

**From:** Des Hill  
**To:**  
**Subject:** FW: Street Present Children Report  
**Date:** Friday, 17 November 2017 3:22:51 PM  
**Attachments:**

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Good afternoon Hannah – please find attached the Report ( initial 2013 report included at the back) mentioned at the Senate Hearing. As for the community consultations, I do not have recorded dates due to them occurring between July 2015 up until the roll-out of the card in April 2016. These were just general CDC information sessions advising community members that the card could be coming initially, followed by sessions advising the card was indeed coming. There were further DSS sessions at various venues around Kununurra/Wyndham over the next 6 – 8 months.

Regards

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# Street Present Children in Kununurra

Waringarri

KUNUNURRA - WARINGARRI ABORIGINAL CORPORATION

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ICN 35

Research Undertaken by

Jena McDonald

Jawun Secondee,

on behalf of

Kununurra Waringarri Aboriginal Corporation

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## Purpose

To review Kununurra Aboriginal community focused views, ideas and solutions with regards to the problematic issue of 'Street Present Children'. The report was originally written by Cassie Glynn in 2013, and can be found in full in Appendix 1, with excerpts throughout this research paper.

## Background

In May 2013, the Kununurra Community Aboriginal Social Reference Group (KCASRG) met with community members to discuss the issue of street present children in Kununurra. As a result of this meeting, KCASRG recognised that further community consultation was needed to ensure that up and coming initiatives designed to address this issue are successful and beneficial for all concerned parties.

In response to this, representatives of KCASRG engaged and consulted with parents, carers, community members, agency staff, Aboriginal organisations and other stakeholders with an interest in the 'Street Present Children' issues affecting the community.

The *'Aboriginal community focussed concepts and solutions on street present children report'* (Appendix 1) is a collation of the information gathered from these consultations and consists of Aboriginal community focused views, ideas and solutions concerning the problematic issue of 'Street Present Children'. This includes community feedback on Operation SHARP (Safely Home with A Responsible Person) and suggestions for new initiatives that could be implemented to address the social challenges faced by street present children in the Kununurra community.

In 2017, Kununurra Waringarri Aboriginal Corporation, alongside Jawun, undertook a review of the original report, with a focus on the 'Street Present Children's' perspective. Extensive consultation with young people, including street present children was undertaken, in conjunction with validation from a range of stakeholders including WA Police, Save the Children, Anglicare, Department of Child Protection, Youth Justice, Ord Valley Aboriginal Health Service, One Family at a Time, Social and Emotional Wellbeing, Sober Up Shelter and East Kimberley Job Pathways.

## What we know

Some initial desktop research was undertaken to inform the consultation with both street present children and the stakeholders that support them. Below is a summary of the most relevant statistics and data relating to the township of Kununurra and the Kimberley area.

- Kununurra is a remote town with a population of 8663<sup>1</sup>
- 34.8% of the population identifies as Aboriginal or Torres Strait Islander
- The median age of the population is 32.4, five years less than the national average
- The Indigenous suicide rate in the Kimberley to be seven times Australia's average<sup>2</sup>
- An inquest is currently underway to investigate the suicides of thirteen young people across the East Kimberley region in the previous years, five of whom were under the age of 13<sup>3</sup>
- Of all the children in out of home care in the East Kimberley, 100% are Aboriginal<sup>4</sup>
- Alcohol contributes to the breakdown of the community, with consumption significantly higher than the national average<sup>5</sup>
- Alcohol related hospitalisations in the Wyndham-East Shire are 4.7 times higher than the corresponding state rate<sup>6</sup>

## Research methodology

Engagement with street present children was the primary source of information used to inform this report with input from stakeholders used to validate the stories of the children interviewed. Extensive engagement with street present children was undertaken over a 4-week period prior to validation from relevant stakeholders.

The engagement process with street present children was not undertaken in a structured or formal way, rather information was gathered from the children through organic conversations at times, locations and over periods appropriate for the young person. Not all issues raised in this report were

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<sup>1</sup> As per data provide by the Australian Bureau of Statistics (2015)

<sup>2</sup> Audit of data from 2005 to 2014 undertaken in 2016

<sup>3</sup> ABC Kimberley Indigenous suicide inquest told kids using alcohol to escape "something horrific" June 27, 2017

<sup>4</sup> Department of Child Protection and Family Services

<sup>5</sup> Impact of Alcohol on the Population of Western Australia, Department of Health, WA, 2008

<sup>6</sup> Impact of Alcohol on the Population of Western Australia, Department of Health, WA, 2008

discussed with each young person, rather the aim was to allow street present children to guide the dialogue without coercion.

The consultation process was undertaken by Jenna McDonald, a Psychologist with 15 years' experience working in the human services, prison and disability sectors.

While there has historically been hesitancy to accept qualitative data, recently there has been a swing to this type of research as it can offer valuable insights into the world from specific perspectives. Qualitative data can then be thematically analysed to identify common themes and sub themes from the population engaged in the research<sup>7</sup>. Recommendations based on these themes can then be determined.

## Consultation scope

In all, fifty three street present children and youth were engaged in this research, with some engaged only once, while some case studies were built upon over several sessions with those consulted. Nineteen of the young people engaged were female, thirty four male and all were street present at some stage during the research period.

Relevant stakeholders were also identified and engaged, that is, those stakeholders who have regular interaction with street present children.

## Findings

The driving factors behind street presence are dynamic, complex and three dimensional. It cannot be narrowed down to a single causal factor, nor are any of the stories told by street present children identical. Themes that underpin specific issues raised by street present children include social and emotional scars from colonisation, the stolen generation, and the consequences of the 1967 referendum which are still felt keenly by the Aboriginal people of Kununurra. A loss of culture and language create a lack of connection and purpose, and thus the motivation to lead a purposeful and meaningful life is diminished. Traditional gender roles have ceased to exist, leaving young people questioning their role in the community. Traversing between the 'white man' and the traditional worlds is fraught, with an appropriate balance exceptionally hard to achieve.

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<sup>7</sup> Aronson J 1994, 'A Pragmatic View of Thematic Analysis', The Qualitative Report, Vol.2, no. 1

Of those street present children engaged, 60% advised that they were street present 1-2 nights per week, 22% between 3 and 4 nights per week, and 16% between 5 and 7 nights per week. Of the street present children, roughly a quarter reported that their responsible guardian had allowed them to be street present to “hang out” with their friends but had set a curfew and expected the young person at home prior to this agreed time. A second quarter responded that their parents didn’t care that they were on the streets. The remaining half of those interviewed stated that their parents didn’t care about them.

Over 70% (71%) of young people disclosed dysfunction at home which leads to the street presence, while the remaining wandered the streets out of boredom, curiosity, peer pressure and a desire to “fit in”.

Dysfunction in this context, as disclosed by street present youth includes but is not limited to “party houses”; loud music, large groups of intoxicated adults, excessive drinking, marijuana (ganja) use and gambling, the presence of family and domestic violence in the home, neglect and child abuse, overcrowding, child sex abuse, and the absence of the emotional and material needs of young children.

Overcrowding in homes within the Aboriginal community in Kununurra presents a significant challenge for street present children. Street present children advised that up to thirteen people resided in their homes which are typically 3-bedroom, one bathroom homes. The minimum number of residents reported was by those interviewed was eight. This level of home occupancy is significantly higher than the national average, which at 2011 was at 2.6 (ABS).

Nearly half of those children involved described “scary people” (described as relatives or friends of the family) either living in their homes or drinking at their home on party nights. Many of the street present children reported that their parents were too intoxicated to be aware of exactly who comes and goes from the party house, therefore are not in a position to provide a safe environment for them. In all, eleven street present children recounted stories of either siblings, cousins or friends being sexually assaulted by a regular visitor to their home. They reported that the presence of that visitor in the home was enough to send them to the streets for safety.



