

## **Introduction**

This submission has been developed with the following consultative group who live in the East Gippsland Primary Health Alliance region.

The consultative group is:

- Tammy Bundle: Manager Djillay Ngalu consortium
- Daphne Yarram: Manager Yowinna Wurnalung Healing Service
- Ivy Yarram: Women and families Coordinator Yowinna Wurnalung Healing Service
- Lesley Edwards: Yowinna Wurnalung Healing Service
- Michelle Smith: Closing the Gap Project Officer, East Gippsland Primary Health Alliance
- Lee Darroch: Community Member

Reflections of the consultative group are drawn from experiences as members of the Aboriginal and Torres Strait Islander\* communities and/or experience working in family support or child & adolescent health roles. Not all reflections are specific to this area as the consultative groups experiences cross regional boundaries. Care has been taken to de-identify local organisations in discussion; however it is almost impossible to do this when reflecting on local examples.

Some comments identify the Victorian Aboriginal Child Care Agency. This agency has a unique position in Victoria as the peak agency providing assistance and support to Aboriginal children and families coming in contact with the Child Protection system. The consultative group recognises the enormous task before VACCA and all that has been achieved so far. All comments are made in the spirit of quality improvement. Much work has been done to improve outcomes for Aboriginal & Torres Strait Islander families and we applaud the leadership within Aboriginal communities and government departments in establishing legislation and initiatives.

There are many agreements and processes in place that define how VACCA and Child Protection, Department of Human Services need to work together and with other agencies. Improvements in outcomes for children can be achieved by VACCA and Child Protection working in a more cooperative manner with other support agencies. An initiative such as the Bargoongagat Case Coordination Panel is such an example. This is a panel of mainstream and Aboriginal welfare agencies can offer workers guidance, support and resources to help support complex families. This model should be reviewed and considered for adaptation in regional areas.

The consultative group's experiences lead us to believe that the Child Protection legislation and program policies are often ignored, given cursory acknowledgement or in some cases draw discriminatory comments from Child protection workers. This would

indicate at least varying degrees of effective implementation of legislation and initiatives.

Some of the consultative group has promoted the Aboriginal child protection initiatives to Aboriginal community both in our professional and community roles. It is deeply disturbing to find that there are still significant barriers to the actual implementation. It begs the question whether our confidence has been misplaced, and if by promoting Aboriginal child protection initiatives to Aboriginal community whether it will lead to worse outcomes, because of increased expectations within Aboriginal communities.

**Recommend:**

*Reviews of the following programs be undertaken.*

- *Family preservation programs*
- *Aboriginal Family Decision Making Program*
- *Family support in home*

*Review the implementation of Aboriginal Child Placement Principle, Section 13 Children, Youth and Families Act 2005.*

**Factors that increase the risk of abuse and neglect occurring, and effective preventive strategies.**

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Far east Aboriginal communities – Lake Tyers Aboriginal Trust, Nowa Nowa, Orbost, Cann River really miss out on the delivery of preventative Koori family support services including Koori family counseling services, child support and counseling. Some services are funded to cover the whole of East Gippsland but in reality services do not fully extend to cater for the special needs of isolated , vulnerable Aboriginal families.

Services need to have an actual presence in these communities and small towns. Many of the small towns have a mainstream community health or bush nursing service. If the service is available to wider community it is often not linked with Aboriginal community controlled health organisation. The challenge is how to extend services to these areas without overextending the capacity of the worker outreaching and the program.

**Suggested Strategies:**

*Review funding outcomes and arrangements to ensure capacity for local delivery in regional programs and accountability for local delivery.*

There are concerns within Aboriginal communities regarding the normalisation of behaviours and standards that in the past have not been acceptable in Aboriginal communities and are contrary to Aboriginal cultural values. Anecdotal examples of this include:

- Some community members feel that Aboriginal workers threshold to family violence and neglect may be much higher because they are dealing with this constantly and thus it becomes the “cultural norm”.
- There are anecdotal reports that acts of sexual assault are covered up because the perpetrator and others intimidate victims with acts of violence to ensure they back down.

**Suggested Strategies:**

- *Community development activities promoting family well-being based on Aboriginal values.*
- *Training to support Aboriginal workers reinforcing concepts of family well-being, Aboriginal parenting styles, Aboriginal values influencing socially acceptable standards of behaviours and problem solving transition to contemporary society and situations.*

**Aboriginal and Torres Strait Islander workers**

The Child Protection System and family support services present to families and workers as a complex and confusing mix of services.

