

**Northern Territory Council of Social
Service Inc.**

'Growing the NT fairly'



NTCOSS Submission into the Senate Inquiry

“Children living in Out of Home Care”

November 2014

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TABLE OF CONTENTS

1. Northern Territory Council of Social Services	4
2. Introduction	5
3. Summary- Recommendations	6
4. Terms of Reference	7
a Drivers of the increase in children placed in Out of Home Care	7
b The outcomes for children in out of home care	12
c Current models for Out of home care	17
d Current cost of Australia’s approach to care and protection	19
e Consistency of approach to out of home care around Australia	21
f What are the supports available for relative/kinship care....	22
g Best Practice in out of home care in Australia and internationally	23
h Consultation with individuals, families & communities affected by removal of children from the home	25
i extent of children in out of home care remaining connected to their Family of origin	26
j Best practice solutions for supporting children in vulnerable family situations including early intervention	27
5. References	32

1. NTCOSS

NTCOSS is a peak body for the community sector in the Northern Territory (NT) and is a voice for people affected by social and economic disadvantage and inequality. The community sector in the NT is made up of community managed, non-government, not for profit organisations who work in social and community service delivery, sector development and advocacy. The community sector plays a vital role in creating social wellbeing for all Territorians and building safe and healthy communities by providing services that enable people to access and participate in health services, education, employment, economic development, and family and community life. Member organisations work across areas such as youth, alcohol, housing, justice, mental health, disability, refugees, indigenous, children and families. For a number of years, NTCOSS has been involved in significant advocacy and policy development work related to children, young people and families.

NTCOSS plays a coordination, advocacy, policy and sector support, leadership and information role for the Social and Community Sector in the NT.

This includes:

- Sector Support – provision of industry support and advice to the Social and Community Sector, including training and advice on community management issues and on running an organisation, e.g. administration, staff management, finance and funding issues. It also includes undertaking specific sector development and capacity building projects.
- Advocacy on behalf of the Sector, to Government, in relation to industry issues, e.g. funding issues, workforce issues such as changes to the SACS Award, introduction of new funding guidelines, and legislation and the impact of these changes on the Sector, etc.
- Social Policy and Advocacy – NTCOSS undertakes policy development, analysis and research on social policy issues and develops policy positions that reflect the views of the Social and Community Sector and their consumers. Social Policy Areas include – community services, income support, employment, education, housing and homelessness, law and justice and social policy in relation to the range of different population groups, e.g. Indigenous people, young people and people with disabilities etc. NTCOSS helps shape the public policy agenda by responding to Government proposals and by advocating to Government on the concerns of the Social and Community Sector and their constituencies.
- Advocacy in relation to social justice issues for people and communities in the NT who are socially and financially disadvantaged.
- Information for members and stakeholders – e.g. regular newsletters and updates, access to a resource library as well as a comprehensive directory and electronic database of community services in the NT, etc.
- A Territory specific focus to national issues throughout the State, Territory and National Council of Social Service network

2. Introduction

The Northern Territory Council of Social Service Inc. (NTCOSS) welcomes the opportunity to contribute to the Senate Inquiry into children living in out of Home Care. This submission has had substantial input from locally based NGOs working in the field of child protection, Out of Home Care and some foster carers. The increasing number of Australian Children in out of Home care is of great concern nationally as well as internationally, especially the ever increasing number of Aboriginal children placed in Out of Home care. The Australian Human Rights Commission¹ expressed their concerns in their submission to the Committee on the Rights of the Child particularly about the 51 per cent increase between June 2005 and June 2010.² The commission furthermore referred to the disturbing fact that Aboriginal and Torres Strait Islander Children (ATSI) are nine times more likely to be placed in out of home care compared to non- Indigenous children.³ This high number is very disturbing and NTCOSS supports the Inquiry's investigation to understand the factors behind the ever increasing numbers. The information available to date would suggest that there are still vast differences in child protection intervention between the states and territories despite assessment tools being applied. It furthermore suggests that children from different cultural backgrounds, especially ATSI background, are more prone to child protection involvement across all jurisdictions. This Inquiry will hopefully shed light on the multitude of dynamics leading to the current nationwide crisis situation.

NTCOSS welcomes the development of the National Framework for Protecting Australia's children and the focus of the Second Action Plan (2012 – 2015) on building and extending the first action Plan, on working collaboratively across the Government and Non- government sector, on stressing local partnerships for local solutions and on being inclusive of the needs of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities.⁴ The development of the National Standards of children in out of home care (2011), as a priority project under the National Framework for Protecting Australia's children, is an important achievement and provides an important overarching national context for out of home care discussions.⁵ Furthermore the national standards provide a guide for states and territories as well as agencies working with children and young people to assess how well these are being met when they are moving through the various phases of Out of Home Care.

The national CREATE Report Card provides an overview and extensive feedback about the views and experiences of children and young people in out of home care. The study provides a direct voice for children and young people in care and highlights the areas working well for children in care and outlines areas for improvement. These voices are critical and need to be considered in future strategic planning especially in relation to the adverse effects of placement instability or lack of

¹ Australian Human Rights Commission submission to the Committee on the Rights of the Child, August 2011

² Australian Institute for Health and Welfare, Child Protection in Australia: 2009-10 (January 2011), p 53. At <http://www.aihw.gov.au/publication-detail/?id=6442475448&tab=2> (viewed 20 June 2011).

³ Ibid

⁴ COAG, Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009 -2020

⁵ Department of Families, Housing, community Services and Indigenous Affairs together with the National Framework implementation working Group, An outline of National Standards for out-of-home care, July 2011

contact with family -to name a few.⁶ The CREATE Report Card is an important tool which ensures that the voices of children and young people are being heard, made transparent and in doing so provides an ongoing benchmark of how the system is progressing.

3. Summary of recommendations

Inclusion of models by Child Protection agencies which involve families in decision making processes e.g family group conferencing

Development of an Aboriginal cultural competence framework to ensure consideration of culturally competent aspects in all facets of Child protection and out of home care

Improve support, recruitment and capacity building strategies to increase and sustain employment of Aboriginal and Torres Strait islander staff in the child protection and out of home care field.

The national standards for out-of-home care should drive improved outcomes in education, health, housing and leaving care. The national standard indicators need to be linked to measurable targets in these areas and adopted by States and Territories

States and Territories to adopt coordinated case management approaches to ensure measurable targets related to the National Standards for out of home care especially in relation to Standard 4 are being achieved

That an Aboriginal Child Care Agency or Agencies be developed in the NT. Alternatively, the agency functions may be developed as part of an existing Aboriginal controlled organisation.

The development of an indicator to measure the number of children who have received comprehensive health and wellbeing assessments when entering care and at intervals during their time in care, as well as an indicator that measures action taken on any recommended treatments from these assessments.

The development of a comprehensive practice guide around the application of the Aboriginal Child placement principle to increase the adherence to the principle.

Resourcing of therapeutic models in Out of home care embedded in local cultural frameworks

Development of systemic support strategies to assist ATSI family way placements especially in remote communities (grandparents).

To reduce the number of for profit organisations providing out of home care

Exploration of the professionalization of the out of home care system

⁶ J Mc Dowall, Experiencing Out – of – Home Care in Australia, The views of children and Young people – CREATE Report Card 2013

Investment in early intervention and prevention strategies to reduce the increasing spiraling cost in child protection and out of home care.

Development of a cross border approach in Child protection between NT, SA, WA

Resourcing of contact agents (Aboriginal Child Care Agency or other) to ensure contact is maintained between child, family and country to minimise harm to child while in care.

Development of a support agency which will provide intensive support to Aboriginal and Torres Strait Islander kinship carers.

Consistent use of interpreters to ensure information presented is fully available and understood.

