

Protecting Victoria's Vulnerable Children

Response to the Inquiry by the
Victorian Aboriginal Child Care Agency
(VACCA)



May 2011

Cover artwork

This artwork is from an Aboriginal child that VACCA supports through their out-of-home care program.

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Introduction

The Victorian Aboriginal Child Care Agency (VACCA) welcomes the opportunity to respond to the Inquiry into protecting Victoria's vulnerable children. Our response looks at vulnerability and protecting Aboriginal children¹, including but not restricted to those children who connect with Child Protection (CP). This response is the outcome of a series of collaborations – with our own frontline staff and managers, with other Aboriginal services from across the State and with other Community Service Organisations.

VACCA is an Aboriginal community controlled organisation established in Melbourne almost 35 years ago, in 1977. At the time (as today) there was concern for Aboriginal children needing placement away from their family and the importance of an Aboriginal placement agency. The organisation emerged from social and political activism and was informed by the developments occurring in the US with Native First Peoples. Initially unfunded, VACCA was funded by the Commonwealth in 1978.

VACCA is the largest Aboriginal child and family welfare service in Victoria and delivers services across the State in all areas except Mildura. VACCA delivers a range of preventive, early intervention, family preservation and reunification and out of home care services to Victoria's Aboriginal children and families. VACCA provides case consultation to CP on all Aboriginal children, through its Aboriginal Child Specialist Advice Support Service (ACSASS). VACCA also has a small but active research and program development section.

VACCA recognises that history and circumstances have affected the ability of some Aboriginal families to provide strong and positive family relationships. Across successive generations, a cycle has developed of broken family relationships and of individuals who are alienated from their culture and vulnerable in society. We see the connection between this cycle and the many social problems our community faces. VACCA believes that families who are strong in their culture and connected to their community will be more successful in raising resilient children who are proud of who they are and where they come from.

As an Aboriginal community controlled child and family service organisation, we believe that to protect vulnerable Aboriginal children and strengthen Aboriginal families and communities, we need a service system which respects Aboriginal self-determination and embeds Aboriginal culture into service provision. For us, the service system to protect vulnerable Aboriginal children starts with the Aboriginal services first principle; that is services for Aboriginal children and families should be delivered by Aboriginal organisations; decisions about Aboriginal children should be made by Aboriginal organisations. This commitment to self determination is because we know that it works. When services cannot

¹ We refer to Aboriginal children throughout this response. There are many common issues for children and families from the Torres Strait Islands and much of the response also applies to them. We acknowledge that there are also some differences for Torres Strait Island children and families.

We refer to children throughout this response as this is consistent with the inquiries terms. We have included a section that is specific to young people. (Section 4.2)

be delivered by Aboriginal organisations then service organisations need to be culturally competent and best practice based. Our service system needs to be integrated not dislocated and service delivery needs to be holistic and therapeutic.

When we consider the serious over representation of Aboriginal children in all parts of Victoria's child protection system and the considerable gaps in Aboriginal health, education, employment, income and housing, we think it is time for substantial reforms to protecting Victoria's vulnerable Aboriginal children. These reforms mean significant changes to universal services, support and prevention services, family reunification services and placement services. They also mean changes to funding models to allow services to effectively work with vulnerable Aboriginal children and their families. Many positive service reform proposals fail to be funded for implementation.

Our response is long. We have much to say about the problems in our current service system that are strongly reflected in outcomes for Aboriginal children who connect with the system. We think these outcomes are shameful and that we need reforms in service delivery and governance. For Aboriginal children, the State has not been a good enough parent. We need better outcomes for Aboriginal children.

Preparing This Response

In preparing our response to the inquiry, we have

- Consulted with 81 staff at VACCA, across all programs and regions. These consultations allowed us to
 - ~ Gain a contemporary understanding of the concerns and solutions from our frontline staff
 - ~ Advise staff of the inquiry process and allow them to consider their involvement in future community consultations
- Participated in the development of the response from a group of Community Service Originations (CSOs) facilitated by KPMG.
- Facilitated and participated in a full day workshop bringing together Aboriginal agencies from across the Aboriginal service system in Victoria. Over forty Aboriginal professionals from 19 services attended this workshop and participated in discussion about services for vulnerable Aboriginal children. List of the organisations represented at the workshop is attached in Appendix 1.
- Participated in Berry Street Take 2's response to this inquiry.
- Used the research available as a foundation to understanding vulnerabilities and identifying solutions for vulnerable Aboriginal children. Data in this response has come primarily from two sources
 - ~ Department of Education and Early Childhood Development, *The state of Victoria's children 2009, Aboriginal children and young people in Victoria*, Melbourne, 2010
 - ~ AIHW 2010. *Child protection Australia 2008-09*. Cat. no. CWS 35. Canberra: AIHW

Where data is from elsewhere, this is referenced in the report.

Service Principles for Protecting Victoria's Aboriginal children

We started the process of responding to the review by identifying the principles that we think need to underpin reforms in the service system for vulnerable Aboriginal children. We

have included details of the principles in Appendix 2. Underlying all our principles is the fundamental importance of self determination and social justice for Aboriginal people.

- Aboriginal services for Aboriginal people
- Vulnerable Aboriginal children need a service system built on social justice principles
- Protecting Aboriginal children is everyone's responsibility
- Protecting Aboriginal children begins with prevention
- A culturally competent child and family welfare service system
- A child-centred service system
- A family focussed system
- Vulnerable Aboriginal children need immediate responses
- Vulnerable Aboriginal children need a strongly connected and integrated service system
- Vulnerable Aboriginal children need therapeutic responses.
- Support evidence based practice as we are more likely to get better outcomes.

Report Structure

Our focus in this response is on vulnerable Aboriginal children in Victoria and is informed by our experience at VACCA.

Part 1 discusses Aboriginal children and vulnerability and includes

- Demographics
- Childhood
- Aboriginal children and safety
- The extent of vulnerability
- Aboriginal professional practice
- Our vision for children

We then discuss our key reforms in the service system for vulnerable Aboriginal children under the following headings:

2. Governance and Guardianship
3. Culturally Competent Services
4. Earlier Intervention reduces Children's Vulnerability.
5. Building stronger Aboriginal families, through Aboriginal Family Services
6. Protecting Aboriginal Children – Child FIRST, ACSASS and Child Protection
7. Protecting Aboriginal Children – The Children's Court
8. Out-of-home Care and Reuniting Families
9. Strong Aboriginal Organisations – Workforce Development and Resource Allocation

In each area we have identified and described vulnerabilities and presented solutions. We have also presented examples which we believe reflect good work or highlight emerging issues. This is not to indicate that such good work exists across the service system. While our staff are dedicated and resourceful, many of our programs are poorly funded, many exist in certain geographic areas only. The practice examples should be viewed as what is possible rather than what is happening. Identifying information has been changed in the practice examples.

Executive Summary

We believe that the service system for vulnerable Aboriginal children needs to be significantly reformed. Such reform is indicated by the ongoing failure of our existing services system where despite some legislative and practice reforms, Aboriginal children remain seriously disadvantaged and significantly over represented across the CP service system. Secondly, there is the strong commitment to Aboriginal self determination that has been repeated through government policy and legislation and never realised. Finally, there is the success of programs that are self determining as evidenced in international and local experience.

Our recommended reforms are built on a platform of self determination. Self determination is realised through Aboriginal governance and guardianship and an Aboriginal Children's Commission, and is underpinned by a workforce development focus. Our experience of DHS driven change for Aboriginal services, as evidenced in the section 18 (Guardianship Transfer) changes, indicates that if there is commitment to this change, it needs to be driven from outside DHS, thus the vital importance of establishing an Aboriginal governance body and an Aboriginal Children's Commissioner. Self determination is also realised through the principle of Aboriginal organisations first, that is we always look to Aboriginal organisations to deliver services to Aboriginal children and families.

Our recommended reforms are also built on a platform of social justice, realised through appropriate resource allocation. Resource allocation for Aboriginal organisations must include acknowledgement of the added complexity of Aboriginal families, the extent of disadvantage and trauma across Aboriginal communities and the importance of cultural connections and activities in building resilience for Aboriginal children and families. Resource allocation must also acknowledge the more limited fundraising capacity of Aboriginal organisations and the additional workforce development requirements. Thus we propose that resource allocation methodology is weighted for services to Aboriginal children and families and that this weighting comes with monitoring and reporting of outcomes benchmarks.

Our reforms require cross-sectoral coordination and reform, realised through legislative amendments and enacted through Aboriginal governance, and training and monitoring of cultural competence across government departments and community service organisations.

Our recommended reforms

Governance and Guardianship

- Establish a state-wide independent body to advise government on the service system to protect Aboriginal children, including developing plans, monitoring services delivered and outcomes, ensuring service integration, and reviewing service effectiveness.
- Create an independent Aboriginal Children's Commissioner to have oversight of services for vulnerable Aboriginal children, especially child FIRST, child protection and out-of-home care.
- Develop clear guidelines about the investigation of cultural abuse as part of the quality of care processes.

- Government commitment to outcomes and targets for vulnerable Aboriginal children and their families and gives priority to Aboriginal programs.
- Strengthen responses for Aboriginal families and their children by establishing a ten year plan to develop Aboriginal organisations so that they are able to provide a range of universal, secondary and tertiary services for Aboriginal children and families.
- Implement an Aboriginal agencies first principle; that is, when it comes to services for Aboriginal children and families the first port of call is an Aboriginal organisation.
- Develop a minimum suite of culturally appropriate services for Aboriginal children and families, delivered by Aboriginal organisations, available in all Victorian catchment areas.
- Allocate resources to Victorian Aboriginal child and family welfare services to be involved in program development for Aboriginal children and families, build an evidence base about best practice in service delivery for Aboriginal children and families, develop outcomes based monitoring and evaluation to critically evaluate services, advise government about policy and program development for Aboriginal children and families.
- Strengthen the *Child, Youth and Family Act 2005* to acknowledge the roles and responsibilities of government funded services (specifically early childhood services, education and health services [including mental health and alcohol and drug services]) for the protection and care of vulnerable children and young people in Victoria.'
- Commence Section 18 of the *Children, Youth and Families Act, 2005*, which allows the secretary of DHS to authorise the principal officer of an approved Aboriginal agency to perform guardianship functions for Aboriginal children on protection orders, within two years

Culturally Competent Services

- Whole of government commitment to culturally competent service delivery for Aboriginal children and families, reflected in strategic plans across health, education, housing, child and family and disability services, including description of how business will be done differently.
- Monitor compliance with Section 10 of the Children, Youth and Families Act which identifies 'the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development'.
- Immediately establish a minimum level of cultural competence consultation and ongoing training for all government departments and mainstream service providers. Cultural competence consultation and training for child and family welfare services must be delivered by Aboriginal organisations that have expertise in child and family welfare and also training skills.
- Through the Aboriginal Commissioner, establish, monitor and report on outcome benchmarks for all services delivered to vulnerable Aboriginal children, whether by mainstream, government or Aboriginal services.
- Through the Aboriginal Commissioner, investigate allegations of abuse in care of Aboriginal children, including cultural abuse.

- Through the Aboriginal Children's Commissioner, develop clear guidelines about cultural abuse investigations as part of the quality of Care process

Earlier Intervention reduces Children's Vulnerability

- Deliver a targeted package of support for each new born Aboriginal child across Victoria; to be delivered through Aboriginal organisations.
- Develop Aboriginal family centres so that each significant Aboriginal community has a multi-disciplinary Aboriginal children and families hub.
- Develop an Aboriginal 'help service' for parents and children operated by an Aboriginal organisation.
- Develop an Aboriginal Youth Focussed Service to support at risk and vulnerable Aboriginal young people to be delivered by an Aboriginal organisation.
- Develop culturally based mental health and suicide prevention services for Aboriginal young people whose social-emotional wellbeing and mental health is seriously at risk.

Building Stronger Aboriginal Families – Aboriginal Family Services

- Expand family services programs delivered by Aboriginal organisations to allow these services to better meet the demand for service from Aboriginal families.
- Develop a respite care program for Aboriginal families as part of Aboriginal family services.
- Employ an Aboriginal principal practitioner and further develop staff training and supervision to support staff working with complex families.
- Require DHS to implement detailed standards, similar to agency registration standards that include KPIs about CP reports and decision making.
- Expand Aboriginal Family Services to include an education focus.
- Legislate to ensure that the Department of Education has responsibility for the education and well being of Aboriginal children.
- Prioritise the development of culturally inclusive curriculums across kinder and school and include cultural activities for all students

Protecting Aboriginal Children – Child FIRST, ACSASS & Child Protection

- Immediately implement an Aboriginal Child FIRST presence across all catchments.
- Include compliance with the legislative requirements to consult with ACSASS and implement the ACPP as monitored KPIs for CP and reported to the CEO of the ACSASS service.
- Immediately provide ACSASS staff with access to DHS CRISS system.
- Co-locate CP staff with ACSASS staff within Aboriginal organisations.
- Appropriately resource ACSASS to ensure that workloads allow staff to fulfil their role of providing advice to CP and support to Aboriginal children and families.
- Delay any decision in the Children's Court about an Aboriginal child until ACSASS views are made known to the court.

Protecting Aboriginal Children - The Children's Court

- Replace the Children's Court with a panel of experts. This panel must include an Aboriginal person with knowledge and understanding of child and family welfare and a child/youth development and well being expert.
- The panel would undertake proceeding and make decisions about the future of the child in a way that is accessible, non adversarial way, using supported questioning to elicit information and avoiding intimidation and coercion.
- The panel would identify systems issues emerging from the matters before it and report on these.

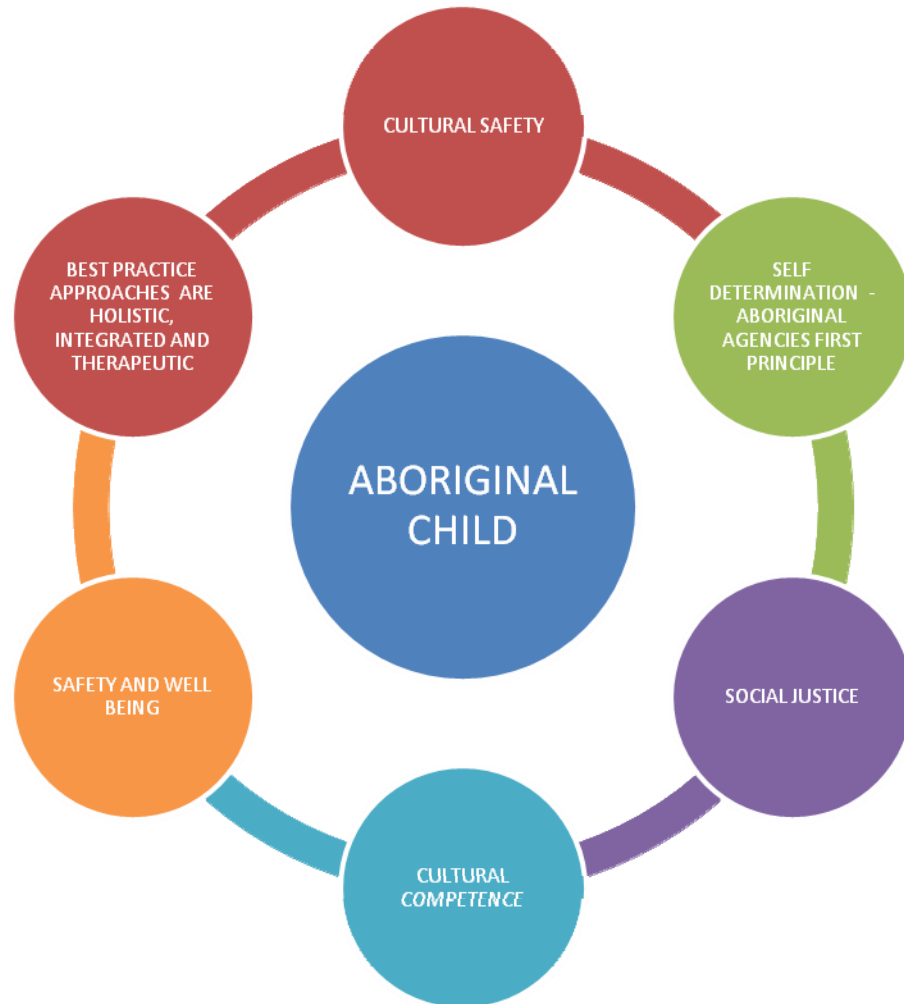
Out-of-Home Care and Reuniting Families

- Expand and deliver family reunification work which is intensive, flexible and specifically tailored to the family and delivered by an Aboriginal service.
- Develop a broader range of out-of-home care services that is more responsive to the needs of Aboriginal children and young people and supportive of carers.
- Build partnerships between Aboriginal services and education at a state-wide level to develop and promote curriculum approaches to Aboriginal culture in schools.
- Include education support positions as part of program funding for out-of-home care
- Consider Cultural Support Plans as a key part of case planning
- Focus on the cultural safety and well being of Aboriginal children in mainstream placements
- Extend the criteria for Leaving Care funding and support to include Aboriginal young people whose Protection Orders are discharged before they turn 16.
- Attach brokerage funding to all Aboriginal out-of-home care programs

Strong Aboriginal Organisations – Workforce Development and Resource Allocation

- Develop and resource a state-wide workforce development strategy for Aboriginal organisations based on valuing the life experience, personal skills and cultural competence Aboriginal staff bring to the workplace while building the capacity of staff and mentoring for leadership and management.
- Make salaries and conditions in Aboriginal organisations commensurate with government departments; include Aboriginal staff employed at ACCOs in government department targets for Aboriginal employment.
- Weight resource allocation in recognition of the particular factors that uniquely affect Aboriginal Victorians and Aboriginal organisations.