A representative from the Department of Child Protection and Family Support (DCP) advised of a case, where a five year old child tested positive for sexually transmitted diseases after being found alone with a registered sex offender while the parents were intoxicated and/or passed out.

A St John's Ambulance officer described a similar incident where there were four or five small kids running around in the house. There was only one other adult there, who was highly intoxicated. St John's Ambulance staff did not feel comfortable leaving the with this person, so they called the police to attend. Upon attendance the Police advised that the adult supervising the children was on the registered sex offender list and was not supposed to be in the house.

Most street present children advised of other dysfunction in the home which contributed to their street presence. Many homes are without the basic essentials necessary to provide support, entertainment and safety to young people. Power and air conditioning are not available in many homes, some permanently, some intermittently. Many homes do not have refrigerators, televisions or furniture. There is a lack of food available to young people. Homes are generally unsanitary with empty bottles and cans littering the floor and the yard. Mattresses are soiled and litter the floors and are shared by up to five people.

A front line Youth Justice Officer stated "These houses are in an extreme state of disrepair to the point of looking abandoned, except for the amount of empty beer cartons and the green VB cans everywhere".

A Department of Child Protection Officer stated "it's very overcrowded and it's an absolute dump, the house is filthy. Disgusting. No furniture, just a few dirty mattresses on the floor".

Violence can be the norm for many of these young people, with over 70% disclosing that they witness family and domestic violence frequently, often daily, in their homes. "Always fighting" was a common theme among the young people.

"They yell and punch and he don't wanna (sic) be punched" was one disclosure made by a young person in regards to his brother.

Of those who witnessed family and domestic violence, all reported that it was a catalyst for taking to the streets for the night.

One hospital worker stated that “violence in this town is massive and most of it is domestic violence. Very, very often the women who suffer the violence refuse to report it to Police, and we end up seeing them in here again and again and again”.

Between 1 August 2016 and 31 October 2016, 214 domestic violent and assault incidences were reported. This averages out to 2.3 incidents per day.

A number of street present children have no parents, with the responsibility of raising them left to grandparents, aunties or other family members. One young person disclosed that his mother had passed away and his father was in prison. Another that both parents had passed away, with another saying he had no idea where his dad was and that mum left him to move with another man in Kalumburu.

Often multiple children are left in the care of a non-biological parent with the responsibility placed on these carers significant. A Department of Child Protection officer described responding to a call from Youth Justice, attending a residence and finding two women passed out while two babies slept in the house. The babies had been left by the parents with the aunty and grandmother so they could go out drinking.

Grief is another casual factor for street presence. One street present child spoke of a baby sister who passed away after being smothered by his father while intoxicated. This grief led to further drinking, which in turn becomes violent.

Workers from the Save the Children Night Patrol, a service which takes street present children from the streets to either home or a safe place describe at times attending three or four residences just to find a safe and responsible guardian for a child.

## Consequences of street presence for children

The consequences of street presence for young people is wide ranging and the following is by no means a comprehensive summary of the social, emotional and physical risks and impacts faced by street present children. It is however, a reflection of the stories told by the fifty three street present children who were engaged for the purpose of this report.

Often the stories told by street present children relate to the experiences of others, their siblings, cousins and friends. Very few speak openly about their own experiences, but were freely able to share their observations of their peers.

Street present girls spoke about their friends being coerced into having sexual relations with either peers or older men. Street present girls as young as eleven reported observing this happening frequently to their friends. The risks of engaging in sexual activity are sexually transmitted diseases, pregnancy, rape and sexual assault, shame, post-traumatic stress, depression and anxiety. Street presence significantly exacerbates the risks of coercion for sexual relations, with street present girls being exceptionally vulnerable.

One street present child disclosed observing 12 and 13 year old girls having sexual relations with men in return for money. The men were described as both Aboriginal and Caucasian. Desensitisation to sex has led to this being considered “cool, they have their own money”. A St Johns Ambulance Officer described responding to a call out and upon entering the residence discovered two intoxicated adults having sex while a small child stood right beside them.

Street present children as young as 11 reported being ‘married’. All children desire and need love and affection, when this is lacking in the home environment children will turn elsewhere, and this has created a culture of ‘defacto’ relationships in very young children. A third of the street present children engaged identified themselves as being ‘married’. Adult relationships being undertaken by children without the emotional intelligence, maturity and resilience to cope with the challenges of these relationship pose a significant risk to the young people engaged in them.

Those street present children in ‘marriages’ were reluctant to engage on this subject, however those with peers in ‘marriage’ relationships spoke about their peers with ease. Jealousy is rife within these young relationships, and domestic violence is a common result. One example given by a 13 year old street present child involved her cousin, also 13, in a marriage relationship with a 15 year old male. Jealousy over the male’s interactions with other girls led to an escalated confrontation that resulted in physical violence. This story formed a common theme when discussing ‘marriages’ with street present children.

Young teenage girls in ‘marriage’ relationships are reluctant to report domestic violence, or seek assistance from support services or the Police. Of the nineteen street present girls engaged, three disclosed a history of domestic violence in their relationships but advised that they did not, or would not press charges or alert Police due to the fear of retribution from the perpetrator and his family.

Save the Children frontline workers describe seeing the evidence of domestic violence on a cyclical basis; weeks without then a pattern of escalation, however they report that there is very little, if any, disclosure. One worker described a domestic violence education program for teenage girls, however said engagement was highest in those girls not in marriage relationships, and lowest in girls engaged in marriages where the risk of domestic violence was considerable.

Another street present child advised that her 16 year old friend had committed suicide after her 'husband' left her. While this incident was some years ago, the scars of suicide are still clearly evident. The community continues to grieve. Police report responding to an average of two suicides or attempted suicides a week, while St Johns Ambulance report that most of the people attempting suicide are young, teenagers, more often girls than boys.

Save the Children workers advised that disclosure of the intent to self-harm, or actual self-harm, occurs weekly among street present children. Service providers respond as best they can, however efforts to find support are often hampered by bureaucratic red tape.

Youth Justice case managers advised of one street present child, aged 13, who attempted suicide 6 times before intervention. When probed he advised that suicide intervention was problematic where the attempts are triggered by a specific incident, rather than an underlying diagnosable mental health condition.

One young person, a 15 year old street present girl, reported having five miscarriages. Nearly all street present children who disclosed being sexually active do not engage in protected sex. Access to birth control is problematic, and embarrassing, for these young teens. The Ord Valley Aboriginal Health Service maintains "condom trees"; i.e. PVC tubing in trees in known locations around town stocked with condoms; and also encourages young girls to consider other forms of birth control, however often case manage girls as young as 16 through their pregnancies.

An OVAHS midwife reported that the difficulty in engaging with these young girls about birth control was due to the fact that parents or guardians were required to accompany them to the facility, however this was hampered by the complete lack of engagement parents have with their children.

A number of street present children advised that fireworks from household backyards alert the town to the availability and location of ganja. It was disclosed by many of the street present children that smoking ganja and drinking alcohol is very common among their peer group. A nine year old was pointed out on the street, "he smokes ganja on a daily basis".

When discussing with these young people the source of alcohol and drugs, many who do not have access stated that they "are spoiled kids because their parents buy it for them". A Youth Justice case

worker advised that “we are already losing a group of teenagers who are now so immune to the drinking and violence that they have begun to see it as a normal part of their culture”. The worker advised that the older boys, aged 14 and up, want to be considered ‘adults’, so they start drinking and doing drugs because this is what they see their parents and other adults do.

Of the 32 children enrolled at the only diversionary schooling program, less than half attend each day, with some students attending consistently, while others only one or two days a month. A further estimated 60 children are not engaged with any type of schooling. Street presence is strongly correlated to absenteeism. All street present children reported at times being too tired from roaming the streets all night to attend school the following day. Being home during the day when the parties have wound up is a safe place to sleep. Of those who were systemically street present (5-7 days per week) nearly all were not engaged in any schooling. A One Family at a Time case manager advised that mainstream school attendance among their Aboriginal client group was only 62%.

