



Save the Children

Submission to the Inquiry into Child Abuse in the NT

Save the Children

Save the Children was established in Australia in 1919 and today is an independent, non-profit, non-sectarian organisation. The guiding principles and values of Save the Children are contained in the UN Convention on the Rights of the Child. Save the Children have programs in over 100 countries around the world focusing on health, education, disability, child protection, child labour, nutrition and juvenile justice. The guiding principles and values of Save the Children are contained in the UN Convention on the Rights of the Child. www.savethechildren.org.au

Save the Children sees the active participation of children and young people in decisions that affect their lives as essential. In its advocacy and development work, Save the Children takes the best interests of the child as the guiding principle. Save the Children operates a range of projects throughout Australia, the primary focus of each project being the protection of children and the prevention of child abuse and neglect.

Save the Children operates a range of projects throughout Australia, the primary focus of each project being the protection of children and the prevention of child abuse and neglect. Our current programs include accommodation and support services for women and children escaping domestic and family violence, residential services for young women in State care, six mobile Playscheme vans bringing early learning opportunities to children and their families who are living in caravan parks, other socially isolated communities, or the Women's Correctional facility, the Future Parents Program – an early intervention child abuse prevention program for young people, and a therapeutic Family Support Work service.

Core Values of Save the Children

1. **Child focus.** Save the Children takes a child's view of the world and always works in the best interest of the child.
2. **Independence.** Save the Children is not influenced by any other group. It is prepared to speak out if necessary and take new approaches to helping children.
3. **Non-discrimination.** Save the Children works without prejudice and does not take sides.
4. **Participation.** Save the Children believes in giving children the right to make their views known, and to be consulted and involved in decisions about their future.
5. **Collaboration.** Save the Children works with others whenever possible, in order to achieve more for children.
6. **Accountability.** Save the Children believes in being responsible to children and communities it serves, as well as its supporters.

Save the Children in the Northern Territory works in partnerships with Traditional Owners and Aboriginal owned and controlled agencies. In 2005 Save the Children and Larrakia Nation entered a formal partnership in 2005.

As partners we seek to:

- to improve children and families access to available services and resources
- to undertake joint planning, development, and coordination of services and resources to meet the needs of children and families within the Indigenous communities, and
- to develop and share knowledge, skills and resources for the benefit of children and families.

The partnerships primary focus was on the delivery of a culturally appropriate supported Playscheme for families and children living within formalised town camps and promoting the participation of children and their families within the playgroup. In this time the partnership has grown with the organisations continuously working to assist the development of work that strengthens Indigenous community's capacity to care for their children and looks to heighten awareness of some of the significant issues for children living within the town camps in Darwin.

In 2006 Save the Children in partnership with the Thamarrurr Community began the delivery of a Playscheme service within Wadeye. This service continues to grow with a local leadership program attached assisting women to build skills for work readiness and directing and leading children's services on their community.

Further to this Save the Children has partnered for the past 3 years with the Julalikari Council in Tennant Creek and Tangentyere Council in Alice Springs in the development of early childhood and early intervention work, assisting the Aboriginal owned and controlled agencies to build their capacity, through training and support of local staff, program development and evaluation and review. We have also worked closely with the community of Nguiu on the Tiwi Islands in delivery of early intervention programs for child abuse and neglect and building a community of safety for children.

In the Northern Territory our small staff team is 95% Aboriginal drawn from the local community. Save the Children has provided training, mentoring and support for the development of this team that has seen all staff receive qualifications or begin a pathway to achieving this. The use of Indigenous consultants to guide the development process has enabled the organisation to develop significant partnerships across our work.

We look to establish all our operations within the context of the local community, and look to co-tenant with existing service providers to embed the program in a strong community and cultural context.

Save the Children works with our partners to build a competent and responsive local workforce to provide quality and culturally safe services to children and their families. Save the Children seeks an integrated management structure that is responsive to history and experiences of the community. We utilise established and culturally affective decision making structures to form the management and governance basis of all programs.

We seek to partner with local Aboriginal agencies with a stated purpose to build the leadership and skill base in family and children work and with the aim to transfer the project to local ownership and delivery in an agreed upon time frame.

The governance structure in all projects is determined by consultation and a joint management structure set up with the use of partnership agreements. All management positions are remunerated and interpreters used to assist with the development of the process to ensure ownership over the project.

Identified issues

In the past 6 **years we have seen over 300 individual children and their families annually** at the Playscheme in the Northern Territory. The children enjoy the stimulation and enjoyment provided by having access to equipment and activities that they would not have without the Playscheme. The playgroups operate in all town camps and the community of Wadeye. Further to this we have provided training and our Future Parents Program in the community of Nguuu and Palmerston for over 3 years with over 30 Aboriginal women and men now receiving accredited training and support in the field of child protection and domestic and family violence. We have supported through training and development the development of a local work force in Alice Springs and Tennant Creek.

Indigenous children continue to be among the most socially disadvantaged in Australia, and this is particularly the case for those living in remote and very remote areas (ABS data, quoted by Daly and Smith, 2005). These children are at risk of growing up in circumstances that limit the development of their potential, compromise their health, impair their sense of self, and generally restrict their opportunities for future economic success and social participation.

These factors are an important part of the context of delivering a child protection service to remote Indigenous communities.

Save the Children have encountered many complex issues that face children in the Territory. These include lack of school attendance, homelessness and inappropriate available and safe housing, violence, lack of adequate nutrition and significant health problems.

Many children do not attend school from these communities for complex reasons that incorporate the following:

- Lack of routine within the family home
- Parents don't value the education system
- Parents have had poor experiences of the education system themselves
- The system of education is difficult for Aboriginal families to negotiate and is frightening.
- Schools don't have appropriate cultural awareness
- Poverty, lack of ability to provide lunch and other appropriate equipment, shame due to family circumstances
- Learning within Aboriginal culture is undertaken in vastly different ways to the broader community and there is often a mismatch for children when they encounter broader systems
- Complex family and community environments that include family and community violence.

