

Tangentyere Council Inc.

PO Box 8070
ALICE SPRINGS NT 0871
Ph: (08) 8951 4222
Fax (08) 8952 8521
Email: tangentyere@tangentyere.org.au



14 March 2010

Inquiry into the Child Protection System in the Northern Territory

GPO Box 1708

DARWIN NT 0801

Via Email: submissions.childprotectioninquiry@nt.gov.au

Dear Inquiry team,

Re: **SUBMISSION TO THE INQUIRY INTO THE CHILD PROTECTION SYSTEM IN THE NORTHERN TERRITORY**

Thank you for providing an opportunity to submit to the Inquiry into the Child Protection System in the Northern Territory.

I enclose herewith our full submission. Attachments II & III are enclosed within the submission and Attachment I is a separately enclosed attachment.

Tangentyere Council remains committed to working with the Northern Territory government towards an improved child protection system.

Yours sincerely

A handwritten signature in black ink, appearing to read 'William Tilmouth', written in a cursive style.

William Tilmouth

Executive Director

TANGENTYERE COUNCIL INC

SUBMISSION TO THE

THE CHILD PROTECTION INQUIRY

IN THE NORTHERN TERRITORY



MARCH 2010

CONTENTS

Introduction	4
1. Organisational Background	5
2. Overarching Issues	6
2.1 Aboriginal Service Providers	7
Best practice in Child and Family Safety and Wellbeing	
2.2 The role of Child Protection System with respect to child wellbeing	9
2.3 Workforce and workplace issues	12
3 Practices and Systems: Functioning of the Child Protection system	16
3.1 Cultural competence	16
3.2 Intake and Assessment	20
3.3 Out of Home Care Services	22
3.4 Case Management	24
3.5 Early Intervention	27
3.6 The interaction between government departments and agencies	
– Interagency protocol	27
3.7 When things work well	29
APPENDIX	32
References	52

Introduction

Tangentyere welcomes the opportunity to make a submission to the Inquiry into the Child Protection System in the Northern Territory. Over the years, through Tangentyere, the residents of the Housing Associations have established a range of services in recognition of the needs of children young people and families. These services have widespread experience engaging with the Northern Territory Child Protection System.

The following submission presents the experiences of the different service areas within Tangentyere in relation to NTFC. It also presents some of the important initiatives that Tangentyere has established in efforts to create protection for children and young people, with a focus on child and family support, as well as protective care.

Tangentyere primarily works with people living in the Housing Associations (Town Camps) of Alice Springs. The submission will reflect experiences and knowledge gained working with this particular target group.

The information has been provided by the following Tangentyere Services:

- Yarrenyty Arltere Learning Centre (see attached Integrated Service Approach to Social Inclusion to provide an overview of the centre and the important role it plays in child and family safety)
- Safe Families (see attached overview of the Safe Families initiative)
- Ketye Program
- Hidden Valley Community Centre
- Indigenous Case Management Services
- Night and Youth Patrols
- Central Australian Youth Link Up Service (CALYUS)

Information was gathered via meetings as well as written accounts and case examples of staff members' experiences on the ground. Staff knowledge comes from their work within Tangentyere, as well as some staff who have previously worked within NTFC, and other NGO's.

The information is structured to reflect the guidelines for making submissions set down by the Inquiry. Some overarching conceptual and contextual issues will be touched on.

The current Child Protection system is failing children and young people and their families. There is little evidence of effective child protection occurring. Tangentyere believes that a shift to positive developments could be achieved by addressing specific practice areas as well as broader structural issues.

Child protection is a responsibility of the statutory body and the many organisations such as Tangentyere who work in this field. We believe that there are existing initiatives and protocols, which if adequately supported could bring about significant change. Most importantly we need to see a total shift by the department to an approach which is family strength based, inclusive and collaborative.

1. Tangentyere – Organisational Background & Context

Tangentyere Council was established in 1977. Alice Springs had been a prohibited area for Aboriginal people until 1964. The repeal of the welfare ordinance act (1964) and the equal wages case (1968) resulted in many Aboriginal people living on the outskirts of the town with no provision for housing or accommodation. Tangentyere Council was formed to assist people to gain some form of legal tenure of the land they were living on in order to obtain water, electricity and housing. 18 Housing Associations (Town Camp communities) exist with Alice Springs. The conservative service population estimate for Town Camps is between 2500–3300, 70% are permanent residents and 30% are either visitors or homeless.¹

Tangentyere Council is incorporated under the Associations Act (2008). The Housing Associations are individually incorporated and each has its own elected Executive. Representatives of each Housing Association sit on the Executive for Tangentyere Council. This proportional representation provides a strong model of governance, providing local voice and leadership.

Housing Association (Town Camp) residents have been largely neglected by the mainstream. Through Tangentyere residents are worked for 35 years to attain land, housing, services, and opportunities to address the devastating poverty and exclusion faced those living in Town Camps. Being one of the largest Aboriginal employers in the country, Tangentyere services include: aged care, youth services, Early childhood services such as mobile playgroups, family support services, Tenancy support services, Safe Families, family well-being, CDEP, night patrols, financial management assistance, consumer rights advocacy, banking, arts centre; municipal services, postal services, disability services, emergency relief, housing construction, housing repairs and maintenance, and legal and administrative management of the 18 housing associations.

¹ Foster, D; Mitchell, J; Ulrik, J; Williams, R. (2005) population and mobility in the town camps of Alice springs

Tangentyere Council also has four social enterprises comprising Tangentyere Employment Service– an integrated employment services model encompassing a Job Services Australia contract, CDEP and a training enterprise. Other enterprises include Tangentyere Constructions, Tangentyere Nursery and Tangentyere Design.

Waves of remote visitors, inadequate housing levels, social policy resulting in drinkers being pushed into Town Camps, inadequate visitor accommodation, lack of infrastructure and services has resulted in endemic poverty in town camps. To deliver all of the services outlined above and more, Tangentyere has been funded between \$1,666 – \$4,000 annually per head of population over the past 15 years (this is conservative as it does not include the town and remote area populations that Tangentyere also services). This level of funding has been totally inadequate to meet need.

While many residents of Housing Associations maintain safe family environments, there are others who struggle under the pressures of grief, trauma, poverty, overcrowding and alcohol. Town Camp residents have struggled to have their voices heard – in their efforts to create dry areas, reduce visitor numbers, and improve childhood education and family support. Government policy and neglect has led to conditions that place children, young people and families at risk.

Inquiry into the Child Protection System in the Northern Territory 2010

2. Overarching Issues

The Housing Associations (Town Camps) in Alice Springs are some of the most impoverished communities not only in Australia but also in the world. But at the same time they are socially and culturally rich and people living in these communities have strength and skills and voices that must be heard and included. Unfortunately too many of them have had an interface with the Child Protection system, either in the past or in more recent times.

The underlying feeling of Aboriginal people toward to the Child Protection System is one of fear and mistrust. History of the Stolen Generation and protectionists systems are still present in the living history of our people. These traumas are experienced across generations. In many ways the contemporary ‘child protection’ system reflects the very system that traumatized many people and was in no way protective. Understanding this history is critical to creating a system that will work to protect our children and support our families.

The current system is failing. The only way for us to create protection for our children and young people is to start again and to build a system of protection with us, in a way that we know will protect our children.

2.1 Aboriginal Service Providers

Tangentyere has a long history in the provision of services to address the needs of Aboriginal children and their families and the risks faced by children and families as a result of disadvantage. In attempts to develop an integrated service delivery, Tangentyere has a range of services, from crisis response (night patrols) to early intervention (early childhood education).

The social services developed by Tangentyere to provide for the needs and protection of children and families include:

1. Employment and Income – an integrated employment service model, banking service, financial counseling, Centrelink
2. Youth Services – Youth Activities; Drum Atweme
3. Inhalant and other Drug programs – Central Australian Youth Link Up Service; Yarrenyty Arltere Learning Centre
4. Integrated Community Hubs – Yarrenyty Arltere Learning Centre; Hidden Valley Community Centre; Karnte Community Centre
5. Educational services (child, youth and adult) – Yipirinya School (now independent); Irrkerlantye Learning Centre (now independent); Yarrenyty Arltere Learning Centre; Hidden Valley Community Centre
6. Community Patrolling – Night Patrol, Day Patrol, Youth Patrol
7. Child Protection – Safe Families
8. Early Childhood education – Ketye Program
9. Social and Emotional Well Being – Family Well Being
10. Case Management – Indigenous Case Management Service

Best Practice in Child and Family Safety

Safe Families and the Community Hubs are two critical programs that interface with the child protection system. These initiatives have both been developed by Indigenous families to address the safety and care needs of their children. The Community Hubs are a child and family support Best Practice model. Safe Families is a child protection model of Best Practice. They are both viewed as critically important in addressing the future safety and well being of our children.

Alice Springs Integrated Service Hubs:

Attachment 1 outlines the history and importance of Community Hubs in providing for child and family safety and wellbeing. Integrated Service Delivery for Social Inclusion presents international and national best practice; and a comprehensive overview of the Hubs, Yarrenyty Arltere Learning Centre and Hidden Valley Community Centre. The paper presents an argument for expansion of these centres to provide for community safety and wellbeing. It also presents the need for comprehensive early childhood development and education as the long term answer to creating communities of safety. The document is the model that Tangentyere is seeking to establish to achieve universal education and to attempt to eradicate poverty. This is the underlying need if we are to achieve child protection and safety for all children.

In relation to the inquiry, Tangentyere presents the Community Hubs as; addressing and defining child wellbeing through community wellbeing; and providing a comprehensive model to family support and child wellbeing services, required to address child protection in the long term.

Safe Families:

Attachment 2 provides the program outline and development of Safe Families. Safe Families is an early intervention and crisis response model developed by Aboriginal people to address the needs of children aged 7–15 years who are homeless and/or at risk. The program outline presents original Safe Families mode, and the model that Tangentyere would like to see fully supported by the department to revitalize.

