



**Ngaanyatjarra Pitjantjatjara Yankunytjatjara  
Women's Council (Aboriginal Corporation)**

**SUBMISSION OF THE**

**NGAANYATJARRA PITJANTJATJARA  
YANKUNYTJATJARA WOMEN'S COUNCIL  
ABORIGINAL CORPORATION**

**TO THE**

**SENATE COMMITTEE INQUIRY INTO  
OUT OF HOME CARE**

**October, 2014.**

# The NPY Women's Council

## History and overview

The Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC) began in 1980 and was separately incorporated some years later, in 1994. NPYWC now comes under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (Cth.)

The push for a separate women's forum came about during the South Australian Pitjantjatjara Land Rights struggle of the late 1970s. During consultations over land rights, many women felt that their views were ignored, so they established their own organisation. Its region covers 350,000 square kilometres of the remote tri-State cross-border area of Western Australia, South Australia and the Northern Territory. Anangu and Yarnangu (Aboriginal people) living on the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara lands (Western Desert language region) share strong cultural and family affiliations. What began as an advocacy organisation is now also a major provider of human services in the region, in essence working to address the needs that clinical health services cannot, and that government agencies do not directly provide in this remote area. NPYWC has taken this direction because of the glaring needs that exist in member communities.

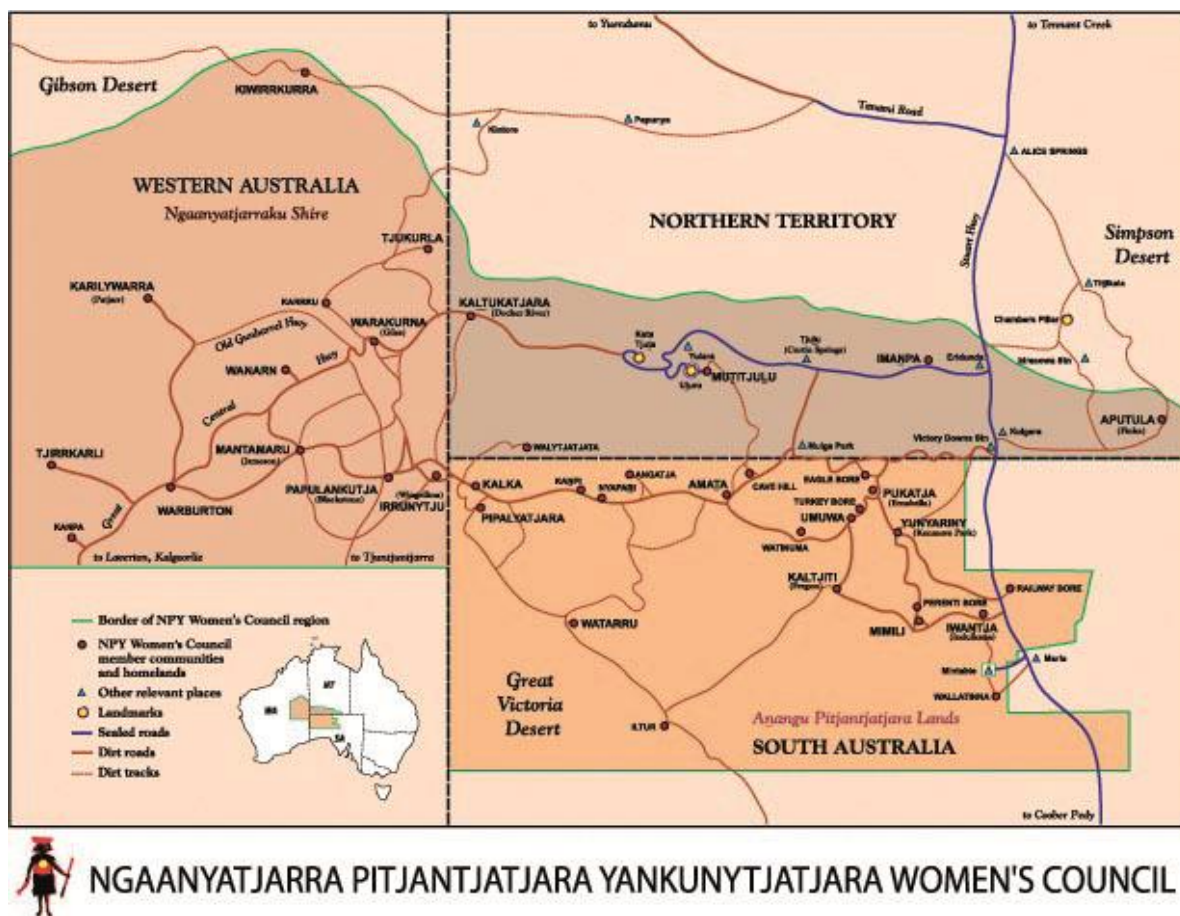
NPYWC represents women in the region, which has an over-all population of around 6000, half of which are 24 years of age and under. The members' determination to improve the quality of life for families in the region drives the organisation. Its existence gives members an avenue for participation in the decision-making processes that affect them and their families. It is a permanent forum where they are able to raise issues and make their opinions and decisions known. It also provides opportunities for Anangu to learn, share knowledge and keep informed about relevant issues. NPYWC's success is largely due to its capacity to provide a decision-making process steered by its members. One of the major advantages of its existence is the development over time of members' ability to consider and analyse policy issues, deal with government agencies and advocate on their own behalf.

### **NPYWC's Constitutional objectives**

The central objective of the corporation is to relieve the poverty, sickness, destitution, distress, suffering, misfortune or helplessness among the Aboriginals of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara communities and, for the purpose of advancing this central object, to:

- a) provide a forum for Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara women to discuss their concerns;
- b) assist and encourage the representation and participation of women from the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara region on local, regional and other relevant bodies;
- c) help individual women and girls to achieve further training, education and employment;
- d) establish, provide and or promote services to improve the health and safety, education and general well-being of people in the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara region;
- e) establish, provide and promote the artistic and cultural interests of Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara women;
- f) promote and support the achievements and authority of Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara women;
- g) gather and provide information about issues of importance to Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara women and to the broader community;
- h) promote and encourage the law and culture of Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara women;
- i) support and encourage other women and organisations who work towards similar aims.

NPYWC has its administrative office in the main regional town of Alice Springs. Regional offices are located at Umuwa and Amata in SA and Wingellina, Warakurna, Warburton and Kiwirrkurra in WA.



### NPYWC Services

NPYWC currently operates with a budget of up to \$14M per annum from a wide variety of agencies. It currently employs more than one hundred staff.

The NPYWC service delivery philosophy is structured around working in the 'Malparara' way whereby non- Aboriginal staff are partnered with Anangu/Yarnangu (local Aboriginal) staff, working together as 'Malpas' (companions) to assist each other in the role. Both members of the partnership bring different but equally valued skills. Anangu/Yarnangu provide cultural knowledge, language and knowledge of the region while non-Aboriginal personnel typically offer formal qualifications, higher levels of literacy and administrative skills.

NPYWC have a holistic approach to service delivery and combine funds from various agencies to deliver services according to the needs identified by their members and in accordance with funding requirements. Currently, NPYWC delivers services in five main streams; Domestic and Family Violence Service (including sexual assault), Child and Family Wellbeing Services, Youth Services, Aged and Disability Advocacy and Case management, and the Ngangkari (traditional healers) team.

In addition to direct service delivery, NPYWC's is also frequently consulted about the development of national indigenous policy and legislation; formal inquiries such as the recent inquiry into suicide among indigenous young people and contributions to research.

### **Examples of our work**

- *"Caring for Kids – tjitji tjuta atunymankupai" campaign (television and parenting ads, posters) addressing parenting issues, 2014.*
- *"Traditional Healers of Central Australia: Ngangkari".* Commissioned by NPY Women's Council and published by Magabala Books 2013;
- *"Tjanpi Desert Weavers" Compiled by Penny Watson for Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council",* Commissioned by NPY Women's Council, 2012;
- *"Sexual Assault and the law" "Sexual Assault and the law" booklet, 2011.*
- *"Speak Up Against Child Sexual Abuse" campaign television and radio ads., 2008;*
- *"Mai Wiru Mirrka Walykumunu: The Best Start to Life,"* Nutrition Manual for Mothers and Children, 2006;
- *"Framework for the Protection of Aboriginal Children in the Cross-border Region,"* Dr. Pauline Meemaduma, commissioned by NPY and Ngaanyatjarra Health Service, launched December 2005;
- *"Maiku Kulintjaku: Food for Thought" Parts 1-4 Child Nutrition DVD: NPYWC and Ngaanyatjarra Health, 2003;*
- *"Ngangkari Work – Anangu Way: traditional healers of Central Australia,"* NPYWC publication documenting the work and life stories of various ngangkari (traditional healers), 2003;
- *"I Want to be Free" Domestic Violence music video, NPYWC DV Service with young women from the Ngaanyatjarra lands, WA, 2002;*
- *"Minymaku Way" SBS Film Production documenting the work of NPY, 2001;*
- *"Tjungu Nyinapai/Being Together: Our work with the frail aged and disabled people and their families." NPY Women's Council video, internal production, 2000;*
- *"Nganana Rawangka Alatji Warkaripai; We Have Been Doing This Work for a Long Time,"* Women's Centres Book, NPYWC, 1999;
- *"They Might Have to Drag Me Like a Bullock,"* on the care needs of the aged, NPYWC, 1995;
- *"Looking After Children Grandmothers' Way,"* NPYWC, 1991;

- “NPY Women's Council 10-Year Book, NPYWC,” 1990.