- Low literacy and numeracy skills amongst families and children increasing shame and inability to participate in the broader society

Many sites struggle with both community and family violence issues. Children and families are living in often overcrowded, under-resourced housing that does not provide safety or protection to children. There are often no lockable rooms in housing and the overcrowding results in children being exposed to violence with no respite. Many children have told us about their inability to go to sleep due to being concerned for their safety. The community have also raised this issue detailing that even if violence is not occurring in their home they have limited protection from community violence due to the lack of security in their homes.

Given the transient nature of the communities the town camps have also experienced the spill over of other remote community issues as families often move into town and on to the camps when there are difficulties and disputes can be continued in these settings.

Further to this there is limited support of an outreach nature offered to the town camp communities. There are very few Aboriginal Family Support workers and thus limited culturally appropriate frameworks operating which do not result in families accessing the supports they may need to assist them. Compartmentalised service provision also means that many families must relate to 3 or 4 services to have their needs met, creating complex relationships for service providers and confusion and intrusion for families. The lack of holistic models of service delivery means that many families must wait interminable periods of time for access to any number of services and staff are at the behest of other services referral criteria and waiting lists to ensure that clients are enabled to have their needs addressed. This leads to staff burn out and frustration and families often giving up on pursuing services due to the long wait and problems becoming more entrenched.

A failure by many services to be present on sites in any outreach capacity, affects the relationship building that can occur between services and families. This in turn means that many families when in crisis will not access other services due to distrust and fear. This has also been exacerbated by the lack of community development on these sites.

Families in many of the communities we visit also do not have access to child care, thus many children and families are unable to access any respite and children are often exposed to additional stressors without any possibility to have this remediated through additional early childhood programs.

The lack of access to community development means that many communities do not have adequate information about family and community violence, or child protection and its impact on children and young people living in the community. This impairs the community in devising and developing strategies to combat these issues and supports inertia and despair where individuals become overwhelmed by their circumstances.

Failure to thrive is one of the biggest areas of neglect that face the community within town camps and remote communities. Overall the health of children is very poor with over 30% of Save the Children's family support time dedicated to addressing health issues for children. Recently Save the Children released a report on Infant mortality in Australia as part of our global "Survive to Five" campaign. Collating the research from across Australia we found that Indigenous children are three times more likely to

die in their first 12 months of life than non-Indigenous Australian children.¹ Indigenous infant deaths account for one-fifth of all infant deaths in Australia (2002–2006).² The neonatal mortality rate for Indigenous newborns (7.1 per 1,000 live births) is more than double the non-Indigenous rate (2.8 per 1,000 live births).³ Australia is ranked 21st out of 30 OECD countries for under-five mortality rate.

The huge disparity in mortality rates between Indigenous and non-Indigenous children reflects inequalities in health, environmental and social conditions experienced by Indigenous children. Infant and newborn survival is largely connected to maternal health and well-being such as the age, nutrition and overall general health of mothers.

Newborn health is closely tied to maternal health, with the deaths of newborns accounting for 85% of child deaths in Australia.⁴ Smoking, alcohol consumption, teenage pregnancy, nutrition, breastfeeding, immunisation and access to quality healthcare are among the factors that impact newborn health in Australia.

Mothers who smoke during pregnancy are twice as likely to give birth to a low birth weight baby (11% versus 5% respectively), according to 2006 figures. Indigenous mothers are three times more likely to smoke than non-Indigenous mothers.⁵ Women in remote areas are less likely to consume alcohol while pregnant (47%) than women in major cities (37%).⁶ One in five Indigenous mothers (20.9%) are teenagers compared to 3.7% of non-Indigenous mothers (2006).⁷

Indigenous infants suffer a high rate of preventable, communicable diseases and other infections, contributing to vision and hearing impairment.⁸ Almost half of all deaths of those aged one to 14 years from 2002 to 2006 were due to injury.⁹ Poor nutrition and costly dental care also underscore poor dental health among Indigenous children.¹⁰

During 2000-2002, babies of Indigenous mothers were found to be twice as likely to have low birth weight as babies born to non-Indigenous mothers (13% compared to 6%). In 2005, the Australian Bureau of Statistics reported no change in the rates of

¹ Australian Medical Association, *Aboriginal and Torres Strait Islander Health: Ending the cycle of vulnerability: the health of indigenous children* (Report Card Series).

² Australian Institute of Health and Welfare *A Picture of Australia's Children*, Cat. No. PHE 112 (Canberra: AIHW, 2009), 139.

³ Australian Institute of Health and Welfare, *Australia's mothers and babies 2006*, Perinatal statistics series no. 22, Cat. no. PER 46 (Sydney: AIHW, 2008), 69.

⁴ Australian Institute of Health and Welfare, *Making progress: the health, development and wellbeing of Australia's children and young people*, Cat. no. PHE 104 (Canberra: AIHW, 2008), 14.

⁵ Australian Institute of Health and Welfare, *Australia's mothers and babies 2006*, Perinatal statistics series no. 22, Cat. no. PER 46 (Sydney: AIHW, 2008), 19.

⁶ Australian Institute of Health and Welfare, *A Picture of Australia's Children*, Cat. no. PHE 112. (Canberra: AIHW, 2009), 71.

⁷ Australian Institute of Health and Welfare, *Australia's mothers and babies 2006*, Perinatal statistics series no. 22, Cat. no. PER 46 (Sydney: AIHW, 2008), 10.

⁸ Australian Medical Association, *Aboriginal and Torres Strait Islander Health: Ending the cycle of vulnerability: the health of indigenous children* (Report Card Series).

⁹ Australian Institute of Health and Welfare, *A Picture of Australia's Children*, Cat. no. PHE 112. (Canberra: AIHW, 2009), 140.

¹⁰ Australian Medical Association, *Aboriginal and Torres Strait Islander Health: Ending the cycle of vulnerability: the health of indigenous children* (Report Card Series), 3.

low birth-weight infants being born to Indigenous women and the mean birth weights of infants since 1991.¹¹

A low birth weight baby weighs less than 2500 grams at birth indicating, among other things, foetal malnutrition and a greater susceptibility to chronic diseases later in life.¹² Beyond infancy, normal growth lays the foundations for good health in adulthood. However, the research shows that significant numbers of Indigenous children demonstrate a failure to thrive.¹³

Critically the paucity of family support services means that for many families' issues that could have been ameliorated earlier if they have had access to a culturally competent service goes unrecognised and thus worsens until a more significant intervention is required.