Tangentyere Council developed Safe Families model, with local Aboriginal elders and local service providers. It is culturally safe and builds on the strength of parents, families and communities as well as providing safe accommodation options for children and young people at immediate risk.

Safe Families recognizes Aboriginal cultures have successful models of extended kinship family care and that family is intrinsic to the physical, emotional and spiritual wellbeing of all children.

Safe Families seeks to support families to preserve their traditional obligations for the care and nurturing of children, ensuring their children grow up strong, safe, resilient and healthy in their transition to adulthood.

Over the past 4 years changes within the program have occurred as a result of staff changes in Tangentyere, and changed commitment from the Government. This has led to this model no longer being fully operational. Tangentyere believes that this model is the way forward, requiring a strong council of elders to guide its operations. The Government, Tangentyere and the broader youth sector need to work together to revitalize the original intent of the program.

2.2 The Role of the Child Protection System with respect to child wellbeing

The need of children at risk in the Northern Territory is greater than any department can be resourced to address. In many ways the Child Protection System is set up to fail.

Child Wellbeing is the physical well-being, the social, emotional and cultural well-being of the child as well as that of the whole community. This is the Aboriginal understanding in wellbeing as defined in many papers including Ways Forward (1995)².

To create safety for children and young people, the government must prioritise community wellbeing. Creating communities of safety requires cross-sectoral response i.e. community policing, education, child and youth services, child protection etc. Government ability to work across departments is limited. As a result there is a poor coordination of services and poor strategic community safety.

Child & family support

Tangentyere always advocates for upstream solutions to social issues. Prevention, community skills development, early intervention, should all be the core focus of child protection resources. This requires a greater injection of funding, however it also requires a more considered approach by Government.

In recent years, in response to media exposure of certain cases, a knee jerk reaction to funding family support services had occurred. The process has been poorly planned, has failed to assess the strengths and gaps in the community and has relied on Government bureaucrats dictating service approaches. In recent years services with no local knowledge and no sector experience have been funded. In the past 6 years there has been a huge increase in the number of NGO's receiving funding for family support type of services. This has led to the youth sector becoming more fractured and less easy to coordinate. Funding to national organisations and large medical services with no history in this area has contributed to poor resource allocation and coordination. The sector in Alice Springs used to be coordinated and jointly moving towards a shared practice and coordinated approach.

² National Mental Health Strategy 1995; Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health

There is poor use of NGO expertise at policy and implementation levels. While the NGO sector does the core grass roots interface work, we have little authority or power over how issues are to be responded to systemically. As well as internal NTFC policy and frameworks being developed internally without consultation, we have significant concerns for example that Government responses to youth issues is seemingly being coordinated by NTPolice and DOJ.

Local sector providers sit on a range of government interagency committees, but historically do not have their voices heard. Rather than build on their experience, Government continues to respond from bureaucratic policy frameworks, choosing the best submission writers over the best locally experienced services.

At Tangentyere we have been frustrated in the inability of Government to build on what works. Initiatives such as Yarrenyty Arltere Learning Centre (Community Hub – see attachment 1) have been an outstanding success in achieving child and family support. Despite Tangentyere's continual advocacy for this model, and widespread sectoral support for this model to be expanded to other town camps, Government fails to see its benefits. Recently the Federal Minister drove past the Centre despite being advised of its important role in child and family support. Because the Centre is not funded by her department she did not make this visit a priority. Rather than learn of established successes and expand on these, Government continues to work with blinkers, failing to learn from experience of those on the ground and continuing to run a political agenda through policy development.

Of great concern is the resistance for many years to establish comprehensive early childhood education on Housing Associations. This is core to future safety and wellbeing of children. Programs such as that outlined in attachment 1, are models that engage parents and teach child and family through parenting and education. This in our view is fundamental to the foundation of safety for children.

Effective child and family support is the core to child protection.

Protective Intervention

There is a need for protective intervention. However it is unlikely that this system will be able to cater for the level of risk in the community. This is why child and family support services are needed as a longer term strategy to reduce the high level of risk in the community.

The existing system is unhealthy and there is an enormous question as to whether children taken into care are at the same or greater risk than they were prior to the Department becoming involved.

Importantly however there are things that can be done now to achieve a much more effective system based on existing resources. There are some fundamental failings in the current system that are outlined below, which if rectified could immediately improve the situation.

- The system must clearly provide for cases at immediate risk. The current system has a history however of acting on risk that is low and failing to act on risk that is high. In acting on risk the system has few resources dedicated to prevention or early intervention. The system focuses on statutory responsibilities and legal accountability (covering their tracks) rather than the ongoing care and interest of children. Duplication by FACS staff and poor use of existing NGO's makes the system ineffective.
- There is a lack of standardised risk assessment. Decisions can be subjective and based on the personal opinions of staff rather than pure assessment of risk. Decisions lack a cultural base. There have been numerous cases where NTFC staff have assessed risk on the location of a child (i.e. on the basis that they live in a town camp) rather than the actual care they are receiving. There is a lack of engagement or trust in Aboriginal families and a lack of respect for their interests in their children. There is poor communication within FACS leading to duplication and internal undermining of cases – which places children at risk.
- The system continually fails to use the resources and expertise of the NGO sector in its work. It duplicates services, re-assessing children and young people who are well known to NGO's. Rather than utilizing these assessments and knowledge, FACS repeats procedures, often in the absence of an established relationship with a child and families. Assessment is poor and outcomes fail to incorporate the previous case work of NGO workers. The refusal to use the Child Welfare Coalition/FACS Interagency protocol results in major failings.
- There is a concern that the model of engaging with families is highly reactive. While recognising the need for reactive aspects to improving family welfare, and seeing NTFC is best placed to provide this, there seems to be an underemphasis on the role of early engagement with families to provide comprehensive support. There is an evident lack of engaging with families in a proactive fashion to identify issues and collaboratively work towards strengthening the family's abilities to stay together.
- This works needs to be done in a way that responds to the physical, psychological, cultural, social and spiritual domains of people's lives

- The reactive model that is used has a bias of a punitive authoritarian approach whereby families are vilified. There seems to be no recognition of the harm done through this approach brought to the work. Though there is knowledge, not only with aboriginal families in past generations, but universally, that engaging with the community in only a negative fashion can be destructive
- Workers spend a disproportionate time engaging with their clients only at times of crisis, perpetuating the reactive stereotype of their work. There is insufficient supportive work that should be expected of a guardian. This appears to be resource limited and related to NTFC staff's perceived responsibilities.
- Poor communication exists within the department so that different teams do not communicate and work together as much as they should. For example an NTFC worker placed a child in the care of a particular family member, a week later another NTFC worker organized for this same family member to be flown to Darwin to support another child, leaving the original child unsupervised
- The function of a child protection system should be to allow a child to have better parenting than what was provided prior to entering the CP system. NTFC does not provide appropriate "parenting" or care. There is a lack of consistency, communication, respect and support for social and emotional needs.

The protective system needs to be a strength based, holistic, family based model. The Safe Families model is a model that should be considered in this context.

All parts of the system need to realign to include Government and NGO's as jointly responsible for services that provide for the care and protection of children and young people.

2.3 Workforce and Workplace Issues

Workplace and workforce issues include:

- | | |
|--|---|
| a) Recruitment | h) Demand outstripping capacity means staff are unable to work in a strength based approach |
| b) Induction, training and supervision | |
| c) Staff shortage | i) Inconsistent case worker allocation i.e. different workers for the same |
| d) High turnover of staff | |
| e) burn out – high client to staff ratio | j) Staff disillusionment |
| f) Inexperience of staff | k) Lack of adherence to interagency protocols |
| g) Poor managerial support | |

Recruitment

Recruitment of staff members to the child protection system is an ongoing issue. The Department has engaged in an extensive recruitment process overseas to increase the workforce within the Department in the Northern Territory. However the representation of Indigenous staff members is quite low compared with the general representation. The Department needs to invest in this area. The conditions of employment (such as job sharing, child care arrangements, cultural leave), cultural supervision, career pathways and the organisational culture might need to be evaluated and looked at to increase the number of indigenous staff members. An Aboriginal career pathway would be expressing a strong commitment to support professional development of local Indigenous staff. This would entail a departmental framework, which incorporates financial and organisational support to assist staff to gain formal qualifications in work related areas. Furthermore it could mean establishing close links with tertiary institutions such as e.g. Deakin University, which was set in motion a few years ago. Especially in light of an increase in the Indigenous population in the next decades it is crucial for the department to look at increasing the number of Indigenous staff rather than continuously employing non – Indigenous staff members from interstate or overseas. Recognition of cultural brokerage as a skill set in its own right is important. Local Aboriginal people with language and cultural knowledge can be employed to work side-by-side child protection workers. Outsourcing of services, such as to Safe Families, which has a strong indigenous workforce is also a consideration.

Induction

Induction of new staff members is another crucial aspect for the Department to address. It is well known that there is a strong correlation between inadequate induction and early resignations. The results of high staff turnover are obvious, including increased expenditure on recruitment, negative impact on departmental image and significant effect on the clients themselves and their case management. There appears to be no clear consistent process for inducting a new staff member. The process should incorporate familiarisation with the Department, different roles and teams within the organisation and other government and non-government organisations. This will enhance professional networking and understanding of resources available to the clients.

Supervision

Supervision is the key to effective management of performance and practice. Supervision guidelines are identified in the departmental policies and procedures. It is not clear whether the Department has identified a model that could be used by supervisors with their staff members. However this intent of good will and departmental direction does not filter through to the operational level. Lack of supervision and guidance was a major aspect identified in exit interviews conducted with FACS staff members between 2005 – 2007. This would need further elaboration within the department so all staff members have a mutual understanding of the focus of the supervision and what effective supervision means. It is well known that poor supervision undermines not only the quality of service delivery, staff competence but also agency cohesion and interagency working.