A SAFETY FRAMEWORK FOR VULNERABLE ABORIGINAL CHILDREN



This diagram illustrates our view of what a service system for vulnerable Aboriginal children needs to include. Based on ensuring safety and well being and including cultural safety, our service system is built on self determination and social justice principles and takes an Aboriginal agencies first approach. 'Best practice' services are culturally competent, holistic, integrated and therapeutic.

1. Children

1.1 Demographics

Victoria is home to 14,578 Aboriginal children aged 0 to 17 years, representing 1.2 per cent of all children residing in the state. There are marked differences between the age structure of the Aboriginal population and the total population. Children make up almost one half (43.5 per cent) of the Victorian Aboriginal population, almost double the proportion of children in the total population. According to the latest projections, the number of Aboriginal children in Victoria is expected to increase by 22.9 per cent by 2021, while the number of children in Victoria will decrease by almost 1.0 per cent.

A greater proportion of Victoria's Aboriginal children reside in rural Victoria, at 55.8 per cent compared to metropolitan Victoria at 44.0 per cent. The North and West region has the highest proportion of Victoria's Aboriginal children (22.6 per cent) followed by the Loddon Mallee region (16.6 per cent), and the Southern Metropolitan region (13.5 per cent). The proportion of Aboriginal children aged 0 to 17 years is higher in rural Victoria than in metropolitan Victoria for all age groups.

1.2 Childhood

Many Aboriginal people² today see children as central to the life and culture of the community – they are the link between past and future and of fundamental importance to the continuation of Aboriginal cultures.

Responsibilities in raising a child are often shared amongst family and community with each person taking part in protecting, nurturing and educating the child. Such strong attachments to a number of adults in their community have been viewed as a problem when seen through the lens of the dominant culture with its preference for the nuclear family. Only recently has the strength of these connections been recognised. In discussing human brain development, internationally renowned trauma specialist Dr. Bruce Perry, reflecting on the concept of the 'nuclear family', states:

We humans have not always lived the way we do now....We lived in a far richer relational environment in the natural world. For each child under the age of 6, there were four developmentally more mature persons who could protect, educate, enrich and nurture the developing child... The relationally enriched, developmentally heterogeneous environment of our past is what the human brain "prefers".³

Aboriginal services view children holistically; the child's physical, emotional, social, spiritual and cultural needs and well-being are seen as intrinsically linked. The child's relationship is to their whole family, not just to their mum and dad, to their community, not just their family, and to their land. More recently, there has been acknowledgement of the

² As in all communities, not all Aboriginal people are the same.

³ Perry, B., 2006, 'Applying Principles of Neurodevelopment to Clinical Work with Maltreated and traumatised children: The Neurosequential Model of Therapeutics' in Boyd, N., (ed) *Working with Traumatised Youth in Child Welfare*, Guilford Publications Inc., New York. edited by Nancy Boyd.

importance of seeing the child in their social and economic context. *Families without adequate support, particularly in harsh economic times cannot fulfil the requirement of the UN convention of the Rights of the Child to provide an atmosphere of love and understanding.*⁴ Even the best support programs cannot overpower poverty in shaping a child's developmental outcomes.

Throughout this response, reference is made to the serious disadvantage faced within Aboriginal communities. Evidence concerning health and wellbeing in general and child protection and juvenile justice reports in particular, show that Aboriginal children and their families and communities experience vulnerability at a level disproportionate to Australian society in general.

However, it is important to remember that the vast majority (90 per cent)⁵ of Aboriginal children have positive family relationships, attend kinder or school, and spend time with their family and friends. They are getting on with life despite the challenges of our community and in the face of cultural misunderstanding and racism. We see this resilience in our staff and our carers. Their strength and resilience comes from strong families and connections to their community. *Family is our life, family is our culture, family is language, family is everything to us. We look after one another*⁶

For those Aboriginal children who do connect with child protection, the observations of Indigenous Child and Adolescent psychiatrist, Dr Helen Milroy arising from her research work with Aboriginal children in Western Australia are:

*I observe many psychological strengths even in some of the most traumatised children. These include children's sense of autonomy early in their life, their ability to understand psychological issues, their capacity for humour and their general creativity and playfulness evident in their love of drama acting and imagery. They have a strong sense of commitment to their siblings and family. The very fact that Aboriginal peoples are the oldest living culture and have survived the impact of colonisation is testimony to their resilience and the elders must have passed this on to the children of today.*⁷

Such resilience is remarkable in the face of disadvantage and abuse. But we should not rely on this resilience. Aboriginal children deserve better. They deserve services that support and enhance their resilience and allow them to achieve their potential as individuals and as part of strong and vibrant communities.

⁴ Wild, R., & Anderson, P., 2007, Ampe Akelyernemane meke Mekarle, *Little Children are Sacred, Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse* cites Moira Raynor.

⁵ VACCA's ACSASS service has involvement with around 1,500 Aboriginal children across the CP system at any one time. This represents 10 per cent of Victoria's Aboriginal children aged 0 to 17 years.

⁶ Warburton, J. & Chambers, B., March 2007, *Older Indigenous Australians: their integral role in culture and community*. Australasian Journal on Ageing, Vol 26, No 1, 3-7 citing Aboriginal actor, Ningali Lawford

⁷ De Maio, J.A., Zubrick, S.R., Silburn, S.R., Lawrence, D.M., Mitrou, F.G., Dalby, R.B., Blair, E.M., Griffin, J., Milroy, H., Cox, A. 2005, *The Western Australian Aboriginal Child Health Survey: Measuring the social and emotional wellbeing of Aboriginal children and the intergenerational effects of forced separation*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

1.3 Aboriginal Children and Safety

*The safety of the child is paramount. No child should live in fear. No child should starve. No child should live in situations of neglect. No child should be abused.*⁸

Fundamental to Aboriginal cultures and Aboriginal services is the safety of Aboriginal children – safety from harm and safety to achieve their potential. Understandings of safety include all those things that guide perceptions of safety across all communities. Aboriginal people also consider the essence/centrality of family, community and culture to an Aboriginal child's immediate and long term safety and well being. The Aboriginal way does not restrict or compromise the child's safety. By considering all aspects of safety and integrating these, safety for an Aboriginal child is enhanced.

We know that there are many reasons why a minority of Aboriginal people become perpetrators of child abuse. The impact⁹ of past welfare policies on these individuals and families should not be underestimated. However, our concern about these issues cannot affect our decisions about protecting Aboriginal children and keeping them safe from harm. Cycles of abuse must be broken.

VACCA advocates strongly for Aboriginal children to have access to their family and their culture. This view is always in the context of the child's safety. The Aboriginal Child Placement Principle was established to ensure that Aboriginal children's connection to their family and culture is promoted as a means of ensuring their safety and well being. However, it was never the intent of the ACPP to place children with members of their family or community who presented a danger to them. If we do not protect Aboriginal children from abuse, the legacy will be a new generation of adults/parents who view abuse as normative rather than unacceptable and harmful.

Our concern is particularly for children who are sexually abused. While data indicates that the type of abuse/neglect Aboriginal children were subjected to that resulted in a substantiation was more likely to be neglect or emotional abuse, with only 2.8 per cent of all Aboriginal substantiations occurring for sexual abuse, our view is that we need to take care with this data. It is unsurprising that children do not immediately reveal sexual abuse; it may take many months and strong relationship building for children to talk about their experiences, if ever. Our staff believe that sexual abuse is pervasive among the children we come into contact with and that we need to provide opportunities for our children to form strong relationships, assured that those in authority will keep them safe. We must listen to our children. If a child is saying they are abused we must hear their voice and act on their behalf.

⁸ Bamblett, M. ,2004, *A Vision for Koorie Children and Families: Embedding rights, Embedding culture*, VACCA

⁹ The State of Victoria's Children says *Results from the 2008 NATSISS survey found that 11.5 per cent of Victorian Aboriginal people who responded to the survey and were living in households with children had been removed from their natural family and 47.1 per cent had a relative who had been removed. This was much higher than the national rate of 7.0 per cent who had been removed from their family and 37.6 per cent who had a family member who had been removed.*

Our view, based on the experiences of our staff, is that we must develop a clearer and more sophisticated appreciation of the extent of child sexual abuse for Aboriginal children by, in the first instance, interrogating CP data. We also believe we need to develop resources for Aboriginal people that raise awareness about the impact of child sexual abuse on children.

We are also concerned about family violence and the risk this presents to the safety and wellbeing of Aboriginal children. Like sexual abuse, our experience indicates that the true level of violence is likely to be higher than reported. Family violence is the single biggest risk factor for child abuse notifications to be substantiated in Victoria and is present in 64 per cent of cases affecting Indigenous children¹⁰. During 2006-07 Aboriginal people were 34 times more likely to be hospitalised as a result of family violence compared to non-Indigenous people. In 2007-08, there were 83 reported family violence incidents where Aboriginal children and young people were involved as other parties.

We know that family violence is intergenerational and that the experience of violence in childhood is a significant risk factor for being both a victim and perpetrator of violence in adulthood. Family violence intervention strategies are only likely to break this cycle of intergenerational violence if they take a holistic approach to assessing the causes and impacts of violence, intervening to protect children and providing therapeutic and holistic approaches that work to break the intergenerational cycle of abuse. Aboriginal services also understand the complex issues involved in reporting violence in Aboriginal communities, related to Stolen Generations and Aboriginal deaths in custody. We support the current family violence initiatives under the *Strong Culture, Strong Peoples, Strong Families* ten year plan, including Indigenous Family Violence Services.

1.4 The extent of the vulnerability

The vulnerability of Aboriginal children can be related to a range of factors, some highlighted by the inquiry panel (term of reference 1). For Aboriginal children, factors like substance abuse and family violence need to be considered within an historic context.

Before colonisation Aboriginal children lived in environments which were socially, emotionally, physically, spiritually and culturally safe. Aboriginal children were protected, nurtured and cared for by family, clan and nation group and in most cases provided with love, safety and meaning.

Colonisation changed the lives of Aboriginal children, their families and communities forever and ruptured their connection to land, tradition and economy. Close to forty distinct Aboriginal communities in Victoria were forced onto missions and reserves of land under the so-called protection of missionaries and overseers. Culture, spirituality and language were forbidden from being practiced. Children were taken away under a racially defined understanding of 'the best interests of the child'.

¹⁰ Aboriginal Affairs Victoria, October 2008, *Strong Culture, Strong Peoples, Strong Families Towards a safer future for Indigenous families and communities*

When we look at issues for Aboriginal children and families we are not looking at building our organisations and our communities because traditional cultures were insufficient but because of what was taken away in the process of colonisation. We are looking at restoration.

1.5 Aboriginal Professional Practice – An Holistic Approach

The prevention and treatment of abuse and neglect, including cultural abuse and neglect requires culturally appropriate and holistic practices. A holistic Aboriginal professional practice and service approach begins with the principle of focusing on the strengths, perseverance and adaptability of our Aboriginality as critical protective factors and seeks to provide for the physical, mental, emotional and spiritual well-being of the child in the context of their family and community and also their history of grief, loss and trauma. Various culturally infused approaches include narrative therapy, family strengthening, community development and traditional based healing.

Aboriginal professional practice looks at the child in a holistic way. For example, Aboriginal children have some of the highest rates of severe and persistent ear infection called otitis media in the world. The impact of this for Aboriginal children is huge. This infection can cause short- and long-term hearing loss; it affects social development, language and educational performance, which can in turn affect ability to access housing and find employment. Our staff understand the importance of looking at the child's health and making sure the child can hear at school.

1.6 Our Vision

In the context of these perceptions of Aboriginal children, what is our vision for Aboriginal children, families and communities?

For every child

... to be safe, secure in their Aboriginal identity, proud of their culture and with strong community relationships. For every child to thrive, learn and grow, to be valued, respected and with every opportunity to become an effective adult.¹¹

For every Aboriginal parent

... to be supported in their family and community, to be positive, confident and resourceful parents, able to help their children to learn and grow.

For every Aboriginal community

...to be strong in culture, value their children and young people and recognise the importance of the whole community in raising children and keeping families together.

For Aboriginal services

...to be resourced and supported to build on the strengths of Aboriginal families and communities, taking a holistic approach to children and families within an environment that heals.

¹¹ Our vision for Aboriginal children builds on the Victorian Government's vision

For the Victorian community

...to be vehement in its commitment and action to 'close the gap' and make life better for Aboriginal children while affirming the unique and positive cultures of Victorian Aboriginal people.

THE SERVICE SYSTEM FOR VULNERABLE ABORIGINAL CHILDREN



This diagram illustrates our recommended reforms to the service system designed to protect vulnerable Aboriginal children.

2. Governance and Guardianship

Our recommendations about the governance of the service system for Aboriginal children and families and the guardianship of Aboriginal children when they are no longer with their family are underpinned by the same commitment - self determination for Aboriginal people.

Responding to the needs of Aboriginal communities requires an understanding that service provision alone does not address the issues that influence the health and wellbeing of communities. Making decisions and controlling their implementation has been repeatedly identified as being critical to the future wellbeing of Aboriginal people.¹² Where self-determination is the foundation of child protection services¹³ for Indigenous children, there are better outcomes. While there are still battles over resourcing Indigenous child and family agencies in those countries, it is clear that empowerment works. Here and overseas self determination has been shown to be effective¹⁴.

The challenge for Aboriginal services in Victoria is to move from static influence – that is, being consulted in a marginal and frankly disempowering way – to dynamic influence. Today, our experience is that we move backwards and forwards along this continuum. We want to move to the next stage - to have a direct influence and ultimately, be the decision makers when it comes to Aboriginal children, whether we are making decisions about the future of individual children or the service system that supports them.¹⁵

¹² Royal Commission into Aboriginal Deaths in Custody, *Bringing Them Home* report, April 1997.

Today, the Victorian Children, Youth and Families Act recognises the principle of Aboriginal self-management and self-determination as a key principle.

¹³ Canada, the US and Aotearoa/New Zealand

¹⁴ Dr Keith Woollard, President of the AMA and Prof Ian Ring of James Cook University, quoted by Malcolm Fraser, former prime minister of Australia, delivering the Fifth Vincent Lingiari Memorial Lecture at the Northern Territory University, on Thursday 24 August, 2000. at <http://www.abc.net.au/specials/lingiari/default.htm>
Chandler, M. and Proulx, T., 2006, *Changing Selves in Changing Worlds: Youth Suicide on the Fault lines of Colliding Cultures*, *Archives of Suicide Research* 10: 125-140.