### **Awards recognising our work**

- Indigenous employment participation
  - ❖ Special Mention for “Ngangkari Work – Anangu Way: traditional healers of Central Australia,” Centre for Australian Cultural Studies, Canberra, 2004 Awards; February 2005;
  - ❖ Royal Australasian College of Psychiatrists Mark Sheldon Prize for Rupert Peters and Andy Tjilari, NPY Women's Council ngangkari (traditional healers ), February 2009;
  - ❖ NPYWC ngangkari recipients of the Dr Margaret Tobin Award for excellence in mental health service delivery 2009; and
  - ❖ NPY Women's Council Ngangkari ((traditional healers) Project was awarded the World Council for Psychotherapy's Sigmund Freud Award which recognises the life work of individuals and groups that have made original contributions to the field of psychotherapy. The award recipients are: Kamilaroi Elder, Aunty Lorraine Peters; the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council Project represented by traditional healers (Ngangkari) Mr Peters (dec) and Mr Ginger Toby; and Winthrop Professor Helen Milroy.
- Indigenous business:
  - ❖ 2012 Indigenous Governance Award Category A Incorporated incorporation (convened by Reconciliation Australian and BHP Billiton)
  - ❖ Telstra National Aboriginal & Torres Strait Islander Art Award, Tjanpi Aboriginal Baskets
  - ❖ Gold Coast City Art Gallery and Tjanpi Desert Weavers have won a Museum and Galleries National Award for our national touring exhibition, *Kuru Alala Eyes Open*.
  - ❖ 2012 Deadly Award for Outstanding Achievement in Cultural Advancement.
- Addressing Violence, Substance Abuse and supporting youth at risk:
  - ❖ National Violence Prevention Award, NPY Domestic Violence Service 1994 & 1995
  - ❖ The Australian Council for Children and Parenting (ACCAP) National Award for the Prevention of Child Abuse in Regional and Remote Areas, Melbourne, Nov. 2001, jointly to NPY Domestic Violence Service and Nutrition Project
- Child Protection
  - ❖ Excellence in Health Promotion for the Nutrition Project, 1997, awarded by Living Health SA;
  - ❖ Best Practice Award for the Nutrition Project, 1997, awarded by OATSIH;
  - ❖ An Outstanding Contribution to Australian Culture for the Kungka Career Conference, 1999, awarded by the Centre for Australian Cultural Studies Canberra;

- ❖ Child Nutrition and Well-being Program was recognised at the 'Excellence in Indigenous Health Awards,' hosted by Criterion Conferences in March 2010, for its outstanding work in Maternal and Child Health.
- ❖ AWARD WINNER - "No safe amount - the effects of Alcohol in Pregnancy" a campaign Deadly Award, 2011.
- Increased participation in social and community activities
  - ❖ Human Rights and Equal Opportunity Commission Award to NPY Women's Council in the Community Sector in 2000;
  - ❖ Women in Community Policing Award, Australasian Policewomen's conference, Darwin, August 2005; and
  - ❖ National Drug and Alcohol Award for Excellence in Prevention from the National Council on Drugs to the 'Opal Alliance': NPY Women's Council, General Property Trust (GPT) and Central Australian Youth Link Up Service (CAYLUS) for successful lobbying to have Opal 'unsneffable' low octane fuel subsidised by the Australian Government in commercial retail outlets in the Central region in June 2007.



## Introduction

*"We support young mothers to care for their children, and young mothers, children and young people who are in DV situations. In our communities a lot of abuse occurs in families through alcohol and gambling and substance abuse. Petrol sniffing, marijuana, domestic violence and teenage pregnancies are big problems in our communities. What is not discussed is all the children who are suffering as a result. In the communities there are very limited services for women and children.*

*It is time that mainstream children's services developed more creative and effective strategies that will improve the lives of children in this region. Government Policy and programs must recognise the huge differences within Australia, not only cultural and social but geographic as well. Remote Northern Territory is not the same as remote Victoria. It is time for government agencies to work more closely with us to address these issues."*

**Mary Anderson**  
**Child Nutrition Worker**  
NPY Women's Council (2002)

NPY Women's Council, as outlined, works with Aboriginal people in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara tri state region of NT, SA and WA. It therefore also works with three different jurisdictional child protection departments.

The over-representation of Aboriginal children across all Child Protection indicators is increasing (AIHW, 2014, p22) and with regards to Out of Home Care statistics, Indigenous children are 10.3 times as likely as non-Indigenous children to be in out-of-home care (55.1 and 5.4 per 1,000 children, respectively) (AIHW, 2014, p10).

It is well recognised that remote Aboriginal Australia suffers from extreme disadvantage. Families experience poverty with low employment rates and low levels of education. Overcrowding often coexists with domestic violence, substance abuse and child neglect. The burden of disease is disproportionate to the general population of Australia and access to specialist services within remote communities is low (ABS, 2014).

Child abuse has been focused on in inquiries across the NPY Lands such as the Mullighan Inquiry in the APY Lands; the Gordon Report in WA; Little Children are Sacred report in the NT; Growing them Strong, Together in the NT and no doubt will be again in the recently announced Royal Commission into the safety and welfare of at risk children in SA. These inquiries report similar findings of child abuse and neglect occurring in remote Aboriginal communities, often due to family dysfunction and compounded by high levels of domestic and family violence.



The 5th and final Annual Report (2014) into the Mullighan Inquiry states on p7 that "Communities on the APY Lands still face many challenges that impact on the ability of community members to provide safe environments for children... the need for a sustained focus on the safety of children must remain a high priority." On page 14 of the Exec summary of the Board of Inquiry's report into the NT Child Protection System: Growing them Strong, Together (2010), it states "The Inquiry is unequivocal about its view that addressing child abuse and neglect through effective prevention and treatment efforts is one of the single most effective commitments that a government could make to the health, wellbeing and productivity of society." It goes on to say on page 17-18 that upon visiting remote Aboriginal communities, "Community members frequently stated that one of their greatest needs was help with parenting their children. They stated that they had difficulties setting and enforcing boundaries. ...Parenting education programs targeting vulnerable and very young mothers are valuable but there is a particular need to target them towards individual family circumstance. For example, they may need to focus on behaviour, relationships, discipline, sleep, or any number of specific issues."

NPYWC has a long history of working collaboratively with other government and non-government agencies across the NPY region. It has MoU's with the SA and NT Child Protection bodies, and since 1998 NPYWC has also held operational MoU's with NT, SA and WA police departments for the better protection of women and children in the NPY region.

NPYWC has also worked with the SA government and non-government agencies to develop and implement the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands Child Protection Protocols for the Investigations and Assessment of Suspected Child Abuse and/or Neglect 2010. In the NT it sits on the NT Dept. of Children and Families/NGO Regional Children and Families partnership forum and has contributed to the development of the Terms of Reference and collaborative practice guidelines.

This commitment to collaboration is instilled in staff and emphasis is put on developing and maintaining relationships with service providers on the ground in community and seeking collaborative working arrangements wherever available to support seamless and holistic service delivery for vulnerable families in communities.

The following information and recommendations are informed by the work of NPY Women's Council over the last 30 years and is contextual to this region. It focuses on the out of home care system as it relates to Aboriginal children living in remote communities of the NPY region, and therefore does not claim to speak on behalf of non-Aboriginal children in the care system or other regions of Australia.

Information and recommendations are listed under each terms of reference point and four case studies have been provided as attachments.