A vast majority of the children and young people interviewed (67%), particularly among teenage boys, reported having been in the justice system (arrested, charged and or convicted) at some point. Disclosed crimes ranged from public nuisance charges to break and enter, and to more serious assault charges. Recently four street present youth, aged 13, 14, 16 and 17, were charged with aggravated grievous bodily harm, aggravated robbery and criminal damage.

Of those who disclosed involvement in the youth justice system, three common themes emerged as the motivation for criminal behaviour; hunger, boredom and attention seeking.

Many reported petty theft of food from local businesses and homes. Youth Justice reports that one of the first questions they ask kids is when they last ate - the answer is often “not for days”. Burning rubbish bins is the current trend with one street present youth advising that “It’s fun. Then everyone comes running and we watch and laugh”.

Older boys reported recruiting younger one to commit crimes as children under 10 are not criminally liable. The result is of course younger more experienced offenders. Youth Justice are currently managing a case load of 125 young offenders.

## Thematic analysis

The following are the causal and resultant themes which emerged from case studies with street present children. Recommendations will aim to mitigate, nullify or reduce these impacts

## Family and Home conditions

- Parents being under the influence of drugs and alcohol
- Overcrowding of Houses
- Unsanitary conditions
- Material deficiencies
- Poverty and unemployment
- Ill treatment by guardians
- Lack of parental care and affection
- Deficient and misdirected discipline
- Lack of family support

## Schooling and Peers

- Children being unable to keep up in school (i.e. wrong grading)
- Inadequate facilities for recreation
- Rigid and inelastic school system that does not fit with child's needs
- Poor attendance laws and lax enforcement on school attendance by parents
- Bad school companions and codes of morals
- Truancy
- Spare time and idleness

## Community

- Lack of community support
- Inadequate assistance from other agencies
- Loss of culture and identity
- Lack of recreational facilities
- Congested neighbourhoods
- Negative influence of other community members
- Loneliness, lack of social outlets

## Mental/Physical Factors of the child

- Post-traumatic stress disorder, FASD
- Boredom
- Malnutrition
- Lack of sleep
- Development aberrations
- Physical Exuberance
- Drug Addiction
- Adolescent emotional instability
- Habitat and association
- Other life events causing emotional instability which are individual to each child

## Review of 2013 community suggestions

### Concerns that have been addressed

#### Psychologist assessment:

Upon review, the Kimberley Aboriginal Medical Service (KAMS) offers mental health assessments and post diagnosis support. All community service providers have the ability to refer to KAMS.

#### Back to country camps and activities

This has been addressed since the initial 2013 review. Two organisations currently offer both structured and unstructured day and overnight back to country trips. These trips involve both children and adults/parents.

#### Alternative Schooling

This has largely been addressed since the 2013 review, however as mentioned earlier attendance and engagement continue to pose significant issues for street present children. A lack of sleep from roaming the streets at night and the absence of parental support and reinforcement hinder attendance.

As at 2017, five alternative schooling options are available to young people who are disengaged from mainstream schooling in the district. Of those five, the Youth Engagement Stream (YES Program) works with those who are most disengaged, are in the justice system, in care, street present and /or at significant risk. The goals of the program are to re-engage younger students with mainstream schooling, and for older youth a transition to TAFE or work. Currently there are 32 young people enrolled, and attendance averages at 50%, with some young people attending daily, and others exceptionally sporadically.



### After school programs to engage kids

Upon review, a number of after school programs are currently engaging children and young people in Kununurra:

- Blue Earth, a Thursday afternoon (2.30-5.30pm) program for younger children to engage in active play with parents
- Youth Centre, Friday (6-9pm) and Saturday (7-10pm) nights, with night patrol dropping young people home on conclusion
- Wednesday night dinners (5.30-7.30pm) including pick ups and drop offs
- After school activities on Tuesday and Wednesday afternoons (3-5pm)
- A joint initiative “chilling space”, run each weeknight (4-8pm) ceased due to a reduction in funding

### Case manager for families

Upon review, Community Response for Our Children meetings are cross agency case management style meetings which run fortnightly. Stakeholders represented include Waringarri, the school, DCP, counsellors, WA Police and Youth Justice. These meetings centre around developing individual support strategies for at risk and vulnerable children such that all relevant stakeholders are engaged appropriately and on the same page.

### Forum for kids

Deadly Divas is just one example of a child focussed forum currently in operation in Kununurra.

### Boot camp / Healing Centre for parents and children

Whilst there is no healing centre as such, a number of programs, including PACE, are aimed at pairing children and parents in a supportive and interactive forum designed to strength parent child relationships and build resilience and coping skills.

### Parental classes and training of carers

The Department of Child Protection and Family Support offers a number of programs aimed at supporting parents to raise children of different ages, including aims to increase connectedness between parent and child and providing a safe environment for children where discipline is safe and appropriate.

### Identify safe houses for children and ensure they are equipped with appropriate resources

While there is no formal “safe house” as such, to a large extent, there are identified safe houses within the community. These are generally the houses to which street present children will be dropped off at once it has been established that their primary place of residence is unsuitable.

### Concerns that have not been addressed

#### Youth Centre

The community consensus is that the kids need somewhere they can go that is safe, close to home and provides the necessities including food, showering facilities, couch / beanbags and shelter.

The community have expressed a need for this centre to also have recreational facilities to engage the children including (but not limited to) a cemented area with a basketball hoop, pool table, bike ramps, and amusement arcade (computers, games).

This space should be designed by the children who need it most, it should be run by Aboriginal members of the community who can act as responsible role models and provide the children with love and support whilst they are at the centre.

Other adult mentors should also be present to assist in running the centre and act as confidants to the children. These mentors should be hired as trained carers to work in this facility. A section of the building should be allocated to one on one discussions with adult mentors equipped with basic training, to act as counsellors and build rapport with the kids.

Community also suggested that the centre have “team leaders” who are older kids who are attending school to act as positive role models to the children and assist with homework etc.

Ideally, this centre would act as a hub for children’s services. Programs could be run out of this centre, which should be developed by the children to address their needs and maximise their engagement. Community suggested activities and programs have been noted under “After school programs to engage kids”.

Other suggestions for this centre included:

- Role-plays could also be designed to teach children how to respond if they are spoken to in an aggressive or sexual way.
- A Bus being available to pick up kids, drop them home and transport them to events
- Ensure if kids stay overnight, there is a bus to take them to school in the morning

- If any child has a regular presence at the youth centre i.e. sleeps there regularly, consultations should be had with the parent and as a last resort DCP will need to be involved.
- Appropriate measures should be put in place to prevent theft and damage of equipment. In addition, substances including drugs and alcohol should be banned from the premises. Consequences can be put in place to deter delinquency i.e. if a child is caught out on the streets at night their name is posted on the youth centre door as banned for a period of time. Someone will need to be present to monitor access; this display will result in shame on the child therefore acting as a deterrent to miscreant behaviour.
- Support from police and other organisations is vital to the centres success, agencies that are a part of Operation SHARP can redirect their support in the form of time, materials or equipment, as could local businesses. This would provide an opportunity for these agencies and businesses to build rapport with the local families and in turn develop a mutual respect for one another.

Essentially this space would be a means of taking children from the street at night into a safe environment with positive role models, where they can still have freedom and do what they love.

## Further recommendations based on 2017 research

### Access to birth control

Unplanned pregnancies, among street present children and adults, is common. Out of the 32 women currently being managed by OVAHS midwifery services, 26 were unplanned. As mentioned earlier OVAHS facilitates access to free condoms via the “Condom Trees”, however access to other types of birth control post sexual intercourse are cost prohibitive and more difficult to access. The morning after pill comes at a cost of \$20-far more than a street present child with no income would have access to. Further, significant paperwork is required and given the low levels of numeracy and literacy among street present children, this alone would prohibit a young person accessing it. The nearest abortion service is either in Perth, or interstate in Darwin. The advent of medicated abortion, which does not require inpatient treatment, offers the opportunity for this type of birth control to be administered by health services in Kununurra.