The issue and importance of cultural supervision is mentioned below. A culturally competent approach will allow for a different perspective on expectations and an exploration of these differences. An open and sensitive approach to discuss cultural issues regarding the supervisor and supervisee relationship establishes a benchmark for the ongoing working relationship, which ultimately impacts on the service provision to clients. This process entails being aware of gender issues and how these can impact on the supervision process e.g. white female supervisor and Indigenous male supervisee. Flexibility needs to exist for alternative plans early in the supervision process so as to provide an avenue to be pursued. If a staff member is a new graduate from interstate, lacks sound knowledge in the child protection field and complexities of the local context supervision is even more crucial.

Case worker allocation & staff Shortages

The aforementioned issues often lead to a 'catch 22' in that staff shortage. Staff resignations lead to a high case load, which inhibits staff to work from a strength based approach, which in turn will lead to frustrations on part of the worker and contribute to staff disillusionment e.g.

- Over a summer holiday period there was one female youth worker in the NTFC Youth at Risk team, case managing and working with a large number of complex female youth cases (Attachment 3: case No 3)
- For a few months YALC staff were informed by out-of-home team that there was no case worker for 3 children (Attachment 3: case No 3)

Staff Turnover

- Having different case workers for members of the same family has created intervention strategies that were not aligned at all. This indicates poor communication and collaboration between the different program areas within the local office, and a lack of overall assessment of the situation, eg. One caseworker for a client and another for their sibling. This is questionably ineffective for the staff, and clearly disruptive to the family. For example an NTFC worker placed a child in the care of a particular family member, a week later another NTFC worker organized for this same family member to be flown to Darwin to support another child, leaving the original child unsupervised.
- Too many case workers in a short period of time which make it difficult for young people to keep track of who their departmental representative or establish a trusting relationship with.

Training

It is unclear whether the Department is serious about the training and learning aspect and perceives itself as a learning organisation or whether training is seen as a “necessary evil”. The Departmental training framework covers 5 broad areas of training which are Introduction to Child Protection, Introduction to Out of Home Care, Case Management, Aboriginal Cultural Practice in Care and Protection, Strengths Approach. Each of these sessions is scheduled for two days at a time. Frequently it has been argued by senior staff within the Department that these 12 days (if staff do attend all of these) are taking staff members away from the actual work. Yet, the current training provided is only touching on the bare minimum required to familiarize new staff with the different legislative and contextual issues in the Territory. The training does not provide staff members with a comprehensive training in relation to risk/safety assessment and case management/ planning tools etc. It is believed that the training needs are not being met and appear to be a short cut version. Broadening the training for staff members as well as associated NGO staff is drastically required so as to provide ongoing consecutive training while staff are familiarising themselves with their work environment and role expectations. In order to do this more successfully and to meet the needs of staff as well as the families the Department needs to invest in the NTFC workforce development unit.

3. Practices and Systems: Functioning of the Child Protection system

3.1 Cultural competence and safety

The Northern Territory needs a child protection system that can be classified as culturally competent and safe. Culturally competent and safe practice is not just referring to and targeting the workforce level. An organisational commitment to cultural competence is a prerequisite to achieve best practice and make cultural competence possible.

“New workers have no idea about cultural sensitivities, brokerage, and rules and often cause offence. Cultural obligation is often misinterpreted.”

Aboriginal Staff member

The Department needs to provide a best practice framework within which to pursue and achieve cultural competence and safety. Cultural competence on the organisational level entails a reflection of diversity within the organisation, its adopted policies, procedures, programs, standards and processes. It should be reflected in the mission statement, propagated values and action plans. This entails that cultural competence is not something that staff members solely have to take responsibility for. It is the organisational framework as well as its workforce– both, mutually conditional, which should ultimately reflect the provision of a culturally competent service. It is crucial that cultural competence permeates every facet of an organisation. Cultural competence needs to become the red thread that infiltrates every organisational aspect, as the child protection service is provided within a socio –linguistic, socio – economic and cultural context that currently diverges greatly from the service provider.

Cultural safety is required in order to establish effective and positive working relationship with the wider community and to keep children and young people safe and protected from harm. It requires a mutual understanding of what constitutes wellbeing/harm and subsequent course of action. The importance in defining child harm lies in finding a common ground of understanding and this should consider culturally appropriate factors. Currently the Department is working from a very ethnocentric perspective that does not consider the cultural complexities experienced in practice. Korbin (1997, 1999) has proposed three levels of consideration. Firstly, she deems cultural differences in childrearing practices and beliefs as important to bear in mind.

These are practices which are viewed as acceptable in the culture where they occur, but are seen as abusive and neglectful by outsiders. Secondly, she stresses to consider idiosyncratic departures from one's cultural continuum of acceptable behaviour to children. While all societies vary in what they define as harm, all societies have criteria for behaviour that is outside the range of acceptability. This can not be done in isolation and requires a very good understanding of cultural issues.

Finally, she clearly includes societal harm to children. This relates to conditions such as poverty, lack of material resources, health care and nutrition, which seriously compromise the well-being of children and yet are beyond individual parental control.

A further area of consideration in relation to Aboriginal culture must be the cultural differences in parenting that provide for improved care, protection and development of children.

To address the above mentioned issue it is vital to involve the Aboriginal and Torres Strait Islander communities, because attempts so far have failed to adequately safeguard vulnerable children in the community. The Department and the Aboriginal communities share a mutual interest, which is, protecting the well being of children. This mutual concern should be capitalized on to reduce the number of children entering the system and to minimize the over representation of Aboriginal children in the Out of Home Care system. Review of Cultural Safety measures that have been successfully achieved in New Zealand, along with the Family Group Conferencing model should be explored. The aforementioned issues should inform statutory intervention.

Specific Practice issues

- Culturally competent assessment and intervention tools are non-existent at this stage. There are no tools for children and their family members to assist and facilitate the understanding of the likely legal issues to be encountered and options available. It is worth mentioning that Tracy Westermann (2003) developed an assessment tool in suicide prevention for Indigenous young people. This tool is pictorial, which seems to work very well with Indigenous youths "at risk" of suicidal behaviour or depression. The current departmental assessment tools and reports lack this approach, and the court reports are filled very much with jargon. Development of metaphorical stories and illustrations could be used to convey the meaning of child protection intervention rather than just the rational court report.

- Ongoing training which will enhance the skills, create a sound knowledge base and shift values which reflect cultural competence is required. The organisation has a responsibility to provide avenues and pathways for this to occur. This is not happening at this point in time. It is worthwhile citing Mc Phatter (1997:259) at this point

“Child welfare practitioners assume that competence with racially, culturally, and ethnically distinct groups can be achieved through short-term and often one-shot workshops and classes. This assumption reflects a short sighted, simplistic view of a complex process. Restructuring one’s worldview and developing a sound base of knowledge and skills are long-term professional endeavours”.

The existing modules need to be refined to incorporate the cultural aspects. While the training framework is explicit about the strengths approach it is implicit about cultural components and only offers a one day module specifically related to this issue.

- Supervision of staff needs to encompass cultural aspects and should have different layers at which cultural matters might need to be addressed. This entails looking at the supervisor-supervisee relationship as well as consideration of cultural issues in the supervisee-client interaction. The importance of avoiding an ethnocentric approach in the supervision process can not be understated
- To have a comprehension and knowledge of the different modes of discourse in the Northern Territory is important and has been written about by a number of researchers. Christie’s (2002) identifies that

“in Yolngu discourse, the question and answer approach is complicated by factors such as cultural restrictions on who may ask for, or give specific information. It is generally considered impolite to contradict or to respond negatively, particularly in encounters of unequal power or when the participants lack a close relationship” (Christie 2002)”

If these issues are not considered, a perpetual cycle of misunderstandings and blaming can occur and do not result in ethical best practice situations. This has been observed in various situations and one particular example is: the case worker stated in anger and frustration

“but she said yes when we asked her”.

The family member might have appeared to agree when in fact she was not agreeing to what was said. She might have just provided a perceived expected response in order to please staff. Christie refers to this as *“gratuitous concurrence” (Christie 2002).*

- Looking at the intercultural communication in Child Protection, situational factors are included in the wider sense. Issues such as the use or lack of interpreters, (who decides whether an interpreter is required), the timeframe, the location of a meeting (who decides this), structure and agenda all have a bearing on the communication process
- Family Group Conferencing as a means to assist in decision making processes can be seen as a model worthwhile exploring. It presents an avenue for participative decision making compared with previous adversarial decision making processes. Ban (2005) describes the intention of the model as “to transfer the power and authority of decision making for children into the hands of people who have a life long connection with them and who have to live with the outcome of the decisions made”. The process acknowledges the strengths of the family and Merkel – Holguin (2005) characterizes it as a strengths-based, family-based, community based cultural competence based approach.
- Recruitment and employment of Aboriginal staff members
- A standing elders committee, to provide cultural advice relating to case work, and to assist with supervision and training.

Aboriginal Child Placement principle was recently identified by the National Child protection Framework, which was endorsed by COAG, as needing strengthening and compliance with the Child protection system in all jurisdictions. Not an either/or decision. Tangentyere strongly support the ACPP.