**Terms of Reference:**

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

The following points are identified in the region as drivers of the increase in need for OOHC:

- Systemic and social issues such as poverty, trauma - including but not limited to that incurred by past discriminatory policies and practices, overcrowding, domestic violence, substance misuse issues, low education outcomes, lack of employment options and poor health contribute largely to children becoming involved with the child protection (CP) system.
- Decision making processes that lack adequate input from local indigenous representatives regarding child welfare continue to affect the way that CP is carried out in Central Australia. Committing to self-determining policies and practices will strengthen indigenous communities and organisations to support better functioning families and communities.
- Insufficient funding for the provision of early intervention/prevention services that aim to keep children out of the CP system.
- Lack of cultural competence amongst Child Protection services staff. CP staff who are ill placed to work in the region, due to a lack of experience, skill level and cultural competence. Staff have often been ill equipped to deal with the remoteness, the complexities that impact Aboriginal families and communities, and often struggle with working in a culturally different context. Child rearing techniques, cultural obligations and collectivist family systems differ vastly in remote Aboriginal communities to western frameworks and these differences, when assessed using a western lens, are often seen as dysfunctional. An inability to uphold the cultural integrity of Aboriginal child rearing practices can also be seen as a further risk factor for Aboriginal children being deemed as in need of care outside the home.
- Limited access to specialist services. NPYWC is aware of families where children have required ongoing specialist services, requiring the family to move to a regional centre or capital city. This is not always possible for a variety of reasons including concerns over non-remote communities exhibiting a higher risk level to family functioning, with family supports potentially being non-existent, limited access to housing and greater access to alcohol and other drugs. Families often have other obligations on community including the care of elderly people and other children. In these cases children will often come into care. In these cases children will often unnecessarily come into CP care. Eg. hearing (hearing aid adjustments), OT and dietetic support for children with cerebral palsy who require walking supports and are fed via PEG, and lack of respite services for the carers of children with significant disabilities – resulting in the carers becoming so fatigued by the level of 24hr care required for their child, in many cases in addition to meeting the needs

of other children, partners and elders, that they feel there is no other option but to hand their child over to CP services. Other parents with similarly disabled children can become so intimidated by the way their children's needs are articulated by health and social service providers, together with an awareness of the lack of remote based supports that they don't have the confidence to rear their children and relinquish them to child to CP care.

- NPYWC is also concerned for the increase in children as young as 10 being diagnosed with Type II diabetes that are being brought in to care as their medical needs are not being met. In cases such as these NPYWC recognises that improved support and education regarding medical conditions and needs could mitigate the likelihood of medical needs not being addressed.
- Lack of funding for advocacy and support services for those providing family way (non-statutory) or kinship care (statutory) for children. Support at the early stages of these care arrangements is likely to increase the stability and sustainability of this care arrangement, reducing entry into the formal system or breakdown of formal placements.
- High transience of families affects the ability of child protection or other services to maintain consistent communication with families. Transience can often add to the likelihood of children 'falling through the cracks', and the ability to provide any effective early intervention/prevention service.
- The tri state context presents significant challenges, barriers and delays in areas such as mandatory reporting requirements, different notification requirements and laws that are defined by an invisible line. NPYWC has experienced families moving across state borders to escape observation by CP services or to override orders related to domestic or family violence. Different tri-state legislation leads to poor communication between jurisdictions, extremely slow processes with regard to inter-state requests for work to be undertaken (i.e. carer assessments), limited oversight and support for families with children in one state CP jurisdiction but residing in another, resistance by different jurisdictions to accept client transfers e.g. Not wanting to take over case management of children on orders of 2 years or less. See Case Study 1.
- Lack of follow up on CP notifications can result in higher risk for a child. This includes, but is not limited to lack of communication between CP and services in community who may be able to support families or provide further detail to support concerns raised.
- The individualising of problems by CP services rather than addressing the broader community level risk factors contributing to neglect rather than recognition of the protective factors and strengths within a community.
- Lack of communication and collaboration/information sharing between child protection services, families, communities and services. Travelling CP services have a tendency to expect that other services and families will be on the ground when they visit.
- The paralysing effects of 'white guilt' in CP services as workers allow their concern for doing wrong 'culturally' to affect their decision-making leading to a lack of intervention,

often when it is most needed. Cultural competence training and support is paramount to overcome this issue.

- School attendance continues to be an issue for children across the region. Low educational outcomes then also increase the risk for teenage pregnancy; domestic violence and involvement with statutory systems. In some communities, secondary schooling is not available.
- Homelessness is experienced by many families from the NPY region who move to Alice Springs to access medical or other services, or who move to support family members who are accessing medical services (in particular renal services). Children are often placed at greater risk due to this and are more likely to come to the attention of CP services at this time.
- Self placements by children in cases where the CP system has failed to identify appropriate care arrangements Without prior screening and assessments, children and young people can expose themselves to further risks of harm.

#### **Recommendations:**

**A national Inquiry into over-representation of Aboriginal and Torres Strait Islander children in the child protection system**

**Direct funding to Aboriginal organisations to provide services across the CP spectrum that meets the needs of the local community.**

**A Government commitment to increasing capability in Aboriginal communities to make sure their homes are safe and their children are well cared for.**

**Lands based Child Protection workers (working alongside Aboriginal identified positions) within remote communities –making certain families understand what child protection does and how it can assist families.**

**A commitment to information sharing across Government and non-Government agencies and jurisdictions to support vulnerable children and their families.**

**Strengths based approaches which focus on intrinsic strengths rather than the problems. This is a key component of capacity building and supported by government initiatives such as The National Framework for Protecting Australia's Children 2009-2020.**

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

NPYWC definitively supports the Aboriginal placement principle. Each program at NPYWC has a principle statement regarding child safety and wellbeing, primarily stating that the best place for the child is in their own community connected to culture and family.

With this in mind then, NPYWC supports kinship care placements for all children in the region who are in need of alternative care, prioritising kin care placements within the same community the child has grown up in.

NPYWC also recognises that there are times when children are better placed away from community for their safety. In these cases NPYWC works with families to assist with access arrangements. These arrangements more often than not involve families travelling to regional centres. This takes time and coordination, requires accommodation and travel arrangements to be made. If the family member is employed or looking after other children or family members this can greatly impact on their existing level of responsibility. Where children have been removed due to parent's substance abuse issues, travel to regional centres or capital cities can also exacerbate existing issues due to greater accessibility. NPYWC's experience of children being supported to return to community for access is limited. Facilitating access visits in community would allow the child to develop relationships with extended kin who likely wouldn't have the capacity or receive any support to make the trip to have access in regional centres. Again, fostering these extended kin relationships is critical to an Aboriginal child developing familial and cultural connectedness and identity.

Child protection services are not always supportive of funding these arrangements due to financial cost and a child can quickly lose language and connectedness once removed from their family and language group. It is also true that the longer children are in care, the harder transition can be back to community.

NPYWC in 2014 began a pilot child advocacy service. This program has in 7 months worked with 18 families across the region who are involved with the CP system and had children removed. Among other things, the program advocates for

- access to be prioritised;
- assists families to negotiate the CP system;
- supports referrals to other services;
- assists with the identification of kinship carers.

On behalf of the NT Dept. of Children and Families, the program has conducted the bulk of two kinship care assessments – one without financial remuneration on the part of the statutory body for this labour intensive service. Both of these assessments were carried out

interstate in the NPY region. So far three children have been reunified with their mothers in community and two children have returned from foster care interstate to kinship care.

Without this program it is unlikely these children would have been reunified, or that assessment tasks for kinship carers would have been completed in a timely fashion.

**Recommendations:**

**Legislation that upholds the right of children to remain connected to family, community and culture through regular access to their communities.**

**The development of mechanisms for adequately supporting and valuing the role of kinship carers and other informal networks of individuals and families in providing care and protection for children and young people, such as training, respite and practical support.**

**Cultural care plans for children to be completed through a coordinated case management approach.**



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

Family way placements (non-statutory) are utilised by many families in both a culturally acceptable and traditional method of rearing children. In many instances this may also be a way of ensuring children's best interests are looked after by family using internal structures to provide a preventative approach to possible CP involvement. Kinship care (formal care arrangement) is aimed for by all jurisdictions following the Aboriginal placement principle. When CP systems have little footprint in a community and do not work in partnership with local service providers and community members to support their work, family who may be able to take care of children are not always identified, or at times even sought after.

Further compounding this, is that once potential kinship carers are identified, the assessment process to be approved to care for a child, are extensive and in NPYWC's experience very lengthy. The need for Police clearance and Working with Children checks are also troublesome due to the time involved in waiting for approval or not, not to mention issues of proving identity, which for many remote Anangu is not a straightforward process as their own birth may never have been registered.

During the time that it takes for the assessment process to take place, children may be placed in care away from community and family, in a regional centre such as Alice Springs, Port Augusta or Perth. The longer they are away from community the lower the chances are of reunification. The loss of connection to culture and family greatly inhibits child wellbeing.

As an example of an Aboriginal organisation providing out of home care for Aboriginal children, Alice Springs' Tangentyere Council has been running the Safe Families program since 2000 in Alice Springs. It is currently a residential care unit for Aboriginal children and their siblings between the ages of 6-10 years, who have been removed from their families by CP services. It is completely staffed by Aboriginal workers.

