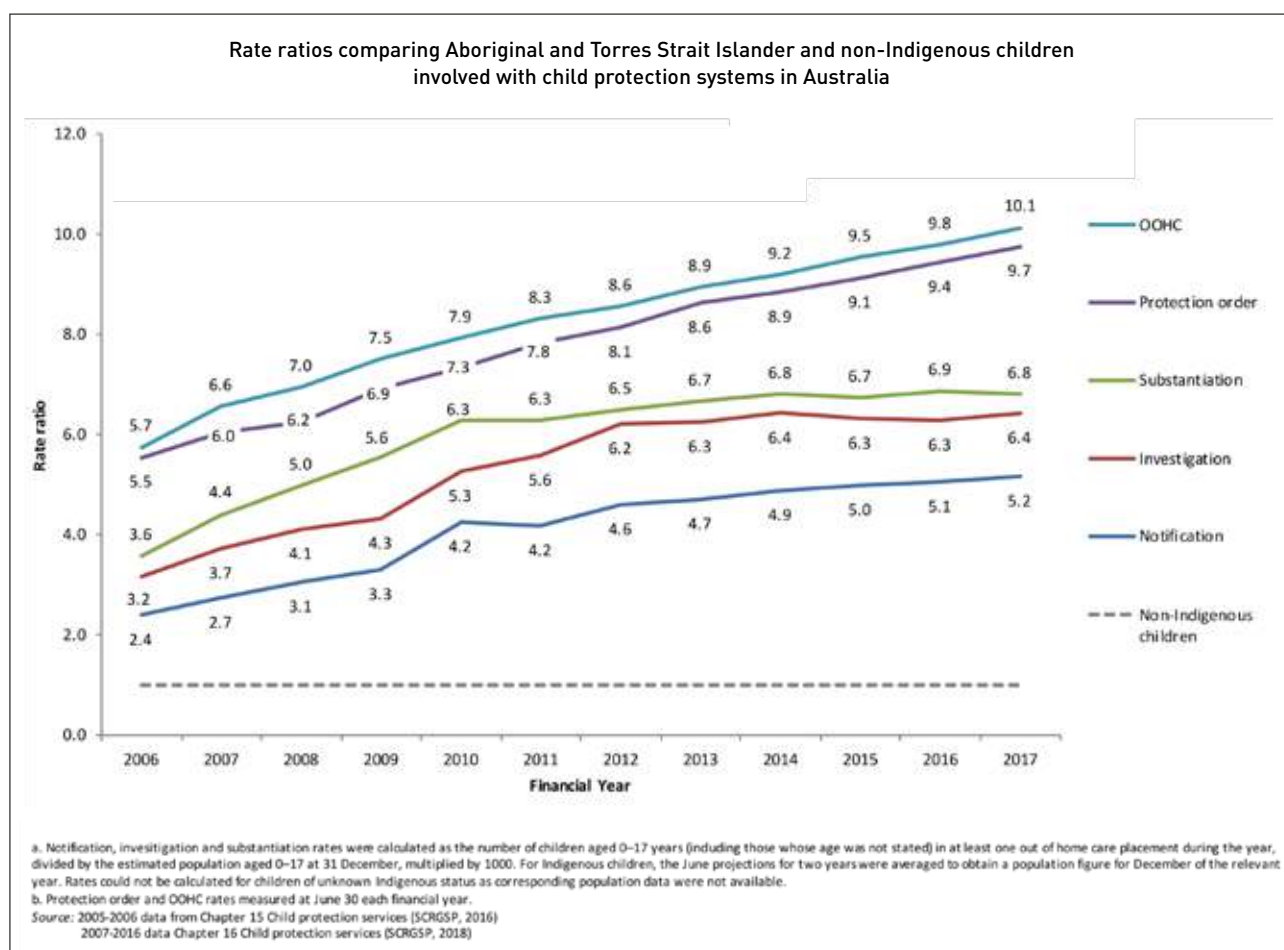## 1.3 CURRENT SITUATION AND TRENDS

In 2017, Aboriginal and Torres Strait Islander children were 5.2 times more likely to be reported to child protection; 6.4 times more likely to be investigated; 6.8 times more likely to be substantiated; 9.7 times more likely to be subject to a protection order, and 10.1 times more likely to be living in out-of-home care than non-Indigenous children (see Figure 7).

Furthermore, these rate ratios (standardised difference between the rate for Aboriginal and Torres Strait

Islander children and the rate for other children) have been dramatically increasing. Rate ratios use the non-Indigenous rate as the baseline, and show how many times greater the Indigenous rate is. From 2006-07 to 2016-17, the rate ratio for notifications between Aboriginal and Torres Strait Islander and other children increased by 93 per cent; the rate ratio for investigations increased by 73 per cent; the rate ratio for substantiations increased by 55 per cent; the rate ratio for protection orders increased by 62 per cent; and the rate ratio for living in out-of-home care increased by 53 per cent. In 2016-17, the only rate ratio to decline was for substantiations, which dropped from 6.9 to 6.8.

Figure 8 shows the ratio of Aboriginal and Torres Strait Islander children who were involved with a state or territory child protection system compared with non-Indigenous children at 30 June 2017. At the highest end of the range, Western Australia, Indigenous children were 17.8 times more likely to be placed in out-of-home care than a non-Indigenous child.

FIGURE 7   Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children involved with child protection systems in Australia

a. Notification, investigation and substantiation rates were calculated as the number of children aged 0–17 years (including those whose age was not stated) in at least one out of home care placement during the year, divided by the estimated population aged 0–17 at 31 December, multiplied by 1000. For Indigenous children, the June projections for two years were averaged to obtain a population figure for December of the relevant year. Rates could not be calculated for children of unknown Indigenous status as corresponding population data were not available.
b. Protection order and OOHC rates measured at June 30 each financial year.
Source: 2005-2006 data from Chapter 15 Child protection services (SCRGSP, 2016)
2007-2016 data Chapter 16 Child protection services (SCRGSP, 2018)

FIGURE 8 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children involved with state and territory child protection systems across Australia, 30 June 2017

Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children involved with child protection in Australia, 2016-17

a. Notification, invesitigation and substantiation rates were calculated as the number of children aged 0–17 years (including those whose age was not stated) in at least one out of home care placement during the year, divided by the estimated population aged 0–17 at 31 December, multiplied by 1000. For Indigenous children, the June projections for two years were averaged to obtain a population figure for December of the relevant year. Rates could not be calculated for children of unknown Indigenous status as corresponding population data were not available.
b. Protection order and OOHC rates measured at June 30 each financial year.
Source: Tables 16A.1 and 16A.2 from Chapter 16 Child protection services (SCRGSP, 2018)

Entry to out-of-home care for Aboriginal and Torres Strait Islander children

Until late 2017 published data on entry to out-of-home care were not disaggregated by Indigenous status. *Child Protection Australia 2016-17* (AIHW, 2018b) includes trend data showing Aboriginal and Torres Strait Islander children's over-representation in entry to out-of-home care has increased over time. Between 2011-12 and 2016-17 the rate of entry into OOHC of Aboriginal and Torres Strait Islander children rose from 12.8 per 1000 children to 13.6 per 1000 children. Over the same period, the non-Indigenous rate was relatively stable at under 2 per 1000 children. Continuing

the trend from 2011-12 to 2014-15 (AIHW, 2017), Aboriginal and Torres Strait Islander children were over-represented across all age groups in 2016-17 with Indigenous children aged under 10 years being 10 times more likely than a non-Indigenous child to be admitted to OOHC. Aboriginal and Torres Strait Islander children aged 10-14 years or 15-17 years were 8 times more likely to be admitted to OOHC than a non-Indigenous child (AIHW, 2018b, p. 44). These entry-to-care data reinforce that an investment priority should be early intervention to support Aboriginal and Torres Strait Islander families experiencing vulnerabilities to avoid unnecessary entries to care.

DATA GAPS

REPEAT ENGAGEMENT WITH CHILD PROTECTION SERVICES, BY INDIGENOUS STATUS

Child protection involvement is not just more likely for Aboriginal and Torres Strait Islander families, it is also more likely to be repeated. Research has found that Aboriginal and Torres Strait Islander children are over-represented in recurrence at multiple stages of intervention (Jenkins, Tilbury, Hayes, & Mazerolle, 2018). To better understand the full impact of over-representation, it is important to understand not just how many children have contact with the system, but how often they experience this. While some data are available nationally on children who are repeat clients of child protection services at different points of contact, these data are not reported by Indigenous status.

RECOMMENDATION: That data be collected and reported on new and repeat contact with child protection services, by Indigenous status, at each stage of contact, including notification, investigation, substantiation, entry to orders, entry to care, and reunification.

LIMITATION OF POINT-IN-TIME ESTIMATES

The data currently publicly available mainly reports on prevalence, not incidence. They are largely based on point-in-time counts at 30 June that are not linked to each other (i.e. children can have multiple incidents in a given year). The data are not presented in a longitudinal format that allows calculations of length of stay by Indigenous status, time to exit by exit type, or Indigenous status, and there is no information on re-entry to care.

RECOMMENDATION: Development of longitudinal data that allows for calculation of the length of stay in out-of-home care, time to exit by exit type, and re-entry to care, by Indigenous status.

Reunification/Restoration

Reunification (or safe return home) is the policy priority for children living in out-of-home care across all jurisdictions (AIHW, 2018b). **For Aboriginal and Torres Strait Islander children placed in out-of-home care, safe reunification is the preferred option for protecting a child's right to be brought up within their family and connected to community, culture and country.** Although limited evidence exists on the factors associated with reunification, research on out-of-home care in South Australia found that 60 per cent of reunifications could be predicted based on three factors: ethnicity, neglect

and parental incapacity (Delfabbro, Barber, & Cooper, 2003). Aboriginal and Torres Strait Islander children, children living in rural areas and children who were victims of neglect were significantly less likely to be reunified (Delfabbro et al., 2003).

Currently, national data are not available on the number of children who exit out-of-home care and are reunified. Data on exits to reunification and exits due to ageing out of care are combined. States and territories were asked by the Family Matters campaign to provide data on the number of children returned home within 12 months and after more than 12 months from admission to a *care and protection order.* Four jurisdictions provided data on reunification for Aboriginal and Torres Strait Islander children: ACT, NT, SA and Vic.
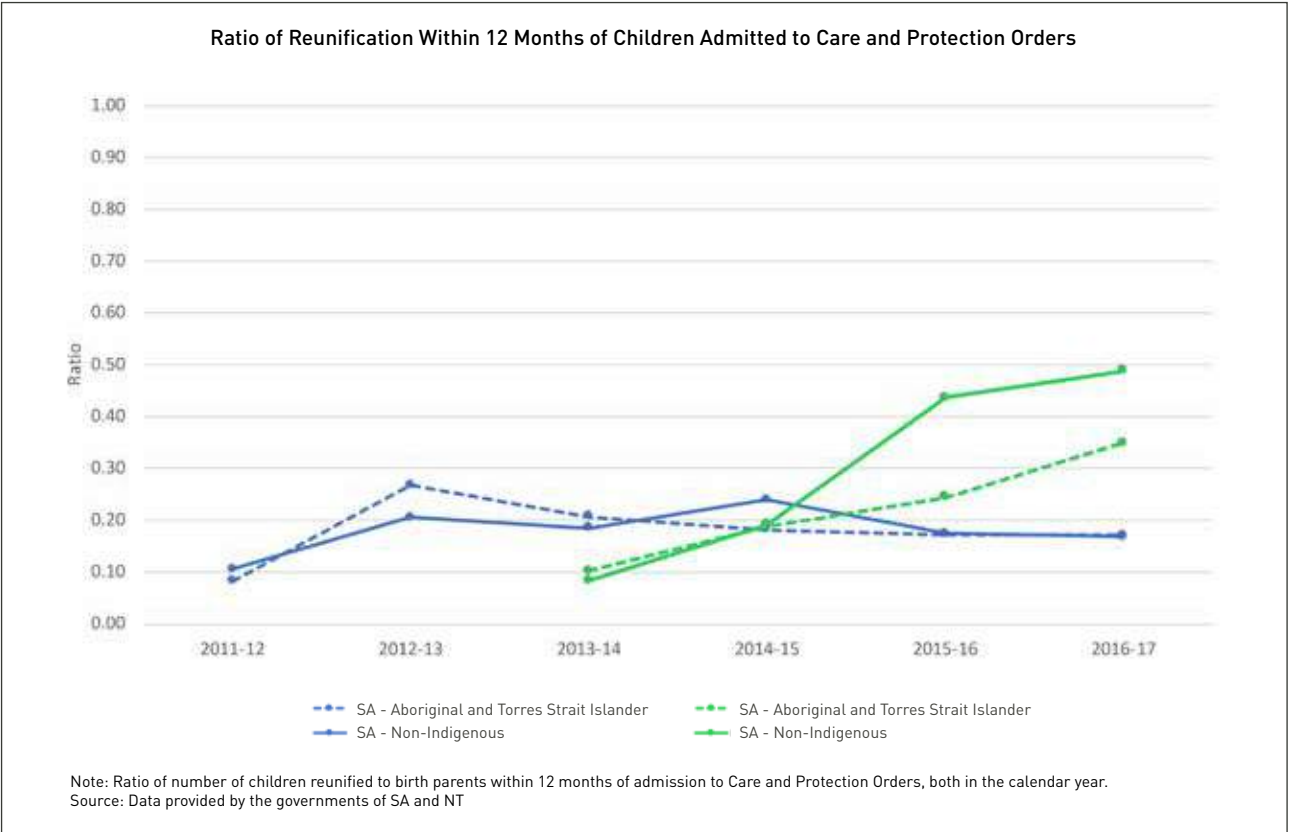
Data from the ACT was not comparable to the other jurisdictions due to differences in inclusions in the calculations. Reunification data for the ACT was provided for the cohort of children who entered out-of-home care in 2016-17, specified by the time it took for them to return home. In 2016-17 a total of 196 children were admitted to OOHC in the ACT, of which 59, or 40 per cent, were Aboriginal and/or Torres Strait Islander. Of the 76 children who returned home within 12 months, 14 (18.4 per cent) were Aboriginal and/or Torres Strait Islander children. Of the 9 children who returned home more than 12 months after entering out-of-home care, 2 (22.3 per cent) were Aboriginal and/or Torres Strait Islander children. These statistics show significantly lower rates of reunification for Aboriginal and Torres Strait Islander children, but should be viewed with caution due to relatively small numbers and the availability of only single year data.

Both the Northern Territory and South Australia provided multi-year data, with SA providing the most comprehensive data about reunification covering the period from 2011-12 to 2016-17, and the NT providing reunification figures from 2013-14 to 2016-17. These data are reflected in the figures below, and the full raw data are available on the Family Matters website.

Figure 9 shows that in South Australia, while both Aboriginal and Torres Strait Islander children and non-Indigenous children are being reunified at similar rates, there has been a comparative decrease in the rate of reunifications since 2012-13. In the Northern Territory, children are being reunified at a higher rate but there is a troubling disparity between the number of Aboriginal and Torres Strait Islander children and non-Indigenous children being reunified to their birth parents within 12 months of admission to a *care and protection order*.

Victoria provided the following reunification data in 2016-17: 20.3 per cent (417) of children on a *care and protection order* and reunified within 12 months of admission were Aboriginal and Torres Strait Islander. In total, 20.2 per cent of the 2936 children reunified during 2016-17 were Aboriginal and/or Torres Strait Islander. Time series data were not provided in relation

FIGURE 9   Ratio of Reunification Within 12 Months of Children Admitted to Care and Protection Orders

Ratio of Reunification Within 12 Months of Children Admitted to Care and Protection Orders

Note: Ratio of number of children reunified to birth parents within 12 months of admission to Care and Protection Orders, both in the calendar year.
Source: Data provided by the governments of SA and NT

FIGURE 10   Ratio of Reunifications to Admissions for Care and Protection Order, 2016-17

Ratio of Reunifications to Admissions for Care and Protection Order, 2016-17

Note: Ratio of number of children reunified to birth parents within 12 months of admission to Care and Protection Orders, both in the calendar year.
Source: Data provided by the governments of SA, VIC and NT
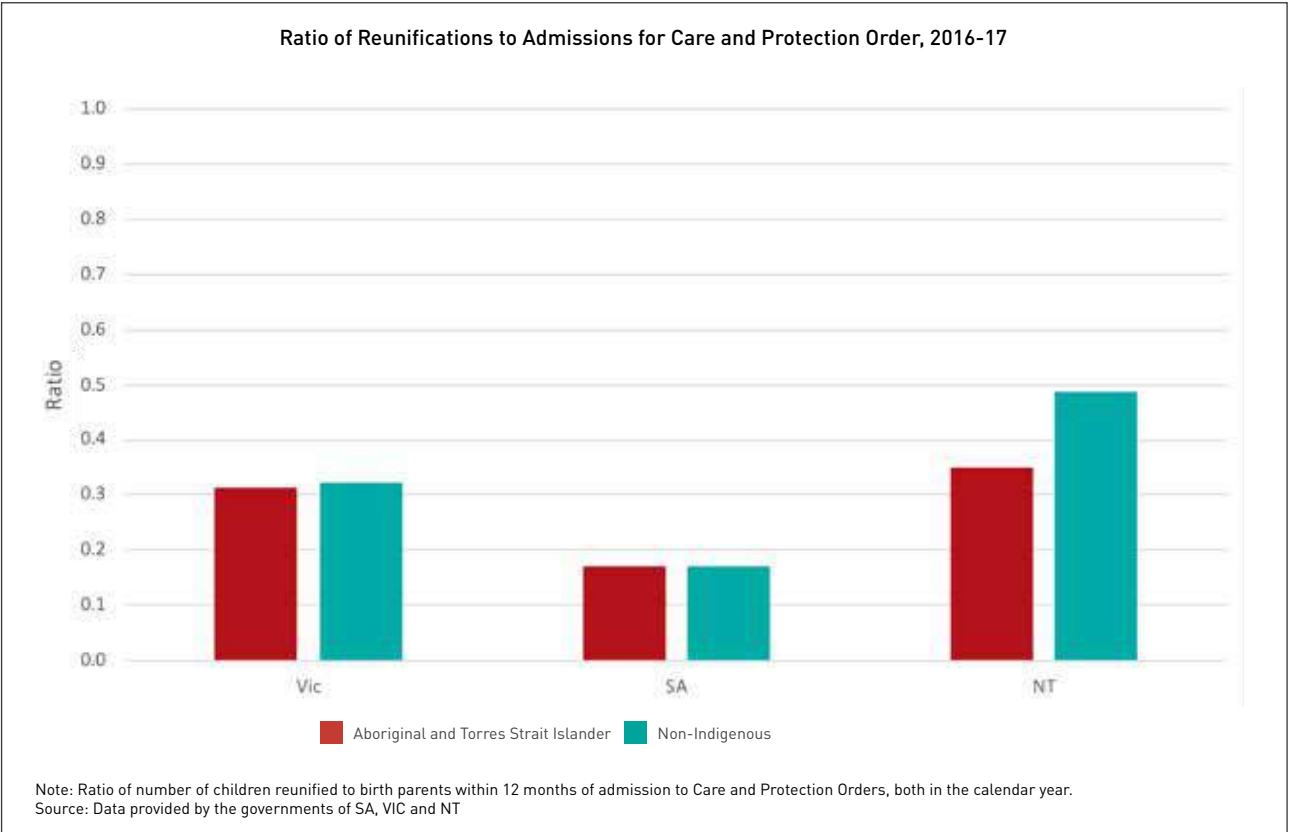
to reunification so trends in a positive of negative direction cannot be determined.

Figure 10 compares the rate of reunifications when compared to *care and protection order* admissions in 2016-17 for Aboriginal and Torres Strait Islander and non-Indigenous children in the Northern Territory, South Australia and Victoria. The gap between reunification rates for Aboriginal and Torres Strait Islander children and non-Indigenous was largest in the NT and smallest in SA.

DATA GAPS

REUNIFICATION/RESTORATION

As noted above, reunification data is inconsistently reported and available across the country despite the critical importance of reunification to addressing over-representation and support family, community and cultural connections for Aboriginal and Torres Strait Islander children.

RECOMMENDATION: That consistent national data be collected and reported on reunification rates by Indigenous status. Data should also be reported on access for families to reunification support services and investment in community-controlled services to provide reunification supports.

The impact of permanency planning trends

For children placed in out-of-home care, stability of relationships and identity are vitally important to their wellbeing and must be promoted. In recent years, state and territory child protection authorities have increasingly used a range of processes and practices to promote stability through longer-term care arrangements for children in out-of-home care. These vary in detail in each jurisdiction but are often broadly described as *permanency planning*. **In a number of states and territories, there have been strong trends in policy and legislative reform to increase the focus on, and expedite time frames for, the use of long term, permanency-focussed orders by child protection authorities and the courts, including long-term finalised guardianship and custody orders; third-party parental responsibility orders; and adoption orders.**

The entrenchment of permanency planning objectives within legislation reflects a focus on *legal permanency*, and is tied to the notion that a legal arrangement can generate a sense of safety and belonging for children in out-of-home care (Parkinson, 2003). The theory underpinning legal permanency suggests that the sooner an enduring attachment with a carer can be established, the greater stability can occur, and that this is a better outcome for a child's wellbeing (NSW Family and Community Services, 2018). However, research from the care and protection sector recognises that a broader

definition of permanency encompasses "relational permanency (positive, caring, stable relationships), and physical permanency (stable living arrangements, and... legal arrangements)" (Tilbury & Osmond, 2006, p. 4). Aboriginal and Torres Strait Islander people commonly question permanency decisions based on a narrow construct of attachment theory that does not recognise the importance of cultural identity development to achieving wellbeing, permanence, and belonging for children.
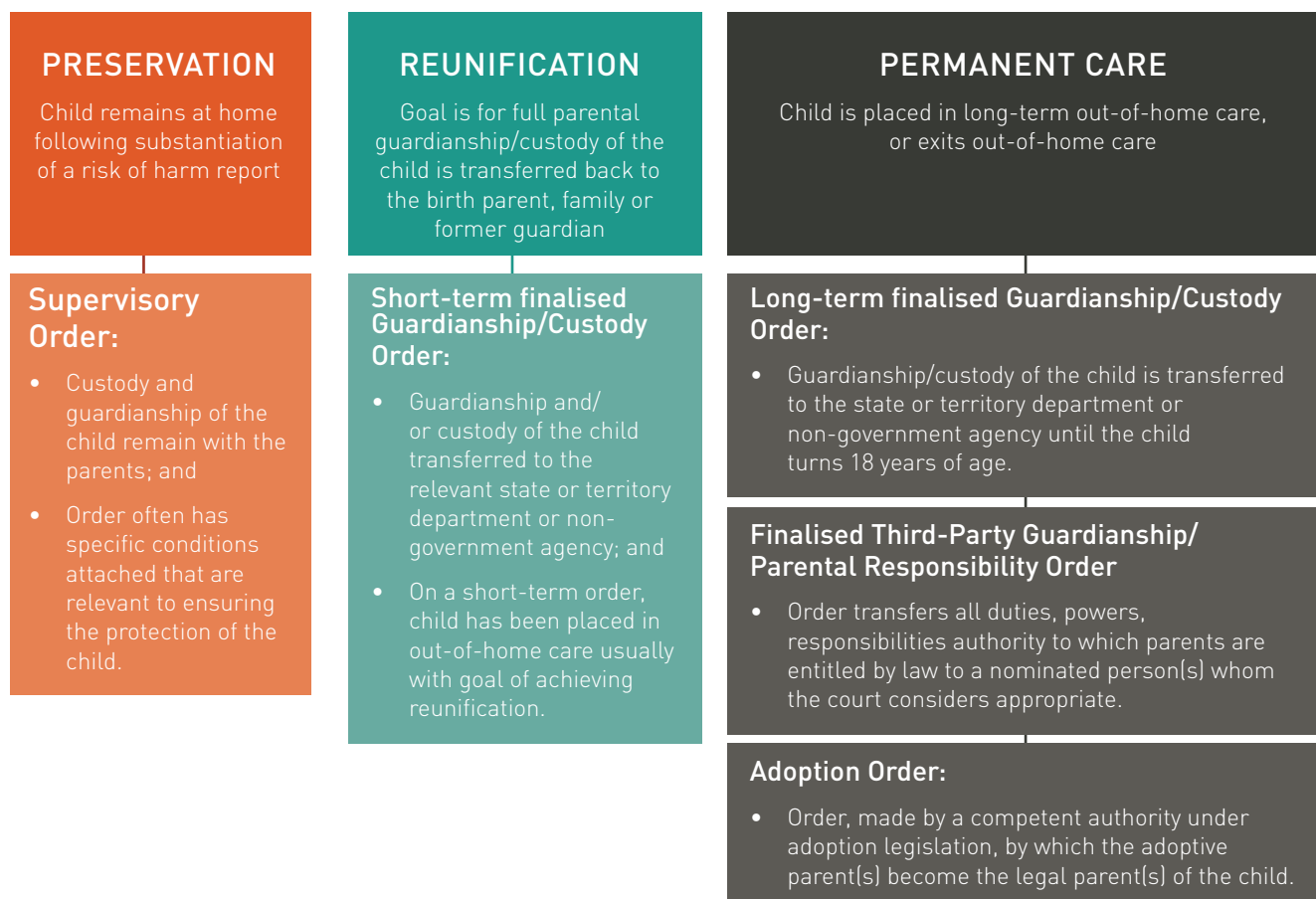
The Family Matters campaign is deeply concerned that current approaches to permanency planning are not sufficiently attuned to the reality that **permanence for Aboriginal and Torres Strait Islander children is developed from a communal sense of belonging; experiences of cultural connection; and a stable sense of identity including knowing where they are from, and their place in relation to family, mob, community, land and culture** (SNAICC, 2016).

Permanent care orders risk severing cultural connections in circumstances where children are in placements that are disconnected from their families and communities. A detrimental feature of permanent care orders in many jurisdictions is that there is no legal mechanism to ensure ongoing connection to family, community and culture (AbSec, 2018b). Even in jurisdictions where safeguards to ensure cultural connection are required – such as cultural support plans – minimal compliance with these directives means that a child's cultural rights are inadequately protected (Commission for Children and Young People, 2017).

Broadly, across all jurisdictions, the hierarchy of permanency objectives are: preservation or reunification with birth parent(s); or a permanent care arrangement either with relatives/kin or another long-term carer. Table 1 sets out the three permanency objectives and the associated care and protection orders, based upon the Australian Institute of Health and Welfare's national mapping of local order types (AIHW, 2016).

The following data demonstrate that Aboriginal and Torres Strait Islander children are significantly more likely to be on long-term permanency-focussed orders than non-Indigenous children in out-of-home care. Policies across Australia limit the time during which reunification can occur and preference that a permanency objective should be achieved within two years of a child being placed in out-of-home care, either through reunification or alternative permanent care (AIHW, 2016). The impacts of expedited timeframes for pursuing reunification fall disproportionately on Aboriginal and Torres Strait Islander children. As of 30 June 2017, one third of children who had been in care for two years or longer were Aboriginal and/or Torres Strait Islander (AIHW, 2018b). Length of time in care has a cumulative effect on incidence in care, and thus is a major driver of the level of over-representation in Australia.

TABLE 1   Permanency Planning Options

PRESERVATION	REUNIFICATION	PERMANENT CARE
Child remains at home following substantiation of a risk of harm report	Goal is for full parental guardianship/custody of the child is transferred back to the birth parent, family or former guardian	Child is placed in long-term out-of-home care, or exits out-of-home care

PRESERVATION

Supervisory Order:

- Custody and guardianship of the child remain with the parents; and
- Order often has specific conditions attached that are relevant to ensuring the protection of the child.

REUNIFICATION

Short-term finalised Guardianship/Custody Order:

- Guardianship and/or custody of the child transferred to the relevant state or territory department or non-government agency; and
- On a short-term order, child has been placed in out-of-home care usually with goal of achieving reunification.

PERMANENT CARE

Long-term finalised Guardianship/Custody Order:

- Guardianship/custody of the child is transferred to the state or territory department or non-government agency until the child turns 18 years of age.

Finalised Third-Party Guardianship/Parental Responsibility Order

- Order transfers all duties, powers, responsibilities authority to which parents are entitled by law to a nominated person(s) whom the court considers appropriate.

Adoption Order:

- Order, made by a competent authority under adoption legislation, by which the adoptive parent(s) become the legal parent(s) of the child.

A lack of adequate focus on enabling preservation, strengthening family ties, or achieving reunification for children involved in statutory child protection systems across jurisdictions is a major concern in the context of permanency planning. In its review of Victoria's permanency reforms, the Victorian Commission for Children and Young People (2017) found that systemic pressures – including high caseloads for child protection case management practitioners, and inadequate support services to meet families complex needs – prevented many parents from resuming care of the children within the legislated timeframe of two years. Although reunification is recognised as the preferred permanency objective, data from the Victorian review found that there was a 9 per cent drop in the number of reunifications in the six months following the implementation of the permanency amendments (Commission for Children and Young People, 2017, p. 187).

LONG-TERM FINALISED GUARDIANSHIP OR CUSTODY ORDERS

Figure 11 shows that Aboriginal and Torres Strait Islander children are over 12 times as likely to be on a long-term finalised guardianship or custody order than non-Indigenous children. In the majority of jurisdictions, these are considered to be a permanent care arrangement until the child turns 18 with no prospect of reunification.

THIRD-PARTY PARENTAL RESPONSIBILITY ORDERS

The granting of a third-party parental responsibility order transfers full responsibility for the child until the age of 18 years, with oversight and support by the statutory agency varying by jurisdiction. These orders are commonly known as permanent care orders. Across Australia, Aboriginal and Torres Strait Islander children are 7 times more likely to be placed on a third-party parental responsibility order than non-Indigenous children. As demonstrated in Figure 12, in the ACT, NSW, Vic. and WA, Aboriginal and Torres Strait Islander children are over-represented on permanent care orders at rates significantly higher than the national average.

States and territories were asked to provide data on the number of Aboriginal and Torres Strait Islander children on permanent care orders who were placed with an Aboriginal and/or Torres Strait Islander carer. Responses were received from three jurisdictions.