3.2 Intake and Assessment

a) Cases falling through gaps

Notification was made to NTFC by staff regarding two siblings. CP informed staff that children were not high enough risk for them to investigate, staff requested Targeted Family Support Scheme (TFSS) pick up the case and we were informed that children were too high risk for their team, resulting in no service delivery and an non-actioned notification. Children fell through the gap

b) Over reactive responses (see Attachment 3)

- c) Assessment does not appear to be satisfactorily engaging with all family members and other services with a solid understanding of the child and the family (see Attachment 3). The national Placement Principle and principle 8(2) in part 1.3 of the Care and Protection of Children Act were not complied with. The non compliance with the section of the Act and the Placement Principle raises ongoing concerns and in a number of situations this was only pursued when external parties advocated strongly for this to happen. The placement principle should not under any circumstances compromise the safety and wellbeing of the child but it should be considered, which appears to be happening haphazardly and not as a matter of fact.
- d) Centralised intake system:
- i. takes a long time for a notification to get back to Alice Springs from Darwin, as a consequence, no quick response and child wellbeing and safety is jeopardized, (see case 4)
 - ii. Intake staff have no local knowledge or experience and therefore assessment for Alice Springs clients is poor, for example they may not prioritise cases due to lack of local knowledge and then high risk cases fall through the gap.
 - iii. Response times are a real issue, FACS can be called and the Night Patrol is unable to go on with their core tasks because FACS has not arrived to pick up a child at risk.
 - iv. Having to go through Darwin after hours is unsatisfactory. They don't understand local context and issues of child at risk and sometimes assess a situation as not urgent and leave the patrols having to come up with alternative and unsatisfactory solutions.
 - v. There is no information freely available about local after hour on call service.
- e) Mandatory reporting
- i. A number of times staff have made notifications to NTFC and have not had a response from NTFC regarding whether and how the notification will be actioned. Staff members have had to contact NTFC to be informed regarding the follow up and outcome.
 - ii. Minimal training provided to the community in relation to the current Mandatory reporting responsibilities in the community. This leads to ill informed reporting processes at times. Especially, health and educational staff need to be trained more intensively re child protection matters.
 - iii. Current Mandatory reporting needs to be reviewed

f) Discrimination

Of serious concern are repeated experiences of families being told that they would not have their children returned to them while they were living on a Town Camp. This is discrimination at its worst and is the product of subjective opinion rather than objective assessment. While Town Camps may have social issues, there are many people who reside on town camps and live in safety. That a person lives in a Housing Association does not make them neglectful or abusive parents. Many outside services make judgments about families based on the physical circumstances they are living in rather than their ability to care for their child.

g) Young People

A recent Interagency Service Delivery Model (ISDM) was welcomed by the Patrollers as an opportunity to network with FACS (and to clarify the role of FACS). It would be useful for a skilled youth worker to be embedded with the Youth Patrol and this would also clarify the after-hours issues.

3.3 Out of Home Care Services

- There is Insufficient support provided for foster carers by the Department
- Foster parents are often poorly supported by case workers at all hours. If kids abscond it is difficult for those carers with other children to go looking for the child and the after hours response is frequently poor.
- Carers need to be better informed about the circumstances of the kids, the family networks they belong to.
- Placements do not appear to be reviewed regularly enough
- Many carers do not see support workers for months and many feel they are not listened to in relation to their knowledge and experience of the child.
- There is Insufficient and sporadic access provided between children in care and their families, generally access is only provided to parents and siblings. Once children are in care there is insufficient work to ensure an ongoing connection to culture and family. Re-connection to family is not prioritised. This would assist in over-demand on foster carers and an improved system for families and children. Efforts must be made for children in care to have regular access with their extended families.

- There is a reticence to use bush/community placements that are in our assessment legitimate e.g. a placement had been secured with a family member in a remote community in Central Australia. The family member already provided care for some of the child's siblings. NTFC management would not allow the placement arrangements to proceed due to a team's leader's personal judgment on the bush/family placement. Their communication implied that the child could do better and go further in life, if they were placed in town, rather than a family community placement. The team leader was suggesting that town based accommodation and potential schooling will bring a more productive life, than having stronger kinship ties and a stronger sense of culture. Ironically the child has not demonstrated any regular school attendance, is putting herself at extremely high risk, including Volatile Substance Abuse and sexual activity, she has had limited parenting provided to her, among other things.
- Placing Indigenous kids outside their culture places the continuance of culture at great risk; this is particularly so where the placements go on for extended periods.
- The claim that effort goes into keeping kids in care within their extended family is false.
- Little effort goes into investigating the circumstances of the family before a kid is taken away.
- The easy way is to take a kid away rather than to support the family to provide the care the child's needs
- Breast fed children are taken away from their mother and forced onto formula where it would again be better if the mother were supported to provide the range of care the child needs.
- Too many grandmothers are overloaded with kids to care for and are used as a dumping ground by FACS and there is a chronic failure to support the grandmothers, provide the financial assistance they need and monitor their need for respite.
- There is little or no work going into training parents and placing expectations on parents to learn and step up.
- FACS processes support the continuation of poor parenting by failing to provide support and guidance to parents.

Tangentyere fully supports the Aboriginal Child Placement Principle. The comments of the Bath report that "in some cases (the Aboriginal child placement) principle appears to be given primacy over basic child protection considerations" are unhelpful and do not explain the real picture. Aboriginal children are not placed at risk because of this principle. They are placed at risk because of bad case management and assessment, poor cultural competence and cultural safety practices. Findings such as this can contribute to an unfair attack on Aboriginal cultural and ultimate protection of our children.

3.4 Case management

Case management issues with NTFC have been an area of concern in the different program areas operating at Tangentyere. The failure of NTFC to abide by the overarching Protocols Between NT Family And Children's Services (FACS) and Central Australian Community Organisations is of greatest concern and this is elaborated upon later.

- It appears that effective case management does not occur. The issues experienced by Tangentyere staff are inadequate co-operation, collaboration, and communication on numerous occasions. This has also been reported by clients of the Town camps who have attempted to contact case workers several times via phone but to no avail only be told afterwards they should have contacted them. The means to contact the case workers are often provided via the Tangentyere case workers at the Community centres or mobile phones of Family support workers.

"I felt really sad when my kids went away. Congress came to Hidden Valley to check all babies' health. My 2 babies' weight was really low, even though I was feeding them. Congress reported to FACS. They didn't tell me. I was at my partner's family's house in Yuendumu. I was eating some breakfast in the morning and we saw FACS and the police from Yuendumu to go my kids at a family house. They took me and my 2 kids away from Yuendumu. All the families in Yuendumu were really sad when they took the kids away. FACS took me back to Hidden Valley. When I got out of the car, my 2 kids were crying for me. FACS told me they were taking my kids to a carer. They didn't tell me how long my kids would be away. That was a long time ago. They didn't tell me anything. They didn't talk to me. I felt really sad." - Hidden Valley Resident

Another example to highlight this and how it can lead to drift in care is the 14 months long stay of a young teenage girl in a short term (6weeks) residential setting. Attempts by Tangentyere staff to have case planning meetings to progress the case management satisfactorily have been postponed/stalled and no proactive actions to change this situation for the young girl have been taken by the departmental staff members.

- Case management issues related to leaving care or transitioning to independence are poorly handled and are not preparing the young people in care for independent living. To hear a case worker state *“oh he is turning 18 tomorrow and no plan in place”* is grossly neglecting the duty of care the CEO has for children and young people in his/her care. This process should start well before the young person is to leave the care of the CEO and should start building bridges to support systems after they have left care.
- Case planning appears to be neglected and this experience is unfortunately shared by a number of Tangentyere case workers in different program areas. Section 70 under part 2.2 of the Care and Protection Act which refers to the preparation of the care plans for young people in care. However this is rarely occurring at this stage. Staff made the following observation:

“It appears that Department staff do not have a clear sense of goals and a direction for cases. Or if there are case plans documented, there seems to be a poor ability to adhere to it.”

There is e.g. a consistent lack of information provided to the residential program in relation to young people being placed with the service. Staff members regularly have to follow up in relation to medical information, access/contact with family members and arrangements and information in relation to ‘at risk’ youths and their safety plan.

Best practice stipulates the development of case plans with all relevant parties concerned including the young person. This will ensure that everyone is clear on what the issues are, which goals need to be achieved, by whom and when. While this is part of the Departmental strength based training the actual implementation of developing case plans in collaboration with others is seldom initiated by departmental staff members or consistently followed through in case of change of case worker. The following illustrates this e.g. a 12 year old female client with severe attachment and behavioural issues, was provided intensive therapeutic intervention at one stage during her care with NTFC, however after there was a change in caseworker for this client, this was dropped and not seen as a priority.

- The Departmental training framework includes case management training as well as case planning but this does not seem to filter through to the practice and operational implementation. The training provides a tool to be used for case planning but it appears this tool is not being utilised at all. The reasons for this are probably manifold and can only be assumed and would need further investigation. However it is recommended that if a tool is provided in training that it will be utilised and implemented at the organisational level and thereby providing consistency throughout the Department i.e. from Service System Improvement Unit through to the operational area. This lack of consistency not only leads to lack of consistent approach in case management/case planning but also to confusion for new staff members.
- The lack of case plans is particularly noticeable around safety plans in times of crisis. It at times appears that safety plans are non-existent. It is recognised that the lack of secure accommodation in town plays a role here, however the seeming lack of a plan is likewise implicated.
- The inability to plan for and provide long term safe accommodation for young people under guardianship has been clear (see case study No.). Children being placed under orders due to safety and parenting concerns, and living at the same address years later highlights points above.
- The lack of residential options for children under guardianship in Alice Springs is partnered with a lack of residential options for at risk children not under NTFC care. When NGOs have concerns about short term safety matters for children not under the care of the department, there are limited options available.
- When kids have been case managed by FACS in the past and there is a need for them to go back on to case management the process is as long and convoluted as the first time.
- At times the response to a notification has been so “collaborative” that our service wonders whether FACS was just happy to let another agency do the work. There is no real partnership.
- This authoritarian approach is most likely to be ineffective with a teenage population where there are already behavioural concerns demonstrated, arising from complex family scenarios. Generally children who come into the care system during adolescence already have issues with authoritative figures, which limits the effectiveness of this approach. If children do need to be placed in the care system during adolescence a more engaging and less punitive approach needs to be developed and it needs to be more complex and holistic.
- Staff have found that NTFC provide very limited, if any, aftercare or exit planning, with other services or clients. Clients appear to be "dropped" once they have turned 18.

3.5 Early intervention

The current intervention places a strong emphasis and almost sole resources on the tertiary response and less on early prevention and strengthening the community. Substantive early intervention models are required in the Northern Territory to shift this emphasis. The integrated Community Hubs and Universal Early Childhood Education (attachment 1) is one of these models.