4. Terms of Reference

a. drivers of the increase in the number of children placed in out of home care, types of care that are increasing and demographics of the children in care

The data provided through AIHW identifies that the number of children in out of home care in the Northern Territory is the highest in the country when compared to other jurisdictions.⁷ As at 30 June 2014 there were 918 children in out of home care in the Northern Territory, an increase from 748 children at the same time in 2013. This represents a 22.7 per cent increase over a period of 12 months.⁸

Of the 918 children in out of home care 57% were in either foster or kinship care households; 27% were in purchased home based care arrangements; 9% were in residential care facilities; and 6% were placed in other arrangements such as group home services and independent living arrangements.⁹ The overall number in out of home care in the Northern Territory has increased due to children and young people remaining in out of home care longer and not leaving care.¹⁰ This is illustrated in the table below.

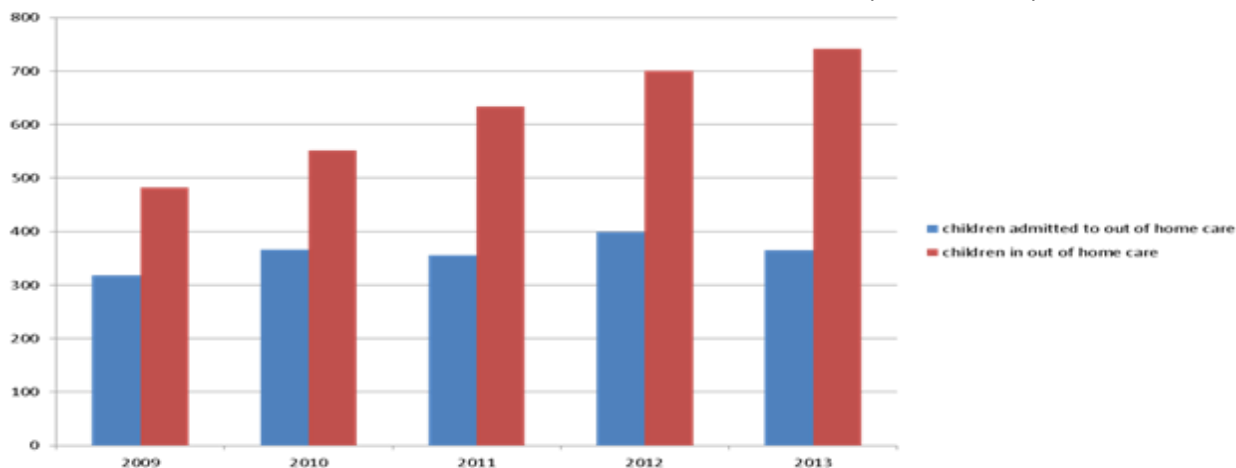
⁷ Australian Institute of Health and Welfare, Child Protection 2012- 2013, series No 58

⁸ NTG Department of Children and Families, Annual Report 2013-2014

⁹ Ibid

¹⁰ Ibid

Number of children admitted to and in out of home care in the NT (AIHW, 2014) Table below



The Northern Territory differs in relation to main age groups entering out of home care. The highest number of young people entering the out of home care system was in the 10-14 age bracket, followed by children aged 1-4yrs and 5-9yrs. The lowest rate entering the system were young people aged 15- 17 year old and children under 12 months.¹¹

In all jurisdictions, the rate of Indigenous children in out-of-home care was higher than for non-Indigenous children and averages nationally at the rate of 10.6. The NT registers 85% of children in out of home care as of ATSI background.¹² This data points to the fact that the steady increase in out of home care is very much related to the context ATIS families and communities find themselves in and that the ever increasing numbers are potentially the result of poor social policy, constant changes, lack of culturally competent services, complex and at times toxic living environments, legacy of intergenerational effects of forced removal of children and misguided intervention.

Historically child welfare policy has not been protective of ATSI children; quite to the contrary. It was shaped by blatant disregard for differences in child rearing practices and insolence towards ATSI culture. Consequently the past greatly impacts on contemporary perceptions of child protection services and the willingness or openness to trust and accept intervention from child protection services. The legacy of the past inevitably impacts on the involuntary involvement with the child protection system. While this might not be true for each and every family, it is likely to have some bearing on the family – worker relationship and could trigger responses and reactions which need to be dealt with skilfully.

The latest annual report of the Department of Children and Families identified half of the substantiated matters as related to neglect.¹³ Experience and research tells us that neglect is profoundly related to poverty and low socioeconomic status. Poverty is one of the most pervasive causes of social disadvantage. Poverty precludes families from having an acceptable standard of living, denies them access to essential goods and activities and prevents their full participation in the broader society. Families facing poverty frequently have little choice in deciding where they live, and are disproportionately concentrated in areas of high risk of negative neighbourhood impacts and experience high levels of family and community disadvantage. The primary indicator of vulnerability

¹¹ Ibid p97

¹² NTG Department of Children and Families, Annual Report 2013-2014

¹³ Ibid

as it relates to neglect is poverty. The poorer families are, the bigger the impact on them especially in crisis situations. Poverty as such is not included in child protection assessments as the focus is mainly on risk and safety factors. Yet, conditions of poverty might very much contribute to harm and safety issues for the children.

The link between poverty and neglect is identified by Slack in the following

“The finding that lower employment and perceived material hardship were associated with CPS neglect reports even after controlling for parenting characteristics suggests that the conceptualization and design of child neglect prevention strategies must include efforts to address the material needs of families. If poverty and economic strains lead to child neglect irrespective of parenting quality, interventions to prevent neglect, such as parenting classes, are unlikely to be highly successful if the material needs of families are not simultaneously addressed”¹⁴

The importance of material basics was also identified in the ARACY Report card and The NEST, which is an initiative of researchers, policymakers, service providers, business and community organisations, with the aim to address child poverty, infant mortality, youth education and employment via the development of a National Action Plan for child & youth health and wellbeing.¹⁵ The growing them strong, together report identified *“a significant wealth divide within the Northern Territory with a high degree of concentrated disadvantage particularly for Aboriginal Territorians.”¹⁶*

The assessment process of Failure To Thrive (FTT) contributes to the over representation of ATSI children in the child protection system. A number of children who are not progressing on the Child Growth Charts frequently end up in the child protection system. The Child Growth Charts are meant to be used as a tool to monitor the pattern of a child’s growth, aiming to identify growth faltering which may indicate underlying physical, ill-health, deprivation or neglect, detection of possible abnormalities e.g. Turners syndrome to name a few.¹⁷ However, child protection staff members are ill informed about how to use these charts appropriately and often misinterpret information. Physical or medical reasons are at times not considered as a cause for Failure To Thrive but are attributed to the carer’s behaviour or lack of and the assessment and subsequent intervention can be misguided. While Failure To Thrive is a severe issue and certainly needs to be taken seriously assessments need to be guided by a broad outlook and consider a multitude of causes for this. The Board of inquiry into the Child Protection system identified that the rates of infants born with low birth weight in the NT are higher than in the rest of the country and that this rate is greatly influenced by the number of ATSI infants.¹⁸ This highlights the importance of assessment of poverty and how this might impact on food security.

