

# “Listening and hearing are two different things”

Aboriginal community voices on proposed Child Protection  
and Youth Justice reforms in the Northern Territory



Report on Community and Service Provider Workshops 2018



## Acknowledgments

AMSANT would like to thank all communities across the Northern Territory who participated in the community workshops that form the basis of this report.

AMSANT recognises the role of our member services; Miwatj, Sunrise, Wurli-Wurlinjang, Katherine West Health Board, Anyinginyi and Congress, who hosted, promoted and attended workshops. In particular, AMSANT recognises the critical role of Danila Dilba Health Service for facilitating the workshops, recording feedback and assisting in the compilation of this report.

AMSANT would also like to thank the many other organisation that contributed, including the Northern Australian Aboriginal Justice Agency, Northern Territory Legal Aid Commission, Central Australian Women's Legal Service, East Arnhem Shire Council, Strong Grandmothers of the Central Desert Regions, Central Australian Aboriginal Family Legal Unit, Headspace, Northern Australian Aboriginal Family Legal Service, Katherine Women's Legal Service, Red Cross, Jawoyn Association, Stolen Generations Association, Barkly Regional Council, and others whose positive contributions made the report possible.

Finally, AMSANT would like to thank Dr Claire Colyer, for her work documenting the workshops and compiling this report.

We hope that this report will encourage ongoing engagement by the Northern Territory Government with Aboriginal families and communities.

**Cover image:** Workshop in Milingimbi at the Sport and Recreational Centre. Photo taken and published with permission, but not for wider distribution outside this report.

# Contents

Executive Summary .....	i
1. Introduction.....	1
2. Understanding the system .....	3
Language and communication .....	4
3. Reporting and Investigation .....	6
Reporting.....	6
Investigation.....	7
4. Appropriate assessments for children, young people and their families.....	9
Difficulty accessing comprehensive assessments .....	9
Issues of consent and information sharing .....	9
5. Need for early intervention.....	11
Family support.....	11
Children’s services.....	12
Early support for children and young people in trouble.....	13
‘Safe House’ or village .....	13
6. Families having more say .....	15
Engaging with the extended family.....	15
Family Group Conferencing (FGC).....	16
7. Culturally effective engagement.....	18
Acknowledging and remunerating Aboriginal workers.....	19
Local cultural authority.....	19
8. Out of home care .....	22
Avoid removing children from extended family / community.....	22
Carers.....	23
‘Safe Houses’ or villages .....	25
Barriers to becoming a carer .....	25
Maintaining family connections and family reunification.....	27
9. AMSANT’s recommendations for wholesale reform .....	29
10. Next steps.....	31
Ongoing consultation and communication .....	31
Annexure A Community and Service Provider Workshops .....	32
Annexure B Community Feedback to Workshop Participants.....	33

## Executive Summary

In May-June 2018, Darwin-based Danila Dilba Aboriginal Health Service (**DDHS**), coordinated a series of twelve community and service provider workshops on behalf of the Aboriginal Medical Service Alliance Northern Territory (**AMSANT**), the peak body for community controlled Aboriginal health services in the Northern Territory (**NT**).

These were held in the NT's major population centres (Katherine, Tennant Creek, Alice Springs, Darwin), and in three remote communities in East Arnhem (Nhulunbuy, Milingimbi and Galiwin'ku).

The workshops provided information to community members and service providers about the outcomes of the Royal Commission into the Detention and Protection of Children in the Northern Territory (**the Royal Commission**) with a broad outline of proposals for legislative reform, and gathered information about community members' experience of the child protection system. Serious concerns about the current system and its failure to deliver good outcomes for families and children were raised. Consistent themes emerged across all of the meetings, including the need for:

1. Government to *listen to* and *hear* communities, not just bring information and ask narrow questions;
2. Community education about the child protection system, including plain English explanation of the processes and the terms used and what they mean;
3. Major investment in prevention and early intervention, Aboriginal led family support and local services;
4. A 'two-way' approach: recognition of Aboriginal cultures, law and kinship structures and a place-based approach to working with local cultural authorities, cultural advisers and community organisations;
5. More Aboriginal workers in the system, including cultural brokers and language interpreters;
6. The child's extended family to be fully engaged in decisions about children;
7. Avoiding removal of children from their family and community (either for protection or youth justice issues) wherever possible;
8. Senior Aboriginal cultural representation in design and implementation of reforms; and
9. More information/consultations to ensure that Aboriginal community voices are represented in the reform process.

## Structure of this report

This report provides a synthesis of the discussion held with community members and service providers in the course of the twelve workshops.

- Chapter 1 provides a context to the consultation process;
- Chapters 2 to 8 synthesise the discussions under the key issues discussed and include the actions that workshop participants proposed government should undertake;
- Chapter 9 provides AMSANT's analysis of the community feedback gathered and makes overarching recommendations for the wholesale reform agenda arising from what was learnt through the consultation process;
- Chapter 10 provides an overview of suggested 'next steps' to continue the engagement process.

## Summary of workshop outcomes

### Improving understanding of the system

The Northern Territory child protection system is poorly understood by Aboriginal people. Families do not receive clear information and are not informed of their rights. Families who are not proficient in English are not given adequate information in language and are not provided with interpreters. System changes needed include clear plain English and community education materials, community legal education, trained specialist interpreters and provision of qualified interpreter services at family meetings and in legal processes where English is not the family's first language.

### Reporting and Investigation

There are widespread concerns about the transparency of the reporting process, delays in responses by Territory Families and a lack of feedback or follow up. There is considerable confusion about the universal mandatory reporting requirements, in particular what needs to be reported and who needs to report. Mandatory reporting is having unintended consequences, including increasing distrust of service providers, preventing young people and families from reporting their concerns and in turn preventing them from accessing the supports and therapeutic services that they need. There are also concerns about the investigation process – in particular the inappropriateness of risk assessment tools and workers.

### Appropriate assessments for children, young people and their families

The existing risk assessments conducted by Territory Families are narrow, risk focussed, and are not supported by more holistic assessments that take into consideration the overall health, wellbeing, strengths, needs and aspirations of the young person and their family. There is an urgent need for appropriate assessments for children, young people and their families. There are also some concerns about privacy and information sharing within Territory Families, to the detriment of young people.

### The need for early intervention

Children and families do not have access to appropriate early intervention and family support services. Major investment in early intervention and outreach, and equitable investment in regional

and remote areas is needed. Aboriginal led services, such as family support, Social Emotional Wellbeing (**SEWB**) and Alcohol and Other Drugs (**AOD**) need to be expanded and properly resourced. Specialist children's services, including primary health, mental health and paediatric care, and assessment for FASD, behavioural and development delays need to be more widely available and accessible, especially in regional and remote locations. Place-based extended family services that integrate family support and children's services are needed.

#### Families having more say

The complexity of Aboriginal family and kinship structures and the role and responsibility of the extended family in caring for children is not respected or understood. The extended family is not adequately engaged in decisions about children under the current system. Territory Families workers need substantial training in culturally effective engagement and more local Aboriginal support workers and cultural brokers/interpreters are needed.

To be effective and ensure that extended family members are fully engaged in the process, Family Group Conferencing (**FGC**) must be a flexible model that reflects local needs and is properly resourced. Plans developed in FGC must be resourced to ensure that required services and supports are delivered and the plan can be actioned.

#### Culturally effective engagement

There is universal concern about the lack of cultural recognition in the system. Specialist education is needed to improve cultural competency at all levels of the child protection and out of home care system. In particular, case workers need to be trained in and develop understanding of local cultures and protocols and should always be accompanied by local Aboriginal support workers when working with Aboriginal families. Aboriginal workers and interpreters are the key to improving cultural competency and effective engagement: they need to be recognised for their cultural skills and experience and rewarded with proper pay that reflects their contribution.

Respectful, collaborative approaches that work across cultures are needed for the system to meet the needs of Aboriginal families, including recognition and respect for cultural authority. In several locations representative cultural authority groups of respected elders/community leaders are already established. These have been established as a result of local initiatives and they are influential in decision-making and dispute resolution. Recognition of the role of local cultural authority needs to be an established principle in developing new legislation but must be flexible and appropriate to local communities or regions. Further community consultations and workshops to consider and develop the concept are needed.

#### Out of home care

The most important priority in out of home care is to avoid, as far as possible, removal of children from their extended family and community. Pre-approval of emergency carers and extending the period of emergency care would help to avoid unnecessary removals. More Aboriginal kinship carers are needed, but many Aboriginal people are unable to become kinship or foster carers because of barriers in the system. There is not enough information about the supports available to carers and there is a common perception that Aboriginal carers do not receive the same level of financial and other support received by non-Aboriginal foster carers.

## *AMSANT's Recommendations for wholesale reform*

1. There must be a more meaningful commitment to a public health model.
2. Families' and communities' voices need to be heard and should be meaningfully included in making decisions about their children,
  - 2.1 Family Group conferencing should be required before any long term decision relating to a child is made,
  - 2.2 Co-design of the FGC model must take account of the features discussed in these workshops,
  - 2.3 Local cultural authority / advisory groups need to be adequately resourced and meaningfully engaged in decision making.
3. The Northern Territory Government should introduce as soon as possible a comprehensive holistic assessment tool for all children and young people entering into the youth justice or care and protection systems.
4. Safe places for young people and their families are needed.
5. Mandatory reporting requirements should be evaluated and their impact on child safety should be reviewed.
6. Territory Families should evaluate and document 'what works' in the Territory Families East Arnhem (Nhulunbuy) office to replicate this across other locations.
7. Territory Families needs to review and change the way that it engages with communities, particularly remote communities.

## Next steps

The level of participation and feedback from the workshops showed that community members and organisations are keen to be actively involved in child protection and youth justice reforms. The model of engagement through respected Aboriginal controlled community organisations (DDHS as lead organiser, supported by local ACCHs) facilitated real two-way communication and engagement with local service providers and community members. The workshops were seen by community as 'the beginning of the conversation'. They generated momentum and enthusiasm which needs to be sustained through ongoing consultation and communication so that Aboriginal voices can truly be heard through:

- A program of targeted community and service provider workshops;
- Ongoing information and consultation with community organisations and service providers; and
- Comprehensive community awareness and information strategy, including social media, radio and information in languages.

## 1. Introduction

Since the appointment of the Royal Commission in July 2016, Aboriginal organisations and peak bodies have been proactive in researching and advocating for systemic change to achieve far better outcomes for children, young people and families in the NT.

The disproportionate over-representation of Aboriginal children in formal child protection and Out of Home Care (89%)<sup>1</sup> and in the youth justice (98%)<sup>2</sup> systems means that all communities and many families are directly and deeply affected. Their experience and concerns need to be heard and addressed in reform of these systems.

As the peak body representing Aboriginal community controlled health services (**ACCHSs**), AMSANT sought funding to conduct a series of information and feedback workshops for community members and service providers. DDHS was delegated responsibility for conducting the workshops to:

- provide information about the outcomes of the Royal Commission;
- gather information about community experiences of Child Protection and Out of Home Care, and experiences of carers, specifically about:
  - families having a say about their children
  - assessments
  - kinship care and Aboriginal carers, and
- provide information about proposals for legislative reform and workshop some key elements of the proposed 'single act'.