The program commenced as an Aboriginal family inclusive, community-centred approach to support families to keep their children out of the CP system. This program was set up as an early intervention model, where families were in the first instance supported to keep their children in the home through a family support service. It also provided brokerage to support families to meet the needs of their children, or as in many cases supported family way carers (often elderly grandmothers) to look after the children of other family members. It also provided respite for families who were experiencing difficulties providing a safe and nurturing space for a child. Beds were also available for children who were known to the CP system, juvenile justice etc. (see Higgins and Butler, 2007.)

With an all-Aboriginal staffing complement, children often connect with their carers through knowledge of family and country. While the Safe Families program has changed over the years to a statutory model, the earlier framework is often referred to as a best practice

model that was developed through robust consultation with the community by an Aboriginal controlled organisation.

Considering the over representation of Aboriginal children in the CP and OOHC system, the proportion of Aboriginal organisations funded to work in this space is extremely incongruent. The Safe Families model is one of only a handful of Aboriginal controlled residential care programs in Australia and demonstrates the ability of Aboriginal organisations to work in the tertiary child protection space.

Current models of care often do not recognise the complexity of the needs of children who have been removed from family. The levels of trauma that children have often experienced require a certain level of staff competence and knowledge to deal with. Residential care workers are entry level employees and as such prior skills and knowledge are not required. This can often create greater risk for the children in their care. Staff may bring their own issues, values and beliefs to the job without the understanding that these must be left behind when at work. The ability to look at a child and think “What has happened to you?”, rather than “What is wrong with you?” as discussed in the ‘CARE’ model developed in Canada is a clear indicator of an employee’s ability to provide good care (see Holden, 2009).

This can also be true for foster carers, who in Central Australia seem largely unequipped with the task of being foster carers. Short term placements can often become longer term and carers fall into the role of adoptive parent rather than temporary foster carer. It can then become difficult and stressful for carers to support family access and/or reunification; and their own needs are often left unsupported. Providing foster care is a balancing act that without the right supports in place can place great emotional strain on families and impact children in care. See Case Study 2.

Therapeutic models of care and in particular residential care are also supported by NPYWC, as is the use of a therapeutic model of working with all Aboriginal people. Work is founded on good relationships, recognising that ‘therapy’ occurs in the relational aspect of working with families and children. Funding for carers to access training and support to use this approach to out of home care is required.

#### **Recommendations:**

Funding Aboriginal organisations for the provision of advocacy, assistance with kinship care identification and assessment and brokerage for travel to ensure connectedness of families who have experienced child removal.

Government funding for therapeutic models of Out of Home care.

Higher award wage to improve the recruitment, retention and calibre of staff servicing out of home care programs.

Funded training and professional development for carers.

Government funding towards evaluations of innovative or best-practice programs to ensure their sustainability.

Increased employment pathways for Aboriginal people into the care system

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

*"How come children kept by welfare in the cities are clean and warm with clean clothes, shoes and blankets when us grandparents here on the lands who are 'fostering' in the traditional way are poor and only have enough money for groceries and not enough money to clothe them".*

As discussed previously the cost burden of tertiary end work far outweighs the cost of early intervention/prevention services. Supporting families to keep children out of the system is the best way to reduce the cost of CP services.

**Recommendation:**

**Financial support for those providing family way placements, as an effective way of reducing the cost burden to children who end up in the OOHC system.**

**e. consistency of approach to out of home care around Australia;**

Child protection legislation, practice and responses to notifications can differ vastly between the three states (NT, WA and SA). This adds to the complexity for families and services navigating the child protection system.

SA has Lands based workers in larger communities in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands who provide non-investigative services. Investigative services fly in and out of communities. In WA, in the Ngaanyatjarra (Ng) Lands, remote based CP staff provide investigative and non-investigative services and in the NT investigative teams travel to remote communities from Alice Springs, either by vehicle or plane.

Alice Springs has been considered the service centre for Anangu and Yarnangu residing in the tri-state region of central Australia for many years. In fact the Alice Springs Hospital is the designated hospital for people in this region regardless of the fact they reside in SA or WA. Accordingly, many children from these states also become involved with DCF whilst they are in Alice Springs. This is extremely problematic for DCF who do not have statutory authority to work in other jurisdictions.

The consequence for these children and their families is that children and young people can be forced to stay in Alice Springs whilst the various agencies undergo their unnecessary bureaucratic processes in order to return children to where they came from. Cross border legislation would allow for the most efficient and effective use of resources in such remote locations. See Case Study 3.

There is no consistency of approaches between remote and non-remote. Access to education and employment options is extremely limited and at times non-existent; housing conditions are inadequate with repairs and maintenance issues often taking unacceptable times to be dealt with; access to medical and specialist services is limited; and CP response times are often delayed. Despite high levels of risk being notified, sometimes notifications are not responded to at all.

For Child Protection systems in Central Australia, staff are required to manage unacceptable case loads at times, compounded by vast travel distances and cultural differences. When families are transient, or live in communities with no mobile reception and no land line telephones at home, the inability (sometimes only perceived) to contact a family along with a variety of other factors (high case load, reduced risk) can lead to case drift. Families in the NPY region who are negotiating a statutory system as well as language barriers, may find it difficult and confronting to contact CP services, or understand the outcomes of meetings. This (once again sometimes perceived) lack of willingness to engage can then be seen as 'not caring' by CP services, and motivation to continue working with a family can also support case drift.

It must also be recognised that a consistent statutory approach is not recommended for Aboriginal and non-Aboriginal families. While different cultures should be afforded equal respect and equal rights, it is in recognising their difference where informed and culturally safe decision making can occur. It could be alleged that by not recognising cultural differences, cultural abuse could be attributed to the over representation of Aboriginal children in the CP system. The Healing Foundation (2013) states that the continued use of a non-Aboriginal lens to identify problems, holding individuals and communities accountable for issues beyond their control further impedes progress to improving child and family outcomes.

As a further point to note, In the case of young people (yp), NPYWC has seen boarding schools utilised as a care system for children who are neglected or displaying behavioural concerns. Boarding schools can sometimes inaccurately be perceived as the 'solution' or a form of 'respite' for families who are under stress.

## Recommendations

**Mandatory cultural competence training for all services working with Aboriginal children and families. Training should be delivered by specialised local Aboriginal services with expertise in the remote context.**

**Cross border approach for statutory child protection in Central Australia between child protection authorities in WA, SA and the NT. This will allow for statutory child protection agencies to work across borders as needed.**

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

Supports are limited in the NPY region for kinship and foster care. NPYWC provides the only family support programs in the region, consisting of a Child Nutrition Program which works across 26 communities with families with children under 5 years of age who have been referred for growth faltering (failure to thrive) or other nutritional concerns. The NPYWC Intensive Family Support Service – Walytjapiti, works in 8 communities in the NT and SA region, working with families with children under 12 years of age where neglect has been substantiated or is at high risk of occurring. The Youth Program works with young people between the ages of 10 – 25 years across the region, with a lower capacity in the Ng Lands of WA. The Child Advocacy position will work with any family that has involvement with the CP system, particularly where child removal has occurred. It must be noted that this is the only position of its sort in the region and has no ongoing funding.

There is a clear need for greater family support options in the region.

At present families providing kinship care need to be assessed by the CP body. These assessments take time and due to their regulatory nature, can have a negative impact on the recruitment or approval process of potential carers. At present there is at least a 3 month wait for assessments to take place, during which time the child is likely to be in care away from community.

There is a lack of culturally appropriate information made available to potential carers prior to assessment. Without such information, carers may not have clear understanding of expectations required of the role and can, in some cases, be set up to fail.

NPYWC has seen a general lack of support offered or available for kinship and foster carers. Children are often placed with carers who are already overburdened with their own and others' children, further adding to stress and financial burdens. Issues often arise with carer payments not being set up properly, or not being received by the right person. Respite options are limited, particularly in remote areas, compounding pressure on families who provide care.

Behavioural concerns can often become apparent in children moving into out of home care, often due to trauma experienced or lack of medical care in the early years and a dearth of services to address behavioural concerns can compound the stress on carers.

Recognising the impact of vicarious trauma on staff and carers is also necessary to ensure the ongoing wellbeing of all people working towards better outcomes for children.



**Recommendations:**

**Increased and broader funding of Aboriginal organisations to provide family support and early intervention/prevention programs in remote communities.**

**Subsidised counselling and support services to be made available to all out of home care providers.**

**g. best practice in out of home care in Australia and internationally;**

As discussed above, therapeutic care models are considered best practice eg. CARE program model (Canada).

In its original intent, Safe Families was a model of best practice as it provided:

- care options for respite without CP involvement;
- brokerage for families providing family way placements;
- family support for families with children in residential care;
- seamless support for families once child is reunified retaining important connection with care givers if required.

The need for thorough transition planning as children leave the care system is considered best practice, but one that NPYWC rarely sees done well, if at all. See Case Study 4.