¹⁴ Slack KS et al (2004) “Understanding the risks of child neglect: an exploration of poverty and parenting characteristics”, Child Maltreatment, 9 (4) , pp395- 408

¹⁵ Australian Research and Alliance for children and Youth (ARACY) Report card “The wellbeing of young Australians”, 2013

¹⁶ NTG Report of the Board of inquiry into the Child protection System in the Northern Territory **“Growing them strong, together- promoting the Safety and wellbeing of the Northern Territory’s Children”** vol 1, p72, 2010

¹⁷ J. Meyers, Child Growth Charts in the NT, discussion paper 2008

¹⁸ Ibid, p.73

It can be said that Aboriginal child rearing practice differs from Anglo-Australian child rearing methods. This can be observed in a number of ways. Without the cultural understanding behaviours can be wrongly interpreted and assessed as Soo See Yeo points out

“Aboriginal children grow up in a close relationship with their community and various mothers will frequently breastfeed the infants. Therefore, these “knee babies” will also seek several other women for nurturance, which may be misconstrued as indiscriminate attachments”¹⁹

This observation is supported by Hamilton

“During early childhood the child is expected to adapt rapidly to new circumstances, to accept the peer group as the most significant force in its daily life and to look to other children for support and learning experience rather than to mother and father”²⁰

Over representation of ATSI children in the Child protection system exists due to the lack of specialist services especially in the area of disability services in remote communities. Families are often out of their depth and feel the excessive demand placed on them when looking after children with disabilities. Some families have moved from remote areas to the urban centre of Alice Springs in order to access specialist services for their children. However, this is not an option open to all families due to commitments in their communities and lack of support and respite. In these situations Child Protection historically has and currently still is stepping in when in fact it requires a service response from the disability sector. Families are surrendering their children in the hope of better and more resourced care for their children. The children are spending their life in care when they could potentially remain with their carers with the necessary support available. It is a real paradox that carers are acting protectively via the involvement of the Child Protection only to receive the necessary services for their children. The Department of Children and Families stated that forty eight per cent of the current children in out of home care will be in care until 18 years of age.²¹ It is not clear how many children with a disability make up the percentage but any kind of percentage appears too much, if this is due to lack of service provision.

Another driver is the theoretical frame of reference Child Protection staff members apply to the Northern Territory. The professional frame, be it social work or another social science background, is dominated by mainstream theories and methodologies which were conceptualised in a particular contextual environment. These concepts are limited and as Foley states

“science has constructed a version of Indigenous reality embedded in a scientific discourse that has no Indigenous input, in a language that is Non- Indigenous and for a Non-Indigenous audience”.²²

This poses tremendous challenges to all parties involved as cultural blindness might occur, instead of cultural competence. Child protection is one of the most challenging work areas to be engaged in and this is partially compounded by the very specific issues to be faced by child protection staff in the Northern Territory. It is easy to lose sight of the important issues of developing, fostering and

¹⁹ Soo See Yeo, Child Abuse Review Vo.12: 292- 304 , 2003

²⁰ Hamilton, A. Nature and Nurture: Aboriginal child-rearing in north – central Arnhem Land, Australian Institute of Aboriginal Studies, Canberra

²¹ Ibid

²² Foley, D. Indigenous epistemology and Indigenous Standpoint Theory, Social alternatives, 22 (1), 44-52

evaluating cultural competence as the safety and lives of children are often at stake. Cultural competence includes knowledge about ATSI child rearing practices or “growing up children” which is important in child protection work in the Northern Territory. Without this critical awareness and knowledge it will be hard to ascertain where behaviour deviates from the norm within the culture. As Jill Korbin points out *“The challenge in understanding child maltreatment from the vantage point of different cultures is to encompass cultural diversity and to ensure equitable standards of care and protection for all children”*.²³ It is critical to see the cultural concepts and aspects as a form of strength which can provide protection and not as a deficit.²⁴ Embracing Cultural competency will circumvent culture shock and increase the likelihood of appropriate decision making processes, which ultimately will lead to better outcomes for children and young people.

According to the annual DCF report (2014) thirty percent of substantiated abuse is related to emotional abuse.²⁵ We don’t know how many of these will move to out of home care but one could safely assume this to be a relative high number. Emotional abuse includes the exposure to and involvement in Domestic and Family Violence. The high number of Domestic and Family violence in the Northern Territory is well documented. The NTG has decided to address this situation via a statewide Domestic and Family Violence Reduction Strategy. The Northern Territory Government needs to be commended for this approach.²⁶ This whole of government approach will be looking at service improvement across the continuum from primary to tertiary intervention based on extensive consultation with the Government and Non-government sector. Hopefully we will see a reduction in substantiated emotional harm related to domestic and family violence in a few years due to the implementation of the Domestic and Family Violence Reduction Strategy.

Physical abuse accounted for 18 per cent of all substantiated matters. Physical abuse is a form of harm which is easier to substantiate than neglect and emotional abuse. This clearly means that children are less likely to be the target of direct physical harm but are affected by factors related to socioeconomic stress factors experienced by families, and their cultural and socio- linguistic context. This current context families live in diverges greatly from the Child Protection system. This is cited in the Board of Inquiry

*“the current approach to protection practice in the Northern Territory diminishes the role of family and promotes a culture of welfare department supremacy. The absence of any meaningful process for engaging families in decision making and working with families to take a shared responsibility to support children at risk creates a culture of welfare department supremacy. The message it communicates is that the Department knows best and that it does not need input and knowledge from families. This can also create a culture where families can come to expect that the department will make all the important decisions for them in relation to their children. An alternative approach is to focus on the strengths of families and use those as the primary tools with which to keep children safe or provide (out of home care) when required”*²⁷

²³ Korbin, J. & Spilsbury, J. “Cultural competence and child neglect. In H. Dubowitz (Ed.) *Neglected Children: Research, Practice and Policy* (pp69-88), Newbury Park, CA: Sage Publications, 1999

²⁴ Lohar, S., Butera, N., Kennedy, E. “Strengths of Australian Aboriginal cultural practices in family life and child rearing”, *Child Family Community Australia* paper no 25, 2014

²⁵ Ibid

²⁶

²⁷ Ibid, p91

It follows that if we want to achieve protection and safety for all children in the Northern Territory, the aim should be to move away from an ethnocentric perspective and address poverty issues amongst other critical social issues such as substance abuse, mental health, high unemployment etc.. Since the BOI report was written the Minister and CEO for child protection changed a few times. The changes created some confusion and a sense of loss of direction for a while. However, stability appears to have been achieved and hopefully with its strategies to reduce the high numbers in out of home care. In 2013-14 the Department of Children and Families has made changes to the out of home care service system. This includes the formation of an Out of Home Care Division to lead the Department's recruitment and support of kinship and foster carers, placement decision making and operational management of residential care.²⁸

The socioeconomic situation is furthermore compounded by the lack of access to universal, early intervention and prevention programs. The investment in these support services, to assist families, has not been forthcoming as was recommended in the Board of Inquiry report. The annual DCF reports 2012-13 and 2013- 2014 identify the opposite has happened and that less investment was provided to the NGO sector to provide early intervention and prevention services.²⁹ The reduction in funding is aligned with the new strategic direction of the Department which is to focus on the tertiary pointy end of Child protection.

Recommendations

Inclusion of models by Child Protection agencies which involve families in decision making processes e.g family group conferencing

Development of an Aboriginal cultural competence framework to ensure consideration of culturally competent aspects in all facets of Child protection and out of home care

Improve support, recruitment and capacity building strategies to increase and sustain employment of Aboriginal and Torres Strait islander staff in the child protection and out of home care field.

b. the outcomes for children in out of home care (including kinship care, foster care and residential care versus staying at home

There is limited evidence available to clearly state what the outcomes are for children placed in Out of Home care compared to staying with the family. However, information is available that children with a history of being placed in Out of home care are over represented in mental health, the criminal justice system, substance misuse, and homelessness.³⁰ J Dowall also identified that Children and young people in out- of-home care have some of the worst health, educational and employment outcomes of all children in Australia.³¹ Research shows almost half

²⁸ Ibid

²⁹ DCF Annual report 2012- 2013

³⁰ Harries, M. The Conversation 'we remove kids from abuse and neglect but are they better off in the long run?' October 2014

³¹ JJ McDowall, CREATE Report Card 2009 – Transitioning from Care: Tracking Progress (2009)

of those leaving care experience homelessness, attempt or think of attempting suicide, more than half have committed criminal offences and almost one third of young women fell pregnant or had a child soon after leaving care.³²

As mentioned above the legacy of the Stolen Generation still influences current generations. We have been reminded via the Royal Commission into Institutional Responses to Child Sexual Abuse about the devastating and terrible outcomes for people who were institutionalised in the past. In previous institutions and later in foster and adoptive families some ATSI children encountered behaviours, expectations and a belief system which turned their previous life experiences and worldview on its head. Experiences such as provided by Lynch