Many communities have also told us that within their safe houses children and young people are turning up unaccompanied fearful to return home but unable to be accommodated due to children not being enabled to stay without an adult. It would appear to us that often many safe houses are not being utilised adequately, with many empty for days and weeks at a time and yet a response that could enable increased safety for some children is denied due to government policy. It would make more sense that a more flexible and holistic model is enabled in communities to meet the variety of needs that present. Well developed supervision, support and intervention models would enable this to occur.

All of these issues combine to create significant risks to children. A lack of connection to other services, poor education and participation in education and a community with a limited framework in relation to child protection and family and community violence are only serving to perpetuate child protection issues.

Identified Issues with FACS

Since 2004 Save the Children has had significant interaction with the Department of Family and Children Services. This has included at a policy level through our involvement with the Child and Family Welfare Association of Australia.

Issues that exist are not new to child protection jurisdictions that we see nationally they currently are:

- high turnover of departmental staff
- lack of cultural framework for child protection work
- lack of cultural understanding of staff
- lack of adequate resourcing and support of kinship care and the out of home care system in general
- poor case coordination and monitoring
- lack of commitment to ensuring adequate visiting and support of cultural connections for children placed in non-Indigenous placements

¹¹ Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, Cat. no. 4704.0 (Canberra: Commonwealth of Australia, 2005), 8, cited in Australian Human Rights Commission, 'A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia', http://www.hreoc.gov.au/Social_Justice/statistics/index.html#fnB41 (accessed 16 September 2009).

¹² National Health and Medical Research Council, *Nutrition in Aboriginal and Torres Strait Islander Peoples, an information paper*, (Canberra: NHMRC, 2000), 21.

¹³ Burn, J. and Irvine, J., 'Nutrition and Growth', Editor, Thomson, N., *The Health of Indigenous Australians*, (Melbourne: Oxford University Press, 2003), 81-84.

- extremely high thresholds before investigation or assessment
- failure to systemically address issues on town camps or remote communities and at best abandoning high risk children due to the overwhelming nature of the problem and limited resources for the solution

The continued lack of development of Aboriginal Family and Children's Services has only exacerbated this issue. Despite over 2 years of lobbying by the Child and Family Welfare Association and Snaicc we have been unable to secure a project worker to map how to achieve this and the types of responses that would work within the NT context.

The closure of Karu family support services that functioned as an AICCA in 2006 with no replacement service has had serious implications for all other services in the Top End. The lack of any Aboriginal Child Protection Agency ensures that all other Aboriginal employed Family and Community workers must spend significant amounts of their time advocating for the rights of children and families in relation to accessing appropriate culturally responsive system. This includes visitation rights and educating and supporting foster carers in ways to maintain cultural connections. Coupled with this the closure of the Aboriginal Owned and Controlled Child Care Service within Darwin also has resulted in very few children receiving any early intervention or children's services.

The lack of an Indigenous Peak body for children and families in the NT also means that only individual advocacy is enabled. Thus policy development can only be influenced by individual case responses rather than a more coordinated and developed response where individual agencies and families do not have to be fearful of being targeted due to their advocacy efforts. Collective stories and cultural understanding is unable to be advocated for and responses that fit for from a cultural perspective are often absent due to a lack of a coordinated voice on these issues.

Save the Children has repeatedly notified on some families due to serious concerns for the safety of children with little or no response from the Department unless the issue is elevated to senior levels. No notification we have made on a town camp has resulted in children being removed to safety despite at times serious violence and neglect issues.

We have experienced and are aware that FACS does not implement statutory interventions for many children in remote communities if their kin take responsibility. This leaves kin with the added complexity of managing family issues and obligations with no legal framework, reliant on the kin being strong to access resources through Centrelink rather than other means. It denies them access to resources and leaves them to the behest of the local police intervention with limited support.

Further to this the lack of adequate resources to undertake assessment of kinship care and support kinship carers in the complexity of these responsibilities is leading to increased numbers of children being placed outside of the Aboriginal Placement Principle. Often children in remote settings are being removed from their community due to the lack of a holistic response or lack of services for health, intensive family support or disability, creating unnecessary disruptions and taking away children's rights to know their community, language and culture.

In Wadeye where there is only a part-time FACS presence and response, routinely we are asked to provide support to the shire staff to assist with child protection issues and responses. This includes family concern about children being removed from kin and taken to outstations or other communities where kin do not believe they will be safe.

Suspicion of the 'welfare' and the past practices of the police and authorities often make the community loathe to seek support from these sources. Thus an Aboriginal service delivery model is of a critical nature to protect children.

Attempted Solutions to date

Working Group on the needs of Children in the Long Grass

Save the Children with Larrakia Nation co-facilitated the Children in the Long grass group from 2004-2006. The group aimed to bring together Government and Non-Government services to look at addressing the needs of children living in town camps and itinerant life styles.

This group came into being after a number of significant child protection issues arose within the town camp and itinerant Aboriginal communities and the service providers in these localities became frustrated in their attempts to gain what they considered an appropriate response from FACS. The group included members of CAAPS, Territory Housing, Police, Larrakia Nation, Save the Children, Mission Australia, FACS and, the ICC from FACSIA.

This group was significant in focusing on the needs of children with the Family Support Worker playing an integral role in the group's development and ensuring the continued focus on town camps at this group. However, the group struggled for 2 years to develop a partnership agreement with FACS. Difficulties in maintaining consistent FACS participation in meetings and agree a framework for action have hampered the efforts of the group to address child protection issues.

Identifying and reporting abuse

Save the Children have not been witness to nor had significant disclosures of abuse from children in our service delivery time. However, we routinely work with families where neglect and violence place children at risk. We often have concerns about the lack of supervision for children on communities that leave them at risk of harm from adults; however, few children report issues. Family Support Workers are routinely bringing matters to family's attention and supporting them to provide safer environments for their children, including appropriate supervision and clothing. Where we have been enabled to deliver our Future Parents Program that raises child abuse and domestic violence with young people we have always had young people disclose past issues of abuse and violence and has been enabled to assist them to get additional help and support or reinforce the positive messages about disclosure. However, no funding exists for these types of early intervention programs currently.