In 2018, 12 workshops were held in NT major population centres and in some remote communities (see *Appendix A*). The regional town meetings held in late May in Katherine, Tennant Creek and Alice Springs offered two slightly different workshops for service providers and for community members, but in practice there was a lot of crossover between these groups and the topics discussed were largely the same. A further community information and feedback meeting was held in Darwin in mid-June.

The workshops were generally well attended (between 15-25 people) and well supported by local community organisations. The workshops were welcomed. Participants asked for further meetings, more information and ongoing communication about these issues and the direction of proposed legislative changes.

In the short time available to arrange meetings, we gathered some very rich information. The themes that emerged across all of the meetings, listed in the Executive Summary, were remarkably consistent. They reflect many of the findings and recommendations of the Royal Commission but go further and deeper. This report is a broad summary of experiences of Aboriginal community

---

<sup>1</sup> Territory Families data.

<sup>2</sup> As at June 2018, 100% of children and young people held in youth detention facilities in the NT were Aboriginal: Territory Families Data



members and workers in the system they deal with now, capturing pressing concerns about child protection in the Northern Territory and some of the ways the system needs to change.

More than any other group in the Northern Territory, Aboriginal people are deeply affected by the child protection system, yet very little information or effective communication is available. The system has failed to recognise or respond adequately to Aboriginal law and culture, family structures and languages. There is a considerable degree of frustration and anger with a system that has persistently failed vulnerable children and families.

Aboriginal community organisations have been engaged at the interface with non-Indigenous systems for decades and have the expertise to advise how the system should change. Two-way approaches that respond to cultural diversity would deliver better outcomes for children and families. As well as community-based services and organisations, there were several examples where communities have established cultural authority groups, often initiated with little support and few resources. These are examples of local governance built on cultural law. Amongst many ideas put forward, such groups represent culturally sanctioned local governance and place-based decision making that could provide the effective local cultural guidance that is lacking.

There is keen community interest in being kept informed and making sure that community voices are fully represented and heard in the reform process. While many aspects of the system and how it could be improved were canvassed, the information gathered is not comprehensive. The workshops were seen by participants as a first step in the participative consultation process that is needed to implement system reforms that meet the needs of Aboriginal families. A great deal of work is still to be done to develop the detail of the legislative structure, mechanisms such as comprehensive assessments and family group conferencing, training structures, and the role of Aboriginal communities and organisations in building services that will develop and strengthen an Aboriginal Out of Home Care support sector.

6 July 2018

## 2. Understanding the system

While the workshops did not set out to explore the participants' understanding of the child protection and youth justice systems, it was apparent across the discussions in all locations that there is considerable confusion and lack of accessible information about many aspects of the systems. This impacts on the capacity of communities and organisations to engage effectively with the systems.

*if you're not engaged with the services as a client you often don't understand the system and how to navigate it. How do we educate our mob to understand about their rights and participating in services and dealing with these systems? It's something that always comes up... for the families it's hard – they often find it overwhelming and that's when they become disengaged.*

*[Alice Springs community worker, member of Grandmothers Group]*

The need for community education was frequently raised. Participants reported widespread lack of understanding – for example, of the terms used, reasons for decisions, lack of information or understanding of why a child may be removed, cultural and language differences. At a remote community meeting, for example, participants asked the convenor to go back to a slide that illustrated the child welfare system in simple terms and asked for this to be explained again in language (Yolngu). This group asked for the information so further education could be given to young mothers about this.

Other examples raised at the workshops were:

- If a significant specific incident of harm has occurred the reasons for removal are understood, but otherwise families often don't know the reason for removal;
- Terms like 'neglect' – the most common reason for removing a child – are vague, not understood, and some forms of behaviour are not understood to be harmful to children;
- Workers in the health system are unclear about what and when they are required to report, and why some children are reported and others who are at greater risk aren't;
- Families don't know what rights they have, if any;
- Families don't know what they need to do or how to get their children back if they are taken away;
- Carers don't know what their entitlements are and why some are paid and others aren't.

There are multiple reasons why the system is not understood. As well as language, there are educational and cultural barriers, and apparently few mechanisms to support families and ensure that what is happening and why is understood. Further, there is lack of understanding of the rights of parents and extended families, frustration at being unable to gain information about children under protection, fear of mandatory reporting and lack of information about processes and how to navigate the system.

The Royal Commission made specific recommendations about some of these issues, for example, that families be given clear information about the reasons for removing a child, what steps the family needs to take to have the child returned and where to obtain legal advice.<sup>3</sup> The Royal Commission also recommended that the *Care and Protection of Children Act* be amended to ensure that families are informed about the length of an order and how it can be appealed.<sup>4</sup>

Differences between ‘family way’ placements, kinship and foster carers, the process of becoming a carer and the carer support and payment system are extremely complex and are not understood. This will be discussed further in Chapter 7.

## Language and communication

Issues around explaining and communicating to families, especially across language barriers, were raised at all meetings, for example:

- *It can be very challenging if English is your fourth language. We need interpreters everywhere, not just for language but to interpret the law and provide the information back to family.*
- *Language is a big one. If you’re taking people through assessment, they don’t understand it – they’ve giving consent to something they don’t understand. It’s like health – I have been working in health for 40 years, but we still struggle with health language.*

Communication difficulties are compounded if the case worker comes from a non-English speaking background and/or lacks experience or understanding of Aboriginal cultures – the two sides literally can’t understand each other.

The Royal Commission made several recommendations concerning language, e.g. information given to the family about removal of a child and rights of appeal be given in language,<sup>5</sup> and that Territory Families ensure access to interpreters and formally record the languages spoken and the family’s proficiency in English.<sup>6</sup>

In addition to provision of interpreters, the workshops identified the need for clearer definitions and explanations of key terms and processes so that everyone, including English speakers, can understand the system:

- *‘Care and responsibility’, ‘parental responsibility’, ‘best interests of the child’ – what do these things mean?*
- *There needs to be a clear process, in English and in language, that people understand – that is not based on gossip and ensures that the child’s needs, and potential carers are properly assessed.*

---

<sup>3</sup> Recommendations 32.12, 33.2

<sup>4</sup> Recommendation 34.15

<sup>5</sup> Recommendations 32.12, 34.15

<sup>6</sup> Recommendation 34.11, 34.12

Interpreters also need specific training about definitions and key terms in the Care and Protection system:

*There is no specific training for interpreters – there's a wealth of information on plain English definitions of criminal law terms, so for this area, we need clear definitions and specially qualified interpreters because interpreters are not familiar with these terms and don't know how to interpret them. They break down in court. Territory Families tends not to use interpreters.*

Community Legal Education (**CLE**) work is being carried out across the NT – predominately through community legal services (NAAJA, NTLAC and NAAFLS), however these organisations are limited by their funding and reach; it is clear that there are still many gaps in understanding, particularly in the care and protection space. DDHS is also currently working with Territory Families, community legal education teams and staff to develop educational videos, which it is hoped will help to fill these gaps. More funding and resources in this space are clearly still required.

#### ***Workshop proposals for understanding the system***

- Develop plain English resource materials that explain child protection, how the processes work, the terms used and what they mean
- Training for interpreters and a 'dictionary' of common terms in plain English to assist interpreters
- Presence of trained interpreters at all meetings with families where English is not the first language
- Mandatory presence of trained interpreters in legal proceedings
- Local Aboriginal support workers / cultural brokers who have received training in child protection.

### 3. Reporting and Investigation

Reporting and investigation were not specifically addressed in the workshops, but a number of serious concerns were raised about these processes. Overall there was a sense of frustration about lack of information and follow up, and lack of action despite numerous reports.

#### Reporting

##### *Reporting process*

The workshops highlighted the concerns about the lack of transparency of the reporting process, departmental delays in responding and the lack of feedback or follow up. Participants noted their confusion about why some cases come to the attention of Territory Families and other cases of concern (e.g. reported by health staff, community, family members) aren't investigated or followed up when they're reported.

- In Tennant Creek, concerns were raised that the 1800 report line is directed to Darwin, not to local workers when the caller is outside Darwin. Urgent matters reported to this number are not followed up promptly. People reporting an urgent issue of child safety are “given the ‘third degree’” about details of the child, but are not advised of the outcome and don't know what, if anything was done.
- Some participants said that Territory Families workers had told them of extraordinarily high workloads that could not possibly be effectively managed. This issue has also received recent media coverage.<sup>7</sup> Reports about the overwhelming number of notifications, Territory Families' failure to follow up notifications and delays or lack of response, also came to the attention of the Royal Commission.<sup>8</sup>

##### *Mandatory reporting*

- The workshops also highlighted concerns about the universal mandatory reporting in the NT – requiring every adult to report suspected child abuse or neglect.<sup>9</sup>
- Comments made by participants indicate that mandatory reporting requirements are not well understood and, in particular, there is confusion about what types of ‘harm’ need to be reported. For example, many participants noted that mandatory reporting (or fear of it) is seen as undermining family authority and discipline – parents and caregivers say children threaten to report them if they try to impose discipline.

---

<sup>7</sup> ABC 4 April 2018, <http://www.abc.net.au/news/2018-04-04/nt-child-protection-workers-allege-caseloads-risk/9615396> and NT News 28 March 2018, <https://www.ntnews.com.au/news/territory-families-wrote-off-cases-to-achieve-budget-goals-child-protection-whistleblowers-say/news-story/75a40e629902d57d59d062b51b130c0c?nk=86e6f372a4a4817d47c279b62cda4214-1529900822>

<sup>8</sup> See Recommendations 32.2 to 32.5.

<sup>9</sup> Care and Protection of Children Act (NT) s 26 makes it a criminal offence for person who believes on ‘reasonable grounds’ that a child: has suffered harm or exploitation; is less than 14 has or is likely to be a victim of a sexual offence; or is likely to be a victim of sexual intercourse or gross indecency involving child over 16 years under special care.

The workshops indicated that the perception that *everything* has to be reported is having unintended consequences:

- Overwhelming the central intake team, as discussed by the Royal Commission;<sup>10</sup>
- Causing people to distrust service providers for fear of statutory intervention – for example, “*people might stop coming to the clinic because they think they’ll be reported*”;
- Causing children and young people who are victims of abuse or assault to feel that they have nobody that they can speak to confidentially;
- Preventing young people and families from reporting abuse or safety concerns for fear that a mandatory report will be made. This in turn prevents them from accessing the therapeutic or other services that they need.

The Royal Commission also recommended that mandatory reporting guidelines be developed, and information seminars be held to assist notifiers in meeting their obligations.<sup>11</sup> This recommendation is a start, but also given the unintended consequences that mandatory reporting may be having, mandatory reporting requirements should also be further reviewed.