*"I got told my Aboriginality when I got whipped and they'd say , you Abo, you nigger. That was the only time I got told my Aboriginality" or "I 've never been hugged. The only time I was hugged was when I was being raped and I wouldn't call that a hug".*³³

The deprivation of nurturing can certainly be viewed as instrumental in the onset of mental health and other profound difficulties. Especially when considering that the removal and subsequent experiences went on for a few generations. A number of symptoms were identified as being related to being removed in the past such as *"inconsolable grief and loss, low self esteem, powerlessness, anger, depression, anxiety, suicide and self harm, alienation from cultural and kinship ties and personality and attachment disorders, poor relationship skills, lack of cultural identity, substance abuse, violence and guilt"*.³⁴ It follows that for many the experience of loss has been cumulative during a lifetime. How individuals reacted varied, but Post Traumatic Stress Disorder has been identified by professionals as a common manifestation of the painful experiences.³⁵

Knowledge and research informs us that childhood development can be viewed as cultural and contextual. The environment is regarded as socially constructed and children are mediated into the social group by more competent others through cultural tools like language.³⁶ Ultimately, emotional wellbeing and social competence depends on the relationships within the social and cultural context. These relationships are developed through social interaction, interaction with the environment and objects within the environment, which in turn are provided by experienced

³² James Wood, Report of the Commission of Inquiry into Child Protection Services in NSW: Volume 1 (2008), pp. 98 – 103. At www.dpc.nsw.gov.au/publications/news/stories/special_commission_of_inquiry_into_child_protection_services_in_new_south_wales (viewed 26 August, 2010).

³³ Lynch ,P. Keeping them home: The best interests of Indigenous Children and communities in Canada and Australia

³⁴ Westermann, T. (2003), *Caring Well – Protecting Well: Strategies to prevent child abuse in Indigenous communities*, Indigenous Psychological Services: Perth W.A.

³⁵ Westermann,T. Guest editorial, Engagement of Indigenous clients in Mental health services: what role do cultural differences play? Australian e Journal for the Advancement of Mental Health (3), 2004

³⁶ Rothbaum, F., Weisz, J. Pott, M., Miyake, K., Morelli, G., (2000), Attachment and cultural: security in the United States and Japan, *American Psychologists*, 55, 1093-1104

and ‘instructed’ members of the culture. It is through these relationships that the child’s sense of self, relationship with others and worldview develops.³⁷

Why this discourse to the past? Well it is important to remind us of the fact that “*just as with victims of the holocaust damage does not stop with one generation*”.³⁸

In recognition of the harm done the Aboriginal Placement Principle was developed by ATSI community representatives in the 1980. The principle guides the practice of child protection workers and stipulates that removal of an ATSI child should be the last resort and provides priority options should a child need to be placed. This principle has been adopted in all states and Territories and has been embedded in their legislations. Some voices have criticised this principle and argue that this will jeopardise the safety and wellbeing of children and young people. However one does not exclude the other if best culturally competent practice is pursued.

As mentioned above the National Standards for out of home care have been developed to provide a framework to achieve better outcomes and experiences for children and young people who are legally living in alternative arrangements such as foster care, relative/kinship care, family group home, residential care and independent living arrangements. These initiatives indicate that we have come a long way from historical provision of out of home care. How then do the experiences and outcomes differ with these overarching principles and standards in place? While the Aboriginal Placement has been in place for quite a while its adherence was observed only in 15% of child protection cases involving Aboriginal and Torres Strait Islander children.³⁹ Especially the Northern Territory was observed to have a low compliance rate which was attributed to the lack of an externally controlled Aboriginal organisation such as an Aboriginal and Torres Strait Islander child care agency as it exists in other states.⁴⁰

Information gathered during the consultation session pointed to the fact that genograms – family mapping was rarely done, which indicates to the likelihood that extended family members were not explored and/or investigated. The resourcing issue of the Department of Children and Families was acknowledged and their agreements with other agencies to pursue family/caregiver assessments. The danger of not exploring family members is that children will be placed in an anglicised cross cultural environment rather than exploring reunification at the initial phase of placement. It appears that despite departmental policies and a reunification team long term placements are being pursued rather than family reunification. Information was

³⁷ Dahlberg, G., Moss, P., Pence, A., (1999), *Beyond quality in early childhood education and care: postmodern perspective*, London: Palmar

³⁸ Petchkovsky, L., Rogue, C., Napljarri, R., Butler, S. (2004), Indigenous maps of subjectivity and attacks on linking: Forced separation and its psychiatric sequelae in Australia’s Stolen Generation, *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 3 (3)

³⁹ Fiona Arney- and Alwin Chong-The Conversation, Empowering Indigenous communities to prevent child abuse and neglect 30th October 2014

⁴⁰ Libesman, T. Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care, 2011

shared of situations where reunification was followed up two years post removal. While reunification is critically important as research informs us the timing should be rapid and is equally as important. It needs to be said that in some situations reunification or placement with kin might not be possible. Nevertheless if the initial process is done early, long term plans or permanency planning can be made for the children and young people.

The stability of placement will allow the children to develop a network of relationships, continuity in friendships and schooling, familiarity with the community and local environment. The long term placement still needs to be accompanied by regular meaningful contact with family, if safe and secure. Unfortunately DCF resources seem limited and a significant amount of family contact is driven by foster carers themselves. The related anecdotal information provided during consultation is that young people are self placing and will return to family or seek out places which are not necessarily safe. Effective planning which involves the young people and families will reduce subsequent difficulties. Regular contact with family, especially if remote, will keep children and young people also connected to country and associated cultural knowledge base, which will be lost if regular contact is not maintained.

Regular contact between staff and children and young people in care is crucial in establishing a positive engagement with the children. Policies stipulate that children should be at least sighted once during a four week period. This is crucial to ensure the needs of young people are being met and to ensure their safety and wellbeing in the placement. Sighting does not mean “just viewing” the child or young but the worker needs to ascertain any crucial information which might entail a change in case plan and direction.

The NT does list Kinship carers and Foster carers together, which makes it difficult to get an accurate reflection on these numbers. The number of languages still being spoken by different groups in central Australia is around fifteen. Many children grow up with one or two of these languages and very often English is a foreign language to them. Hence most of the kids have no knowledge of English or very limited knowledge of English. None of the Aboriginal languages are part of mainstream languages and hence hardly any of the foster carers are familiar with these languages. This creates communication difficulties between the carers and the children. To illustrate this the following is an example mentioned during a foster care focus group “ *you believe it is an agreement because the child won't answer back you but realise that the child is being too polite to tell you that they are not going to do what you've asked them to do*”.⁴¹

The other aspect related to language is that language is an important identity carrier. If children are placed in residential settings or foster placements without ongoing regular contact their language skills and cultural learnings and understandings will get lost. One could argue this is not

⁴¹ DCF Cross cultural foster care presentation, 2005

very different to past experiences, the only difference being that children are not forcefully reminded to stop speaking their language. It is still a silent gradual depletion of their knowledge base, socialization and worldview. What the impact of a gradual depletion will be is difficult to say but only about 12 months ago a young Aboriginal girl committed suicide in a residential setting in the NT.

The reasons for this could have been manifold but the lack of cultural care plans creates confusion, no clear direction, and case drift. The same can be said about leaving care plans. This is a very anxiety laden process and should be carefully planned with the young person and other key stakeholders and not left until the person turns 18 years of age.

The lack of professional assessment staff in the NT to diagnose FASD leaves children, families and carers with a lot of uncertainty about etiology of certain behaviours and how best to manage them.

Not all of the outcomes mentioned above can be attributed entirely to the out of home care experience but it is probably safe to say that placing more children in out-of-home care is not a good idea'. Many authors have argued that the key is to move towards greater efforts in preventing the need for contact with child protection systems and working with families. The challenge will be for our taxpayer-funded system to move beyond the identification of child maltreatment to the prevention of an ever increasing government-funded out-of-home care system.