Commonwealth of Australia, Department of the Prime Minister and Cabinet, April 2008, Australia 2020 Summit—*The Future Of Indigenous Australia*, at: http://www.australia2020.gov.au/docs/final_report/2020_summit_report_full.pdf

McKenzie, B., *Connecting Policy and Practice in First Nations Child and Family Services: A Manitoba case study* 1997 in Pulkingham, J. and Ternowetsky G. (eds) *Child and Family Policies*,

¹⁵ This continuum was first outlined in the *Bringing Them Home* Report, Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, April 1997

Static Influence – no control	Dynamic Influence – some control	Directive Influence – joint control	Full Control – decision making
Give advice Consulted No decision making Low Information	Joint decision making Final control & decision making rests with DHS More dynamic DHS & Aboriginal community working together DHS more accountable to Aboriginal community	Integrated approach Contracting case management High impact Capacity to shape outcomes Joint decision making	Complete shift Build capacity, skill wise, financially and services delivery Maximum benefit Highest change in outcomes with this model

2.1 Governance

*To be unable to speak leads to a silencing of voices and that leads to learned helplessness. If you give up and feel helpless you lose resilience, you cease to become the key player in your future.*¹⁶

It is fair to say that there is no lack of plans in Aboriginal affairs. COAG's *Closing the Gap* plan, the State Government's *Balart Boorron* plan for Aboriginal children and young people, the *Strong Culture, Strong Peoples, Strong Families* Aboriginal family violence strategy, the *Victorian Indigenous Affairs Framework*, the *Aboriginal Inclusion Framework*, the *Aboriginal Justice Plan* and various *Aboriginal Human Services* plans demonstrate that planning happens. The problem is that while there has been varying Aboriginal input into these policies and strategies, they are government driven and not Aboriginal community driven; many good recommendations fall by the wayside as the government has not dedicated resources for effective implementation. Services for vulnerable Aboriginal children and families continue to be developed by government departments and delivered primarily by mainstream organisations. There is no structure or capacity in our system for the Aboriginal sector to

- advise government on the service system to protect Aboriginal children
- undertake service mapping and advise government on the need for services, based on accurate data
- effectively monitor the plans developed and services delivered

¹⁶ Bamblett, M., 2006, *Culture as Strength, Culture as Resilience—Strengthening Culture as the Service Response for Koorie Kids*, VACCA.

- ensure services are integrated
- review the effectiveness of the services provided.
- develop both short and long term planning for Victoria's vulnerable Aboriginal children

There is no accountability to Aboriginal people. There is no Aboriginal governance.

Services for vulnerable Aboriginal children and families reflect this. Our experiences of governance of the service system for vulnerable Aboriginal children and families:

- The service system reflects existing demand rather than enabling service responses that work at preventing CP involvement. Most resourcing exists in out-of-home care where Aboriginal children are most over represented. There is little resource allocation or service support to intervene early.
- Services are developed and designed by state government departments like DHS with little or no consultation with Aboriginal organisations or consideration of the program impact for Aboriginal children and families. For example, permanent care has different meanings and impacts for Aboriginal children which have not been considered in permanent care program design.
- Service design take a one size fits all approach that attempts to fit Aboriginal children and families into existing programs. For example, despite an alternate program design developed by VACCA and endorsed by ACCOs across the State, the kinship care program for Aboriginal children is the mainstream program.
- Services for Aboriginal children and families are frequently delayed because there is lack of commitment by DHS to roll out programs for Aboriginal children and families at the same time as mainstream programs. *We will do Aboriginal later* seems to be the approach across DHS and is evidenced in the delay in rolling out therapeutic foster care, therapeutic residential care, kinship care and leaving care and the lack of attention to an Aboriginal presence in Child FIRST services.
- Particular services can be disjointed and unplanned. For example, the Adolescent Community Placement House was seen as a variation of foster care rather than a new out of home care model with appropriate planning, program development, design and resources. This has lead to significant program delivery difficulties that could have been avoided.
- Services are funded within mainstream organisations when Aboriginal organisations are not in a position to immediately operate the program, with no strategy or timelines for supporting the Aboriginal organisation to take on the program in the future.

Critical to changing outcomes for Aboriginal children is to redevelop the service system to be informed by Aboriginal services and thus be more responsive to Aboriginal children and families. We propose establishing a state-wide body, independent but working closely with and reporting to government, to facilitate planning and implementation of services for Victoria's vulnerable Aboriginal children.

This state-wide governance body would bring together people from Aboriginal organisations from across the service sector, including health, education, child and family welfare, housing

and disability, and be responsible for advising government on service development and delivery for Aboriginal children and families, developing service partnerships to ensure integrated service delivery, and establishing outcome benchmarks. The governance body would be responsible for monitoring the implementation of government policy in service development, like the Aboriginal agencies first principle outlined below; would monitor government policy in service delivery, like cultural competence of government and CSO services; and would develop short and long term plans for the service system for vulnerable Aboriginal children. The governance body would include a research arm to further our knowledge and understanding of issues, effective services and outcomes for Aboriginal children and their families.

To date, the protection of vulnerable Aboriginal children has also been limited by practices that deny the importance of culture. Legislation that mandates consultation with an Aboriginal organisation about the protection of an Aboriginal child, adherence to the Aboriginal Child Placement Principle and development of cultural support plans for Aboriginal children in out of home care have not translated well into practice. Yet it is these practices that are the basis of an Aboriginal child's safety. To change practices across our CP service system, we propose the creation of an independent, Aboriginal Children's Commissioner to have oversight of services for vulnerable Aboriginal children, especially child FIRST, child protection and out-of-home care and including taking an expert role in investigating concerns about cultural abuse of Aboriginal children and families. The Aboriginal Children's Commissioner would have similar responsibilities to the Commissioner for Children¹⁷ and be initially part of that office. The Aboriginal Children's Commissioner would have a strong relationship to the state-wide governance body described above.

The Victorian government will continue to have responsibility for services for vulnerable Aboriginal children, including a responsibility to improve outcomes. We believe that we need a government that commits to outcomes and targets for vulnerable Aboriginal children and their families and gives priority to Aboriginal programs.

Recommendations

- Establish a state-wide independent body to advise government on the service system to protect Aboriginal children, including developing plans, monitoring services delivered and outcomes, ensuring service integration and reviewing service effectiveness.
- Create an independent Aboriginal Children's Commissioner to have oversight of services for vulnerable Aboriginal children, especially child FIRST, child protection and out-of-home care.
- Develop clear guidelines about the investigation of cultural abuse as part of the quality of care processes.
- Government commitment to outcomes and targets for vulnerable Aboriginal children and their families and gives priority to Aboriginal programs.

¹⁷ See *A better approach to protection and care - A submission to the Protecting Victoria's Vulnerable Children Inquiry* Report facilitated by KPMG

2.2 Aboriginal services for Aboriginal people

Failure to understand the cultural background of children and their families can lead to unhelpful assessments, non compliance, poor use of services and alienation of the child and family from the welfare system.¹⁸

Aboriginal organisations have existed in Victoria now for many years, successfully providing some services to their communities. But there are a large number of services they do not provide; mainstream organisations are funded to provide these services. Some of these are services that Aboriginal children and families are not using, such as early childhood services and family services, those early intervention services that can prevent the need for CP involvement. Many Aboriginal people have had generations of experience that leads them to be distrustful of these mainstream support services. They may fear that any request for help may result in the removal of the child in their care. They may feel disempowered, ashamed or fearful. They may delay seeking help until there is a crisis.

These difficulties are magnified for Aboriginal children and families in rural areas. While rural Aboriginal Community Controlled Organisations (ACCOs) deliver some services to their local communities, services are very limited and families must travel long distances to access even the most basic services from Aboriginal service providers.

Aboriginal people are most likely to access services provided by Aboriginal organisations. These services are more likely to be effective as they understand Aboriginal people, their cultures and histories and deliver relevant services. They understand the vital importance of programs and services for Aboriginal children and families that are therapeutic and promote resilience.

Our proposal therefore for strengthening responses for Aboriginal children and families is to extend and appropriately resource Aboriginal organisations so that they are able to provide a range of universal, secondary and tertiary services for Aboriginal children and families and that a rigorous ten year plan is developed to outline how to achieve this. This will need to include significant workforce capacity building in the Aboriginal service sector. (Section 9)

We acknowledge that such a development is aspirational and will take some time to achieve. In addition, Aboriginal people will always need to access some mainstream and government services. Such services will need an improved level of knowledge and skill – of cultural competence- for their services to impact on outcomes for vulnerable Aboriginal children. (Section 3)

¹⁸ Dominelli, L., 1988, in Bamblett, M., Frederico, M., Harrison, J., Jackson, A. and Lewis, P., 2008, *Not one size fits all—Measuring the social & emotional wellbeing of Aboriginal children*, School of Social Work and Social Policy, La Trobe University, Melbourne, page 32.

Recommendations:

- Strengthen responses for Aboriginal families and their children by establishing a ten year plan to develop Aboriginal organisations so that they are able to provide a range of universal, secondary and tertiary services for Aboriginal children and families.
- Implement an Aboriginal agencies first principle; that is, when it comes to services for Aboriginal children and families the first port of call is an Aboriginal organisation.
- Develop a minimum suite of culturally appropriate services for Aboriginal children and families, delivered by Aboriginal organisations, available in all Victorian catchment areas.

2.3 Understanding 'Best Practices' – A Policy, Program and Research Agenda

In child and family services, research and program evaluation should be increasingly informing our program development and service delivery. Research allows us to better define the issues and informs the development of more effective responses and solutions. It can assist us to critically review and evaluate the services and programs we currently deliver to determine their effectiveness. It helps us to respond to the question is our practice best practice?

We believe that Aboriginal services deliver more effective services; we know that our foster care placements are strong, our children in foster care attend school, and they are connected to their culture in a most positive way. We know our early intervention and supported playgroups are effective in delivering a service to vulnerable, young mothers. We know our ACSASS service makes a difference for children and families who connect with CP. But what are we doing that is working, what is making the difference? How can we share what we are doing across the service system?

We think it is irresponsible to fund programs without also funding program evaluations. Sometimes our programs are evaluated by non Aboriginal people who do not value the importance of culture or Aboriginal ways and who look superficially at what we do. Mostly, we implement programs where evaluation occurs through counting targets and measurement of outcomes through hours of service provided rather than examining outcomes as defined by the family or through the intervention.

We also need to be supported to try new approaches, to be innovative in our service delivery, to critically examine Indigenous service delivery nationally and internationally and develop the best approaches.

While these arguments about evidence based and innovative practice apply generally, they are particularly vital in Aboriginal services. This is because the overrepresentation and poorer outcomes for Aboriginal children indicates the desperate need for new approaches across our service system; the current approaches are clearly not as effective as we need them to be. We think that there are some programs for Aboriginal children that are working

well and these programs need to be replicated. We need to understand what is working and why. Critically, we need to move away from the 'one size fits all' approach of past years and commit to Aboriginal designed and developed services for Aboriginal children and families.

We propose that Victorian Aboriginal child and family welfare services receive resource support to

- be involved in program development for Aboriginal children and families,
- build an evidence base about best practice in service delivery for Aboriginal children and families.
- develop outcomes based monitoring and evaluation to critically evaluate services

VACCA are frequently called upon to provide expert advice about government policy, at both federal and state level. And this is our job – we must contribute to policy about health and mental health, about the law and our legal processes, about family and community violence, about housing and homelessness to name a few. All of these issues directly impact on the Aboriginal children and families we work with. Further our work with children and families means that we are in a good position to provide reform advice. Policies and the programs that flow from them need to be developed and informed by Aboriginal people. However, we provide this advice without resources and this severely limits the extent of advice we can provide.

We propose that the seriousness of government in seeking advice from Aboriginal organisations on government policy and program development is reflected in the allocation of resources to Aboriginal organisations to allow the effective development of such advice.

Recommendations

Allocate resources to Victorian Aboriginal child and family welfare services to

- be involved in program development for Aboriginal children and families
- build an evidence base about best practice in service delivery for Aboriginal children and families
- develop outcomes based monitoring and evaluation to critically evaluate services.
- advise government about policy and program development for Aboriginal children and families.

2.4 Cross-Sectoral Approach

Service responses are compartmentalised and do not reflect the realities of family life and the way problems exacerbate each other. We know that poverty and homelessness are key features of Aboriginal families reported to CP, but CP does not respond to this because *it is not the focus of CP*. We know that Aboriginal children do poorly at school, leave school earlier and so continue the cycle of poverty, but CP does not respond to this because *it is not the focus of CP*. Other systems – health, housing, education - mirror this fragmentation and say it is not their focus to look at Aboriginal children reported to CP. Adult services

particularly take a clinical approach to service delivery rather than considering how the presenting issues impact on children and families.

Responsibility for protecting vulnerable Aboriginal children needs to be shared across the community and reflected in service delivery approaches. Universal services in health, education and housing need to see themselves as part of this system.

Recommendation

We strongly support the recommendation in the KPMG facilitated report that the '*Child, Youth and Family Act 2005* be strengthened to acknowledge the roles and responsibilities of government funded services (specifically early childhood services, education and health services [including mental health and alcohol and drug services]) for the protection and care of vulnerable children and young people in Victoria.'

2.5 Guardianship

Legislative reform which transfers real authority over children and families to Indigenous communities is widely considered to be important to the long term empowerment of Indigenous peoples in the area of children's wellbeing.¹⁹

VACCA strongly advocated for Section 18 of the *Children, Youth and Families Act, 2005*. This section allows the secretary of DHS to authorise the principal officer of an approved Aboriginal agency to perform guardianship functions for Aboriginal children on protection orders. VACCA saw this as an exciting step forward in realising the rights of Aboriginal children to be brought up in their own culture and by their own people.

The notion of Aboriginal guardianship is a reversal of previous government policies which led to the Stolen Generations. Instead of Aboriginal children being separated from their families, communities and culture and placed in mainstream settings, Aboriginal guardianship is concerned, conceptually at least, with returning Aboriginal children who have been removed from their families for reasons of physical and psychological safety back to the Aboriginal community. Aboriginal guardianship provides an opportunity to change the whole nature of the relationship between the Aboriginal community and 'the welfare' and ensure the identity and belonging of the child is at the centre of child protection responses.

We acknowledge that guardianship is a huge challenge for communities who have been so historically disempowered. In some ways it is far easier for us to be a voice on the sidelines rather than having full self-determination and therefore actioning rights through implementing responsibilities. Taking on responsibility for guardianship is about Aboriginal community controlled agencies moving from being victims and blaming the system for what

¹⁹ Terri Libesman, "Child welfare approaches for Indigenous communities: international perspectives", *Child Abuse Prevention Issues*, no.20 Autumn 2004, National Child Protection Clearinghouse, Melbourne: AIFS, p. 3

is wrong to a position of taking responsibility and sharing with their communities this responsibility.

The Section 18 working group comprised of DHS and ACCOs is charged with the responsibility of enacting the legislation about Aboriginal guardianship. This group has now been meeting for five years and DHS has developed five implementation plans, none of which have eventuated. The approach has been to establish criteria for transfer of guardianship rather than identifying the supports Aboriginal organisations need for transfer to proceed now. There is no doubt that Aboriginal organisations will need support to assume responsibility of the guardianship of Aboriginal children²⁰. Despite strong requests from Aboriginal organisations, there has been no implementation date established.

Recommendations

Within two years, Section 18 of the *Children, Youth and Families Act, 2005*, which allows the Secretary of DHS to authorise the principal officer of an approved Aboriginal agency to perform guardianship functions for Aboriginal children on protection orders, is commenced.

Protecting Vulnerable Children is everyone's responsibility – A Cross Sectoral Approach

PRACTICE EXAMPLE

²⁰ This is no different from DHS where workforce development, recruitment strategies, including recruitment from other jurisdictions, training, remuneration packages, principal practitioner positions, Specialist Infant Protective Workers, supervision structures and processes have all been used to support CP in their role as guardian.

3. Culturally Competent Services

*Culture is akin to being the person observed through a one-way mirror; everything we see is from our own perspective. It is only when we join the observed on the other side that it is possible to see ourselves and others clearly—but getting to the other side of the glass presents many challenges.*²¹

Aboriginal children and families are surrounded by an alternate culture which does not reflect their own. At times, this alternative culture can denigrate, judge and stereotype their culture. Aboriginal people encounter direct and indirect discrimination, experience negative comments and experience a lack of respect for Aboriginal cultures.

Aboriginal children and families use a range of mainstream services:

- universal services like hospitals and schools
- some secondary services where economic constraints, economies of scale, access to specialist skills and services and geographic factors mean that ACCOs cannot provide the services
- some preventive and tertiary services that ACCOs are not yet in a position to provide because of limited workforce capacity and serious funding limitations
- some Aboriginal families prefer to seek services from a mainstream organisation.