In Victoria, only 31 per cent of Aboriginal and Torres Strait Islander children on a third-party parental responsibility order were with an Aboriginal and/or Torres Strait Islander carer in 2016-17, however for 41 per cent the Indigenous status of the carer was not stated, which itself raises significant concerns about efforts to ensure culturally connected care. These findings raise concern that two-thirds of Aboriginal and/

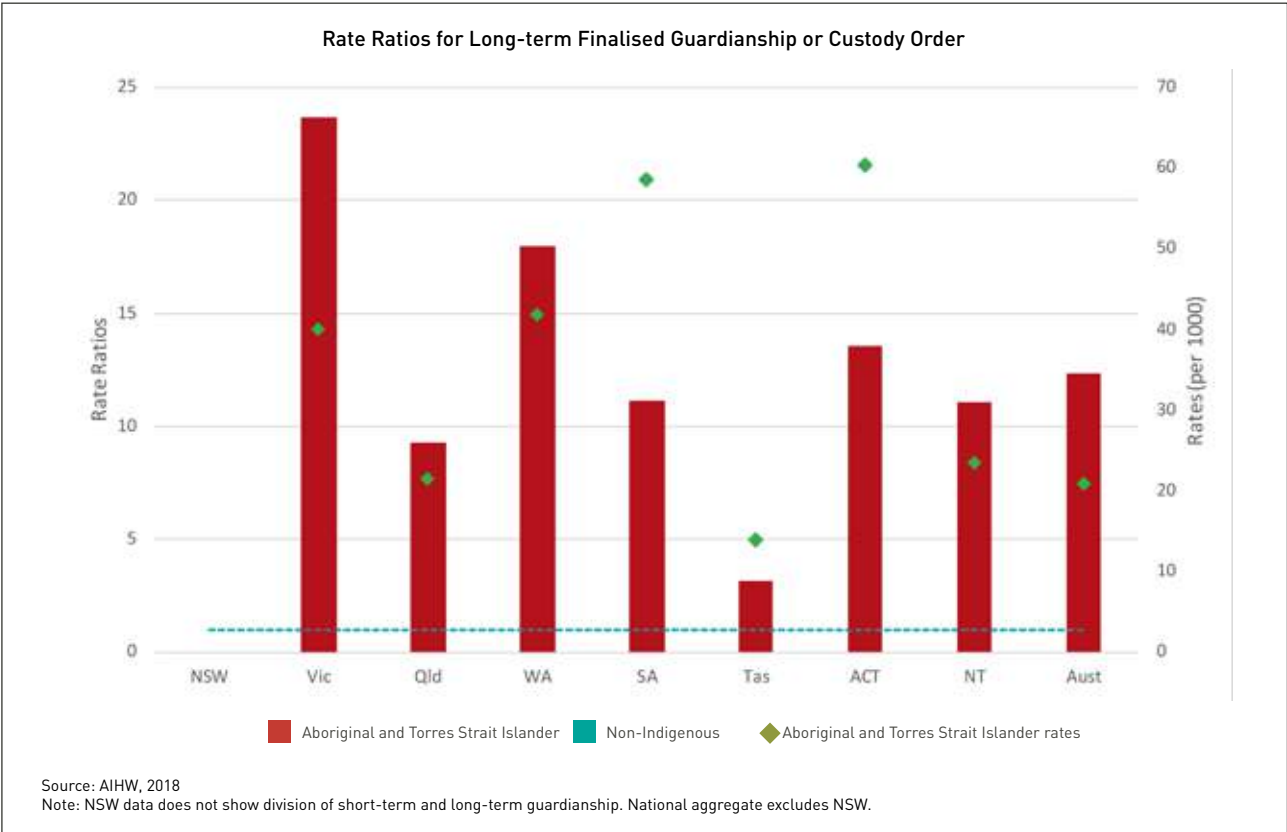FIGURE 11   Rate Ratios for Long-term Finalised Guardianship or Custody Order

Rate Ratios for Long-term Finalised Guardianship or Custody Order

Source: AIHW, 2018
Note: NSW data does not show division of short-term and long-term guardianship. National aggregate excludes NSW.

FIGURE 12   Rate Ratios for Total Third-Party Parental Responsibility Orders

Rate Ratios for Total Third-Party Parental Responsibility Orders

Source: AIHW, 2018
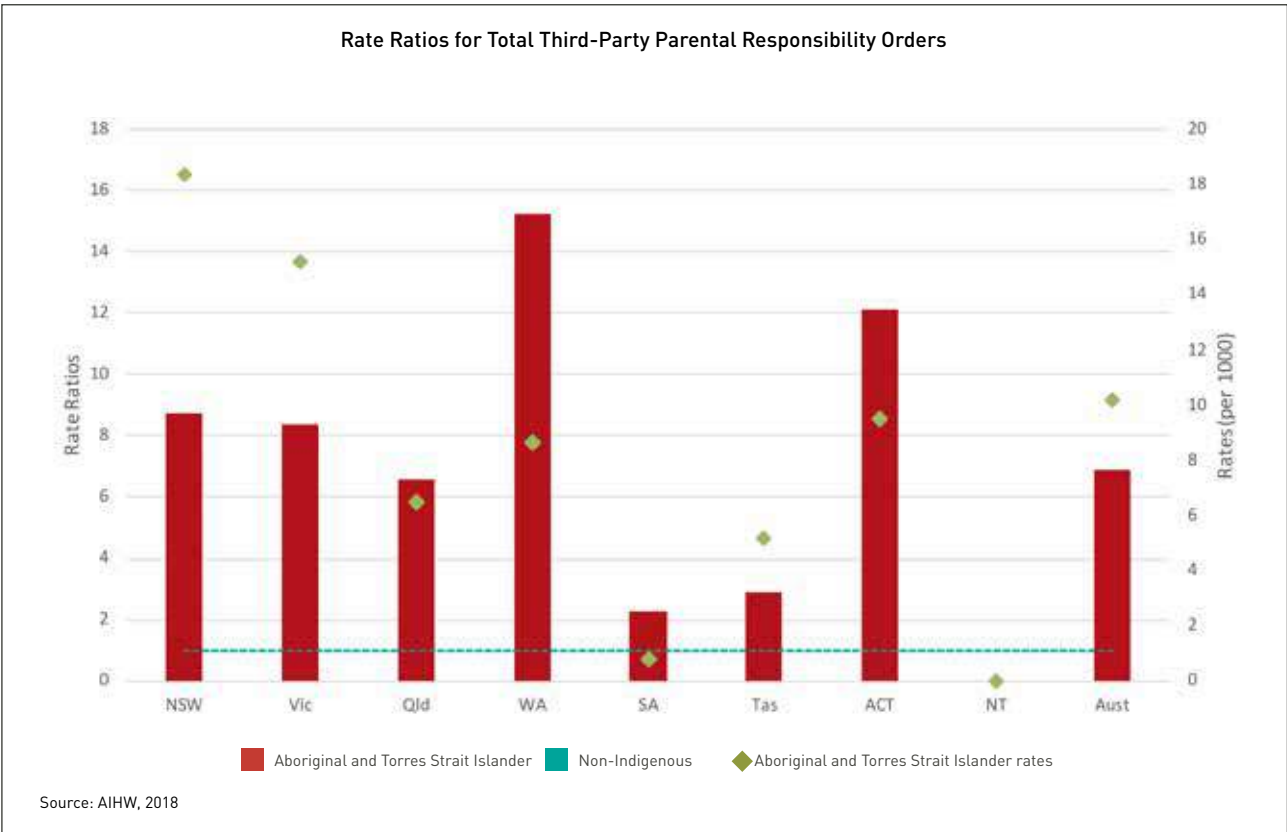
or Torres Strait Islander children in Victoria may be at risk of not benefitting from ongoing and positive cultural connections.

Queensland provided a breakdown of the number of Aboriginal and Torres Strait Islander children on a permanent care order by relationship of caregiver in 2016-17. The following percentages were reported: 51 per cent with Aboriginal and/or Torres Strait Islander relative/kin; 2 per cent were with other Aboriginal and/or Torres Strait Islander carers; 40 per cent were with non-Indigenous relative/kin; and 6.5 per cent were placed with a non-Indigenous carer.

Similarly to Queensland, South Australia provided a breakdown by type of placement for Aboriginal and/or Torres Strait Islander children who were placed with an Aboriginal and/or Torres Strait Islander carer. In total, 38 per cent of Aboriginal and/or Torres Strait Islander children on a permanent care order were with an Aboriginal and/or Torres Strait Islander carer. The following data were provided on placement type for children on permanent care orders: 323 were with Aboriginal kin; 78 were with another Aboriginal carer; and 41 were in an Aboriginal residential care placement.

ADOPTION

Adoption, including open adoption, means that legal ties between a child and her or his birth family are irrevocably broken. Birth certificates are reissued that reflect adoption orders. Four states and territories provided data on the number of Aboriginal and Torres Strait Islander children adopted in 2016-17. Three out of four jurisdictions reported that no Aboriginal and Torres Strait Islander children had been adopted. According to data provided by the Northern Territory, one Aboriginal and/or Torres Strait Islander child was adopted by an Aboriginal and/or Torres Strait Islander carer in 2016-17.

While adoptions of Aboriginal and Torres Strait Islander children are low in number, implications of adoption are life-long, and in the past year some states and territories have sought to facilitate adoption as a viable option for achieving permanency for children in out-of-home care. In 2016-17, NSW was responsible for 131 of the 143 carer adoptions in Australia (NSW Family and Community Services, 2018b). Despite calls from AbSec and Aboriginal communities for a complete moratorium on adoption for Aboriginal children, the NSW Government has refused to rule out adoption as a permanency planning option (NSW Family and Community Services, 2018a). Indeed, recent legislative amendments proposed under the Children and Young Persons (Care and Protection) Amendment Bill 2018 by the NSW Government in October 2018 will set a two-year limit on the amount of time a child can spend in out-of-home care, at which point the Children's Court can decide whether restoration will occur, or can otherwise order that the child be adopted. Adopted Aboriginal and Torres Strait Islander children may never

know about, or experience, their cultural rights and heritage if an adoptive parent determines this is not important.

1.4 CHILDREN IN OUT-OF-HOME CARE BY 2037: AN ALARMING PROJECTION OF GROWING OVER-REPRESENTATION

The 20-year projection of the number of Aboriginal and Torres Strait Islander children in out-of-home care in 2036 is updated in this report using a simple model to project if today's conditions remain the same (refer to Figure 13). The method used to develop the projection is set out in Appendix II and Appendix III details the caveats for the projection scenario. Estimates are included for high and low rates. The findings in the 2018 report indicate that the forward projection has not improved and in fact looks worse over the 20 years.

The population of Aboriginal and Torres Strait Islander children in out-of-home care is projected to more than triple in size by 2037, compared with the non-Indigenous population of children in OOHC that is projected to almost double.

Not only will the overall number of children in out-of-home care continue to increase, the level of over-representation of Aboriginal and Torres Strait Islander children will increase over time, which means that, if trends continue, an even greater percentage of Aboriginal and Torres Strait Islander children will spend time in OOHC. The number of Indigenous children in OOHC and rates of entry must be substantially decreased immediately, and rates of reunification increased, or the proportion of Aboriginal and Torres Strait Islander children in OOHC will continue to increase rapidly. The dark-blue curve in Figure 13 represents the projected population growth of the Indigenous OOHC population using the average annual growth rate observed in the past seven years, and the light blue curve represents the growth of the non-Indigenous OOHC population. Because each year's difference is compounded (that is, it gets worse every year), the proportional difference grows larger and more difficult to address with every passing year. Action is required now to bring parity to entries and duration of care for all children admitted to OOHC going forward in order to eliminate over-representation. Ultimately, unless the growth rate of the Indigenous population in OOHC can be quickly and consistently brought to the absolute lowest estimated annual growth rate (bottom of the blue shaded area in Figure 13), successfully addressing over-representation becomes increasingly unlikely. There is significant variation across states and territories in the rate at which the numbers of Aboriginal and Torres Strait Islander children in OOHC are increasing. Graphs showing variations and projections for each state and territory are included as Appendix I.

Although the growth is alarming for all children, this projection presents a particularly startling and

Population growth trajectories of children in out-of-home care in Australia by Indigenous status
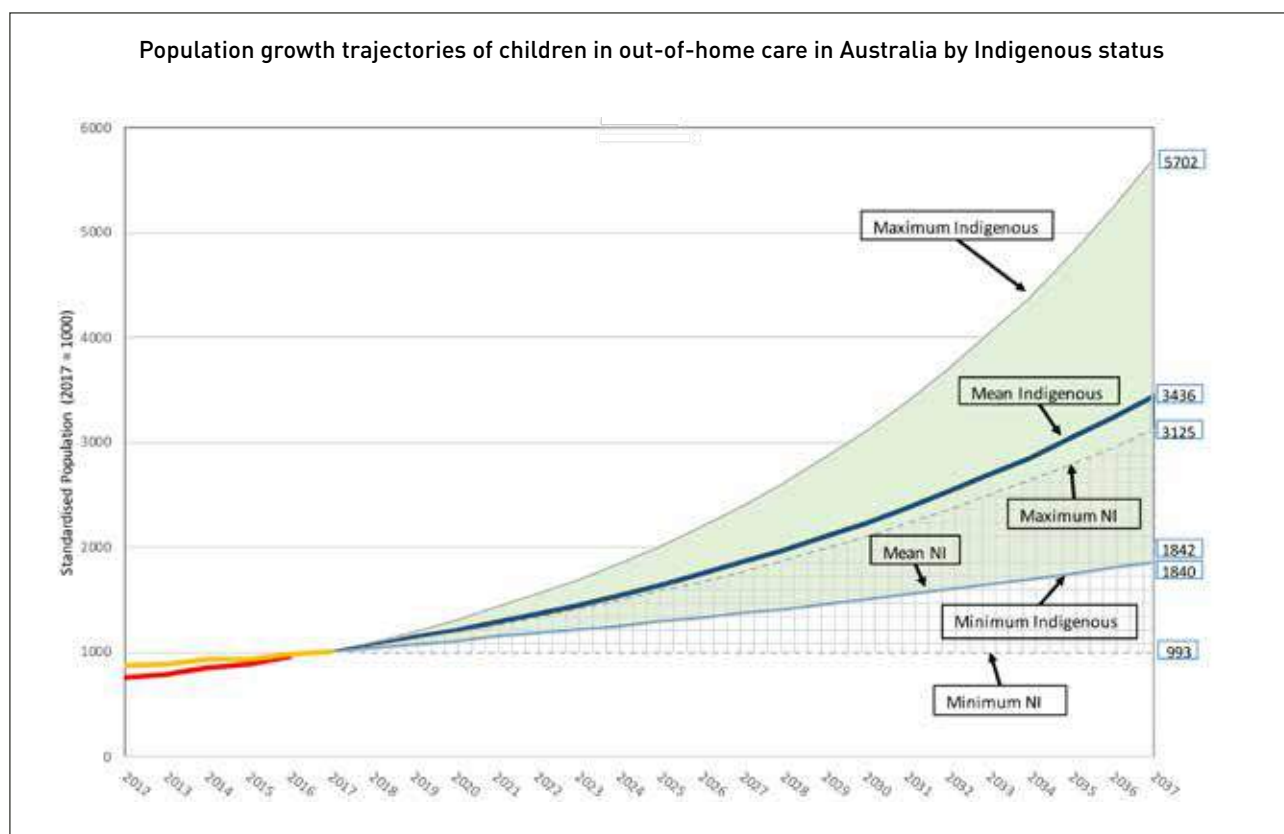
Notes: Populations are standardised to 1000 using population of Indigenous and non-Indigenous children in OOHC on 30 June 2017. Years 2012-2017 are based on observed populations in OOHC. Years 2018-2037 reflect estimated population growth trajectories under the assumption that each population continues to grow at its average annual population growth rate between 2010-2017. The ranges of the projected populations are based on the minimum and maximum population growth rates between 2010-2017.

disturbing picture of the future impacts on Aboriginal and Torres Strait Islander families and communities and highlights the tremendous challenges and opportunities for reform facing legislators, policy makers, program designers, and practitioners. Failing to embed all five elements of the Child Placement Principle in legislation, policy, programs, processes and practice means that over-representation can only increase.
Each of the four inter-related processes described earlier – in care, entering care, exiting care, length of stay – must be tackled, particularly through prevention, early intervention, and reunification of families.

1.5   STATE AND TERRITORY GOVERNMENT RESPONSES TO ADDRESSING DATA GAPS AND ACTIONS TO ADDRESS THE CAUSES AND GROWTH OF OVER-REPRESENTATION

States and territories were asked to provide data to address gap areas to inform the 2018 report. Data were requested on Aboriginal and Torres Strait Islander children commencing family support and intensive family support services, rates of reunification with birth parents, and reconnection to the care of family and kin. These findings are highlighted throughout the report. It is heartening that states and territories responded to

the request, with the exception of NSW, providing overall more data than was shared for the 2017 report.

As for previous reports, each state and territory government was invited to provide information about their current strategies, actions, and investments to reduce over-representation. All but one jurisdiction responded to the request and all responses expressed commitment to the Family Matters campaign, reducing the disproportionate representation of Aboriginal and Torres Strait Islander children in out-of-home care, and improving outcomes for Aboriginal and Torres Strait Islander children and families. As an indication of their commitment to the campaign, seven states and territories have signed the Statement of Commitment that commits them to the campaign's six core principles and corresponding actions.

Summaries of responses from states and territories about their efforts to reduce over-representation and support the Family Matters campaign are provided below.

(Note: States and territories were requested to provide a maximum 500-word response. Where significantly greater input was provided, responses have been summarised and some strategies have been omitted. Full state responses are included on the Family Matters website.)

VICTORIA

The Victorian government shares the Family Matters commitment to eliminating the over-representation of Aboriginal and Torres Strait Islander children placed in out-of-home care and to improving outcomes for Aboriginal and Torres Strait Islander children. A range of initiatives addressing over-representation were reported as being undertaken by the Department of Health and Human Services (DHHS) include:

- *The Roadmap for Reform: children and families:* "Guided by the principles of self-determination and self-management, the reform involves fundamental changes over time and immediate improvements of the child and family service system to ensure that Victoria will be a state with strong families and children who are safe, healthy and well." Key reform directions include addressing immediate concerns of carers, improving services to Aboriginal children, increased emphasis on early intervention, and implementing the recommendations of the *Royal Commission into Family Violence* to improve the safety of Aboriginal women and children. "The Children and Families Reform team is working towards creating a unified operational and service delivery framework with interconnected operating models, enabling children and families to move seamlessly between services, including Victorian Aboriginal communities. The reform also creates the opportunity to lead and create local solutions through design approaches where Aboriginal people take carriage of designing and delivering policies and programs."

- *Aboriginal Children's Forum:* Operating since 2016, the Aboriginal Children's Forum (ACF) is convened quarterly by the Minister for Families and Children and is co-chaired with a nominated ACCO CEO. The ACF comprises of ACCOs, community services organisations (CSOs) and departmental staff to address over-representation by delivering on priorities identified in the submission *Koorie Kids: Growing Strong in their Culture*. From June 2018, the ACF adopted the priorities and actions in the *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement*.

- *Wungurilwil Gapgapduir: Children and Families Agreement:* The Agreement was signed by the Minister for Families and Children and Aboriginal and community representatives on 26 April 2018. It sets out a vision for the future where all Aboriginal children in Victoria are safe, resilient, and thriving and living in culturally rich and strong Aboriginal families and communities. The 2018-19 Victorian State Budget allocated $53.3 million to support implementation of *Wungurilwil Gapgapduir*.

- *Transfer of case management and funding from non-Aboriginal providers to ACCOs:* In partnership with the ACF, DHHS is gradually transferring case management of Aboriginal children and resources to Aboriginal community-controlled organisations (ACCOs) as a key element of the Victorian Government's commitment to self-determination and self-management for all Aboriginal Victorians. DHHS agreed to targets set by the ACF for transfer of case management by the end of 2021. At June 2018, 28 per cent of Aboriginal children on a contractable order in out-of-home care were managed by an ACCO, an 11 per cent increase since 2017. "The department is working in partnership with ACCOs and CSOs to develop a robust, transparent and sustainable framework that enables Aboriginal communities to assume increased responsibility for vulnerable children in care."

- *Aboriginal Children in Aboriginal Care:* Under section 18 of the Children, Youth and Families Act, the department's Secretary can authorise the Aboriginal Principal Officer of an Aboriginal agency to undertake specified functions and powers in relation to a Children's Court protection order for an Aboriginal child. *Aboriginal Children in Aboriginal Care* is the operationalisation of section 18 and a key provision supporting Aboriginal self-management and self-determination. Launched in November 2017, the first authorisations were to VACCA's Principal Officer. A rural trial pilot is underway in the Dja Dja Wurrung region by Bendigo and District Aboriginal Co-operative (BDAC) with the intention of moving authorisation to the organisation later in 2018. "Both VACCA and BDAC have achieved an increase in family reunifications through strong family engagement with the program."

- *Improving responses to Aboriginal children – new model for cultural planning:* The Children, Youth and Families Act was amended in March 2016 to require a personalised cultural plan be provided to each Aboriginal child in out-of-home care to outline the goals and tasks needed to strengthen and build the child's connection to their Aboriginal community and culture. A new model was co-designed with the Commissioner for Aboriginal Children and Young People, ACCOs and CSOs. The 2018-19 State Budget allocated $11.9 million over four years for the new model. Cultural plans must be endorsed by an ACCO CEO. A statewide coordinator and Aboriginal cultural planners in ACCOs assist care teams to develop and implement cultural plans, and a cultural information portal for professionals and carers assists with cultural planning and building children's connections with their community. Training on cultural planning for child protection practitioners and sector partners has also been provided.

QUEENSLAND

Key strategies in which the Queensland Government is engaged are:

- partnering with Family Matters to eliminate the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, and working with Family Matters Qld. to make the issue a national priority;

- utilising *Our Way, a generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037* as the framework for transformational change and long-term commitment to change the way business is done – laws, investments, policies and practice – and to work together with Aboriginal and Torres Strait Islander communities to improve life outcomes for Aboriginal and Torres Strait Islander children and families experiencing vulnerability;

- implementing actions from *Changing Tracks 2017-19,* the first three year action plan for *Our Way,* to set the foundations for change;

- recognising self-determination as an essential enabler of change through establishing the Queensland First Children and Families Board to guide the implementation of *Our Way* and inform the evaluation of its impact and effectiveness;

- amending the *Child Protection Act 1999* to enable the safe care and connection of Aboriginal and Torres Strait Islander children with family, community and culture through mandating consideration of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle, and enabling the Chief Executive to delegate their functions and powers to Aboriginal and Torres Strait Islander organisations (these provisions will commence on a date to be set by proclamation); and

- in 2018-19, developing an Aboriginal and Torres Strait Islander Healing Strategy, designing a holistic Aboriginal and Torres Strait Islander child and family wellbeing outcomes framework and monitoring and evaluation strategy, and working with government and non-government partners to ensure the whole system is ready to operationalise the delegation of functions and powers in relation to an Aboriginal and Torres Strait Islander child to appropriate Aboriginal and Torres Strait Islander organisations.

Key achievements

- Delivering almost $1.35 million to 12 Queensland organisations under the Empowering Families Innovation Grants initiative to support community-led, place-based responses to keep Aboriginal and Torres Strait Islander children safe, well and connected, including a *Protecting our Children* media initiative in the Northern Peninsula and a Women's leadership program in Lockhart River.

- Partnering with the CREATE Foundation to empower Aboriginal and Torres Strait Islander young people transitioning from care by distributing 467 *Go Your Own Way* kits.

- Investing $34.34 million to deliver 33 family wellbeing services, operated by Aboriginal and Torres Strait Islander community-controlled organisations, to support Aboriginal and Torres Strait Islander families at risk or in contact with the child protection system. For the 2017-18 financial year, 3458 referrals were received. 583 of these were self-referrals.

- Funding 8 Early Childhood Development Coordinators to service a number of family wellbeing services to increase access to early childhood education for Aboriginal and Torres Strait Islander children, to improve linkages with the early childhood education sector.

- Establishing the Newpin Qld. Social Benefit Bond program in Cairns to safely reunify children in out-of-home care with their families, with a focus on Aboriginal and Torres Strait Islander families.

- Completing 10 *Changing Tracks* actions with the remaining 25 on track for completion by December 2019.

WESTERN AUSTRALIA

The Western Australia response referred to positive changes and reforms that "...continue to align with, and address, the strategies outlined in the Family Matters Roadmap and the National Framework for Protecting Australia's Children 2009-2020." Two overarching initiatives support the reforms:

• *Aboriginal Services Practice Framework* that builds on the Department of Communities' (Communities) commitment to work together to improve outcomes for children, families and communities "...in ways that are informed by Aboriginal culture; that are supported and led by Aboriginal communities; that recognise the legacy of past policies and practices; and in ways that support aspirations and outcomes"; and

• *Aboriginal Community Controlled Organisation (ACCO) Strategy to 2022,* which is intended to increase opportunities for ACCOs to deliver contracted child protection and earlier intervention and family support services to their communities and is identified as key to achieving the Framework's priorities.

Other initiatives are:

• *The Early Years Initiative* that will bring together stakeholders in four low-income communities (very remote, remote, regional, metropolitan) identified through data about high levels of early childhood vulnerability. Communities will be supported through engagement, empowerment and capacity building to find local solutions to local problems, identify what they need, and make changes that will support better learning and developmental outcomes for children from conception to four years. This includes international researchers who will help to discover what works best for children in those communities. Different approaches to supporting children will be tried, and children and their families will be at the centre of decisions about how services are delivered in their communities.

• *Regional Services Reform* to address the significant and historic gap between life outcomes for Aboriginal and non-Indigenous West Australians in regional and remote areas, particularly in the Kimberley and Pilbara. Reforms address three concerns: improved living conditions that enable families to prosper and not hold them back; supporting families to build their skills and overcome any barriers to doing so through improved service redesign and delivery; and supporting families to take up opportunities in education, employment and housing. The WA Government is collaborating with Aboriginal people, Commonwealth and local government, and service providers on the reforms. Projects include the 3-year Kimberley Schools Project that seeks to accelerate student improvement in schools

and communities that opt-in to the project; West Pilbara Trauma and Healing Plan that will include safe houses, men's shelter and stronger links between education and job training; and Kimberley Transformation, a new Communities service delivery model tailored to local communities that includes projects to test and implement semi-autonomous regional team governance, new models of person and family-centred service delivery, more effective approaches to commissioning, information-sharing across child protection, housing, youth justice and disability, professional development to build local leadership capacity, and staff co-location and community-led shop-front design.

• *Target 120 initiatives to turn kids' lives around*, led by Communities, aims to prevent young people offending and improve community safety. Dedicated service workers will work with young offenders and their families to help young people avoid a life connected to the justice system, before they reach detention. Targeted, coordinated and timely access will be provided by government and non-government services to tackle factors (e.g. substance abuse, domestic violence, poor school attendance and mental health issues) that increase a young person's likelihood of offending. 300 young people and their families will be supported in locations across WA from late 2018.

• *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy* is a coordinated strategy by government agencies and community services to address the over-representation of Aboriginal and children in out-of-home care by diverting children from and preventing entry to the system by re-aligning resources to deliver intensive, effective and coordinated services to meet the needs of at-risk Aboriginal families and their children. Service responses include family support networks that provide integrated assessment and service coordination for families and high-intensity case management, interventions and practical in-home support for families referred by the department for up to 12 months; the Aboriginal In-Home Support Service delivered in the metropolitan area by an ACCO with the support of a consortium of ACCOs to work intensively with families to address safety issues, strengthen family functioning and parenting skills, and create possibilities for significant change within high-risk families; and Intensive Family Support Services, a state-wide service offering flexible, tailored, intensive in-home support to families whose children are at risk of entering the OOHC system or to support reunification. Services will prioritise Aboriginal families and all services are either provided by an ACCO or in partnership with an ACCO, to ensure culturally appropriate service provision for Aboriginal families.

WESTERN AUSTRALIA (CONT)

Other initiatives are:

- *The Legislative Review of the Children and Community Services Act 2004* includes 70 recommendations with many aimed at improving outcomes for Aboriginal families in contact with the child protection system. Recommendations include "…strengthening consultation requirements with Aboriginal staff and organisations when placing Aboriginal children in care, and when developing cultural support plans and ensuring decisions in cultural support plans are reviewable by the Care Plan Review Panel and the State Administrative Tribunal. The recommendations of the Legislative Review align with Communities current review on the Permanency Planning Policy and Practice Review. A strong focus of this review is improving permanency outcomes, particularly for Aboriginal children and families, by improving adherence to all five elements of the Aboriginal Torres Strait Islander Child Placement Principle (prevention, partnership, participation, placement and connection)."

- *Building a Better Future: Out-of-Home Care Reform in Western Australia* has three elements. The Family Care Support Service will provide support to families where there is a risk of children being moved to non-family care arrangements. Aboriginal children and their families will be prioritised and include supporting children to remain connected to country and family, culture and community. The Care Team Approach to Practice Framework seeks to maintain and support a child's care arrangement and continued connections to parents, siblings, their wider family network,

community and culture. For Aboriginal children, the care team must promote and support the development of a strong and secure cultural identity, consult with an Aboriginal Practice Leader when identifying care team members, and the majority of whom should be Aboriginal where possible. The Native Title Project aims to connect Aboriginal and Torres Strait Islander children in care with any entitlements arising from current or future Native Title claims in WA.

- *Stopping Family and Domestic Violence Policy* that introduced reforms to support people who are victims of family and domestic violence, including commencing planning to provide culturally appropriate support and services to Aboriginal women and children. A consortium comprising of government, community sector services, ACCOs and academia has been convened to develop a project plan for a 10-year, across-government strategy to reduce family and domestic violence.

- *Getting ready for pre-birth planning project* aims to increase the participation of Aboriginal family members in earlier collaborative planning between Communities, ACCOs and family, to create safety and better outcomes for newborn children.

- *Pre-Hearing Conference Signs of Safety Aboriginal Support Project*, a partnership between Communities and Legal Aid WA, that aims to better prepare and increase the participation of Aboriginal families in pre-hearing conferences to make it easier to reach agreement without court intervention. A verbal and pictorial handbook is used by staff to talk through the process with Aboriginal families.

NEW SOUTH WALES

The NSW government provided a response to the Family Matters campaign's request for information on their current strategies to address over-representation after the *Family Matters Report* had already been completed.

As a result, the update is not reflected in the analysis throughout this report, but it has been included as an additional insert at the end of the Report.

SOUTH AUSTRALIA

Reflecting on the findings from the Family Matters 2017 report, the South Australian Government is committed to focussed collaborative efforts to improve outcomes for Aboriginal children through "...culturally safe and responsive child-centred quality practice, while encouraging a partnership and participatory approach with Aboriginal community controlled organisations, families, carers and communities. It is also equally focused on ensuring mechanisms are in place to ensure government is accountable for action and outcomes." Strategic, legislative and governance frameworks have been put in place to achieve goals, particularly the commencement in 2018 of the *Children and Young People (Safety) Act 2017* which embeds full implementation of the Aboriginal and Torres Strait Islander Child Placement Principle, including the five principles as a framework for broader action and mechanisms for increasing the participation of Aboriginal children, families and carers in decision-making. SA is committed to developing policy and strategy to support more Aboriginal gazetted organisations to be recognised under the Act and is working on an across government strategic framework for delivery and accountability for the commitment to reducing the over-representation of Aboriginal children in out-of-home care.

The Department for Child Protection (DCP) includes an Aboriginal Practice Directorate "...to provide advice and to ensure Aboriginal governance is embedded in all policy, programs and practice." Principal Aboriginal Consultants have been recruited to each service directorate and the department has committed to achieving a workforce participation rate of 10 per cent (currently 5 per cent).

An Office of the Commissioner for Aboriginal Children and Young People has been established to ensure the voices of all Aboriginal children are represented in government decision-making and to promote the rights, development and wellbeing of Aboriginal children in SA. Once appointed, the Commissioner will consult on the establishment of an appropriate Aboriginal community engagement mechanism.

Other relevant activity includes:

- The Early Intervention Research Directorate's (EIRD) focus on building the evidence base around practice and investment in prevention and early intervention supports for Aboriginal children.
- Establishment of an Aboriginal Leaders Group to provide governance for EIRD-commissioned research from the Australian Centre for Child Protection.
- Development of targeted cross-sector responses and partnerships with the domestic and family violence sector and with education in the past 12 months.
- Introduction of legislated family group conferencing to support increased Aboriginal family-led decision-making, including a trial being undertaken in partnership with Aboriginal families to inform state-wide expansion.
- Establishment of a Multi Agency Assessment Unit that provides an integrated cross-agency approach to responding to notifications, including making referrals to government and non-government early intervention services.
- Development and implementation following evaluation of the Aboriginal Cultural Identity Support Tool that ensures cultural considerations are incorporated into case management with Aboriginal children.
- Adoption of the Winangay carer assessment tool to support culturally appropriate assessment and meets Aboriginal carer and children's needs.
- Role of the Aboriginal Family Scoping Unit in working closely with case managers, focusing on finding kinship placements, identifying family decision makers for Aboriginal children in OOHC and supporting connections to culture.
- Operating the Kanggarendi programs aimed at meeting the needs of Aboriginal families and children through relationship building, intensive and culturally specific case management and service delivery, and providing Aboriginal interpretations and meaning to child protection practice.
- Embedding responsibility for cultural safety and responsiveness across DCP performance frameworks.
- Participation by the DCP Senior Executive Group in an Aboriginal Learning Circle.