## Investigation

### *Risk Assessments*

*The assessment tools we were working with were completely inappropriate. They use these tools that were very foreign, had nothing to do with our lives, with these kids’ lives. The workers working on this had no cultural safety training. They came from elsewhere, overseas – they were using these inappropriate tools, they had no cultural training – they were assessing our lives based on the nuclear family, not doing any case management, they didn’t understand our structures.*

*[Former youth worker, Alice Springs community workshop]*

- The workshops indicated that Territory Families case workers often don’t have sufficient cultural knowledge or training to understand the complexity of Aboriginal cultures and family structures when conducting assessments.
- The existing risk assessments conducted by Territory Families are narrow, risk focussed, and are not culturally appropriate. Concern was also raised about a bias in risk assessments that fail to recognise strengths in the family:

*In my experience in child protection and family support, the negative narrative always seems to outweigh the positives. I don’t see these assessments taking a strengths-based approach – we need to highlight the positives around families and the child. [Alice Springs community worker, Service Providers workshop]*

---

<sup>10</sup> The Royal Commission noted that there has been a six fold increase in notifications in the past 10 years (since mandatory reporting came into effect), but there is no evidence of a commensurate increase in the level of substantiated abuse and harm: Royal Commission Final report, Ch 32, p 312

<sup>11</sup> Recommendation 32.4.

The Royal Commission recommended that Structured Decision Making (SDM) tools be reviewed to ensure they are appropriate to the Northern Territory.<sup>12</sup> Such a review will need to be comprehensive to encompass the complexity of Aboriginal cultures and family structures. The need for more comprehensive holistic assessments will be discussed in Chapter 4.

### ***Workshop proposals for improving reporting and investigation***

- Reporting by community members through hotlines or email should be simple and accessible
- Reports should be followed up promptly by a Territory Families Intake Officer (i.e. an officer of the department who is able to advise on the action that has been or will be taken)
- Community information / guidelines to be developed as soon as possible to explain when concerns about a child should be reported and what information is needed
- All hours contact to department officers (rather than diverted hotline) should be available in major centres and appropriately redirected in remote areas
- Territory Families should review procedures to ensure that extended family members who have notified concerns about a child are informed about investigation of their reports
- Family members who are recognised as having responsibilities in relation to a child need to be able to contact a case worker and access information about the care of the child
- Mandatory reporting and its effects needs to be reviewed
- Territory Families caseloads need to be reviewed
- Local Aboriginal workers / cultural brokers and language speakers who can assist in identifying and engaging with family members need to work alongside Territory Families workers

---

<sup>12</sup> Recommendation 32.1

## 4. Appropriate assessments for children, young people and their families

In Chapter 3, the inappropriateness of the existing risk assessments was discussed. As noted, the current SDM assessment tools are narrow and risk focussed, and are not supported by more holistic assessments that take in consideration the overall health, wellbeing, strengths, needs and aspirations of the young person and their family.

The urgent need for appropriate assessments for children, young people and their families was discussed at every workshop. The idea of a comprehensive holistic assessment, modelled on the Tuituia assessment framework in New Zealand<sup>13</sup> was also discussed.

### Difficulty accessing comprehensive assessments

There was widespread support for the idea of comprehensive assessments that take into consideration the holistic needs of the young person and their families. However, the lack of resources both to conduct the assessments and to provide follow-up services was widely cited. In particular, difficulty in accessing paediatric and psychological assessments and diagnosis were reported in all locations. It was reported that even where the need for cognitive, behavioural or psychological assessments is recognised, it can take many weeks or even months for this to be carried out due to the unavailability of specialists in remote locations.

In particular, the difficulties accessing assessments for Foetal Alcohol Spectrum Disorder (**FASD**) or other types of cognitive impairment were widely cited. The Royal Commission recommended standardised FASD screening for all children entering out of home care,<sup>14</sup> but the view of the workshops was that screening for FASD as well as other issues should be made more easily accessible as an early intervention approach to support *all* vulnerable children and their families. Given the evidence of the widespread nature of FASD and cognitive impairment in a recent study in W.A.,<sup>15</sup> the workshops emphasised that funding for FASD/cognitive assessments for young offenders should be a high priority.

### Issues of consent and information sharing

During discussions about comprehensive assessments, participants in some workshops raised concerns about privacy and the risk of sharing information with other agencies in a small town. Some service providers, in particular lawyers, noted that since the control of youth justice has been shifted from Corrections to Territory Families people have lost confidence that reports (e.g. psychological assessments) will be kept confidential.

A youth justice lawyer gave an example of a client who was also in the care of Territory Families. Territory Families had ordered a psychological assessment for matters relating to the child's care. The lawyer was concerned that the contents of this report could be shared within the Department,

---

<sup>13</sup> See <https://practice.mvcot.govt.nz/policy/assessment-and-decision-making/resources/understanding-the-tuituia-domains-kaitiaki-mokopuna.html>

<sup>14</sup> Recommendation 33.14

<sup>15</sup> Carol Bower et al, 'Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia' *BJM Open* (19 February 2018)



so if the child made admissions or other statements about the offending during the assessment, it could be used as evidence against them in their criminal proceedings.

***Workshop proposals for assessment of children and their families***

- There needs to be increased funding and resources to enable comprehensive assessments of children and young people
- Given the suspected widespread nature of FASD and other cognitive impairment, there should be funding for a FASD prevalence study in the NT, particularly of children in care and detention
- FASD assessments need to be made available for young people living in remote locations
- There needs to be a 'Chinese wall' in place in Territory Families to ensure that confidential reports and information are not shared between caseworkers to the detriment of the child or young person, or their family.

## 5. Need for early intervention

The need for action and early intervention (well before it comes to the point of removing a child, or a child going into detention) was raised at every meeting. The Royal Commission recommended that, as part of the commitment to a public health approach to child protection, the NTG carry out a prevalence, needs and service mapping study.<sup>16</sup> This has been committed to in the NT Government's Implementation Plan – *Safe Thriving and Connected*.<sup>17</sup> There was universal support at the workshops for increased investment in early intervention and family support.

### Family support

The following are examples of comments made about the need for more early support for families:

- *The main message here is that there isn't enough support for families and kids early on, prevention, and not enough support for people who are willing to be carers.*
- *Early interventions and supports need to be put in place. What are they spending on grandmothers and grass roots people to look after them [the kids] and keep them at home?*
- *In telling our stories to Balanda, we are saying we need support. For people, families, clan groups.*

There were calls for early access to and major investment in:

- Aboriginal led family support services;
- Parenting/home-maker programs for young adults;
- Outreach and engagement with extended family;
- Primary health care services, AOD and SEWB services;
- Medical, behavioural and psychological assessments and treatment for children;
- Aboriginal organisations to provide outreach in all services – existing services are not meeting needs in a culturally responsive way.

A strong theme was the need to consider not only the child who has come into contact with the system, but their wider family, and addressing the needs of the family as a whole:

*Based on my experience, we need to do some assessment around parents and primary care-givers, we need to look at what supports they need – a lot of the families we work with, they might be homeless, DV issues, alcohol etc. It may not be possible for them to do the things they're being asked to do. The work we do has to include primary carers, including grandparents etc. If we're trying to look at*

---

<sup>16</sup> Recommendation 39.1.

<sup>17</sup> The Implementation plan indicates that the Northern Territory Government will allocate up to \$750 000 in 2018-19 and in 2019-20 to commission further research in the Northern Territory to: carry out prevalence, needs, service mapping and service referral studies to gather information about the needs of children, families and subpopulations, and what services are currently available to meet those needs.

*outcomes for children, we have to look at the families around them as well. There's often a focus on the child, but not the whole family and what they need.*

In the three regional towns visited (Katherine, Tennant Creek and Alice Springs), there was some discussion of over-servicing or duplication, and proliferation of services and service providers, all working in an uncoordinated way. One town was described as “a service wonderland”, while in another a participant described observing no fewer than 10 vehicles driving into a community living area (town camp):

*All of them were interacting with members of the community but there was no communication between any of them with each other. We were watching, laughing about it.*

The apparent discrepancy between reported lack of early intervention services and reports of over-servicing suggests that the services available are not well targeted, are missing the mark in some way, or are not being accessed by people in the Aboriginal community who need them. In considering how prevention and early intervention can be expanded to meet the need, consideration will need to be given to implementing integrated place-based support services to ensure coordinated service delivery where and to whom they are needed.<sup>18</sup>

While the NT Government's establishment of the Family Enhanced Support Service,<sup>19</sup> may address some of the concerns raised here, this model was not mentioned at any of the workshops and does not seem to be well-understood.

## Children's services

Workshop participants identified difficulties in accessing a range of children's services as one of the factors that limits early intervention.

*We don't have the services we need here – no child mental health, no psychology services at all. There's nothing for all these kids with FASD, behavioural problems.*

Children who come into contact with Territory Families (the formal care and protection or youth justice systems) tend to show developmental or behavioural difficulties long before this contact. Concerns about lack of access to mental health and specialist services in regional towns and remote communities were raised at every meeting, listing needs such as:

- Clinical assessments with accountable services and processes;
- Specialised health care – e.g. paediatrician position at the local hospital;
- Nutritionist / dietician at the local hospital;
- Early assessment of FASD and other conditions associated with challenging behaviour as noted above;
- Special needs education / classroom support (“no child left behind, no child excluded”);

---

<sup>18</sup> This issue was discussed briefly in the Royal Commission report; Volume 3B, chapter 38, pp 201-202

<sup>19</sup> Previously referred to as ‘dual pathways’: See Recommendation 32.8

- It was reported in many locations that families/carers are usually unable to leave their home location to travel with children for specialist services or treatment because of cost and family responsibilities, so the child is unlikely to access the service or support needed. The lack of such services was also suggested as a factor in some child removals, because of family difficulties in managing a child with behavioural problems, or because families agreed to removal of a child so that they could be diagnosed and treated.

### Early support for children and young people in trouble

Participants highlighted that there are not enough support services for children and families and few resources for existing local programs that engage and children and young people. Prevention and early intervention services and support are needed for children who are disengaged and where behavioural issues or developmental delays indicate the need for assessment and treatment.

Government should build on what already exists and give support and resources to initiatives that communities have established for themselves to “grow kids up”, address their problems and “keep them on track”. For example, at Galiwin’ku, elders had recently run a two-week “Rapirri camp” for parents and kids – a bush camp for about 40 people. The first one was very successful and now they need resources to follow up. They would like to run these for children at risk (petrol sniffers, children disengaged from school or exhibiting behavioural issues).

Participants in the workshops were strongly opposed to further investment in detention centres and want to see funds put into prevention, support services and culturally appropriate responses.

### ‘Safe House’ or village

The idea of safe houses or flexible villages with wrap around services was raised in most workshops. These are envisaged as a way of keeping children and families in communities and ensuring that they are able to access the therapeutic/other services that they need. Ideas for the purpose and function of the ‘safe houses’ varied in each location but included:

- providing safe temporary accommodation for children with special needs to visit families when they are back in community;
- providing a place that families can go to access services and supports – such as parenting programs;
- providing safe temporary (or long term) accommodation for family members becoming kinship/foster carers, for example, when a grandmother is taking children into her care, it would provide her a safe place to stay with these children whilst a more suitable residence is arranged;
- other purposes (such as youth camps, bail accommodation etc.).

The idea of the ‘safe house’ or village is also explored in Chapter 8 in the context of out of home care.