Aboriginal workers who provide support for families often have little support regarding child protection issues. Non-Aboriginal colleagues have limited understanding about the unique position these workers hold in Aboriginal communities. Aboriginal workers often do not have a working understanding of child protection processes and associated family support services.

For example:

- An Aboriginal worker is reluctant to notify child protection due to concerns that the unique circumstances surrounding notification will identify the Aboriginal worker as the one who notified. The worker contacted a non-Aboriginal service provider for advice and support. The worker was advised that they were mandated to notify and pressured to do so. However, the non-Aboriginal service provider was dismissive of the Aboriginal worker's concerns regarding community consequences of making a notification. The Aboriginal worker did not understand how to make a notification.
- Aboriginal housing workers are not provided information about child protection processes and their role and responsibilities in this. Aboriginal Housing workers are not linked into child protection or family support networks that will support them when encountering possible protective issues with tenants.

**Suggested Strategies:**

- *Professional development for Aboriginal health and family workers as well as Aboriginal Housing workers regarding Child Protection Issues.*
- *Strengthen local networks between housing, child protection and family support services.*
- *Professional development for non-Aboriginal professionals and Aboriginal workers as highlighted.*

**Adolescents**

The following issues present a broad range of concerns in providing appropriate support for adolescents at risk.

- There are some local anecdotal reports that indicate Aboriginal adolescents are school refusing from early adolescence and seem to be ignored by primary and secondary schools, and Department Education and Early Childhood Development. No action appears to be taken to address non-attendance and ensure that the factors contributing to school refusal are addressed.
- Programs for Aboriginal adolescents tend to target adolescents who have contact with the juvenile justice system. This can be seen as rewarding bad behaviours. The challenge is how to adjust this to ensure that culturally valued behaviours are rewarded amongst all Aboriginal adolescents.
- One of the challenges for Child Protection workers is to provide enough independence as developmentally appropriate for older adolescents and maintain advice and guidance as also developmentally appropriate for the older adolescent through either family, extended family or other support networks.

It appears that the often adolescents are considered independent enough to 'look after themselves' and or 'too hard' for Child Protection to deal with, despite chaotic and high risk protective issues within family, or individual high risk behaviours, and also including school refusal. Interventions from child protection for children in this age group seem to be very limited or ignored. (especially 14 years and older).

- The Ways Forward report (1995) suggests the high rates of incarceration of young Aboriginal people, in part may represent higher rates of conduct disorders amongst Aboriginal young people, taking into account some anti-social acts are acts of rebellion against a predominantly white system. Child and Adolescent Mental Health Services in Victoria are very poorly equipped to provide effective

therapy for conduct disorders and often are limited in providing culturally appropriate care.

- A broad range of workers have difficulty addressing the threat, "I'm gonna dob you into child protection".

**Suggested Strategies:**

- *Greater importance be given to the needs of this age group.*
- *Greater collaboration between government departments to ensure children at high risk have appropriate support and responses to improve current outcomes for Aboriginal young people. (Mental Health, Department of Justice, Child Protection, Department of Human Services, and Department of Employment to address needs of adolescents*

**Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capacity of those organisations involved.**

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**Representation of cultural advice**

Non-Aboriginal workers within Aboriginal organisations are often called on to represent the interests of the Aboriginal community, especially when the organisation does not have capacity to send an Aboriginal representative. At times workers may be drawn from roles that are not conversant with child protection.

There have been incidents in which the non-Aboriginal representatives from Aboriginal organisations have advocated that Child Protection intervention is culturally inappropriate despite the child being placed in danger (eg child on roof of house in the pouring rain). The recommendation in the example stemmed from a lack of understanding of Aboriginal parenting values and what parenting behaviours are a result of cultural dispossession and generational disadvantage within families.

This sends mixed messages to other agencies and the families involved about who is able to provide cultural advice and what the values within Aboriginal culture are.

**Suggested Strategies:**

- *Organisations consider developing policies regarding cultural advice and protective policies regarding Aboriginal children.*
- *Training for workers within Aboriginal organisations about cultural advice.*

### **Consistency of L17 reporting**

There are some anecdotal examples within hospital systems where there has been Emergency Department treatment and inpatient admissions as a result of domestic violence, but no immediate notification despite children within the household. If the Police are notified through L17 reports there does not appear to be follow up services to family involved.

The question has also been raised whether there is some reluctance to implement the process if the victim of violence is male.

### **Suggested Strategies:**

- *Regular reminders regarding the importance of L17 reports.*

### **Team Approach within General Practice.**

General Practitioners and other staff within general practices are in a position to identify children who are in abusive situations.