TASMANIA

Tasmania reported that the government is working with other jurisdictions to progress the *National Framework for Protecting Australia's Children 2009-2020*, which includes developing a comprehensive and consistent national data set on Aboriginal and Torres Strait Islander child safety and wellbeing, and implementing the Aboriginal and Torres Strait Islander Child Placement Principle in the Child Safety Service. The government continues to focus on and invest in activities that support family preservation and reunification for all children, including Aboriginal and Torres Strait Islander children.

The following initiatives undertaken by Communities Tasmania support this focus:

- Investment of $1.15 million for a 12-month trial, commenced in February 2018, of Intensive Family Engagement Services as part of Strong Families, Safe Kids – the redesign of Tasmania's child safety system. The services target improved outcomes for families with complex needs, addressing risks in the home environment and reducing the need to remove children from their homes. The trial consists of a panel of services providing intensive family functioning and parenting skills aimed at preventing the imminent separation of children from their primary caregivers. The Tasmanian Aboriginal Corporation (TAC) is one of the services that delivers intensive case management and support to Aboriginal families.

- Further investment of $7.5 million over the next three years to build on this trial and provide additional intensive family engagement services, including for Aboriginal and Torres Strait Islander families. This will include increased investment in families with more complex needs.

- The *Strategic Plan for Out of Home Care in Tasmania 2017-2019* focusses efforts on ensuring the design and delivery of OOHC services are planned and coordinated. The following initiatives have been completed and are contributing to positive outcomes for children OOHC: employment of a Clinical Practice Educator and Consultant position to support OOHC clinical practice, and appointment of a Child Advocate to provide a greater *voice* to children in OOHC on the quality of the care they experience and decisions made about their care.

- A pakana (Aboriginal) understandings cultural awareness training pilot has been developed to respond to the over-representation of Aboriginal children in OOHC and in the youth justice system. The training aims to provide improved support and resources to Children and Youth Services staff in their work with Aboriginal children, their families and their community.

AUSTRALIAN CAPITAL TERRITORY

The ACT reports a number of initiatives with a focus on addressing the over-representation of Aboriginal and Torres Strait Islander children in the child protection system have been implemented. These are:

- *Our Booris, Our Way* review of the over-representation of Aboriginal and Torres Strait Islander children in OOHC, announced in June 2017, that focuses on systemic improvements to address disproportionality and seek to better understand why children enter out-of-home care and develop strategies to reduce the number of children entering OOHC; improve their experiences and outcomes while in OOHC; and examine ways for children to return home safely. The review was co-designed and – reflecting self-determination – is overseen by an Aboriginal and Torres Strait Islander Steering Committee, which "...provides an opportunity for Aboriginal and Torres Strait Islander people to directly shape efforts to divert children and young people away from the child protection system and improve outcomes for families in the ACT."

- *A Step Up for Our Kids – Out of Home Care Strategy* was introduced in 2015. It emphasises preventing children entering care and creating a system that recognises and helps children address the trauma they have experienced. A baseline report was published in early 2018 to outline implementation progress as at June 2017 and provide a working benchmark for measuring change. "Early progress against key elements has already been achieved with positive increases in relation to Aboriginal and Torres Strait Islander children and young people across most measures where data was available." Due in late 2018, a mid-evaluation strategy report will provide "...a comprehensive view of how the Strategy is performing against the evaluation framework, and the outcomes delivered by services under the strategy in the medium and long-term."

- A family group conferencing pilot specifically for Aboriginal and Torres Strait Islander families commenced in November 2017 with the aim of the diverting families from Children's Court processes and ensuring "...all members of the child's family are contacted and encouraged to be involved in the decision-making about their child's situation." Funding of $1.44 million over 4 years was committed in the 2018-19 Budget for family group conferencing. "Early results indicate that the pilot has been successful in maintaining children at home safely."

- Commencement of a trial of Functional Family Therapy – Child Welfare by Gugan Gulwan, in partnership with OzChild, to work with Aboriginal and Torres Strait Islander families with children aged birth to 17 years facing vulnerable times in their lives and at risk of entering OOHC, with the aims of preventing entry to OOHC or safe restoration at home, reducing or eliminating the need for ongoing involvement of the child protection system and creating positive family experiences.

NORTHERN TERRITORY

"Consistent with the Royal Commission into the Protection and Detention of Children in the Northern Territory, the Northern Territory Government recognises the vital role Aboriginal organisations play in supporting Aboriginal families. To that end, the Territory is committed to working in partnership to reduce the disproportionately high number of Aboriginal children and young people in care, and to enable Aboriginal people to play a greater role in the planning, design, management and delivery of services for Aboriginal children, youth and families."

Universal and targeted services

- "Territory Families recently introduced a service to refer vulnerable families for earlier support and reduce the need for statutory intervention. Additionally, in 2017-18, Territory Families made a new commitment of $100,000 to Aboriginal Medical Services Alliance Northern Territory to commence the service design for an early intervention family support service for Aboriginal families who are identified as at risk by Territory Families and/or who self-identify as needing support in their parenting. Thereafter Territory Families has committed $800,000 per annum for an Aboriginal Controlled Health Service to deliver this service in at least one location commencing in 2018-19 for a three-year period. A further $1.14 million has been committed over four years from 2018-19 to fund the staged establishment of 11 Child and Family Centres, building on the existing 6 centres. They will be able to adopt 'recognised entity' status, enabling them to support children and families engaging with the child protection system. The criteria for selecting operators of the Centres will be developed to preference Aboriginal controlled organisations."

Participation, control, and self-determination

- "The Northern Territory Government supports Aboriginal self-determination and has introduced local decision making (LDM) as a 10-year plan to transfer power back to Aboriginal communities. In line with this approach, Territory Families will introduce family group conferencing, firstly developing a model in 2018-19 in partnership with Aboriginal controlled organisations, children and families; and then implementing the model from 2019-20, expanding to up to 350 conferences over the first three years. Meanwhile, Territory Families is continuing to fund and work with Aboriginal Peak Organisations NT and SNAICC to create and build Aboriginal-led and managed OOHC services in the Northern Territory. At the same time, promising community-led practices are emerging. For example, community leaders in East Armhem Land, with support from Territory Families, established the Mikan Community Reference group in 2017. The Mikan group provides direct advice to Territory Families on the care and protection of Yolgnu children and is working with the East Arnhem office to help reduce the risk of child abuse and neglect in the local community."

Culturally safe and responsive systems

- Territory Families is finalising its Cultural Security Framework to ensure that the agency's activities, behaviours, policies, and standards promote the highest level of cultural competence. The strategy recognises the need to integrate and embed Aboriginal cultural worldviews and values across the child and family welfare sector. The Government has also committed to a $4.2 million grant program for Aboriginal organisations to find and support Aboriginal families to safely care for Aboriginal children in OOHC, building on the success of an existing partnership with Tangentyere Council to pilot a kinship mapping and training program within Central Australia. An additional investment in the expanded use of interpreters will also help ensure families can engage in planning and reunification in their first language.

Accountability

- "A Tripartite Forum has been established – with representatives from the Commonwealth and Northern Territory governments, and the community sector, particularly Aboriginal-controlled organisations – to guide implementation of the reforms resulting from the Royal Commission. The forum is chaired by Donna Ah Chee, a highly respected Aboriginal woman with a long career in the human services sector, and met for the first time on 23 July 2018. The Forum will meet four times per year and deliver an annual report to the Territory and Commonwealth Governments as well as peak agency boards."

PART 2

DATA ON ECONOMIC, SOCIAL AND COMMUNITY LEVEL FACTORS

2.1 OVERVIEW

Part 2 of this report focuses on the economic, social and community-level factors that impact the wellbeing, healthy development and safety of Aboriginal and Torres Strait Islander children. It explores the structural factors and drivers of vulnerability for children and families, and reports on both service access and measurable outcomes across domains that impact most on safety, development and wellbeing for children.

Human development is a result of the interaction between a variety of factors that are inherited from ancestors and that are present in the environment in which children grow and develop. (Moore et al., 2017). Evidence demonstrates that the period from conception through the early years of a child's life is critical in providing strong foundations for lifelong physical and mental health, and social and emotional wellbeing (Ritte et al., 2016). When children do not feel safe, calm or protected, the child's brain places emphasis on survival ahead of preparing for learning and growth. There is a cumulative negative effect on learning and development when children are exposed to adverse environments and experiences early, and continue to be exposed to such experiences. (Moore et al., 2017).

Aboriginal and Torres Strait Islander child wellbeing includes safety, health, culture and connections, mental health and emotional wellbeing, home and environment, learning and skills, empowerment and economic wellbeing. These wellbeing domains are inter-related – for example, having access to material basics is essential to full participation in learning and education, which contributes to safety and security. Achievement of wellbeing outcomes depends on a complex interplay between individual (child) and family factors and broader community and societal factors, which means focusing on just one wellbeing domain to the exclusion of others will not lead to improvements in overall child wellbeing. Ensuring children grow up safe and cared for requires commitments and actions from multiple sectors (Queensland Government, 2016).

The range of personal, family 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. There are a variety of factors that may bring children and families to the attention of statutory child protection

agencies. For Aboriginal and Torres Strait Islander families, the drivers of child protection involvement are a consequence of the economic, social and political contexts in which families live (UNICEF, 2010). Poverty and housing are described in this section as structural drivers of child protection intervention. These structural drivers are themselves the consequence of broader factors relating to historical and continuing racism and discrimination, including particularly the inter-generational harm caused by forced child removals that brought about the Stolen Generations.

There is clear evidence that prevention and early intervention have crucial impacts on children's health and wellbeing. Family interventions are more effective when applied early in children's lives (Allen, 2013; Fox et al., 2015; Heckman, 2008). Whole-of-population preventative measures not only improve family capabilities and community wellbeing, but also have a downstream effect in reducing risk, harms and child maltreatment. Quality services which are initiated during pregnancy, and continue throughout the first years of life (the early years), can improve child developmental and wellbeing outcomes, shift developmental delays, and contribute to population-level outcomes.

Investment in **primary prevention** and **early intervention** (see page 26, Figure 1) to strengthen families can provide long-term social and economic benefits by disrupting trajectories that lead to adverse adult outcomes.

The extent to which children and families access high-quality universal and targeted services is described in this section. Available information is included on access to relevant services, as well as data on key child outcomes targeted by these services. The thematic areas addressed are identified because of the evidence that indicates that they are the most active or commonly identified issues impacting a child's development, wellbeing and safety. They include: maternal child health, early childhood education and care, family support services, drug and alcohol, family violence and mental health.

Over time, this list and the available data will be expanded. Where available, data provided in the 2016 or 2017 reports have been updated.

2.2 STRUCTURAL DRIVERS OF CHILD PROTECTION INTERVENTION

a) Poverty

Poverty is one of the major drivers of contact with the child protection system. For Aboriginal and Torres Strait Islander communities, high rates of poverty stem from experiences of colonisation, discrimination, forced child removal, and the inter-generational impacts of resulting trauma (Aboriginal and Torres Strait Islander Healing Foundation, 2013). Children experience trauma through their connection to adults and communities that are dealing with the negative impacts of history, including dispossession and cultural identity loss, as well as directly through exposure to violence, abuse and neglect that occur more commonly in communities experiencing poverty and disadvantage (Atkinson, 2013). Neglect is far more commonly the primary reason for substantiation of harm for Aboriginal and Torres Strait Islander children than for non-Indigenous children (AIHW, 2018b), reflecting the significant challenges for families to access the resources and supports needed to provide safe care.
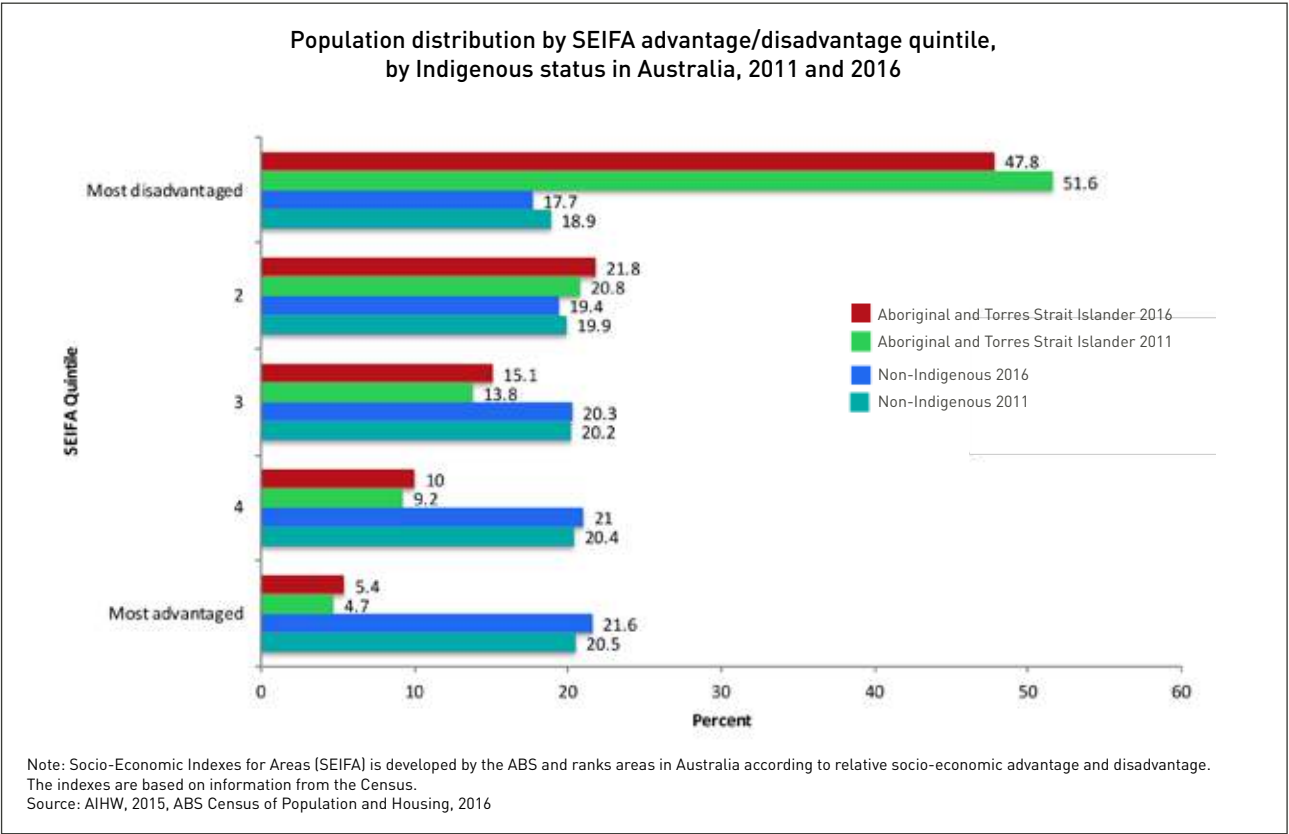
Examining the level of socio-economic disadvantage amongst Aboriginal and Torres Strait Islander households provides a proxy indication of the extent to which families are experiencing poverty. The Australian Bureau of Statistics produces a national population distribution as determined by the Socio-Economic Indexes for Areas (SEIFA) derived from Census data. SEIFA ranks areas across Australia according to relative socio-economic advantage and disadvantage. Data from the 2011 and 2016 censuses by Indigenous status is shown in Figure 14. The distribution of the non-Indigenous population is spread evenly across the SEIFA deciles. The 2016 census data show that Aboriginal and Torres Strait Islander people are more likely to live in the most disadvantaged areas, with 48 per cent living in the bottom fifth most disadvantaged areas, compared to 18 per cent of non-Indigenous people. In 2016, only 5.4 per cent of Aboriginal and Torres Strait Islander people lived in areas of high relative advantage, compared with 22 per cent of non-Indigenous people (ABS, 2018).

### b) Housing (homelessness and over-crowding)

Access to safe and healthy housing environments has a substantial impact on the capacity of families to provide safe and supportive care for children (Courtney, Dworsky, Piliavin, & Zinn, 2005; Dworsky, Courtney, & Zinn, 2007; Slack, Lee & Berger, 2007). Problems with housing – for example, homelessness, overcrowding, and unstable housing tenure – are indicative of the types of vulnerability and risk that can lead to children coming to the attention of child protection authorities. Moreover, housing problems make it more difficult for children to be reunified with their family, if they are removed.

Aboriginal and Torres Strait Islander people experience higher rates of homelessness, overcrowded housing, and unstable housing tenure. In 2016-17 there were 64,644 Aboriginal and Torres Strait Islander people, who provided information on their Indigenous status, who accessed specialist homelessness services, continuing to be over-represented in the homelessness population and as users of specialist homelessness services (AIHW,2018c). Aboriginal and Torres Strait Islander people comprised 25 per cent of the people accessing these services. Numbers are not only increasing, but growing faster than for the general population. Aboriginal and Torres Strait Islander people return more often to services than non-Indigenous people and the period of support is getting longer, and is longer than for non-Indigenous people.

FIGURE 14 Population distribution by SEIFA advantage/disadvantage quintile, by Indigenous status in Australia, 2011 and 2016

Population distribution by SEIFA advantage/disadvantage quintile, by Indigenous status in Australia, 2011 and 2016

Note: Socio-Economic Indexes for Areas (SEIFA) is developed by the ABS and ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the Census.
Source: AIHW, 2015, ABS Census of Population and Housing, 2016

FIGURE 15 Rate ratios comparing Indigenous and non-Indigenous clients accessing specialist homelessness services in Australia 2011-12 to 2016-17

Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous clients accessing specialist homelessness services in Australia

Source: Specialist Homelessness Services Annual Report, WEB 217 (AIHW, 2018b)
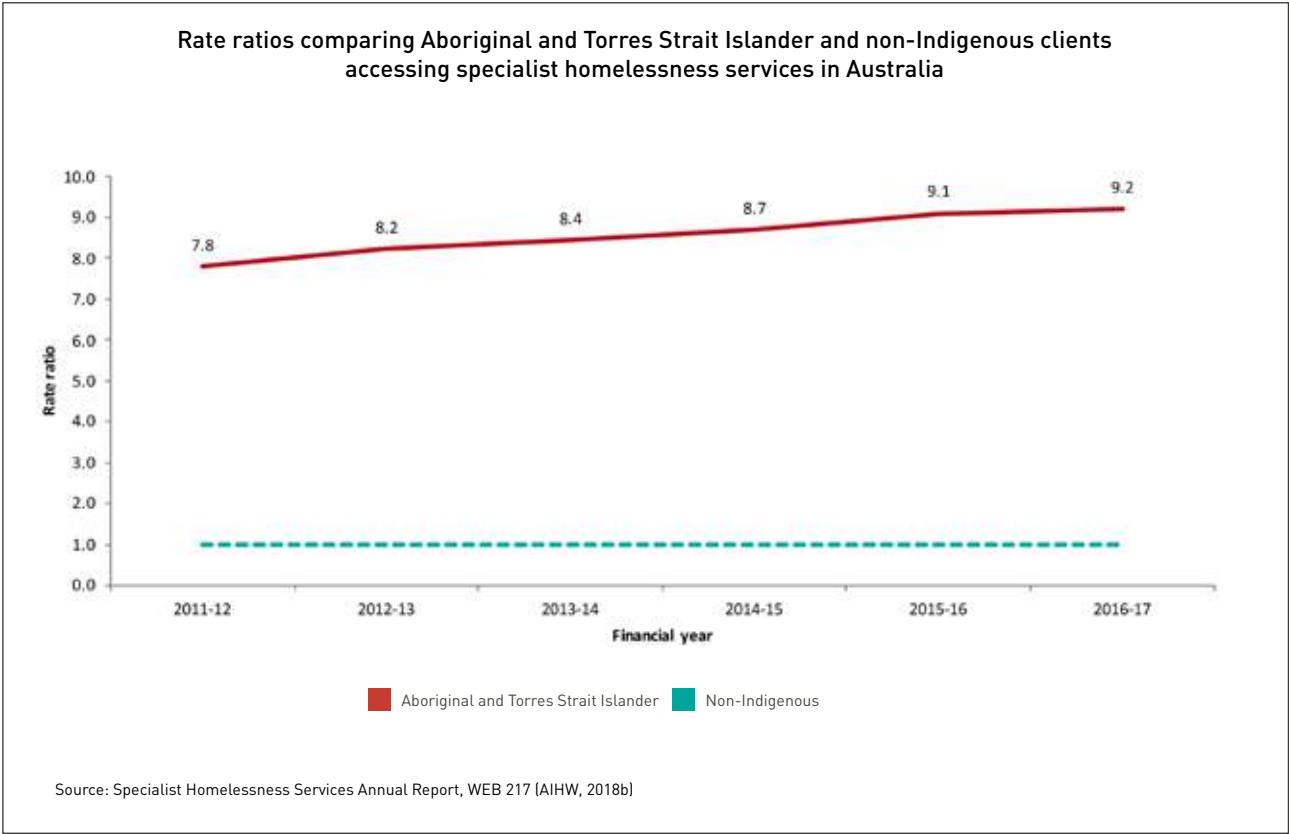
The disparity between the rates of Aboriginal and Torres Strait Islander and non-Indigenous clients accessing homelessness services in Australia has been increasing over the past 6 years (Figure 15). In 2016-17, across Australia, clients accessing homelessness services were 9.2 times more likely to be Indigenous, up from a rate ratio of 7.8 in 2011-12. At the commencement of homelessness services during 2016-17, over a third (35 per cent) were single parents with a child or children. **One in four Indigenous clients (23 per cent) using homelessness services was a child under the age of 10 years, compared with 14 per cent for non-Indigenous children under 10 years** (AIHW, 2018c). The main reasons for Aboriginal and Torres Strait Islander clients seeking services were for a housing crisis (26 per cent) and domestic and family violence (23 per cent) – an identified high-risk factor for child abuse and neglect.

While the disparity of accessing specialist homelessness services amongst Aboriginal and Torres Strait Islander and non-Indigenous clients increased steadily for people living in major cities or inner/outer regional areas, the disparity doubled between 2011-12 and 2015-16 for Indigenous people in remote and very remote areas (Figure 16). The disparity dropped in 2016-17 to Indigenous people being 17.7 times more likely than a non-Indigenous person to access a service in a remote or very remote area.

Another concern is overcrowded households, but no updated data were available at the time of writing.

The 2011 Census determined that **1 in 4 Indigenous peoples were living in overcrowded households** (AIHW, 2014b). For data presented in Figure 17, an overcrowded household is defined as one that requires one or more extra bedrooms to meet the Canadian National Occupancy measure, which defines overcrowding as no more than two people per bedroom, children over 5 years and of the opposite sex with separate bedrooms, and single household members over 18 years and parents or couples with separate rooms.

While the disparity in the rate of overcrowded households amongst Indigenous peoples in comparison to non-Indigenous people has decreased over the past 15 years, **Aboriginal and Torres Strait Islander peoples are still almost 4 times more likely to live in overcrowded households.** State-specific data on overcrowded households and by remoteness level are available, but are not included as they are beyond the scope of the current report.

Housing tenure types for Aboriginal and Torres Strait Islander people suggest a significantly lower level of housing stability than exists for non-Indigenous people. Aboriginal and Torres Strait Islander households were over 6 times more likely to reside in social housing than non-Indigenous households, 1.3 times more likely to live in rental properties, and 50 per cent less likely to reside in homes they owned than non-Indigenous households (Figure 18). Unfortunately, statistics on housing tenure type amongst families with children

FIGURE 16   Rate ratios comparing Indigenous and non-Indigenous people accessing specialist homelessness services by remoteness in Australia 2011-12 to 2016-17

Source: Specialist Homelessness Services Annual Report, WEB 99 (AIHW, 2015), WEB 162 (AIHW 2016), WEB 217 (AIHW, 2018b)
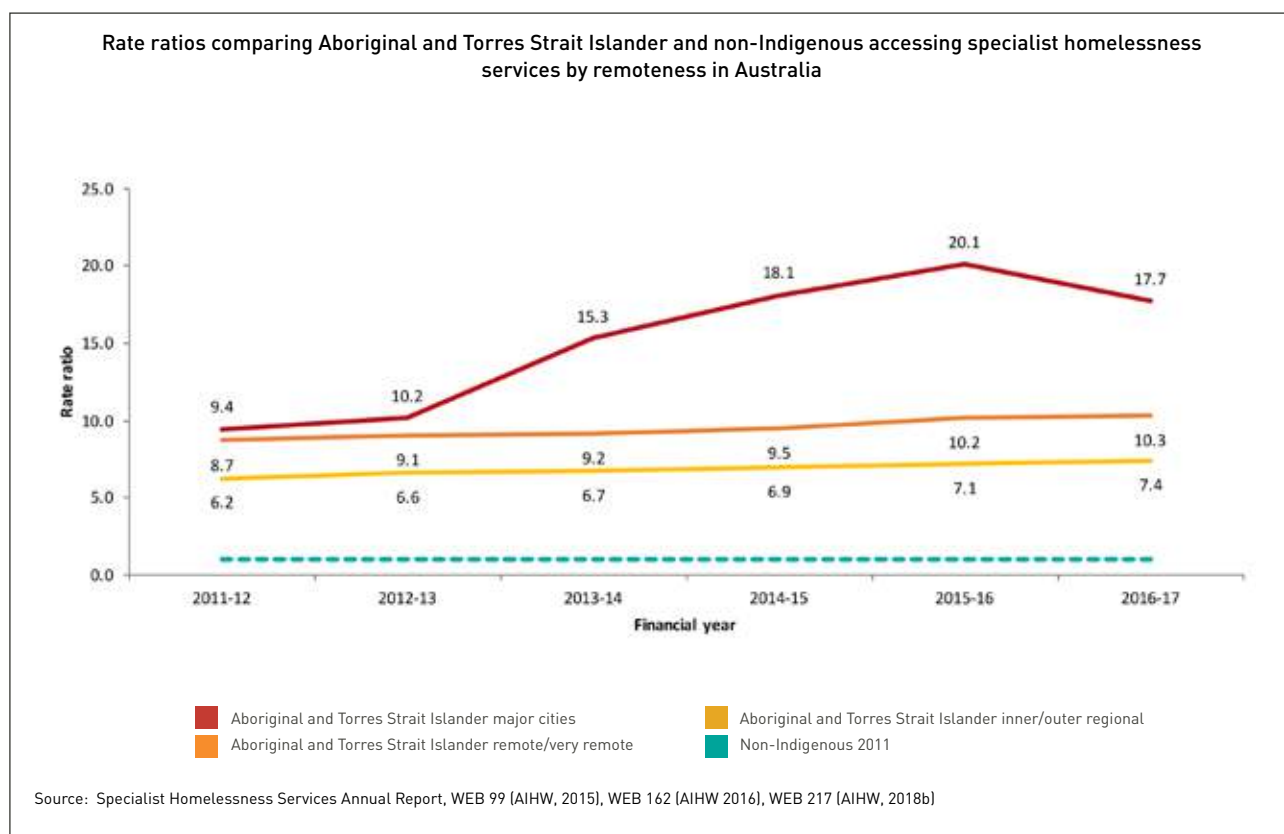
FIGURE 17 Rate ratios comparing overcrowded households amongst Indigenous and non-Indigenous peoples in Australia

Source: Table B3.1 (AIHW, 2014)
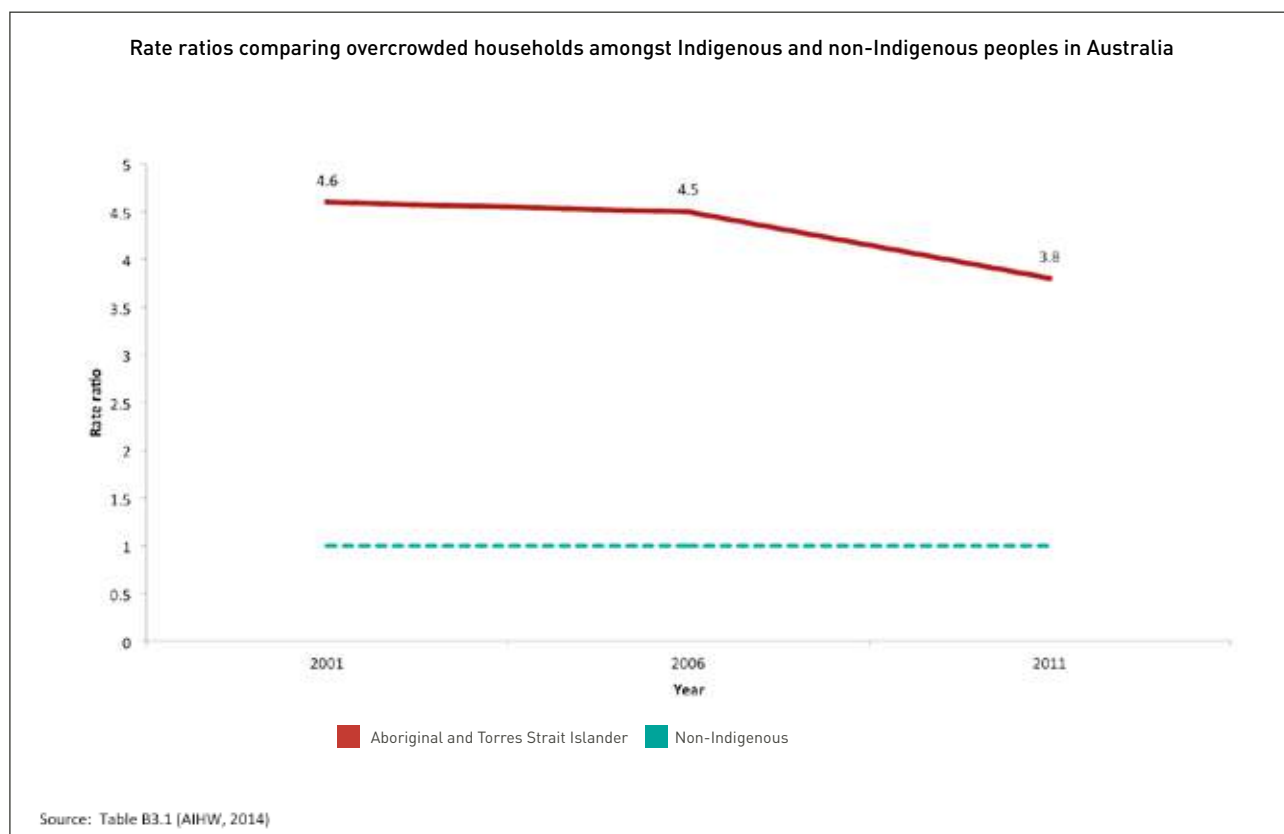
FIGURE 18 Rate ratios comparing housing tenure type amongst Indigenous and non-Indigenous households in Australia in 2011

Source: Table B2.1, B2.2 (AIHW, 2014)
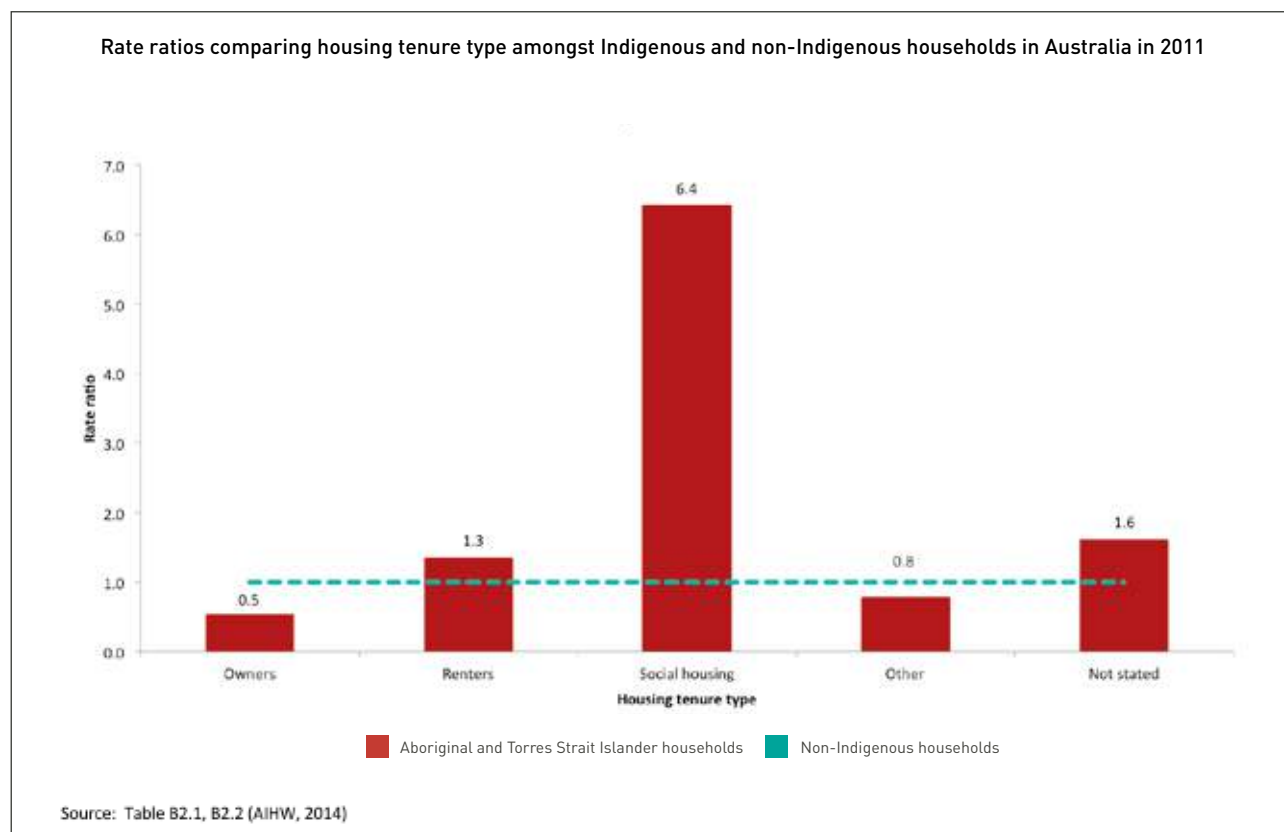
were not available, nor was information on the quality of housing available. As socio-economic status increases, Aboriginal and Torres Strait Islander households become less prevalent and non-Indigenous households more prevalent. This reflects that poverty and housing tenure type are inextricably bound. Even relatively advantaged Aboriginal and Torres Strait Islander households are less likely than non-Indigenous people to own their own home. While approximately 22 per cent of Aboriginal and Torres Strait Islander households were living in social housing in major cities, in remote areas this increased to approximately 40 per cent, and up to almost 70 per cent in very remote areas

DATA GAPS

HOMELESSNESS AND OVERCROWDING

Data gaps exist in relation to quality of housing, housing tenure type amongst families with children (rather than Aboriginal and Torres Strait Islander peoples in general), data on homelessness, and problems of housing and overcrowding as it relates to children and families entering or involved with the child protection system. There are no evaluations of early intervention programs with housing components aimed at keeping Aboriginal and Torres Strait Islander children from entering out-of-home care.