We could hypothesise our lack of disclosures is if often due to the shame involved for children in exposing sexual abuse, concern about pay back and retribution and as already detailed the lack of a community framework about child abuse including sexual abuse. Thus many parents will not be educating their children in relation to what is sexual abuse and how to protect themselves, let alone seek help. Currently no services are funded beyond FACS to provide any child abuse education or support to the families on the localities that we work within.

Families have spoken with us about girls as young as 12 and 13 becoming pregnant and sometimes to much older promised men. However, without identified family support services and continued intervention and education of families about their responsibility to protect children and intervene if children are displaying risk taking behaviour this will not change.

Further to this the lack of appropriately funded services to assist families to address child protection issues means that the current system of service providers is essentially responsible for providing any additional supports required for families. This is often not adequate due to workload issues and thus allows issues to worsen to the point where FACS only intervention in time will be to remove children, rather than work to intervene in a families functioning to prevent this. Given that many of the child protection issues are also caused by wider community factors it would be inappropriate to hold individual families responsible for this. However, again a lack of community development, inadequate housing, and poverty on these sites ensures that parents are often unable to protect their children.

There is a significant concern about the alcohol and drug usage on communities that exposes children and young people to increased risks of abuse. The levels of intoxication observed in some families and communities severely diminish the propensity and capacity of families to protect children, and identify report and respond to the abuse of children.

There is also concern that FACS responses to families are inadequate. There is little partnership evident with other community groups and a continued devaluing of the cultural knowledge of workers. Further to this a limited interpretation of the current legislation on what constitutes harm to children leaves children exposed to neglect and abuse resulting in community agencies having to respond to child abuse concerns without any FACS response, assistance or resources.

Key Concerns:

In every jurisdiction where there has been an inquiry into child protection we have now seen the following results:

- increased government resources directed internally
- a doubling of the out of home care system
- 30% increases in children coming into care and protection
- Adversity to risk
- Limited focus on early intervention services

In 2006 the Child and Family Welfare Association of Australia produced a paper "A call for action for Australia's children" This paper outlined a number of key recommendations including:

- Increasing investment in prevention services, early childhood programs and particular disadvantaged communities.
- As recommended by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), developing a National Child Care Strategy for Indigenous children and immediately increasing investment of the multi-functional Indigenous child care services.

- Developing a co-ordinated national strategy to address key emerging issues, including Kinship care, therapeutic services, support for young people leaving care and achieving permanence and stability for children and young people in Out of Home Care.

In 2003, the Kids First Foundation reported that the cost of child abuse and neglect in Australia was estimated to be \$49 billion dollars. Based on an extensive analysis of national and State-based data, the study adopted an overall abuse and neglect rate of between six and eleven children per 1,000 (Keatsdale 2003: 30).

There is now strong evidence that investing in the early years is good social and economic policy. RAND research estimated that early intervention programs can save up to \$240,000 per child over a lifetime (Karoly, Kilburn & Cannon, 2006:3).

We now know that the best possible outcomes for children are achieved when they experience quality early childhood education and care alongside positive family and community experiences. Investment in pre-natal, postnatal, infant and early childhood services demonstrates strong community support for young children.

International research has identified environmental factors that affect a developing child and can have an impact on their life chances, including: early stress (such as prenatal stress and post-natal maternal depression), parental use of drugs and alcohol, poor housing conditions; the lack of a stimulating environment; poor social networks; financial insecurity; and abuse and neglect.

“A recent Canadian investigation reveals that if children spend their early years in a compromised environment, they are at risk of acquiring major deficits in literacy, numeracy and academic achievement, as well as undermining their mental and physical health and social behaviour. Where these deficits lead to poor outcomes in adult life, they are likely to result in high economic and social costs to individuals, their families and the wider community” (Premiers Children’s Advisory Committee Report; 2004).

Additional programmatic investment that would boost a number of these services resulting in us attaching family support workers and building strong children and family centres would place us in unique position to be leading the way in a paradigm shift that is required if we are to stem the tide of children and young people coming into contact with the statutory system.

Recently an article from many of the countries leading researchers in child protection (Humphrey’s et al “Shifting the Child Protection Juggernaut to Earlier Intervention 2009) has argued strongly for a paradigm shift. They have given the case in Queensland where a focus on a stand alone child protection agency has led to us creating a new stolen generation. Joined up responses are absolutely critical to stemming the tide of children unnecessarily into care.

Summary of Relevant Research

Our practise and understandings reflect current research that we have summarised below.

Gordon Report (2002)

The framework for understanding family violence and child abuse has moved from an incident focused approach which examines individual actions towards children, to an ecological approach which examines a range of factors within the child, family, community and society which interact. This involves a focus on assessment of need and developing an understanding of the cumulative effects of a wide range of negative factors, including the resulting impact from the history of colonisation, within the child's life.

Efforts to respond to family violence and child abuse in Aboriginal communities requires a community focused systemic response, including the following principles:

- resources allocated based on need and disadvantage
- integration of funding for primary and secondary services to ensure continuous integrated service delivery, preferably through 'one stop shops' which respond to the range of factors and problems that are linked with violence and abuse
- community development approach

There is a need for a comprehensive integrated response to family violence and child abuse by addressing the underlying factors and current social problems which impact on violence and abuse. Service provision must be sensitive to ways of contacting Aboriginal people, recognise the importance of building trusting relationships, be culturally appropriate and have appropriate consultative mechanisms.