When working with Aboriginal communities, consideration needs to be given to the sequel of events that can unfold once a notification is made, and the impact of this on the Aboriginal workers who often have the role of managing this in community. Appropriate information will assist Aboriginal workers to respond to unfolding crisis, rather than be taken by surprise with no prior knowledge.

The Practice Nurse role within General Practices is evolving into a broader role. Within Aboriginal Community Controlled Health services Practice Nurses and Aboriginal Health Workers are generally informed of protective processes and have an understanding as to how to deal with these situations. The role of the Practice Nurse within mainstream practices does not tend to be inclusive of social health. However, the Practice Nurse role can easily encompass broader social health roles which will enable the practice to more effectively deal with family health issues.

### **Suggested Strategies:**

- *Promote more awareness and skills to deal with family wellbeing issues within usual work of General Practices : Royal Australian College of General Practitioners (RACGP) Australian Practice Nurse Association (APNA) and Australian General Practice Network (AGPN).*

**The quality structure role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out of home care, including permanency planning and transitions; what improvements may be made to better protect the best interests of children and support better outcomes for children and families.**

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**a) Family services**

**Child First Program**

The role of Child First is to provide an initial assessment and referral for families. Aboriginal families are at higher risk of not engaging with referred family support services without follow up because:

- Families with complex needs often require additional support to enable engagement with services.
- Educational outcomes
- Anticipation of Cultural safety issues
- Higher levels of stress experienced by many families and communities.

**Suggested Strategies:**

- *The Child First program considers enhancing the program role to include case management for Aboriginal families with complex support needs.*

Engagement between mainstream family support services with Aboriginal families in need is difficult. Non-Aboriginal Child First practitioners require advice regarding Aboriginal families.

**Suggested Strategies:**

- *Aboriginal identified positions or processes for secondary consultation with Aboriginal workers within intake of Mainstream Child First program.*

**b) Statutory child protection services, including reporting, assessment, investigation procedures and responses.**

**Aboriginal legislation and Initiatives**

- **See recommendations in introduction. Additional comments regarding Aboriginal legislation and Initiatives are included in the following discussion:**

**Cultural plans**

Cultural plans appear to have no credibility with Child Protection workers, and few decisions are adhered to by Child Protection. Timeframes for completion lag or are

ignored. Family members and nominated community members often spend many hours contributing to planning to have no feedback and no results.

**Suggested Strategies:**

- *Timeframes for cultural plans be set to ensure that cultural plans are completed two weeks after placement*
- *Requirements for accountability. What consequences are there if Child Protection does not follow cultural plan for children.*

**Keeping Kinship ties - Mediation**

Families coming to the attention of the Child Protection system may already have disrupted or disconnected family networks. Extended family members often act to protect children advising family members that their parenting behaviours are causing the child harm. The parents' response to this is often to cut family ties. On escalation or continuance of concerning behaviours notification is made to Child Protection.

After notification parents often maintain that the child is not to have contact with the other family members who act protectively. Anecdotal reports appear to indicate that Child Protection will uphold the parents' wishes and will not proactively mediate family networks despite the obvious advantages to the child once Child Protection is not involved in protecting the child. This has occurred even when Department of Human Services has guardianship.

It is nearsighted of Child Protection workers not to consider the needs of the child after childhood or once the child is no longer in the Child Protection system. Family networks are important source of support and identity for a young adult.

**Suggested Strategies:**

- *Identify extended family members who provide appropriate support, guidance and protection to the child outside of nuclear family unit.*
- *Provide mediation to reconnect child to protective and supportive extended family.*

**Children moving to another Department of Human Services region**

There are reports of loss of information when children under care of Child Protection move from one region to another. The loss of information occurs within Child Protection Units and VACCA.

Loss of information includes:

- Cultural Background
- Cultural Plans
- Family information and case history



### **Myths in Aboriginal communities regarding Child Protection**

Within communities myths that have evolved from inconsistent application of child protection orders and authority.

- Some families believe that there is no need to comply with child protection orders, as the parents will still get their kids back.
- Other families are unable to reach protective goals as the bar is raised each time.
- There are anecdotal cases with ongoing abuse, in which extended family members have notified Child Protection of the situation, and despite this the cases have been closed.

### **VACCA**

VACCA is a vital instrument for working with Aboriginal families, and advocating to Child Protection. It is vital that VACCA practitioners take time to explain processes and expectations and consequences in lay man's terms. This may take place outside of meeting involving Child Protection. VACCA workers have provided outreach to Aboriginal Community Controlled Health services in the past. This enabled community members and workers to liaise with VACCA for advice without being involved in child protection case.