**Recommendations**

**Feasibility study into the effectiveness of programs such as the original framework of Safe Families in providing support to children and families across the CP spectrum.**

**Timely exit planning completed for all young people who have been subject to long term orders, to give young people the best possible chance at leading successful independent lives upon leaving the care system.**

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

Across the NPYWC region there is a general feeling that consultation by CP services with families and communities is inadequate.

*"A child was removed at age 2 from a remote community due to neglect and a health condition that required ongoing treatment in a regional centre. Two and a half years later with very limited access by the family with the child, or communication by CP services, CP called the mother stating that the child would be returned to her in the next few weeks. The mother called NPYWC highly distressed as she had originally been told that it would be very unlikely that the child would ever return to her care, and she was now not prepared for her daughters return.*

*NPYWC found out that the placement the child was in had broken down and it would seem that returning the child was the only option at the time. Lack of consultation with the family and lack of ensuring family connectedness while the child was in care, have meant that reunification has been stressful for the family and the child. It is unclear what assessment processes were carried out for reunification to occur. No referrals were made to a support service and issues of neglect have arisen again. Currently concerns have reached CP notification level."*

Legislation that requires an Aboriginal entity or organisation to be involved in the decision to remove a child and then largely responsible for ongoing support of families affected would potentially mitigate poor practice in this manner.

*"We want any [Child Protection] visitors to advise Women's Council of when and why they are coming in, so that the whole of AP (Anangu Pitjantjatjara) can consider the future of kids in question. The entire extended family."*

NPYWC services across the region have also noted a consistent lack of consultation with services by CP staff regarding travel to community. Travelling statutory staff will often just expect that families will be on community when they arrive, and that on the ground services will be available to meet and support any introductions/meetings.

**Recommendations**

**Aboriginal entities or organisations must be consulted before the removal of an Aboriginal child takes place.**

**Better collaboration by child protection services with community based organisations on the Lands.**

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

*"We want ALL Aboriginal children returned to Aboriginal people especially to the right language group. We have already lost too many children in the past... We don't want to lose any more. These children were taken away, lost their language and their culture. We don't care where they come from, if they are Aboriginal they should be returned."*

Increasingly, as children enter formal foster care they are spending longer and longer away from their families and communities. Benchmarks are seemingly set once a child has been in care that cannot be matched by children's own family and community. Unrealistic requests are often placed on families in order to have their children returned without any support or assistance to meet these criteria.

When a child is placed in formal foster care, it appears that very little is offered to enhance their health and wellbeing such as developmental interventions, speech pathology, play therapy and other therapeutic interventions. Instead the placement alone is seen as the sole solution to children requiring out of home care.

The cost burden of ensuring access occurs with family and community is an excuse in time saving and coordination. Making certain children remain connected to their community and their culture is paramount and should be treated as such.

Kinship care as an alternative care arrangement for children and young people at risk has been widely used as an alternative to formal foster care for many years. However, kinship carers receive very little support to fulfil this role and the assessment process (as discussed above) can be very onerous and often unsuccessful. Kinship carers often not afforded the same support as foster carers.

A particular concern of NPYWC is with families who are experiencing domestic violence. Upon seeking alternative family placements for a child it is not uncommon for children to be placed with the family of the perpetrator, therefore ensuring that the mother must continue to place her safety at risk in order to maintain contact with her child or risk losing contact with her child all together. NPYWC is also aware of occasions when children have been placed with families in which there is a long and severe history of domestic violence.

**Recommendation**

**Repatriation plans are developed as soon as possible when a child enters care that includes regular supported family access and cultural maintenance. Genograms are undertaken to identify kin supports and potential carers. Child Protection bodies will require staffing and resources to cater for fully supported regular access visits to remote communities.**

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

*"It is only in the context of healthy, flourishing communities that long term solutions to Aboriginal child welfare can be found"* (Harris-Short, 2013, p287).

Self-determination is critical to improving outcomes for Aboriginal communities, its families and children. A human rights approach is required and in a framework of self-determination communities will be supported and able to "... develop laws and systems that will enable them to protect their own children" (McVeigh, 2013, p25).

The development of relationships, in particular respect for Aboriginal and Islander organisations, communities and families' ways of understanding and responding to vulnerability and risk is central to culturally appropriate and effective collaborations.

In 2005, NPYWC and Ngaanyatjarra Health Service commissioned Dr Pauline Meemaduma to write a framework for child protection in Aboriginal communities in Central Australia called *Caring Well Protecting Well*. The motivation for the framework arose from a growing awareness that child protection services for Aboriginal children in Central Australia fell short of expected quality standards. The short fall in the achievement of quality child protection meant that Aboriginal children were unnecessarily exposed to greater harm when:

- Existing harms were not being identified and effectively stopped
- Risk indicators were not being identified and measures taken to reduce the likelihood of harm to children eventuating
- Rehabilitative efforts were not undertaken to address the consequences for a child of child maltreatment.

It is argued that child protection services for Aboriginal children will continue to fall short of quality standards unless clear frameworks of quality service are set in place which acts as a reference guide for future practices.

The *Caring Well* Framework explains the important ideas and approaches that will assist the child protection system to protect children from harm and work in the best ways they can. Specifically, the document explains some of the best ways to protect Aboriginal children from harm by addressing the following important questions:

- What are the care and protection needs of Aboriginal children?
- What are the best ways to protect Aboriginal children in Central Australia from harm?
- How can the care and protection needs of Aboriginal children be best met by a child protection system?
- What policy is needed for good child protection?
- What resources are needed for good child protection?

The document is only useful if the ideas are talked about further, developed, tested and put into practice. NPYWC has repeatedly requested discussion of this Framework with other Government and non-Government organisations involved in child protection work. The Framework can be developed more and how it can be put into practice is an important next step. However, to do this it is important that people working with children and young people understand, discuss, and consider the ideas carefully. We want to see that the ideas in this document become part of child protection in Central Australia by training workers, developing better practices, doing better practices, and monitoring the outcomes.

Child protection services for Aboriginal children in Central Australia will not be the best they can be unless clear standards for quality service delivery are put in place. This document is an important step in making sure that all people involved in child protection in the cross border region of Central Australia work in the best ways possible.

## Recommendations

**The principles of the *Caring Well; Protecting Well* framework are implemented in the tri state region as a matter of best practice and that resources are committed by the statutory bodies to ensure all agencies in the region working with children and young people are provided with training in its implementation.**

**Dual pathways at the CP Intake stage, to divert children of concern into other support systems aimed at preventing children entering the CP system**

**Government agencies must work in partnership with Aboriginal communities and organisations to address the systemic issues related to disadvantage in remote communities such as housing, employment and education .**

## Conclusion:

NPYWC continues to advocate for the needs of remote communities and families. In the last 30 years, NPYWC has seen little or no effectual change in the child protection systems despite the various reviews and inquiries undertaken.

Innovative and culturally competent approaches must be implemented in this region which has been considerably impacted by ongoing systemic failures in the child protection system.

Early intervention / prevention programs that support and resource families to strengthen parenting capacity are a key element to reducing the excessive number of children in out of home care.

NPYWC is committed to providing ongoing expertise on this matter and looks forward to working in partnership with government and other agencies to address this critical issue.

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# **CASE STUDIES**

## Case Study 1: Kinship Care Case Summary

### Background

- Maternal family from Ngaanyatjarra Lands in WA
- Paternal family from APY Lands
- James has one child (A) to another partner prior to beginning a relationship with Rachel.
- Child (A) subject of an NT Protection Order until 18yrs and is in a paternal family placement
- Mother, Rachel (not her real name) has two children to different men prior to beginning a relationship with current partner, James (not his real name).:
  1. Child (B) was placed in paternal family care not long after birth, deceased at approx. 5yrs due to accidental causes
  2. Child (C) in maternal grandmother's care, WA –family placement agreement with no child protection orders in place
- Rachel and James have three children together, none of whom are in their care:
  1. Child (D) removed into Families SA care at birth, subject of a 2yr SA Protection Order and placed with paternal family in SA. Child remains in this placement in a family arrangement
  2. Child (E), Anna, the subject of this case summary, removed into NT Department of Children and Families (DCF) care at birth, subject of an NT 2yr Protection Order, eventually placed in maternal kinship care placement with Rita in WA
  3. Child (F) removed into FSA care at birth, subject of a SA Protection Order until 18yrs, placed in foster care in SA. Current carers have paternal family connections and are currently applying for Kinship Care of the child.

**\*See Genogram p6**

### Anna's Child Protection History

- Born 23/12/12 in Alice Springs Hospital, low birth weight: 2.2kg
- Removed from James and Rachel's care by DCF on 3/1/12, prior to hospital discharge.
- A Tri-State Child Protection meeting (SA, WA, NT) meeting on 3/1/12 informed this decision.
- NPY not adequately consulted nor invited into decision making process, with NPY Management immediately informing DCF management that this was highly regrettable as it may have averted such a traumatic and drastic outcome.