### ***Workshop proposals for improving early intervention***

- Major investment in Aboriginal led cohesive, culturally appropriate family support, SEWB, AOD and other programs delivered through Aboriginal community organisations
- Aboriginal organisations be funded to provide outreach in all services – existing services are not sufficiently funded and are not meeting needs in a culturally responsive way
- Equitable investment in early intervention family support in regional/remote locations
- Increased investment in Aboriginal Community Controlled Health Services to support improved referrals and increased specialist outreach visits
- Review availability of specialist services including paediatric and mental health services in regional and remote locations
- Place-based (extended) family focused support services which integrate family support and children's services.

## 6. Families having more say

The workshops specifically explored the idea of formal mechanisms to give families, including extended family, more say in decisions about children. There was universal support for making sure families do have a say in these decisions. The idea of family group conferencing in care and protection matters was discussed by the Royal Commission in Chapter 34.<sup>20</sup>

### Engaging with the extended family

*The law has to understand that process and the cycle of the family tree. They need to know. They don't know how to get the real story.*

The need for understanding the family as a whole and engaging with a child's extended family was raised at all meetings. Members of the extended family want and need to be engaged and have cultural responsibilities regarding the welfare of children. Families want to be informed and actively involved (and want the right family members involved) in decisions about the care of children.

The perception, especially in remote communities, was that Aboriginal families are viewed through the perspective of white understandings of the nuclear family, whether because the system itself does not accommodate the complexity of Aboriginal family structures, or due to workers' lack of cultural understanding, or both:

*Do those people making the report ever talk to the family? They don't talk to the extended family. Balanda think the family is just the immediate family, don't understand that it's the extended family, how they feel about that child.*

*[Community member, remote community workshop]*

A clinic worker in a remote community reported seeing Territory Families workers drive around the community to 'round up' family members who happened to be available:

*... come out for the day, often don't give any notice – just grab any family that's around the camp and suddenly they're the people deciding the future for this child, instead of giving lots of warning and making sure the right people are there.*

*[Remote community worker]*

Participants reported that often Territory Families does not adequately engage the extended family and decisions are taken without key family members who need to be involved:

*Who needs to be there? Mothers, fathers, all the family – grandparents, aunties, uncles and cousins. [remote community member]*

*That's what they do wrong all the time – they talk to the wrong people. They are breaking confidentiality. [remote community member]*

---

<sup>20</sup> See Recommendations 34.7-34.10.

*We're really concerned [about our nephew], his grandmother is really concerned – but we aren't involved in any meetings. We're worried that kid is going to end up dead, and we can't do anything about it. [community member, regional town]*

At times family members have been pressured to make a quick decision or agree to something that they did not understand or did not have time to consider. There needs to be more flexibility; families need to be fully informed and then allowed time to think about the issues before making a decision.

*... definitely the families need all the information at the table so that they know what they're deciding about, but they need time to discuss it among themselves – so you can't give them the information and expect them to give an answer there and then – go away and think about it before making a decision.*

Engaging fully with families requires time and resources to identify key family members, arrange scheduling and location of the meeting, and transport. Locally based Aboriginal workers and cultural brokers have the family and community knowledge and should provide this support.

In her paper, *Understanding and considering culture in the context of the Northern Territory Child Protection System* (September 2015),<sup>21</sup> Jane Lloyd recommended collection of information about family relationships and family mapping as an important cultural competence practice for Territory Families (then DCF) workers, adding

*Most importantly, better engagement is needed with those who do understand the kinship system and family relationships ... [p.13]*

## Family Group Conferencing (FGC)

The idea of Family Group Conferencing was workshopped to explain the concept and gather initial community feedback. The concept was welcomed with interest, but there was a strong view that the model or framework needs to be very flexible so that local communities can develop a process that works in their culture.

*If it's going to work here in the NT, it's got to be made to be our model – every place is different – we shouldn't import the model from somewhere else. It needs to be designed with communities. It's going to be different in different places – what will work on Elcho is not the same as what will work in Darwin.*

*[Community leader, Katherine]*

## Convening FGCs

- All workshops said that FGCs should be independent of government and should not be convened by Territory Families. They also said that Aboriginal community controlled organisations should arrange FGCs because:
  - they know their clients and communities and how to work with Aboriginal families,

---

<sup>21</sup> <https://childdetentionnt.royalcommission.gov.au/NT-public-hearings/Documents/evidence-2017/evidence30june/Exh-679-003.pdf>

- the can be advised and supported by senior cultural people (see Cultural Authority Groups below),
- they would be more flexible than contracted commercial providers in making sure that FGCs are held in the best place that is most suited to the needs of the family and getting everyone there.
- Conferences will need to be in locations where everyone can attend and/or transport needs to be provided:
  - Locations need to be flexible (e.g. if some family members aren't well enough to travel),
  - The cost of getting participants to the conference will have to be covered as many can't afford the cost of travel.
- Families will need to be well prepared for FGC and supported through the process:
  - Families need to be given all the information about the process and about the child being discussed
  - Families need the time and support to consider all the information
- Government needs to recognise that there may need to be more than one meeting or conference to give the family the chance to make a meaningful contribution.

***Workshop proposals for families having more say***

- Territory Families needs to engage with the whole family – workers need more cultural training and more effective cultural practice to have a better understanding of extended families and their responsibilities for children
- Territory Families needs to work with local Aboriginal support workers to identify the right people who need to be involved
- Families need full information (and support of trained interpreters if English is not the first language) and time to make decisions – they should not be put in the position of consenting to something they don't understand
- Local Aboriginal community organisations should have responsibility and resources to organise Family Group Conferences (FGCs)
- FGCs need to be held in locations where they work best for families
- FGCs need to be well resourced so that all the information and all of the right family members can be brought together – this needs to include arranging transport
- Families involved in FGCs need support.



## 7. Culturally effective engagement

The workshops talked about the ability of the child protection system to engage effectively and in a culturally competent way with families and communities. They also talked about more general issues related to government engagement and the way government staff usually try to talk to and consult with communities.

*We need specialist education for everyone who works in these systems. For us Aboriginal people, it takes a lifetime to learn about our culture – we don't expect people coming in from overseas or interstate to grasp that within a short time frame. This needs to be headed up by Aboriginal people.*

Despite the high proportion of Aboriginal clients, the child protection system is not culturally competent to meet the needs of the people who are most affected.

At all workshops there was universal concern about the lack of cultural recognition in the system, the lack of cultural competence of case workers and lack of recognition of the skills and experience of Aboriginal workers amongst whom there is high staff turnover. It is recognised that addressing this shortfall is also a complex matter because of the complexity and diversity of Aboriginal cultures. This shortfall needs to be urgently addressed on a system wide level:

*One week of cultural awareness training is not enough – you all need it, from the top of your department right down to the trainees.*

The Royal Commission recommended that Territory Families develop cultural awareness and competence training in consultation with Aboriginal controlled organisations.<sup>22</sup> The workshops further suggested deeper cultural engagement within the Department:

- Territory Families caseworkers work side-by-side with Aboriginal workers such as cultural experts or brokers to help them understand cultural law
- 'Two Way' Learning – to link into remote communities, Aboriginal and non-Aboriginal people working together as a team, each contributing their cultural skills or expertise in the system and learning from each other (e.g. Central Australian Aboriginal Congress)
- Territory Families officers should always have an Aboriginal support worker with them when working with Aboriginal families, including in major population centres

***At Congress we work in cultural pairs – to have a link in to the community, every non-Aboriginal worker that works with a family works alongside an Aboriginal worker. They bring that cultural knowledge to work through the system with that family – all the interactions with Territory Families, the police, etc. Without the Aboriginal workers we would not get the take up that we do get. We find there is two-way learning – it works so well and the engagement with the families works really well.***

---

<sup>22</sup> Recommendation 32.10.

## Acknowledging and remunerating Aboriginal workers

Trained language speakers and interpreters need to be engaged (see above) and there needs to be more recognition of Aboriginal workers' cultural skills and equitable remuneration for those skills:

*... and there needs to be one stream – administration and Aboriginal liaison workers. You see a high turnover of Aboriginal staff in the system. They bring a lot of high skills and experience, they're doing the same amount of work as those people coming from overseas with their degrees, but they're not recognised and not paid the same even though they're doing the same work.*

*[Community organisation worker, Alice Springs]*

## Local cultural authority

A theme that emerged frequently was the need to engage Aboriginal cultural authority and guidance in child protection and family support systems.

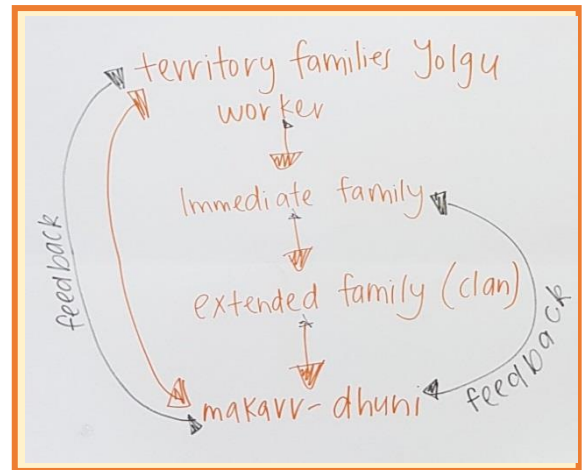
*All of us are representative of a clan group and every issue that we face with a child, there is a clan where we go find shelter and safety. We've got people here working with family services. We need people to engage with us. There's people there to support.*

*[Remote Community member, East Arnhem]*

Several types of cultural authority groups discussed in the workshops have the authority to support families in decision-making and dispute resolution, or can provide guidance on what the community needs and what will work culturally. These exist in various forms, ranging from a regional level of cultural authority to more local advisory groups and incorporated community organisations. They draw on the knowledge and expertise of respected senior people who are acknowledged as holding appropriate cultural authority.

- The Mikan Reference Group is representative of family groups in East Arnhem and is a joint initiative of Yolngu and Territory Families to build relationships with local communities and advise on cultural practice. Part of its role is to promote child protection awareness, and where appropriate it can be involved in jointly developing action plans to divert children away from care.
- In Tennant Creek, the Council of Elders and Respected Persons (**CERP**), funded by the Attorney-General's Department, was a council of representatives of the varied language and cultural groups that operated successfully for many years to resolve issues for people living in Tennant Creek and in the Barkly region. Despite the support of the community, CERP ceased to operate as a result of defunding. Following a series of events in 2017 and early 2018, a Cultural Authority Group was re-established in Tennant Creek but is not supported with funding at this stage.

- In Galiwin'ku, community members drew this diagram (right) to illustrate how the extended family needs to be involved in decision-making, supported when needed by Makarr Dhuni (a cultural authority group of male and female elders, representative of Yolngu clan groups).



Left: Yolngu Nations Assembly, Makarr Dhuni diagram [Galiwin'ku]

Above: Process for decision-making about a child

- In Alice Springs, a grandmothers group – ‘Strong Grandmothers of the Central Desert Region’ - formed after the screening of the Four Corners program that triggered the establishment of the Royal Commission. The group has been proactive in lobbying NT and Commonwealth on child protection, youth justice and community safety
- Several of the community organisations that attended Service Providers’ workshops have established their own cultural advisory groups (e.g. men’s groups, women’s groups).
- ‘Law and Justice’ groups at Lajamanu and Ali Carung (Alekerenge) were also mentioned as having been highly effective in the past.