### **Suggested Strategies:**

- *VACCA to provide outreach service to local Aboriginal community controlled health organisations.*

### **Complex families**

Case management can be a valuable tool for some complex families. There are local examples of Aboriginal families referred to 17 different services including child protection. The question needs to be raised as to how any family could cope with this situation, let alone a family which is experiencing significant problems and one which requires intervention by Child Protection. No service provided case management for the family and an Aboriginal worker decided to case manage the family to assist, although case management was not part of the job role. Case management does not necessarily confer welfare dependence, as motivation for family change can be incorporated into the role. The case management role included undertaking assessment of situation, convening meetings with family, service providers, prioritising and weeding out services, and managing family appointments.

No thought is often given when appointments are made through Child Protection as to how the family members who are required to attend appointments can actually get there. For example, a parent is required to attend anger management group counseling in Lakes Entrance. The parent lives in outlying town and has no reliable transport. There is regular public transport from outlying town to Lakes Entrance.

**Suggested Strategies:**

- *Case management for complex and high needs families is made available for identified families.*

**Child Protection during Pregnancy.**

It is the understanding of the consultative groups that no action can be taken to protect the unborn child until the birth of the baby, despite the unborn child being at high risk of injury due to the mother's behaviours or domestic circumstances.

**Suggested Strategies:**

- *Child Protection workers be enabled to work mothers during pregnancy if unborn child is at high risk of injury from mother's behaviour or domestic circumstances.*

**Beginning practice training – Child protection workers**

The Yoowinna Wurnalung Healing Service participated in the delivery of beginning practice training professional development session with Child Protection workers. The Healing Service provided case studies of investigating child protection concerns. The participants explore processes within Child Protection and problem solved culturally appropriate responses and the rationale for the response. It is thought that this training could provide some valuable opportunities for cultural exchange.

**Suggested Strategies:**

- *Aboriginal family support workers to also participate in the Beginning Practice training.*

*This will enhance understanding of Child Protection processes and facilitate opportunities for cultural exchange. The networking opportunities will promote better working partnerships between Aboriginal family support workers and Child Protection Workers.*

**c) Out of home care, including permanency planning and transitions**

**Carer's Support**

Foster carer's frequently do not understand what financial supports are available to assist them.

**Suggested Strategies:**

- *Carers to be provided with written information and fully informed at time of placement as to what allowances and entitlements is available to them.*
- *Formal contract between Child Protection and Foster Carers which outlines the right and obligations of carers.*

### **Counselling**

Children who are removed from parents by the Child Protection system have suffered significant trauma. The impact of relocation on the child is also traumatic and often forgotten.

Counseling services available through publicly funded health services is very limited. Counselling support for significant trauma occurring at a young age (eg sexual abuse) is often required during significant development stages. Counselling may be available short term through Victims of Crime, Centre Against Sexual Assault, Child and Adolescent Mental Health Services or Take 2. Other programs, such as, Better Outcomes in Mental Health, and Rural Primary Health, provide counselling services. Aboriginal Community Controlled Health Services and programs also may offer counselling. The services may also be difficult to access due to waiting lists or program availability locally. Some counseling services are not appropriate for children or for those suffering significant trauma. Private counselling services are often available locally but can be cost prohibitive for foster families.

### **Foster Children with serious illness and disability**

There are a number of children in out of home care who have multiple health needs and/or disabilities. This can be an additional financial burden for Carer's. For example a child in out of home care requires frequent visits from regional area to Royal Children's Hospital. The Carer's cover costs to travel to metropolitan hospital. Carer's are also required to take leave from work to provide support for child. Not all these costs are covered.

There are some programs which may assist Carer's in these situations, but it appears that the information is not disseminated widely enough. Carer's may not be linked in with disability services as these connections are often lost.

### **Suggested Strategies:**

- *All children should be provided with state health care card in their name.*
- *All clinical needs and support should be provided at no cost to carers.*

### **Interstate visits**

Carer's are required to adhere to Child Protection protocols when organising family visits (eg wedding, funeral) and or holidays interstate, despite many towns on borders to different states. This makes interstate visits quite difficult to organise, placing extra burden on the Carer's.

### **Suggested Strategies:**

- *Review and streamline approval process for Carer's when organising family visits interstate.*

**Child Advocate**

There are situations where it appears that Child Protection and VACCA are working against the child's wishes or to a third party the child's best interests. There appears to be no recourse for the child in this situation.

**Suggested Strategies:**

- *Identify who can become the child's advocate and define the process within Child Protection?*