For these services to work effectively they need to work in a culturally competent way, because when:

*...the impact of a family's... culture is not recognized and understood there is a risk of isolation and alienation. When the community does not offer competent services and supports, families may be less likely to participate in the community or access needed services.*²²

In other words, if mainstream services are not culturally competent, this increases the vulnerability of Aboriginal children because:

- Families are less likely to access services when they need them
- Service are less likely to be appropriate or relevant, failing to address the presenting problem or identify underlying issues
- Partnership with other organisations are less likely to be effective and children more likely to fall through the gaps
- Aboriginal children are disempowered, prevented from speaking up.

The *Bringing Them Home Report* (1997) and subsequent publications that tell the story of the Stolen Generations reveal the damage to self-esteem, identity confusion and lack of

²¹ Lynch and Hanson, 1992, 'Developing Cross Cultural Competence' in Goode, T.D., *Presentation to National Leadership Summit on Improving Results*, National Center for Cultural Competence, 14 June 2005, at: http://www.ncset.org/summit05/docs/ncset2005_2d_goode.pdf

²² Hepburn, K.S., May 2004, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families, and School Readiness*, Baltimore: The Annie E. Casey Foundation, at: <https://folio.iupui.edu/bitstream/handle/10244/93/HS3622H325.pdf?sequence=1>

connectedness that the separation of children from their family, culture and community creates for Aboriginal children. This can be understood as nothing short of cultural abuse.

Cultural identity is not just an add-on to approaches which focus on the best interests of the child. We would all agree that the safety of the child is paramount. No child should live in fear. No child should starve. No child should live in situations of neglect. No child should be abused. But if a child's identity is denied or denigrated, they are not being looked after. Denying cultural identity is detrimental to their attachment needs, their emotional development, their education and their health. Every area of human development which defines the child's best interests has a cultural component. Your culture helps define HOW you attach, HOW you express emotion, HOW you learn and HOW you stay healthy.²³

Good intentions by mainstream government and community services organisations are not enough. Again, the Stolen Generations remind us that the concept of 'best interests' can be misapplied in an ethnocentric way. While there was no officially defined 'best interests principles' at the time, it is clear from official records that placing 'part-white' Aboriginal children with non-Indigenous people and institutions was seen as providing Aboriginal children 'with a better chance in life' and therefore acting in their best interests. Today, mainstream organisations and government departments who think that attending a training day or inviting an Aboriginal person to a meeting makes for cultural competence are likely to be doing little more than ticking a box.

Children who see that others value their culture are more likely to develop confidence, resilience and a positive identity. In a culturally safe environment, Aboriginal children are empowered to have their say and be listened to about the things that affect them. Families are more likely to engage with service providers in the process of making change.

Recommendations

- Whole of government commitment to culturally competent service delivery for Aboriginal children and families, reflected in strategic plans across health, education, housing, child and family and disability services, including description of how business will be done differently.
- Monitor compliance with Section 10 of the Children, Youth and Families Act which identifies 'the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development'.
- Immediately establish a minimum level of cultural competence consultation and ongoing training for all government departments and mainstream service providers. Cultural competence consultation and training for child and family welfare services must be delivered by Aboriginal organisations that have expertise in child and family welfare and also training skills.
- Through the Aboriginal Commissioner, establish, monitor and report on outcome

²³ Muriel Bamblett and Peter Lewis, "A Vision for Koorie Children and Families: Embedding Rights, Embedding Culture", *Just Policy: A Journal of Australian Social Policy*, Edition 41, VCOSS, September 2006, p. 45.

benchmarks for all services delivered to vulnerable Aboriginal children, whether by mainstream, government or Aboriginal services.

- Through the Aboriginal Commissioner, investigate allegations of abuse in care of Aboriginal children, including cultural abuse.
- Through the Aboriginal Children's Commissioner, develop clear guidelines about cultural abuse investigations as part of the quality of Care process.

4. Earlier Intervention reduces Children's Vulnerability

Currently, our service system for vulnerable Aboriginal children relates to existing CP demand rather than enabling service responses that work at preventing CP involvement. At VACCA, program funding and service delivery reflects Aboriginal children's depth of entry into the CP system. In 2008-09, Aboriginal children were:

- 6.3 per cent of all family support clients
- 11.1 per cent of all CP substantiations
- 13.5 per cent of all Protection Orders
- 13.8 per cent of all Out of Home Care Placement

While VACCA programs are beginning to be provided at the prevention and early intervention stages, most resources mirror the above data and are in out of home care. **It is not good enough to have a service system which in effect tells Aboriginal families to come back later when your kids are being removed.** Earlier intervention strengthens families, reduces the vulnerability of Aboriginal children and builds their resilience. It prevents CP involvement and prevents Aboriginal children being removed from their families

4.1 Birth and Childhood

Our current service system misses opportunities to engage and support new Aboriginal parents and their children. Aboriginal parents begin their life with their child well, seeking antenatal and immediate post birth support for themselves and their child – 92.4 per cent had regular checkups during pregnancy and 91.3 per cent receive the first maternal and child health home consultation.

Aboriginal babies are twice as likely to have low birth weight (12.5 per cent of Aboriginal births); perinatal mortality for Aboriginal infants is nearly double the rate for infants born to non Aboriginal women (19.1 per 1000 Aboriginal births). The decrease of SIDS in Australia has not been observed in Aboriginal communities.

At 3.5 years, only 40.3 per cent of Aboriginal children attended the maternal and child health ages and stages visit. From the early years on, disability and complex diseases impacts disproportionately on Aboriginal children. In 2009, around half of Aboriginal children aged 0 to 3 years had experienced life stressors in the last 12 months.

In 2009/10, 157 Aboriginal babies in Victoria were subject to CP substantiations before their first birthday. Aboriginal children under 5 make up 51.6 per cent of all CP substantiations for Aboriginal children.

Aboriginal parents are small in actual number. There were 672 Aboriginal mothers who gave birth in 2009 and 1,129 Indigenous births. New Aboriginal mothers are more likely to be teenagers and single parents. A higher proportion of Aboriginal parents experience psychological distress.

Often the strong focus of services on vulnerability means support for parents in their care role is lost. Our parents are young, they may not have had positive experiences of being parented, they need support focused on raising healthy children – routines, diet, health checks, the importance of kinder and school etc. – and they need these delivered in a holistic way by an Aboriginal service from one point in the service system.

Solutions

1. A targeted package of support for each new born Aboriginal child across Victoria to be delivered through Aboriginal organisations. Service response would

- provide an individually targeted response based on a case management model that would be available for the first 12 months of the child's life
- deliver a varied response, ranging from short term support to intensive case management for at risk and vulnerable children and include facilitating referrals to secondary services
- work with hospitals and Aboriginal Health Services to start to engage with Aboriginal parents antenatally and prevent unborn reports to CP where possible. (Section 6.5)
- develop a suite of community education activities focussed on providing advice on 'good parenting' responsibilities
- link mothers, fathers and significant others with the early years universal service system
- identify disability and complex diseases and facilitate engagement of Aboriginal parents with early intervention services
- be flexible and include outreach, supported playgroups and in-home support.

The service would include community education strategies - culturally informed programs that identify accessible ways to provide simple messages to Aboriginal parents about health risks for their baby, including smoking, alcohol and drug use during pregnancy and post birth education in areas such as SIDS, nutrition, the importance of relationships.

2. The development of Aboriginal family centres so that each significant Aboriginal community has a multi-disciplinary Aboriginal children and families hub. Aboriginal family centres would be welcoming and accessible, taking a culturally-embedded, holistic and strengths-based approach to Aboriginal children and their families. These centres would provide safe spaces for family healing and build child and family resilience. They would

- provide a suite of child and family focused services so families have key services delivered from one location
- allow for health and well being services to visit and provide services from the centre; for example co location of occupational and speech therapists.
- create a focal point for the community, so a range of activities such as homework classes, supported playgroups, health promotion, parenting advice can occur in a safe environment
- enable family mediation and dispute resolution processes to occur in an Aboriginal friendly space.

- provide a regular program of health and well being checks for Aboriginal children.
- develop appropriate cultural and educational resources
- deliver Aboriginal specific group parenting programs like the Koori FACES program
- provide accessible information about universal services and advocate for families with these services if necessary
- be co-located with family services to facilitate ongoing service delivery and partnerships with family services program.

3. The development of an Aboriginal 'help service' for parents and children operated by an Aboriginal organisation. There are a range of help lines across Australia. Caller statistics²⁴ reveal that Aboriginal people made up 1.7 per cent of total callers to Lifeline and 1.3 per cent of callers to Parentline²⁵ while comprising 2.4 per cent of the total Australian population. The underutilisation of such helplines raises questions about whether Aboriginal people are reluctant to use telephone helplines or to use mainstream helpline services. Sometimes, helplines can be the first point for early intervention; sometimes they can support families when they are in crisis, even when this is late at night

A helpline operated by an Aboriginal service would understand the best way to engage and talk with Aboriginal parents, carers and children. An Aboriginal service will promote the help line in positive terms, for example, as helping Aboriginal parents to raise happy and healthy children who are strong in their culture; this positive approach has been identified as leading to positive engagement. By assisting families early, before a problem becomes a crisis, a helpline could prevent the need for future statutory intervention for some Aboriginal children.

Taking Opportunities - Health and Wellbeing Checks

PRACTICE EXAMPLE

The VACCA Aboriginal and Islander Children's Day Event was a wonderful celebration of Aboriginal culture. Aboriginal children, young people and families attended, participating in a rich array of cultural activities. The Victorian Aboriginal Health Service (VAHS) also attended and completed health checks on some of the 200 children present. VAHS identified some clear health issues, particularly in relation to auditory function and dental care.

²⁴ www.lifeline.com.au Indigenous Lifeline Caller Statistics, May 2008, refers to data collected Jan-June 2006.

²⁵ www.parentline.vic.gov.au

Culture Heals and Builds Resilience - Koorie FACES

PRACTICE EXAMPLE

Koorie FACES is a five week family strengthening program for groups of Aboriginal parents and carers. The program has been going since 2005. It has run in local Aboriginal communities, Aboriginal organisations and at Barwon and Fulham prisons. At our most recent Koorie FACES program, one participant from the local ACCO said *This program brought people together from the community that are very apprehensive in doing these sorts of programs but not one of them ever missed a week. They have now formed friendship; have a common bond and a new lease on life.*

Taking Opportunities - Early Intervention (Supported Playgroup) program

PRACTICE EXAMPLE

Our family support program runs three playgroups in the North and West region with around 26 families regularly attending

Playgroup includes developmental observations for all children attending, health promotion, cooking, visits from Aboriginal Health service, dental service, immunization information and transition to Kinder program.

4.2 Vulnerable Young People

There are very few Aboriginal organisations funded to provide a service for vulnerable Aboriginal young people. Some Aboriginal young people have access to an Aboriginal service if they are Juvenile Justice clients. There are a limited number of services for Aboriginal young people who have mental health or drug issues but these services have a narrow focus. Aboriginal young people who simply need help cannot access an Aboriginal service. Yet adolescence is a time of dramatic change, can be a time of increased risk taking behaviours and heightened vulnerabilities and is a significant time in forming individual identity.

Aboriginal young people have significantly lower school retention rates at 50.9 per cent compared to 81.1 per cent for non Aboriginal young people. Only half (52.6 per cent) of Aboriginal young people between 15 and 24 work full time or attend school. Almost a quarter of Aboriginal young people aged 15-17 are not in education or employment. Aboriginal young people are more likely to be homeless.

Aboriginal young people who have been abused in the past may now be engaging in risk taking or self harming behaviour. Aboriginal young people have very high levels of death due to suicide. Anxiety and depression are major factors that contribute to suicide. Almost half of Aboriginal young people report low levels of psycho social well being, while the rate of hospital admissions for psychiatric problems has increased. Almost one in four Aboriginal young people aged 12-17 said they were bullied most days.

Aboriginal young people aged 15-17 are significantly less likely to be CP clients that at any other time of their childhood. In 2009/10, they comprised 5.4 per cent of all CP substantiations for Aboriginal children compared to 52 per cent for children under five years.

Aboriginal young people are seriously over represented in Victoria's juvenile justice system; they were more than three times more likely to be processed by the police, 11.6 times more likely to be under community based supervision and 15 times more likely to be in detention than non Aboriginal young people.

Solutions

1. The development of an Aboriginal Youth Focussed Service to support at risk and vulnerable Aboriginal young people to be delivered by an Aboriginal organisation. At risk and vulnerable Aboriginal young people need support to build resilience. Engaging these young people is meaningful and most effective in a cultural context. In fact, VACCA finds that the most effective engagement of Aboriginal young people is through culture.

An Aboriginal Youth Focussed Service will be relationship based and take a holistic approach, working in partnership with Aboriginal young people, their families, schools, community organisations, government and business. The service would:

- engage with and provide support, outreach and follow up to Aboriginal young people
- provide family mediation

- provide an individually targeted response based on a case management model
- focus on developing life skills and taking on responsibilities as this helps young people to see themselves as contributors, can give them a sense of purpose and control over their lives, preparing them for adult life
- support school attendance and completion of Year 12, including facilitating and funding tutoring
- provide support across the service system to identify and access appropriate universal services in education and employment, health, housing, income support
- link Aboriginal young people to programs that provide practical support and personal development opportunities and offer pathways back into education, training, employment and the community
- develop a range of culturally based programs including
 - ~ Cultural Connections and Healing Programs, based on cultural healing practices
 - ~ Cultural Activities including Camps/Outings to promote resilience by involving young people in a range of cultural as well as challenging activities
 - ~ Men's & Women's Business Transitioning Programs to ensure that key developmental milestones are addressed in accordance with Aboriginal cultural practices
- provide support to families of Aboriginal young people and strengthen peer, family and community support networks
- explore opportunities for Aboriginal young people to participate in sporting, recreational, cultural and community service activities
- explore options for Aboriginal young people to access innovative education, training and employment opportunities which respond to their specific needs
- work alongside juvenile justice staff to ensure effective engagement and transition for Aboriginal young people when involvement with juvenile justice ceases
- work alongside CP staff to ensure effective engagement and transition into youth based service when CP involvement ceases

Because there is no service of this kind, it is vital to take a reflective approach and

- Share information about good practice and innovation in the delivery of programs and services
- Trial a range of models which respond to local needs with the capacity to be evaluated for sharing of good practice.
- Develop a set of clear and simply expressed indicators to measure good practice

2. The development of culturally based mental health and suicide prevention services for Aboriginal young people whose social-emotional wellbeing and mental health is seriously at risk.

Develop and implement Aboriginal social-emotional wellbeing/mental health programs and teams attached to child and family welfare service ACCO's across the state. This would improve service provision and support and would offer a new and responsive service model for Aboriginal children and families accessing services.

Recommendations

- Deliver a targeted package of support for each new born Aboriginal child across Victoria; to be delivered through Aboriginal organisations.
- Develop Aboriginal family centres so that each significant Aboriginal community has a multi-disciplinary Aboriginal children and families hub.
- Develop an Aboriginal 'help service' for parents and children operated by an Aboriginal organisation.
- Develop an Aboriginal Youth Focussed Service to support at risk and vulnerable Aboriginal young people to be delivered by an Aboriginal organisation.
- Develop culturally based mental health and suicide prevention services for Aboriginal young people whose social-emotional wellbeing and mental health is seriously at risk.

5. Building Stronger Aboriginal Families – Aboriginal Family Services

In 2008/9, 6.3 per cent of families attending family services were Aboriginal families. While this is an over representation in terms of population, it is not as significant as CP data. This relative underrepresentation may reflect the limited availability of Aboriginal family services to prevent Aboriginal children entering the CP system. While we have limited data, we know that in the North East region, 62 per cent of Aboriginal families referred for family service through Child FIRST received service from mainstream organisations, while only 38 per cent received a service from VACCA. Mainstream services who may have capacity do not always deliver culturally appropriate services for Aboriginal families. Families are less likely to request help early when they do not know the service or believe it is not culturally informed. Further, family services have limited capacity to provide outreach and time limits to service involvement compromise family's engagement with the service.

VACCA provides a range of family services, taking an integrated approach to service delivery for each family. Intensive family support and placement prevention and reunification services can provide varying intensity of service, up to 20 hours each week. All services work with the underlying goal of supporting families to provide positive care for their child, while at the same time monitoring the safety of the child. Most of VACCA's family services programs are delivered in the North and West region, with limited program delivery in Southern, Eastern and Gippsland.