In considering 'solutions' identified the key barriers to address are:

- On-going paternalism in government policy, as seen in child welfare policy still being based on the premise that the government should decide what is best for Indigenous people. Robertson (2000, p 111) states that "Indigenous communities must be afforded the opportunity to be the architects of their own solutions...so that they can be active participants in initiatives that affect their lives, and not silent recipients...time is overdue for politicians and service providers to hear and acknowledge the voices of Indigenous people".
- Lack of appropriate services to address family violence, including inappropriate models (inaccessible or irrelevant), inadequate funding (lack of funding, short term grants, ad hoc allocations of funds) and lack of coordination between funding sources.
- Mistrust and uncertainty due to the failures of the current system and the subsequent loss of confidence by Indigenous people
- Worker trauma, leading to stress and burnout
- Possible conflict between child protection and family preservation

The themes evident in the literature in relation to ways forward to address family violence and child abuse:

- The need for a continuum of service provision including prevention and support activities as well as intervention and treatment services when violence and child abuse has occurred. Needs to be coordinated, holistic, systematic and multi-faceted rather than simple, single focus, short-term interventions. Needs to address whole family and community.
- Need to address both factors that cause, and result from, family violence and child abuse such as alcohol and substance misuse, poor housing, past history and trauma
- The need for government to develop structures and processes within and across agencies to allow a holistic response

- the focus of government agencies must be the communities they service, need cultural sensitivity and responsiveness, and there must be a preparedness to devolve power and decision making to those communities and play a supportive role
- Community development framework, with a focus on capacity building and governance. Aboriginal people must be assisted, through a realistic program of support and skill enhancement, to take responsibility for their communities and the prevention of family violence and child abuse.

Reports outlining similar significant challenges within Aboriginal communities.

These reports and relevant literature have made clear the problems with existing mainstream service delivery in Indigenous communities, including:

- working in silos – problems experienced by Aboriginal communities are not separate and distinct but multifaceted and interactive and an individual agency approach is an inadequate response
- mismatch between centralised bureaucratic top down approaches to planning and service delivery by government agencies and the Indigenous communities discussions and consensus model of decision making. Governments rely on written communications and directions where Indigenous communities are traditionally a verbal culture. Governments rely on processes and procedures, and Indigenous culture is based on particular and specified obligations to kin and country.
- Lack of coordination and planning across bureaucratic structures
- Limited consultation and lack of Indigenous communities actually having a lead role in determining the provision of services
- Inadequacy of a fly in-fly out service due to the limitations to building relationships based on trust, respect and understanding.
- Dealing with the remoteness/isolation, harsh climate and the number of distinct communities
- The historical legacy of government agencies, who, were involved in creating past trauma, now providing services
- Inadequate social infrastructure and resourcing in communities leading to conditions comparable to developing nations

Liddell (2005)

This author endorses moves towards greater involvement of Indigenous communities in the solution of their child protection problems, and endorse the delegation of responsibility to Indigenous agencies. Given the nature of disadvantage in Indigenous communities, an effective child protection strategy must be based on an effective community development strategy. This involves federal and state government cooperation and adequate resourcing and support for any strategies.

SNAICC (2005)

Whenever Aboriginal or Torres Strait Islander children need to be removed from home to protect them from harm, their cultural identities must be protected, so as not to deny them the cultural and spiritual life that is their birthright and risk fundamentally damaging their well being, growth, education and life prospects. Family and community are the source of an Aboriginal or Torres Strait Islander child's culture. Maintaining an Indigenous child's involvement and connection with their family and community, as long as they are not at risk of harm, will always be in the child's best interests.

Given the concern about Indigenous children being grossly overrepresented in the child protection system, due to the historical impact of colonisation, dispossession and systematic removal of children, SNAICC propose an approach to achieving stable and culturally strong out of home care for Aboriginal and Torres Strait Islander children which includes the following elements:

- moving towards Indigenous control of family welfare services
- proper implementation of the Aboriginal Child Placement Principle
- more effective recruitment, training and support of Indigenous foster carers and kinship carers

- developing national out of home care standards for Aboriginal and Torres Strait Islander children that reflect cultural and spiritual needs
- enabling Indigenous children in out of home care to maintain and build family connections
- developing healing and family support services to prevent child abuse and neglect and to bring removed children safely home

Harries (2004)

There is a strong need for a culturally aware approach to the protection of Indigenous children. This Indigenous view of child abuse and neglect is located within the overarching context of family violence which acknowledges direct abuse and indirect abuse such as the denial of cultural needs, dispossession, racism, poverty, inadequate housing and removal from the family. In some Indigenous communities, community intervention may be the only effective way of reducing family violence and child abuse and neglect. This intervention must understand, incorporate and be driven by the worldview of Indigenous people and Indigenous understandings of appropriate human services practice, incorporate culturally appropriate treatment options and operate on all levels – prevention to tertiary services.

Tomison (2004)

Tomison states that child abuse and neglect in Indigenous communities is believed to be caused by a multitude of factors, however the Indigenous perspective places more emphasis on the impact of the wider community and societal causal factors. The factors include high levels of poverty, unemployment, homelessness, ill health and substance abuse, most of which arises from previous government policies and the experience of racism, dispossession and marginalisation. In addition the disadvantage across a range of socio-economic measures and inadequate and poorly maintained infrastructure contributes to Indigenous families becoming more susceptible to involvement with child protection services.

The development of services for First Nations peoples in Canada recognised the active role required by First Nations peoples in the resolution of social problems that have impacted them. Subsequently child protection and out of home care programs, staffed and run by the Indigenous community and with statutory authority, were provided in a way that recognised the cultural integrity of the people.

Cunneen and Libesman (2000), quoted in Tomison have argued for a complete revision of child protection services in relation to Indigenous Australians. They report that no one submission from an Indigenous organisation to the NISATSIC Inquiry found the current interventions from child protection/welfare departments to be an effective response to their child protection needs. The current model of 'individualising' and 'pathologising' a particular family is unsuitable in the Indigenous cultural context.

Tomison states that the literature points to effective intervention in relation to family violence and child abuse needs to address both the past traumas and present situational problems and disadvantages of Indigenous communities. Almost without exception, the literature notes the need for inclusion/participation of the local community, through engaging in partnerships with remote communities in order to identify priorities and develop flexible solutions suited to the local environment. Tomison notes the core tenets that should be considered in planning services as participation, ownership/ self determination, infrastructure (training and education) and support services needed to support child protection function.