### Family/Social Issues

- James considered a person of concern to NT, SA and WA Police as well as NPY Domestic Violence Service (NPYDVS) due to being a known user of violence in all

relationships. He has had numerous convictions and incarcerations for DV related offences.

- Rachel and James have been in a significantly violent DV relationship since 27.08.10 – physical, sexual, social and emotional abuse.
- Rachel alleged to have mental health issues and has been given an unofficial diagnosis of Borderline Personality Disorder –she is not known to have ever been assessed by a registered psychiatrist
- Rachel and James thought to have substance abuse issues, with Rachel alleged to have used alcohol and cannabis during pregnancy

#### Strengths

- Rita has proved she is a strong, resilient support for Rachel and Anna and was resolutely committed to engaging with services and fighting for the care of her grandchild, which in the face of such resistance and numerous setbacks, many others may have given up.

#### Kinship Care process

03.01.13 - At time of removal DCF indicated that they hoped to place Anna in the care of paternal aunt in SA, currently caring for her sibling. However aunt informed NPY at the time that she did not want to take on kinship care, but she was willing to support her brother James and Rachel to care for Anna.

14.01.13 - At an inter-agency meeting maternal grandmother Rita attended, and informed DCF that **she would like to be assessed as a kin carer for Anna**

12.09.13 - DCF advised Kinship Care Application for Rita was **successful – nine months after she first requested an assessment**. Completion of the kinship assessment required consistent advocacy and coordination from NPY case workers and management.

At the time NPY were notified of the successful application, DCF management advised that they would work to return Anna to Rita's care within 6 weeks, however if 'if there are delays OCF [now DCF] will look to ensure family connection within the 8-12 week period.'

01.11.13 - After initial DCF travel plans were submitted for DCF workers to travel to WA to return Anna to Rita's care and more than 2 months after the kin assessment was deemed successful DCF advised they were not happy with the arrangement for Anna's return. At this late stage DCF called an inter-agency meeting **at which they stated that they did not believe that Rita had proved she was able to care for a child** and therefore they required Rita to travel to ASP to stay at Mum's and Bub's, a DCF managed supported accommodation facility, for a period of two weeks, without any family support, so that her parenting capacity could be monitored. A decision at this point was made by NPY management to take the case to the NT Children's Commissioner.

10.11.13 - With much advocacy from NPY this plan was averted, and NPY were finally advised that new travel plans had been submitted and were successful, enabling, two DCF workers to transport Anna back to WA to Rita's care.

**19.11.13 Anna was finally united with Rita, 11 months after she was taken into DCF out of home care.**

Barriers:

- Inadequate consultation with external agencies (NPY) prior to child removal. Consultation would have ensured better support for Rachel and expedited kin identification for care.
- Staffing issues: Anna was allocated three different case workers in 12 months, resulting in poor communication and miscommunication (between CP jurisdictions and with external agencies). Unprofessional case work –one of the three case workers was particularly unprofessional in practice, contributing to poor communication and task f/u
- Initial resistance from DCF to commence assessment of nominated kinship carer (maternal grandmother, Rita) –apparently due to WA DCP concerns, never fully explained.
- Complexities of tri-state child protection work:
  - Inadequately slow inter-state child protection processes and follow up: as Rita resides in WA and Anna was removed in NT, DCF required WA to undertake Rita's kinship assessment – this was an inadequately slow process to enact.
  - Lack of child protection services on the ground in community: with no DCF workers based in WA or seemingly able to travel across the border, DCF relied on the limited and over-stretched DCP child protection workers to undertake their assessment and NPY workers to provide communication and support on the ground. **Following the placement DCF did not do any home visits or provide any ongoing direct support for the family.**
- No investment from DCF in facilitating access for parents or family from the time of Anna's removal until her placement with Grandmother Rita (Kin carer). Subsequently NPY covered the cost of flying Rachel, Rita and Anna's sister to Alice Springs and accommodating them for a week long access visit in July 2013.
- Father's violence and DCF difficulty determining how best to keep Anna safe from violence contributed to holding up her kinship placement. Numerous consultations with regards to DV Intervention Orders, and inconsistency with whether mother, grandmother or indeed DCF would need to make an application. Ultimately Rachel applied for an IO which excluded James from entering the home community of Rita, with whom Anna would be residing.

- Inconsistency in DCF planning and expectations for Rita.
- Inadequate consultation with external service providers on the ground in community, prior to Anna's placement with Rita. This resulted in service providers finding out about the placement at the last minute and having limited time to raise concerns, organise support etc.
- Rachel becoming pregnant again during 2013: supporting Rachel with this pregnancy involved considerable work and investment from NPY workers, and communication with health and child protection services, and may have contributed to distracting and slowing the process of Anna's return to family.

Other barriers/issues:

- Lack of extended maternal family support: aside from Rita, Rachel has limited other strong family members who could support and advocate for her and her family. This has continued to be an issue for Rita in caring for Anna, as she has not been able to identify a responsible, available family member who DCF can assess to provide respite care. Consequently, Rita is required to bring Anna into Alice Springs for DCF arranged respite care whenever she has health or family commitments which do not enable her to take Anna.

Supports

- Consistent and committed engagement from Rita throughout the Kinship assessment and placement process
- NPY's CFWS worker based in WA in the Ngaanyatjara Lands enabled direct communication with the family, and direct support pre and post placement. Without this workers support and ability to facilitate communication it is questionable whether the placement would have been achieved.
- NPY inter-team case management processes were employed well and enabled case workers to share the burden of the work and support each other in this difficult case.

**Current case overview**

30.10.14 - Anna remains in Rita's care in WA. All reports from NPY CFWS workers, health and other service providers based in community indicate that Anna is thriving in Rita's care, meeting all health and development milestones. Rita reports that Anna is a strong, independent happy little girl; that her family network in community adores her; and that Anna really enjoys playgroup, listening to the stories of her family and country, and the hunting trips which the family partake in regularly. Rita has recently, successfully been re-registered as a DCF approved carer. Rita is being encouraged by DCF to pursue Parental Orders for Anna through the WA Family Court so that she remains securely in her care, without child protection involvement.