5.1 Family Services

Our family services staff engage with and deliver services to families with complex issues and multiple risk factors for children. We believe these families live 'on the doorstep' of CP. Many have already had significant contact with CP; some children have spent time in out-of-home care.

Most of the families we work with are well known within our organisation, having a history of difficult family issues and high support needs and a future of service involvement. These families present with a complex web of challenges like mental health, disability, family violence and substance abuse. For a number of families, the challenges they face have existed across generations and can be traced to family experiences of the Stolen Generations. Some families have not experienced good parenting and are not able to transfer these skills to their children who are today's parents.

These complex families also experience structural disadvantage – low income, unemployment, poor health, unstable housing and homelessness. Aboriginal children account for 11.3 per cent of accompanying children in SAAP emergency housing services.

Family services staff engage with these families and provide support services to address risk factors. Intensive service delivery is holistic, culturally appropriate, trauma informed and

relationship based. It involves coordination and partnership with a range of health, welfare and education services. Our staff vigilantly monitor the child's safety, are alert to increased risk and make difficult decisions about when referral to CP is warranted. They work with families often without legal mandate but through skilful engagement in service delivery. Through their work, they can divert some children and families away from CP intervention.

When our staff make a decision to report to CP, this is a decision of considerable magnitude, particularly in light of previous child welfare practices. We risk seriously damaging our relationship with the family and negatively impacting on any future service delivery. Yet we are keenly aware of our responsibility to make judgements about a child's safety and take action. Our experience is that CP responses to our reports are inconsistent. Sometimes families are left considerably worse than before we reported to CP; without CP intervention and unable to trust and reengage with our service, the child's vulnerability is increased.

Our family service is rarely able to support families with relatively 'straightforward challenges'. We know that Aboriginal parents are young and far more likely to be single parents. Parents who want to talk through parenting issues or family demands or who need support to negotiate with their child's school are unlikely to be able to access support from our service. We simply cannot 'fit them in'. This is likely to be exacerbated; as more families require longer term family services, we will have less capacity for new families.

There are considerable gaps in our family service system and this increases the vulnerability of Aboriginal children. Our integrated family services and varying response intensity is appropriate – we simply need to provide more. We need to provide a service to families with less complex needs. Sometimes investing when life is a little simpler prevents the need for longer term intervention. We need to maintain our commitment to work intensively with complex families with multiple risk factors. While services may move in and out of the family, we may be involved with the family throughout the child's childhood. We need to continue our work with vulnerable children whose families make little change, but where we can support the child and monitor their safety. We need to develop respite services; sometimes short periods of 'time out' can considerably reduce the pressure in families.

Most importantly, we need to develop better support and training for our staff. They work with the same families as CP. Yet they do so without the training and support that the CP workforce have experienced.

Solutions

- Expand family services programs delivered by Aboriginal organisations to allow these services to better meet the demand for service from Aboriginal families.
- Develop a respite care program for Aboriginal families as part of Aboriginal family services.

- Employ an Aboriginal principal practitioner and further develop staff training and supervision to support staff working with complex families and continue to develop effective intervention strategies
- Require DHS to implement detailed standards, similar to agency registration standards, that include KPIs about CP reports and decision making

5.2 A Stronger Focus on Education

Aboriginal children are supported educationally with informal learning activities at home; 83.2 per cent of Aboriginal children aged 0 to 8 years are read to and 97.7 per cent of children do informal learning activities with their main carer. While Aboriginal children attend school at a lower rate, school attendance is generally good with around 90 per cent attendance between Years 1 and year 6. However, Aboriginal children's participation in education is compromised and the service system does not support Aboriginal children and families to make educational transitions.

Aboriginal participation rates in funded 4-year-old kindergarten programs while slightly increasing remain significantly lower than for the whole population. Further Aboriginal children generally attend less kindergarten, with only 11.5 per cent of Aboriginal children attending more than four kindergarten sessions each week.²⁶ This could indicate barriers to attendance for Aboriginal families such as prohibitive costs or culturally unwelcoming kindergarten environments.

There is a clear gap between the assessed school readiness of Aboriginal and non Aboriginal children in terms of literacy and numeracy, with little sustained improvement. The extent to which Aboriginal children begin school with the skills required to be ready to learn is seen as directly related to the extent to which they participate in preschool programs.

Given this, it is unsurprising that fewer Aboriginal children achieve above minimum level benchmarks for literacy and numeracy in Year 3 than non Aboriginal children and this gap increases through the school grades.

In 2009, approximately a quarter of 4 to 14 year olds had problems keeping up with school work (24.2 per cent), experienced the death of a close friend or family member (25.6), or had been scared or upset by someone's behaviour (26.6). Between ages 4 and 14, 75.1 per cent of Aboriginal children had experienced life stressors in the past 12 months, much higher than in the 0-3 age range as life becomes increasingly stressful for Victorian Aboriginal children.

Aboriginal children are more likely to have a disability requiring assistance with core activities and one in five Aboriginal children have ear or hearing problem.

Less than one third of young Aboriginal people attend schools that acknowledge and include Aboriginal culture in their curriculum. One third of Aboriginal young people at school

²⁶ <http://www.deewr.gov.au/Indigenous/Resources/Schooling/Documents/SuccessfulTransition.pdf>

reported that none of their teachers knew they were Aboriginal. Culture becomes a source of vulnerability rather than strength or resilience.

Aboriginal students are spread across Victoria with 73 per cent of all schools having an Aboriginal student. Isolation is exacerbated by schools that do not see a role for culture in education or where school principals face demands from the education department or school communities to focus primarily on literacy and numeracy.

Some Aboriginal families are intimidated by schools and do not, themselves, have a good history with schools. Schools can be unwelcoming to Aboriginal children and families, unfamiliar with Aboriginal learning styles and unwilling to incorporate cultural education and activities into the school curriculum. While there have been innovative programs developed, implementation is generally limited²⁷.

Solutions

1. Expand Aboriginal Family Services to include an education focus to:
 - work with kindergarten and schools to develop Aboriginal specific transition programs for kindergarten to school and primary to secondary school transitions
 - directly assist families to plan and manage transitions
 - provide advice and assistance on school enrolment and preparation
 - continue supported playgroups with a focus on transition to kinder and school
 - identify barriers to school and kinder attendance, like transport or homelessness, and develop strategies to assist these families
 - work with local kindergarten and schools to facilitate early identification of vulnerable children
2. Legislate to ensure that the Department of Education has responsibility for the education and well being of Aboriginal children. This includes responsibility to address issues which may contribute to poor outcomes for Aboriginal children and responsibility to provide Aboriginal children with access to Aboriginal-run or at the very least culturally competent kindergartens
3. Prioritise the development of culturally inclusive curriculums across kinder and school and include cultural activities for all students. Cultural curriculum should be a central part of education. Develop training packages for all existing teachers and for student teachers that promote cultural competence in education.

Recommendations

- Expand family services programs delivered by Aboriginal organisations to allow these services to better meet the demand for service from Aboriginal families.
- Develop a respite care program for Aboriginal families as part of Aboriginal family

²⁷ For example, in home support services (6 across the State), MACS (6), home based learning (3).

services.

- Employ an Aboriginal principal practitioner and further develop staff training and supervision to support staff working with complex families.
- Require DHS to implement detailed standards, similar to agency registration standards that include KPIs about CP reports and decision making.
- Expand Aboriginal Family Services to include an education focus.
- Legislate to ensure that the Department of Education has responsibility for the education and well being of Aboriginal children.
- Prioritise the development of culturally inclusive curriculums across kinder and school and include cultural activities for all students.

Family Services work with complex families

PRACTICE EXAMPLE

The purpose of this case example is to illustrate that our family services program works with the same families as CP and undertakes complex parenting support while monitoring children's safety. We think that outcomes for these children would be improved if an Aboriginal service made the decisions.

6. Protecting Aboriginal Children – Child FIRST, ACSASS & Child Protection

Aboriginal children are consistently over represented in every area of the CP system.

In 2008-09, Aboriginal children were:

- 10 times more likely to be the subject of substantiation (11.1 per cent of substantiations).
- more likely to be substantiated for neglect and emotional abuse than non Aboriginal children and less likely to be substantiated for physical or sexual abuse
- 11 times more likely to be subject of care and protection order (13.5 per cent)
- 11.3 times more likely to be in Out-of-home care (13.8 per cent)

This over representation of Aboriginal children can be related to a range of factors, some highlighted by the inquiry panel (term of reference 1.) For Aboriginal children, factors like substance abuse and family violence must be considered within the broader context of the intergenerational trauma that Aboriginal people have experienced, the higher levels of poverty and disadvantage across Aboriginal communities and the dearth of culturally based family and placement prevention services.

Since 2002²⁸, child protection services for Aboriginal children have been delivered by the Department of Human Services with the involvement of the Aboriginal Child Specialist and Support Service (ACSASS). ACSASS staff work alongside CP practitioners to ensure safe and culturally appropriate solutions for Aboriginal children and to guard against CP interventions based on cultural differences²⁹. VACCA deliver the ACSASS service across Victoria, except for the Mildura LGA where the service is operated by Mildura Aboriginal Cooperative.

Since 2005, legislation governing CP practice has included

- The Aboriginal Child Principle which prioritises placement of an Aboriginal child with extended family or Aboriginal community or with other Aboriginal people.
- Best Interest Principles that include responsibilities for the child's cultural and spiritual identity and connection to their Aboriginal family and community
- Decision making principles that include making significant decisions about an Aboriginal child with an Aboriginal organisation

The significance of these principles enshrined in legislation should not be underestimated. These principles acknowledge that previous child welfare policies caused grave suffering for Aboriginal people and seek to avoid the placement of Aboriginal children away from their

²⁸ For CP practitioners, consulting with ACSASS has been required by legislation since 2005 and by protocol since the early 1990s. DHS funded the ACSASS program in 2002.

²⁹ See Appendix 3 for a description of how ACSASS makes a difference to CP interventions.

family and community. These principles are based on the rights of Aboriginal people that have been identified internationally, and locally³⁰:

- The right of Aboriginal children to be brought up in their own culture and by their own people
- The right of Aboriginal people to raise and nurture their children and retain them in their communities.
- The right of Aboriginal people to keep their culture alive by passing on to their children
- The right of Aboriginal people to make decisions regarding their children, to be self determining

VACCA are strong supporters of the legislative reforms in the CYFA, 2005. **Our experience is that the effectiveness of these reforms in protecting and reducing the vulnerability of Aboriginal children has not been realised in practice.**

6.1 Early Intervention through Child FIRST

Child FIRST was introduced so that 'vulnerable families and children receive early intervention and support services before statutory involvement'(DHS). VACCA supports the intent of the Child FIRST approach but believe that the potential of Child FIRST has not been realised for Aboriginal families.

Funding for Aboriginal services to fully participate in Child FIRST alliances across the state varies. In some catchments, the CSOs who form the Child FIRST alliances took a small part of their budget to create an Aboriginal Liaison position. DHS does not fund an Aboriginal Child FIRST presence across all catchments.

Anecdotally, we know that Aboriginal Liaison positions are making some difference to the quality of the Child FIRST service to Aboriginal families (See practice example below). However, Child FIRST has not made a difference to the numbers of Aboriginal families reported to CP. The number of reports on Aboriginal children continues to increase and the percentage of reports going to investigation remains consistent at approximately 40 per cent.

We believe that the effectiveness of Child FIRST in appropriately diverting vulnerable or at risk families from CP through early engagement is depended on two factors:

- Appropriate assessment of the child's level of vulnerability and the appropriate service response, including if a report to CP is warranted. For Aboriginal children, this will depend on Aboriginal professionals being involved in the Child FIRST assessment through Aboriginal Liaison positions across all Child FIRST catchments.
- Referral to a local family service to provide early intervention. Child FIRST's effectiveness with Aboriginal families is compromised by the dearth of Aboriginal

³⁰ The United Nations Convention on the Rights of the Child identifies that children have the right to learn about and practice their own culture, language and religion. The Victorian *Charter of Human Rights and Responsibilities Act 2006* recognises that Aboriginal people hold distinct Cultural rights. The Charter for Children in Out of Home Care outlines sixteen rights for children in care, including *If I am an Aboriginal child I have the right to feel proud and strong in my culture*

family services. Currently Aboriginal families are reported to CP because mainstream family services have not been able to engage with the family. These families reportedly see the Child FIRST process as an extension of CP. For Aboriginal children, early intervention is most effective through Aboriginal Family Services.

6.2 Consulting an Aboriginal organisation

The principle of consulting with an Aboriginal organisation is primarily realised through the ACSASS service. VACCA's ACSASS staff report that in their consultations with CP practitioners, a strong commitment to understand the child and family's issues from a cultural perspective is often absent. Sometimes there is no consultation despite the legal requirement. Sometimes advice given by ACSASS staff is ignored.

CP practitioners do not consult with ACSASS for a range of reasons:

- CP practitioners may think that ACSASS's role is to advise on culture, rather than appreciate that ACSASS provides advice on risk and safety from a cultural perspective.
- CP practitioners may distrust ACSASS's understanding of risk and safety for an Aboriginal child and may not respect advice given.
- CP practitioners may have misplaced confidence, believing they understand Aboriginal families well enough.
- CP practitioners may lack familiarity with the requirement to consult and their supervisors may not explain and reinforce this requirement through supervision
- The high turnover of CP staff impacts on this consultative requirement as good working relationships through previous casework partnerships are more likely to lead to future consultations.

When consultation occurs, it is compromised when ACSASS are not given adequate time and appropriate knowledge about the child so they can be meaningfully involved in discussion. Significantly, while ACSASS staff are legally permitted to have all information held by CP (aside from the identity of the notifier), repeated attempts for ACSASS to be able to access the CP information base (CRISS) have been denied. ACSASS staff must then advise on risk and safety based on the information a CP practitioner gives rather than the information CP has. This in turn can increase the child's vulnerability.

Aboriginal families who contact ACSASS following a visit from CP can only be traced through the lengthy DHS reception and duty process, rather than the somewhat more straightforward log on to CRISS. This has meant that ACSASS staff have been unable to give timely and appropriate advice to Aboriginal families regarding CP intervention.

Consultation is further compromised by ACSASS funding and workloads. Information collected for VACCA's Annual Report (2010) showed that the caseloads for ACSASS staff at any one time ranged from 42 children (rural) to 130 children (Metro). A recent review of the ACSASS service recommended a realistic caseload of 30 children. While CP have experienced increases in referrals and staffing, ACSASS funding has remained the same with

the consequence of unmanageable workloads where ACSASS staff are forced to say they cannot provide advice to CP.

6.3 Aboriginal Child Placement Principle (ACPP)

On 30 June 2009, 59.5 per cent of Victorian Aboriginal children in out-of-home care were living in arrangements that were in accordance with the ACPP. This has reduced significantly from 67.9 per cent in the previous twelve months.

Many Aboriginal children are still not placed with Aboriginal families or communities. There are a range of factors underlying this, including the shortage of Aboriginal carers³¹, the difficulties, including financial difficulties, in bringing family members together to determine appropriate placement options from within the family and the reluctance to move the child from their first placement. Placement of Aboriginal children with Aboriginal carers is more likely if these carers are properly supported and resourced and if Aboriginal services are supported to use community based recruitment approaches.

Sometimes Aboriginal children are placed with non Aboriginal family members or foster carers and this can be consistent with the placement hierarchy of the ACPP. However, the intent of the ACPP was to keep children connected to their Aboriginal culture and community. If an Aboriginal child is placed with non Aboriginal carers, even if this placement has been made in accordance with the ACPP, then that child's connection with culture and community must be maintained.

6.4 Aboriginal Focus Units

Recently some DHS regions have established Aboriginal Focus Units where a small group of CP practitioners, overwhelmingly non Aboriginal, provide CP services to all Aboriginal children from that area. While this has meant fewer CP practitioners for ACSASS to engage with, there has been no noticeable difference in the quality of practice or commitment to consult with ACSASS. Despite requests both centrally and regionally, DHS have not identified how CP practitioners from Aboriginal Focus Units deliver services differently to Aboriginal children and families from other CP staff.

In fact, ACSASS staff expressed concerned that some CP staff from Aboriginal Focus Units have not consulted with ACSASS because of their perceptions about their experience with Aboriginal families – they are experts and do not need advice from an Aboriginal organisation. We have outlined below the difference we think ACSASS makes to CP interventions. Quite apart from consultation being legally mandated, ACSASS improve the quality of CP assessment and decision making and increase our ability to ensure the safety of an Aboriginal child.