Concerns are also being raised about the potential harm of intervention, with research emerging that children in foster care could be more damaged by being removed from their parents and being subject to multiple placements than had they remained with their families.⁴²

Recommendation

The national standards for out-of-home care should drive improved outcomes in education, health, housing and leaving care. The national standard indicators need to be linked to measurable targets in these areas and adopted by States and Territories

States and Territories to adopt coordinated case management approaches to ensure measurable targets related to the National Standards for out of home care especially in relation to Standard 4 are being achieved

That an Aboriginal Child Care Agency or Agencies be developed in the NT. Alternatively, the agency functions may be developed as part of an existing Aboriginal controlled organisation.

⁴². 'M O'Donnell et al, ['Child abuse and neglect: is it time for a public health approach?'](#), *Australian and New Zealand Journal of Public Health*, 32:4, 2008, p. 326.

The development of an indicator to measure the number of children who have received comprehensive health and wellbeing assessments when entering care and at intervals during their time in care, as well as an indicator that measures action taken on any recommended treatments from these assessments.

The development of a comprehensive practice guide around the application of the Aboriginal Child placement principle to increase the adherence to the principle.

c current models for out of home care, including kinship care, foster care and residential care

There are a number of different models for out of home Care in the Northern Territory. These models vary and are provided by a range of service providers i.e government, non- government services, for profit agencies as well as families.

Foster Care

Foster care is provided by carers who are unrelated to the children. The carers have to undergo an assessment process and receive some training. The foster carers provide a home environment for the children referred to them by the local Child Protection agency. The number of children fostered and age can be negotiated between the agency and the foster carers. The care provided can vary from respite, short term to long term and includes children with disabilities. The reimbursement will depend on the factors mentioned above.

From the information received there appears to be a current lack of official respite care providers and crisis support. Assessment processes take a long time and carers are not always included in the development of a cultural care plan, if one is being developed. Emergency or short term foster care can result in long term care at times without a permanency plan being developed which leads to placement drift. Training is limited and ongoing support to provide a more therapeutic environment is not consistently provided. The lack of support has resulted in foster carers ceasing their involvement. There is no specific expectation that Foster carers do have qualifications related to dealing with children in care and hence one could say there is no professionalization.

Family Group Home

The NT provides 2 home based care which supports large sibling groups in care and young people leaving care, if need be. The staff consists of a couple with a third support person, who will work in shifts. The Family Group Home is operating from a strengths based -trauma informed framework. The service is provided by a Non- government organisation in Katherine and Alice Springs via private rental. The benefit with this model is that a large sibling group can remain together.

Residential care/therapeutic

This form of care is provided by government, non –government (mainstream as well as Aboriginal controlled) and for profit organisations. The type of living places vary in size and the houses are provided by Territory Housing, private rental, and private ownership. This model requires a number of residential care staff, who provide care on a roster or shift basis for 24/7.

One of the Non- government agencies has moved from a short term model to a long term trauma informed service provision model with additional psychological support for staff and children. The different residential places cater for different age groups so as to bring children together which are developmentally close and to avoid having babies as well as teenagers in one care facility. The shift to a therapeutic facility is to be commended as the complex and challenging behaviour of children in care need specialised responses. The better equipped staff are the better their responses to the children and young people in care who are often experiencing complex trauma. The provision of residential care to very young children (toddlers and babies) with staff constantly changing due to shifts is highly questionable especially when considering early childhood development and attachment. In some situations the situation for young people is being exacerbated by bringing in the police as a response to challenging behaviours. This response means that criminal charges might be the result for a behaviour that potentially could have been dealt with differently.

Relative/Kinship care

Relative/ Kinship care is care where the caregiver is a relative, considered to be family or a close friend, or is a member of the child or young person's community (in accordance with their culture). This form of care is based on a kinship bond between the child and carer. Carers are required to undertake an assessment, which is usually done by DCF. This form of care is considered the most appropriate as it maintains a close cultural connection between child and family. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal person who is a member of their extended family, their community, a compatible community or from the same language group. Especially grandparents end up looking after a number of children with no additional supports available to them. In situations like this carer should have access to support services and assistance to deal with the additional financial strain placed on them.

Family way placements

Family way placements differ from Kinship care as they are not formalised placements facilitated via the Child protection system. These are informal placements arranged between ATSI family members to ensure the safety and wellbeing of children. These informal arrangements are guided by the different responsibilities family members carry within their kin network and are an integral part of child rearing practices. Kinship carers who are providing a family way placement are not receiving any DCF financial support to look after their kin- children.

Secure Care

A secure care facility was built for young people but was not operationalised in the Northern Territory due to pressure and concern expressed by the youth sector about the facility and its operational plan.

Independent living

The Department makes use of semi -independent and supported accommodation options for young people. This includes a program for young women aged 14- 23 years of age, who are expecting a child.

Other care

This category includes placements that do not fit into the above categories and unknown placement types. This includes boarding schools, hospitals, hotels/motels, youth diversion programs.

The provision of Out of home care by ATSI organisations is scarce and Safe Families is a program that at its infancy stage was an innovative and community driven model developed via consultations with local Aboriginal leaders and service providers. The aim of the program was to have local Aboriginal staff provide family support and residential care, local staff who are familiar with the children and families, who speak the language and who are accustomed with ATSI child rearing practices. The program furthermore aimed to provide respite to the families in the community and thereby keeping the children out of the care system. Investment is needed in locally developed and based initiatives, which are culturally embedded in the community.

As identified by CAFWAA there has been an over- reliance of foster care. A broader continuum of care is required to assist children and young people ameliorate their distress and provide them with a choice in their care environment. This Includes significant investment and development of therapeutic residential care models that will provide appropriate interventions to children and young people to increase their life chances, improve stability and provide appropriate alternatives that meet complex needs of children and young people in care.⁴³

Recommendations

Resourcing of therapeutic models in Out of home care embedded in local cultural frameworks

Development of systemic support strategies to assist ATSI family way placements especially in remote communities (grandparents).

To reduce the number of for profit organisations providing out of home care
Exploration of the professionalization of the out of home care system

d current cost of Australia's approach to care and protection

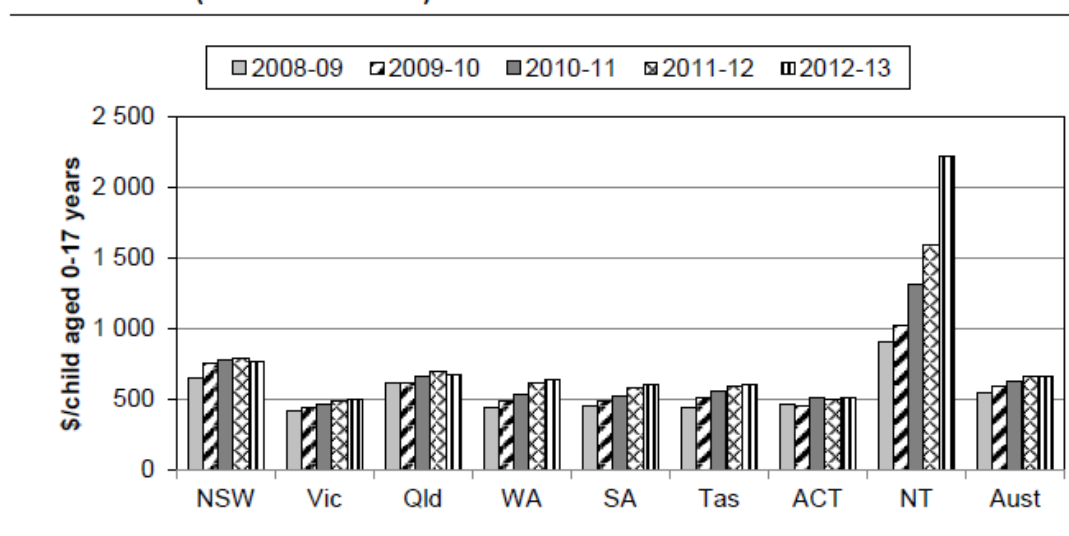
The Report on Government Services provides an extensive overview of the cost involved in child protection and out of home care.