The importance of these groups is not only in providing cultural guidance, but that they have the authority of local cultural law. The development of new overarching legislation for child protection and youth justice will need to respond to the diversity of Aboriginal cultures and languages and work proactively with Aboriginal communities in ways that ‘make local cultural sense’.

When the concept of Family Group Conferencing was discussed in Tennant Creek for example, the CEO of a major local community organisation affirmed “we could work out how we could do it (work out a local cultural authority structure) in Tennant Creek in a couple of days”.

*It will be different everywhere in the territory – CERP here had developed a structure, knew who were the right people to bring together to work through to reach a solution. The model was developed locally and it worked really well, it was based on localised thinking, localised behaviour and protocols. Those are all the things you have to take into account when you’re deciding how to do this.*

Recognition of local cultural authority needs to be an established principle in the development of new legislation, together with the creation of mechanisms for integrating cultural authority advisory groups or structures that are appropriate to the needs of local and regional communities. Further community consultations and workshops are needed to consider how these structures would work and how such mechanisms can be developed.

### ***Workshop proposals for culturally effective engagement***

- More comprehensive cultural training is needed for everyone working in Territory Families, including people at the most senior levels
- Aboriginal culture workers / cultural brokers should work along side Territory Families case workers whenever they work with Aboriginal families, including in major population centres
- Aboriginal support workers should receive more recognition and better pay for the work they do
- Local cultural authority that is recognised by the community should be consulted and should be involved in local solutions – they need support and resources
- The concept of local cultural authority should be embedded in reform of the child protection and youth justice systems

## 8. Out of home care

We explored a range of issues about out of home care, the placement of Aboriginal children in out of home care and the barriers to kinship and foster care for potential Aboriginal carers. The workshop participants were very concerned about these challenges and offered a range of solutions and approaches.

*Taking away, that's not on. We don't want that approach to be happening to us.*

Participants at the workshops were deeply concerned when presented with statistics confirming the disproportionate representation of Aboriginal children in out of home care and the high proportion of those children (68%) who had been placed with non-Aboriginal families. Despite the Aboriginal Child Placement principle,<sup>23</sup> in 2015-16, of a total of 1049 children in out of home care:

- 89% were Aboriginal;
- Only one third (32%) of these Aboriginal children were placed with Aboriginal families.

Reducing the number of child removals and trying to prevent the need to remove children from their homes or communities – whether under protection or because of youth justice issues – is a high priority.

### Avoid removing children from extended family / community

Workshop participants universally sought solutions to avoid removing children from community and provide better support to keep children with extended family and kin.

*Sometimes it hurts – we don't want children taken away to Balanda families – everything is taken away that is required, their culture, their language – it's very different in Balanda families.* [Remote community member]

While it is sometimes unavoidable to remove a child from the care of their immediate family, the general view of workshops was that removing children from their extended families and communities or region was a 'last resort' measure that must be avoided if possible. Removal from a remote community or even from a regional town means placing the child at an unreachable distance from their home so that maintaining links with their family and community become difficult, if not impossible.

If a child does need to be removed, efforts must be made to reunite the family or return the child to extended family and community as soon as possible. Examples were given of extended delays in reuniting a child with their family – for example, it took a grandmother in a remote community 15 months to gain parental care of a grandchild that had been born in Darwin and had been in foster care since birth.

Removal of children is profoundly stressful for families and for the child can have lasting and even life-long consequences in loss of language, culture, and life experience with peer group and family. It can be difficult for them to recover these losses if they are away for an extended period.

---

<sup>23</sup> See Royal Commission recommendation 31.1

*One child taken away only spoke English by the time he came back – he couldn't talk to his little brothers and sisters. It took a while, probably 6-8 months till he picked up the language again. He was about 3-4 when taken away, and about 6 when he came back, so he had a chance.*

*[Chairperson community organisation, Katherine]*

## Carers

The reasons why such a high proportion of Aboriginal children in out of home care are placed with non-Aboriginal families is unclear. In its findings, the Royal Commission noted several issues:

- NT Government employs too few Aboriginal Community Workers (Vol 3A, p.403);
- The NT Government has systematically failed to identify and use kinship carers for Aboriginal children (Vol 3A, p.410);
- Training in Aboriginal kinship systems and culturally appropriate kinship care for the purpose of kinship care placements is inadequate and must be significantly improved (Vol 3A, p.416)
- Too few Aboriginal children in out of home care are placed with kinship carers (Vol 3A, p.416)

In Nhulunbuy, Territory Families reported that during the last financial year it had been successful in placing all Aboriginal children taken into care in the region into kinship care placements, with only two being taken briefly into emergency / short term care in Darwin. This was attributed to the employment of three local Aboriginal Support Workers, and proactive advance assessment of potential emergency (72 hours) and interim (three months) carers. The support and active partnership of the Mikan Reference Group has helped Territory Families to build stronger relationships with the community, and contributed to the outcome of keeping children placed in out of home care within their extended family. It appears that this outcome has not been achieved elsewhere in the Northern Territory.

### *Emergency and short-medium term care*

It was reported that the 72 hours allowed for emergency care was not long enough to arrange to place a child in appropriate longer term care and did not allow enough time to assess Aboriginal kinship and foster carers who would be able to take care of the child for a longer period.

In the example above, Territory Families had pre-empted this problem by conducting advance assessments of potential emergency and short-term carers in the event that such placements might be needed – however this effective solution appears to be specific to East Arnhem and may not have been tried elsewhere. Pre-approval of emergency carers was supported at the workshops.

### *'Family way', kinship care and foster care*

Workshop participants were generally poorly informed about the differences between these types of care placements (especially the difference between 'family way' and kinship care). It is not clear to community members what supports, especially financial support, carers are entitled to receive. The widely held view is that foster carers are paid and that kinship carers are unpaid. Kinship and 'family way' carers are generally believed to receive inequitable financial support compared to non-

Aboriginal foster carers. Payments to foster carers are clearly explained on the NT Carers website<sup>24</sup> but kinship payments are not clearly shown and it is likely that this information is difficult to find for Aboriginal community members.

In order to receive support from Territory Families, foster and kinship carers must be assessed and approved as carers by Territory Families. There appears to be another group of 'family way' carers who take responsibility for caring for a child as members of the extended family (in effect, kinship carers) who do not receive financial support (except possibly some family support / parenting payments from Centrelink). It was suggested at some workshops that Territory Families may encourage Aboriginal family members to opt for 'family way' placements to avoid or minimise complexities of assessment and court proceedings. If so, this may mean that these carers have fewer options for support and financial reimbursement as carers. While Territory Families claims that 'family way' caring is not used or promoted as a child protection response, the experience in the community and amongst service providers suggests that some Territory Families workers may be actively promoting that option as a quick solution to place a child that needs to be under protection.

### *Workshop proposals for carers*

- Avoid removing children from their families, community or region wherever possible
- Review the period allowed for emergency care – needs to be longer than 72 hours
- Review Territory Families guidelines for assessment and recruitment of local emergency and medium-term carers to ensure a pool of local carers
- Territory Families should adopt the practice of pre-approval of emergency and short-medium term carers (as in Nhulunbuy) to allow more time to resolve longer term kinship care
- Review payments for emergency carers which are reported to be low
- More information about the differences between 'types' of carers and their entitlements needs to be made available to the community.
- Review assessment guidelines and assessment process for kinship carers
- Review the payment system for all carers, including 'family way', kinship and foster carers, to ensure are receiving the financial and other supports they need for children in their care and are equitably reimbursed
- Additional training for Territory Families workers in kinship carer assessments
- Review 'family way' care placements – are these meeting the needs of children, families and communities and are carers receiving the support they need?

---

<sup>24</sup> See website at: <http://www.carercommunity.nt.gov.au>

## ‘Safe Houses’ or villages

As noted in Chapter 4 above, at all the workshops, participants suggested the idea of a safe house or a village of safe accommodation supported by wrap around services as a response to a range of issues. The vision of ‘safe houses’ has multiple benefits, including reducing the number of children removed from community and providing a point to keep children connected to the community.

In the context of out of home care, Territory Families in East Arnhem reported that a significant number of the children in out of home care could not live in their community because of health issues or disabilities:

*A lot of our kids in care cannot have those needs met – kids that are wheelchair bound, that have full on health needs, disabilities – they are usually with carers in Darwin.*

It was reported in multiple locations that often family members are prevented from becoming kinship carers because they do not have large or appropriate houses. People also noted that children are often removed ‘temporarily’ from community whilst a more permanent placement is found. In response to these issues participants also suggested the safe house idea as a way to:

- provide emergency placements in community rather than removing children to the city while kinship care is arranged, or;
- provide short term accommodation for kinship carers whilst safe longer-term accommodation is arranged.

While supporting the idea of pre-approved emergency carers (as above), many participants noted that emergency carers were likely to need a safe and suitable place to provide that emergency care due to the challenges of overcrowding and inadequate housing in communities.

## Barriers to becoming a carer

Although the child protection system urgently needs more Aboriginal foster and kinship carers, there are many barriers that prevent Aboriginal people from becoming carers, including barriers created within the system. The application and assessment process is complex, time-consuming and is very difficult for community members to understand and navigate, even with support and assistance. The application process was considered very difficult for educated non-Aboriginal applicants who took part in the workshops.

### *Applying to be a carer*

Numerous barriers are likely to rule out many Aboriginal community members as recognised carers at the assessment stage, including:

### Housing

Many potential carers live in overcrowded or frequently overcrowded homes that will be assessed as unacceptable, although in itself overcrowding may not be an indicator of a dysfunctional family or home. Some participants reported that their application was initially refused because they were unable to provide a separate bedroom for a child, despite the cultural unsuitability of this arrangement for most Aboriginal children.



One of the workshop participants who has responsibility for three grandchildren in her extended family was unable to be assessed as a carer because she is homeless and living in a hostel. As she is not formally recognised as a kinship carer, she receives no financial support from Territory Families for the children, and none from Centrelink as she works.

#### *Criminal records and working with children checks*

Criminal records and working with children checks are reported to be a major barrier. These are required for the applicant and other members of the household and for visitors to the house. It is unclear what offences and what period of time elapsed since the offence would make an applicant or other household members/visitors ineligible. Obtaining the necessary records and checks is very difficult especially for people who live in remote communities or are not proficient in English.

#### *References*

The requirement to produce personal references appears to be another barrier. A senior woman at one of the workshops reported that despite her standing in the community as a respected elder and the Chairperson of a major community organisation, her personal reference for an applicant as a kinship carer was rejected.

#### *Family trauma in the applicant's background*

An Aboriginal community member from interstate who had applied to become a foster carer reported that he was automatically excluded because of traumatic events in his own childhood.

#### *Other barriers*

Other barriers that prevent Aboriginal people from taking on additional carer responsibilities:

- People in disadvantaged communities, especially women, are already overburdened with caring responsibilities – for children, for disabled family members, for the elderly etc;
- Lack of child care and other community resources and supports – in Tennant Creek for example, participants reported that there is only one child care centre, which is full, so overstretched families with working parents can't take on more children unless another child care centre opens;
- The cost of caring for children is high, especially in remote communities, and is too big a burden for the family, especially if the family is not receiving full financial carer support;
- Children in out of home care often have high needs and behavioural or developmental delays that would become an unmanageable burden on top of existing family pressures.