³¹ The factors identified in the ability to recruit Aboriginal carers include the impact of the past removal policies on parenting, social and financial barriers, unwillingness of some people to be associated with the 'welfare' system and the ageing of the current pool of carers. Bromfield, Higgins et al. 2007 quoted in *State of Victoria's children*.

6.5 Pre birth Reports to CP

We would like to take the opportunity to specifically comment on reports to CP about an unborn child (CYFA, s.29) as we believe this is an excellent example of strong legislation having unintended practice consequences.

In 2009/10, our ACSASS service was involved with thirty reports to CP about an unborn child³², in a population where there were around 650 Aboriginal births. We strongly support the legislation that allows unborn reports. We agree that there are some family circumstances which require statutory intervention before the child is born. However our experience is that young Aboriginal mothers and their unborn babies are being reported to CP without exploring diversion through Child FIRST and family services. The impact of referral to CP on these young Aboriginal mums is devastating. They lose confidence. Our ability to engage with them and link them to appropriate family services is greeted with suspicion. Our view is that the diversionary practices and thresholds that are applied post birth are not being applied to Aboriginal unborn children.

Solutions

There is a need to address the limitations of Child FIRST through investment and a workforce development strategy aimed at strengthening the numbers and capacities of Aboriginal services across Victoria so that they can be full participants in Child FIRST across all LGAs. An Aboriginal Child FIRST presence is immediately required across all catchments.

We want CP practitioners to understand and consider both the spirit and letter of the legislation. If legislation requires consultation with an Aboriginal organisation, then the purpose is for meaningful involvement of the Aboriginal child's community in decisions about that child's life. The intent of the ACPP was for Aboriginal children to remain connected to their Aboriginal culture and community.

In the absence of this, legislative compliance must be enforced. To reinforce CP's responsibility to adhere to vital legislative principles of consulting with an Aboriginal service and complying with the ACPP, and to reinforce the importance of partnership between ACSASS and CP, we propose that:

- compliance with the legislative requirement to consult with ACSASS and comply with the ACPP is included as a monitored KPI for CP; these KPIs are reported to the CEO of the ACSASS service i.e VACCA and MAC.
- ACSASS staff are immediately provided with access to DHS CRISS system.
- CP staff are co located with ACSASS staff within Aboriginal organisations; and ACSASS senior staff are included in staff selection for those CP staff to be co located.
- ACSASS is appropriately resourced to ensure that workloads allow staff to fulfil their role of providing advice to CP.

³² This figure is from VACCA Annual Report (2010) and does not include any data from Mildura ACSASS or from the After Hours Service.

- Any decision in the Children's Court about an Aboriginal child is delayed until ACSASS views are made known to the court.

Implementing the ACPD requires a range of strategies aimed at maximising opportunities for Aboriginal children to remain with family and community wherever possible. Strategies include ensuring carers are adequately financially reimbursed and considering a new approach to foster care payments. (Resources for carers are discussed later in this report and also in the KPMG facilitated response)

The recommendations we have made in other sections of this report shape the way we see the future role of CP. A stronger more responsive universal service system, community based family services, including placement prevention, and more investment in family reunification and out of home care, means that the role of CP would be narrowed to be CP focussed and forensic. This role of CP is discussed in the report coordinated by KPMG.

Recommendations

- Immediately implement an Aboriginal Child FIRST presence across all catchments.
- Include compliance with the legislative requirements to consult with ACSASS and implement the ACPD as monitored KPIs for CP and reported to the CEO of the ACSASS service.
- Immediately provide ACSASS staff with access to DHS CRISS system.
- Co-locate CP staff with ACSASS staff within Aboriginal organisations.
- Appropriately resource ACSASS to ensure that workloads allow staff to fulfil their role of providing advice to CP and support to Aboriginal children and families.
- Delay any decision in the Children's Court about an Aboriginal child until ACSASS views are made known to the court.

ACSASS makes a difference

PRACTICE EXAMPLE

A Partnership Approach with Child FIRST

PRACTICE EXAMPLE

The Aboriginal Liaison Worker (ALW) and the Child FIRST caseworker visited an Aboriginal family with a number of children. The Child FIRST caseworker was surprised at the number of mattresses on the floor and said she would report the family to CP as the house was overcrowded. The ALW explained that for Aboriginal families different sleeping arrangements such as siblings and cousins sharing beds and mattresses can be positive parenting which help to establish attachments between children. For some Aboriginal children, sleeping by themselves can be unsettling and disturbing.

Often Aboriginal caseworkers are called upon to explain cultural practices. Overcrowding and levels of responsibility for older children are common CP concerns, but can actually be important tools for the child's socialisation with kin and community and development of social and family responsibilities. The danger lies in making assumptions rather than assessments about child development and desirable parenting practices. For example, the 14 year old who has been nurtured into her role and responsibility to care for her younger siblings and the 14 year old who has been forced to take on a parenting role due to her parent's inability to parent.

7. Protecting Aboriginal Children - The Children's Court

The over representation of Aboriginal children across Victoria's Child Protection system continues in the Children's Court. In 2009/10 there were 360 Aboriginal children admitted to protection orders. In Victoria, Aboriginal children were 11 times more likely than all children to be the subject of a Protection Order. We understand that the number of Aboriginal children being placed on new Protection Orders is increasing.

VACCA was a major contributor to and supporter of the legislative and service reforms that were introduced in 2005-6, In relation to Aboriginal children and families, the *Children, Youth and Families Act* includes a number of measures which specifically concern cultural connection and, in that context, quality service provision for Aboriginal children. Specifically, the Children's Court must apply the best interest principles, including protecting an Aboriginal child's cultural and spiritual identity and promoting their connection to family and community, and the Aboriginal Child Placement Principle.

VACCA are strong supporters of the legislative reforms in the CYFA, 2005. **Our experience is that the effectiveness of these reforms in protecting and reducing the vulnerability of Aboriginal children has not achieved through the court process.**

As described in the previous section, ACSASS is frequently not consulted by CP in determining the appropriateness of court action or the recommendation to court. While Melbourne Children's Court will sometimes insist on hearing from ACSASS about the best interests of an Aboriginal child, this is not consistent. Rural magistrates do not consult with ACSASS and have asked for the Aboriginal Child Placement Principle to be explained.

ACSASS staff report they are spending increasing amounts of time in dispute resolution processes to avoid long court hearings. While they believe these processes have some value, they are concerned about the 'ambit claim' nature of negotiations and question if some agreements compromise the child's safety.

The court continues to be a daunting place for Aboriginal children and families - some are intimidated, some are confused and scared and some have little respect for the court system. Court proceedings and the language used by lawyers and CP can be difficult for Aboriginal children and families to understand.

The Law Reform Commission's report mirrors our experience in describing the complexity of matters brought to court. We understand that the existing system is based on the magistrate being provided with expert advice from a range of people to inform his/her decisions. Our view is that CP practitioners do not provide this expert advice about Aboriginal children.

Solutions

We believe there is a better way forward for Aboriginal children who currently require the intervention of the Children's Court to ensure their safety. We propose the following system for decision making for Aboriginal children who require Protection Orders.

1. The Law Reform Commission (LRC) has presented family decision making as an important step to precede Protection Applications in the Children's Court. At present, some Aboriginal families are involved in dispute resolution proceedings at court. We concur with the LRC and believe that the first step in any Children's Court protection matter should be Aboriginal Family Decision Making (AFDM). We believe that AFDM is an appropriate intervention strategy in early intervention and family services and that this can be continued if an Aboriginal child requires increased protection through statutory intervention. However our experience with AFDM processes post court indicates that any AFDM process needs to be adequately resourced to allow for family and community involvement and to prevent extensive time delays.

2. Sometimes agreement cannot be reached in a timely way about the need for statutory child protection and the appropriate intervention required to promote the child's safety and well being. In these situations, we propose the matter is brought before a panel of experts. This panel must include an Aboriginal person with knowledge and understanding of child and family welfare and a child/youth development and well being expert.

We believe that the expertise required to make decisions for Aboriginal children in these difficult matters would be unusual in one person, and that this should be acknowledged through a panel approach to decision making. This panel would be in a better position to examine and make decisions about:

- The child's safety, including their protection from cultural abuse and promotion of their cultural safety.
- The child's stability, including the continuity of their relationships with Aboriginal family and community and their connectedness and sense of belonging to their land, culture and community.
- The child's development, including
 - ~ their understanding of cultural norms and practices,
 - ~ their development of a positive cultural identity
 - ~ their understanding of the history and aspirations of Aboriginal people
 - ~ their relationships with Aboriginal Elders to support their development in accordance with Aboriginal cultural norms
 - ~ their relationship with strong and positive Aboriginal role models
 - ~ their friendships with Aboriginal children and families
 - ~ their participation in Aboriginal cultural and community events

The panel would be required to

- make decisions to protect the child and record and explain their decisions, thereby providing expert advice as well as decision making.
- undertake proceeding and make decisions about the future of the child in a way that is accessible in terms of language, location and proceedings to the child and their family and appropriate members of their community. The panel could adopt some of the existing Koori Court practices.
- undertake proceeding and make decisions about the future of the child in a non adversarial way, using supported questioning to elicit information and avoiding intimidation and coercion.
- identify systems issues emerging from the matters before it and report on these. The panel could function in a similar way to Child Death Inquiries in terms of identifying systems issues.

Recommendations

- Replace the Children's Court with a panel of experts. This panel must include an Aboriginal person with knowledge and understanding of child and family welfare and a child/youth development and well being expert.
- The panel would undertake proceeding and make decisions about the future of the child in a way that is accessible, non adversarial way, using supported questioning to elicit information and avoiding intimidation and coercion.
- The panel would identify systems issues emerging from the matters before it and report on these.

8. Out-of-Home Care and Reuniting Families

Aboriginal children and young people comprise 13.8 per cent of all out-of-home care placements in Victoria. It is in out-of-home care that Aboriginal children are most over represented; they are 11.3 times more likely to be in out-of-home care than non-Aboriginal children (at 30 June 2009). Further, the number of Aboriginal children in out-of-home care is increasing. While this certainly reflects the dearth of prevention and early intervention services, it also indicates a strong need to focus on healing and resilience building for Aboriginal children in out of home care. They are our future generation of parents.

VACCA operates six out-of-home care programs – home based (foster) care, therapeutic residential care, kinship care, adolescent community placement house, permanent care and leaving care. These programs operate with casework support and some educational support. VACCA also offers a cultural placement support program for some Aboriginal children living with non Aboriginal families. Most of VACCA's out-of-home care programs are delivered in the North and West region, with limited program delivery in Southern, Eastern, Gippsland and Barwon regions. In June 2009, there were 734 Aboriginal children in out-of-home care; VACCA supports 110 or 15 per cent of these children.

8.1 Family Reunification

*Fifty six per cent of children and young people entering care for the first time leave care within six months.*³³

At present VACCA provides a small range of out-of-home care placements for Aboriginal children who cannot live with their family. Family reunification work is primarily the role of DHS CP practitioners. Our experience is that while DHS make plans about what the family must do for the child to return to their care, supporting the family to achieve these plans is inconsistent at best. When an Aboriginal child is removed from their family because it is not safe, we should make every attempt to support the family so that they can make a safe place for their child.

Our families need intensive family reunification support from Aboriginal organisations who understand the cumulative impact of low income, poor health and inadequate housing and the daunting prospect of facing unwelcoming and inappropriate support services. Our families need practical support and culturally aware services that take a strengths-based approach. Sometimes our families need help with transport or child care to attend drug treatment programs or family violence counselling; sometimes they need someone to go with them, to get over the first hurdle of approaching the service. They need outreach and flexible service delivery approaches and a responsive service system. And when the child returns to their care they need the same intensive, flexible and specifically tailored support to continue.

³³ Department of Human Services data 2009, *Directions for Out of Home care*

8.2 Placement Instability

There is an increasing trend for children to experience multiple placements. In 2008-09, 46.5 per cent of Aboriginal children who exited out-of-home care had experienced two or more placements, compared to 38.9 per cent for children generally.

Placement breakdown adds to the burden for children in out-of-home care, often compounding the trauma they have already experienced and increasing their vulnerability. Supporting carers prevents unnecessary placement breakdown and strengthens placements to increase a child's resilience.

We think taking care of a child in out-of-home care is challenging. There are some things about caring for a child who has experienced trauma that we cannot control; however we can ensure that there is regular respite for carers, therapeutic support for placements, education support and adequate financial reimbursement.

8.3 Service Flexibility

Our out-of-home care service system is limited in its flexibility and approach. We dichotomise placement services into home based care or residential care and have limited ability to adapt placement services to meet the needs of individual children. We should be able to design a range of out of home care services that are responsive to the needs of our children.

For example, VACCA operates two residential care facilities with rostered staff and up to four young people in each unit. These facilities are designed for very troubled young people and take a therapeutic approach to care. Over the past four years, there have been 14 children under 12 in the units. Currently, three of the six children in these rostered residential facilities are under 12 years old. These children cannot tolerate the intensity of close family relationships that are part of home based care but certainly do not need to be in a rostered residential placement alongside very troubled youth. With flexible funding and adequate program development resourcing, we believe we could develop more appropriate range of placement services.

8.4 Respite Care – An untapped resource

Our foster care and kinship care program believe that an investment in respite care would prevent some placement breakdowns. Further our foster care program frequently receives requests for respite care to support families and prevent CP involvement.

Respite carers need to be assessed and trained in the same way all our carers are. They need support when they are caring for a child and may need to talk through what has happened after the child has left. They need to be seen as a vital part of the care team surrounding the child. We need to make sure they provide a safe place for the child through ongoing assessment and support. At present, respite care does not receive program resources, thus we have been unable to develop this program despite knowing that there are Aboriginal people in our community who are willing and able to provide this service.

8.5 Therapeutic approaches for children in out-of-home care

For children who come into care through CP involvement, trauma is likely to come from an ongoing exposure to fear or helplessness in the face of abuse or neglect.

*Research shows that the consequences on children, especially young children of sexual abuse, physical abuse, emotional abuse, family violence and serious emotional and physical neglect are some of the most severe traumas that an individual can experience. They are up there with war and disaster.*³⁴

For Aboriginal children, their experiences of the trauma of abuse and neglect are wrapped in other trauma – the trauma of history, of ongoing racism and discrimination, the trauma experienced by carers, by their family and within their community. These complex strands of trauma require careful unravelling to understand and respond appropriately.

The single thing that makes the most difference to children and young people in out-of-home care is a therapeutic approach. Understanding the impact of trauma on a child's development can help to make sense of how they feel and act. It can assist carers and others in the care team to identify how they can help the child to feel safe. It can strengthen placements and prevent placement breakdown. At VACCA, healing for vulnerable Aboriginal children can best be illustrated in the two case examples below where

- A holistic healing approach across the entire care team is used
- Culture and cultural activities provide “entry” into the child's world and allow for healing and resilience building

Currently, only 40 per cent of children in our out of home care program have access to therapeutic intervention.

8.6 Our carers can need healing too

Aboriginal kinship and foster carers may also have experienced trauma - they may have grown up in abusive institutional settings where there were few role models upon which to base their own parenting. Carers may not have had the opportunity to learn how to bring up children in a positive, culturally relevant way and may not know what healthy child development looks like. They may face difficulties in forming attachment relationships and may be unable to undertake the healing work a child needs. Hearing disclosures of abuse that occurred to the child in their care may remind them of their own abuse. Their experiences of removal may have lead to them becoming disconnected from their extended family, community and culture.

8.7 Education

Some years ago, VACCA decided that one of the keys to change for Aboriginal children in out-of-home care was education. At this time, school was a difficult place for Aboriginal children in out-of-home care with problems and suspension regular occurrences. Schools did

³⁴ Jackson, A., 2004, *Trauma and Child Abuse*, Paper presented at Victorian Aboriginal Community Child Abuse Conference, Melbourne, Victorian Aboriginal Child Care Agency. page 20

not understand the level of disadvantage and trauma that the children had experienced; they did not understand the learning approaches that would be most likely to succeed with an Aboriginal child or the importance of eliminating racism and creating a culturally safe environment for the children. VACCA's approach to the education department for an education support position was denied.