Figure 15.2 depicts total real recurrent expenditure per child aged 0–17 years in the population for the period 2008-09 to 2012-13, excluding expenditure on family support services in 2011-12 and 2012-13 (for consistency across the time series).⁴⁴

⁴³ CAFWAA, Call to Action for Australia's Children, May 2007

⁴⁴ Report on Government Services 15.17, 2014

Figure 15.2 Real recurrent expenditure on child protection, out-of-home care, and intensive family support services per child (total) (2012-13 dollars)^{a, b, c}



^a Refer to table 15A.1 for detailed jurisdiction-specific footnotes on expenditure data and table 15A.4 for information on the comparability of expenditure data. ^b This figure excludes expenditure on family support services for consistency across the time series. ^c Time series financial data are adjusted to 2012-13 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator (2012-13 = 100) (table 2A.51). The GGFCE replaces the Gross Domestic Product implicit price deflator used in previous editions. See Chapter 2 (section 2.5) for details.

Source: State and Territory governments (unpublished); table 15A.1.

- In the ten year period from 2003-04, Australia has increased expenditure on intensive family support services per child by 151 per cent. These figures should be treated with caution because of the uncertainty among all states about what is counted and included in intensive family support.
- In the ten year period from 2003-04, Australia has increased expenditure on out-of-home care per child by 117 per cent.
- In the ten year period from 2003-04, Australia has increased expenditure on child protection services per child by 90 per cent.⁴⁵
- Total recurrent expenditure on child protection and out-of-home care services was approximately \$3.2 billion nationally in 2012-13—a real increase of \$177.5 million (5.8 per cent) from 2011-12, of this expenditure, out-of-home care services accounted for the majority (64.3 per cent, or \$2.1 billion). nationally, annual real expenditure on child protection and out-of-home care services has increased by \$759.1 million from \$2.5 billion since 2008-09, an average increase of 7.0 per cent per year for the past five years

⁴⁵ Government of SA, Office of the Guardian for Children and Young people, Expenditure on Child Protection, OOHC and Intensive Family Support 2003-4 to 2012-13

- recurrent expenditure on intensive family support services across all jurisdictions was \$304.1 million in 2012-13; intensive family support services expenditure has fluctuated over the past five years
- nationally, in 2012-13, expenditure on family support services amounted to \$360.1 million (does not include South Australia, for which information was not available)
- in 2012-13, real recurrent expenditure on child protection, out-of-home care, intensive family support services and family support services per child aged 0–17 years in the population was \$739 nationally, excluding family support services, the real recurrent expenditure on child protection, out-of-home care and intensive family support services per child aged 0-17 years in the population was \$670 nationally (the family support services category was included in the Report for the first time for the 2011-12 financial year)
- real recurrent expenditure per child aged 0–17 years increased nationally since 2008-09. In 2008-09 the real recurrent expenditure on child protection, out-of-home care and intensive family support services per child aged 0–17 years was \$545, an average increase of 5.3 per cent per year for the past five years.⁴⁶

The direct economic cost to the community of providing child protection services is only one aspect of the overall cost associated with child abuse and neglect. The longer term or indirect financial cost associated with child maltreatment is also well worth mentioning. Research nationally and internationally has revealed a number of negative long term impacts of child abuse and neglect, many of which are associated with significant financial costs for individuals and the communities in which they live such as substance misuse, mental illness, homelessness, juvenile justice involvement, and poor health.⁴⁷ These consequences and the moral obligation to assist children to avoid experiencing negative effects make the prevention of child abuse and neglect a priority. A lot of voices are concerned about expenditure but a focus on expenditure is not a sustainable and not an equitable path to face the economic challenges in the future.

Recommendation

Investment in early intervention and prevention strategies to reduce the increasing spiraling cost in out of home care.

e consistency of approach to out of home care around Australia

Broadly speaking the models of out of home care and subsequent service delivery might vary to some extent but can all be categorized in those broad areas identified under c. The Northern

⁴⁶ [Report on Government Services 2014](#), p. 15.16.

⁴⁷ Australian Institute of Family Studies, CFCA Fact sheet-The economic costs of child abuse and neglect

Territory borders on to three different states and all states have different child protection legislation which also covers out of home care. This can create challenges and difficulties for children, young people and their families as well as for child protection workers as a lot of their clients move between different states. Cross border legislation would provide for more efficiencies and better relationships between the states and families.

Anecdotal information provided during the consultation session revealed that there appears to be no consistency within the state or individual office as inconsistent approaches were received by foster carers and residential care providers. These inconsistent responses are mainly related to care plans, roles of staff, organisational policies, life story work, information provided about young people entering care, approval of services re assessed needs for children and young people, approval of respite, communication and contact. It needs to be said that the Department underwent a number of changes in minister, CEO, staff and vision for the Department in recent years. This would have contributed to the confusion and inconsistent approach within the region and state.

While there should be national consistency in relation to language, broad types of care and frameworks it is equally important to have enough flexibility within one state to deliver according to need. The broad approaches should be linked to other initiatives such as the Domestic and Family Violence Action Plan, the national guidelines for FASD assessments etc. The flexibility for locally based innovative new approaches and programs is vital to meet the cultural and ever changing needs of young people, especially as we will be seeing a growing number of young children with Foetal Alcohol Spectrum (FASD) disorder.

There should be consistency in relation to establishing an Aboriginal community controlled child and family system in states and territories where numbers of ATSI children are high. This should include the obligation to have out of home care outsourced to Aboriginal controlled organisations.

Recommendation

Development of a cross border approach in Child protection between NT, SA, WA

f what are the supports available for relative/kinship care, foster care and residential care

Foster Care NT provides advocacy and a support program to foster and non- Indigenous Kinship carers in the Northern Territory. A training program is provided to the foster and kinship carers throughout the year. The training concentrates on relevant topics related to the care of children and young people. In addition Foster care provides advocacy on behalf of the carers when requested and will provide support in relation to all care matters. A peer support program is another avenue through which carers are supported.

The initial foster care training package is provided through the Department of Children and Families. In addition carers receive support and assistance via the Department which is often crisis driven.

There is no official agency supporting Aboriginal and Torres Strait Islander carers. The kinship carers receive the support and assistance via the Department upon request.

Residential care providers provide their own professional and capacity development for their staff based on their needs. At times residential care providers have collaboratively organised training for their staff. This provided an opportunity for the staff to get together and share experiences, knowledge and ways forward. Supervision of staff is also organised through individual care providers.

Recommendation

Development of a support agency which will provide intensive support to Aboriginal and Torres Strait Islander kinship carers.

g best practice in out of home care in Australia and internationally

Most researchers, policy advisors, practitioners and service providers would agree that Out-of-home care for children is seen as the last option of intervention. While the current focus is to keep children with their families wherever possible, out of home care provides alternative living arrangements for children who are unable to remain with their parents. Where children, for various reasons, need to be placed in out-of-home care, the aim is to provide a safer and more secure living environment and where realistic attempt to reunite children with their families. As mentioned above the Aboriginal Child Placement principle provides a crucial guide of how to proceed if the child is of ATSI background. This principle needs strengthening and greater adherence as outlined above.

The ever increasing high numbers in child protection and out of home care is of concern nationally and internationally. Hence NTCOSS welcomes the Council of Australian Governments (COAG) target of a substantial and sustained reduction in child abuse and neglect in Australia.⁴⁸

The development of the National Framework for Protecting Australia's Children and the subsequent development of the National standards for out of home care are seen as an attempt to introduce best practice in out of home care in Australia. The National Standards seek to drive improvements in the quality of care so that children and young people in out-of-home care have the same opportunities as other children and young people to reach their potential in life wherever they live in Australia. The National Standards are designed to improve the outcomes and experiences for children and young people by focusing on the key areas that directly influence positive outcomes. As referred to above, these are: health; education; care planning; connection to family; culture and community; transition from care; training and support for carers; belonging and identity, and safety, stability and security. Best practice is to have overarching frameworks on a State or Territory and national basis, which provide a solid

⁴⁸ [Child protection Australia 2012–13](#), p. 6.

foundation for standards, targets and outcomes to be achieved. It provides shared understanding, language and goals to work with.