### DV programs for youth offenders similar to court mandated programs for adult offenders

There are a number of family and domestic violence prevention and response services currently operating in Kununurra. These services for the most part target men who have been through the justice system, and for whom domestic violence programs are court mandated. Reaching street present children prior to entering the cycle of domestic violence is key. Current programs would

require tailoring to suit a younger audience, and be available via court mandate, self referral and agency referral.

### Youth coordinator

Many organisations provide services to street present and vulnerable children across the Kununurra footprint, however what is lacking is a coordinated response across all programs and services. The presence of a youth coordinator, who would engage with all service providers independently, would see a higher level of assistance and support, without overlap, in a coordinated and case managed environment for young people.

## Summary of key outstanding recommendations

Suggested Solution	Contributing factors solution will address
Youth Centre	Home <ul style="list-style-type: none"> <li>- Parents being under the influence of drugs and alcohol</li> <li>- Overcrowding of Houses</li> <li>- Unsanitary conditions</li> <li>- Material deficiencies</li> </ul>
	Community - Lack of community support <ul style="list-style-type: none"> <li>- Loss of culture and identity</li> <li>- Lack of recreational facilities</li> <li>- Congested neighbourhoods</li> <li>- Negative influence of other community members</li> <li>- Loneliness, Lack of social outlets</li> </ul>
	Schooling - <ul style="list-style-type: none"> <li>- Inadequate facilities for recreation</li> <li>- Spare time and idleness</li> </ul>
	Mental/Physical Factors of the child <ul style="list-style-type: none"> <li>- Boredom</li> <li>- Malnutrition</li> <li>- Lack of sleep (activities intended to tire them out)</li> <li>- Drug Addiction</li> <li>- Habitat and association (place them in a positive environment)</li> </ul>

## Other successful models

### Townsville Aboriginal and Islander Health Service-the Lighthouse

The TAIHS Youth Shelter provides temporary supported accommodation for up to 6 young people at any one time.

Referrals are accepted from community and government organisations. The young people are provided with a high level of supervision and are supported to reach their agreed goals.

**Opening Times** The Youth shelter operates 365 days a year.

For referrals and/or further information about the TAIHS Youth Shelter

**Phone** (07) 4721 6691

**Email** [YSinfo@taihs.net.au](mailto:YSinfo@taihs.net.au)

TAIHS Youth Shelter provides crisis accommodation for all young people aged *between* 16-19 years of age no matter their circumstances or background, who are:

- currently homeless
- at risk of homelessness
- couch surfing
- sleeping rough
- constantly moving between friends and families homes

All young people residing at the Youth Shelter are supported and engaged in case management support, with case managers assisting them to get things back on track and access appropriate services.

Referrals are accepted from the young persons themselves, schools, other services e.g health organisations, education services, police, government organisations and family members. Contact can be made via the details listed below and assistance can be provided to support through the referral process.

The Youth Shelter is 24 hour on call support to provide advocacy for each young person, and provide further assistance and information.

On weekend there are often arranged outings, which means the shelter may be unattended, a Youth Worker can always be reached by the landline number that has been diverted to a mobile phone.

The Youth Shelter is staffed 24 hours per day programs, allowing clients the opportunity to remain in the shelter throughout the day.

TAIHS Youth Shelter sometimes run day programs that include a various life skill development, centered around personal and social development in addition to real life transferable skills. External services will also hold workshops within the shelter during these times.

Youth drop-in centre keeping at-risk kids off Townsville streets

**ABC North Qld**

By Nathalie Fernbach

Updated 11 May 2017, 11:54am Thu 11 May 2017, 11:54am

Abigail is a 12-year-old with a dream.

She hopes to one day be a singer or an actress and considers Eric Bana and Taylor Swift her idols.

Abigail is also a frequent visitor to Townsville after-hours drop-in centre the Lighthouse, as her home isn't always a safe place.

"There is lots of arguments at home and I come here a lot, nearly every day I guess," Abigail said.

"There is lots of drunk people (at home) and I get angry, and I get sad."

### Lighthouse set up to combat youth crime

The Lighthouse opened in March 2017 following the recommendations of the Townsville Stronger Communities — a taskforce established to combat youth crime in the region.

Operated by the [Townsville Aboriginal and Islander Health Service](#) (TAIHS) the Lighthouse offers youth aged 10–16 food, accommodation, and referrals to community services that can help them get back into school, get medical assistance, and help for their families.

Police Inspector Glenn Doyle, a coordinator at Stronger Communities Action Group, said many at-risk kids are keen to forge a positive future, but personal circumstances can make it difficult.

"A lot of these kids come from really disadvantaged and dysfunctional family lives," Inspector Doyle said.

"They have been exposed to a lot of things... I'm talking about domestic violence, alcohol abuse, substance abuse, child safety issues.

"It gives the kids an alternative; a safe place to go when a lot of them don't have that alternative."

The service has been used more than 250 times by 55 different people since opening on March 20.

Lighthouse staff member Aida Cole said it can take a while get young people to open up about their situation, but she believed the service is already having a positive impact.

"For us it basically means 250 times young people haven't been on the street committing offences," Ms Cole said.

"Given our cohort, it can be quite hard to build those relationships, so having to do it so quickly has been tricky but we are really happy with how we are going."

## Fights over alcohol at home

Eleven-year old Ross comes to the Lighthouse almost every day and stays overnight once-or-twice a week.

Ross said he enjoyed playing basketball or pool with the other kids at the centre and watching funny videos online.

He said at his home there were often fights involving alcohol.

"Some people [are] fighting sometimes over beer, some don't fight; they try to stop the fight," Ross said.

"I'm not worried about it, but the others they are worrying about it because they might hurt each other."

Ms Cole said more than half of Lighthouse users had current or prior engagement with youth justice services, and more than 90 per cent have family who were engaged with youth justice or probation and parole.

"For the short term this is a great solution to provide that little bit of help for the family to get through what they are currently experiencing," Ms Cole said.

"We are then able to identify through our follow-up if the family does need ongoing support or if the young person does need ongoing support and we can facilitate those referrals."

With the support of TAIHS staff, Abigail recently returned to school after an absence of a few years.

She said she was enjoying being back at school and has been doing drama performances with friends.

"I feel happy (at school) and awesome and smart," she said.

## Working together for the best outcome

Ms Cole said sometimes families would not send their child to school because they could not provide lunch, something that TAIHS could offer.

"Generally if we work with the families they are very happy to receive the support," Ms Cole said.

"We generally find that family is the problem and the solution to all of the issues we see here."

Ross is currently not attending school but he aspires to becoming a professional football or basketball player and thinks education might help him get there.

"I need to learn and train and eat vegetables," he said.

The Lighthouse was funded under a \$482,000 Queensland Government grant which will cease funding in July.

Ms Cole is hopeful the service will continue to be funded when the grant ends.

"You can't know, it is all going to depend on the political side of things and how that plays out, but we are hopeful," Ms Cole said.

The Lighthouse operates between 4pm to 10am weekdays, and 6pm to 10am on weekends; the service is available to Indigenous and non-Indigenous youth.

## Youth Futures WA

TINOCA is a crisis accommodation service in Perth's northern suburbs for young people aged 15-19 who are experiencing homelessness or are unable to stay in their family home. Residents are able to stay anywhere from one night up to three months, depending on their situation.

During their stay young people are provided with meals, warm showers, toiletries and support. A Youth Worker is on-site with the residents at all times. They support each young person to address their current needs, develop independent living skills, access education or employment, and to develop a plan for securing longer term accommodation. When appropriate, residents are also encouraged to access the Drug Education and Support Worker who is available onsite to help young people with their drug and alcohol issues.