Much has been written in recent years about the benefits of investing in preventative models. Amongst others CAFWAA (2007) called on the government to increase the service provision in early intervention and prevention programs for families as it is seen as a major investment in relation to the development of social capital and healthy communities. Investment in supporting families and their children before reaching a major crisis point should attract greater attention in program funds, which are outsourced to the community sector. An increase in funds will create a supportive pathway for families who have shown resilience in extreme circumstances and are struggling to pursue the wellbeing of their children and family members.

3.6 Interaction between Government and Non government agencies

Protocols between NT Family And Children's Services (FACS) and Central Australian Community Organisations.

The difficulties experienced by various agencies in working with the department led to the development of an interagency protocol. The FACS/Child Welfare Coalition Reference Group first devised the protocols in 2003. After they failed to be integrated successfully into practice, the protocols were reviewed by the sector and implementation guidelines were developed. The protocol and guidelines were re-implemented in February 2007.

The apparent refusal of the Department and its workers to abide by the document undervalues the work put into this collaborative approach to improve outcomes for children in the region, and it is a cause of frustration that staff appear to have no working knowledge of this document. This document states that from the investigation stage onwards, the Department will be calling upon the expertise and experience of other providers. In practice it appears to be based upon the worker and the workers attitude at the time, as to whether or not these principles of joint case management, shared service delivery and open channels of communication are adhered to. Though there is frank admission that Department staffing resources do not match the volume of the demand, and some recognition of the role that other services play, there is reluctance of staff to build effective, meaningful and respectful relationships with other service staff to achieve goals for the child and family. It is either not valued, or not prioritised.

Currently the document and the guiding principles are brought to the attention of new staff via an irregular training process. It is recommended that this document and its guidelines should be an integral part of an induction and initial training process to enhance the working relationships and ultimately the outcomes for the young people and their families.

Us and Them Approach

The issues of concern here could be summed up as the two-fold 'us' and 'them' attitude that departmental workers display. This describes how workers delineate the work they do being clearly separated from

- a) the children and their family they are serving, and
- b) from the other agencies involved in a case

There is a disempowering attitude when working with families and other services. Departmental staff believe that expertise for all things related to family welfare is held within the Department. There appears to be a lack of respect for the skills and experience that families have, as well as recognising the value of other services. This naivety or arrogance leads to incomplete assessments of children's scenarios, poor relationship building, lack of coherent planning and potentially poor outcomes for families. The lack of respect shown to family members and NGO staff, who have solid working relationships with families, and a wealth of experience, is undermined and undervalued in the process.

It is the perception of NGO staff that departmental staff only recognise the shortcomings of families, hold disrespectful attitudes towards them, and only have negative interactions. This leads to a distrust of families, and repercussions on children's attitudes towards a service that maligns their family.

3.7 Ideal ways of NTFC working / when it is going well

There are times when cases are well managed. The following is an overview from staff of what makes this work:

- Investigation stage engages with families in a sensitive fashion
- Investigation utilises experience of YALC and other services
- As the major case working service engaging with families, YALC is involved with all stages of case planning
- NTFC respond in a timely fashion to notifications
- If time is limiting immediate investigation, NTFC still inform notifier they have received the notification and the time frame as to an expected investigation
- Regular, frequent and appropriate case meetings with families occur throughout investigation, and occur at a place and in a fashion that is determined by the family
- Communication is regular between NTFC and family throughout this process
- Communication is ongoing between NTFC and service staff throughout this process
- Investigation takes a strength based approach to support the family, rather than react in a punitive fashion
- Good principles are consistent throughout the organisation, rather than being dependent on individual case workers abilities and stress levels
- Workers are required to work flexibly, and recognise the complexities of families lives and things can change
- The child being investigated is present at the meeting so that access is also provided
- Staff are highly skilled in engaging with clients and families
- Staff understand the background and history of the families and communities they serve
- Staff have a working knowledge as to how achieve successful outcomes for the child and family that may have a different world view

- Access is flexible, is family driven, and should be provided to immediate and extended family
- Staff recognise the obstacle of being based in a building, and improve their ability to work with clients and families in their setting.
- When children are in 'Out of Home' team, that communication channels stay open, including speaking to learning centre staff before or after going to see clients and families
- Joint Case Management is just that
- NTFC recognise that services are involved in providing case work to the client and family and therefore should be constantly informed as to plans for the child, both in the long term and also on a daily basis if necessary

Staff engaging appropriately with the family, on a regular basis, and the instigation of a collaborative approach that works together with relevant agencies in a respectful way – i.e. adhere to the guidelines for the department and Central Australian Community Organisations 2007.

ATTACHMENT 1 - INTEGRATED SERVICE APPROACH TO SOCIAL INCLUSION (see attached document)

ATTACHMENT 2 - SAFE FAMILIES PROGRAM

ATTACHMENT 3 - CASE EXAMPLES

APPENDIX 2

Tangentyere Council Safe Families Program

Introduction and Context

The social contexts faced by disadvantaged Aboriginal children in Central Australia are complex and multi faceted and place vulnerable children at risk of becoming habituated into lifestyles that limit their opportunity to participate in, and access the wealth, success and healthy life that most non Aboriginal young Australians accept as an inalienable right.

In Alice Springs there are a considerable number of Aboriginal children under 15 years of age who are identified as highly marginalized, vulnerable to acts of violence or sexual abuse, of becoming habituated to harmful substances, likely to come to the notice of police and/or statutory welfare and likely to experience interactions with the criminal justice and/or mental health systems. A smaller number of those at greatest risk can be observed in and around the CBD area of Alice Springs into the early hours of the morning, frequently heavily affected by substances such as alcohol and/or inhalants.

The Safe Families project was conceived as a result of concerns raised by the Alice Springs community, including, senior Aboriginal leaders, Government Departments and a number of existing youth service providers concerned for the well being of this group of children. Community concerns centred on a lack of safe, supportive accommodation options for high risk children under 15.

The model for the Safe Families Project evolved through a series of community consultations and discussions with Aboriginal elders, community groups and service providers with an interest in the provision of a safe and appropriate crisis accommodation services. A core group of youth sector members provided valuable support and direction to the development of the model. Those involved in the various stages of consultancy agreed a service for children under 15 years of age was urgently required within the town. In the discussion and workshop sessions it was unanimously agreed the proposed model should address issues in such a way as to not only remedy the immediate problems, but address longer term issues whilst maintaining respect for the cultural integrity of Aboriginal family systems.

The overall project management is the responsibility of Tangentyere Council. Tangentyere Council is an Aboriginal community controlled resource agency, delivering housing, essential services and programs to 18 separately incorporated Housing Association communities in Alice Springs, and the Central Australian region. The Tangentyere Council Executive is made up of a representative from each Town Camp, meaning that our bosses are our direct clients. As a result they identify and approve the development of services to address immediate needs on the ground. Residents of the Housing Associations are culturally remote from many services in town and suffer from high levels of poverty, grief and social stress and inadequate resources (including access to communication systems such as mail & telephone services; transport, decent housing or education/training or employment opportunities). As a consequence Tangentyere Council has a range of services to assist Town Camp communities in Alice Springs and communities in remote areas. These services and the associated interagency partnerships are used to establish and maintain plans for community improvement and are designed to support Alice Springs and remote community initiatives in the areas of public health, housing, employment and training, youth affairs and early interventions.

The Safe Families program was endorsed with great enthusiasm by the Tangentyere Council executive who recognized that many of the children needing the service were from Town Camps and that as an organization and leaders of their communities they have a responsibility to take a leading role in the development and operation of critical services to improve the lives of children to grow up strong and healthy – physically, emotionally and in their culture.

The community partnership between Tangentyere and other government and non government service providers recognized children could not be assisted in isolation from their families, that families are intrinsic to the lives of children and needed to be central in the development of the program model. The partners recognized Aboriginal families are the experts on ways to re-engage and reclaim responsibility for the care of their children. They agreed the response needed to be based within existing and successful frameworks of care within Aboriginal families and culture to have any real long term outcomes for both children and their families. It was identified as essential that family structures required support to build upon the family's strengths to maintain strong, positive, safe family and community relationships, which could ensure the long term care and protection interests of children and carers converge.

Throughout the consultations it was acknowledged that for some children, the provision of consistently adequate support and care from immediate family is not always an option. However the provision of care and support from within the Aboriginal community is of paramount importance in terms of fostering and maintaining family, community and cultural connectedness. Aboriginal cultures are entrenched in models of extended kinship care, and these cultures guide the service responses and development for Safe Families. This is a direction laid down by the grandmothers who informed the program's development and who expressed their fear for the future of their grandchildren, while providing a strong solution to the problem. The grandmothers identified that what was needed was the identification of a 'safe families' program within the Aboriginal community that provides support and care to children, ideally extended family members. It was acknowledged that, for many years, families have been providing this type of care and support on an informal basis, often without being adequately resourced to do so. They acknowledged that to address the disadvantage experienced by the targeted client group a concentrated and collaborative partnership response by families, the community, funders and services providers was required.

The collaborative case management work achieved by the youth sector in Alice Springs over a number of years reinforced the conviction that only an integrated approach would close the gaps in service delivery and re-direct part of the funds allocated to crisis accommodation services to the preventive end of the service continuum. The program is aimed at targeting the risk factors contributing to protective concerns experienced by 'at risk' Aboriginal children, rather than establishing a program which is responsive only to the symptoms of homelessness. Safe Families over time is designed to build the capacity of parents, families and communities to address broader issues which contribute to children's experience of living in cycles of perpetual crisis, neglect and homelessness.

Safe Families Program Description

Safe Families was developed to address the lack of safe, supportive options for young people (7 - 14 yrs) who had been identified as being at risk.