In section c an overview of existing out of home care services in the NT was provided. A strong out of home care system is made up of several placement options and meets the complex and diverse needs of the target group. It requires innovative responses and must continuously evolve to ensure that placement options exist to meet the needs of children and young people based on the context they live in. As outlined above the Territory has a high number of ASTI children and young people in care. Yet, the service provision does not match this need. There are no Aboriginal controlled service models in the NT apart from Safe Families, which is provided through Tangentyere Council Inc. This model was referred to under section c . It needs to be mentioned that this model lost some of its cultural components due to funding cuts but still strives to be culturally competent. The difference it makes to the children and young people can not be underestimated. A brief scenario to illustrate this follows

an already distraught, traumatised young girl being taken in a car by a white Child protection worker to the residential care facility. The young girl refuses to get out of the car despite being encouraged by the white child protection worker and white coordinator. Eventually the young child leaves the car after the local Aboriginal staff member set next to her in the car, talking with her in her language and comforting her.

It is easy to lose sight about the young people who are traumatised and experience anxiety about their future. Programs and models need to have these young people at their heart of the intervention and provide involvement which is comforting and least disruptive.

The Board of Inquiry made a recommendation to establish an Aboriginal Child Care Agency or Agencies.⁴⁹ This recommendation was followed up by the Northern Territory Government but has since lost its funding. This recommendation is also supported by SNAICC who outlined that all Aboriginal and Torres Strait Islander communities need access to a community controlled Aboriginal and Islander Child Care Agency.⁵⁰

The importance of therapeutic intervention has gained increasing momentum over the years due to emotionally disturbed and high risk behaviours and an acceptance that “just” care is not sufficient. The suggestions for therapeutic interventions range from providing a community based service, which is delivered by a specialist team of practitioners to therapeutic residential care.⁵¹ The definition of therapeutic residential care is

*“intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, developmental needs”.*⁵²

⁴⁹ NTG Report of the Board of inquiry into the Child protection System in the Northern Territory **“Growing them strong, together- promoting the Safety and wellbeing of the Northern Territory’s Children”** vol 1, p129, 2010

⁵⁰ Secretariat of National Aboriginal and Islander Child Care Inc (SNAICC), n.d., SNAICC Policy Statement: principles for justice in child well-being and protection, SNAICC, Melbourne, http://www.snaicc.asn.au/_uploads/rsfil/00213.pdf.

⁵¹ Morton, J. Clark, R., Peard, J., Consultants report on behalf of the Department of Human Services: “When care is not enough”, 1999.

⁵² McLean, S, Price-Robertson, R, Robinson, E. “Therapeutic residential care in Australia” National child Protection Clearinghouse, No 35, 2011

McLean and others outline in their research paper the new and innovative development of therapeutic care and its advantages. The aim is to provide a therapeutic service in a staffed, residential home rather than rather than to support therapeutic foster parents to carry out a program of intervention.⁵³ This holistic structured approach is seen as an integral component of service delivery and there are valid arguments to support this approach as a mainstream method instead of just targeting the extreme and complex children and young people.

There are considerable legal, cultural and policy differences between countries and Australia. These differences influence the way policies and programs are perceived, developed and how data is being collected. As Tilburn points out *“there are differing beliefs about the efficacy of being in care; while some countries regard out of home care as a positive support service for those who need it, others regard it as something to be avoided whenever possible”*.⁵⁴

Germany and the Netherlands are two countries where the child welfare system is perceived to be family – service oriented. This means a service to be provided which is inclusive of a needs assessment and therapeutic. The state- parent relationship is conceived as a partnership in which the state seeks to strengthen family relationships and voluntary out of placements. Therefore the participation in decision making by young people and their parents is encouraged.⁵⁵ The participation in the decision making processes has been requested by different ASTI organisations in the NT. The out of home care system in Germany has undergone change, which has led to a professionalization in the field of residential care and provision of smaller residential care settings. Professionalisation in settings, such as with the introduction of social pedagogy, was seen as critical to meet the needs of children, young people and their families more adequately. The respective legislation enshrines that children and young people receive an upbringing geared towards them becoming a mature person who can function in the community. Children and young people have a right to such an upbringing, rather than direct rights to specific services. The services follow the needs assessment in order to become a mature healthy citizen.

Genograms, Cultural /care plans, leaving care plans and models of family case conferences such as the New Zealand Family Group Conferencing model are given elements of best practice but sadly enough these are not applied consistently in the NT. Staff within DCF need to realise that once the minister has gained guardianship for a young person they are the officially enactor of the guardian role. The most important tasks in this role are to maintain a committed relationship to the child and to secure the child’s rights, safety and wellbeing in dealing with external key stakeholders.

Recommendation

Relevant recommendations have already been identified above.

⁵³ Ibid

⁵⁴ Tilburn,C. and Thoburn,J. “Children in out of home care in Australia- international comparisons, 2008

⁵⁵ Ibid

h consultation with individuals, families and communities affected by removal of children from the home

Concerns have been raised about whether ongoing consultation take place throughout the order or whether it only takes place during the initial stages of placement.

Other concerns raised were related to issues surrounding the context in which the consultation takes place (i.e. with an aboriginal liaison officer that is appropriate, and whether it takes place via phone, at DCF office, etc.)

If this point is referring to a consultation in general concerns were expressed about who is conducting the consultation (i.e. DCF or some other organisation, body that is not associated with DCF), it appears there is a wide range of ideas and misunderstanding about DCF's powers, what a protection order means for the carers and what they can and ought to expect from DCF should they be deemed a carer. These misunderstandings could be related to a lack of understanding of the legal issues. Interpreters are engaged but not consistently.

Most of the aspects related to this point have been covered in other sections of this submission

Recommendation

Consistent use of interpreters to ensure information presented is fully available and understood.

i extent of children in out of home care remaining connected to their family of origin

The feedback received was that the facilitation to keep children in out of home care connected to their family of origin is not consistent. Some young people have regular contact during holidays and safety plans are arranged to visit their community of origin. It was noted that in some instances it works very well and in other situations contact would not happen if it was not pursued by the foster carers. It needs to be mentioned that the geographical distance complicates the facilitation of arranging contact and the Department is not well resourced to focus on this. The lack of care plans complicates matters further in regard to contact. The Department has proven to be flexible at times and contact was arranged when remote families visited Alice Springs on short notice and were keen to have contact with child or young person..

During the consultation it was mentioned that due to the lack of genograms paternal or maternal family members might not known and are not considered when planning contact. Young people placed in juvenile detention will frequently not have contact arranged with family members, which means family members have to follow this up. At times young people have been known to self- place themselves with family members. The outcome on children who don't remain connected to their family and country was referred to in section b. It appears that contextual, structural and resource issues are the barriers for regular contact. One could argue that is a form of systemic harm.

Recommendation

Resourcing of contact agents (Aboriginal Child Care Agency or other) to ensure contact is maintained between child, family and country to minimize harm to child while in care.

j best practice solutions for supporting children in vulnerable family situations including early intervention

Assistance and support to vulnerable families can best be provided via an integrated overarching framework of services and supports. The services and supports need to be provided along a continuum from primary to tertiary service provision. This framework needs to be informed and driven by the need and best interest principle not by agencies. Long term outcomes are important and hence service responses need to be long term. Considering the high number of Aboriginal and Torres Strait Islander children in care we need to have a service response which is inclusive of Aboriginal community controlled services who can provide culturally safe and accessible services for children and families. Based on research and recent developments strengths based and therapeutic and trauma informed ways of working with vulnerable and at risk children and families should be an integral component of the framework and service delivery. Outcomes are best achieved when services and interventions are delivered in a coordinated and integrated way across the service system and between service providers.