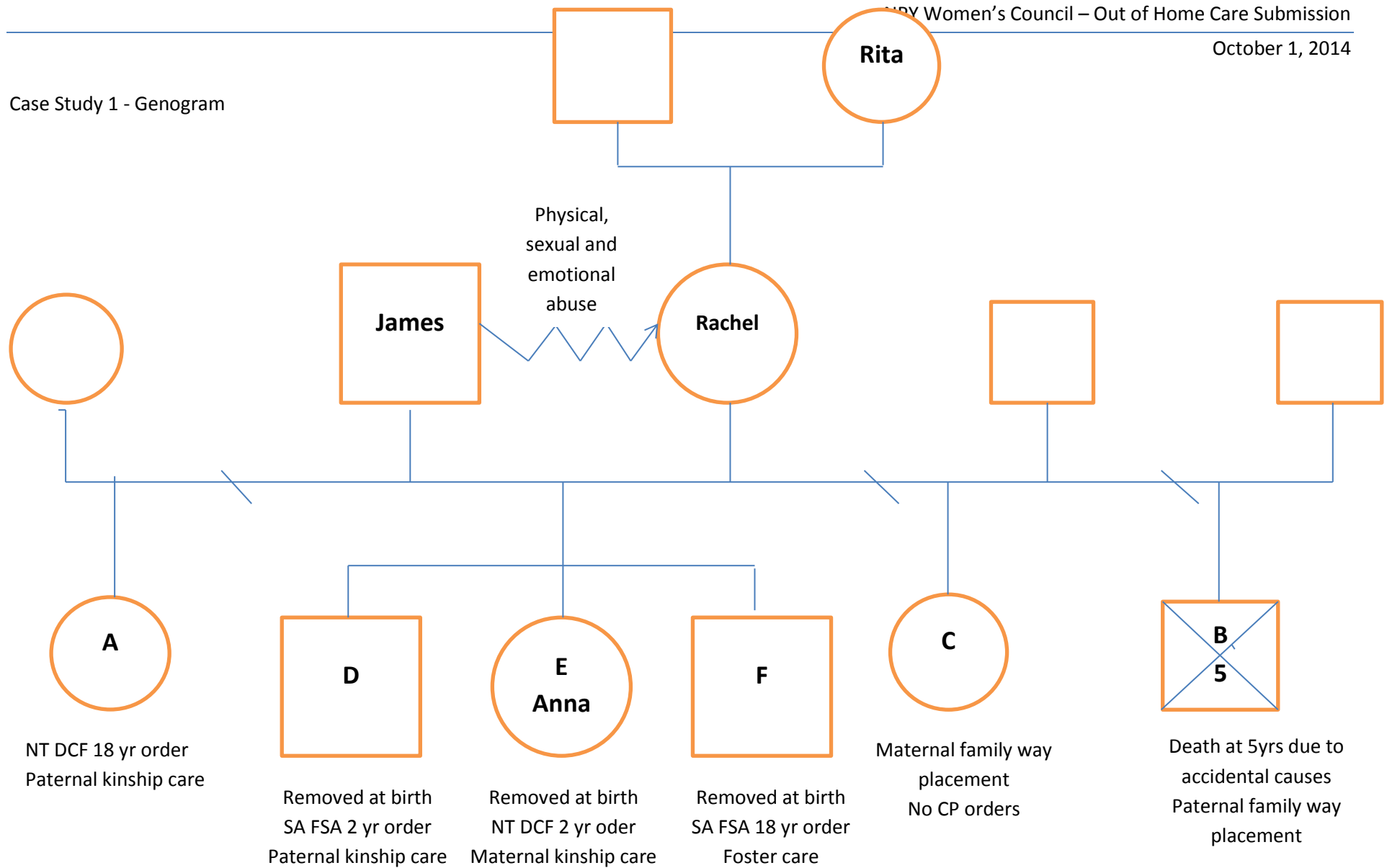
**Agencies involved**

- NPYWC Child and Family Wellbeing Service including, Child Nutrition, Walytjapiti (IFSS) and the Child Advocacy Officer
- DCF - Department of Families and Children (At the time of this kinship placement process the DCF was known as OCF – Office of Children and Families
- FSA – Families SA
- DCP – Department of Child Protection WA
- Catholic Care
- Nganampa Health
- Ngaanyatjarra Health
- NT Police
- SA Police
- WA Police



October 1, 2014

Case Study 1 - Genogram



## Case Study 2 – Reunification

The following email was received recently by the Child Advocacy Officer. The person writing the email is a kinship carer for two children under 5 years of age who previous to coming into the person's care, had been in foster care in another state.

The kinship carer was contacted by a Recognised Aboriginal entity from that state seeking family who may be able to provide care for the children according to the Aboriginal Child Placement Principle. The mother of the children resides in a remote community in the NPY region and is unable to care for the children. One older child remains interstate and has begun access with the kinship carers.

The support of the Recognised Entity and the Child Advocacy Officer moved the CP system interstate into action to organise for the children to move back into family care. The CP system has been difficult to work with through much of this process and has still not provided necessary information or supports to the kinship carer. The kinship carer has undertaken much of the work to return the children to family and has accessed the support of the Child Advocacy officer mostly in regards to formal arrangements.

Both children display emotional and behavioural issues and the kinship carer already has other children of her own to support. The below email displays the emotional burden placed on kinship carers when taking on the responsibility of children in need of care, and the risk to their own wellbeing when there is a lack of support by the CP system or lack of services available to provide support.

*"I have been under a lot of pressure today as childcare is trying to give us the flick because Centrelink keep stuffing us around. I don't have respite and this is my only support. If I don't have this, I am afraid that I cannot go on with the children. I have been in and out of centrelink several times over the last months and they cannot get their act together.*

*I am struggling greatly with XXXXX behaviour and this is just tipping me over the edge.*

*We now have a bill over \$5000 because centrelink won't give us the government support and the XXX CP department just keep telling us that we need to foot the bill and they'll pay us back at their leisure.*

*Having [the Recognised Entity] as my support person is so so important. It's easy to have the wool pulled over your eyes and speaking just with safety officers and team leaders just positions us as 'ordinary people'. It can leave us feeling very vulnerable. I can't imagine how an Anangu person would feel trying to be heard in a system set up to separate them from their kids.*

*I probably wouldn't have continued without [the Recognised Entity's] support.*

October 1, 2014

*I don't think I had any idea of how difficult being a kin carer would be. I am feeling pressure to care for XXXXX & XXXXX needs but XXXXX behaviour is sabotaging his preschool and daycare and then it's caring for his other carer's (teachers etc). It's so much pressure. Then [the children's mother] hasn't called and I feel very alone.*

*Not sure what to do. I am overwhelmed.*



### **Cast Study 3 - Reunification Case Summary**

#### **Background**

- Mother, "Jessica" (not her real name), DOB 15.08.92, from a community in the NT with close family also residing in a WA community.
- Father, "David" (not his real name), DOB unknown, from a community in the NT, not the same community as Jessica.
- Jessica and David have two children together and are not known to have any other children.
- Kylie DOB: 28.04.10
- Rita DOB: 23.07.2011

#### **Services involved:**

- NPY Domestic Violence Service (NPYDVS), NPY Intensive Family Support Service (Walytjapiti), NPY Child Advocacy
- NT Department of Children and Families (DFC)
- Alice Springs Mum's and Bub's
- Congress Safe and Sober Support Service
- Congress Child Care
- Central Australian Aboriginal Legal Aid Service (CAALAS)
- Central Australian Aboriginal Alcohol Prevention Unit(CAAAPU)
- Council for Aboriginal Alcohol Program Services (CAAPS)

#### **NPY Support**

- Kylie and Rita clients of Child Nutrition Program, Walytjapiti (IFSS) program and then Child Advocacy program

#### **CP (CP) History and path to reunification**

Kylie and Rita have a CP history dating from 2011 including multiple intakes and notifications. CP concerns have included: domestic violence, lack of parenting skills (acknowledgment of mother's young age), neglect (hygiene, nutrition, emotional), alcohol and other drug (AOD) issues, financial difficulties, unstable housing and inconsistent care/carers

Kylie and Rita entered care on 23.10.12 after which Jessica and Kylie were reunited and Rita remained in care. Rita was reunified with Jessica in September 2013 and mandated to reside at CP managed accommodation in town (while other family care for Kylie). However the reunification process broke down following a couple of incidents where Jessica was drinking while caring for Rita and leaving her with other people, but can ultimately be attributed to an incident where Jessica was intoxicated, in a motor vehicle accident and

hospitalised (note she had left the children in another family member's care at the time of the incident). Subsequently both Kylie and Rita entered care again in November 2013.

Jessica and her girls have been clients of NPY since 2011, with Jessica receiving the support of the Child Nutrition and Development team since this time. Kylie was referred by CP to the NPY Intensive Family Support (IFFS)/Walytjapiti on 20.6.13. Internal case management and support was then transferred to NPY's Child Advocacy Officer (CAO) in March 2014. From the beginning of Kylie's enrolment into NPY IFFS intensive support was provided for Jessica to work toward reunification with her children. She received support to access outpatient AOD counselling, residential AOD facilities; parenting programs, Centrelink services, and parenting programs; considerable advocacy and support was provided in liaising with the CP department including calling and supporting inter-agency meetings, requesting case plans to be reviewed and kinship assessments to be undertaken; significant brokerage was provided to support Jessica's attendance at a regional residential AOD service (flights both ways), and provided for recurrent accommodation, travel and food expenses.

Following extensive meetings with CP case workers and managers a reunification plan was made upon which Jessica would attend a residential AOD program in a capital city for 3 months, commencing on 22/05/14. Upon successful completion of the first 6 weeks, CP flew her girls to join her at the facility for another 6 weeks. Upon completion of the 3 month program on 14/08/14 and successful reunification at the facility, Jessica and her children would be supported to return to their community.

However as articulated below this agreement was not upheld, Jessica and her children were yet again required to reside in the CP managed accommodation facility in town for a period of 6 weeks. Jessica and her children were finally transitioned back to community on 28.09.14 by their NPY CAO worker.

#### Barriers

- Poor case management practice by the children's longest term CP case worker resulted in inadequate and inconsistent communication with Jessica's support services (including NPY), and Jessica herself. This precipitated confusing and inconsistent expectations of Jessica to meet CP requirements for reunification.
- Inconsistency in case plan goals:
  - o A late decision by the CP service, that dual case planning processes were required and therefore that it was necessary to pursue a kinship assessment for another family member before Jessica and her girls could be reunified and transitioned back to community, caused significant issues. As the kinship carer nominated was residing in another state, the CP service was required to submit an inter-state request for the assessment to be made, a process which is known to take a number of months. In order to prevent huge delays in achieving reunification and return to community for the family, an NPY

worker offered to undertake the bulk of the kinship assessment. This was at a considerable cost to NPY (travel, accommodation and staff wages), and the CP department would not agree to financially support this work, which was essentially being done for them. This point also highlights the complexities of working in a tri-state region where CP jurisdictions do not work well together, and slow inter-state processes result in unnecessary family suffering and separations.