TINOCA can accommodate up to six young people at a time. To make a referral, call 9307 4520. Referrals are accepted 24 hours a day. Any referrals from a third party must be made with consent from the young person.

## BushMob

What we do:

BushMob run a 20 bed residential treatment facility with some unfunded beds for which we charge a fee for service.

### Our Vision

Journeys are made in Central Australia by, and for, young people to get the self-respect, trust and courage and skill to have a good life because grog, sniffing, drugs and crime are no good. (Our vision



developed by Aboriginal and non-Aboriginal young people and families in meetings under trees and in dry creek beds in and around Alice Springs)

#### Facility

BushMob runs a residential program for young people aged 12 to 25 years of age, wanting to get their lives back on track without alcohol, drugs or sniffing. The program is based in Alice Springs.

The BushMob residential service provides:

- 24 hour care
- case management
- counselling, brief interventions and life skill development programs
- education and training, and positive life choices

The program allows each participant the option of a support person who can stay with them for a few days when they begin the program. The BushMob residential program requires the participants to undertake alcohol and other drug assessments, receive medical checkups and receive counselling.

The BushMob residential program is a very unique program, tailored to meet the needs of young people living in Central Australia.

## Conclusion

Overwhelmingly it cannot be overstated that the problems and issues of Street Present Children are not the fault of, or responsibility of, street present children themselves. These vulnerable and at risk children are the product of an environment over which they have little to no control. Aboriginal organisations are working to address the issues that cause children to be present on the street:

- Reducing take away alcohol limits
- Increasing housing supply
- Drug and alcohol rehabilitation programs
- Mandatory domestic violence workshops
- Identifying and prosecuting sex offenders

These programs, while crucial, are evidently not having any short term impact for either the family group or the young people on a scale large enough to reduce street presence or the risks associated with it. They are also out of scope for the purposes of this report.

While this report reflects the experiences of the 53 street present children engaged, there are many, many more. Their stories are similar, different, some worse, some better. The outcome however is the same. It is not safe to go home. There is nowhere else to go. Except to the streets.

In a developed country, in Australia, this is unacceptable. Right now these children need a safe place to sleep. A roof over their heads. A caring ear and a warm meal. Something reliable, trustworthy and consistent.

## Appendix 1: Aboriginal community focussed concepts and solutions on street present children

### **Contents**

1. Purpose of Report
2. Background
3. What you don't see
4. Community Concerns regarding street children
5. Community feedback on Operation SHARP
6. Community suggested solutions to Issues
7. Other community concerns
8. Other successful initiatives
9. Conclusion

### **1. Purpose**

To document Kununurra Aboriginal community focused views, ideas and solutions, with regards to the problematic issue of 'Street Present Children'.

## **2. Background**

In May 2013, the Kununurra Community Aboriginal Social reference group (KCASRG) met with community members to discuss the issue of street present children in Kununurra. As a result of this meeting, KCASRG members recognized that further community consultation was needed to ensure that all up and coming initiatives designed to address this issue are successful and beneficial for all concerned parties.

In response to this, representatives of KCASRG engaged and consulted with Parents, Carers, Community Members, Agency Staff, Aboriginal Organisations and other interested parties that have concerns about the 'Street Present Children' matter within the community.

The following report is a collation of the information gathered from these consultations, and consists of Aboriginal community focused views, ideas and solutions concerning the problematic issue of 'Street Present Children'. This includes community feedback on Operation SHARP and suggestions for new initiatives that could be implemented to address the social challenges faced by street present children in the Kununurra community.

The organisations consulted with as part of this report included Save the Children, Juvenile Justice, Department of Children Protection, Parent Support, MG Corp, Job Pathways and WA Police. Home visits to many families were also undertaken and a community meeting was held to provide an opportunity for all community members to have their say in identifying the social challenges surrounding street present children and suggest ways to address them.

## **3. What you don't see**

When designing and implementing initiatives to assist street present youth it is important to consider their daily struggles and those key contributing factors behind their street presence.

At the end of the day, they are just 8 to 14 year old kids. They speak and act like adults however; they are children, children who have grown up in harsh environments of poverty, abuse and discrimination.

Social issues throughout their community plague them, each child is intertwined with their immediate and extended family. A child cannot be taken as one unit, these children are products of their environment and the experiences of their families. They take on the problems of their parents and grandparents before them; they suffer from intergenerational trauma and have witnessed firsthand the impact of drugs and alcohol on their community. What is worse is that they know, no different.

Aboriginal children that have grown up in unstable homes and without supportive families cannot just turn to their friends when times are rough and see that life can be better. They don't have the opportunity to envision a better life; this is it, their reality, the aboriginal way. This is not how it should be; every child should have the confidence to dream and the opportunity to strive to achieve them.

For many of these youth it is not safe to be at home at night due the impacts of alcohol, drugs, poverty, overcrowding, sexual abuse and/or domestic violence. Thus, they have adapted to a nocturnal existence where they sleep all day and are out all night. However, when they are out there is nowhere to go, so they turn to the streets and gather with their peers for safety and support.

Through discussions, it was noted that not all children are subject to these conditions in their households, however the challenges are prominent in the community and many other children turn to the streets as a result of peer pressure. Groups form, with their structures being likened to gangs, younger children are recruited by the older 'at risk children' who use them to partake in delinquent activity so they cannot be charged.

These groups are formed to provide support to each other, every child seeks love and compassion, where this is not on offer at home they turn to friends to guide them. These children prowl the streets at night, together; this is where they feel safest and less vulnerable.

On many occasions when kids break into houses, they steal food, cigarettes and alcohol not valuable items to be resold. There are stories of youth who stand outside Coles and collect the trolleys so they can keep the coins. On a specific day some children made \$70, they spent it on a hot chicken and other food from Coles, in addition to cigarettes. Cigarettes and alcohol are required to fuel their addictions, which exist due peer pressure and extensive exposure. Food is a necessity they should be privy to in their own homes but are often not. They could ask, but there is shame. So instead, they steal and turn it into a method of amusement.

Recently there has been car chases involving youth, however they are simply driving to be chased, to entertain themselves. One child was asked what they wanted to be when they grow up, their response was 'I want to be a criminal; I want those police to be chasing me'. They hold limited respect for authority as police and DCP are associated with stolen generation times, these agencies come into the lives of the children without any real understanding of their trials and tribulations, and try to save them. Where they cannot, they find reasons to manhandle, charge and arrest them or their family members.

There is also word around town of street present youth being taken to places like Ivanhoe and made to walk back home to be taught a lesson by authorities. Other stories include youth being abused/watching abuse by young lovers and other family members, youth being involved in horrific car accidents or watching a loved one attempt suicide. Young girls are being solicited in town by older and drunken men or even those they once trusted, others suffer from mutated STD's that are resistant to antibiotics, and the list goes on. OVHAS provides free STI checks but they are rarely used because of the shame associated with a diagnosis and the gossip that will follow.

In some communities, people do not even recognise that abuse is wrong, as it is all they know, it is a learnt behaviour that has been passed down from colonisation times. People suffering from trauma, depression and anxiety do not speak about it due to shame, family connections and a general notion that what is done is done and is over now.

Other kids have lost family members dear to them through substance abuse, tragic accidents and suicide. People that they once turned to for support that are now gone, leaving the children grieving and feeling helplessly alone.

Children are not encouraged to express emotion, so it stays locked within them thus resulting in an increase in youth suicides.

The seven L model sets out the impact of drugs and alcohol on parent and child, information can be found at 'Alcohol, tobacco and other drugs; Promoting a supporting responsible behavior and choices in your community prepared by Aboriginal child health research'.