An international perspective

The University of Glasgow Centre for the Child and Society conducted a seminar “International Perspectives for Child Protection” (March 2002) and reported the following contrasts in child protection systems:

Table 1. Contrasts in Welfare State and child protection systems

BROAD TYPE OF SYSTEM	UK-North American-Australian	Continental West European
COUNTRIES COVERED AT THE SEMINAR	Australia, Canada, Scotland, England	Belgium, Sweden, France, Germany
TYPE OF WELFARE STATE	Tendency to residual and selective provision	Tendency to comprehensive and universal provision
TYPE OF CHILD PROTECTION SYSTEM	Separated from family support services	Embedded within and normalized by broad child welfare or public health services
ORIENTATION TO CHILDREN AND FAMILIES	Emphasis on individual children’s rights. Professionals’ primary responsibility is for the child’s welfare	Emphasis on family unity. Professionals usually work with the family as a whole

BASIS OF THE SERVICE	Investigating risk in order to formulate child safety plans	Supportive or therapeutic responses to meeting needs or resolving problems
COVERAGE	Resources are concentrated on families where risks of (re-)abuse are immediate and high	Resources are available to more families at an earlier stage

The differences between the two types of systems are starkly obvious: “Legal, bureaucratic, investigative, and adversarial” in the UK, North America and Australia, but “voluntary, flexible, solution-focused, and collaborative” in continental Western Europe: “child safety” vs. “meeting needs” and “individual children’s rights” vs. “family unity”.⁵⁶

ACOSS in their 2008 submission to “Australia’s Children: Safe and Well, A national framework for protecting Australia’s children discussion paper, argued that: there is a need to shift thinking beyond a focus exclusively on ‘risk’ to embrace both risk and need. In many cases, children will be both ‘in need’ at ‘at risk’ and the systems and services must be designed to respond effectively to all short and long term threats to child wellbeing.

The Discussion Paper recognises that:

‘In an optimally functioning system, the greatest investment would be in primary and secondary responses to help ensure that children and families are in healthy safe homes and are not exposed to the risks of abuse and neglect.’⁵⁷

The above theme is also shared by a number of other researchers and academics in the field of Child Protection. All share the view that child protection policy needs to focus on preventing child abuse and neglect rather than trying to deal with problems once they have arisen.

The challenge faced by the current Child Protection systems is that in reality they are services primarily targeting children at high risk and who meet the threshold for statutory intervention. However, the majority of cases that are being notified are children in vulnerable families in which there is a risk from chronic poverty and adverse family circumstances. As mentioned in other sections of this submission it is neglect and emotional abuse that make up the vast majority of substantiated cases, not physical abuse.

⁵⁶ NTCOSS submission to the Inquiry into the Child Protection System in the NT. 2010

⁵⁷ NTCOSS submission to the Inquiry into the child protection system in the Northern Territory, 2010

Overloaded child protection systems make it harder to identify and respond to those children in serious jeopardy due to unallocated cases, hasty assessments and premature case closure. A high level of intervention by statutory services in the lives of vulnerable families, where protective concerns do not reach a threshold for statutory intervention, can also unnecessarily traumatise parents and make it more difficult to engage them in services which may reduce the risk of child abuse and neglect.⁵⁸

All the above information informs us that it is time to investigate other innovative approaches especially approaches which are driven from the ground up, which involve families in the design, planning and delivery. This is particularly important for ATSI families in urban and remote areas. Some best practice models for consideration are listed below

Family Group Conferencing

Closer to home, New Zealand in 1989 adopted a family based, comprehensive and collaborative approach to child protection. A key element of the New Zealand system is mandatory Family Group Conferencing (FGC).

FGC includes all parties relevant to the case and the family's circumstances, and it is the specific and sole role of a group of public servants to ensure that all parties are represented. This is not limited to family and child protection workers – it might include extended family, friends, foster carers, police, schools, case workers and so on.

The decisions made mutually and collectively by FGC are binding for the court system and Child protection agency, and must be supported and resourced. This means that all parties have agreed on a plan and cause of action.

Another important aspect of the FGC is that all family issues are included in FGC, not just the safety of the child. This would include health, disability, domestic violence, substance abuse, family breakdown, the circumstances of siblings etc.

None of these characteristics are evident in the NT system, and the comparative inefficiencies exacerbate the lack of resources provided to the NT system New Zealand and the NT both have a high Indigenous population which is over-represented in the child care system. The difference is that New Zealand has proactively involved families in a holistic and integrated system.⁵⁹

⁵⁸ M O'Donnell et al, '[Child abuse and neglect: is it time for a public health approach?](#)', *Australian and New Zealand Journal of Public Health*, 32:4, 2008, p. 326

⁵⁹ Ibid

Tangentyere Council – Safe Families Program

Even closer to home, Tangentyere Council in Alice Springs has developed its Safe Families Program which works from a ‘family strengths’ based model. Safe Families was developed to respond beyond crisis and to ensure long term solutions for children and families.

The model was developed following consultations and workshops with local Indigenous leaders, community groups and service providers. It is characterised by the employment of local Aboriginal people, (i.e. the aunts and uncles of the young people cared for), which enables local cultural authority to be exercised in an appropriate manner through the program.

Existing Indigenous social structures of care underpin the Safe Families model. The need to support families (immediate and extended) to provide adequate care to young people, was a priority. Safe accommodation was only one of the services needed in the short term, with longer term work being undertaken with families.

Safe Families is both crisis and preventative. It is a family-based integrated service response and includes:

- Early intervention via case management with families residing in transitional housing which includes return or transition to safe accommodation
- Family placements – where youth in crisis are placed in a stable environment with extended family where possible
- Crisis accommodation and intensive case management with young people residing in crisis accommodation
- Comprehensive Case Management – with young person and family
- Family mapping assessment
- Family oriented response methods.

The service model was developed to support existing kinship care arrangements within the community without the need to engage the formal child protection system. Identified ‘safe houses’ were targeted for support (i.e. grandmothers currently supporting children at risk but requiring basic assistance with food and bedding and support). Young people in need of crisis accommodation are catered for in the safe house, with Indigenous carers providing a cultural care context and activities. Family houses are also part of the program, to support families of children at risk of violence and homelessness. This medium term accommodation includes living skills support.

Safe Families was established to work with the formal NT child protection system as an Aboriginal driven alternative, as well as a community care system that people could access without the need to enter the formal system.

Let's Start program

The program is provided in the NT communities (Bathurst, Tiwi) and some major Centres like Darwin. The program is early intervention program which focuses on providing a family support and prevention program to Aboriginal and Non- Aboriginal families on a voluntary basis. The program was developed from the ground up and has established strong networks over the years with a number of agencies such as the schools, local councils, and health centers. The model is inclusive of an outsourcing component to reach families who might be hesitant for a number of reasons. The focus is on behaviour and skill development and thereby strengthening parent - child attachment and parenting skills.

Children's Ground

Children's Ground works with communities in the Northern Territory who are experiencing devastating disadvantage Children's Ground is a model of change designed to redress inequity and deep disadvantage across whole of communities. The model works with every child and their family within a community. The program design, planning and implementation is done with the community to deliver high quality wellbeing and learning services that are directly linked to local cultures and economies. The place based approach responds to complex trauma and engages the strengths of the community. Children's Ground is an integrated, locally - led model for all local people and local people have agency. The approach has been informed by the aspirations and knowledge of Aboriginal leaders and people from communities in Central Australia and the Top End. Children's Ground was developed from the ground up in the local communities and is redefining the way in which service providers and funders engage with communities around shared outcomes. The approach is aligned to the principles of collective impact and addresses the entrenched cycle of intergenerational poverty and inequity.

C4C Alice Springs

The programs funded under the C4C program in Alice Springs were developed via a needs analysis. The locally driven and designed programs evolved out of this process and have proven to be very effective and efficient in their service delivery.

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