McCallum (2000)

McCallum has been an 'advisor' in relation to the Port Augusta Aboriginal Families Program which is a collaborative project providing intervention with families recognised as being involved in multiple systems and being extremely difficult to engage. The project is based on a philosophy of partnership between family members and staff, and is staffed primarily by Aboriginal people operating under the guidance of a committee of Elders. The interventions are based in empowerment theory and client centred theory which is implemented through such practices as:

- client is referred with their permission
- client talks and worker listens – engagement and relationship building
- client articulates benefits of proposed change and identifies goals
- work undertaken at client's pace
- coordination of different agency concerns and requirements
- location of service in a place that is accessible, allows privacy and is less likely to alienate clients because of factors such as historic negative associations

There have been a range of successful outcomes with providing interventions in this type of model, for example, children attending school on a more frequent basis, children less frequently ill, children returning from alternative care to family, children not being removed from family, discharging of criminal justice orders, reduction in debt, reduction in child protection notifications and domestic violence, reduction in substance misuse and stability in accommodation. This has been achieved as clients develop the skills and self esteem to assume more control over their lives and responsibility for resolving their difficulties.

Evaluation of Strengthening Families Initiative (2001)

The Evaluation of Strengthening Families Initiative outlines the key points to consider in practice and service delivery models in relation to Koori families:

- Koori families were more likely to be in social conditions associated with low income, such as reduced access to facilities, resources and services, less stable housing and higher mobility.
- Mistrust of welfare services and the time needed to spend with families building relationships
- Privacy is important due to the stigma from their own communities and racism from non-Indigenous people
- Intensive services are often required to provide assistance
- The need to work with extended families and be sensitive to inter-family conflicts
- The role of the Elders
- Limited cultural appropriateness of other supporting services
- Community acceptance of the worker is important - being of Koori heritage and links with community
- Managing the community expectations, professional boundaries etc
- Adequate support for staff in isolated/remote areas
- Koori specific services
- Continuum of interventions from one service

Higgins (2005)

Higgins undertook a research study in relation to models of best practice for out of home care for Indigenous children. Focus groups were conducted in Western Australia and Queensland with Indigenous young people in care. The key themes from the consultation with young people included:

- the time needed to build rapport and trust
- the need to use open-ended discussions
- cultural activities were seen as positive
- focus on wanting to be with family and community, rather than on safety

The children's responses focused almost exclusively on the importance they placed on connection to family, community and culture, reaffirming the importance for Indigenous children of connections to people and place, despite situations that were deemed by authorities to be inadequate or placing a young person at risk of harm. Thus, although safety is of paramount importance, it is by no means the only issue to be considered in securing the best interests of the child. Children also articulated that they wanted help and support for their families to address issues such as drinking (while the children were at home).

A range of issues were also identified in relation to insufficient numbers of Indigenous carers, the material disadvantage of many Indigenous carers, the impact of past government policies creating lack of trust, assessment processes and training are not culturally appropriate and the need for Indigenous carers to be recruited, trained and supported by Indigenous agencies. Indigenous agencies also felt holistic services needed to be provided from their agencies, for example, not just placement services, but services along the continuum of prevention, support, assessment, placement, assistance to biological families and reunification.

This report concludes with an acknowledgement of the poor fit between the structure of out-of-home care systems and the Aboriginal and Torres Strait Islander culture. The significant strength noted was that Aboriginal and Islander communities have a high level of commitment to their children, families and communities.

Ban (2005)

Ban argues that kinship networks and community as a whole should be considered as resources. The strengths of Indigenous extended family networks and communities can be used to plan for the safety of children, empowering localised Indigenous communities to problem solve and make decisions for their children. This requires statutory officers to 'hand over power', adopt a negotiation style and ultimately respect and support the decisions made by families, rather than power and decisions remaining with white welfare authorities operating under the values and norms of the dominant non-Indigenous culture.

Bringing them Home Report (1997)

The National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families recognised the gross violations of human rights which continue to affect Indigenous people's daily lives. A range of recommendations were made in relation to self-determination, national standards for the Indigenous child placement principle and national standards for Indigenous children in care including:

- initial presumption is that the best interests of the child is to remain with their family, community and culture

- in determining 'best interests' consideration must be given to the need for a child to maintain contact with family, community and culture, the significance of the child's Indigenous heritage for his/her future wellbeing, the views of the child and family, the advice of the appropriate Indigenous organisation.

Robertson (2000)

The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report in Queensland made a range of recommendations in relation to responding to violence in Indigenous communities:

- whole of community and whole of government interface
- strategies for economic development and sustainability
- strategies to address alcohol misuse
- community education (broad skill development and violence prevention)
- strategies around addressing Indigenous health disadvantage
- support services and intervention services for families
- strategies around justice/lore
- healing and cultural promotion

McMahon, Reck and Walker (2007)

This paper produced by the James Cook University in Townsville, was the result of focus groups with Indigenous carers and workers. The paper seeks to define social, cultural and spiritual well-being indicators for Indigenous children in care.

Social indicators –

- connectedness to blood family
- appropriate social skills and life skills

Cultural indicators – this knowledge can only come to a person as part of Indigenous community or family.

- knowledge of extended family relationships
- knowledge of Indigenous codes of conduct
- knowledge of country
- participation in cultural ceremonies
- knowledge of language

Spiritual indicators –

- participation in religious ceremonies
- active acknowledgement of child's belief system

The paper proposes that these indicators should be operationalised in case planning in a proactive manner, with the expectation for Indigenous children in care that these indicators would be measured.

International jurisdictions

Ferris et al (2005) has reviewed Canada's First Nations child welfare management in an area where a community based service has been implemented through empowering communities through development, healing and capacity building. This First Nations agency is mandated to provide a full range of statutory services under the child protection legislation. The model is based on the principles of family focused, respectful, community oriented, community based, Native staffed and community directed. Clients can access both contemporary clinical interventions and

traditional cultural practices. Spiritual teachings, language and guidance are critical factors for the agency's operation. The model recognises that Aboriginal people are in the best position to make decisions regarding Aboriginal children. Children can say who their family is and know how to access and see significant relatives. They have access to names, feasts and ceremonies and families and communities know where their children are.