VACCA now funds an Education Support Worker from out-of-home care funds and has a strong focus across extended care on working with schools. "Borrowing" from program funds has an impact on the entire program, with casework resources stretched, but no one would deny the value of the education support work done by VACCA.

VACCA supports approximately 40 school aged children foster care. The children are vulnerable and traumatised and need strong support at school. They all attend school. There have been two very short suspensions from school this year. Both children returned to school immediately. The education support worker and the extended care team work closely with the school. The support worker can work 1:1 with the child at school if needed, focussing on educational or behavioural difficulties. Teachers feel supported and are included in care team meetings and consultations with therapeutic specialists. Schools are beginning to understand the importance of creating culturally safe environments and including culture into the curriculum. In 2009, all Aboriginal children in VACCA's foster care program achieved literacy and numeracy benchmarks as tested through the National Assessment Program — Literacy and Numeracy (NAPLAN).

There are still challenges with schools. Despite the new DEECD/DHS Partnering Agreement launched in 2010, Individual Education Plans for meeting our children's needs are normally driven by VACCA rather than the teacher. Any changes to approach are precarious and up to individual teacher discretion, rather than being a strong curriculum focus. When the Department of Education decides to focus on literacy and numeracy, culture can disappear.

8.8 Childhood

Sometimes our focus is so strongly on the child's "troubles" that the need to support the child to have regular childhood experiences is lost. Playing sport or a musical instrument, having friends sleep over, having birthday celebrations, going on "family outings" are all part of childhood. While the Looking After Children approach focuses our attention on these things, they sometimes require support and a reorientation of our service system so that normal childhood experiences are seen as important.

8.9 Cultural Support Plans

Cultural Support Plans for Aboriginal children in out-of-home care are legally mandated. They remind us to make sure Aboriginal children are connected to their culture and community and that this is a source of strength and resilience. They seek to avoid the trauma and ongoing damage of the Stolen Generations.

VACCA developed *My Cultural Support Plan*, which is a culturally informed approach to connecting Aboriginal children with their culture and community in an appropriate way. It is

dynamic and used across VACCA's out-of-home care programs. Its success is limited by program funding – supporting cultural experiences and activities like return to country can be costly.

For Aboriginal children in out-of-home care through mainstream organisations, responsibility for Cultural Support Plans rests with CP. Their completion is inconsistent; their implementation unreliable.

8.10 Aboriginal children in placement with non Aboriginal carers and through mainstream organisations

The numbers of Aboriginal children in placement with Aboriginal carers has fallen since 2008. In 2009, 40 per cent of Aboriginal children in out-of-home care were with non Aboriginal carers. We worry about the future of Aboriginal children in placement with non Aboriginal carers and through mainstream organisations. We know that culture can be a way into healing for Aboriginal children and that connection to community can build strength and resilience. For an Aboriginal child in a mainstream placement, the need to focus on culture and connection to community is particularly acute. An Aboriginal child's learnings about their culture may have been interrupted by their placement, and therefore, critical information that helps them to return comfortably to their community is lost. In some circumstances, the child was abused or neglected by their Aboriginal parent and is fearful of Aboriginal people. Supporting an Aboriginal child in placement to develop and maintain their connections to their community, and demonstrating respect for and interest in Aboriginal culture helps the child to build a strong identity.

The Koori Cultural Placement and Support Program responds to concerns about the cultural isolation experienced by Aboriginal children in placements with mainstream organisations. The program works to connect the child to their family and community, and encourage the child to know and take pride in their culture. The program can also work alongside carers assisting them to involve the child in cultural events and introducing them to members of the child's community. To date, the program operates for a small number of Aboriginal children in three regions of Victoria.

8.11 Leaving Care

Aboriginal children are leaving care early and unprepared for life ahead. Aboriginal young people aged 15-17 are significantly less likely to be CP clients than at any other time in their childhood. In 2009/10, they comprised 5.4 per cent of all CP substantiations for Aboriginal children compared to 52 per cent for children under five years.

Our experience is that young people often return home at around age 15; then CP discharge Protection Orders. We believe that these young people are not prepared for independent life and remain vulnerable to the protective concerns that continue to exist in their family home. Our young people are often not eligible for Leaving Care support as the criteria direct this support to young people aged 16 years and over. Our universal service system does not support these young people (See Section 5).

8.12 Brokerage

Aboriginal organisations need brokerage resources to support service delivery and achieve good outcomes for children. Brokerage resources are particularly critical in our out of home care programs. Our foster and kinship carers provide care for larger groups of children. There are practical challenges in caring for larger groups of children. Houses and cars that may “stretch” for 1-2 added children are unlikely to be able to accommodate more. Establishment expenses (like bedding) and ongoing costs for larger groups of children are substantial. Aboriginal carers may need financial support to support children to maintain family and community contact or attend culturally appropriate mainstream services; for example a school which welcomes and supports Aboriginal students. Aboriginal Carers need to support the child in a range of ways to address past trauma and provide positive care experiences, cultural activities, sporting and music activities.

Currently, Aboriginal people and organisations who must apply to DHS for brokerage funding report experiencing pressure and shame in asking DHS for financial support. Some DHS staff have approached such requests by purchasing items like linen and clothing for a child rather than providing financial support so that the carer and child can purchase the required items. Aboriginal staff report that the DHS system is underfunded and it takes time to apply and get a response. Aboriginal organisations understand the pressure associated with being poor and the importance of managing requests for financial support quickly and with sensitivity.

8.13 Resourcing the out-of-home care service system

The model for funding out-of-home care services is inadequate. Our residential care services particularly are seriously under-resourced. The needs of the children and young people in these facilities mean residential care is a highly intensive and demanding workplace, with staff experiencing ill health and burnout. The high costs of agency staff when this occurs means that we are required to use funding from other programs to cover the costs of residential care services.

Solutions

1. Expand and deliver family reunification work which is intensive, flexible and specifically tailored to the family and delivered by Aboriginal services.
 - Build family reunification work on Aboriginal Family Decision Making and family restorations program to maximise family and community support and involvement.
 - Consider the complexity and disadvantage of Aboriginal families when funding Aboriginal family reunification programs.
 - Continue to support children and families post reunification.
2. Develop a broader range of out-of-home care services that is more responsive to the needs of Aboriginal children and young people and supportive of carers.
 - Commit to therapeutic service for all children in out of home care. This does not mean all children will need this service all of the time but they will need to access it

as they grow up. Nor does it refer to 1:1 therapy. It does mean the kind of service approach that is outlined in the practice example below.

- Develop cultural programs and resources as the “entry” into the child’s world to healing and building resilience.
- See cultural support plans as living documents that inform cultural practice in an ongoing way, that follow the child and that include funding for cultural activities.
- Implement cultural support plans for all Aboriginal children in out-of-home care.
- Include healing work with carers as a valid part of an Aboriginal out-of-home care program.
- Include “childhood experiences” as a vital part of looking after a child and reflected in case planning.

3. Build partnerships between Aboriginal services and education at a state-wide level to develop and promote curriculum approaches to Aboriginal culture in schools.

4. Include education support positions as part of program funding for out-of-home care programs, including kinship care and ACP house, to support Aboriginal children at school through

- 1:1 educational or behavioural support
- Managing transitions into prep, and from primary to secondary schools
- Identifying need for extra support e.g. tutoring
- Support inclusion of culture into the curriculum
- Plan education pathways for any young person who is leaving care in the next two years.

5. Consider Cultural Support Plans as a key part of case planning with commensurate discussion and review, accountability for performance and appropriate funding support.

6. Focus on the cultural safety and well being of Aboriginal children in mainstream placements.

- Expand the Koori Cultural Placement and Support Program so that it is a service for every Aboriginal child in a mainstream placement.
- Ensure that cultural competence training is mandated for all carers and caseworkers from mainstream organisations who have or are likely to have an Aboriginal child in their care.

7. Extend the criteria for Leaving Care finding and support to include Aboriginal young people whose Protection Orders are discharged before they turn 16.

8. Recognise the extent of disadvantage faced by Aboriginal carers and

- Attach brokerage funding to all Aboriginal out-of-home care programs.
- Commit to this funding being managed by the Aboriginal organisation.
- Allow for sufficient infrastructure to manage and be accountable for brokerage funding.

Recommendations

- Expand and deliver family reunification work which is intensive, flexible and specifically tailored to the family and delivered by an Aboriginal service.
- Develop a broader range of out-of-home care services that is more responsive to the needs of Aboriginal children and young people and supportive of carers.
- Build partnerships between Aboriginal services and education at a state-wide level to develop and promote curriculum approaches to Aboriginal culture in schools.
- Include education support positions as part of program funding for out-of-home care
- Consider Cultural Support Plans as a key part of case planning
- Focus on the cultural safety and well being of Aboriginal children in mainstream placements
- Extend the criteria for Leaving Care funding and support to include Aboriginal young people whose Protection Orders are discharged before they turn 16.
- Attach brokerage funding to all Aboriginal out-of-home care programs

What makes the most difference to children in out of home care is the involvement of a therapeutic specialist.

PRACTICE EXAMPLE

Culture provides “entry” into the child’s world and allows for healing and resilience building

PRACTICE EXAMPLE

Over the last six years, a young girl in out-of-home care at VACCA has been involved in cultural programs run by Aboriginal artists. These programs aim to engage children in cultural expression and to share creative and cultural knowledge. We have found that connection to cultural and artistic expression for children who have been abused and/or neglected has a healing and therapeutic effect, which in turn impacts on children’s health and well being and allows them to connect to their community ...

Brokerage supports vulnerable children

PRACTICE EXAMPLE

9. Strong Aboriginal Organisations – Workforce Development and Resource Allocation

Critical to strengthening the capacity of Aboriginal organisations to provide a comprehensive range of services for Aboriginal children and families is the development of a skilled workforce and appropriate resource allocation.

9.1 Workforce development

Vulnerable Aboriginal children need 'robust, viable and skilled Aboriginal agencies so that Aboriginal families and communities have access to services that are managed and delivered by Aboriginal people'.³⁵ Attracting and retaining skilled Aboriginal staff, delivering training and mentoring and providing salaries and work conditions that are commensurate with similar work places will have a positive impact on the workforce in Aboriginal organisations.³⁶

Aboriginal staff bring unique life experiences and cultural and community knowledge and understanding; some staff have not had opportunities to study and gain formal qualifications. Yet in child and family welfare, we work in an increasingly regulated and demanding environment. Across our organisation, staff are required to assess and manage risks to children's safety like CP practitioners, but without commensurate training or supervision and management infrastructure.

Opportunities for professional development and study, supervision and mentoring can build confidence and skills for individual staff, leading to more effective practice and better outcomes for children. In turn, this builds skills at organisations like VACCA so that the capacity to make decisions with and deliver programs for Aboriginal communities is restored to Aboriginal organisations.

However, retaining quality staff partly depends on staff feeling respected and valued. Aboriginal staff at VACCA report feeling undervalued and being treated disrespectfully by those outside the organisation, citing especially the lack of respect from CP staff. We think that this lack of respect stems partly from lack of knowledge and understanding. While cultural competence training has started in mainstream organisations, CP has not experienced equivalent training and development and are therefore less likely to appreciate the unique skills and knowledge and the improved outcomes that result from partnerships with Aboriginal staff.

We know that one of the key factors in retaining staff is having an appropriate work life balance. Yet this can be difficult for Aboriginal staff who are often part of the community they work in, facing the same issues of grief, loss and trauma that they are seeking to

³⁵ Garbutt, C. 2005, Children, Youth and Families Bill, second reading speech, Victorian Parliament, 6 October 2005, at: <http://www.parliament.vic.gov.au/downloadhansard/pdf/Assembly/Springper cent202005/Assemblyper cent20Springper cent20Weeklyper cent20Bookper cent205per cent202005.pdf>

³⁶ See Appendix 4 for VACCAs workplace development strategy ideas.

address. The boundaries that limit depth of involvement in mainstream organisations do not exist for many staff at VACCA. We think these staff have unique insight into Aboriginal families and heightened ability to identify strengths and risks for vulnerable Aboriginal children and to engage families where others have failed. Yet, employing these staff also comes with responsibilities to ensure they are adequately supported and supervised through their difficult role with our organisation and within their community. Particularly for staff involved in a critical incident, the loss associated with such an incident may be experienced differently by Aboriginal staff and mainstream debriefing services and debriefing approaches are not always appropriate or effective for Aboriginal staff.

Developing the professional capacity of our Aboriginal workforce includes staff in child and family welfare and organisational development areas, such as finance and human resources management. 'In the long term, programs which encourage Aboriginal participation in tertiary education for social work, community development, finance and human resource management are necessary to break down the dependence of Aboriginal child welfare agencies on non-indigenous professionals, government departments and mainstream organisations.'³⁷ It must also include providing mentoring and secondment opportunities directed towards future leadership and management in Aboriginal organisations. Succession planning is critical for the continuation of Aboriginal organisations.

The *Positioning Aboriginal Services for the Future* project developed plans about what changes organisations and Governments might wish to make in order to ensure that ACCOs would be able to operate effectively over the next five to ten years. This report is one of a number where good plans made with Aboriginal services have not been implemented.

9.2 Departments of Health and Human Services targets to employ Aboriginal people

Current government department targets encouraging the employment of Aboriginal staff can be seen as an effort to increase Aboriginal cultural competence through the employment of Aboriginal staff. However targets, realised through more generous salary packages, attract staff away from ACCOs, making it difficult to retain quality staff or attract new Aboriginal staff. Government departments supporting self determination will recognise the importance of ACCOs and will not compete for Aboriginal staff with these organisations. The current pay equity claim³⁸ for Community Service Workers may resolve the differential salary issue. If not, other strategies will need to be implemented.

³⁷ A Cultural Safety Framework for Indigenous Children and Families: Rights, Responsibilities and Social Inclusion, 2008 (unpublished) VACCA Submission to the Australia's Children: Safe and Well—A National Framework for Protecting Australia's Children Consultation.

³⁸ 'Community Sector workers are paid up to 37 per cent less than those doing the same job in the public service and hospitals.' At <http://www.heraldsun.com.au/news/national/julia-gillard-supports-pay-equity-bid/story-e6frf7l6-1225839368011>

Solutions

We propose the development and resourcing of a state-wide workforce development strategy for Aboriginal organisations based on valuing the life experience, personal skills and cultural competence Aboriginal staff bring to the workplace while building the capacity of staff and mentoring for leadership and management.

To support Aboriginal organisations to attract and retain skilled staff, we propose that salaries and conditions in Aboriginal organisations are commensurate with government departments and government department targets for Aboriginal employment include Aboriginal staff employed at ACCOs.

Developing new training models

PRACTICE EXAMPLE

Some years ago, VACCA developed a partnership with the Indigenous Education Centre at Kangan TAFE to develop and deliver Certificate IV in Protective Care to a group of Aboriginal staff at VACCA. These staff had strong life experience and skill but had not completed any tertiary studies.

We developed different models for assessment and study that built on Aboriginal ways of learning, with a preference for group work. We also understood that with family and community commitments, Aboriginal staff were unlikely to have study time outside work. We developed a strongly supportive model as no staff had studied at tertiary level. Each week, staff would spend a day at TAFE in the Indigenous Education Centre, followed by half day in the workplace in group study facilitated by a tutor from VACCA. Individual tutoring was also provided. The study occurred over two years.

Nine staff have completed Certificate IV in Protective Care; an additional five staff are enrolled this year. There have been many barriers to overcome –developing appropriate learning and assessment models, providing backfill for staff, ensuring staff were supported through tutoring arrangements, developing the entire program without funding. We are proud of the achievements of our staff.

9.3 Resource Allocation

The current system of resourcing Aboriginal organisations creates barriers to good service delivery and better outcomes for Aboriginal children and families. Multiple funding agreements and requirements for detailed submissions place pressure on Aboriginal organisations that do not have the infrastructure to manage these. Program resources usually have a narrow focus, while the needs of Aboriginal children and families are broad and multifaceted. There is little room for negotiation with funding sources and little room

for flexibility when the model does not work for Aboriginal children and families who are presenting with highly complex needs and multiple disadvantages.

The result is that Aboriginal organisations that are strongly aware of gaps in services and the impact this has on Aboriginal children and families, scabble for funds through an endless round of submissions to trusts. If funding is achieved, it is most likely to be time limited and piecemeal. It rarely allows us to meet the actual demand for service.