RECOMMENDATION: Develop data collection and reporting on housing tenure type for families with children by Indigenous status.

RECOMMENDATION: Develop data collection and reporting on specialist homelessness service access and overcrowding specifically for children and families in contact with child protection services by Indigenous status.

2.3 ACCESS TO QUALITY, CULTURALLY SAFE UNIVERSAL AND TARGETED SERVICES

Family Matters Building Block 1 is "All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive". The extent to which children and families have access to, and receive, high-quality universal and targeted services is described in this section. Available information is included on access to relevant services, as well as data on the child outcomes targeted by these services.

a) Maternal and child health

Inequity trajectories start early. Pregnancy, birth and early childhood are critical transition periods for families, especially mothers and infants, and present a time of great opportunity for healthy growth, learning and development, as well as to reduce vulnerabilities associated with child protection notifications (Holland, 2015).

While most Aboriginal and Torres Strait Islander women, infants and families do well and thrive, there remains significant proportions of poor maternal outcomes, perinatal outcomes, and infants who do not get the best start to life. For expectant mothers, experiences of disadvantage are closely linked to a range of factors that affect the healthy development of children during pregnancy and early in a child's life. Key factors that negatively impact child development at this critical stage include domestic violence, psychological stress, substance misuse, and poor nutrition (Moore et al., 2017).

Despite these heightened risks, women from the most disadvantaged areas, and particularly those living in rural and remote areas, are also the least likely to access critical antenatal care (ANC), particularly during the first trimester when risk of harm to the foetus is heightened and where service links and referrals are best established (Moore et al., 2017).

ANC is an important step in establishing a trusted relationship between the Aboriginal and Torres Strait Islander family and service professionals, and can be a critical pivot in the trajectory of an infant's life as it opens the door to many other services on referral – not just maternity services. Regular ANC that commences early in pregnancy has been found to have a positive effect on health outcomes for mothers and infants (Eades, 2004; Australian Health Ministers Advisory Council [AHMAC], 2012; Arabena et al, 2015).

ANC is especially important for Aboriginal and Torres Strait Islander women who are at higher risk of giving birth to pre-term and low-birthweight babies, and who have greater exposure to other risk factors and complications such as anaemia, poor nutrition, chronic illness, hypertension, diabetes, smoking, and high levels of psychosocial stressors (de Costa & Wenitong, 2009; AHMAC, 2012).

While initiating ANC in the first trimester is a significant indicator for future service engagement, Aboriginal and Torres Strait Islander women are less likely to access ANC in the first trimester of pregnancy and, overall, access less ANC visits than non-Indigenous women.

Figure 19, depicting data from the Aboriginal and Torres Strait Islander Health Performance Framework (AHMAC, 2017), shows that just over half of Aboriginal and Torres Strait mothers (54 per cent in 2014) attended ANC in the first trimester of pregnancy and 86 per cent attended five or more times during their pregnancy. From 2011 to 2014, the proportion of Aboriginal and Torres Strait mothers who attended ANC in the first trimester of pregnancy increased from 46.5 to 52.3 per cent. However, in 2014 the age-standardised proportion of Aboriginal and Torres Strait Islander mothers who attended ANC in the first trimester was still lower than for non-Indigenous mothers (by 8.8 percentage points, 52.3 per cent compared with 61.1 per cent, respectively).

Figure 20 shows that there were significant variations in levels of access based on geographic location. For Aboriginal and Torres Strait Islander mothers the rate was highest in outer regional areas (60.6 per cent) and lowest in major cities (47.6 per cent).

Age-standardised percentage of mothers who attended at least one antenatal care session during the first trimester, by Indigenous status; Vic, Qld, WA, SA, Tas, ACT and NT; 2011 to 2014.

Source: AIHW 2015, Table 3.01.21
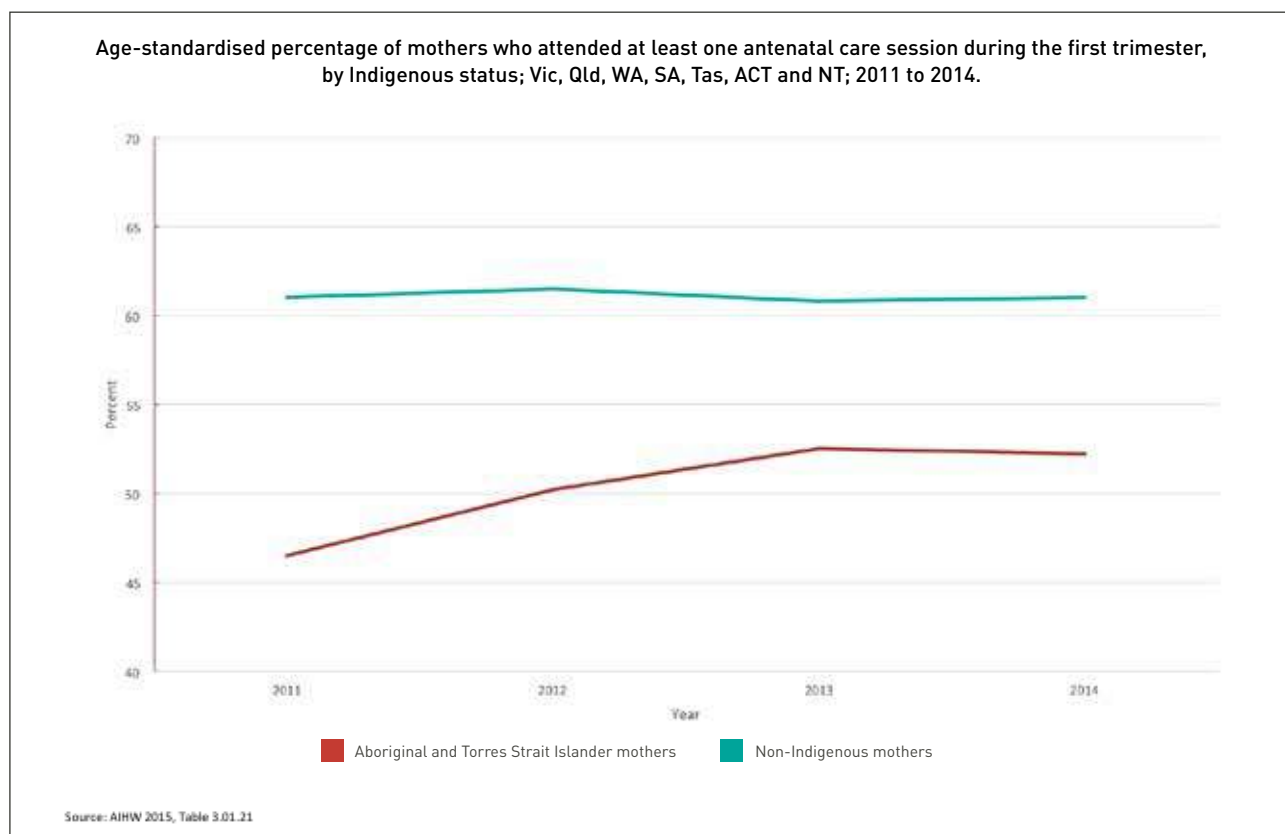
FIGURE 20   Age-standardised percentage of mothers whose first antenatal care session occurred in the first trimester, by Indigenous status and remoteness, 2014

Age-standardised percentage of mothers whose first antenatal care session occurred in the first trimester, by Indigenous status and remoteness, 2014

Source: AIHW 2014, Table 3.01.10
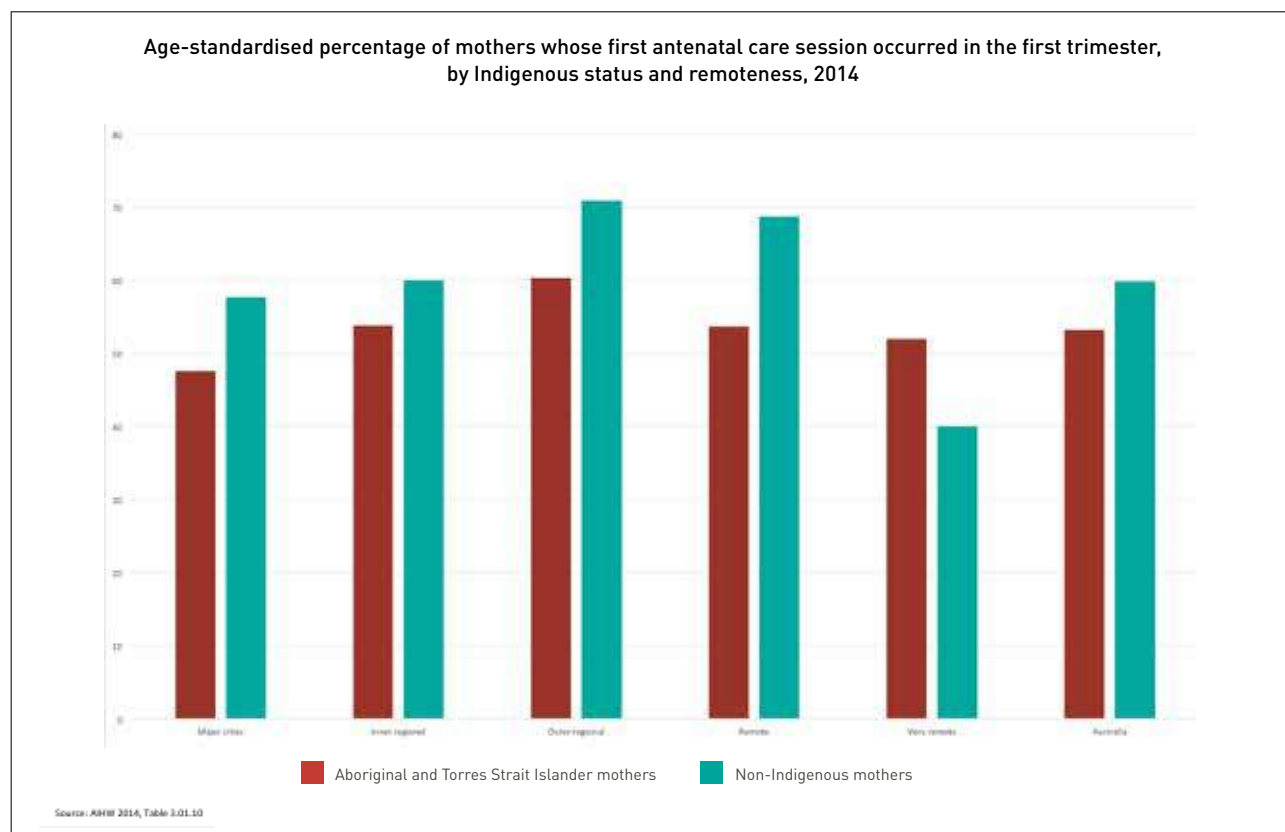
The health of a baby at birth is a determinant of their health and wellbeing throughout life. Birthweight is a key indicator of infant health and a determinant of a baby's chance of survival and health later in life. Incidence of babies born both small for gestational age and of a low birthweight was more common among babies born to mothers who smoked during pregnancy, Aboriginal and Torres Strait Islander mothers and multiple births (twins, triplets).

Figure 21 shows that, compared with Aboriginal and Torres Strait Islander women who received ANC in the first trimester, women who received no ANC were approximately 4 times as likely to have a pre-term or low birthweight baby. This data confirms the importance of early engagement in ANC in the first trimester.

Quality care during pregnancy provides a crucial opportunity to support the development of healthy parenting behaviours and skills. Culturally safe provision of ANC links the woman and her family with a number of services, including health, intensive family support, drug and alcohol, and family violence, and increases the chance of managing risks early. Inadequate care during this time – especially early within the first trimester – delays a critical link in the continuum of care, and affects both women and babies (Kruske, 2012).

In Australia, Aboriginal and Torres Strait Islander child deaths account for more than 10 per cent of all child deaths, despite the fact that Aboriginal and Torres Strait Islander people comprise around 3 per cent of the total population (ABS, 2018).

One of the *Closing the Gap* targets is to halve the gap in mortality rates between Aboriginal and Torres Strait Islander children and non-Indigenous children aged 0-4 years between 2008 and 2018. These mortality targets are based on mortality rates for those under 5 years of age, which combines infants (0 to 1 year old) with children (1 to less than 5 years old). This remains problematic because the data demonstrates different trends for infant mortality (Figure 22) compared to child mortality (Figure 23).

Aboriginal and Torres Strait Islander infant mortality rates have decreased substantially over the past decade (Figure 22), although the Aboriginal and Torres Strait infant mortality rate was approximately double (1.9 times) the non-Indigenous rate over the period 2012 to 2016. More than half of deaths (53 per cent) in this group were caused by *perinatal conditions* – such as, birth trauma, foetal growth disorders, complications of pregnancy, and respiratory and cardiovascular disorders – which again highlights the need for appropriate, accessible and culturally safe ANC and maternity services.

FIGURE 21   Relationship for Indigenous mothers between duration of pregnancy at first antenatal care session and low-birthweight babies, 2014
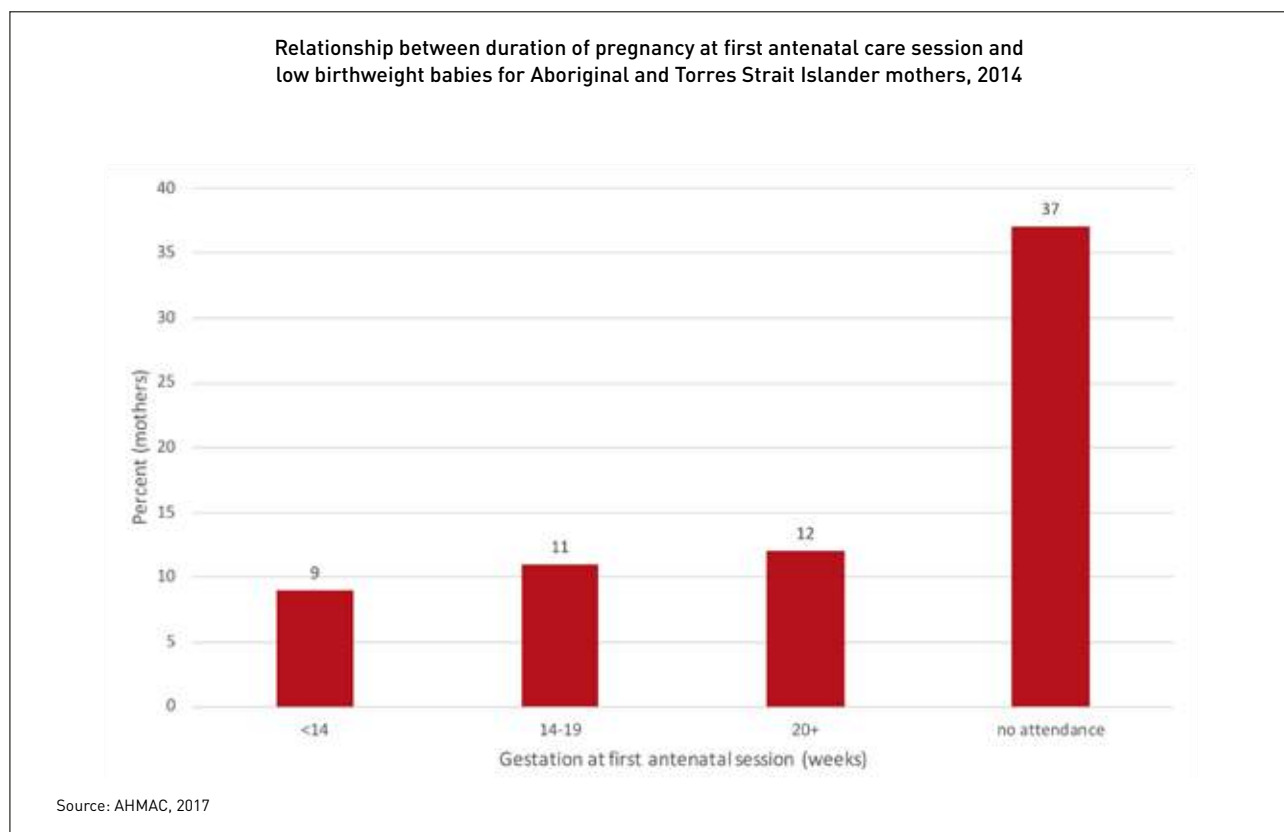

Relationship between duration of pregnancy at first antenatal care session and low birthweight babies for Aboriginal and Torres Strait Islander mothers, 2014

Source: AHMAC, 2017

FIGURE 22   Infant mortality rate (1998 to 2015)

Infant mortality rate (1998 to 2015)

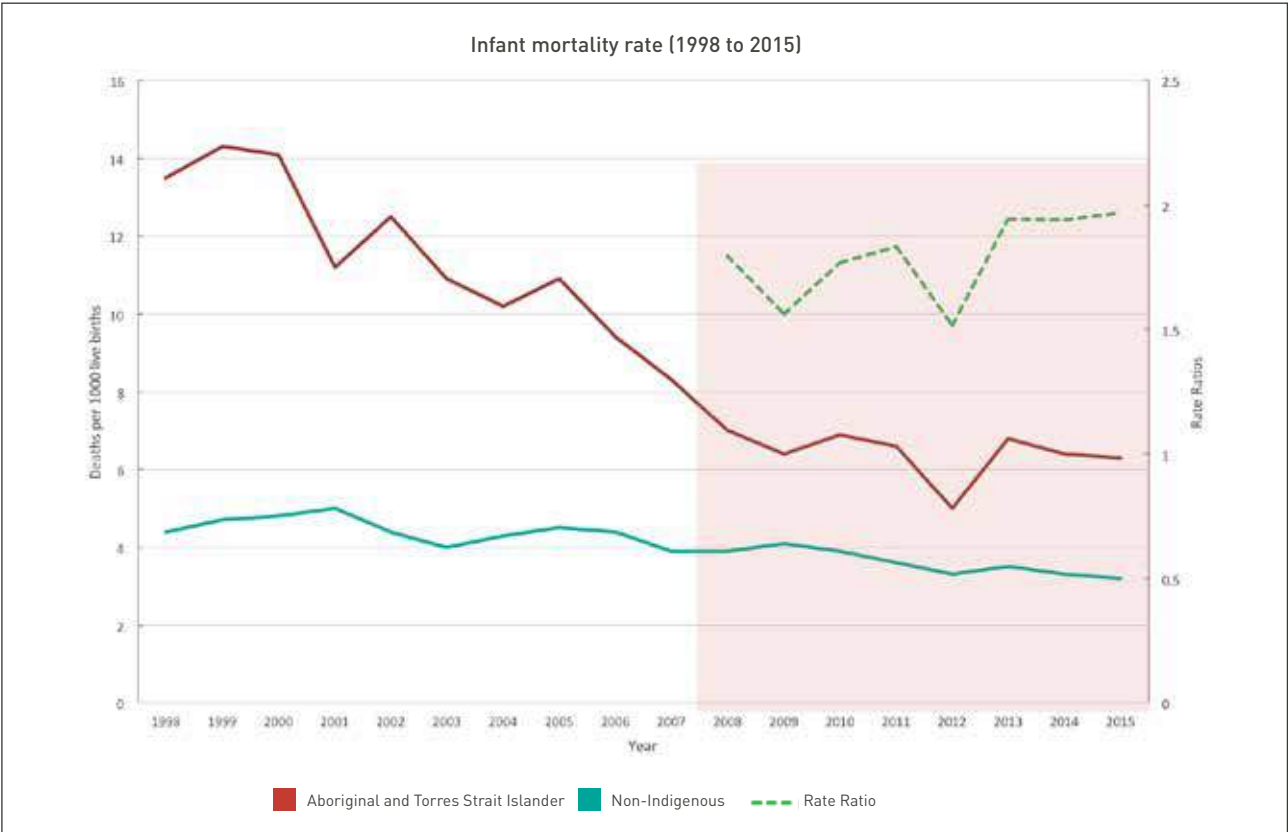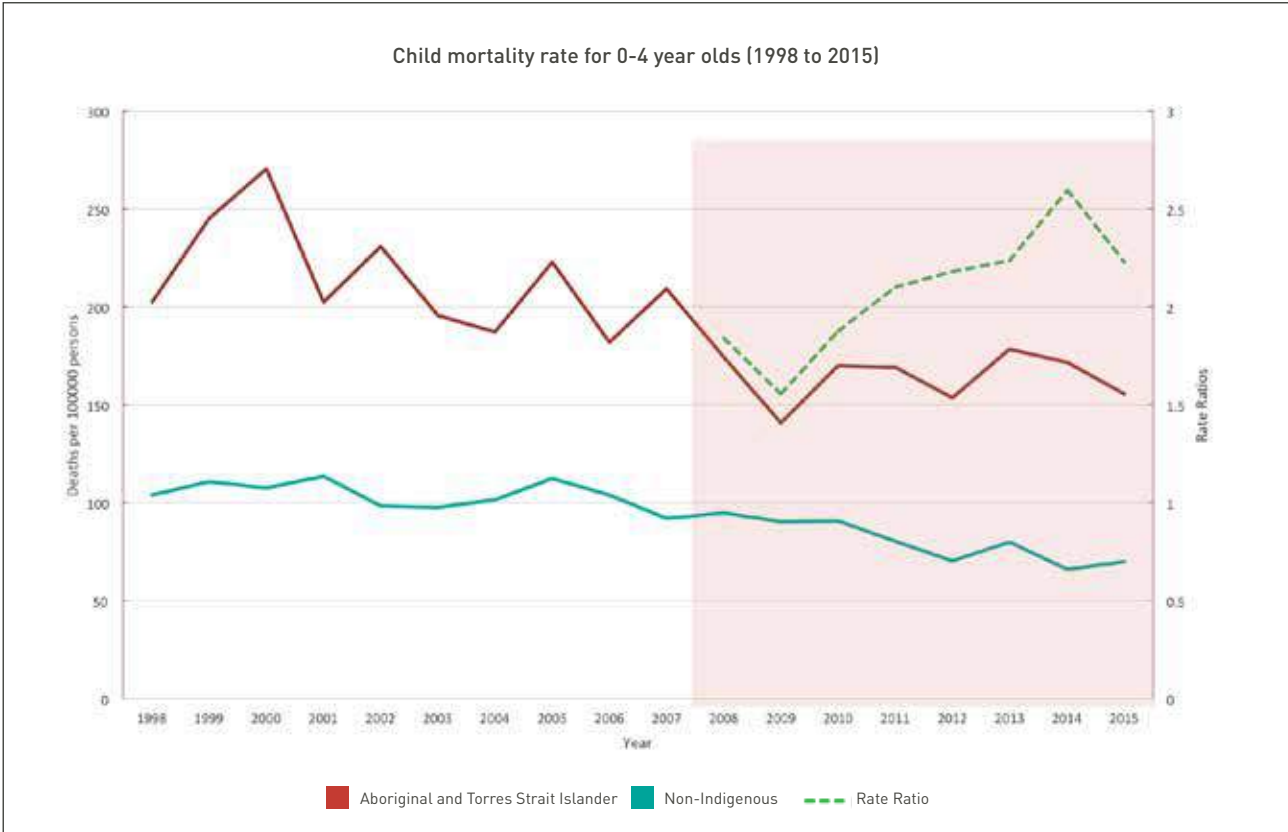FIGURE 23   Child mortality rate for 0-4 year olds (1998 to 2015)

Child mortality rate for 0-4 year olds (1998 to 2015)

While progress has been made, the disaggregation of mortality data demonstrates that progress towards *Closing the Gap* on mortality for under 5 years is off track and the gains in infant mortality are largely driving the overall decrease in the total under 5 years mortality.

b) Early childhood education and care

The formative years of a child's life are a critical predictor of their successful transition to school and life-long education, health, wellbeing and employment outcomes (Fox et al., 2015). Early childhood education and care (ECEC) services are intended to provide a safe and supportive environment for children to learn and grow. They can be integrated or co-located with other family support and early childhood services to provide a universal access point that links families with young children to each other, and with information and services that strengthen parents' capacity to care for their children. For this year's report, data related to ECEC are discussed above in the *Focus on the Early Years* section authored by Professor Deborah Brennan.

DATA GAPS

COMMUNITY-CONTROLLED ECEC

National data reporting on ECEC service participation did not disaggregate Aboriginal and Torres Strait Islander children who participated in services funded under the Budget Based Funding (BBF) program. The BBF program ceased to exist on 30 June 2018 and childcare services transitioned to mainstream funding. Given that the program no longer exists, it is essential that separate data be collected on provision of Aboriginal and Torres Strait Islander community-controlled ECEC, an important indication of the level of culturally safe service provision. SNAICC advocates strongly for the development and support of an Aboriginal and Torres Strait Islander early years sector, incorporating existing BBF and Aboriginal Children and Family Centre services and building capacity for new community-led services, to address the gap in developmental outcomes and ECEC participation for Aboriginal and Torres Strait Islander children. This position is not supported by current Commonwealth Government policy.

In addition, data that includes the socio-economic status of ECEC service participants, remoteness, and the location of ECEC services would facilitate a better understanding of Indigenous access to ECEC services.

RECOMMENDATION: Collection and publication of data on investment in Aboriginal and Torres Strait Islander community-controlled ECEC services, and access for Aboriginal and Torres Strait Islander children to these services, as a critical point for culturally safe primary prevention service provision.

INTEGRATED EARLY CHILDHOOD SERVICES Data on access for Aboriginal and Torres Strait Islander families to integrated early childhood support services through centre-based environments that provide a range of early childhood service supports is another significant gap. While services such as Aboriginal Children and Family Centres and Multi-Functional Aboriginal Children's Services have long provided these types of support, the level of investment and access for families is not reported nationally.

RECOMMENDATION: Development of data on investment in, and Aboriginal and Torres Strait Islander access to, integrated early childhood support services.

c) Investment in family support services

Provision of prevention and early intervention supports to families is one of the major strategies used to improve outcomes for children and families experiencing vulnerabilities, and is a core strategy in the *National Framework for Protecting Australia's Children 2009-2020* (COAG, 2009).
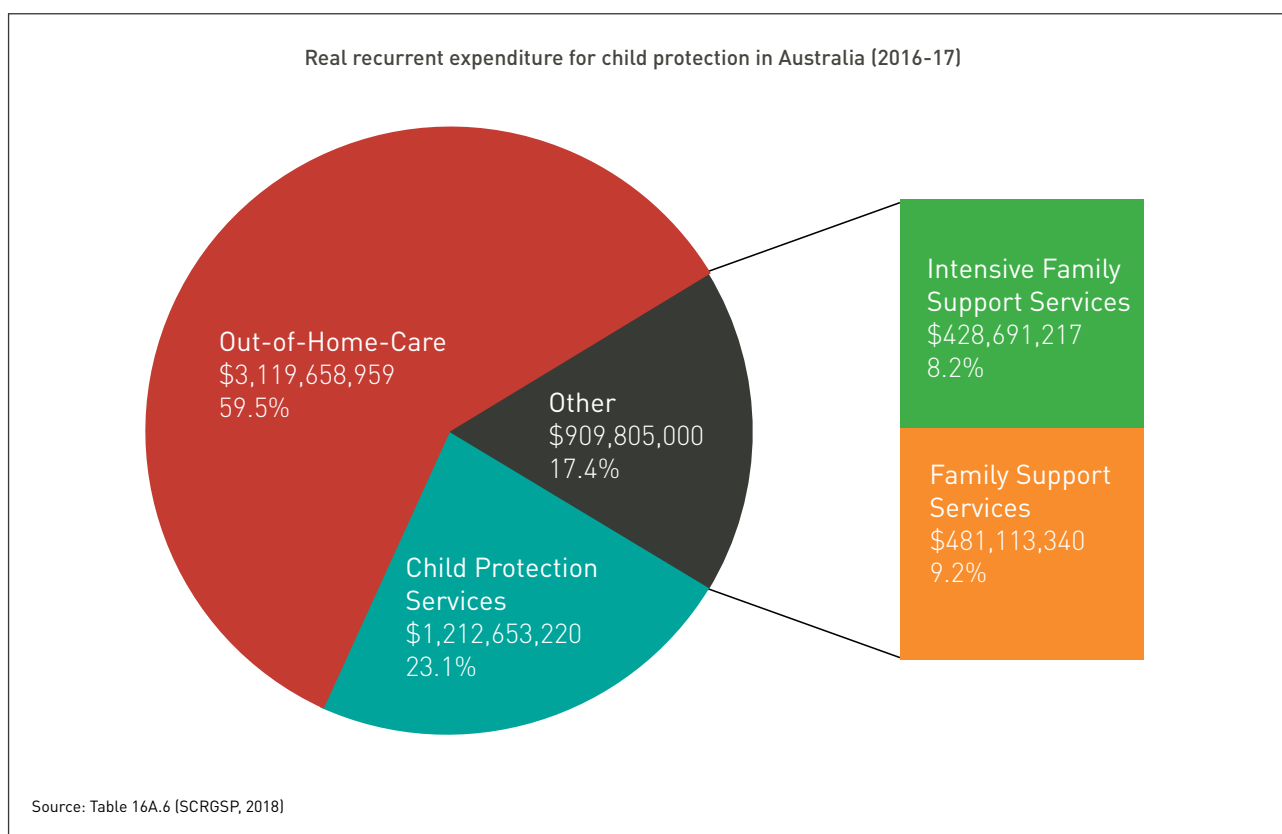
Publicly reported state and territory expenditure on child protection and family support services is not available by Indigenous status, which means there is no clear picture of whether Aboriginal and Torres Strait Islander families receive an equitable share of resources relative to needs. However, examination of recurrent expenditure provides a useful indication of the level of intensive family support provided to families for the purposes of preservation or reunification/restoration, as compared to expenditure on protective intervention services – for example, receiving reports, investigation and assessment, court, interventions – and out-of-home care services. Core service types that are identified as critical in supporting families experiencing vulnerabilities include: intensive family support to preserve and reunify families where there are child protection concerns; in-home parent support services; and, other casework support for families experiencing lower-level difficulties.