#### *Financial and other supports for carers*

There is not enough information for carers about what they are entitled to and what support they can receive from Territory Families. There is a common view that Aboriginal carers do not receive the same financial support as non-Aboriginal foster carers and are discriminated against because they are caring for members of their extended family. Other issues raised included:

- Perceived or actual differences in payments and support for carers depending on their category;

- For workers, the cost of day care (or availability) is a barrier;
- Loss of Centrelink family support payment for workers who are not recognised as foster/kinship carers is a major issue for workers on low wages in high cost areas;
- Loss or reduction of carer support payments for workers (foster carers continue to receive payment as carers, regardless of the work income);
- Lack of information about what is available to carers – there is a perception that there is no support (e.g. start up costs, beds etc.) for people in communities;
- Some participants were concerned that they did not receive enough information about the child they were asked to care for and the child was not properly assessed – for this reason an Aboriginal family which had previously fostered children in their home state decided against taking on a child in the NT because of fears there may be risks to their own children.

#### **Workshop proposals for removing barriers to becoming carers**

- Territory families, in consultation with carers, service providers and community members, should review the kinship/carer application process and requirements.
- Adequate supports should be made available for potential carers to assist them through the application process.

### Maintaining family connections and family reunification

Workshop participants recognised that there will always be some situations where children are removed for serious reasons. They emphasised the need to keep those children connected to their families, community and culture.

*People don't know... if Territory Families comes and takes the child, the mums and families don't know what to do or who to talk to...*

*... and not just who to talk to but what is expected of you to get the child back.*

...

*Once children are safe in care, the problem is those kids are left there – very little comes in to help those kids move back to family or country, or even to visit.*

*Everything that has been done in our family to keep those children connected has been done by me and my husband, 100%.*

*[Remote community participants, East Arnhem]*

Maintaining strong links and reunification of children with their families so that family bonds, links to community and language, and cultural development are maintained should be a high priority. Reports from the workshops suggest that the commitment and resources to achieve this is lacking or it is not as high a priority as it should be.

Some of the issues reported included:

- Lack of support to families following removal, lack of information to them and lack of support services to help them overcome the issues that led to the removal;
- Lack of information to families about the welfare of the removed children;
- Long delays for Aboriginal families seeking to take responsibility for children in their extended family (delays of more than a year, and even several years were reported);
- Children being removed and disconnected from their families for long periods – several years;
- Lack of support to carer families to maintain connections with the child’s family;
- Children removed to locations that are too distant from families (for example, in Tennant Creek it was reported that there were not enough local carers and children were routinely removed to foster care with non-Aboriginal families in Alice Springs);
- Family visits being restricted to office hours, making it difficult for some families to spend time with their children;
- Some families were actively discouraged by foster carers from having contact with the children;
- Foster carers are provided with very little cultural information in foster carer training (reported by a non-Aboriginal participant who had applied to be foster carer and attended the training);
- Some foster carers may believe they are adopting an Aboriginal child and don’t expect to maintain contact with the child’s family.

***Workshop proposals for maintaining family connections and family reunification***

- Review and revise training for Territory Families workers to ensure that maintaining family links and reuniting families where possible is a high priority
- Ensure that the resources needed to maintain links to family are provided to foster carers and birth families
- Review placement principles to include avoiding placing children in distant locations wherever possible
- Revise training for foster carers regarding provision of family access and maintaining family links.

## 9. AMSANT’s recommendations for wholesale reform

The community and organisational feedback received in this consultation process is highly consistent with the findings and recommendations of the Royal Commission but adds further understanding of community views to support effective implementation.

AMSANT supports the Royal Commission’s view that wholesale reform of both child protection and youth justice is essential and also supports the NT Government’s commitment to such reform and the introduction of a Single Act. We talked about this idea in the workshops and the key features of a Single Act – how families can have a say (Family Group Conferencing) and the need for comprehensive assessment for young people and their families. We talked about the public health model and the need for a shift to ‘front end’ funding, that is, funding for early intervention and support services.

On the basis of what we heard throughout community workshops so far, AMSANT makes the following overarching recommendations for wholesale legislative and system reform:

### 1. There needs to be a more meaningful commitment to a public health model

- Majority of funds should be allocated to early intervention and prevention, not tertiary interventions.

### 2. Families’ and communities’ voices need to be heard and should be meaningfully included in making decisions about their children

- 2.1 Family Group conferencing should be required before any long term decision relating to a child is made;
- 2.2 Co-design of the FGC model must take account of the features discussed in these workshops;
- 2.3 Local cultural authority / advisory groups need to be adequately resourced and meaningfully engaged in decision making.

### 3. The Northern Territory Government should introduce a comprehensive holistic assessment tool for all children and young people entering into the youth justice or care and protection systems.

- Resources must be made available both to conduct the assessments and to provide follow-up services.

### 4. Safe places for young people and their families are needed

- Establish multi-purpose safe houses or “villages” in major communities to address a range of challenges discussed throughout this report in relation to safety, emergency care, alternatives to incarceration and early intervention.
- The houses/villages and their specific functions and services need to be co-designed with community members to address local needs.

- Consideration should be given to incorporating this service into the child and family centres.
5. Mandatory reporting requirements should be evaluated and their impact on child safety should be reviewed.
  6. Territory Families should evaluate and document 'what works' in the Territory Families East Arnhem (Nhulunbuy) office to replicate this across other locations.
  7. Territory Families needs to review and change the way that it engages with communities, particularly remote communities.
    - Territory Families need to review how it engages with communities – ensuring that cultural workers and interpreters are 'built in' as a compulsory part of the system, not an adjunct, to ensure that engagement is meaningful.
    - The new legislation needs to include hooks to ensure accountability of departmental responses, their workers and delivery of outcomes.

## 10. Next steps

The level of participation and feedback from the workshops showed that community members and organisations are keen to be actively involved in child protection and youth justice reforms. Ongoing workshops are needed through the process of reform to keep the community informed and fully engaged and ensure that Aboriginal voices truly are heard:

- *The workshops are just the beginning of the conversation – we need to get this information out to the wider community*
- *Aboriginal people need to be engaged from the ground up, to the most senior decision-making in this process.*
- *changes need to respond to Aboriginal needs; we need to decide local models that will work for Aboriginal people*

The model of engagement through the workshops opened up real two-way communication. It was important that they were organised by a respected community controlled organisation (DDHS) and were well supported by local community organisations. These gave participants confidence to speak up in constructive open debate and information sharing. The momentum and enthusiasm generated by the workshops needs to be sustained.

### Ongoing consultation and communication

Meaningful ongoing consultation will require:

- A program of targeted community and service provider workshops in key locations to inform communities and workshop specific issues;
- Information and consultation to be continued through Aboriginal community organisations;
- More time in communities and regional towns – that is, two or three days, not fly in fly out – and focused, shorter meetings. Remote communities especially need flexibility;
- Logistic support and provision for local transport for participants where needed;
- Pre-meeting communications through social media, radio, posters, community organisations;
- Comprehensive community awareness / information strategy more broadly to inform communities and community organisations.

## Appendix A - Community and Service Provider Workshops

Between 15-31 May 2018, meetings were held in three East Arnhem communities (Nhulunbuy, Milingimbi and Galiwin'ku), and in Katherine (x2), Tennant Creek (x2) and Alice Springs (x2). Meetings were held in Darwin in mid March and mid June 2018.

Location:	Date/time:	Venue:	Type of workshop:
Darwin	Wed 14 Mar 2018	AMSANT Board Room	Service Providers
Nhulunbuy	Mon 14 May 2018 10am – 3pm	Miwatj Clinic, Nhulunbuy	Service providers and community members
Milingimbi	Tues 15 May 2018 10am – 2pm	Sport and Recreational Centre, Milingimbi	Community members
Galiwin'ku	Wed 16 May 2018 10am – 2pm	Sport and Recreational Centre, Galiwin'ku	Community members
Katherine	Thurs 24 May 2018 5pm – 8pm	Godinmayin Cultural Centre, Katherine	Community members
	Fri 25 May 2018 9.30am – 2pm	Katherine West Health Board Training Room	Service Providers
Tennant Creek	Tues 29 May 2018 11am – 3pm	Karguru Learning Centre, Tennant Creek	Service Providers
	Tues 29 May 2018 5pm – 7pm	Karguru Learning Centre, Tennant Creek	Community members
Alice Springs	Wed 30 May 2018 5pm – 8pm	Alice Springs Town Council, Andy McNeill Room	Community Members
	Thurs 31 May 2018 10am – 2pm	Mercure Hotel, Alice Springs	Service Providers
Darwin	Wed 13 May 2018 1.30 pm – 4pm	Michael Long Centre	Community Members

## Appendix B - Community Feedback to Workshop Participants



### AMSANT Community Consultations

#### Our Consultations

Throughout May and June Danila Dilba, on behalf of the Aboriginal Medical Services Alliance of the NT (**AMSANT**) have been meeting with people throughout the Northern Territory to talk about the Royal Commission into the Protection and Detention of Children in the NT. So far we have visited Nhulunbuy, Mililingimbi, Galiwin'ku, Katherine, Tennant Creek, Alice Springs and Darwin.

#### *Common Feedback from the communities we have visited so far:*

##### **Families Having a Say**

- Families should have more say about what happens with children.
- Territory Families needs to understand local cultural ways in identifying family and authority for each child.
- Families need information and enough time to prepare and consider the best thing for each child.
- There needs to be resources for families to travel to the meetings or the meetings can be held in community.

##### **Carers**

- Children should be cared for in their own community.
- Communities need a safe place – a building and services – to support families in different situations, like:
  - Emergency carers
  - Families who are struggling
  - Young people who are getting into trouble
  - Children who are in care somewhere else so they can come home and stay for a while with family – eg. Disabled or sick children.
- Aboriginal children should be with Aboriginal families.
  - First choice is their immediate family, second is their extended family, third is another Aboriginal family.
- Kinship carers need more support.
- It is hard to get approved for kinship care – too much paperwork and rules are too strict.

##### **Other things**

- Territory Families needs local Aboriginal staff who understand culture and know the families and community.
- Government needs to respect and work with local cultural authority groups. It's a partnership, not just Aboriginal people moving to the government way but both moving together.
- When government and others come to community they need to listen and hear what people are saying and speak to the right people. They need to let communities say what they want to talk about, not just talk about their own ideas.



## Nhulunbuy Community Consultation – 14 May 2018

### The meeting

On 14 May 2018 about 15 people and service providers from the Nhulunbuy community met with people from Danila Dilba Health Service who were there on behalf of the Aboriginal Medical Services Alliance of the NT (**AMSANT**). Miwatj Health supported the meeting.

Danila Dilba talked about law and policy reform in response to the Royal Commission into the protection and detention of young people in the NT (Royal Commission). Danila Dilba outlined the reform process so far, what the government have done so far, and what they are planning to do to improve the youth justice and care and protection systems. Danila Dilba asked for people's feedback about some of the ideas that AMSANT have for a better future, in particular focusing on how families can have more say in child protection and youth justice matters through family group conferencing.