Resource allocation does not include the following components:

1. Culturally based practice

In our direct service delivery at VACCA, culture is part of everything we do; our cultural activities are a key part of engaging with children and families. We have found that we gain the trust of Aboriginal children and families through cultural activities and this allows us to engage them in positive change behaviour.

In addition, many mainstream organisations want to consult with us about culturally competent services. This can be for casework practice, program development or policy making. They do this because they recognise the value of culture for Aboriginal children and families. We are good at providing this cultural advice.

Cultural activities for children and families and cultural advice for mainstream organisations or government departments can only occur effectively if properly resourced.

2. Program development required to deliver a good service

Implementing a new program requires the development of tools and resources for program elements like referral and assessment. Mainstream organisations generally already have these. For Aboriginal organisations, the development of these tools and resources requires a cultural approach. It is not appropriate to simply use tools and resources that have been developed in mainstream organisations or government departments as they do not reflect the complexities and cultural considerations for Aboriginal children and families. Unit costing approaches to funding do not allow for this program development work.

3. Infrastructure required to deliver a good service

For example discussions with mainstream organisations about the kinship care program revealed that mainstream organisations were adding to DHS program funding in a range of ways, including funding positions at a higher level and employing additional staff, to respond to the demands of the program. That this was occurring in most organisations reflects problems with funding. For VACCA, our more limited fundraising capacity seriously limits our ability to "top up" DHS program resources.

4. Caseloads that allow for good service delivery

Caseloads within program funding formulas fail to recognise the added complexity of working with large and seriously disadvantaged Aboriginal families who have experienced multiple traumas.

5. Brokerage resources to support service delivery and achieve good outcomes for children

Aboriginal organisations work with poor Aboriginal families within very poor communities. Living in poverty creates considerable pressures on families. Assisting to repair a washing machine or car can considerably reduce stress. At times, the stress associated with such things can be “the last straw”. Alleviating such stress can prevent family or placement breakdown.

Solutions

VACCA participated in the KPMG facilitated joint agencies submission to the inquiry. We broadly endorse the resource allocation methodology described earlier in this report. There are a range of factors that indicate the need for funding to be weighted in recognition of the particular factors that uniquely affect Aboriginal Victorians, whether service is provided by mainstream or Aboriginal organisations. Such weighting comes with added responsibilities that will need to be established, monitored and reported on through the Aboriginal Commissioner described earlier in this response.

1. Aboriginal children, families and communities experience ongoing trauma arising from past government policies and practices. For Aboriginal children who connect with CP, their experiences of the trauma of abuse and neglect are wrapped in other trauma – the trauma of history, of ongoing racism and discrimination, the trauma experienced by their carers, by their family and within their community. Healing and building resilience for Aboriginal children and their families begins through cultural strengthening activities and processes. These provide a safe platform for relationship based practice to assist Aboriginal people deal with trauma including inter-generational trauma.
2. Aboriginal families are complex in terms of family size and structure and experience high levels of disadvantage within families and across communities.

For Aboriginal organisations, funding needs to be further weighted for the following factors.

3. Aboriginal organisations need to implement a comprehensive workforce development strategy to build workforce capacity and deliver services to Aboriginal communities. Such a strategy is outlined in 9.2 above and requires appropriate funding to implement.
4. Aboriginal communities have more limited fundraising capacity. Unlike many Victorian CSOs, Aboriginal organisations do not have a church base. They arose from community concern about Aboriginal children – from poor communities with limited fundraising capacity to add to government program funding.
5. Aboriginal organisations are frequently called upon to advise mainstream organisations and government departments about services for Aboriginal people.

While the opportunity is welcomed, this comes at a cost for Aboriginal organisations that is rarely acknowledged through funding.

The trauma experienced and the need for culturally based healing practices, the complexity of Aboriginal families, the issues for Aboriginal staff and carers and the limited capacity to raise additional funds apply uniquely to Aboriginal people and organisations. Resource allocation needs to be weighted to ensure these organisations optimize their ability to make a difference to vulnerable Aboriginal children.

Recommendations

- Develop and resource a state-wide workforce development strategy for Aboriginal organisations based on valuing the life experience, personal skills and cultural competence Aboriginal staff bring to the workplace while building the capacity of staff and mentoring for leadership and management.
- Make salaries and conditions in Aboriginal organisations commensurate with government departments; include Aboriginal staff employed at ACCOs in government department targets for Aboriginal employment.
- Weight resource allocation in recognition of the particular factors that uniquely affect Aboriginal Victorians and Aboriginal organisations.

Appendix 1 - Aboriginal Organisations attending Victoria's Vulnerable Children Workshop

This workshop was facilitated by VACCA and held on Tuesday, 19th April 2011.
Representatives from the following organisations attended:

Victorian Aboriginal Child Care Agency
Victorian Aboriginal Community Services Association Ltd
Victorian Aboriginal Health Service
Victorian Aboriginal Community Controlled Health Organisation
Rumbalara Aboriginal Co-op
Victorian Aboriginal Education Association Inc
Aboriginal Community Elders Service
Western Suburbs Indigenous Gathering Place
Bert Williams Aboriginal Youth Service
Indigenous Family Violence Regional Action Group (IFVRAG)
Department of Human Services
Department of Justice, Koori Justice Unit
Aboriginal Affairs Victoria
Victorian Aboriginal Health Service, Family Counselling Service
Ngwala Willumbong Co-op Ltd
Victorian Aboriginal Legal Service
Aborigines Advancement League Inc
Gippsland and East Gippsland Aboriginal Co-op
Swan Hill Aboriginal Health Service

Appendix 2- Principles for Service Reform

Context

Many of the principles outlined below are generally applicable to other vulnerable children and young people and many of the principles outlined by other organizations in this process are also applicable to Aboriginal children and young people.

However, our focus has been to consider that Aboriginal children are seriously over represented in the Victorian CP and OOHC system and therefore our principles relate to this target population.

Underlying all our principles is the fundamental importance of self determination and social justice for Aboriginal people.

Aboriginal services for Aboriginal people

In terms of service provision, self determination means that Aboriginal people can access the necessary range of services from Aboriginal service providers.

Furthermore, Aboriginal people are often reluctant to access mainstream services, with two distinct barriers being previous experiences of racism and past policies of removal. Yet Aboriginal people are often forced to access mainstream services, some of whom have a limited understanding of the cultural dimensions underlying presenting problems; people are often re-traumatised or receive irrelevant service provision. Alternately Aboriginal people can delay seeking help until the point of crisis – for an Aboriginal child, this can mean abuse and/or removal.

The implication of this principle is:

- Provide culturally attuned services within Aboriginal organisations as a first option
- Support the development of Aboriginal organisations to provide an appropriate range of service responses, including prevention, early intervention and family support services
- Support capacity building and staff well being initiatives for Aboriginal people to allow Aboriginal organisations to grow
- Recognise that capacity building costs money and that Aboriginal services engaged in developing a skilful and professional Aboriginal workforce will need financial support to do this.

Vulnerable Aboriginal children need a service system built on social justice principles

Social justice recognises that applying the same rules to unequal groups can generate unequal outcomes. On any measure, Aboriginal children are disadvantaged - health, pre school attendance, educational engagement and attainment, criminal justice system, housing and employment, family violence, drug and alcohol misuse. Aboriginal families have added layers of complexity as a result of the ongoing impact of previous child welfare policies, and the current disadvantage for Aboriginal families in our community. The implication of this principle is:

- Whole of government Aboriginal policy framework which commits the government to outcomes and targets, looks at cross system coordination and gives priority to Aboriginal programs
- Increased and differential investment in Aboriginal services and programs across the service system

- DHS work with relevant ACCOs to design specific regional plans to address the need to reduce substantiations and ensure appropriate service responses.

Protecting Aboriginal children is everyone's responsibility

Given the significant socio-economic disadvantage of the Aboriginal community and that Aboriginal children are seriously over represented in the Victorian CP and OOHC system, it is critical that all human service providers as well as the community at large see that they have a responsibility to protect Aboriginal children rather than seeing it as the sole responsibility of Aboriginal services.

Each day at VACCA we see examples of good and poor practice across the service system. A few recent examples of good practice - the primary school teacher who celebrates the didgeridoo player in the school orchestra, the children's court magistrate who stands a matter down to seek cultural advice, the DHS manager who seeks to develop an understanding of the impact of their behaviour on Aboriginal staff.

Protecting children is more than reporting child abuse. It includes supporting and building the resilience of vulnerable children and their vulnerable families. The service system – court and justice, education, health, housing and homelessness, drug and alcohol, family violence, family service and adult specific services, all have a role to play in BOTH reporting suspected child abuse AND supporting and building resilience of vulnerable children and their vulnerable families. The implication of this principle is:

- Advocating that the roll out of new program initiatives occurs either first or along side rollout of mainstream other than the usual practice of delay in rolling out Aboriginal components
- Human service providers work alongside ACCO's to develop Aboriginal children's and young peoples plans for their agency

Protecting Aboriginal children begins with prevention

The over representation of Aboriginal children in the child protection and out of home care systems in Victoria indicates seriously inadequate preventative services for Aboriginal children and their families. Aboriginal community controlled organisations have received limited funding for prevention and family support services. The implication of this principle is:

- Support of Aboriginal organisations to develop preventive services and allow Aboriginal organisations to define how these services can best be delivered.
- Aboriginal organisations to develop 'wrap around' service approaches that reflect the Aboriginal way of holistic, integrated service delivery.
- Look at integrated funding and accountability systems to allow Aboriginal services to provide a 'one stop shop' model,
- Aboriginal services to be delivered flexibly – more outreach, more creative programs
- Recognise that time limited intervention is unlikely to be effective for Aboriginal families given their experience of multigenerational trauma

A culturally competent child and family welfare service system

When Aboriginal children must access mainstream services they need an effective service system that understands that culture and connection to community provides both immediate and long term protection for vulnerable Aboriginal children. Cultural support plans, partnerships with Aboriginal community controlled organisations, understanding

cultural abuse, prioritising cultural safety and investing in cultural awareness training are all examples that will lead to more effective practice.

ACSASS service reports that their advice is regularly not sought, and often ignored. This is despite consultation with ACSASS being legally mandated for both CP and CSOs in their work with Aboriginal children.

While there has been some investment in Victoria towards a more culturally aware CSO service system there remains glaring gaps. The implication of this principle is:

- CP need to ensure their services are culturally competent. (Who makes this judgement?)
- A 'whole of organisation' approach, is required for cultural competence
- Cultural competence across the entire service system, not just within DHS funded services, for example not just family violence, mental health, drug and alcohol sectors but education etc?
- Consultation with Aboriginal services is sought and advice not ignored

A child-centred service system

Our job is to protect vulnerable children and promote their development. Yet our system for doing this is hampered by inadequate funding. We strongly support the need for OOHC funding to meet independently assessed care needs of children. For Aboriginal children, this needs to include recognition of the serious material disadvantage that Aboriginal carers experience and the limited ability of Aboriginal organisations to attract resources from other sources. Meeting the needs of children who have been abused or neglected should not be compromised. The implication of this principle is:

- Funding should relate to the child's need and circumstances rather than reside in agencies/system
- Planning should be based on culturally competent assessment of needs not driven by demand
- Promotion of Aboriginal culture should be part of all child focused planning and intervention

A family focussed system

Family and community are fundamental to the well being of an Aboriginal child. The early 'ruling out' of family by CP and the move to permanent care may not be in an Aboriginal child's best interest. This is especially so for Aboriginal children who are moved away from their family, extended family and community. Even for children who will not return to parental care, work to optimise their relationships with family and community is critical to their long term well being. The implication of this principle is:

- Provide ongoing support for carers of children placed in permanent care
- Support Aboriginal kinship care programs to fully investigate extended family and community kinship options.
- Financially and flexibly support Aboriginal kinship carers to meet the actual costs of care, recognising that Aboriginal kinship carers are very poor.
- Encourage positive work with a child's family, even when the child will not return to their care.

Vulnerable Aboriginal children need immediate responses

Delays in allocation, waiting lists, transferring case management to another team, lack of clarity about who does what is often part of families experience of our system. All we know about families in crisis tells us that immediate responses can be the most effective. For Aboriginal children, an immediate response that engages the child's family in identifying solutions to protect the child may reduce the need for statutory intervention. The implication of this principle is:

- Develop the AFDM program to allow ACCOs to quickly facilitate Aboriginal Family Decision Making
- Support strong program links between AFDM and kinship care programs
- Build a service system based on stability and continuity of relationships
- Develop Koorie Children's Court family division processes' that encourage non adversarial approaches to decision making and avoid lengthy contested court hearings
- Flexibility in funding models to allow the service to follow the child

Vulnerable Aboriginal children need a strongly connected and integrated service system

Our service system for children is filled with transitions– the transition from kinder to primary and then secondary school, the transition from home to out of home care, the transition from family support to CP services and on through the service system, the transition to leaving care. Each of these transitions is potentially dangerous for children as information and relationships can be lost. The implication of this principle is:

- Develop early transition planning and allow for service overlaps, making sure that children and families do not slip through gaps
- Fund and support Aboriginal services to support Aboriginal children through these transitions

Vulnerable Aboriginal children need therapeutic responses.

For an Aboriginal child, trauma occurs in many ways. There is the individual trauma of abuse, trauma passed down across generations of Aboriginal families and the trauma that exists across Aboriginal communities today. Any therapeutic response needs to be based on understanding these layers of trauma that affect the Aboriginal child, their carers and the child's family and community. The implication of this principle is:

- Fund more therapeutic specialists with a particular knowledge of and interest in Aboriginal children across the continuum of care
- Adopt a broad view of 'therapeutic', see that each part of a child's life must be therapeutic – school, placement, and relationships can all be therapeutic if those involved are supported.

Support evidence based practice as we are more likely to get better outcomes.

There is limited research on the outcomes for vulnerable Aboriginal children. The view that research regarding all children is equally applicable to Aboriginal children denies the critical importance of cultural differences. Our practice needs to be evidence based. The implication of this principle is:

- Build culturally competent evaluation into all program models

Appendix 3 - ACSASS makes a difference

The Aboriginal professionals who work at ACSASS believe that the child's safety is of paramount importance. When ACSASS and CP work together, assessments and decisions are better because ACSASS staff

- understand Aboriginal families and communities, Aboriginal history and cultures
- may be part of the local Aboriginal community and know the child, family and the informal support available in the community
- understand culturally appropriate Aboriginal child rearing practices
- appreciate the role of culture and community in building resilience
- take a holistic approach to assessment, including culture in all aspects of information gathering and using the lens of culture to inform assessment
- plan the first contact with the family to make sure that questions and approaches are effective and do not cause offence
- understand the family's and the community's strengths and tap into the informal support network
- form links with other Aboriginal organisations
- bridge the divide between CP and Aboriginal people. The profile of CP among Aboriginal people is poor. Past policies and practices like the Stolen Generations and the abuse of Aboriginal children in care have resulted in suspicion and aversion to CP services. These are powerful deterrents for Aboriginal people to speak openly with CP.

Appendix 4 - A workplace development strategy for VACCA

1. Models of Aboriginal professional practice
 - ~ Casework practice, supervision and mentoring that are holistic, strengths based, trauma informed and relationship focussed
 - ~ Secondment and mentoring program focussed on developing Aboriginal managers as these are tomorrow's leaders
2. Professional development program for Aboriginal staff
 - ~ Training manager to focus on professional development for staff to develop expertise in responding to increasingly complex children and families
 - ~ Aboriginal principal practitioner with role similar to DHS principal practitioners
 - ~ Program funding that includes study and professional development (for example, funding an extra position for each five staff employed to accommodate study leave)
3. Staff well-being
 - ~ supervision arrangements that incorporate cultural care and healing for staff, cultural obligations and carers leave
4. Staff debriefing,
 - ~ Model for debriefing for Aboriginal staff that is culturally informed and includes building trust, respect and relationships and values listening.
 - ~ Pool of Aboriginal people in ACCOs to provide culturally informed debriefing across the Aboriginal services sector
5. Staff recruitment
 - ~ Develop approaches that are innovative and use proven methods to attract Aboriginal staff
6. Residential Care
 - ~ Particular focus on recruiting, training, supporting and retaining residential care staff
7. Salary packages
 - ~ commensurate with the government sector
 - ~ includes recognition of the life experience, personal skills and cultural competence of Aboriginal staff in addition to professional qualifications.