In 2016-17, state and territory governments invested just over 17 per cent of overall real expenditure on child protection in family support and intensive family support services for children and their families – less than $910 million, compared to over $4.3 billion, or 83 per cent, of funds spent on protective intervention services and out-of-home care services (Figure 24) (SCRGSP, 2018). At only 9 and 8 per cent of the overall budget, respectively, governments are not only under-investing in intensive family support services and family support services, but also not shifting the balance despite rhetoric about the value of prevention and early intervention. To reduce unnecessary state intervention in Aboriginal and Torres Strait Islander family life, expenditure must be re-balanced from statutory child protection intervention (i.e. tertiary level and court-ordered) to early intervention family support services (i.e. voluntary and secondary level) (COAG, 2009).

Examining the change over time in expenditure categories provides an indication of whether, and the extent to which, expenditure is being shifted from tertiary to secondary and preventive services. Of particular interest is the investment in services for children and families to receive support to prevent statutory child protection intervention or to support early reunification of children with family, compared with the investment in statutory intervention services including out-of-home care. Between 2011-12 and 2016-17, relative investment in these support services decreased, albeit slightly, while investment in out-of-home care services increased from 52.7 per cent to
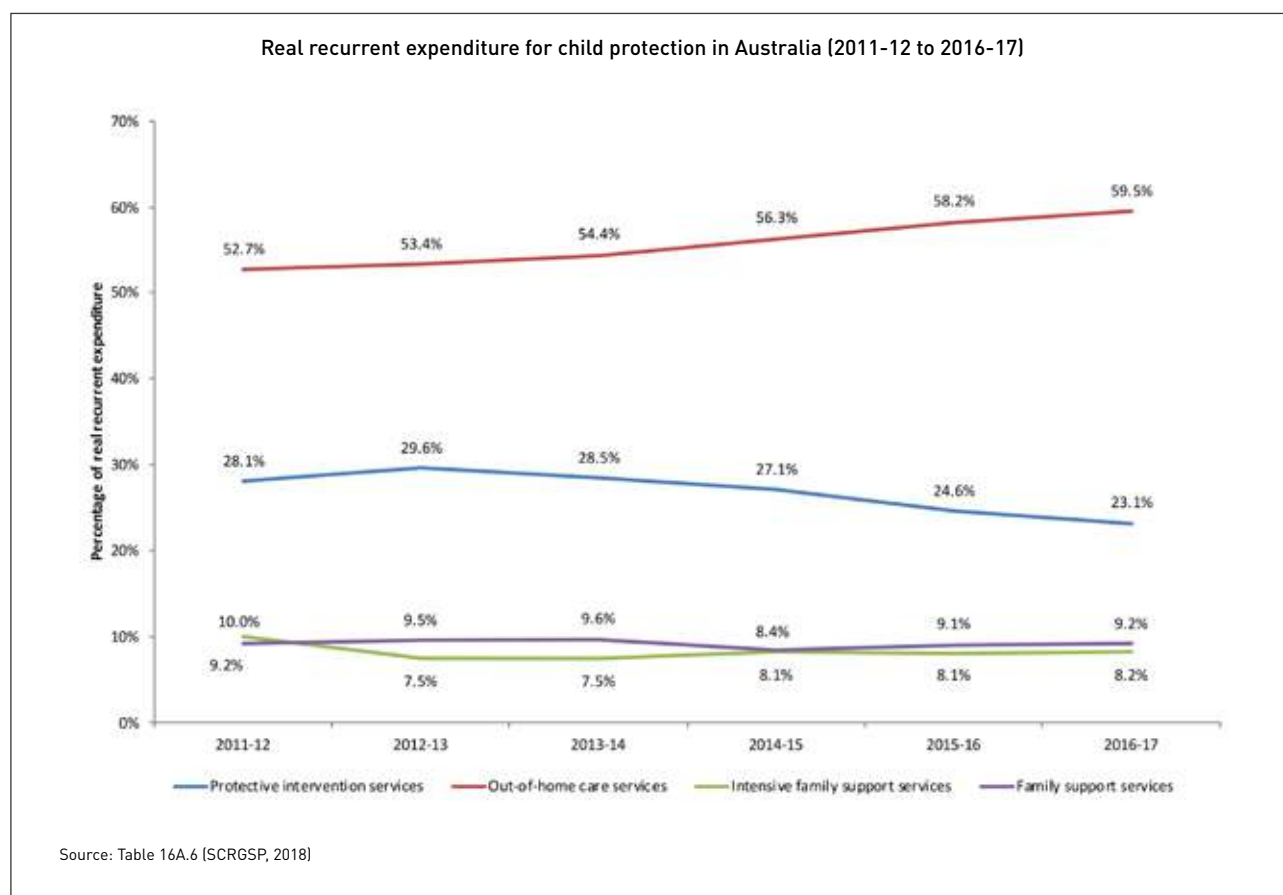
FIGURE 24   Real recurrent expenditure for child protection in Australia (2016-17)

Real recurrent expenditure for child protection in Australia (2016-17)

Out-of-Home-Care
$3,119,658,959
59.5%

Other
$909,805,000
17.4%

Child Protection Services
$1,212,653,220
23.1%

Intensive Family Support Services
$428,691,217
8.2%

Family Support Services
$481,113,340
9.2%

Source: Table 16A.6 (SCRGSP, 2018)

59.5 per cent of overall investment. Funding for protective intervention services decreased from 28.1 per cent to 23.1 per cent over the same period. Figure 25 shows the percentage changes over the 6-year period. Although the relative percentage changes appear small, the changes amount to millions of dollars, with funding for out-of-home care rising from $2.04 billion in 2011-12 to $3.12 billion in 2016-17. At the very least, this indicates that investment in early intervention and prevention services has not kept pace with the increased level of investment in tertiary services, predominantly out-of-home care. Table 2 shows the breakdown of funding in 2016-17 by states and territories.

FIGURE 25 Real recurrent expenditure for child protection in Australia (2011-12 to 2016-17)

Source: Table 16A.6 (SCRGSP, 2018)

Table 2   Real recurrent expenditure for child protection services – protective intervention services (PIS), out-of-home care (OOHC), intensive family support services (IFSS), and family support services (FSS) by state and territory governments, 2016-17

JURISDICTION	PIS		OOHC		IFSS		FSS		TOTAL
	Unit $'000	%	Unit $'000	%	Unit $'000	%	Unit $'000	%	
NSW	418,447	22.6	1,135,516	61.3	181,948	9.8	117,429	6.3	1,853,340
VIC	242,183	22.2	566,526	52.0	114,820	10.5	165,161	15.2	1,088,690
QLD	281,852	29.5	524,975	55.0	74,400	7.8	73,580	7.7	954,807
WA	178,252	37.7	262,785	55.6	10,297	2.2	21,411	4.5	472,745
SA	32,875	6.4	399,038	78.2	30,307	5.9	47,850	9.4	510,070
TAS	19,289	20.0	63,573	65.9	7,117	7.4	6,418	6.7	96,397
ACT	12,937	20.5	42,491	67.2	5,002	4.5	2,826	7.9	63,255
NT	26,818	13.2	124,755	61.5	4,800	2.4	46,438	22.9	202,812
AUSTRALIA	1,212,653	23.1	3,119,659	59.5	428,691	8.2	481,113	9.2	5,242,116

Source: Table 16A.6 (SCRGSP, 2018)

d) Access to family support services

While quality data are not available on access and utilisation of all family support services, data are published about access to intensive family support. Intensive family support models provide time-limited, in-home, intensive casework supports aimed at addressing the complex needs of families experiencing vulnerabilities. Some of these are operated by Aboriginal and Torres Strait Islander community-controlled organisations and they have been found to bridge known barriers to service delivery by providing culturally strong casework supports and assisting families to access and navigate the broader service system (SNAICC, 2015).

States and territories were asked to provide data on Aboriginal and Torres Strait Islander children's access to both non-intensive and intensive family supports services (IFSS) for Aboriginal and Torres Strait Islander children. Data was received from all states and territories except Tasmania and New South Wales.

Victoria provided data about Aboriginal and Torres Strait Islander families' use of particular family support programs in 2016-17. A total of 3085 families were reported as using the following services: Child FIRST and Integrated Family Services (2766), Cradle to Kinder (154), and Stronger Families (165).

WA provided published data about the number of Aboriginal and Torres Strait Islander children commencing an intensive family support service.

Of the 528 children who commenced a service, 241 (45.6 per cent) were Aboriginal and Torres Strait Islander.

South Australia provided data about the number of Aboriginal and Torres Strait Islander children commencing intensive family support services, including targeted intervention services and family preservation and reunification services in 2016-17. Of the total 906 children, 406 (45 per cent) were Aboriginal and Torres Strait Islander children. Over 49 per cent of the children accessing family preservation and reunification services were Aboriginal and Torres Strait Islander children. Data were not available about children accessing non-intensive family support services.
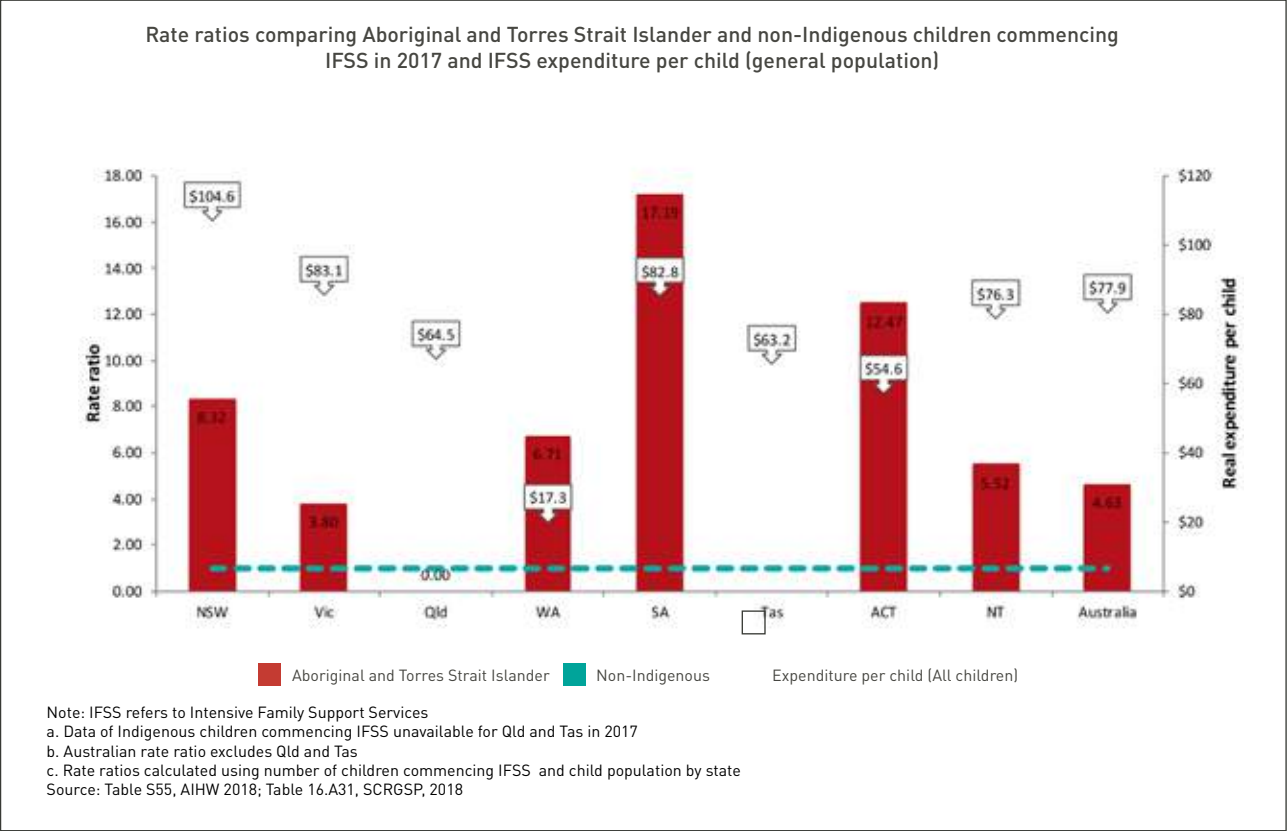
The ACT provided the most comprehensive data, including the commencement for both intensive and non-intensive family support services for Aboriginal and Torres Strait Islander children in 2016-17. Of the 387 children who commenced an intensive family support service in 2016-17, 101 (26.1 per cent) were Aboriginal and Torres Strait Islander children. Of the 9683 children whose Indigenous status was recorded commencing non-intensive family support services through child and family centres, 1435 (14.8 per cent) were Aboriginal and Torres Strait Islander children. Of the children commencing family support services through the Uniting Children and Families Program, 58 (27.4 per cent) of the 212 children were Aboriginal and Torres Strait Islander children. In 2016-17, young people were also accessing a family support service through Gugan Gulwan Youth Aboriginal Corporation: 115 young people were supported, and 48 exited after achieving identified needs; 1270 participated in group programs; 115 received individual support; and 21 were supported with therapeutic services.

In the Northern Territory, approximately 80 per cent (330) of children commencing intensive family support services in 2016-17 were Aboriginal and Torres Strait Islander children. Data were not provided about children commencing non-intensive family support services.
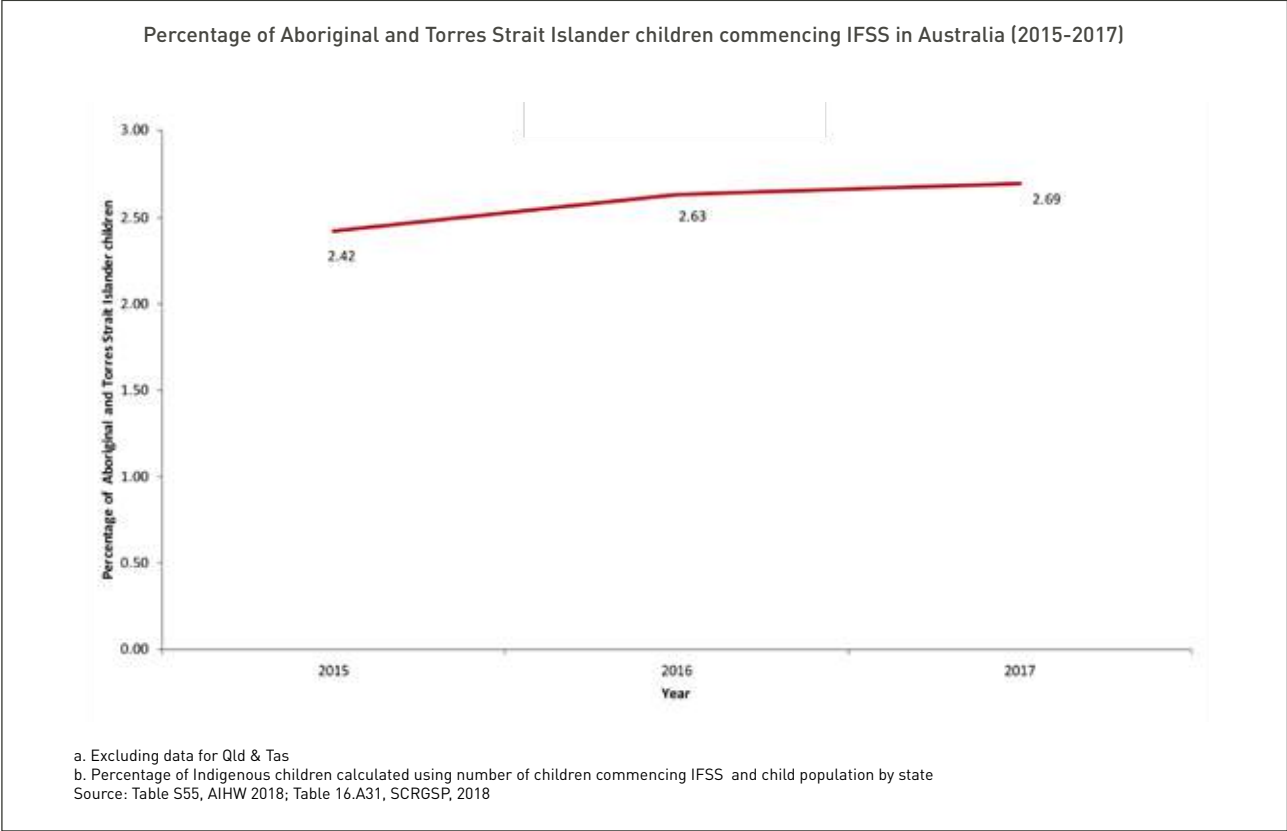
Queensland and Tasmania did not provide data related to commencement in intensive or non-intensive family support services. Tasmania provided the following statement about making data available about Aboriginal and Torres Strait Islander children's commencement during 2016-17 of intensive family support services: "Data is not available, as data published in the Report on Government Services is not disaggregated by Indigenous status."

Figure 26 shows that in 2016-17 Aboriginal and Torres Strait Islander children were on average 4.63 times more likely to commence an intensive family support service than non-Indigenous children, noting that data were unavailable for Queensland and Tasmania.

Rate ratios comparing Indigenous and non-Indigenous children commencing IFSS and IFSS expenditure per child (general population) in 2016-17

Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children commencing IFSS in 2017 and IFSS expenditure per child (general population)

Note: IFSS refers to Intensive Family Support Services
a. Data of Indigenous children commencing IFSS unavailable for Qld and Tas in 2017
b. Australian rate ratio excludes Qld and Tas
c. Rate ratios calculated using number of children commencing IFSS and child population by state
Source: Table S55, AIHW 2018; Table 16.A31, SCRGSP, 2018

FIGURE 27 Percentage of Indigenous children commencing IFSS in Australia with the exception of Qld and Tas. (2015-2017)

Percentage of Aboriginal and Torres Strait Islander children commencing IFSS in Australia (2015-2017)

a. Excluding data for Qld & Tas
b. Percentage of Indigenous children calculated using number of children commencing IFSS and child population by state
Source: Table S55, AIHW 2018; Table 16.A31, SCRGSP, 2018

The rate ratios ranged from 3.8 times more likely for an Aboriginal and Torres Strait Islander child to commence IFSS than a non-Indigenous child in Victoria, to over 17 times more likely in the ACT.

Although this type of over-representation can be seen as encouraging (i.e. Aboriginal and Torres Strait Islander children are more likely than their non-Indigenous counterparts to receive needed services), the data should be approached with some caution. Broadly speaking, the referral pathways for IFSS prioritise families who have been screened in for investigation of a *risk of harm report* (Australian Centre for Child Protection, 2017). Although IFSS are considered a voluntary service, there is much discussion about the extent to which families have free choice to participate. The potential consequences for families who choose not to engage with services include more intrusive interventions by the statutory agency, and removal of children into out-of-home care (SNAICC, 2015).

Interpretation of the IFSS commencement data is further complicated by a lack of data on families' participation in other services that seek to divert families from child protection intervention (Carmody, 2013). Non-intensive supports, and services that are not only available on referral from child protection services, are also vitally important to earlier intervention as services that can support family functioning. These services are often tailored to address a broad range of family issues with varying complexity, and accept referrals from the community, meaning families are more likely to receive support before being subject to statutory intervention. Unfortunately, data are unavailable to assess whether families are accessing other family supports.

Furthermore, the level of service access does not necessarily match the level of need and is yet to demonstrate a significant impact on rates of over-representation in out-of-home care. Despite over-representation in IFSS, just under 3 per cent of Aboriginal and Torres Strait Islander children commenced an intensive family support service in 2016-17 across the five states and territories where data were available (Figure 27). Figure 15 also shows the level of expenditure per-child by each state and territory on intensive family support. This provides another caution, showing that in some states, such as New South Wales, investment is the highest yet the rate ratio is mid-range.

DATA GAPS

COMMENCEMENT OF INTENSIVE FAMILY SUPPORT SERVICES

Available data reported nationally is limited to commencement of intensive family support services, by Indigenous status, in only some states and territories.

PARTICIPATION IN PREVENTIVE SUPPORTS

Data on commencement of intensive family support services does not capture rates of completion, length of participation, or other measures that provide insight into participation after a service has commenced.

ACCESS TO NON-INTENSIVE FAMILY SUPPORTS

Only the ACT provided data on access to a broader suite of family support services for Aboriginal and Torres Strait Islander children (i.e. beyond intensive family support) on request for this year's report.

RECOMMENDATION: Collection and publication of national data on Aboriginal and Torres Strait Islander access to intensive family support and other less intensive family support services.

EVALUATION

There is an absence of strong evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families, which limits the capacity to confirm the extent of and reasons for effectiveness, including a lack of evaluation of effective culturally safe family support services. Improved data on the impact of early intervention services that keep Aboriginal and Torres Strait Islander children out of out-of-home care is critical to informing future policy and program development and implementation.

RECOMMENDATION: Prioritisation of culturally appropriate evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families.

e) Family violence

The social, cultural, spiritual, physical and economic impact that family violence has on Aboriginal and Torres Strait Islander families is devastating and is widely described as a national crisis. Family violence is a significant reason for contact with child protection services. Although overall rates of family violence are high, family violence does not impact all communities equally. Some communities may have high levels of family violence and others may have very little (National Aboriginal and Torres Strait Islander Legal Services [NATSILS], 2016). It is similarly important to recognise that family violence is understood to be significantly under-reported (Willis, 2011).

The trauma of colonisation and oppression is directly linked to the complexity and prevalence of family violence that exists today. In some circumstances, family violence can present as part of an intergenerational cycle. An Australian study found that a history of removal from their families during childhood was a potential risk factor for Indigenous mothers experiencing family violence as an adult (Cripps, Bennett, Gurrin, & Studdert, 2009).

Due to under-reporting of family violence it is not possible to establish the prevalence of family violence, sexual assault, and other types of violence (Phillips & Vandenbroek, 2014). A Victorian report found that 88 per cent of Aboriginal and Torres Strait Islander children in out-of-home care had experienced family violence (Commission for Children and Young People, 2016). Research demonstrates that Aboriginal and Torres Strait Islander women are over-represented amongst victims of assault (Willis, 2011).

Family violence occurs at higher rates for Aboriginal and Torres Strait Islander people than for non-Indigenous people. In 2015 Aboriginal and Torres Strait Islander women were significantly more likely to be the victim of assault compared to other Australian women: 4.9 times in NSW, 9.1 times in SA, and 11.4 times in the NT. In 2015 Aboriginal and Torres Strait Islander women were 32 times more likely to be hospitalised as a result of injuries caused by family violence. Homicide deaths of Aboriginal and Torres Strait Islander women were 15 times the rate for non-Indigenous women across 5 jurisdictions from 2008-2012. A domestic violence incident was identified as the setting for 83.3 per cent of homicides of Aboriginal and Torres Strait Islander women in 2011-2012 (SCRGSP, 2014).

The reality may in fact be much worse, with official statistics under-representing the level of violence in many Aboriginal and Torres Strait Islander communities: it is estimated that up to 90 per cent of violence may not be disclosed (Willis, 2011). Many Aboriginal and Torres Strait Islander women do not report for reasons including fear of reprisals or of having children taken away; lack of confidence in police or community support; language and cultural barriers; and lack of awareness of support services (Willis, 2011).

Limited availability of supports for victims/survivors (predominately mothers) to safely maintain the care of their children can lead to the forced separation of children from victims/survivors to ensure their safety from violent parents/carers (SNAICC, National Family Violence Prevention Legal Services [NFVPLS], & NATSILS, 2017).

IMPACT OF DOMESTIC AND FAMILY VIOLENCE ON ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

Research has suggested that Aboriginal and Torres Strait Islander children are at greater risk of being exposed to family violence than other children (Cripps, Bennett, Gurrin & Studdert, 2009; Mouzos & Makkai, 2004). Two thirds of victims of physical or threatened violence share the household with children, and in one third of cases the children are under the age of five (AIHW, 2006). Children's exposure to family violence has been recognised as harmful and classified as child abuse for over a decade (Tomison, 2000). The harm can be complex and profound and can include witnessing violence (Goddard & Bedi, 2010); being used or blamed for the violence; and being involved in trying to stop the violence (Humphreys, 2007). Research has shown that the greater the risk of violence perpetrated against mothers, the more likely violence will be directed at the children and the more likely there will be lack of supervision and neglect (Hartley, 2004). Family violence is a major issue driving involvement with the child protection system in Australia. In 2016-17, neglect and emotional abuse, which includes exposure to family violence, were the most common types of substantiated harm for all children. Aboriginal and Torres Strait Islander children were more likely to be substantiated for neglect than non-Indigenous children (AIHW, 2018).

DATA GAPS

INCIDENCE AND PREVALENCE OF DOMESTIC AND FAMILY VIOLENCE REPORTED TO CHILD PROTECTION

There is a lack of data on the number and rate of child protection reports and/or substantiations that relate to family violence by Aboriginal and Torres Strait Islander status. This information would provide a more comprehensive understanding of the intersection of domestic and family violence and the child protection system.

RECOMMENDATION: Publication of data describing the rate of child protection reports and substantiations related to family violence across all jurisdictions and by remoteness for Aboriginal and Torres Strait Islander children.

f) Drug and alcohol

Research demonstrates that parental substance misuse is one of the most significant risk factors for child abuse and neglect (Australian Institute of Family Studies, 2017). Although data are collected about parental substance use identified as contributing to neglect and abuse by some jurisdictions, data are not routinely collected or published, either as the primary factor or as co-occurring with domestic and family violence and/or parental mental illness (Frederico, Jackson, & Dwyer, 2014). Parental use of alcohol and illicit drugs can adversely impact parenting capacity, while affected by the substance/s, when withdrawing from addictive drugs, and/or because of criminal behaviours associated with substance misuse. Ways in which parenting is affected include: neglect due to impaired functioning, insufficient money for food, and inconsistent parenting. Risks to children include the lack of supervision, and physical or emotional abuse.

Substance misuse can also present significant risks to children through conditions developed in utero, such as Fetal Alcohol Spectrum Disorders (FASD). Research has highlighted the limited availability and development of effective FASD interventions, especially for infants and young children, alongside the potential of supports that take a broader ecological approach by recognising the impacts of FASD across multiple domains of functioning (Reid et al., 2015). The lack of identification, diagnosis and provision of family support specific to FASD is being increasingly recognised as a major driver of child protection intervention and placement breakdown due to parents and carers not being equipped with the knowledge and strategies to cope with and manage children's behaviours (Williams, 2017).

It is important to note that parental substance misuse does not present a risk to child's safety and wellbeing in all cases. Many parents with alcohol and drug issues recognise the possible impacts upon their children and make arrangements to ensure their safety. Nevertheless, for many families, exposure to parental alcohol and substance misuse has been identified as one of the primary reasons for which Aboriginal and Torres Strait Islander children come to the attention of statutory child protection (Commission for Children and Young People, 2016).

Use of alcohol and other drug treatment services is therefore relevant to parental health and wellbeing, and addressing risk factors to children. In 2016-17, use of alcohol and other drug treatment services by Aboriginal and Torres Strait Islander people over 10 years was disproportionate to their representation in the population (AIHW, 2018a). Indigenous people were 6.5 times more likely to receive treatment for alcohol and other drugs than non-Indigenous Australians. The drugs leading to treatment – alcohol, amphetamines, cannabis, heroin and volatile solvents – were similar for Indigenous and non-Indigenous clients with the exception of volatile solvents. Treatment is provided for own drug use and for someone else's drug use. Indigenous people were less likely to receive treatment for someone else's drug use than non-Indigenous people. Figure 28 shows the rate ratios from 2015-2017 of Indigenous and non-Indigenous use of treatment services for alcohol and other drugs across Australia.

g) Mental health

As with parental use of alcohol and other drugs, parental mental illness can adversely affect a parent's daily functioning and quality of life, and therefore impact on the quality and consistency of care provided to children. Risks to children include that physical or emotional needs may not be met, children may be neglected, or children assume a "caring" role for their unwell parent. Social isolation is a compounding factor (Bromfield, Lamont, Parker & Horsfall, 2010). The presence of mental illness alone does not impact upon a parent's capacity to care for their child. Research demonstrates that with appropriate management and supports, negative impacts on children are reduced (Reupert & Maybery, 2007).

There is a lack of data on the prevalence of mental illness. There has been no national survey on the prevalence of mental illness in Australia among adults since the 2007 National Survey of Mental Health and Wellbeing, however, the results were not disaggregated by Indigenous status. The ABS uses the Kessler 10 (K10) psychological distress scale as a means of assessing mental health and wellbeing of the population. Research has found a strong association between high scores on the K10 and diagnosis of affective and anxiety disorders, and a lesser but still significant association between the K10 and other categories of mental illness (Andrews & Slade, 2001).

FIGURE 28 Rate ratios of Aboriginal and Torres Strait Islander and non-Indigenous clients accessing alcohol and other drug treatment services 2015-2017.