Safe Families model, was developed by Tangentyere Council, local Aboriginal people and local service providers over a period of 8 months in 2003. Planning identified the need to develop an integrated service response with the following features:

- Early intervention – aimed at building the strength of parents, families and communities to prevent and to deal with crises as they emerge.
- Family placements – where young people at crisis are placed in a stable environment with extended family where possible;
- Supporting Existing Kinship networks and community "safe houses"
- Crisis accommodation– when other options have been exhausted
- Comprehensive Case Management
- Parent and Family Support

Referral – Children And Families Identified For Service:

Many young people who are clients of the Safe Families receive little or no meaningful support from immediate family. While the reasons for this are multifaceted and complex, the following factors have been linked with family breakdown and the inability of some families to provide adequate care within Indigenous communities:

- The impact of past assimilationist and protection policies regarding Indigenous communities
- Severed links to family, resulting in the loss of opportunity to observe and develop positive parenting skills.
- Dislocation from land, language and community and therefore loss of knowledge relating to role, identity, cultural obligations and responsibilities.
- Conflict between families
- Socio-economic disadvantage
- Inadequate and overcrowded housing
- Domestic Violence
- Substance Misuse
- Ongoing grief and trauma relating to the loss of family members
- The over-representation of Indigenous people in the criminal justice system
- Poor health
- Inadequate and inappropriate education systems
- Unemployment
- Sexual abuse

Children referred for service present with multiple complex presentation issues including:

- Do not have a safe family environment and thereby experience ongoing placement disruption resulting in homelessness
- Are on the streets at night.
- Engage in juvenile offending
- Engage in substance abuse.
- Have already experienced physical and sexual assaults and are at risk of further assault.
- Are witnesses and/or victims of violence
- Experience family conflict
- Experience inferior standards of living
- Are not engaged in education or training
- Are often malnourished and experience poor long term health outcomes
- Do not develop into strong and healthy adults and parents.
- Identified as 'at high risk' of suicide.

The Safe Families Model:

The model has been designed to address both the acute shortage of emergency/crisis accommodation and longer-term safe accommodation options for marginalized and disadvantaged Aboriginal children.

It was identified that short term safe accommodation is one part of an overall response that maybe required while work is being undertaken with families to address broader concerns related to parenting, education, financial management, substance abuse, family violence and health.

The program model consists of:

1. Accommodation Options

a) Kids Safe House

A short-term crisis accommodation house operates within an intensive casework model and is staffed by Aboriginal people and senior elders from the local Aboriginal community

The placements at the short term crisis accommodation service is designed to provide a brief window of opportunity for Family Workers and Youth Services to

- Connect children back to safe living environment within their family structures, utilising family mapping procedures to determine the appropriate people to care for children by.
- Identify and recruit extended kinship carers
- Deliver intensive support to families so they can provide or resume care of / for their children.
- Provide intensive support processes to children and make appropriate referrals to service providers for additional supports identified as necessary to maintain the integrity of placements and the wellbeing of the young person.
- Develop strong links/with Aboriginal support networks for children and their families.
- Identify opportunities for children to reconnect to family and cultures

b) Existing 'Safe Houses' within the community.

Grandmothers and Aunties have identified that the existing kinship care network requires support. Service providers and community members are aware of those houses within the community that provide a place of safety and care for young people and children. Often they take a burden beyond their resources. Grandmothers and Aunties identified that they did not want to become formal foster carers or be part of the system, but they did require basic assistance with food, bedding and clothing.

These carers did not want to become embroiled in family arguments about child payments, but did want to provide for the safety of the children and young people who were seeking them out.

The Safe Families program identifies these 'community safe houses' and provides support through a brokerage fund. Family workers (see below) are to support these carers and provide links and assistance to support the extended kinship network

c) Family Houses

Safe Families has 2 houses identified for families who are at risk of homelessness. Planning for Safe Families identified the needs of families who are suffering sorry business, single fathers and other families at risk of homelessness. The Family Houses are semi-supported accommodation, with families provided with living skills support over a 3 month period while longer term accommodation is sought. An agreement with Territory Housing was to provide for priority housing for these families.

d) Town Camp Safe Houses – a future development

A future development of Safe Families is to establish identified Safe Houses for children and young people within Town Camp communities. While the aim is to create universal safety within Town Camps, it has been identified that houses such as these could be a critical step. The vision is to employ local people from the Town Camp to staff the houses, providing a point of community education and a focus for community safety.

2. Family Strengths Based Case Work

Aboriginal family support workers are a core part of Safe Families. These workers participate in collaborative joint case management with other service provider partners using a Strengths Based Framework. Participatory Case Planning includes:

- a) Identify and address areas of concern where the issues facing children and their families may result in the removal of children onto statutory child protection orders.

- b) Connect children back to safe living environments within their kinship network, utilizing family mapping genograms to identify culturally 'right way' placements that meet their physical and emotional wellbeing needs
- c) Deliver an intensive case management model to monitor and support extended kinship care placements to ensure placements remain intact and highly functional in the interests of the child/ren.
- d) Provide targeted parenting programs that build on family strengths and capacity to provide care and support to children by providing parenting programs in areas such as
 - i. Domestic and sexual violence
 - ii. Alcohol use.
 - iii. Child abuse & neglect.
 - iv. Drug / substance abuse.
 - v. Grief, loss and trauma
 - vi. Health issues.
 - vii. Education issues.
 - viii. Financial issues.
- e) Support fathers to take responsibility for their children
 - i. Develop and provide training and support in men's programs that assist in better access and care arrangements for children.
- f) Support mothers to take responsibility for their children
 - i. Develop and provide support training in women's programs that assist in better care arrangements for children.
- g) Identify and support the development of 'safe houses' on town camps within Alice Springs.
- h) Maintain collaborative relationship with other agencies, organisations and departments.
- i) Assist in the development of new knowledge for working with Aboriginal children, their families and their communities.
- j) Assist in the ongoing development of culturally relevant assessment/client information tools for use with Aboriginal families.

The Partnership

The success of Safe Families depends on strong partnerships at both the funder and the provider level.

The partnerships have a primary objective of improving outcomes for young people in Alice Springs who are 'at risk' or experiencing crisis. However, the partners recognise that those outcomes will not be achieved without a holistic approach to the issue – an approach encompassing not only the individual experiencing crisis, but the individual's family and community – and which recognises the importance of the circumstances and environment in which crises arise.

The partnerships aim to integrate the contributions – whether financial, service delivery, service planning, service review, etc – of each of the parties and sets out the roles and responsibilities of each of the funding agencies and the service providing organisations.

Two partnership are formalised through a standard MOU with partner bodies. The first will be with the funders and the second with service providers.

Representation from funding partner bodies is as follows:

Tangentyere Council	Manager Social Services & Coordinator Safe Families Project
ATSIC	The Regional Manager, Central Australia
AHL	Manager, Central Australian Region
DHCS	Services Development Officer (FACS)
Territory Housing	Director Operations South

Representation from service provider partner bodies is as follows:

Tangentyere Council	Manager Social Services & Coordinator Safe Families Project
ASYASS	Manager
FACS	Program Manager, Central Australia and Barkley
Central Australian Aboriginal Congress	Coordinator Youth Team
Central Australian Stolen Generations and Families Corporation	Coordinator
Reconnect Programs (GYC, NPY Women's Council, Waltja)	Coordinators

Management

The overall project management is the responsibility of Tangentyere Council.

Other advisory and accountability structures include:

- Reference Committee inviting representation from ASYASS, Tangentyere, Stolen Generations, Reconnect, Gap youth Centre, Waltja, Congress Youth Team, the NT Police Department, Family and Children's Services, and community (consumer) reps – quarterly meetings to monitor project development, implementation and operation
- Town Camp Reference Committee: sub committee of Tangentyere executive – quarterly meetings
- Oversighting committee (funders) -- 6-monthly meetings or at the request of any party to ensure program and financial accountability

Staffing

Safe Families seeks support from resources managed by other agencies. Tangentyere Council will seek an MOU with Congress and Reconnect to provide youth case management services to young people who are accessing the Safe Families Project. Additional support will be sought from a variety of organisations such as Life Promotion for suicide prevention education, Centrelink, Good Beginnings, Education and Health services. Existing resources and youth initiatives within Tangentyere Council and ASYASS will also support the service.

Action and Intervention Research Methods

Safe Families has two goals: : *the first* is to provide a service which supports families and ensures the safety and well being of children in a culturally relevant service model; *the second* is to develop new ways of working with Aboriginal families.

To achieve this, a combination of Action and Intervention Research methods will be utilised. Action and Intervention Research Methods are designed to develop data derived from the careful tracking and recording of case work. This data is analysed, synthesised and fed back into the development of the service, casework and operation. At the same time as case work is improved by this process, effective and efficient ways of operating Safe Families will also be identified.

Safe Families has been designed in such a way that the Action and Intervention Research methods component is central. This proposal includes the ways in which the elements of these research methods are built into the construction of Safe Families and its operation such that the analysis, synthesis and feed-back of information is a continual process, intercepted by two monthly formal review discussions. These review discussions will be overseen by an external consultant through site visits.

It is anticipated that the Action and Intervention Research phases will be part of Safe Families for the first three years of its operation, with a review then taking place about its continuance. In that time the consultant will prepare annual reports to accompany the reports provided by Safe Families to the funding bodies.