This research noted the following:

"The influence of alcohol and drugs on parents weaken the link between their spirit and mind, which can affect emotional, social, spiritual and physical well being. This can also weaken the connections between family, community, culture, and country".

KCASRG saw this first hand when visiting families; parents who did not smoke or drink or had overcome their addictions were clearly passionate about change and helping their own and other street present youth. Many of these adults did not have children on the streets at night, however those that did went looking for them and made active attempts to talk to them and help them overcome their challenges. These kids had good homes to go to but were on the streets because their friends were and/or due to other underlying challenges including overcrowding and horrific life experiences, some of which were noted above.

Other parents who were visited were clearly under the influence and were reluctant to engage in conversation, these were some of the houses in which children were likely running from.

The Seven L model consists of the below:

### **Grief and Loss – (Loss)**

Many Aboriginal people experience daily grief and loss on a daily basis: they might use alcohol and other drugs to cope with:

- Family and friends passing away
- Loss of family connections due to stolen generation issues and intergenerational trauma
- Family members being in jail
- Painful events within family and community

### **Country – (Land)**

Alcohol and other drug use can prevent people from looking after their country. Some people do not have access to traditional lands or sacred sites and might use substances to cope with being lonely for country.

### **Aboriginal Law and Culture – (Law)**

Alcohol and other drug use can lead to:

- Not keeping social and cultural obligations
- Breaking Aboriginal Law or cultural rules: this can cause further stress
- Not respecting, learning or teaching culture

### **Health – (Liver)**

This refers to all of the health problems caused by alcohol and other drug use. This can include:

Body: Liver and heart disease, Cancers, Blood borne viruses, i.e. Hep C and HIV, STDs, Diabetes

Body Mind and Spirit: Depression, Anxiety, Drug induced psychosis, Inner spirit

### **Family and Community Relationships – (Lover)**

This includes negative impacts on family and community relationships, including:

- Fighting – verbal and physical
- Neglect
- Stress and worry

### **Money, Work and Study – (Livelihood)**

Spending too much money on alcohol and other drugs can lead to other problems such as:

- Can't buy food for the family
- Can't pay bills
- Asking family/friends for money
- Unemployment
- Not finishing school

### **Problems with the Whiteman's Law – (Legal)**

Alcohol and other drug use can lead to problems with the law such as:

- Drug charges
- Committing crimes – i.e. assault, theft
- Manslaughter
- Drink driving
- Fines
- Jail

The above issues were all brought up during community discussions; the consequences of these impacts, and the feelings of older generations suffering from any of the above are passed on to their children and other family members.

As previously noted, in aboriginal culture all family members are intertwined. Suffering dating back to colonisation still carries deep within the youth of today, this coupled by the above impacts of substance abuse has overtaken the minds of many.

There is no quick fix to these issues, but something needs to be done to help these children as more and more are losing hope and succumbing to negative influences. These youth need somewhere to go when they leave their houses, somewhere safe and with something to do.

They are not bad children; they are suffering and need to be shown sympathy, love and compassion.

#### **4. Challenges Faced by Street present Children**

In order to adequately identify the needs of street present children and their families, it was necessary to first uncover the underlying reasons these young people turn to the streets. KCASRG held discussions with the community to this effect, the community responses identified through these discussions have been grouped under four main headings of contributing factors to youth street presence, these are: Family and home conditions, Schooling and peers, community, and mental/physical factors of the child.

These core headings are frequent in research documents performed over juvenile delinquency, the following breakdown of community concerns was prepared based on research performed by Mark Lipsey (Lipsey, Mark W. 2009. The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. Victims and Offenders, 4: 124-147), however has been adjusted to specifically reflect the views of the Kununurra Aboriginal Community.

#### ***Contributing factors to youth street presence and specific concerns of the Kununurra Aboriginal Community***

##### ***Family and Home conditions***

- Parents being under the influence of drugs and alcohol
- Overcrowding of Houses
- Unsanitary conditions
- Material deficiencies
- Poverty and unemployment
- Ill treatment by guardians
- Lack of parental care and affection
- Deficient and misdirected discipline
- Lack of family support

##### ***Schooling and Peers***

- Children being unable to keep up in school (i.e. wrong grading)
- Inadequate facilities for recreation
- Rigid and inelastic school system that does not fit with child's needs

- Poor attendance laws and lax enforcement on school attendance by parents
- Bad school companions and codes of morals
- Truancy
- Spare time and idleness

#### ***Community***

- Lack of community support
- Inadequate assistance from other agencies
- Loss of culture and identity
- Lack of recreational Facilities
- Congested neighbourhoods
- Negative influence of other community members
- Loneliness, lack of social outlets

#### ***Mental/Physical Factors of the child***

- Post traumatic stress disorder, FASD
- Boredom
- Malnutrition
- Lack of sleep
- Development aberrations
- Physical Exuberance
- Drug Addiction
- Adolescent emotional instability
- Habitat and association
- Other life events causing emotional instability which are individual to each child

The concerns noted above were all identified through the discussions held with community. In order to provide these young people with the best possible chance to re-engage with their community and re-integrate them into mainstream, programs need to be designed to tackle these core contributing factors to youth street presence.

### **5. Community Feedback on Operation SHARP**

As part of these consultations KCASRG requested feedback from the community regarding Operation SHARP, during these discussions most agreed Operation SHARP achieved its goal of identifying street present children and their families, however questions were raised as to what more was expected from this program.

Community agreed that since the core at risk children have been identified, further action is now required to identify the underlying issues of these young people and to implement support programs to assist them in overcoming their challenges.



Operation SHARP follow ups put significant focus on the child's home life and parental influence, the community has noted that although this is a key influence there are many more underlying reasons why these young people choose to prowl the streets at night. These have been noted above under "Challenges Faced by Street present Children".

The community perceives follow up actions such as putting carers on compulsory income management and imposing alcohol restrictions on households as ways to punish the parents.

KCASRG noted during consultations with family members, that in some instances the children on the street actually came from good stable homes with positive role models. Therefore, these follow up measures were not adequate in addressing the primary contributing factors to youth street presence for all children.

The community unanimously agreed that Operation SHARP was not effective at keeping their children off the street. Per discussions with community members, local organisations and local government organisations, the consensus is that operation SHARP is a simple and short-term solution to a very complex issue. Adults who had direct involvement with Operation SHARP, all admitted that their children ended back on the street either the same night or nights thereafter. Parents also acknowledged that their children associated Operation SHARP with a game of 'hide and seek' and in some instances even enticed the children to stay out later.

Common conception within the community is that these young people are intelligent and very resourceful. Operation SHARP takes children when and wherever they are willing thus 'party houses' are generally chosen as the preferred destination.

Discussions held with a number of agencies, reinforced this as a concern and showed a reluctance to back operation SHARP as it stands. As previously mentioned, the only way this program will work is if the community and all organisations join together in full support.

In connection with this, the community considered the first operation SHARP to be the most successful with children being picked up by agencies (inc. Police) the following days and forced to attend school. There was a common conception that the effectiveness on the first operation SHARP was relative to the community enthusiasm to solving the issue, the commitment of the agencies involved to work in unison and the communities fear of what would happen if they did not cooperate.

Individuals noted community support was vital to making operation SHARP successful and without involvement from all agencies; it was unlikely to make any impact on the ground.

When asked what could be done to improve Operation SHARP, the community made reference to the follow up actions taken and suggested these be revised and/or significantly expanded. However, the overarching opinion of Operation SHARP is that it should be discontinued as it did little to assist those children in need and has not been effective at keeping the children off the street in the long term.

Alternative programs to replace operation SHARP were suggested by the community during these consultations. These suggestions were based on the community's efficient understanding of both the cultural boundaries and general day to day challenges these young people face, thus are expected to be significantly more effective at addressing the primary contributing factors to youth street presence in Kununurra. Please refer to "Community suggestions to respond to concerns" for more detail on these initiatives.