Rate Ratios of Clients Accessing Alcohol and Other Drug Treatment Services

Source: Table SC.26 (AIHW, 2018c)
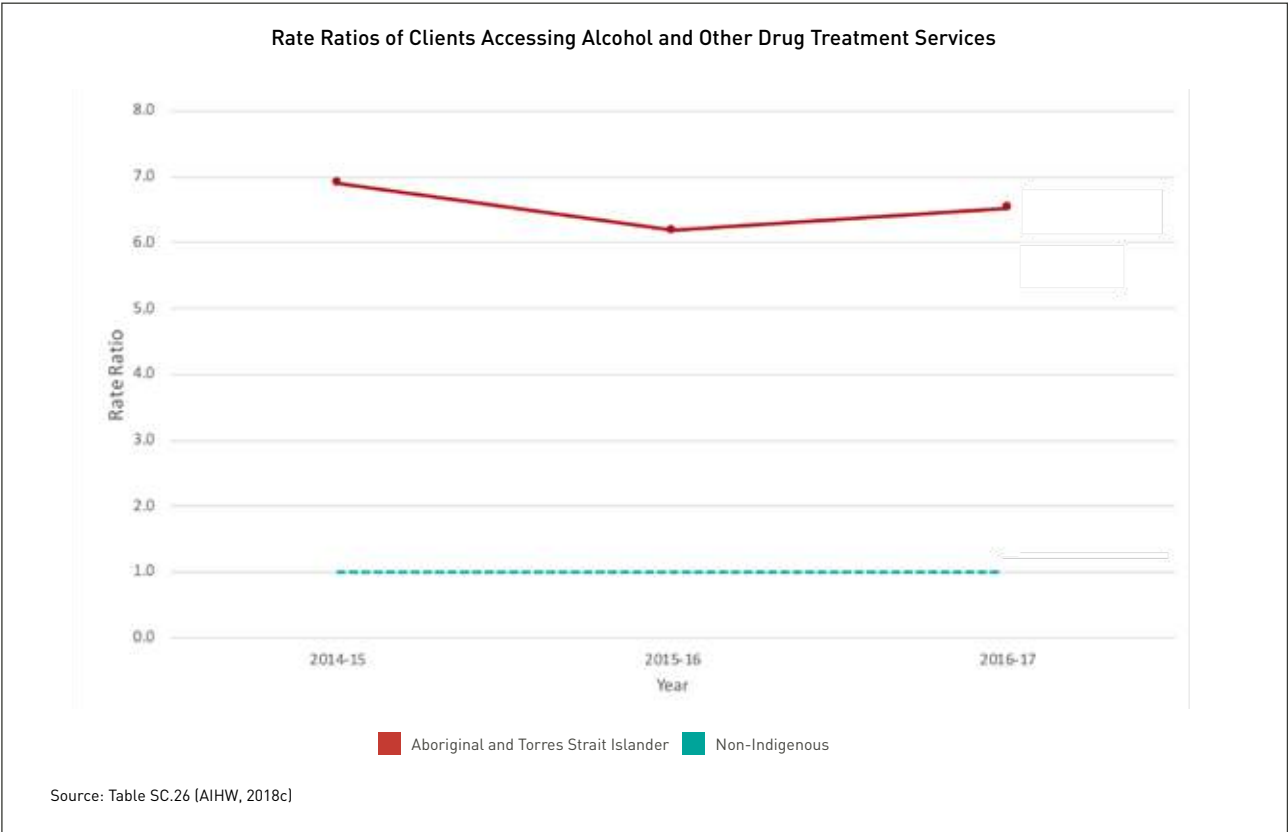
FIGURE 29 Rate ratios of Aboriginal and Torres Strait Islander and non-Indigenous adults with high or very high levels of psychological distress, 2014-15

Rate Ratios of Aboriginal and Torres Strait Islander Adults with High/Very High Levels of Psychological Distress

Source: Table 13A.44 (SCRGSP, 2018b)
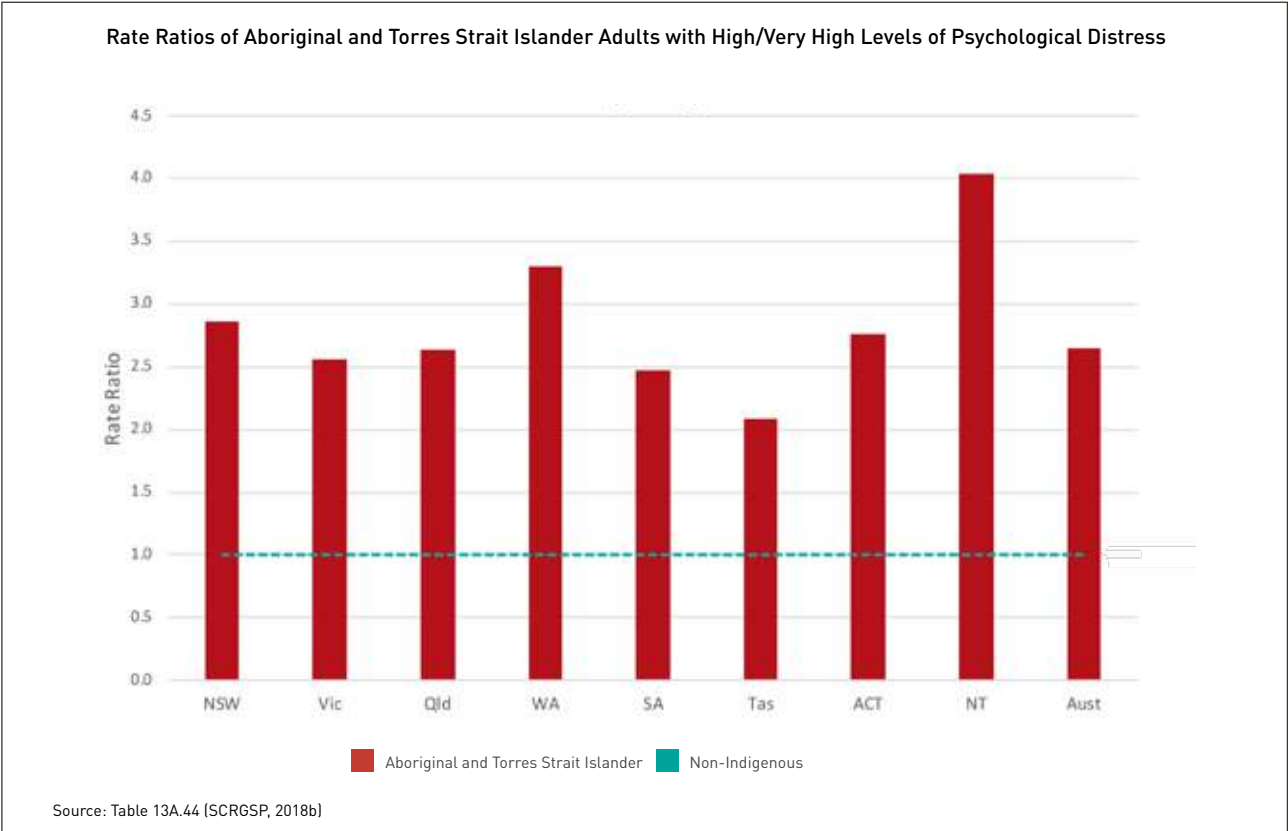
The K10 has been included in National Health Surveys (NHS) since 2010. Participants are asked questions about negative emotional states, with different degrees of severity, experienced in the four weeks prior to interview. There is a five-level response scale for each of the 10 questions, to reflect the amount of time that the respondent experienced those particular feelings. The ABS asserts that very high levels of distress may indicate the need for professional help (ABS, 2012). In the 2014-15 NHS, higher levels of psychological distress were reported for Aboriginal and Torres Strait Islander people than for non-Indigenous people (see Figure 29) (SCRGSP, 2018). Rate ratios varied across states and territories, with the lowest at just over 2 times and the highest in the Northern Territory with Aboriginal and Torres Strait Islander people at around 4 times more likely to report high or very high levels of psychological distress.
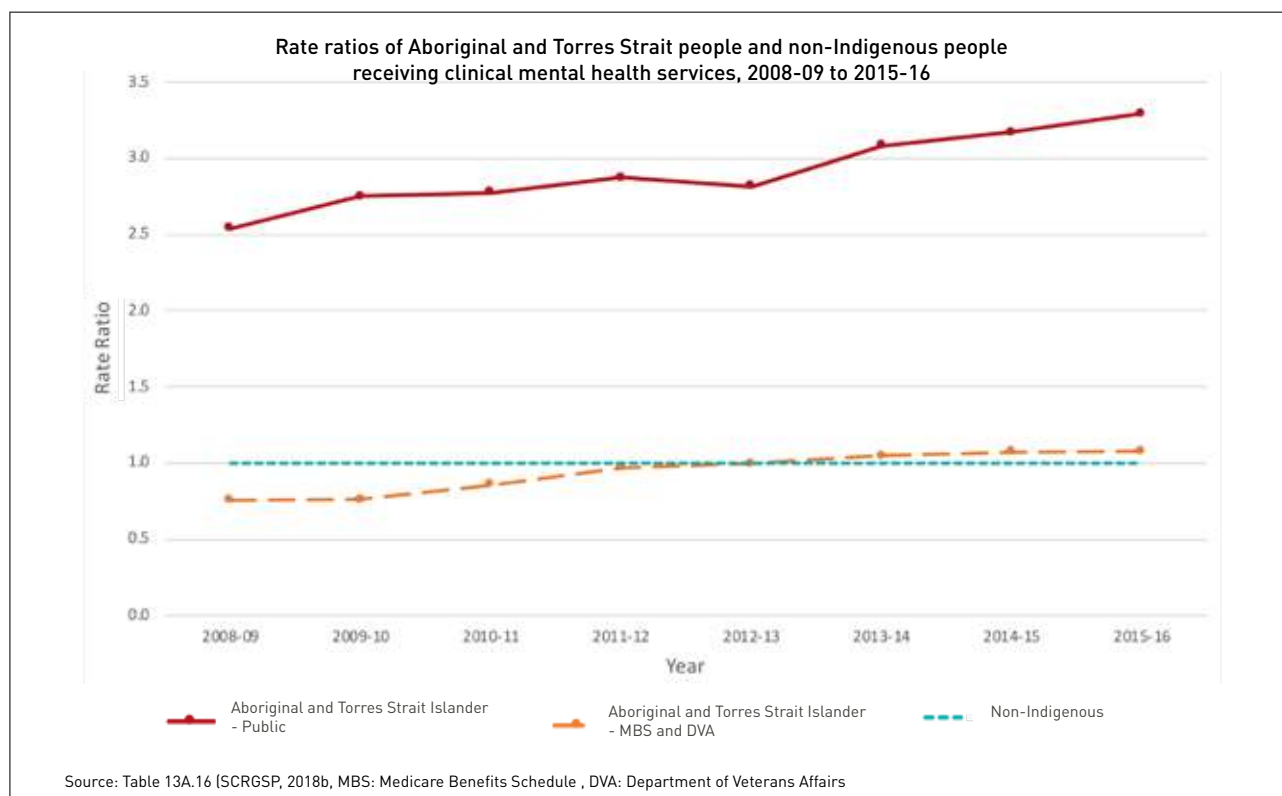
Governments invest in different types of mental health services to support recovery: specialised public mental health services and clinical mental health services provided through the Medical Benefits Schedule (MBS) by general practitioners, psychologists, psychiatrists and other allied health professionals, and through the Department of Veterans Affairs (DVA). The use of public services has increased over time and particularly in relation to the increased proportion of the population using MBS/DVA services. In 2015-16, as in previous years, Aboriginal and Torres Strait Islander people

were more likely than the non-Indigenous population to use state and territory governments' specialised public mental health services. This was also the case for people residing in regional, remote and very remote areas, and in lower socio-economic areas. The use by Indigenous and non-Indigenous people of MBS subsidised mental health services nationally in 2015-16 was proportionately similar, although results varied across jurisdictions. Nevertheless, people in outer regional, remote and very remote locations accessed MBS subsidised services at a lower rate than users in other locations (SCRGSP, 2018). Figure 30 shows the rate ratios for Aboriginal and Torres Strait Islander and non-Indigenous people receiving clinical mental health services in 2008-09 to 2015-16.

While the data on mental health service access suggests that nationally Aboriginal and Torres Strait Islander people are accessing services at a similar or higher rate than the non-Indigenous population, significant concerns remain over the appropriateness and cultural safety of mental health services.

Systemic racism in health care settings is not only a major barrier to accessing health care for Aboriginal and Torres Strait Islander people, it is associated with quality of care. Research demonstrates that racism can lead to poorer self-reported health status, lower perceived quality of care, failure to follow recommendations, and interruptions of care (Australian Indigenous Doctors' Association, 2017).

FIGURE 30   Rate ratios of Aboriginal and Torres Strait people and non-Indigenous people receiving clinical mental health services, 2008-09 to 2015-16

Rate ratios of Aboriginal and Torres Strait people and non-Indigenous people receiving clinical mental health services, 2008-09 to 2015-16

Source: Table 13A.16 (SCRGSP, 2018b, MBS: Medicare Benefits Schedule , DVA: Department of Veterans Affairs

PART 3

PARTICIPATION IN DECISION MAKING AND RESPECT FOR CULTURE

This section relates to Family Matters Building Blocks 2, 3 and 4:

• Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children.

• Law, policy and practice in child and family welfare are culturally safe and responsive.

• Governments and services are accountable to Aboriginal and Torres Strait Islander people.

3.1 COMPLIANCE WITH THE PLACEMENT ELEMENT OF THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE

As described in the introduction of this report, the Aboriginal and Torres Strait Islander Child Placement Principle (*the Child Placement Principle or the Principle*) is comprised of five elements and is designed to serve as a framework for holistic, best practice response for families in contact with child protection systems. The Child Placement Principle is often narrowly interpreted as a hierarchy of placement options for Aboriginal and Torres Strait Islander children in out-of-home care, however the aims are much broader, incorporating principles focussed on systemic change in service delivery for Aboriginal and Torres Strait Islander children, families and communities (Arney, Iannos, Chong, McDougall, & Parkinson, 2015; Tilbury, Burton, Sydenham, Boss, & Louw, 2013).

Under a very broad indicator of "placement maintains connections", two of four planned measures are currently reported in the *Report on Government Services* (SCRGSP, 2017): placement in accordance with the Child Placement Principle (the proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed with the child's extended family, Aboriginal and Torres Strait Islander community, or other Aboriginal or Torres Strait Islander people) and placement with relatives or kin. The RoGS notes that the first measure is a proxy measure reporting the placement outcome, as opposed to compliance with the Principle.

Figure 31 shows that the rate of placement of Aboriginal and Torres Strait Islander children with family and kin or other Indigenous carers has continued to drop. Last year's findings indicated a significant drop over a 10-year period from 74.8 per cent in 2006 to 66.8 per cent in 2016. In 2017, the rate of placement was slightly lower at 66.5 per cent.

Notably, Figure 32 also shows that the rate of placement with Aboriginal and Torres Strait Islander carers (excluding non-Indigenous family and kin) has dropped even more steeply. In 2017, less than half – 49.4 per cent – of Aboriginal and Torres Strait Islander children in out-of-home care were placed with Aboriginal and Torres Strait Islander carers. These statistics highlight that Australia is going backwards in supporting Aboriginal and Torres Strait Islander kinship at an alarming rate. These statistics are even more alarming when considering concerns that have been identified with inappropriate definition of Aboriginal and Torres Strait Islander kinship. The use of a broad interpretation of "kin" means that in some jurisdictions, Aboriginal and Torres Strait Islander children are being raised by non-Indigenous, non-family members deemed by the State to be, for example, part of their social network or a person of significance to the child. The degree of separation from family and culture that can result from such a placement cannot rightly be deemed as compliant with the intent of the Child Placement Principle. Although referring to all children, *Child Protection Australia* (AIHW, 2018b) reported that at 30 June 2017, for the jurisdictions that could report (Vic., Qld, SA, Tas., and ACT), 17.2 per cent of all children in kinship or relative placements were not actually related to the carer. Concerns have also been raised regarding potential racism in decision-making leading to the preferencing of non-Indigenous kin placements. These concerns align with literature on the negative impacts of deficit discourse and wrongly assumed dysfunction of Aboriginal and Torres Strait Islander communities that contributes to discriminatory child protection intervention (Cuneen, 2015).
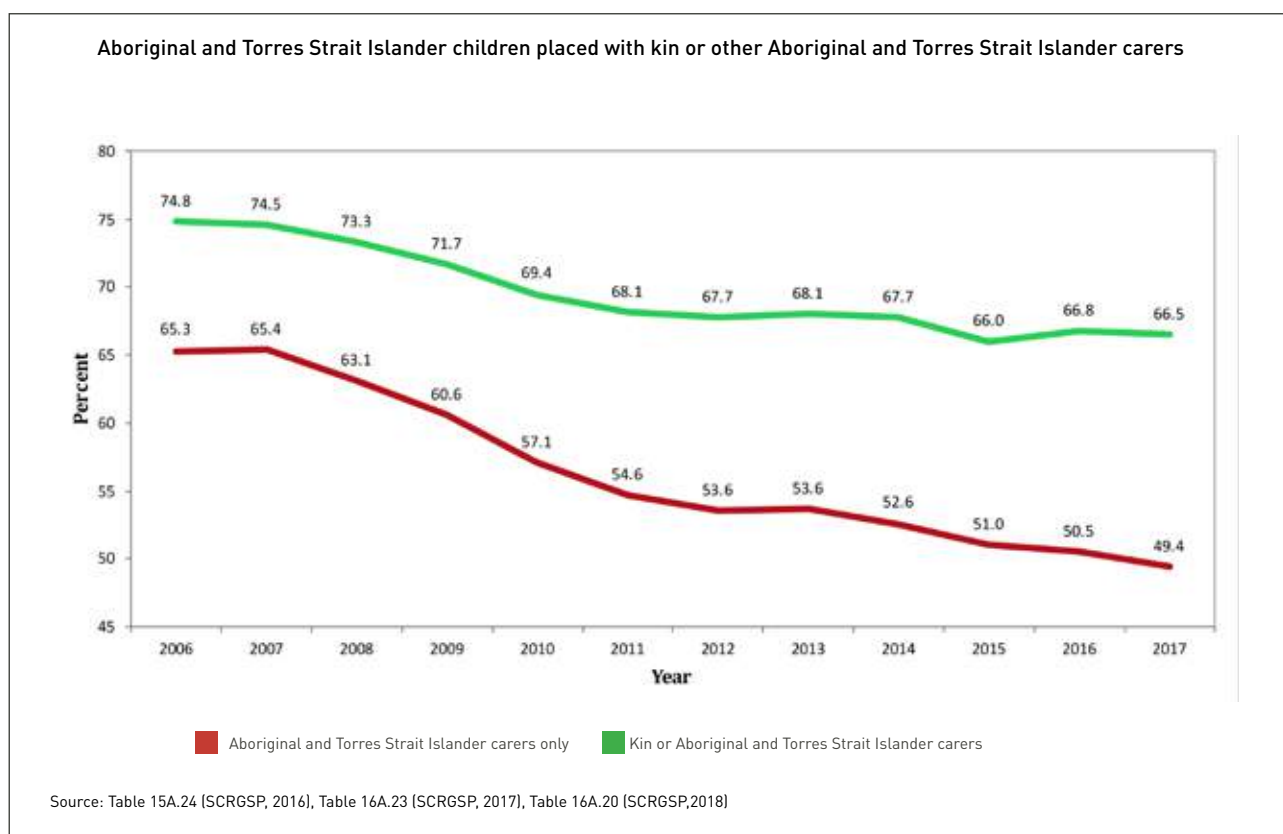
ABORIGINAL AND TORRES STRAIT ISLANDER KINSHIP MUST BE DEFINED BY A CHILD'S FAMILY AND COMMUNITY

Commonly, a wide definition of "kin" has been adopted by statutory agencies to identify placements for children "without meaningful mapping, identification, support and enabling of family members who have a legitimate cultural connection to the child" (QATSICPP, 2018, p. 7). While there is no one definition of Aboriginal and Torres Strait Islander kinship, it is commonly defined as relating to the biological bloodlines passed between generations, but can also be culturally defined ties that "determine how people relate to each other and, their roles, responsibilities and obligations in relation to one another…" (SNAICC, 2010). What is important is that a child's kinship connections can only be defined by members of their own cultural and family groups who have the requisite cultural knowledge of their kinship ties.
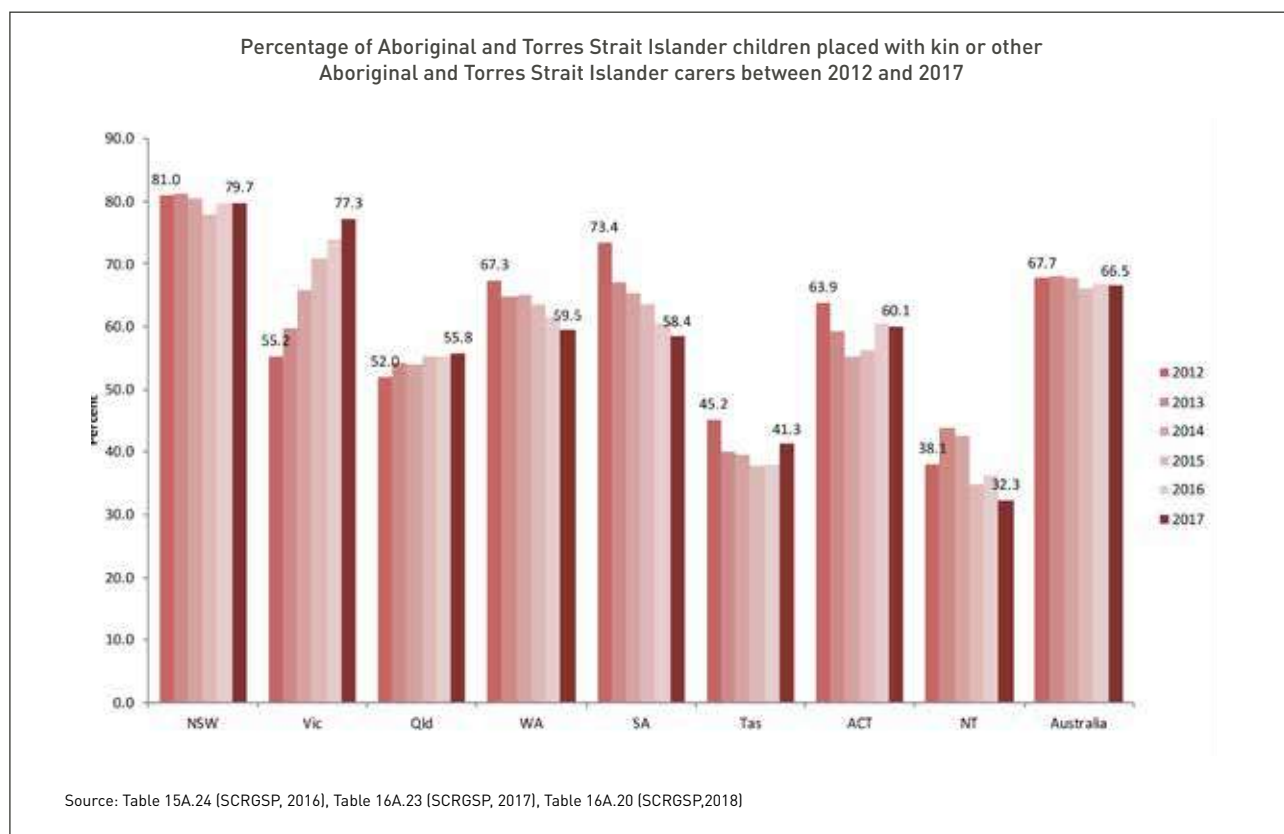
Research has also highlighted the additional strain on Aboriginal and Torres Strait Islander families and communities that results from providing additional care while concurrently experiencing higher levels of poverty and disadvantage (Kiraly & Humphreys, 2011). This strain is compounded by lower-levels of support provided to kinship carers as opposed to foster carers. Other barriers for potential carers include the use of culturally inappropriate assessment tools, and difficulties in meeting the eligibility criteria (Bromfield, Higgins, Higgins & Richardson, 2007).

In the published AIHW and RoGS reports, placement of Aboriginal and Torres Strait Islander children in residential care settings that are targeted to Aboriginal and Torres Strait Islander children, irrespective of whether it is an Indigenous-run service, is counted as compliant with the Child Placement Principle. As the lowest, "last resort" option in the placement hierarchy, a child living in residential care should not be counted as a compliant placement and as such "Indigenous residential care" placements have been excluded from the data in Figures 31, 32 and 33 below.
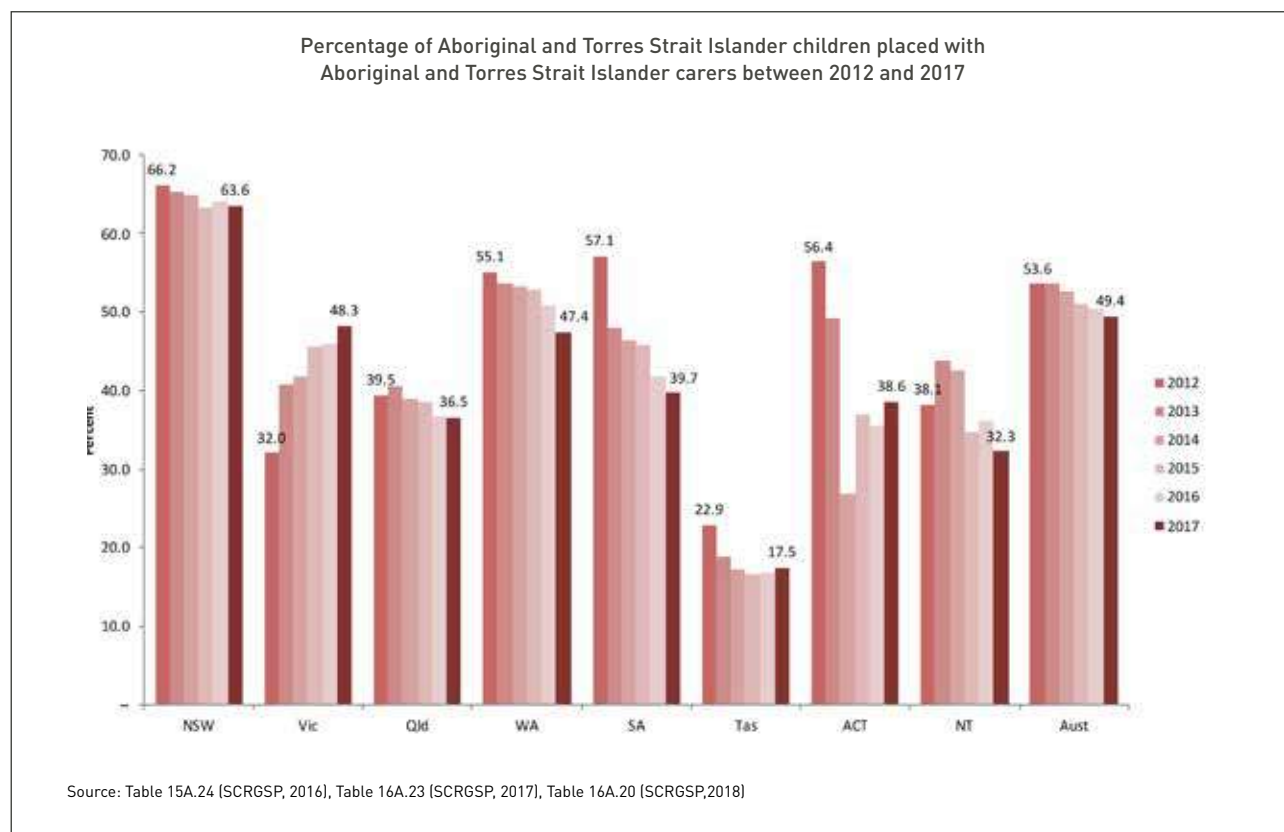
FIGURE 31   Percentage of Aboriginal and Torres Strait Islander children placed with kin or other Aboriginal and Torres Strait Islander carers 2006-2017

Aboriginal and Torres Strait Islander children placed with kin or other Aboriginal and Torres Strait Islander carers

■ Aboriginal and Torres Strait Islander carers only   ■ Kin or Aboriginal and Torres Strait Islander carers

Source: Table 15A.24 (SCRGSP, 2016), Table 16A.23 (SCRGSP, 2017), Table 16A.20 (SCRGSP,2018)

Percentage of Aboriginal and Torres Strait Islander children placed with kin or other
Aboriginal and Torres Strait Islander carers 2012-2017

Percentage of Aboriginal and Torres Strait Islander children placed with kin or other
Aboriginal and Torres Strait Islander carers between 2012 and 2017

Source: Table 15A.24 (SCRGSP, 2016), Table 16A.23 (SCRGSP, 2017), Table 16A.20 (SCRGSP,2018)

FIGURE 33 Percentage of Aboriginal and Torres Strait Islander children placed with Aboriginal and
Torres Strait Islander carers 2012-2017

Percentage of Aboriginal and Torres Strait Islander children placed with
Aboriginal and Torres Strait Islander carers between 2012 and 2017

Source: Table 15A.24 (SCRGSP, 2016), Table 16A.23 (SCRGSP, 2017), Table 16A.20 (SCRGSP,2018)

For Aboriginal and Torres Strait Islander children removed and placed in out-of-home care outside of their families and communities, maintaining and developing connections to their families, communities and cultures is essential to safety and wellbeing (Dockery, 2010). In particular, these connections are critical for social and emotional development, identity formation, and physical safety (Lohoar, Butera, & Kennedy, 2014). Where family and community placements cannot be immediately identified, active efforts to identify safe and appropriate Aboriginal and Torres Strait Islander relative and kinship care placements are essential.

States and territories were asked to provide data related to their efforts to find placement options for children at a higher level of the placement hierarchy – often termed "reconnection". This data captures the reconnection of Aboriginal and Torres Strait Islander children in out-of-home care who changed from a non-relative or kin or other Aboriginal and Torres Strait Islander carer placement to live with a relative or kin or other Aboriginal and Torres Strait Islander carer, with both SA and Vic providing data.

At 30 June 2017, SA reported that 61.8 per cent (711) of 1150 Aboriginal and Torres Strait Islander children in out-of-home care were living with relatives or kin or other Aboriginal and Torres Strait Islander carers. During 2016-17, 7.4 per cent (117) of 1329 Aboriginal and Torres Strait Islander children who had been living with a non-relative or kin, a non-Indigenous carer, or in a residential care placement, changed placement to live with a relative or kin or other Aboriginal and Torres Strait Islander carer.

In relation to reconnection, Victoria reported that 77.9 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were living with a relative or kin, or other Aboriginal and Torres Strait Islander carer. A total of 223 children in 2016-17 who had been living with a non-relative or other with a non-relative or kin, or a non-Indigenous carer changed placement to live with a relative or kin or other Aboriginal and Torres Strait Islander carer.

DATA GAPS

PLACEMENT WITH ABORIGINAL AND TORRES STRAIT ISLANDER FAMILY, KIN AND OTHER CARERS

Placement type data should be reported with reference to entry cohorts, rather than at a point-in-time, in order to monitor trends over time. Reporting the total number of children in out-of-home care distorts the true picture, since many children have been in OOHC for a very long time. Current practices need to be determined with reference to current (annualised) data.

RECOMMENDATION: Development of annualised entry cohort data by placement type for Aboriginal and Torres Strait Islander children in out-of-home care to determine current practice and trends in placement with family, kin and other Aboriginal and Torres Strait Islander carers.

RECONNECTION

While the safe reunification of children with their parents is the primary goal for children coming into out-of-home care, for Aboriginal and Torres Strait Islander children who can't be reunified and who are placed away from their kin and communities, reconnecting them in a timely way is vitally important to supporting and maintaining their cultural and family ties. Reconnection is the movement of children in out-of-home care from a placement outside of their family and kin to a placement with Aboriginal and Torres Strait Islander relatives or kin where it is safe and in the child's best interests to do so. Currently there are no national data available on reconnection.

RECOMMENDATION: Development and national reporting of data on children's reconnection to their families, communities and cultures through safe and timely movement to higher-order placements in the Aboriginal and Torres Strait Islander Child Placement Principle hierarchy.

3.2   CULTURAL PLANNING

For Aboriginal and Torres Strait Islander children removed and placed in out-of-home care outside of their families and communities, efforts to maintain and develop connections to family, community, culture, and country are especially vital to their ongoing safety and wellbeing. The development and implementation of cultural plans (also known as *cultural support plans* or *cultural care plans* in some jurisdictions) offer a way to support these connections. Important aspects of cultural planning include the mapping of cultural connections through accurate genealogies, and practical supports and resourcing for Aboriginal and Torres Strait Islander children to connect with and participate in the cultural life of their families and communities (Libesman, 2011). Requirements or recommendations commonly exist for cultural planning across child protection systems, but limited completion of plans, and limited practical supports and resourcing for implementation, are endemic to these systems (Libesman, 2011; SNAICC, 2013).

The completion or existence of cultural plans for Aboriginal and Torres Strait Islander children in care is an indicator reported under the *National Framework for Protecting Australia's Children 2009-2020* (National Framework) and the *National Standards for Out-of-Home Care*. Data on this indicator has been reported by the AIHW since 2014. The AIHW reports that in 2017, 66.8 per cent of all Aboriginal and Torres Strait Islander children in out-of-home care, who were required to

have a cultural plan, had such a plan (AIHW, 2018). However, these data are limited. First, the data excludes three states and territories that do not have available or reliable data. Second, it is restricted to Aboriginal and Torres Strait Islander children who are required by legislation to have a cultural plan. Third, the data does not indicate the quality of a cultural plan or whether a plan has been implemented. Further, because there has been no consistency in data provided by states and territories since the AIHW began reporting on this indicator in 2014, it is not possible to compare progress on the rate of Aboriginal and Torres Strait Islander children in out-of-home care with cultural plans over the last four years.