Similarly, Hardisty et al (2005) have reviewed another area in Canada where a First Nations service provides child welfare services to their own community. The approach of the agency is strengths based work, recognising and honouring individual, community and cultural strengths and capacity, and empowering people to make informed decisions. Aboriginal culture itself is considered a source of strength and an effective tool in the healing process. The agency recognises societal forces which have contributed to both positive and negative situations, and assists clients to reflect on this and gain new insight and contextual knowledge and acknowledge their ability to cope. The worker is not conceptualized as an 'expert' with a solution, but a resource and source of assistance and support. The process is a shared journey, a partnership. The process recognises the connectedness of mind, heart and spirit. The principality of Aboriginal cultural practices, traditions, customs, values, knowledge and methods of healing are potent instruments in working with individuals, families and communities.

Summary of Key Themes and Recommendations:

There is consistency within the literature and research about the critical components of delivering an effective child protection response in Indigenous communities. The lack of current appropriate funded models of service delivery is clearly driving the increase of concern in many communities. We call on the inquiry to consider the following in their recommendations to assist Indigenous children to be safe, happy and healthy within their own communities.

1. The need for a coordinated **continuum of service provision** including prevention and support activities as well as intervention and treatment services. Need a multi-faceted range of complimentary initiatives that address the entirety of need within the family and community, rather than simple, single focus, short-term interventions.
2. Need to **address both factors that cause, and result from, family violence and child abuse** such as alcohol and substance misuse, poor housing, past history and trauma.
3. The need for **government** to develop structures and processes within and across agencies to allow an **integrated and holistic response**.
4. Focus on communities, recognition of the **importance of culture**, spirituality, ritual and ceremony. Need for cultural sensitivity and responsiveness.
5. Community ownership, devolve **power and decision making control to communities**, supported by the resources and help from government. Indigenous people are recognised as the 'experts' in the use of cultural practices to drive healing and child protection interventions. We support Snaicc's service delivery principles (as attached) and see it as essential that an Aboriginal owned and controlled children's service system is developed across the Territory. A failure to do so will lead to the experience of many Cape Communities in Queensland where on average 70 outside services fly in to deliver programs with little transfer of knowledge occurring or appropriate models being developed and as such increasing services needed rather than a reduction through education and community control.
6. **Community development framework**, with a focus on **capacity building** and governance. Indigenous people to be assisted, through support and skill enhancement, to take responsibility for their communities and the prevention of family violence and child abuse.

Specific Recommendations for change

Critically the establishment of a peak Aboriginal child and family welfare body that can be offered to all Aboriginal communities in the Northern Territory is urgently required. Currently there is no external body that holds an overall cultural expertise in child protection and out of home care. Increasingly children are being placed outside of the Aboriginal Child Placement Principle with limited searching for appropriate kin and no resourcing of kinship care to ensure its safety and appropriateness. This must be reversed. A peak body undertakes a variety of roles that could include policy development at the state and agency level, workforce development, state level representation, locally informed policy advice, advocacy to state and federal government.

The development of a well equipped workforce is essential to change.

Without a focus on building appropriate workforce stability for children and families will continue to be adversely affected. Evidence from the US demonstrates high worker turn over is having significantly detrimental impacts on children and families in short this includes:

- Delay in timely investigations which can be detrimental to a child at risk (Gago 2003)
- Significantly longer stays in foster care (Ryan et al 2005)
- Higher rates of foster care re-entry (Hess, Foloran and Jefferson 1992)

All staff needs to demonstrate cultural competency. The unique nature of the NT means that we cannot import people from other States or Countries and not equip them with the skills or the tools to undertake their job effectively. A significant understanding of cultural sensitivity and the complexity of the work can only be achieved through the development of an Indigenous workforce and one where cultural knowledge is valued. Training, remuneration and facilities need to be addressed to make child protection work attractive to both community members and a professional work force. The lack of office space, access to vehicles and the vast areas that people are forced to manage is unrealistic and not sustainable.

It results in high turnover with burn out staff, limited capacity for relationship building and an extremely poor quality service delivery for Aboriginal children and families.

Focus on Family Support

The lack of appropriate family support mechanisms for families is now critical in the Territory. We know that family support is essential to building strong families, preventing child protection issues and assisting families to build their own responses to issues that impair the safety of their children. Save the Children's research report on Family Support for marginalised families "No Empty Promises" 2008 emphasised the following:

"There are many reasons that families refrain from working with a professional in the community. However, FSW's rarely found a person who lacked motivation for change or in denial, negative responses were seen in the context of fear for families. When a relationship is respectfully established fear could be side-lined and even drug use and violence is openly discussed. The development of a relationship became the crucial factor that determined the engagement in conversations or actions that made a difference to them and their children.

60% of Families within the project received a service for more than a 90 day period with 24% receiving a service for over 360 days. This would reflect the multi-problem families that were involved in the service. Strikingly only 14% of referrals were from the Department of Child Safety however, by the conclusion of the data period over 60% of cases had experienced some level of intervention by the Department of Child Safety.

129 Children were assisted to return to school where they had not done so for an extended period of time mainly due to families transience. 105 families were supported to make significant links with other community services to assist them in their well being. Finally 60% of families made significant progress or achieved theirs and workers goals during the project.

Thus therapeutic intervention coupled with the practical support and advocacy was found to create significant improvements for the lives of children by addressing barriers to access of services and interventions that were often caused by poverty. One of the strengths of the Family Support Work model is that different forms of intervention can be offered through one consistent relationship. This illustrates that to achieve real change in the lives of families at risk requires Family Support Workers to have significant range of skills and knowledge. This includes good support and supervision to ensure that an intervention is focused and meaningful. This is mindful work, requiring skilled practitioners that look to create lasting change in the lives of families, empowering them to break the cycle of welfare dependency and move forward in their efforts to live safely within the context of the community.”

Urgently additional culturally driven Family Support Services are needed across the Territory to assist families and communities to build safe and supportive contexts for children. Many early child care centres could be resourced to build hubs of child and family services and enable positive strengths based models to be provided within the community.