## **6. Community suggestions to respond to concerns**

As discussed above, the consultations held with community members were effective in identifying the community's perspective of the underlying contributing factors of youth street presence.

In response to these underlying factors and community concerns, community members and organisations were asked for suggestions on how Operation SHARP could be improved and/or for alternative initiatives that could be implemented to effectively tackle the contributing factors to this issue.

As previously noted, the overarching community opinion of Operation SHARP is that it should be discontinued due to its inability to address the primary contributing factors to youth street presence.

The community suggested solutions for alternative programs are as follows:

### **Youth Centre**

Note: The community acknowledges there is a youth centre currently in town however believes it is not accessible to the children nor was it designed to be child friendly.

The community consensus is that the kids need somewhere they can go that is safe, close to home and provides the necessities inc. food, showering facilities, couch / beanbags and shelter.

The community have expressed a need for this centre to also have recreational facilities to engage the children including (but not limited to) a cemented area with a basketball hoop, pool table, bike ramps, and amusement arcade (computers, games).

This space should be designed by the children who need it most, it should be run by aboriginal members of the community who can act as responsible role models and provide the children with love and support whilst they are at the centre.

Other adult mentors should also be present to assist in running the centre and act as confidants to the children. These mentors should be hired as trained carers to work in this facility.

A section of the building should be allocated to one on one discussions with adult mentors equipped with basic training, to act as counsellors and build rapport with the kids.

Community also suggested that the centre have “team leaders” who are older kids who are attending school to act as positive role models to the children and assist with homework etc.

Ideally, this centre would act as a hub for children’s services. Programs could be run out of this centre, which should be developed by the children to address their needs and maximise their engagement. Community suggested activities and programs have been noted under “After school programs to engage kids”.

Other suggestions for this centre included:

- Role-plays could also be designed to teach children how to respond if they are spoken to in an aggressive or sexual way.
- A Bus being available to pick up kids, drop them home and transport them to events
- Ensure if kids stay overnight, there is a bus to take them to school in the morning
- If any child has a regular presence at the youth centre i.e. sleeps there regularly, consultations should be had with the parent and as a last resort DCP will need to be involved.
- Appropriate measures should be put in place to prevent theft and damage of equipment. In addition, substances including drugs and alcohol should be banned from the premises. Consequences can be put in place to deter delinquency i.e. if a child is caught out on the streets at night their name is posted on the youth centre door as banned for a period of time. Someone will need to be present to monitor access; this display will result in shame on the child therefore acting as a deterrent to miscreant behaviour.
- Support from police and other organisations is vital to the centres success, agencies that are a part of Operation SHARP can redirect their support in the form of time, materials or equipment, as could local businesses. This would provide an opportunity for these agencies and businesses to build rapport with the local families and in turn develop a mutual respect for one another.

Essentially this space would be a means of taking children from the street at night into a safe environment with positive role models, where they can still have freedom and do what they love.

#### ***Psychologist assessment:***

The community expressed concern over the mental health of many of the street present children, primary concerns included the possibilities of children being subject to undiagnosed conditions including but not limited to FASD and Posttraumatic stress disorder. In response to this concern, community members asked that psychologist assessments be performed on regularly street present children.

The assessment itself was likened to 'opening a can of worms', the community stated families/carers need to be trained on how to deal with any diagnosis resulting from the assessment. In order to maximise the engagement of families and children alike, community members requested that a local aboriginal person be trained to work alongside the psychologist to offer ongoing support.

This process will ensure the children are being appropriately cared for in the home, in addition it will ensure they are equipped with the appropriate resources in school (i.e. disability aid) to assist the children in overcoming related learning challenges.

#### ***Parental classes and training of carers***

During the consultations held, many parents stated they were unclear about the boundaries in disciplining their children. The community also noted that the children know the system well and play it against their carers, thus resulting in carers feeling disempowered by DCP.

In response to this, it was suggested that parental classes be introduced to:

- Educate carers on how to parent children within DCP requirements and how to positively engage their children;
- Provide scenario situations on how to manage misbehaving children;
- Train the carers on how to manage the emotions of their children and be a positive influence on their lives; and
- Educate parents of the impacts lack of sleep, malnutrition, drugs and alcohol, overcrowding of houses, unsanitary conditions, lack of family support and ill treatment by guardians can have on the physical and mental well being of children.

#### ***Back to country camps and activities***

During discussions, the community noted that a contributing factor to youth street presence was their sense of loss of culture and identity.

In response to this, unstructured back to country camps and activities were suggested to remove youth from western influences and give them an opportunity to re-engage with their culture.

To maximise the impact of such initiatives they must be run by respected aboriginal elders in the community. In addition, they should be based out of town to remove the children from their comfort zone.

#### ***Alternative Schooling***

Community members also suggested alternative schooling programs developed to assist those children who have difficulty engaging in School. This program should assist children who wish to reintegrate into mainstream schooling and/or aim to teach them basic life skills which they can use to find employment in the future.

Prior examples of this initiative include the 'Barramundi class' which was aimed at children who were struggling in school, this class gave kids an alternative way of learning through games etc. and in an open environment.

In order to effectively engage the children they need to be taken out of the traditional classroom setting, the community agreed this program should be designed using a similar approach to the back to country camps and activities (as discussed above), with kids being taken out of town into a controlled environment for alternative schooling.

### ***Boot camp / Healing Centre for parents and children***

A boot camp / healing centre was also suggested for children and parents to attend together. This program should be designed with the aim to re-establish structure and routine into the lives of both parent and child. An element of this centre should also be rehabilitation for those who are alcohol and/or drug dependent, through providing emotional support and removing them from harsh environments and negative influences.

Concern was expressed over the amount of pressure in the community to conform to drugs and alcohol to 'fit in'. Some individuals who have now dedicated their lives to being sober for themselves and their children stated that the hardest challenge to overcome was the resentment from other family members. As part of this centre, parents and children should be educated on the impacts of drugs and alcohol both on themselves and the lives of their family. Local aboriginal people who have previously overcome addictions or who are in the process should be encouraged to speak up and inspire those considering the change. As noted by the community the only way to beat the addiction is if you have the will to do so.

In connection with this, community members also raised the requirement for police to increase surveillance on those homes that have been declared alcohol free, as community members noted it was difficult in many instances to stop family members from bringing alcohol into their home regardless of alcohol restrictions.

### ***Identify safe houses for children and ensure they are equipped with appropriate resources***

Community members and organisations noted that during Operation SHARP and Save the children night patrols, children were being dropped off when and wherever they were willing thus 'party houses' were generally chosen as the preferred destination. The community considers 'Party houses' as those without adequate parental supervision, with access to alcohol and other substances and often without necessities such as food.

Community members requested that a safe home be developed for children to be dropped off at night; this safe home should be run as a temporary refuge for children to turn to when they are in need and should be equipped with the appropriate resources to temporarily house youth. Resources which meet this criterion, include but are not limited to; beds, food, responsible adult supervision and alcohol and drug free.

### ***After school programs to engage kids***

The unanimous answer from community members when asked why they think the kids are on the street was that they were bored. Through the discussions held it was evident the community wanted more activities to engage the children after school, preferably as a reward for school attendance.

The community noted that there were a number of initiatives run for delinquent children through organisations including Save the children and Juvenile justice, however there are not many on offer to reward children for good behaviour. As such there is a need for additional initiative to be implemented to fill this gap in services.

Such activities could be run out of the proposed youth centre (as detailed above). Community suggested activities and programs include: Music lessons, movie nights, sport competitions, hip-hop classes, discos, and swimming trips.

Although these activities will not solve issues at home, they will give the children time to escape and be around positive role models who will support them, in addition such activities will aid in tiring the children out so they do not have the energy to roam the streets at night.

### ***Forum for kids***

Programs are primarily designed by adults to give children what those adults think they need. The general community view is that it is the kids that need the help so it should be them telling the adults what needs to be done.