The need to address these gaps in data was emphasised in the 2017 *Family Matters Report*, which called for the "development of a genuine and more meaningful measure of the development, quality and implementation of cultural support plans for Aboriginal and Torres Strait Islander children in out-of-home care" (*Family Matters Report*, 2017). This recommendation was informed by the fact that numerous reviews and inquiries into Aboriginal and Torres Strait Islander children in out-of-home care have raised deficiencies in cultural planning completion and quality (Victorian Commissioner for Children and Young People, 2015; Parliament of New South Wales, 2017; Baidawi, Mendes and Saunders, 2016). This suggests the need for additional data indicators on the quality of cultural plans, beyond the current single measure of completion reported as an indicator for the National Framework.

Over the past year, the Aboriginal and Torres Strait Islander Working Group under the National Framework has continued to drive a focus on developing indicators for enhancing measurement and reporting of compliance with the Aboriginal and Torres Strait Islander Child Placement Principle, including in relation to cultural plans. Proposed indicators centre on providing a more meaningful indication of whether Aboriginal and Torres Strait Islander children are supported to maintain family and cultural connections when in out-of-home care. The proposed indicators focus on measuring whether cultural plans include: input of children, family members and Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs); the child's cultural background, including clan and/or language group; and specific and detailed actions for the maintenance of a child's culture. The Aboriginal and Torres Strait Islander Working Group is currently working towards finalising these indicators with the intention that they will be reported against in relevant reports – such as the AIHW *Child Protection Australia Report* – in the future.

In addition to ongoing efforts on progressing data collection, there are some promising initiatives across Australia for current and future cultural planning. In Victoria, the new model for cultural planning, which commenced in 2016, continues to contribute to practice development. The 2018-19 budget provides

$11.9 million over four years to the model. The model requires the Chief Executive Officer of an ACCO to endorse cultural plans before they are implemented, and includes funding for ACCOs to employ Aboriginal cultural planners to assist care teams to develop and implement plans. The model also provides for a State-Wide Coordinator for Aboriginal Cultural Planning, a position filled for the first time in 2017. The Coordinator is responsible for managing a cultural information portal developed in November 2017. The portal provides professionals and carers with information to assist with cultural planning and supporting children's connection to culture and community. Finally, as part of this new model, child protection practitioners and sector partners have been provided with training on cultural planning.

In late 2017, Western Australia conducted a legislative review of the *Children and Community Services Act 2004* (WA). This review culminated in 70 recommendations, many aimed at bettering outcomes for Aboriginal children and families that come into contact with the child protection system. Several recommendations focus on strengthening consultation requirements with Aboriginal staff/organisations and children when developing cultural plans, and ensuring cultural planning decisions are reviewable by the Care Plan Review Panel and the State Administrative Tribunal. Further, there is an express recommendation that Western Australia's approach to cultural planning should emulate the Victorian context (Government of Western Australia, 2017), reflecting cross-jurisdictional learnings on best practice. It remains to be seen whether these recommendations are adopted by the government.

Finally, the NSW cultural planning process now requires that an Aboriginal child or young person in out-of-home care who is being managed by a non-Indigenous organisation must have their cultural plan approved by either an ACCO, another recognised Aboriginal organisation, or a respected member of the Aboriginal community.

Despite this progress, **there remains limited advancement of practice across most of the country on developing, implementing and monitoring quality cultural plans.**

DATA GAPS

MEANINGFUL CULTURAL SUPPORT MEASURES

Current national data on cultural support planning has extensive limitations. Deficiencies in cultural support planning completion and quality have been raised in numerous reviews and inquiries into Aboriginal and Torres Strait Islander children in out-of-home care (Baidawi et al., 2016; CCYP, 2015). Significant new data development is required to capture a broader range of indicators relating to the process for creation and content of plans.

RECOMMENDATION: Adoption of genuine and more meaningful data measures on the development, quality and implementation of cultural support plans for Aboriginal and Torres Strait Islander children in out-of-home care.

3.3 RESOURCED AND LEGISLATED ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION

Participation of Aboriginal and Torres Strait Islander peoples in decisions that affect them is a core human right (SNAICC, 2012) and recognised as critical to decision-making that is informed of and takes account of the best interests of children, from a cultural perspective (Committee on the Rights of the Child, 2009). Participation must extend *beyond* consultation to genuinely include Aboriginal and Torres Strait Islander children and families and community representatives in the decisions that are made about children at all stages of child protection decision-making.

Previous Family Matters reports have consistently called for greater Aboriginal and Torres Strait Islander participation in decision-making. This section of the report measures – through data and reference to specific national and state and territory examples – legislative, policy and service systems alignment with the elements of the Child Placement Principle, in particular prevention, partnership, and participation. It particularly examines legislative alignment with representative participation; structures for representative participation; government investment in family-led decision-making and related models; the extent to which Aboriginal and Torres Strait Islander community-controlled organisations participate in policy development, service design and systems oversight; and government investment in service delivery by community-controlled organisations.

a) Legislative alignment with representative participation

The table below reviews the alignment of each state and territory's child protection legislation with elements of a human-rights based framework for participation in child protection decision-making (SNAICC, 2013), consistent with the Child Placement Principle. The inclusion of consistent principles and other provisions that articulate the five elements of the Child Placement Principle is foundational to applying their intent in policy, programs, procedures and practice.

There have been limited changes to legislation across the country since a review of legislation was undertaken in the 2017 *Family Matters Report*. Notably, significant legislative reforms have recently taken effect in Queensland, for the first time embedding all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle in legislation and requiring that independent Aboriginal and Torres Strait Islander

entities facilitate participation of families in significant child protection decisions. While child and family participation in child protection decisions is recognised to varying degrees in legislation across all jurisdictions, Queensland's legislation is the most comprehensive in the country in terms of meaningfully supporting the participation of Aboriginal and Torres Strait Islander families and communities.

b) Structures for representative participation

While legislative requirements are important to enable participation, they represent only a small part of what is required. Participatory roles cannot succeed unless independent and representative community-controlled organisations are properly resourced to perform them. In the child protection context, representative participation and having a meaningful participatory role means ensuring the involvement of Aboriginal and Torres Strait Islander community representatives,

TABLE 3   Alignment of state and territory child protection legislation with elements of participation

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Aboriginal and Torres Strait Islander **self-determination** is a recognised **principle** in the Act.	NO	YES	YES	YES	NO	YES	YES	YES
Aboriginal and Torres Strait Islander **participation and/or consultation** is a decision making principle in the Act.	NO Participation requirements not specific to decision making	YES	YES	YES	NO	YES	YES	YES
Consultation/participation of an **external** Aboriginal and Torres Strait Islander agency is expressly **required for all significant decisions.**	NO Submissions considered	YES Required by principle, but no enabling process is specified	NO	YES	NO	NO	NO Required by agreed protocol, but not legislation	NO
Consultation with an **external** Aboriginal and Torres Strait Islander agency is expressly **required prior to placement decisions.**	NO	YES	NO	YES	YES	NO	YES	NO Internal or external consultation
Input from **external** Aboriginal and Torres Strait Islander agencies is expressly **required** in **judicial decision making**	NO Limited input requirement for long-term orders	NO	NO	NO	YES For placement decisions only	NO Evidence and submissions	YES For permanent care orders only	NO

GREEN – Legislation aligned   RED – Legislation not aligned   GREY – Limited / significantly qualified alignment

external to statutory agencies, in all service design, delivery and individual child-protection case decision-making. At the individual level, this includes case decisions at intake, assessment, intervention, placement and care, and judicial decision-making processes.

There has been some progress over the past year to advance this objective, though, as with last year, only Victoria and Queensland have regionally-based Aboriginal and Torres Strait Islander services specifically resourced to fulfil roles needed to participate in child protection decision-making on a state-wide basis (SNAICC, 2013). In South Australia, there is only one centralised service operating across a very limited scope of decision-making points. However, the South Australian Government has expressed its commitment to develop a strategy and policy to support more Aboriginal gazetted organisations to be recognised under the relevant Act, so that they have greater decision-making power in South Australia. Furthermore, Western Australia's *Aboriginal Community Controlled Organisation Strategy to 2022* is aimed at increasing opportunities for community-controlled organisations to deliver contracted child protection and earlier intervention and family support services to communities. In that state, a recent legislative review has recommended that a representative ACCO must be consulted before making placement decisions and should be provided an opportunity to participate in the development of a child's cultural support plan (Department of Communities (WA), 2017). While consultations have begun on these reforms, the proposed legislative change and resourcing for representative orgnanisations are yet to be progressed.

c) Family participation

Models of family-led decision-making, including family group conferencing, originated in New Zealand, partly as a means to better attune child protection services to cultural practices in working with Maori communities, by involving Indigenous family and community members in decision-making for their children (Harris, 2008). Similar and adapted models have been adopted across other countries to provide family-led decision-making processes for both Indigenous and non-Indigenous children (Harris, 2008). Studies of family group conferencing have shown that plans generated tended to keep children at home or with their relatives, and that the approach reinforced children's connections to their family and community (Pennell, Edward, & Burford, 2010).

In Australia and internationally, the promise of culturally adapted models of family-led decision-making to engage and empower Indigenous families and communities in child protection processes has been recognised (e.g., Ban, 2005; Marcynyszyn, Bear, Geary, et al, 2012; Drywater-Whitekiller, 2014). In light of this, and the continued call in the Family Matters Roadmap for increased Aboriginal and Torres Strait

Islander family and community participation through government investment, there has been some progress regarding Aboriginal and Torres Strait Islander family-led decision-making (AFLDM) and related processes.

Between 2016-17, Queensland trialed an AFLDM model – with SNAICC providing an implementation support role for the trials. Queensland is now in the process of rolling out AFLDM processes throughout the state this year, and has legislated to require that Independent Aboriginal and Torres Strait Islander Entities be provided the opportunity to facilitate family participation in significant child protection decisions. Some other states and territories have initiated processes or commitments to develop such models. For example, a pilot of family group conferencing for Aboriginal families has begun in the ACT and the ACT Government has made a forward funding commitment of $1.44 million over 4 years to implement the process. The Northern Territory has committed to adopt a model of family group conferencing in partnership with ACCOs in its reform agenda, with the intention to implement the model in 2019-20. Furthermore, an AFLDM trial is currently underway in South Australia, with a view to statewide expansion, and Victoria continues its long-standing program.

d) Participation in policy development, service design and systems oversight

Participation must extend beyond consultation to genuinely include Aboriginal and Torres Strait Islander community representatives in the design of child and family services. Genuine participation requires that Aboriginal and Torres Strait Islander peoples – through their representatives – are partners in processes of policy development, service design and implementation and oversight of the systems and services that impact the safety and wellbeing of children.

Participation has been enabled to varying degrees across jurisdictions through the establishment and resourcing of Aboriginal and Torres Strait Islander peak bodies to participate in policy development and service design. Peaks operate in Queensland and New South Wales, with a dedicated focus on the child protection and family services sector, and at the national level through SNAICC – National Voice for our Children. Significant policy participation roles are also resourced in Victoria through the Victorian Aboriginal Child Care Agency (VACCA) and the Victorian Aboriginal Children's and Young People's Alliance.

Last year's report highlighted the Aboriginal Children's Forum in Victoria as an important new development in systems oversight. The Aboriginal Children's Forum provides representative oversight of system performance and reform and is held quarterly as a representative forum. This year's feedback from Aboriginal and Torres Strait Islander community representatives in Victoria highlights that the Aboriginal Children's Forum continues to ensure that ACCOs

have a strong role for demanding accountability and participation in policy development. In particular, the development of Victoria's Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement, has been a significant step in government commitment to work in partnership with Aboriginal community representatives and peaks in policy and program design. Progress toward implementation of the Wungurilwil Gapgapduir Strategic Action Plan will be monitored by the Aboriginal Children's Forum.

CASE STUDY

WUNGURILWIL GAPGAPDUIR

Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement, signed by Aboriginal and community representatives and the Ministers for Families and Children and Aboriginal Affairs in 2018, sets out a partnership approach to improving outcomes for Aboriginal children and young people in Victoria. The accompanying action plan outlines specific steps to address over-representation, with the Victorian Government committing $53 million to implement the agreed-upon strategies. The agreement and action plan aim to progress self-determination for Aboriginal peoples by ensuring that Aboriginal organisations are fully resourced to participate in program design and delivery.

Important and significant features of the Agreement include a commitment to co-design a family services and out-of-home care model in partnership with ACCOs, resourcing for ACCOs to strengthen organisational capability in research and evaluation, and an outcomes framework based on key performance indicators identified by the Aboriginal Children's Forum.

In 2018, the Children and Families Tripartite Forum (the Tripartite Forum) was established with representatives from non-government organisations, including Aboriginal community-controlled organisations, and the Commonwealth and Northern Territory governments to guide implementation of the recommendations of the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. The Tripartite Forum will further strengthen the involvement of peak bodies and community representatives in policy development and reform, and systems accountability in the NT, with the majority of community sector representatives being from Aboriginal community-controlled organisations. The primary functions of the Tripartite Forum include advice on, as well as oversight and monitoring of, the implementation of the 10 Year Generational Strategy and key reforms for children and families in the NT. The Tripartite Forum is chaired by the CEO

of an ACCO and will deliver an annual report to the Northern Territory and Commonwealth Governments, as well as boards of community sector members, on progress in implementation of the Royal Commission recommendations.

Participation in systems oversight and review is significantly enhanced by the appointment of Aboriginal and Torres Strait Islander children's commissioners. No progress has been made in the appointment of a national Aboriginal and/or Torres Strait Islander children's commissioner. There are three states that have an Aboriginal or Torres Strait Islander position in the role of Commissioner for Children or Assistant Commissioner – Victoria, the Northern Territory and Queensland – with only Victoria supporting the operation of a dedicated and independent Commissioner for Aboriginal Children and Young People . At the time of writing South Australia is progressing the appointment of an Aboriginal Children and Young People's Commissioner and has proposed legislative reform to enable the role through the *Children and Young People (Oversight and Advocacy Bodies) (Commissioner for Aboriginal Children and Young People) Amendment Bill 2018*. Although this proposed legislation would represent a significant step in improving systems accountability in SA, it is concerning that the Bill provided for consultation does not mandate that the Commissioner be an identified position for an Aboriginal person, nor does it provide the Commissioner with equal standing to that held by the Principal Commissioner, from whom the Aboriginal Commissioner will be subject to direction and control.

In collecting responses to requests for information for this report, comments made by some other states and territories were generally positive in relation to engaging with community-controlled organisations regarding policy, programs, and service development and design. For example, in 2017, the ACT Government began a review into the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care. The ACT Government referred to the co-design process for the *Our Booris, Our Way* review, noting that it is being overseen by a wholly Aboriginal and Torres Strait Islander Steering Committee. Western Australia referred to its commitment to developing strong partnerships through the *Aboriginal Community Controlled Organisation Strategy to 2022* which focuses on co-design, ACCO procurement and capacity building. More recently, however, the NSW government has announced significant legislative amendments to the statutory child protection system without meaningful consultations with Aboriginal and Torres Strait organisations and communities in the state. This suggests that some jurisdictions are regressing in terms of facilitating the participation of Aboriginal and Torres Strait Islander community representatives in the development of laws and policies, service design and systems oversight.

e) Investment in service delivery by Aboriginal and Torres Strait Islander community-controlled organisations

In order to effectively respond to the needs of Aboriginal and Torres Strait Islander children and families, all governments share a responsibility to work alongside Aboriginal and Torres Strait Islander communities and support their self-determination in child protection matters. In this context, self-determination includes ensuring that ACCOs design and deliver programs that reflect the needs of the communities in which they work.

International and Australian evidence strongly supports the importance of Indigenous participation for achieving positive outcomes in service delivery for Indigenous children and families. Studies in the United States have found that the best outcomes in community wellbeing and development for Indigenous peoples are achieved when those peoples have control over their own lives and are empowered to respond to and address the problems facing their own communities (Cornell & Taylor, 2000). Canadian research has shown a direct correlation between increased Indigenous community-control of services and improved health outcomes for Indigenous peoples (Lavoie et al., 2010) and a direct connection between Indigenous self-government and reduced rates of youth-suicide (Chandler & Lalonde, 1998). Denato and Segal (2013) undertook a comprehensive review of Australian evidence that indicates the crucial importance of Aboriginal and Torres Strait Islander community-control to outcomes in health service delivery. They cite several studies of the Office for Aboriginal and Torres Strait Islander Health to conclude:

> *"A common theme emerging from these extensive reviews regarding 'what works' was the crucial importance of community engagement, ownership and control over particular programs and interventions (p.235)."*

Numerous Australian reports and inquiries confirm a lack of robust community governance and meaningful Indigenous community participation as major contributors to past failures of government policy (e.g., ANAO, 2012; Cunneen & Libesman, 2002; NSW Ombudsman, 2011). These reports commonly highlight the importance of building capacity for Aboriginal and Torres Strait Islander community-controlled children and family services. The Australian National Audit Office (ANAO) found that building the role and capacity of Aboriginal and Torres Strait Islander organisations is not only important for effective service delivery, but an important policy objective in its own right in so far as it promotes local governance, leadership and economic participation, building social capital for Aboriginal and Torres Strait Islander peoples (ANAO, 2012). Twenty one years ago, the *Bringing Them Home* report concluded that community development approaches to addressing child protection issues were needed not traditional models of child welfare that *"pathologise and individualise Indigenous child protection needs"* (HREOC, 1997, pp.453-454).

STATE AND TERRITORY INVESTMENT IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED CHILD PROTECTION AND FAMILY SUPPORT SERVICES

States and territories were invited by the Family Matters co-chairs to provide data on their investment in Aboriginal and Torres Strait Islander community-controlled child protection and family support services in 2016-17, using the *Report on Government Services* definitions and counting rules. This year, four jurisdictions provided data: ACT, NT, WA, and Qld. Responses from other jurisdictions included that "definitional and counting issues... impacts the state's capacity to report..." (SA), and that "...data relating to payments to ACCOs is insufficiently delineated for it to be meaningful" (Vic).

Data provided by ACT, WA, NT and Qld are not comparable due to different inclusions in the data. Because ACT "does not have Aboriginal and Torres Strait Islander community-controlled child protection services", ACT data were provided on expenditures to community-controlled services delivering family support services. ACT reported that 6 per cent of expenditures on family support services were to community-controlled organisations.

Data for Western Australia were provided about expenditure on all funded services and to Aboriginal community-controlled services in 2016-17. It was reported that 5 per cent of total family support and intensive family support funding, and 11 per cent of total out-of-home care funding, went to Aboriginal community-controlled services. As all "child protection" services are delivered by the department, and family and domestic violence has been identified as a main reason for children and families coming in contact with the department, WA reported 13 per cent of expenditure on child protection is to community-controlled services. Overall, 10 per cent was reported as being expended on community-controlled services, in comparison with 11 per cent in 2015-16.

The Northern Territory provided data according to the *Report on Government Services* definitions and counting rules for expenditures on Aboriginal and Torres Strait Islander community-controlled child protection and family support services. The following percentages were reported:

- family support, 7 per cent;
- intensive family support, 14 per cent;
- child protection, 11 per cent; and
- out-of-home care, 2 per cent.

Overall, community-controlled service received 3 per cent of child protection and family support services.

Queensland provided data indicating that in 2016-17 Aboriginal and Torres Strait Islander community-controlled services received:

- family support, 13.2 per cent;
- intensive family support, 28.6 per cent;
- child protection, 45 per cent; and
- out-of-home care, 2.7 per cent.

Queensland also provided data for 2017-18 showing significant funding increases in the first two categories to 19.6 per cent (family support), 34 per cent (intensive family support), 45 per cent (child protection), and 2.6 per cent (out-of-home care). Due to extensive specification of inclusions and exclusions, these details are available separately accompanying the Queensland Government update on the Family Matters website.

COMMONWEALTH EXPENDITURE ON ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED EARLY INTERVENTION AND PREVENTION SERVICES

Although state and territory governments are responsible for statutory child protection systems, the Commonwealth Government delivers a range of early intervention and prevention services to support child and family wellbeing, and prevent or divert families from statutory intervention. In particular, the Australian Government "…funds and delivers a range of services for families at higher risk of disadvantage including those in Indigenous communities" (COAG, 2009, p. 13).

The Families and Children Activity

The Department of Social Services (DSS) funds a number of early intervention and prevention services through the Families and Children (FaC) Activity including: *Communities for Children Facilitating Partners, Family and Relationship Services, Children and Parenting Support, Intensive Family Support Service, and the Home Interaction Program for Parents and Youngsters* (Australian Government, 2018).

An analysis of the publically available DSS Grants Report captures the proportion of funding allotted for ACCOs and mainstream services under current grants or those which ended in the past two years. Allotted grant details for FaC Activity programs outlined above were extracted.[2] This was followed by a calculation of the total grant values allotted for ACCOs and mainstream service providers, respectively. In this analysis, an ACCO was robustly defined as a community-controlled organisation that was not a government council/body. The inclusion criteria were based on SNAICC's knowledge as the national peak

representative of Aboriginal and Torres Strait Islander community-controlled children and families' services and through desk based research on the funded organisations to determine whether they self identified as an Aboriginal and Torres Strait Islander community-controlled organisation. The findings show that for funding contracts that are current, or that ended in the past two years, and that commenced since 1 January 2009:

- No ACCOs have been **directly** funded for the *Home Interaction Program for Parents and Youngsters and Communities (HIPPY)*, the *Children Facilitating Partner,* or *Family and Relationship Services;*
- Out of the $256,693,118 allotted funding for *Children and Parent Support Services,* only **1.9 per cent** went to ACCOs;
- Out of the $52,062,416 allotted funding for *Intensive Family Support,* **51.3 per cent** went to ACCOs; and
- ACCOs in Queensland, Tasmania, and ACT were **not** funded under any of the programs components in the Families and Children Activity.

The Indigenous Advancement Strategy

Through the Indigenous Advancement Strategy (IAS), the Department of Prime Minister & Cabinet funds services for children and families under the *Children and Schooling Programme,* and *Safety and Wellbeing Programme*, since 2014. Examples of activities funded under the two programmes include: services that support engagement of children and families in early childhood education and care, and initiative that prevent child abuse and neglect (Australian Government, 2016).

The IAS was the subject of a Parliamentary Inquiry by the Senate Finance and Public Administration Committees in 2015-16 which explored how the IAS's tendering processes impacted upon service quality, efficiency and sustainability (Parliament of Australia, 2016). Submissions to the Inquiry highlighted significant concerns over the lack of funding provided to Aboriginal and Torres Strait Islander community-controlled organisations (National Aboriginal and Torres Strait Islander Legal Services, 2015; National Family Violence Prevention Legal Services, 2015; VACCHO, 2015). For example, a preliminary analysis by the Victorian Aboriginal Community Controlled Health Organisation estimated that of the 985 organisations recommended for funding under the first round, less than half were ACCOs (VACCHO, 2015, p. 5).

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2   The DSS Report provides data on grants funded from 01 January 2009 onwards, raw data is publically available at https://www.dss.gov.au/grants/grants-funding

DATA GAPS

THE INDIGENOUS EXPENDITURE REPORT

Two key gaps need to be addressed concurrently in the collection and reporting of Indigenous expenditure data, through the Productivity Commission's Indigenous Expenditure Report, to provide a meaningful indication of the extent to which community-controlled services are enabled to respond to the needs of children and families:

1. Indigenous expenditure data needs to include child protection and family support services; and

2. Data must differentiate between Indigenous-specific services delivered by community-controlled organisations and those delivered by governments and mainstream services.

The available data on investment in family support services has significant comparability issues because there is no nationally agreed upon definition of family support service with variations in types and levels of support across jurisdictions.

STATE AND TERRITORY DATA ON COMMUNITY-CONTROLLED SERVICES

Four states and territories provided no response to the request by the Family Matters campaign for data on investment in community-controlled services to provide child protection and family support services. Of those that did respond, no data were directly comparable because of different inclusions. This data is a critical gap to understanding the level of culturally safe service provision and self-determination for Aboriginal and Torres Strait Islander communities.

RECOMMENDATION: State and territory governments urgently progress the development of nationally consistent data that identifies the level of investment in Aboriginal and Torres Strait Islander community-controlled organisations to provide family support and child protection related services and provide that data to inform the 2019 *Family Matters Report*.

CONCLUSION AND KEY RECOMMENDATIONS

Successive Family Matters reports have shown that we are yet to turn the tide on over-representation of Aboriginal and Torres Strait Islander children in out-of-home care – in fact, overall, the situation and the data is getting progressively worse. Genuine efforts have begun in some jurisdictions to adapt policies and practices to address these issues, but the scope and pace of change are clearly far from what is required. Action to adopt and implement our key recommendations must be taken with commitment and urgency.

The recommendations that we are making have changed very little since the last report. For many years, Aboriginal and Torres Strait Islander peoples and organisations have been advocating for a relatively consistent set of evidence-based solutions, as reflected in The Family Matters Roadmap. Action must be focussed on prevention and early intervention; healing the damage caused by discriminatory policies and practices; and empowering our families and communities to care for and protect our future generations. We recommend:

1. Development of a **national comprehensive Aboriginal and Torres Strait Islander Children's Strategy** which includes generational targets to eliminate over-representation and address the causes of Aboriginal and Torres Strait Islander child removal to improve child safety and wellbeing.

The *Closing the Gap* refresh, currently in progress, has considered a target to eliminate over-representation. It is critical that this target and accompanying indicators related to addressing the causes of over-representation are adopted. But, a target alone is not enough to drive the scale of coordinated action required. The National Framework for Protecting Australia's Children is nearing its end date in 2020. While the Framework's focus on priorities for Aboriginal and Torres Strait Islander children has improved in recent years, it has proved inadequate to achieve substantial change for our children – a dedicated strategy that is aligned to the crisis-level removal of Aboriginal and Torres Strait Islander children is essential.

The urgency of ending over-representation will only be acted on at the pace required to address over-representation within a generation if the Commonwealth and State/Territory Governments commit to a COAG Generational Target and Strategy, co-designed with relevant Aboriginal and Torres Strait Islander peaks. Experience and research indicates that ad hoc, piecemeal approaches will not see sustainable improvement. Achieving fundamental change in outcomes requires the implementation of holistic, evidence-based solutions through a coordinated national approach. The scale and impact of this issue, as well as the complex, structural nature of the required solutions spans federal and state and territory powers, and multiple departmental responsibilities. The *Family Matters Roadmap* has identified the building blocks for success and can be utilised to create a policy and practice framework, an outcomes/evaluation framework and accountability mechanisms for this strategy.

2. A target and strategy to **increase proportional investment in evidence-informed and culturally supportive prevention and early intervention** services that are accessible for Aboriginal and Torres Strait Islander families.

As we near the end of the National Framework for Protecting Australia's Children 2009-2020 there continues to be decreasing proportional investment into early intervention despite the Framework advocating for greater investment. A clear target and strategy are critical to drive a shift towards a public health model with strong prevention and early intervention measures.

This would drive investment in evidence-based and culturally safe early childhood education and care, maternal and child health, trauma, healing and family support services, as well as family violence prevention and response. It would assist in redressing the adult-related issues impacting the care of children.

Of course, our children in out-of-home care also need a high level of quality support to ensure they can thrive, have their needs met and maintain cultural and family connections. An increase in proportional investment to early intervention cannot safely be achieved by simply shifting funding from an already stretched child protection and out-of-home care sector. What is needed is the foresight of governments to invest more in and recognise the long-term cost and societal benefits of early intervention that are born out in the evidence.

An early intervention strategy should draw on and include justice reinvestment approaches, recognising that many of the same drivers of child protection intervention drive incarceration of Aboriginal and Torres Strait Islander people. We need to intervene to prevent the pathway from child protection to juvenile and adult justice systems.

3. A target and strategy to **Close the Gap in developmental outcomes for Aboriginal and Torres Strait Islander children in the early years, and in access to vital preventive services** in early childhood education and care (ECEC) and maternal and child health. This must include:
   a. Funding universal preschool access for 3 and 4 year olds, including additional funding to ensure a minimum 3 days per week access for Aboriginal and Torres Strait Islander children; and
   b. Investing in quality Aboriginal and Torres Strait Islander community-controlled integrated early years services through a specific program with targets to increase coverage in areas of high Aboriginal and Torres Strait Islander population and high levels of disadvantage.

Almost half of all children who are removed to out-of-home care are removed by age four. The evidence shows us that greater access to maternal and child health services, and early childhood education and care, can increase the resources and knowledge available to families to deal with child protection concerns.

The early years sector offers one of the most powerful opportunities for changing the trajectory of Aboriginal and Torres Strait Islander children and families. Aboriginal Child and Family Centres and multi-functional Aboriginal children's services offer a unique type of support for our children and families that is culturally grounded, holistic, trauma-informed and responsive to the complex and multi-faceted needs

facing children and families that are experiencing high levels of vulnerability. These services provide an essential lifeline for children and families that are unable or unwilling to access mainstream services due to experiences of both racial discrimination and culturally inappropriate practices. However, many services are under-resourced to reach their potential, and have faced high levels of funding instability and cuts over recent years.

The move to subsidy-based and market-driven models of childcare designed for working families, through reforms introduced in 2018, has only increased concern about the future effectiveness and viability of these vital preventive services. A well-resourced Aboriginal and Torres Strait Islander ECEC sector is an essential and indispensable component to preventing trajectories that lead to child protection intervention and must be supported.

4. **Priority investment in service delivery by community-controlled organisations in line with self-determination,** including through investment targets aligned to need and "Aboriginal and Torres Strait Islander first" procurement policies for services to Aboriginal and Torres Strait Islander families.

This report identifies the critical importance of Aboriginal and Torres Strait Islander-led service delivery to improving outcomes for children, alongside the failure to invest in our organisations. There is strong capacity in many communities to take up further service provision, and opportunities to build on already existing capacity to develop larger, more sustainable community-controlled service sectors. Limited data available on investment in Aboriginal and Torres Strait Islander agencies – federally, and in states and territories – shows that investment is vastly disproportionate to the level of engagement of Aboriginal and Torres Strait Islander families in child protection. Many investment approaches are also limited by tightly constrained service delivery models and contract requirements that do not allow Aboriginal and Torres Strait Islander agencies to design culturally-adapted and community-driven approaches for achieving the desired outcomes.

There continues to be a gap in available data on community-controlled investment, and a gap in strategies to invest in and support the capacity of Aboriginal and Torres Strait Islander agencies across the country. Some states have begun to adopt targeted investment strategies. For example, Queensland has committed $150 million over 5 years to community-controlled family wellbeing services, Victoria has set clear timelines to achieve 100 per cent of Aboriginal children in out-of-home care case managed by ACCOs by 2021, and Western Australia has recently commenced implementation of its ACCO strategy, including through new investments in community-controlled early intervention services.

5. **National standards to ensure family support and child protection legislation, policy and practices in adherence to all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)** including:

    a. **Nationally consistent standards for implementation of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and linked jurisdictional reporting requirements through the National Forum for Protecting Australia's Children;**

    b. **Increased representation of Aboriginal and Torres Strait Islander families, children and communities at each stage of the decision-making process, including through independent Aboriginal and Torres Strait Islander family-led decision-making;**

    c. **Increased investment in reunification services to ensure children are not spending longer in out-of-home care than is necessary due to inadequate planning and support for parents; and increased investment in support services for families once children are returned;**

    d. **Increased efforts to connect Aboriginal and Torres Strait Islander children in out-of-home care to family and culture, through cultural support planning, family finding, return to country, and kinship care support programs.**

The report reveals that implementation of the Aboriginal and Torres Strait Islander Child Placement Principle is very poor across the country and children continue to be separated from their families and cultures at an alarming rate. In June 2018, Community Services Ministers from across the country collectively committed to progress active efforts to implement all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle, but comprehensive action and accountability is still lacking. The development of clear and comprehensive standards and a mechanism that requires states and territories to report on progress towards implementing each element through the National Forum for Protecting Australia's Children could contribute to promote reform and accountability.