### What Nhulunbuy community said

The group talked about the need for government to recognise and work with Yolngu ways and to recognise Yolngu knowledge, not to be threatened by it. Government law and Yolngu law can work together and the community has to be given some authority. There was a call for investment in leadership that builds on Yolngu knowledge and builds capacity of organisations and individuals.

The meeting talked about how child protection is working in Nhulunbuy and said that Territory Families, Miwatj and the community are working well together in a collaboration. The community has formed a group called Mikan. Mikan works with government and Miwatj to improve child protection and find kinship carers. Some other things said about this were:

- Mikan has no funding and Territory Families is trying to get some funding to support a coordinator position.
- This collaboration is helping stop children being taken away from Nhulunbuy, some children are even being brought back.

The group talked about support for families to prevent problems or solve problems early, instead of taking children away. The main things said were:

- Aboriginal Health Services are best placed to provide early intervention and support services
- Limited services available- e.g Paediatrician in Darwin reviews kids referred from this community and recommends trauma attachment disorder psychology – there is no child development specialist available in communities

The group also talked about barriers to becoming carers, and the difficulties being a carer:

- Overcrowding- Territory Families insist that there is a separate room for the child going into care – this is impossible given the limited housing availability and realities of overcrowding
- Strict housing criteria needs to be reviewed- doesn't take account of the realities of living in communities e.g considers 'snappy dogs' a danger, not having fire alarms or batteries
- Insufficient financial assistance for kinship carers, especially initially.

The group talked about the need for a safe place - a village/designated place to support vulnerable families:

- For families/ kinship carers/ young people to get support or get away from a dysfunctional home situation temporarily, while supports are being put in place, or for long-term supported care;
- For disabled children – currently children that are wheelchair bound or have complex health needs or disabilities need to be placed in Darwin – “What we want to facilitate is an area where it’s safe for them to be able to come here on their land.”
- Can be the central meeting point for family meetings (e.g if there’s a kid in care in Darwin and Mum is in Galiwin’ku, then they can go there to meet up);
- Can be the meeting point for family group conferencing
- Must be culturally appropriate- e.g there’s a fire pit in the middle for cultural business

What people said about families having more of a say in decision making:

- Families need to be fully informed and given all the information ahead of the meeting so they are prepared to participate and can discuss it beforehand
- The process needs to be properly resourced to ensure that families can attend
- Needs to have flexible timing/schedules to work around families and their needs (e.g sorry business)
- Meetings should be coordinated by an Aboriginal organisation – locating family members, logistics, convening the meeting

**If you have any questions or want to speak to us more, please contact us:**

**Joy McLaughlin** - [Joy.Mclaughlin@ddhs.org.au](mailto:Joy.Mclaughlin@ddhs.org.au)

(08) 8942 5317 | M: 0422 005 527

**Tess Kelly** - [Tess.Kelly@ddhs.org.au](mailto:Tess.Kelly@ddhs.org.au)

P: (08) 89425478 | M: 0414242617

## Milingimbi Community Consultation – 15 May 2018

### The Meeting

On 15 May 2018 about 15 people from Milingimbi community met with people from Danila Dilba Health Service in Darwin who were talking on behalf of the Aboriginal Medical Services Alliance of the NT (AMSANT). Miwatj Health supported the meeting.

Danila Dilba talked about why the meeting was on and about the Royal Commission into the Protection and Detention of Children in the NT that finished in November 2017. Danila Dilba and AMSANT are trying to make sure the government does what the Royal Commissioners, Mick Gooda and Margaret Whyte, told them to do to make things better for Aboriginal children. The meeting was to ask the community what they thought about those things.

### What Milingimbi community said

The community talked about the difference between Yolngu ways and government/balanda ways and the need for the two ways to be brought together. The main things the community said were:

- Government needs to recognise Yolngu structures. They need to listen and hear.
- Culture of collaboration needed. Government and Yolngu can create something to bring the cultures together.
- Culture has different facets – for example, balanda think when a meeting agrees that is the end. When Yolngu have meetings it is a process, not one meeting and everything is decided. Yolngu “yes” means “yes but I want to think about it”. The first yes isn’t really yes.
- ‘Yelaluk’ – means later, but it can mean next week, next month.
- Balanda and Yolngu ways of raising children are completely different. They want Yolngu to raise their kids balanda way and no one has had any education about that way.

The community talked about families having more say in what happens with children. They said Territory Families would have to make sure the right people have a say. The main things said were:

- Territory Families doesn’t use the right ways to find out who can speak for a child
  - Some people said Territory Families drives around and just talks to people about a child – this is not the right way either in Yolngu or balanda way.
  - Territory Families don’t know people and they might choose a family that isn’t good to look after children.
  - Talk to the workers at the clinic – they know the families
  - Talk to the women’s centre – Nyälka. Nyalka is helping young mothers to be good mothers.
  - Territory Families needs to have local Yolngu staff in Milingimbi, like they do in Galiwin’ku. These workers would know the right family in Yolngu way. They also know what is happening with a child and family.
- These conferences have to be done the right way so Yolngu can participate properly:
  - Time to prepare and information for family members.
  - It isn’t just one meeting or conference and everything is decided, there will be several meetings needed with time to think about things before deciding.
  - Territory Families has to listen AND hear what family say.
  - Territory Families has to come with tools to help families, not come with a big stick.

The meeting talked about carers for children and what to do when urgent care is needed. The main things about what kind of care is needed for children were:

- Kids should stay and be supported and protected by the community – not be taken away.
- Children should be protected by the law – if someone harms the child, they should be protected from that person.
- Housing is a big problem– if housing is too crowded, Territory Families won't approve carers.

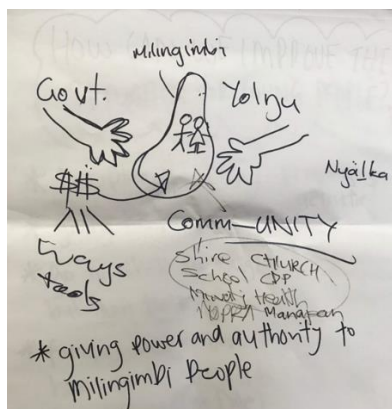
Talking about emergency care, the meeting said that it would be good to have some approved carers ready to take care of children in an emergency. The main things the meeting said about this were:

- Train some carers from each camp – 5 from each camp.
- Training in balanda law and certified by Territory Families so they can accept children straight away.
- A building for carers to stay with the children, especially for emergency care. Separate accommodation in a safe place.

Talking about young people in trouble, people at the meeting said the following main things:

- Since the Intervention it is hard to discipline children – young people say 'you can't stop me, I'll report you to welfare'.
- Clinics have to report if young people say family has hit them and it all ends up in a cycle with Territory Families. As a result there is no discipline – Yolngu or balanda way – and children are not growing up properly.
- Yolngu governance isn't happening with young people and balanda way – taking young people away for rehabilitation or detention isn't working. The young people come back then do the same things.
- Young people should go only for a short time, like 16 weeks for rehabilitation – then come back and Yolngu organisations support them and do programs.
- There's no chance for community and family to be heard when young people are in trouble.

The meeting drew a diagram to show how government and Yolngu can work together for children and young people:



The community also had some comments about this meeting:

- The time was not good – there was a funeral today.
- This can't be just one meeting – just the beginning.
- Need to talk to more people – next time ask the shire to help.

# Galiwin'ku Community Consultation – 16 May 2018

## The meeting

On 16 May 2018 about 25 people from Galiwin'ku community met with people from Danila Dilba Health Service in Darwin who were talking on behalf of the Aboriginal Medical Services Alliance of the NT (AMSANT). Miwatj Health supported the meeting.

Danila Dilba talked about why the meeting was on and about the Royal Commission into the Protection and Detention of Children in the NT that finished in November 2017. Danila Dilba and AMSANT are trying to make sure the government does what the Royal Commissioners, Mick Gooda and Margaret Whyte, told them to do to make things better for Aboriginal children. The meeting was to ask the community what they thought about those things.

## What Galiwin'ku community said

The men talked in one group and the women talked separately. Then the groups came back and told each other what they talked about. The women and the men talked about Yolngu and balanda laws and how the government has to understand and respect Yolngu law and everyone has to work in two ways bringing together Yolngu law and balanda ways. Everyone talked about Yolngu taking responsibility for children – Yolngu have to be responsible too.

*“Let's show the government that we are strong, that we can care for our children”*

The community talked about the structures of Yolngu law and working and shared this picture that shows the Yolngu Nations Assembly, the clans, Makarr-dhuni and Makar Garma. These are the structures that should lead how decisions are made about children.



The community said they would like respect for Yolngu, respect for land – ask to pass through just as Yolngu ask for permission to pass through other people's country. They said this wasn't about land rights but to find a clear set of rules.

*“we discussed about the history of Australia, the first fleet – to Yolngu people it's still an intrusion and is still marked in our hearts.”*

The things that are needed to improve the wellbeing of children were:

- Recognition of traditional law of the land
- Working together to find solutions to solve dysfunction in Aboriginal community
- Research what treaty means to Yolngu
- Recognition of Yolngu in every department running programs / working in community
- Constitutional recognition.

The main things Galiwin'ku community said about family having a say were:

- Yolgnu have their own laws and ways to decide what happens for children. The government and Territory Families need to move closer to Yolngu ways, not expect Yolngu to move to balanda ways.
  - Start with the immediate family, then extended family, then the clan group, then Makarr-dhuni. This way, they will find the right people to speak for each child.
  - Then come back to the family and Territory Families so the right decisions are made.
- Having Yolngu people in the community who work for Territory Families means they know who to talk to for each child. Territory Families, police, clinic should talk to the extended family before they report and before they decide to take children away.
- Sexual abuse is hard for families to talk about. Community needs a space where victims, family and leaders can talk about what happened and talk to the government about it.
  - There is no information to the extended family about what happened to the person who abused the child or what has happened to the child.
  - When a child is removed, no one knows if or when the child is coming back or who is taking care of the child.
- Territory Families and the family need to be in partnership to get the best for the child – one voice and one mind.
- The young women and young mothers have to have their say.

Talking about carers for children, the main things said were:

- When a child is placed with a family, Territory Families should monitor, make sure the child is ok.
- Financial issues were discussed – family/kinship carers need to be able to get the payments from Centrelink not have to rely on the mother to change it.
- People didn't know what support or payments kinship carers can get.
- There needs to be a pathway for kinship carers.
  - More information about getting support
  - Partnership between Territory Families, government and carers
  - Funding to Indigenous organisations.

The meeting also talked about young people who are getting into trouble. The main things were:

- Diversion through bush camps/raypirri camps is provided for kids at risk, eg petrol sniffers. But not enough funds for enough camps and no follow up to support them after the camp.
- The community doesn't want young people taken away to detention in Darwin. They should remain on the island, with bush camp/raypirri camp and support. There could be a secure place for young people who need to be detained but on the island.
- Raypirri is strong education based on respect. It is healing inside, spiritual and mental healing. It is to focus on the inside of these children or any individual who is going through trouble.