It Is Anticipated The Use Of Action And Intervention Research Methods Will Result In:

- new knowledge about how to conduct family work in the context of Aboriginal communities and cultures
- new knowledge about the ways to engage in work with Aboriginal children, their families and community
- conceptual models to understand family life in Aboriginal communities
- new practice skills and techniques
- effective ways to build cultural programs

Principles

The underlying principles of Safe Families are:

- Aboriginal cultures exists within Aboriginal society and Safe Families will respect and maintain cultures
- Aboriginal communities aim to strengthen language and cultures and Safe Families will assist in this process
- Indigenous people must have their say in what happens to Indigenous young people
- Aboriginal young people exist in between cultures and need both Indigenous and Western skills, language and education to negotiate these cultures.
- Family and community care is a preferred option to institutionalised care.
- That family and the Indigenous community should become the responsible parties for the care and nurturing of their children.
- The Indigenous people should be supported in the provision of care for their families.
- Ongoing support is needed to enable successful and supportive outcomes for safe family placements.
- Indigenous workers are required to enable Safe Families to deliver culturally safe services to young people and their families.
- Appropriate programs / workshops are needed as educational tools for young people and families to fully understand the best way to address their problems.
- A strong focus on case management is required in order for agencies and Organisations to deliver appropriate services.
- Youth service providers Government and non-Government agencies need to work closely together in addressing the issues of young people and their families.
- Safe Families will provide a comprehensive and professional service and will carry the responsibility of developing new knowledge and ways of working

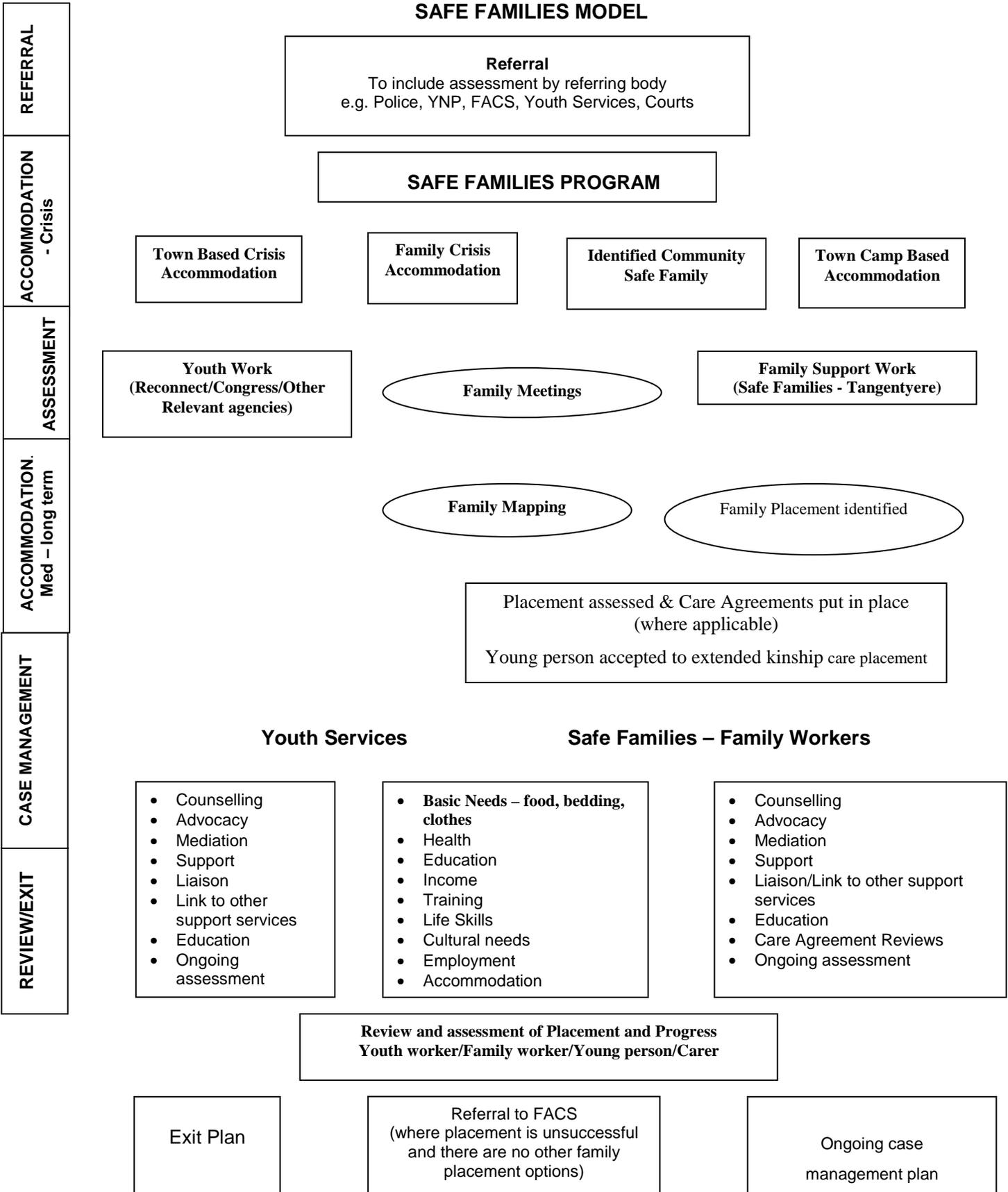
Safe Families Vision Statement

Safe Families is committed to fostering and preserving the cultural integrity of Aboriginal family and community connectedness.

Safe Families recognizes Aboriginal cultures have successful models of extended kinship family care and that family is intrinsic to the physical, emotional and spiritual wellbeing of all children.

Safe Families seeks to support families to preserve their traditional obligations for the care and nurturing of children, ensuring their children grow up strong, safe, resilient and healthy in their transition to adult hood.

SAFE FAMILIES MODEL



ATTACHMENT 3: CASE EXAMPLES

Case 1:

Tangentyere Council raised concerns regarding this case to the Children's Commissioner in 2009.

On the 15th May 2009, NTFC Child Protection workers removed a child from her mother and father. She was placed in NTFC's care, and a Temporary Custody Order was granted. The child was placed in a foster care arrangement until a family placement/kinship care arrangement could be organised. The child's mother, at the time of removal was under a Joint Guardianship Order, between the CEO and a family member.

Yarrenyty Arltere Learning Centre (YALC) staff, and other staff employed by Tangentyere, were concerned that NTFC did not ensure a timely assessment of family placements for both the child and her mother. Within the first two weeks of the child being removed, the mother and father informed NTFC of family members at Kintore that could be explored as an appropriate placement option, where the three family members could reside with extended family who are willing to be designated as the main carers for the baby. As of the 23rd July 2009 an assessment of that placement option had only been partially investigated. This raised concerns that NTFC did not act in an appropriate manner in accordance with the *Care and Protection of Children Act 2007* Part 1.3 s12 in relation to Aboriginal Children. When the child was finally placed with family at Kintore there was limited, if any, follow-up from NTFC. At the beginning of 2010 the Kintore placement broke down and the child was hospitalised. Upon the child being discharged from hospital, she was placed in a foster care arrangement.

In addition, concerns have been raised that NTFC failed to provide a reasonable level of care to the mother, herself under the guardianship of the CEO, during the child protection investigation. This includes matters related to her physical health, her maternal needs, and her psychological well being. In particular this relates to the failure to provide appropriate support in regards to the mother's threats of self harm and suicide, as a response to the removal of her child.

Other concerns were raised regarding NTFC's insufficient dealings with the father and their inability to recognise the father's role. Issues including not ensuring he understood the child protection process, not utilising interpreters (when it was obvious that he had poor English), only valuing the place of the mother as a parent and not engaging with the father or assessing him as to whether he could provide appropriate care and safety for the child.

Case 2:

Tangentyere Council raised concerns regarding this case to the Children's Commissioner in 2009.

In early 2009 a family who were residing in Darwin with an open CP case, which was deemed high risk, moved to Harts Range and YALC staff notified NTFC of this. The case was transferred to Alice Springs CP from Darwin. A short time after NTFC was notified of the family moving to Harts Range, the family moved into Alice Springs. The Alice Springs NTFC CP team, after brief conversations with the family and YALC staff, decided to close the case and stated to YALC staff that the reason for this was because "NTFC had been involved for too long". The family consists of a father, a mother (who is the biological mother of the female child) and one male and one female sibling, both under the age of 3.

YALC informed NTFC, prior to the case closure, that the family was deemed high risk, due to a number of reasons. YALC informed NTFC that the father had assaulted his sisters, female cousins and elderly grandmother in the recent past, and had previously assaulted both his partner and his female child, resulting in being hospitalised. He was continuing to drink heavily, which was a precursor to his violence, and the mother was pregnant. YALC had concerns regarding the parents' ability to appropriately care for two children under the age of 4 and a new born baby, especially considering that a new born baby could produce an extra stress that may have effect on the relationship and could worsen the family violence. NTFC did not take into consideration YALC concerns that the father was still highly volatile and a huge threat to both his wife and his children, nor did NTFC ensure any protective measures were in place before the case was closed.

YALC informed NTFC that the mother was not the biological mother for the male child (NTFC stated that she was not on their system as the mother) and it appeared that NTFC did not look into this.

NTFC did not appear to investigate YALC's concerns. NTFC spoke to the mother, who informed them she would be going back to Harts Range where her family lived and would be safe at this location. NTFC did not follow this up and closed the case prior to the family returning to Harts Range.

After a letter (dated 6th April 2009) to the Manager, Central Australia NTFC and the Children's Commissioner, the case was reopened. The father had been placed in custody in this time due to alcohol related offences and the mother, female child and new baby were staying between Larapinta Valley Camp, Amooinguna and Harts Range and the male child was in the care of paternal family in Adelaide.

YALC meet with the Target Family Support Service to see if they could take the case on. However while they stated that "in relation to (two of the children), there is a window of opportunity to look at the mother's support needs while the father is in jail (to July)", they also stated that they "currently have a full case load and therefore won't be able to respond to these two referrals until we are fully staffed again, which would be mid June (best case scenario)".

Late May 2009 YALC received a phone call from Central Intake to report that they had received a referral from TFSS for both children. TTFS had sent the case back to NTFC stating they could not take it on. YALC provided background as to why the matter was referred, which included that YALC had reported about the father's violence at the time that NTFC were closing the case with little evidence that any work with family had been done. Central Intake informed YALC that it is not a child protection matter therefore Child Protection could not assist but they agreed that the case required family support and should not be left. Central Intake contacted YALC to inform them that the case will be sent to Child Protection in Alice Springs. At the beginning of July, YALC was contacted by NTFC CP caseworker and informed that they had picked up the case of the two children and baby again. The caseworker informed YALC that apparently the mother was at Lake Nash with the baby and female child and that NTFC would visit her out there. YALC had done some planning with the father at the prison and NTFC was aware of the plan.