Comprehensive investment in effective, culturally safe reunification programs across Australia, accompanied by strong follow-up support to ensure stable care, is deeply needed. There is a dearth of resourced programs prioritising the safe return of children to their families,

and no nationally consistent data on the rate at which Aboriginal and Torres Strait Islander children are reunified with family or the provision of support services to achieve that goal. We remain deeply concerned by the drive towards permanent out-of-home care placement and adoption without an adequate focus on supporting families to address the challenges they face, healing trauma and interrupting the inter-generational cycle of harm to our communities and cultures.

Broad-based legislative and policy reform to strengthen representation of Aboriginal and Torres Strait Islander organisations, communities, families and children in decisions about child safety and removal, from before and throughout their engagement with child protection systems, is required. Strong models of Aboriginal family-led decision-making are a key component to enabling family participation. These must engage the role of independent Aboriginal and Torres Strait Islander agencies to provide culturally safe and supportive environments that enable families to work through issues and find their own effective solutions to ensure quality care for their children.

This report identifies widespread concern regarding the quality and implementation of cultural support plans for children in out-of-home care and a lack of data to reflect these. A small number of states are leading the way in establishing new Aboriginal and Torres Strait Islander-led models of cultural support planning, family finding, return to country and kinship care support – but other states urgently need to follow suit.

6. **Permanent care orders and adoption are not used for Aboriginal and Torres Strait Islander children in out-of-home care. Aboriginal and Torres Strait Islander people must be provided with opportunities to design alternative policies to support stability for Aboriginal and Torres Strait Islander children in connection with kin, culture and community. Where permanent care orders are used, they must never be applied without clear evidence that the Aboriginal and Torres Strait Islander Child Placement Principle has been fully applied, and without oversight of an Aboriginal and Torres Strait Islander agency.**

We hold deep concerns that the recent focus on permanency planning measures – nationally, and in many states and territories – will undermine stability for our children and cause them harm, exacerbating inter-generational trauma for families and communities. Reforms have been inadequately attuned to the reality that **permanence for Aboriginal and Torres Strait Islander children is developed from a communal sense of belonging; experiences of cultural connection; and a stable sense of identity including knowing where they are from, and their place in relation to family, mob, community, land and culture** (SNAICC, 2016).

This report demonstrates that inadequate efforts are being progressed to support families to stay together, or to ensure children's connections to culture and family are maintained. In these circumstances, the pursuit of permanent care orders, particularly within limited mandated legal timeframes, presents an unacceptable level of risk to our children's stable sense of identity and cultural connection.

7. Development of **a dedicated National Plan to Reduce Violence Against Aboriginal and Torres Strait Islander Women and Children,** that commits to a sustained increase in investment to ensure national coverage of Aboriginal and Torres Strait Islander community-controlled, culturally safe and specialist family violence services.

All governments have a responsibility to respond to, prevent and arrest the high rates of family violence that have devastating impacts on Aboriginal and Torres Strait Islander communities, and especially women and children. The response must include the empowerment of Aboriginal and Torres Strait Islander community-controlled organisations, women, men, families and children to be active participants in driving policy and practice change in family violence response and prevention. This necessitates: resourcing for the community-controlled sector; developing reliable place-based and aggregated data that can both inform communities designing responses, and build an evidence base to support the success of best practice community-driven approaches; supporting and expanding specialist Aboriginal and Torres Strait Islander organisations and initiatives that prevent and respond to family violence; and national leadership and knowledge-sharing gatherings for both Aboriginal and Torres Strait Islander women and men.

Critically, responses to violence – if they are to truly address the causes and impacts of violence – must focus on embedding cultural healing that addresses the trauma of colonisation, racism, forced child removal and entrenched poverty that undermine cultural strengths and underlie violence in communities.

8. Development and publication of **data to better measure the situation of, and causes and responses to over-representation of Aboriginal and Torres Strait Islander children in out-of-home care.** Data development should take account of identified gaps throughout this report.

In particular, there should be a priority to ensure the following priority data gaps are addressed and reported against in relevant reports, such as the Productivity Commission's annual Report on Government Service, the AIHW Child Protection Australia Report, and the Overcoming Indigenous Disadvantage Report:

- Reunification rates of Aboriginal and Torres Strait Islander children in OOHC;
- Reconnection rates reflecting the safe and timely movement of children in OOHC to placements with their Aboriginal and Torres Strait Islander kin;
- Longitudinal data that allows for calculation of the length of stay in OOHC, time to exit by exit type, and re-entry to OOHC, by Indigenous status;
- Recurrence data that reflects new and repeat contact with child protection services at each stage of contact, and by Indigenous status;
- Investment in Aboriginal and Torres Strait Islander community-controlled early childhood education and care as a critical point for culturally safe primary prevention service provision;
- Expenditure in child protection and family support both provided to Aboriginal and Torres Strait Islander children and provided by community-controlled services;
- Aboriginal and Torres Strait Islander access to family support and intensive family support services;
- Culturally appropriate evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families;
- Housing tenure type amongst Aboriginal and Torres Strait Islander families with children;
- Access to specialist homelessness services and overcrowding for Aboriginal and Torres Strait Islander children and families in contact with child protection services;
- The rate of child protection reports and substantiations related to family violence across all jurisdictions and by remoteness for Aboriginal and Torres Strait Islander children;
- Aboriginal and Torres Strait Islander peoples' interaction with the police, child protection authorities, family violence support services and legal services in relation to family violence incidents, including regionalised data to inform targeted responses; and
- Genuine and more meaningful measures of the development, quality and implementation of cultural support plans for Aboriginal and Torres Strait Islander children in out-of-home care.

9. Establishment and resourcing of **state-based and national commissioners, peak bodies and other representative bodies for Aboriginal and Torres Strait Islander children.**

If genuine self-determination and genuine Aboriginal and Torres Strait Islander-led co-design is to emerge, then formal roles must be established for Aboriginal and Torres Strait Islander people to oversee and guide policy development and implementation.

Aboriginal and Torres Strait Islander peak bodies are needed in each jurisdiction to enable a community-controlled sector representative voice that can direct the response to child protection concerns based on Aboriginal and Torres Strait Islander perspectives. Peaks have critical roles to play in policy design and in the support and development of quality and effective community-controlled service systems.

The scale and specificity of the issues impacting Aboriginal and Torres Strait Islander children also calls for commissioners nationally and in each state and territory. Their role is pivotal in providing Aboriginal and Torres Strait Islander leadership to support both children and families on the one hand, and departmental transformation on the other, shining the light on necessary issues, monitoring progress and brokering solutions. Their work, alongside Aboriginal and Torres Strait Islander peak bodies, could provide significant assistance in informing policy reform and models of best practice to ensure a culturally respectful child and family welfare system centred on the wellbeing of all children, including Aboriginal and Torres Strait Islander children. Other models of system accountability to Aboriginal and Torres Strait Islander peoples are also emerging through the Aboriginal Children's Forum in Victoria and the First Children and Families Board in Queensland, with governments showing clear commitment to provide data, enable oversight and share power in the effort to improve outcomes for Aboriginal and Torres Strait Islander children.

For the future of Aboriginal and Torres Strait Islander children, it is incumbent upon our collective responsibility as government and non-government stakeholders to work together – led by Aboriginal and Torres Strait Islander experts, leaders and communities – to implement these solutions so that our children have the opportunity to thrive.

This report will be produced again in twelve months to measure progress against previous reports.

LET IT SHOW A CHANGING STORY.

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APPENDICES

APPENDIX I: PROJECTION OF OVER-REPRESENTATION IN OUT-OF-HOME CARE BY STATE AND TERRITORY

DISPROPORTIONALITY BY STATE/TERRITORY

Figure A1 shows the percentage increase of the out-of-home care population in each of the states and territories from 2009-10 to 2016-17, with the blue bars indicating increases of the Aboriginal and Torres Strait Islander population and the orange bars that of non-Indigenous population. The numbers associated with the bars indicate the change of the respective population in number of children in the six-year period.

In all jurisdictions, the percentage increase in the Aboriginal and Torres Strait Islander out-of-home care population exceeds that of the non-Indigenous out-of-home care population. In the Northern Territory, the non-Indigenous out-of-home care population actually shrank by more than 20 per cent while the Aboriginal and Torres Strait Islander out-of-home care population increased by more than 130 per cent. Victoria, the Northern Territory, and Tasmania exhibit the largest percentage increase among the jurisdictions, with the Aboriginal and Torres Strait Islander out-of-home care population more than doubling. New South Wales exhibits the smallest percentage increase in the Aboriginal and Torres Strait Islander out-of-home care population among the jurisdictions. However, NSW has also the largest increase in number of children and thus contributes the most to the national increase.

CHANGES IN THE OUT-OF-HOME CARE POPULATION RELATIVE TO CHANGES IN THE GENERAL POPULATION OF CHILDREN BY JURISDICTION

In view of the fact that the Aboriginal and Torres Strait Islander population of children age birth to 17 in all jurisdictions increased by only 6 per cent from 2009-10 to 2016-17, on average – ranging from -0.4 per cent in the Northern Territory to 10.5 per cent in Victoria – the percentage increase of the Aboriginal and Torres Strait Islander out-of-home care population is highly disproportionate to the percentage increase of the Aboriginal and Torres Strait Islander general population of children. This disproportionality is most pronounced

in the Northern Territory, where the Aboriginal and Torres Strait Islander general population shrank by 0.4 per cent while the Aboriginal and Torres Strait Islander out-of-home care population increased by 133 per cent. In Victoria, the percentage increase in the Aboriginal and Torres Strait Islander population is almost 14.9 times that of the percentage increase in the Aboriginal and Torres Strait Islander general population. The disproportionality across other jurisdictions is 24.6 times in Western Australia, 22.8 times in the ACT, 18.3 times in Tasmania, 12.3 times in South Australia, 5.9 times in New South Wales, and 4.2 times in Queensland.

Figure A2 shows the ratios of Aboriginal and Torres Strait Islander and non-Indigenous out-of-home care population projections across the states and territories, using the normalized Aboriginal and Torres Strait Islander and non-Indigenous populations in 2017 as a starting point. Once again, the projected Aboriginal and Torres Strait Islander and non-Indigenous out-of-home care populations in each jurisdiction were calculated using the average annual population growth rate in each jurisdiction from 2009-10 to 2016-17. The ratios indicate the disparate and widening gaps between Aboriginal and Torres Strait Islander and non-Indigenous out-of-home care populations. A ratio of one indicates that the ratio of Aboriginal and Torres Strait Islander and non-Indigenous populations would be maintained at the 2017 level if nothing is done to change the observed growth rate. In this estimation, the ratio of Aboriginal and Torres Strait Islander to non-Indigenous children in out-of-home care in the Northern Territory is projected to reach 22.0 in 2037, indicating that – if nothing is done to change the current trend – the disparity in rate ratio of Aboriginal and Torres Strait Islander and non-Indigenous populations in the Northern Territory will be 22.0 times as serious as it was in 2017. While a 20-year projection is a long-term estimate that may not come to pass, it does serve as a stark reminder of how serious and urgent the problem is and how each year-delay in remedying the disparity compounds the problem. In Tasmania, the rate ratio in 2037 is projected to reach more than 7 times the 2017 level if the observed pattern of growth does not change. In the other jurisdictions, the ratios range from 1.7 in the ACT and New South Wales to 2.8 in Western Australia. Regardless of the magnitude, the message is clear: in order to stop the growing disparity in rates of out-of-home care between Aboriginal and Torres Strait Islander and non-Indigenous children changes need to happen in each and every jurisdiction.

FIGURE A1   Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children involved with child protection in Australia, 2015-16
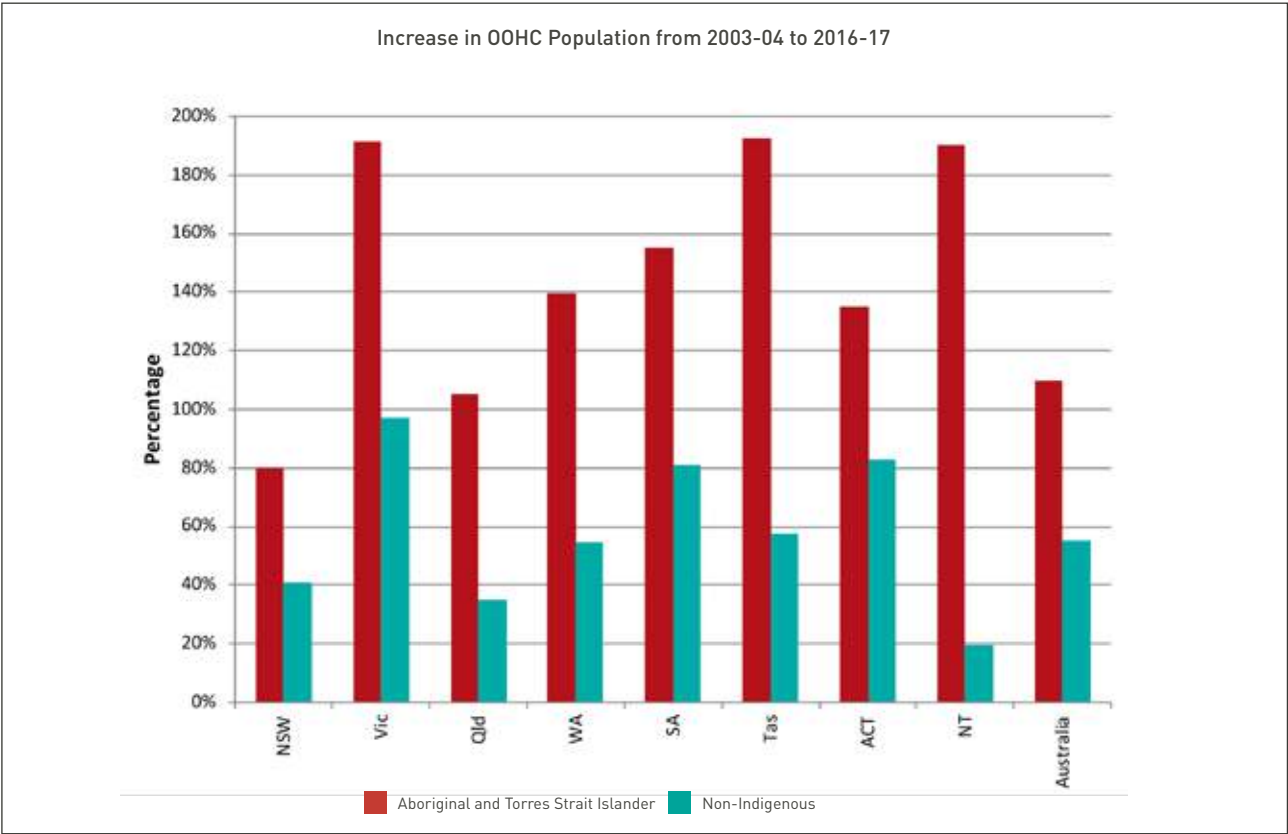
FIGURE A2   Projections of rate ratios of Abroginal and Torres Strait Islander and non-Indigenous children in OOHC
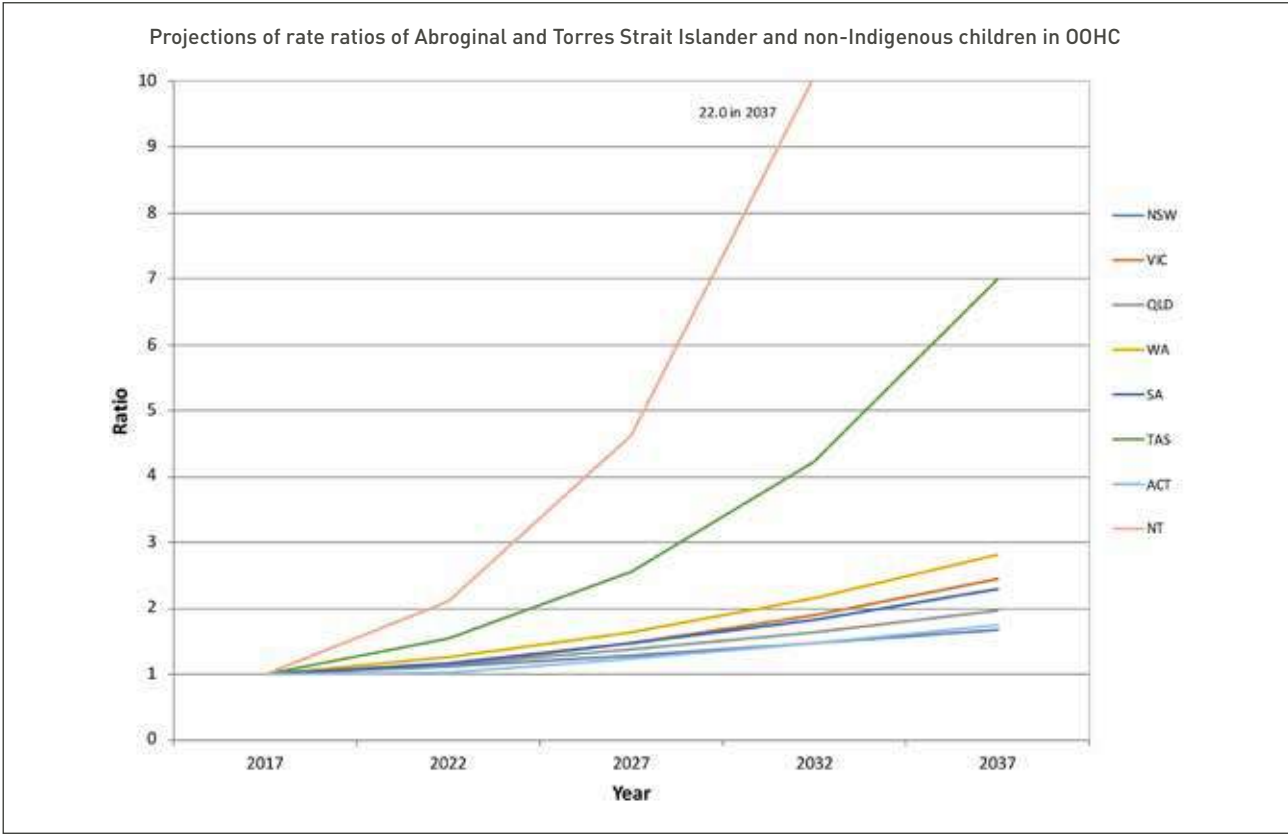
APPENDIX II: METHOD FOR THE PROJECTION SCENARIO

The projections of out-of-home care population shown in Figure 13 were calculated using the average annual population growth rates (APGR). Theoretically, a more complex model which is dynamical (is a function of time and space) and state-dependent (i.e. the population in each year depends on the population in previous periods) may be constructed and used in projecting future populations. However, due to the limitation of data and the lack of well-verified population dynamics models, only the APGR is used for projections.

The aim is to show one possible path of population growth for Indigenous and non-Indigenous children in out-of-home care, assuming that each population will continue to grow at the APGR based on the years 2009/10 to 2016/17. Lower and upper limits of the projected populations were estimated using the minimum and maximum APGR of the respective populations from the same period. This provides a good perspective on what to expect if the APGR is different from the mean APGR.

For ease of interpretation, all numbers in the model have been scaled to a base population of 1000 (i.e. there are far more non-Indigenous children in the Australian population, so growth rates were standardised to a base population of 1000 in order to facilitate the comparison of growth rates within each population). There are also several important caveats that are listed in Appendix III. These caveats highlight that the figures presented in the scenario have to be interpreted with caution. Due to the simplified nature of the projections, the figures shown in the example may not come to pass.

APPENDIX III: CAVEATS FOR THE PROJECTION SCENARIO

In relation to the projection scenario of out-of-home care population shown in Figure 13, caveats as a result of the model restrictions are:

- Comparable data from AIHW is only available for seven years. In 2009/10, there was a major change in the counting rules. As a result, data before 2009/10 was not used. Therefore the figures we present are merely gross estimates and may change as data are improved and extended.

- States and territories exhibit very different trends and legislation differs significantly between states and territories. An example is the introduction of a new policy in NSW that led to a sharp increase in discharges of children to guardianship from OOHC as part of the *Safe Home For Life* legislative reforms (AIHW, 2016).

- The legislative reforms in NSW in 2014 had significant effects on the population of non-Indigenous children in out-of-home care. This population experienced negative growth (or a decrease) in population size in the year 2014/15 while the population of Indigenous children in OOHC increased by 464 children between 30 June 2014 and 30 June 2015. These *shocks* to the system may bias average annual population growth rates, especially for non-Indigenous children. In other words, it appears that fewer Indigenous children were "exited" from the system than non-Indigenous children, which if the trend continues will increase the over-representation of Indigenous children in out-of-home care.

- Unlike more complex models, the scenarios presented in the projections do not explicitly incorporate the re-enforcing feedback from exits to notifications via re-reports. This shortcoming is due to the fact that we have no data on the nature and timing of re-entry to out-of-home care.

APPENDIX IV: METHOD FOR THE REPORT CARD TABLE

The Report Card table on page 14-16 makes a subjective assessment of *highlights* and *lowlights* and a corresponding *traffic light* designation in relation to state and territory progress on aligning legislation, policy and practice with each of the four building blocks of the Family Matters campaign. Assessments are Aboriginal and Torres Strait Islander community-sector led and have been developed with review and input of state Family Matters jurisdictional representatives and peak Aboriginal and Torres Strait Islander agencies, where they exist.

The methodology interrogated specific data points in the report that align most accurately to each of the building blocks when considering the framework detailed in the *Family Matter Roadmap*. A number of data points in the Family Matters report are not provided by jurisdiction and, as a result, these were excluded from the Report Card assessment. In line with the campaign's commitment to support self-determination, commentary provided in the *Community Voices* section of this report has been given significant weight in making assessments. The specific data points considered in identifying highlights and lowlights were:

- **BUILDING BLOCK 1:** Prevention and early intervention investment and service access data, including early childhood education and care; child protection system over-representation; investment in community-controlled prevention and early intervention; and Australian Early Development Census (AEDC) outcomes data.

- **BUILDING BLOCK 2:** Resourcing of Aboriginal and Torres Strait Islander representative organisations to participate and enable family participation in case decisions; Aboriginal and Torres Strait Islander peak body roles in policy design; delegation of statutory functions to ACCOs; investment in ACCO service delivery.

- **Building Block 3:** Placement of Aboriginal and Torres Strait Islander children with Aboriginal and Torres Strait Islander carers and kin; rates of reunification; permanency reform safeguards for cultural connection; programs for cultural support planning and implementation; ACCO out-of-home care case management roles and delegation of statutory functions; resourcing of Aboriginal and Torres Strait Islander peak body roles in sector development.

- **BUILDING BLOCK 4:** Aboriginal and Torres Strait Islander system reform oversight and monitoring bodies, including Aboriginal and Torres Strait Islander representative bodies and Children's Commissioners; development of strategies to address over-representation and monitoring and evaluation approaches; provision of additional data requested to inform the *Family Matters Report*.

The Family Matters
REPORT 2018

NEW SOUTH WALES UPDATE

ON STRATEGIES TO ADDRESS THE OVER-REPRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN IN OUT-OF-HOME CARE

FAMILY MATTERS

Strong communities. Strong culture.
Stronger children.

The New South Wales Department of Family and Community Services (FACS) provided the following update on strategies to address over-representation after the 2018 *Family Matters Report* had been completed. Because this information was received after the deadline, this update is not reflected in the analysis throughout the Report. Consistent with the format for the Report, community sector representatives were provided with an opportunity to make comment on the update as included below.

COMMENT FROM NSW COMMUNITY VOICES

The strategy outlined by FACS, while given a high priority and taking a multi-faceted approach, continues to fall disappointingly short with respect to the implementation of the Family Matters Building Blocks and their statutory obligations. With few exceptions, the strategy elements outlined are undertaken through a unilateral approach, or with only tokenistic consultation that ultimately follows the government-led agenda. This includes the Aboriginal Outcomes Strategy, Aboriginal Impact Statement, Aboriginal Cultural Competency Framework, and Their Futures Matter initiatives. More concerning, recent policy and legislative reforms have reinforced pathways for the imposition of permanent care orders including adoption, without meaningful engagement with Aboriginal communities and in full knowledge of Aboriginal community concern and opposition. Meanwhile, reasonable Aboriginal-led frameworks and proposed structural and legislative reforms to improve the system are ignored, and partnership projects are not prioritised or supported for implementation.

Ultimately, there is a deep and enduring unwillingness on behalf of FACS to empower Aboriginal communities to exercise authority in the care and protection of our children. Rather, the NSW system continues to operate on the long-discredited paternalistic assumption that the government know what's best for Aboriginal children and families.

UPDATE FROM THE NSW DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

Family and Community Services (FACS) number one priority in the FACS Strategic Plan is to improve the long-term outcomes for Aboriginal children and families. The Aboriginal Outcomes Strategy (AOS) 2017 to 2021, sets out FACS' new approach to help achieve this goal and improve outcomes for Aboriginal people more broadly. A focus area of the AOS is to reduce the overrepresentation of Aboriginal children and young people in out-of-home-care (OOHC), by eliminating the over-representation of Aboriginal and Torres Strait Islander children in OOHC by 2040. Over the next five years FACS will:

• Reduce the number of Aboriginal children and young people entering OOHC by 20 per cent;
• Transition 1200 Aboriginal children and young people to guardianship orders;
• Restore 1500 Aboriginal children and young people to their families; and
• Reduce the number of Aboriginal children and young people in OOHC by 10 per cent by 30 June 2020.

Alongside the AOS, FACS has implemented two supporting initiatives to enhance the work of the Strategy and assist staff to build relationships with the Aboriginal people we work with:

• Aboriginal Impact Statements; and
• the Aboriginal Cultural Capability Framework.

Below are some of the programs and actions aimed at reducing the overrepresentation.

PERMANENCY SUPPORT PROGRAM (PSP)

PSP Preservation Packages

As part of the child protection continuum, permanency support services have a responsibility to do everything possible to prevent children and young people from entering care. An initial 190 preservation packages were made available from 1 October 2018, including 37 per cent targeted specifically for Aboriginal families. Seventeen Funded Service Providers are delivering Family Preservation Packages in 2018/19. Six of the organisations delivering these packages are Aboriginal community-controlled organisations.

These packages provide evidence-based supports and services to safely keep a child or young person in their home environment and avoid entry to OOHC. They are designed to embed a continuum of care within service providers as a first step in implementing an investment approach, that is, as the number of children and young people in care reduce, PSP funds will be reinvested into additional preservation activities. There will be an additional allocation of at least 190 packages each year over the life of the PSP.

There is a separate **Baseline Package for Aboriginal Care**. This package is for Aboriginal service providers who provide Aboriginal Care. The package is similar to the Foster Care Baseline Package. However, it provides extra funds in recognition of the additional work Aboriginal service providers undertake within communities to build local capacity and resources.

A Cultural Plan (Aboriginal) specialist package provides comprehensive and holistic cultural care planning and genealogy work to support connection to family, community and culture for every Aboriginal child in OOHC.

TARGETED EARLIER INTERVENTION REFORM

FACS is working with clients, service providers, other government departments and related organisations to redesign the targeted earlier intervention service system, because, despite our best endeavours, the number of children reported at risk of significant harm continues to grow, and we need to intervene earlier.

Prevention and Early Intervention Joint Investment Framework

In February 2018, the NSW and Commonwealth Governments agreed to jointly invest in an Aboriginal early intervention place-based initiative under the Community Ministers Prevention and Early Intervention Joint Investment Framework. NSW is one of ten demonstration sites.

Aboriginal Child and Family Centre Program

FACS funds nine Aboriginal Child and Family Centres in NSW to provide quality early childhood education and care, and integrated health and support services for Aboriginal children and families.

Intensive Family Based Services (IFBS)

IFBS is targeted at children who are at imminent risk of removal from their families, but where an assessment is made that there is a reasonable prospect of improvement within the family. The broad aim of IFBS is to build capacity in the Aboriginal non-governmental organisation sector to deliver culturally appropriate child protection services to Aboriginal families.

Intensive Family Preservation

The Intensive Family Preservation Service's focus is to improve children's safety (i.e. family preservation), offers placement stability and restoration support. Out of the total families who received the services, about one third were Aboriginal families. In the recent years, Aboriginal families have also shown continued improvements in achieving their case plan goals.

SECTOR DEVELOPMENT PROGRAM

Through the Sector Development Program, FACS funds AbSec, and other peaks to deliver various capacity building initiatives that support Aboriginal organisations. These are focused particularly in supporting organisations in the context of reforms to the OOHC and targeted earlier intervention sectors.

Aboriginal child and family industry development strategy (the Strategy)

The six year strategy provides a roadmap to strengthening the Aboriginal child and family sector in NSW. There are 20 Initiatives covering five focus areas:

- State wide coverage;
- Support existing capacity to reach scale and maturity to deliver quality services;
- Enhance current workforce capabilities and promote employment opportunities in the sector;
- Target supports to assist Aboriginal organisations through periods of rapid growth or change; and
- Measure outcomes and share knowledge.

The strategy is intended to establish a safety net of Aboriginal organisations through which:

- Service models are self-determined by Aboriginal communities;
- A high standard of service quality is maintained that effectively meet the needs of Aboriginal children, families and communities through holistic and individually tailored services; and
- There are meaningful employment opportunities for Aboriginal people.

INVESTING IN WESTERN AND FAR WESTERN NSW ABORIGINAL SERVICE SYSTEMS

The Western NSW and Far Western NSW initiatives align with the objectives of the Aboriginal Child and Family Industry Development Strategy. Through these initiatives, holistic Aboriginal child and family service providers will be established in each of the regions that have the capacity to deliver across the care continuum with the scale necessary to do more for Aboriginal children, young people and families over time.

After establishment and accreditation of the holistic Aboriginal child and family service providers, AbSec will work with FACS to transition an effective Aboriginal Care service model to the providers.

ABORIGINAL GROWTH AND PARTNERSHIP PROJECT

FACS fund the Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec) to deliver a range of capacity building initiatives to support Aboriginal organisations to attain and maintain accreditation to operate as OOHC providers in NSW.

AbSec also supports partnerships between mainstream and Aboriginal organisations to enable Aboriginal organisations to develop the capacity to operate independently.

THEIR FUTURES MATTER (TFM)

Multisystemic Therapy Child Abuse and Neglect (MST-CAN®) and Functional Family Therapy through Child Welfare (FFT-CW®) programs address underlying issues of substance abuse and mental illness. With a target of helping 900 families a year and half of the placements designated for Aboriginal families, MST-CAN® and FFT-CW® are implemented in more than 14 locations across NSW, including selected regional areas. In the year since its commencement in August 2017, 805 families have received services; six families have completed MST-CAN® and 150 families have completed FFT-CW®.

Aboriginal Evidence Building in Partnership project is working with six Aboriginal programs across Murrumbidgee, Far West, Western NSW, Nepean Blue Mountains, Mid North Coast and Northern NSW Districts by supporting these organisations to embed routine data collection mechanisms and evidence building capabilities. The aim is to improve program outcomes and better demonstrate services that work best for Aboriginal children, young people, families and communities.

LINKS Trauma Healing Service provides trauma treatment to support children and young people to improve their emotional, psychological and physical wellbeing to assist with placement stability, engagement in education and prevention of entering the juvenile justice system.

In 2018, TFM will launch the Treatment Foster Care Oregon program, delivered in a family setting as an alternative to institutional, residential and group care placements for children and young people with severe emotional and behavioural disorders. An additional trauma treatment service to improve placement stability will be available for children under 15 years of age who are in statutory kinship care (including relative) or foster care, and whose placements are unstable.

The NSW Department of Family and Community Services also provided a range of data in response to requests from the Family Matters Campaign. These data are available on the Family Matters website.

FAMILY
MATTERS

**Strong communities. Strong culture.
Stronger children.**