Conclusion

In 2005 the department of Child Safety in Queensland commissioned Dr Greta Galloway, of James Cook University to propose a “framework for child protection service delivery” in the remote areas of the Gulf, Cape York and Torres Strait. Dr Galloway produced a paper with a comprehensive summary of the geography, demographics, data from the ABS pertaining to Indigenous people, the policy context and specific considerations for operating a child protection service to these remote areas. There is much to be learned from this paper in considering remote provision of services in the Northern Territory.

Dr Galloway states that “government responses to Indigenous people in Far North Queensland are more likely to be conducted around distancing, controlling, blaming, inspecting, directing, monitoring, managing and auspicing activities than caring, sharing power and resources, responding to and being for and with Indigenous peoples in their struggles to retrieve their lives away from alcohol and violence”.

Recommendations for child protection service delivery include:

- recognising the importance of spirituality, ritual and ceremony
- Indigenous people must be recognised (and paid) as the experts in the use of cultural practices to drive healing and child protection – to ensure sustainability, stability and pride in tradition and culture
- The process of developing physical infrastructure and space must recognise, through ritual and ceremony, the importance of the building of protective structures for families
- The creation of a community protection team with local people employed, rather than visiting ‘experts’, who would be provided ongoing professional support, training and supervision
- Prevention programs – broad programs and programs targeted to those ‘at risk’ – should be recognised as a continuum from prevention to tertiary services, rather than mutually exclusive entities
- Progressive implementation of strategies in a proactive approach, rather than the current reactive response to issues in Indigenous communities

- Use of a community development approach to ensure culturally appropriate and community owned decisions
- Self determination and Indigenous control of child protection services with the support and help of the resources of government
- Coordinated government approach
- Appropriate services must be available within the communities

Without additional resources and programs that are designed and based on the overwhelming evidence that exists securing positive futures for Indigenous children will not be possible and we will continue to see Indigenous children either removed from their families, kinship and cultural groupings or left within economically deprived environments with families and communities struggling to meet their emotional and physical needs safely. This will continue to perpetuate the cycle of despair and overrepresentation of Indigenous children and young people in both the child protection and juvenile justice system. This has now become a national and international disgrace.

The available research and evidence would indicate that the government needs to invest in a proactive approach where the participation of community people is genuinely viewed as the key to ensuring that the design, direction, implementation, reviewing and managing of child protection services is community endorsed and owned.

Investment into such qualitative components of departmental service provision requires the Government invest in the development of a high level understanding of the client group's communication and decision making processes, building relationships based on genuine interest, lengthy and numerous discussions which occur over time, consultations based on listening and hearing, and the commitment to providing capacity building resources in the community. This is a long term investment in best interests of Indigenous children from remote and urban settings. Save the Children commit themselves to a partnership with Government to ensure that the Territory's response to the needs of Indigenous Children leads Australia and provides a positive and strong future for our children.



Lisa Hillan
Programs Manager
Save the Children

Bibliography

Ban, P (2005) *Aboriginal child placement principle and family group conferences*, Australian Social Work, Vol 58, No 4, p 384 – 394.

Child and Family Welfare Association of Australia (2006) "A call to Action for Australia's Children" Policy paper.

Daly, A and Smith, D (2005) *Indicators of risk to the wellbeing of Australian Indigenous children*, Australian Review of Public Affairs, Vol 6, No 1, p 39 – 57.

Evaluation of Strengthening Families Initiative Volume 1: Main Report (2001) Department of Human Services, Victoria.

Ferris, P, Simard, E and Simard G (2005) *Promising Practices in First Nations Child Welfare Management and Governance, Weechi-it-te-win Family Services: Utilizing a Decentralized Model in the Provision of Bi-Cultural Services*, First Nations Child and Family Caring Society of Canada.

Fielder S (2007) Context of Service Delivery in Remote Indigenous Communities in Queensland.

Galloway, G (2005) *Service Delivery Framework for Child Protection in the Cape York, Gulf and Torres Strait regions of Far North Queensland*, James Cook University.

Gordon, S, Hallahan, K, Henry, D (2002) *Putting the Picture Together, Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of Premier and Cabinet, Western Australia.

Hardisty, V, Martin, G, Murray, K and Ramdatt, J (2005) *Promising Practices in First Nations Child Welfare and Governance, Kunuwanimano Means "Keeping Our Own", Practicing from a Perspective of Strength*, First Nations Child and Family Caring Society of Canada.

Harries, M, Harris, T, Diamond, S, and Mackenzie, G (2004) *Report for The Ministerial Advisory Council on Child Protection Western Australia, Caring Well – Protecting Well: Investing in Systemic Responses to Protect Children in Western Australia*, Discipline of Social Work and Social Policy, University of Western Australia and Centre for Social and Community Research, Murdoch University

Higgins D, Bromfield, L and Richardson, N (2005) *Enhancing out-of-home care for Aboriginal and Torres Strait Islander young people*, National Child Protection Clearing House, Australian Institute of Family Studies, Department of Family and Community Services, Australian Government.

Humphreys et al (2009) *Shifting the Child Protection Juggernaut to earlier Intervention* Children Australia, Vol 34, Number 3.

Human Rights and Equal Opportunities Commission (1997) *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Commonwealth of Australia, Sydney

Jones-Terare, G (2005) *A report on the consultations with the Indigenous people of the West Coast Cape York Communities in relation to service provision for children and young people involved with the Department of Child Safety, Cairns Office, Mission Australia*

Liddell, M, Donegan, T, Goddard, C, Tucci, J (2005) *The State of Child Protection: Australian Child Welfare and Child Protection Developments 2005*, National Research Centre for the Prevention of Child Abuse, Monash University, and Australian Childhood Foundation.

McCallum, S (2000) *Review, Port Augusta Aboriginal Families Project*, Department of Human Services, South Australia

McMahon, A, Reck, L and Walker, M (2007) *Defining well-being for Indigenous children in care*, James Cook University,

Robertson, B (2000) *The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland.

SNAICC (The Secretariat of National Aboriginal and Islander Child Care Inc) (2005) *Policy Paper Achieving Stable and Culturally Strong Out of Home Care for Aboriginal and Torres Strait Islander Children*, Victoria.

Tomison, A (2004) *Current issues in child protection policy and practice: Informing the NT Department of Health and Community Services child protection review*, Department of Health and Community Services, Northern Territory.