In mid July YALC was informed that NTFC were facilitating for the mother to have a Domestic Violence Order served on the father the day he was released from prison. It was unclear to YALC if this was proposed by the mother herself, or was the idea of the NTFC case worker. YALC were concerned by the manner in which NTFC staff communicated with the mother, engaging in a matter that insinuated that the mother was at some fault for being the victim of violence and not providing enough care for her children or safety against the violent father. YALC were concerned that NTFC had gone from closing the case to a very "gung ho" approach.

A safety plan was developed with both the mother and father in August and YALC requested that a referral should be made to TTFS and that NTFC needed to monitor the case.

At the beginning of September NTFC wrote to YALC to advise that NTFC was closing the case due to the work being undertaken by YALC and Central Australian Aboriginal Congress being "outstanding and the family appears to be functioning very well and keeping safe".

No further involvement with NTFC or TTFS has occurred since that date, however YALC has continued to work with the family and has had to ensure the Domestic Violence Police Unit be involved with the family.

Case 3:

A house had been deemed as an inappropriate placement for children who were taken into NTFC care. The head of this family is a 72 year old woman. She has children, grandchildren and great-grandchildren residing with her. Her house is heavily overcrowded, and when family members from outside town visit, this can become extreme. This family has an extensive history of substance misuse. Alcohol misuse has been a major concern for the older family members, and inhalant misuse has had a protracted history for the younger members of this family. There has also been a long history of unemployment, low levels of education and ongoing violence affecting all. Due to the high risk that the children and youth are exposed to at times, the Department has been engaged with the family.

The elder female of the family is old and frail, and although the child protection agency has assessed the environment as not satisfactory for the rearing of children, she is still the main carer for five children, some under NTFC guardianship, at her house. Department staff have extremely limited engagement with this lady. Even though she is caring for children who NTFC were meant to remove from this environment and provide better parenting opportunities, she feels that she has no chance to voice her concerns about the children's safety concerns she holds. Practical support for the children is also limited. So though the circumstances for the children have not changed, as the environment is inappropriate, no support is provided, and no strategies have been investigated and addressed to deal with the issues that made the house deemed an unsafe place in the first instance.

Tangentyere Council set up a community program inside the town camp where the family resides. This program has worked extensively with the family who has accessed the facilities of the program centre and the supportive relationships of the staff working there on a regular basis.

A continuous frustration for staff has been NTFC's unwillingness to work collaboratively and cooperatively with the program and thus the family. This coupled with poor communication with program staff, who are on the ground working with this family on an almost daily basis has been a significant factor in this frustration. Improved communication could have resulted in improved service for this family in many instances.

Those under NTFC care require significant support from YALC staff for their interests to be heard – at the request of family. Program staff have been unable to work together with NTFC to alleviate and improve situations. Instead staff are often in a reactive role of continuously reporting to NTFC around the same concerns on an almost weekly basis.

It could be questioned that the children are no better off due to the engagement of NTFC

- Safety concerns are still present
- The carer is being denied the parental payment allowance from Centrelink
- The processes of the Department have actually provided a greater stress on the setting
- The lack of clear parenting strategies by the Department
- With teenage children there have been no strategies to support them to develop into independent adults, whilst still maintaining their everyday basic needs. Instead Department staff have let them become dependent on a system of providing material support with no accompanying development of a skill set appropriate for their age. These adolescents have worked out how to access financial support from the department, while at same stage having no sense of boundaries or responsibilities. They have transferred this skill to access other services in a similar fashion, again without boundaries being set.

Case 4:

This case relates to a 14 month old baby, with Down Syndrome, mother (who has been noted by all services involved to have cognitive limitation and a physical disability) and a father with mental health issues. The case is highly complex and a number of services are involved, including NT Aged and Disability Service, Central Australian Aboriginal Congress, YALC and NT Health and Families Children's Development Team.

YALC feel that issues regarding this case include:

- Untimely investigation of a child at risk
- Disagreement and unclear processes regarding responsibilities between Dept Aged and Disability and NTFC resulting in child put at risk. It would appear that due to unclear process and protocol, poor communication between departmental management and lack of direction to staff on the ground with both NTFC and Aged and Disability, a lot of work by a non-statutory NGO was required to keep a child safe from harm and neglect.

On the 22nd October YALC made a notification to NTFC Central Intake stating that on the 18th October the mother's sister passed away, who had been a support person for the family. On the 20th extended family member informed YALC that the mother had not returned to the camp the night before and the child was left in her care. The family member informed YALC that she was not able to care for the child for very long, as she looks after 3 children.

The family member, with the support of YALC, took the child to Trucking Yards Camp, where the mother's family were participating in sorry business. The child was placed in the care of his cousin (the deceased daughter). YALC later visited Trucking Yards to ensure the child had food etc and to make sure family were ok to look after him there, until the mother was located.

On the 21st YALC was notified by Tangentyere staff that the child had been bought back to Larapinta Valley Camp. YALC spoke with extended family member and decided to go with her to look for the mother. They found the mother in Alice Springs CBD and talk to her about there being no body at Larapinta that was able to look after the child. The mother informed them that she would return to the Larapinta to care for this young child that afternoon.

At 4.30pm a young child (aged 7) walked to YALC from her house, with the child. The extended family member arrived in a car at the same time and informed YALC that the mother had still not arrived. The extended family member informed YALC that there was nobody to look after the child. It was arranged that the extended family member would care for the child for the evening.

The morning of the 22nd, YALC, the child's sisters and extended family members went looking for the mother, found her in the CBD and returned her to Larapinta Camp. YALC discussed with the mother the concerns that there were no family members able or willing to care for her child.

YALC staff member had been asked by the mother to give her a lift to town to sell her painting, after she had been returned to the camp.

YALC informed NTFC Central Intake that their concerns where, that if the mother leaves the camp again there were no family members that are willing or able to provide care to the child, although they would not let him become unsafe, that due to the mother's family history, suspected cognitive impairment, physical disability and current instability due to her partner not being present and sister's death, the mother required support to provide adequate care to the child – the child was particularly vulnerable living with Down Syndrome.

On the 30th October YALC were informed by NTFC Central Intake that the case would be forwarded to the CP team in Alice Springs. In which time YALC had had to negotiate a number of times with family who were unable to provide care and which put the child at risk. A number of services had been told by the mother that she no longer wanted to look after the child. On the 2nd of November YALC were informed that the child was in hospital with Pneumonia and Gastroenteritis and that the father was with him and caring for him. Mid November the mother indicated to YALC that she no longer wanted to look after the child. YALC contacted the NTFC caseworker assigned to the case and informed her of this. NTFC spoke with the mother and it was organised for the child to be placed in NTFC care for a period of two weeks, so as the mother could have respite, however after this time he would need to come back into the care of the mother.

NT Aged and Disability Services, who case managed both the mother and child, had arranged for the child to attend child care 5 days a week to provide the mother with respite during the day. A number of case meetings and email conversations between YALC, NTFC, Aged and Disability, CAAC and Children's Development team, became fiery due to Aged and Disability, and NTFC believing it was the other services' responsibility to provide care for the child. NTFC were of the understanding that it was Aged and Disabilities responsibility due to the child's disability and Aged and Disability believed it was a child protection matter due to the mother not wanting to provide the care to her child and the fact that the mother had jeopardised the child's safety.

On the 1st of December the child came out of NTFC care and started child care. YALC assisted the mother pick the child up after child care and the mother became agitated that the child was returning to her care and she informed YALC that she had wanted some one else to provide care for the child. YALC informed NTFC and other services of this.

On the morning of the 4th of December the mother voiced again to YALC and to Disability Services that she could not look after the child. On the afternoon of the same day YALC went to pick up the mother so they could pick the child up from Child Care and could not locate her. YALC eventually found her at the Pub and she was intoxicated. YALC transported her back home and placed the child in the care of extended family member. YALC informed the extended family member that if the mother left or tried to provide care for the child while intoxicated to contact Central Intake. YALC informed Central Intake of the situation.

YALC were informed that the child was taken into care on the weekend after the notification was made. On the 7th December NTFC informed YALC that NTFC senior manager and Aged and Disability senior manager were meeting. Since this date the child has remained in NTFC care and the case was heard before the court on the 3rd of March 2010 and was adjourned for 3 months due to issues regarding who the father of the child is and the need for paternity tests.

YALC feel that issues regarding this case include:

- Untimely investigation of a child at risk
- Disagreement and unclear processes regarding responsibilities between Dept Aged and Disability and NTFC resulting in the child put at risk. It would appear that due to unclear process and protocol, poor communication between departmental management and lack of direction to staff on the ground with both NTFC and Aged and Disability, a lot of work by a non-statutory NGO was required to keep a child safe from harm and neglect.

All other aspects of this case were dealt with appropriately and YALC were impressed with NTFC caseworkers on the ground, both in their communication with YALC staff and with family members and the mother.

References

1. Ban, P. (2005) Aboriginal Child Placement principle and family group conferences, *Australian Social Work*, 58(4)
2. Korbin, J. (2002) Culture and Child Maltreatment: Cultural competence and beyond. Festschrift in Honor of Dr. Richard Krugman, *Child Abuse & neglect*, 26
3. Korbin, J. & Spilsbury, J. (1999) Cultural competence and child neglect. In H. Dubowitz (ED), *Neglected Children: Research, Practice and policy*, Newbury Park, CA: Sage Publications
4. Mc Phatter, A (1997) *Cultural competence in child welfare:what is it?*, Child Welfare,76
5. Christie, M. Braown. I, Cass,A. Flack,M. (2002) Sharing the true stories: improving communication between Aboriginal patients and healthcare workers, *Indigenous Health*, 176, 466–470
6. The Child & Family Welfare Association of Australia (CAFWAA), *Call to Action for Australia's Children*, May 2007
7. Merkel -Holguin, Lisa (2005) *Putting Families Back into the Child Protection Partnership:Family Group Decision making*, Paper presented at Children and Family Services Conference, North Dakota