- The CP department's decision not to support immediate transition back to community upon completion of the AOD program, as resolutely agreed prior to her attending, demonstrates unpredictability in the department's practice. While initially the legitimate reason was due to uncertainty about the ability of safe travel due to potential road closures, however once travel safety was resolved the department then seemingly decided that Jessica's parenting capacity did not meet their expectations. This decision was not explained to Jessica or her supports nor new expectations clarified, for some weeks and required considerable advocacy to ascertain (though ultimately the justification seemed tenuous and unmerited). As such Jessica found herself yet again stuck in a regional centre, without access to family supports, unsure of how long she was to remain, or what was expected of her. While being placed in CP managed accommodation the supports provided to her by the department are questionable.
- Inconsistency in CP practice also meant that in this case, the department decided that all members of the household where Jessica nominated to return to upon reunification, required police checks and working with children's checks. This does not seem to be standard practice, and generally not required when reunification is the case plan goal. Again, as the returning household was located in another state, to expedite what would likely have been a lengthy inter-state CP request process, an NPY worker facilitated the family household completing the safety check applications, at the expense of NPY.
- CP staffing issues: Kylie and Rita had 3 different CP workers during the two years they were in OOHC. Consequently this caused confusion around case plan goals, poor communication, periods of case 'drift' and overall slow progress while new workers were orientated and Jessica came to terms with having to develop a new relationship with yet another CP worker.
- CP expectations for a young Aboriginal mother to relocate from her community to a major town centre, to live without secure accommodation and without family, community and cultural support in order to achieve reunification. Jessica was 21-22 years for the duration of the time her children were in OOHC. The importance of maintaining connection to family, community, country and culture is intrinsic to Aboriginal notions of identity wellbeing, and this has been well substantiated.

Further, Aboriginal child rearing practices involve families raising children together; and research has now demonstrated that this is considered beneficial for children. As such Jessica's children were denied access to this rich cultural parenting model, and the expectation that Jessica should have to remain separated from her familial supports to achieve reunification is unjust and culturally insensitive.

- Lack of cultural competence and an approach to working through a 'white lens,' resulted in CP staff having inappropriate expectations of Jessica's return to community. Prior to reunification Jessica was asked by the CP department to nominate a house in a particular community that she would return to (something in itself which seems to be a practice inconsistency). However at the time she was to return home with her children, there was much speculation of cultural business prohibiting safe travel, as well as the fact that the family she had opted to stay with, as well as all of her other close family in the community were away attending funerals. The department was insensitive to these changes in situation and her need for family support and familiarity, with one worker suggesting 'well surely she can just find someone else in the community to stay,' insinuating that all Aboriginal people are related and should feel comfortable just lobbying up requesting a room; a comment which would likely not have been made if the family were not Aboriginal.
- Lack of family support: Jessica had difficulty being able to identify any responsible and available family members to nominate as kin carers during the beginning of the girls time in care, prior to reunification being discussed with CP as a viable option.

### Strengths

- Jessica's resilience and commitment to engaging with the CP department and her support services, despite the numerous barriers outlined above, is what enabled her to achieve her goal of reunification with her children. Jessica's grasp of the English language and understanding of 'white' systems and ways of working was an advantage and assisted her in persevering and engaging with the department.
- The ability of NPY's IFFS and Child Advocacy Officer positions, to work holistically and flexibly with Jessica, providing: continued advocacy and case management; direct support to meet reunification expectations such as attending counselling sessions and parenting programs; brokerage to attend AOD programs and accommodation when housing in town was insecure; staff time, travel and accommodation to support kinship assessments and the families return to community ; and ultimately hold the department accountable to their responsibilities, without all of which it is questionable whether Jessica and her children would be reunited and back in community.



### **Case Study 3 – Exiting care:**

For the purpose of this case study the client will be named Amy to respect the privacy of the Client. The client has been under the guardianship of the minister to 18 years of age.

Since October 2013, Amy has been joint case managed by both the Domestic and Family Violence Service and the Youth Team at NPY Women's Council. NPYWC DFVS involvement was due to an incident that occurred in a remote SA community where Amy was assaulted by her boyfriend. Charges were laid and a criminal justice response was required. The writer ensured that DCF, as legal guardians were kept abreast of the incidents and interventions required, and liaised with the NPYWC DFVS team around the criminal justice response. It should be noted that this was significant at the time as the criminal justice matters were held in South Australia, and Amy's legal guardians are situated in Alice Springs and have limited knowledge of South Australian criminal law. The matter was finalised in April 2014.

In February 2014 the writer supported Amy and her family whilst Amy attended a cardiologist appointment at the Royal Children's Hospital in Melbourne in which she ended up having surgery and remained in Melbourne for three weeks. The writer supported Amy's family by talking with the Aboriginal Support Worker at the Royal Children's Hospital, talking with Amy and her mother and relaying information back to Amy's family in community. The writer also liaised with DCF.

The writer raised concerns when Amy and her mother returned to Alice Springs. Amy was placed on Warfarin, a blood thinner that she will have to rely on for the rest of her life. The specific concerns were around how far Amy understood the seriousness of taking the medication, and also the risk of blood loss in the event of an assault.

In March 2014 NPYWC Youth Team assessed Amy as a high risk client with very specific concerns due to health, DV and child protection issues. On 17<sup>th</sup> March 2013 NPYWC Youth Team raised concerns to the Department of Children's and Families via email.

NPYWC Youth concerns were as follows:

- That although Amy has had to manage her medical condition her whole life, this is the first time she has been on daily medication with such great risks involved in her not taking it/the dosage being wrong. Amy and those around her need to be aware of warning signs (dizziness etc) that something is wrong with her – and how to help her quickly.
- There are huge risks to Amy's safety in the event of blood loss – she has been assaulted by a previous boyfriend, this is not uncommon in the community in which she resides, especially around business time, and community events such as the football season. The previous assault was severe for a 'first time' assault resulting in Amy being airlifted to

Alice Springs Hospital and requiring eight stitches to her head. As such, Amy's level of risk following an assault is much more serious than it has been in the past.

- That until writer had sat with Amy and explained fully what kind of cuts the doctors were talking about – ie even something as simple as nicking her skin when she shaves her legs, Amy did not appear to understand the impact this could have. The same applies with risks to pregnancy, her menstrual cycle etc.
- That family need the opportunity to discuss Amy's welfare with the doctors.

It was noted at the time that the DCF response was inadequate with NPYWC Youth and DFVS workers unable to communicate the risks of the medication to either the male support worker that was sent to assist her in hospital, DCF Aboriginal Community Workers, or the team leader, (there was no allocated case worker at the time.) It was not until NPYWC workers were able to contact the Child Protection Manager that the risks of the medication, specifically around assault were realised.

NPYWC assisted Amy to get on Centrelink and to enrol in the local school in community. Endless hours were spent on this as DCF consistently did not provide Centrelink with the appropriate documents to allow Amy to access the Independent Living Allowance. Further work was required in enhancing DCF's understanding of the complexities around where, in community, Amy was going to live. Although she has strong family support, family were concerned for her health and also behavioural risks such as walking around at night. DCF were unable to assess Amy's living situation as the community is out of their jurisdiction, and as such were reliant on NPYWC knowledge of the community, family structure and other service providers.

In March 014 NPYWC Youth Team co-ordinated a case conference with DCF, NPYWC, ASH, Nganampa Health, Amy and 2 of her family member's. The purpose of this meeting was to make Amy and family aware of Amy exiting care; to discuss the exit plan from the department; to ascertain the status of the criminal justice response of the October assault that was as yet unfinalised and to inform family around current health concerns.

Actions from this meeting were as follows:

- DCF – to provide NPYWC a copy of the exit plan
- DCF – to put Amy on the SA housing list
- DCF – to check carers payment
- DCF – to look into further training for Amy as she outlined she want to complete her driver training, first aid certificate and become a Life Guard at the community pool.

NPYWC Youth Team advocated strongly to DCF that Amy be allowed a high degree of input into her exit from care plan. Despite successive inter-agency meetings, phone calls and emails to the Team Leader of the Central Australia Regions team, none of these actions have been completed to date.

A meeting was held with DCF in July 2013, and a draft copy of the exit plan was provided, however there were several elements from earlier discussions missing. DCF advised they would provide a copy of the revised plan and provide Amy with her ID within a few days. This was particularly relevant as her Protection Order was due to expire imminently. This has not been actioned. DCF was also tasked with discussing Amy's case with Anglicare's Moving On programme for young people exiting State care. This has not been actioned to date.

NPYWC and the case manager from the Moving On program made attempts via phone and email to get in touch with Amy's case worker for an updated version on Amy's exit plan but to date none of this information has been passed on from the Department.

NPYWC Youth Team concerns are that DCF was wholly unprepared for Amy's exit from their care – despite having been the custodians of a long term order (and as such having extensive time to enable this process). DCF appeared wholly unaware to the new risks posed to her safety from the new medication combined with a lack of understanding around that medication, and the risk of assault. That DCF was inhibited by the fact the client resided in another State is evident, however, there was limited attempt to proactively engage with services, such as NPYWC which specialise in cross border case management. Since Amy has left DCF care she has not had contact from the Department around gaining access to documents she is entitled to – specifically her birth certificate.