*“Our problem is our problem and we have to deal with that problem in our way. There are some issues where we can ask the police to come and help us – but we have to work together in dealing with these issues. It's not just a Yolngu problem – it's a Balanda problem. Yolngu people are hospitable people – but there needs to be two way learning.”*

# Katherine Community Consultation – 24<sup>th</sup>, 25<sup>th</sup> May 2018

## The meetings

On the 24<sup>th</sup> and 25<sup>th</sup> of May about 25 people and service providers from the Katherine community met in two separate meetings with staff from Danila Dilba Health Service in Darwin who were there on behalf of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT). Katherine West Health Board, Wurli Wurlijang Health and Sunrise supported the meeting.

Danila Dilba talked about law and policy reform in response to the Royal Commission into the protection and detention of young people in the NT (Royal Commission). Danila Dilba outlined the reform process so far, what the government have done so far, and what they are planning to do to improve the youth justice and care and protection systems. Danila Dilba asked for people's feedback about some of the ideas that AMSANT have for a better future, in particular focusing on how families can have more say in child protection and youth justice matters through family group conferencing.

## What the Katherine Community said

Danila Dilba talked about family group conferencing – which is a mechanism used to ensure that family are involved in decision making about their kids. It acts as a form of diversion as the family/others will come up with a solution to avoid going to court. What people said about families having more say/Family Group Conferencing:

- Need to come up with a flexible model that is suited to communities – it needs to be designed by communities to meet their needs. We can draw from the NZ model but there is a very different context and history in the NT.  
*“We have to look at timelines – there’s a big expectation for Aboriginal people to change our culture – you have other indigenous people like NZ – they are way ahead – we’re way behind here – the policies don’t respect Aboriginal people. They’re expecting a big change [of us], but when you want change you have to work with people and walk along with people.”*
- Need to make sure that the family conference/meeting is held somewhere that all family members can attend, or otherwise arrangements need to be made for them to attend
  - Need to be flexible depending on the needs of family (e.g if some family members aren't well enough to travel)
  - It will be costly to do this, but these costs need to be recognized, accepted and paid
- Should have an independent convener - not Territory Families.

What people said about barriers to becoming kinship/foster carers:

- Compulsory forms and checks are too onerous – e.g requiring criminal history checks for every person staying in the house
- Residential requirements – e.g overcrowding is a huge barrier to becoming a kinship carer
- There is a lack of understanding the Aboriginal way of raising children where the whole community is involved

What people said about difficulties being a kinship/foster carer:

- Financial - kinship carers (especially for those living remotely) need much more than regular foster carers as prices are twice as high in remote communities for basic foods etc.
- There are intense requirements for carers – written and verbal reports every month on the progress of the child which make it an onerous task

Danila Dilba talked about the need for a comprehensive assessment of young people – to identify the strengths, needs and vulnerabilities of young people and their families coming into the youth justice and care and protection systems. What people said about assessments of child, families and young people:

- Need to consider the protection of privacy and consent issues - with Territory families are now managing both youth justice and child protection so they need to ensure confidentiality of assessments (e.g an assessment that a child has FASD should not then be used against their parents in care and protection proceedings, or admissions made by a young person during the course of a psychological assessment ordered by Territory Families should not be used against them in criminal proceedings).
- Young people need assessments before going into care to help their carers better understand their complex issues- e.g young people coming into care often see themselves as adults as they have been caring for their younger siblings and making decisions for themselves, and this later causes issues with care placements.
- Must ensure that assessments are well resourced so that they can be available in all cases – including remote communities.

Other issues raised:

- Men in the community are disempowered and do not know how to discipline their young people – post intervention there is a real fear that if you do anything to discipline your child they will be taken away - traditional forms of discipline have been taken away
  - There needs to be more education of what amounts to child abuse
  - Needs to be other ways to discipline young people, or to teach them right from wrong
- Lawyers and people working in care and protection need to be better informed about Aboriginal culture and language – e.g through courses at CDU
- Interpreters need specific training regarding terminology in care and protection matters

What next?

Danila Dilba/AMSANT will be finalizing a report to Territory Families with the findings of our consultations throughout the NT. We will continue to engage with government to ensure that they are taking notice of the findings of the Royal Commission, and the things that communities want to see changed. We hope to be back in Katherine soon to continue these conversations with a larger group of people including those living more remotely.



# Tennant Creek Community Consultations – 29 May

## The meetings

On Tuesday 29<sup>th</sup> May about 36 people and service providers from the Tennant Creek community met in two separate meetings with staff from Danila Dilba Health Service Darwin who were there on behalf of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT). Anyinginyi Health supported the meeting.

Danila Dilba talked about law and policy reform in response to the Royal Commission into the protection and detention of young people in the NT (Royal Commission), which released its final report in November 2017. Danila Dilba outlined the reform process, what the government have done so far, and what they are planning to do over the coming years to improve the youth justice and care and protection systems. Danila Dilba asked for people's feedback about some of the ideas that AMSANT have for a better future, in particular focusing on how families can have more say in child protection and youth justice matters.

## What the Tennant Creek Community said

What people said about early intervention:

- There needs to be investment in programs and services for Tennant Creek (not just the Central Australian region at large) – housing, day care centres and early childhood education;
  - Need to be Aboriginal community controlled and culturally appropriate services
- Need greater access to assessments and specialists – e.g child psychologist only comes once every 3 months and only for 3 days at a time;
- Need greater access to Aboriginal led family support services – particularly outreach services to remote communities
- Territory Families have unmanageable caseloads – this needs to change
- Improving detention centres- Aboriginal elder programs, schooling and supports

What people said about families having more say/Family Group Conferencing:

Danila Dilba talked about family group conferencing – which is a mechanism used to ensure that family are involved in decision making about their kids. It acts as a form of diversion as the family/others will come up with a solution to avoid going to court.

- Family conferencing should involve law and justice groups:
  - the Council of Elders and Respected Persons (CERP) which used to exist in Tennant Creek- formed by language group, a hub for Aboriginal people across the Barkly, had natural authority
  - The Cultural Authority Group (CAG) is now being developed – this will give a structure to decision making, ensuring proper procedure – “it is bringing cultural authority back to this town”
- The Cultural Authority Group can be asked to work with TF so that proper protocol is followed when engaging with families – the CAG can work with the family group conference *“that is the right way to work when you're sitting in someone else's country. Working with the grass roots, reaching out into other peoples country.”*

- Need to ensure that the rights of victims are protected – vigilante groups will be frustrated if laws are “too soft” on youth crime, victims are feeling disconnected from the youth justice system
- The legislation about conferencing/engaging with families must be flexible so that it can be suited to the structures within the community (like the CAG in Tennant Creek)
- The Government cannot just abdicate all its responsibility to the conference/CAG – they also need to take responsibility for ensuring that the plan for the young person is carried out (this requires resources, services)

What people said about regional models of care:

- Need regional based models of care, localised care programs for young people – would be place-based, close to country, close to family so they aren’t disconnected from cultural authority arrangements
  - “there needs to be somewhere in the Barkley where kids can go and stay until family can work something out”
- Need diversion programs that teach young people real skills
- Need supported bail accommodation

What people said about assessment of young people:

- Needs to be more specialist appointments available- so kids can be assessed for FASD and other cognitive impairment
- There should be provisions for sharing information – confidentiality is an issue, but sometimes in the best interests of the child, the information needs to be shared so the right decision can be made
- There should be some kind of repository to store all the information about a young person and their family

Other issues that people raised:

- There are too many services that do the same thing and are not culturally appropriate or responsive
- The 1800 number links to Darwin – so if somebody makes a report in Tennant Creek and it is screened out in Darwin there is no feedback or follow up so the person calling will not know if any action was taken.

### What next?

Danila Dilba/AMSANT will be finalizing a report to Territory Families with the findings of our consultations throughout the NT. We will continue to engage with government to ensure that they are taking notice of the findings of the Royal Commission, and the things that communities want to see changed. Hopefully we will be back in Tennant Creek soon to continue these conversations.

# Alice Springs Community Consultations

## The meeting

On the 30<sup>th</sup> of May about 15 people, including several representatives from the 'Grandmothers against removal' group from the Alice Springs community met with staff from Danila Dilba Health Service in Darwin, and John Paterson, the CEO of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT). Central Australian Aboriginal Congress supported the meetings.

Danila Dilba talked about law and policy reform in response to the Royal Commission into the protection and detention of young people in the NT (Royal Commission). Danila Dilba listened to the concerns raised by community members about the NT Government's priorities and reform agenda. Danila Dilba asked for people's feedback about some of the ideas that AMSANT have for a better future, in particular focusing on how families can have more say in child protection and youth justice matters.

## What the Alice Springs Community said

Building a new detention centre in Alice Springs will not work:

- Building a new detention centre in Alice Springs is not the solution to the complex issues – this money should be invested in early intervention and support for families.
- Need regional based solutions- keeping kids close to country, taking kids back out bush, keeping kids close to family and connected to culture.

People said that they need a "safe place" for kids at night time:

- Overcrowding and homelessness are huge issues for children, young people and their families, and many are sleeping rough around town.
- There is a need for a crisis centre for kids at night – a safe place that they can go after dark, to prevent them from sleeping on the street.
- There needs to be a place where kids can receive support services and medical treatment (like STI checks and support for sexual assaults) after hours

Danila Dilba talked about family group conferencing – which is a mechanism used to ensure that family are involved in decision making about their kids. It acts as a form of diversion as the family/others will come up with a solution to avoid going to court. What people said about families having more say/family group conferencing:

- Families should be involved earlier in the process- not just at the investigation stage but as a means of early intervention  
    "we need to go back to the grassroots"
- Conferences must include trained interpreters who understand the process and can accurately translate it to the participants
- Need to make sure that the family are supported (financially) to attend the conferences – either they should be offered transport to the conference, or the conference must come to them

Danila Dilba talked about how there is a lack of kinship carers, particularly in more remote places. Many children and young people are being taken to different towns or cities to go into resicare or

foster care. There is an urgent need for more kinship carers. What people said about being a kinship carer and recruiting kinship carers:

- Lack of support - Kinship carers are not properly supported. There needs to be ongoing check-ups, every 3 or 6 months to check on the carers and find out whether there are any issues
- Need to have culturally appropriate assessments of both the young person and their families to identify needs and ensure that they get the support they need
- Financial - discrepancy between the rate of pay that kinship and foster carers get - kinship carers get much less but (especially for those living remotely) they need much more as prices are twice as high in remote communities for basic foods etc.

### What next?

Danila Dilba/AMSANT will be finalizing a report to Territory Families with the findings of our consultations throughout the NT. We will continue to engage with government to ensure that they are taking notice of the findings of the Royal Commission, and the things that communities want to see changed. We hope to come back Alice Springs soon to continue these conversations.

If you have any questions or want to speak to us more, please contact us:

**Joy McLaughlin** - [Joy.Mclaughlin@ddhs.org.au](mailto:Joy.Mclaughlin@ddhs.org.au)

(08) 8942 5317 | M: 0422 005 527

**Tess Kelly** - [Tess.Kelly@ddhs.org.au](mailto:Tess.Kelly@ddhs.org.au)

P: (08) 89425478 | M: 0414242617