The community suggested that the kids be given an opportunity to come together once a month to let their voices be heard and give them a sense of purpose and belonging. A 'kids forum' could be used to achieve this and engage the kids to take an active interest in the running of the community.

The forum should be open to ensure all kids get a say, with adults only being there to take minutes, keep kids on topic and answer questions where required.

They could be asked to talk about current programs on offer, what they like and do not like about them and what new programs they want to see. This will give the kids accountability for the programs provided by the agencies and the responsibility associated with running a meeting and aiding the community.

### ***Case manager for families***

Many of the children who are regularly street present are involved with a number of agencies all trying to do their bit to help. During home visits, it was evident that these families are bombarded on a daily basis by many agencies.

Community expressed concern that these agencies do not communicate with each other, therefore resulting in questions being asked multiple times driving adults to a point of frustration where they lose interest in why the agency is even there.

This process is inefficient and restricts people from getting the most out of the services on offer. The community recognises that the help these agencies provide is extensive however identified the need for agencies to work together to provide support for the households. This could be done through the assignment of a case manager for families/households of at risk kids, who can coordinate all agency contact and manage the support opportunities available to them.

***refer to the table below for the link between suggested solution and contributing factors they are designed to address:***

<b>Suggested Solution</b>	<b>Contributing factors solution will address</b>
Youth Centre	Home - Parents being under the influence of drugs and alcohol - Overcrowding of Houses - Unsanitary conditions - Material deficiencies

	<p>Community - Lack of community support</p> <ul style="list-style-type: none"> <li>- Loss of culture and identity</li> <li>- Lack of recreational facilities</li> <li>- Congested neighbourhoods</li> <li>- Negative influence of other community members</li> <li>- Loneliness, Lack of social outlets</li> </ul>
	<p>Schooling -</p> <ul style="list-style-type: none"> <li>- Inadequate facilities for recreation</li> <li>- Spare time and idleness</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Boredom</li> <li>- Malnutrition</li> <li>- Lack of sleep (activities intended to tire them out)</li> <li>- Drug Addiction</li> <li>- Habitat and association (place them in a positive environment)</li> </ul>
Psychologist assessment of children, with an aboriginal aid working alongside them	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Lack of family support</li> </ul>
	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Children being unable to keep up in school (i.e. wrong grading or impact of low attendance)</li> <li>- Poor attendance laws and lax enforcement on school attendance by parents</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Lack of community support</li> <li>- Inadequate assistance from other agencies</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Post traumatic stress disorder, FASD</li> <li>- Boredom</li> <li>- Development aberrations</li> <li>- Drug Addiction</li> <li>- Adolescent emotional instability</li> <li>- Habitat and association</li> <li>- Other life events causing emotional instability which are individual to each child</li> </ul>
Parental classes and training of carers	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Parents being under the influence of drugs and alcohol</li> <li>- Overcrowding of Houses</li> <li>- Unsanitary conditions</li> <li>- Ill treatment by guardians</li> <li>- Lack of parental care and affection</li> <li>- Deficient and misdirected discipline</li> <li>- Lack of family support</li> </ul>

	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Poor attendance laws and lax enforcement on school attendance by parents</li> <li>- Truancy</li> <li>- Spare time and idleness</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Inadequate assistance from other agencies</li> <li>- Negative influence of other community members</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Boredom</li> <li>- Malnutrition</li> <li>- Lack of sleep</li> <li>- Physical Exuberance</li> <li>- Drug Addiction</li> <li>- Adolescent emotional instability</li> <li>- Habitat and association</li> </ul>
Back to country camps and activities	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Parents being under the influence of drugs and alcohol</li> <li>- Overcrowding of Houses</li> <li>- Unsanitary conditions</li> <li>- Material deficiencies</li> <li>- Poverty and unemployment</li> <li>- Ill treatment by guardians</li> <li>- Lack of parental care and affection</li> <li>- Deficient and misdirected discipline</li> <li>- Lack of family support</li> </ul>
	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Inadequate facilities for recreation</li> <li>- Truancy</li> <li>- Spare time and idleness</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Lack of community support</li> <li>- Loss of culture and identity</li> <li>- Lack of recreational Facilities</li> <li>- Congested neighbourhoods</li> <li>- Negative influence of other community members</li> <li>- Loneliness, lack of social outlets</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Boredom</li> <li>- Malnutrition</li> <li>- Physical Exuberance</li> <li>- Drug Addiction</li> <li>- Habitat and association</li> </ul>

Alternative schooling in bush to teach children life skills and remove them from town and negative influences within the town.	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Parents being under the influence of drugs and alcohol</li> <li>- Overcrowding of Houses</li> <li>- Unsanitary conditions</li> <li>- Material deficiencies</li> <li>- Poverty and unemployment</li> <li>- Ill treatment by guardians</li> <li>- Lack of parental care and affection</li> <li>- Deficient and misdirected discipline</li> <li>- Lack of family support</li> </ul>
	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Children being unable to keep up in school (i.e. wrong grading)</li> <li>- Inadequate facilities for recreation</li> <li>- Rigid and inelastic school system that does not fit with child's needs</li> <li>- Poor attendance laws and lax enforcement on school attendance by parents</li> <li>- Bad school companions and codes of morals</li> <li>- Truancy</li> <li>- Spare time and idleness</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Lack of community support</li> <li>- Inadequate assistance from other agencies</li> <li>- Loss of culture and identity</li> <li>- Lack of recreational Facilities</li> <li>- Congested neighbourhoods</li> <li>- Negative influence of other community members</li> <li>- Loneliness, lack of social outlets</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Boredom</li> <li>- Malnutrition</li> <li>- Physical Exuberance</li> <li>- Drug Addiction</li> <li>- Habitat and association</li> </ul>
Boot camp / Healing centre for parents and children	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Parents being under the influence of drugs and alcohol</li> <li>- Ill treatment by guardians</li> <li>- Lack of parental care and affection</li> <li>- Lack of family support</li> </ul>
	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Bad school companions and codes of morals</li> <li>- Spare time and idleness</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Lack of community support</li> <li>- Inadequate assistance from other agencies</li> <li>- Loss of culture and identity</li> <li>- Negative influence of other community members</li> </ul>



	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Drug Addiction</li> <li>- Adolescent emotional instability</li> <li>- Habitat and association</li> <li>- Other life events causing emotional instability which are individual to each child</li> </ul>
Identify safe houses for children and ensure they are equipped with appropriate resources to house child	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Parents being under the influence of drugs and alcohol</li> <li>- Overcrowding of Houses</li> <li>- Unsanitary conditions</li> <li>- Material deficiencies</li> <li>- Poverty and unemployment</li> <li>- Ill treatment by guardians</li> <li>- Lack of parental care and affection</li> <li>- Deficient and misdirected discipline</li> <li>- Lack of family support</li> </ul>
	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Poor attendance laws and lax enforcement on school attendance by parents</li> <li>- Truancy</li> <li>- Spare time and idleness</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Lack of community support</li> <li>- Inadequate assistance from other agencies</li> <li>- Negative influence of other community members</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Malnutrition</li> <li>- Lack of sleep</li> <li>- Drug Addiction</li> <li>- Habitat and association</li> </ul>
After school programs to engage kids	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Lack of family support</li> </ul>
	<p>Schooling and Peers</p> <ul style="list-style-type: none"> <li>- Bad school companions and codes of morals</li> <li>- Truancy</li> <li>- Spare time and idleness</li> </ul>
	<p>Community</p> <ul style="list-style-type: none"> <li>- Lack of community support</li> <li>- Inadequate assistance from other agencies</li> <li>- Negative influence of other community members</li> <li>- Loneliness, lack of social outlets</li> </ul>
	<p>Mental/Physical Factors of the child</p> <ul style="list-style-type: none"> <li>- Habitat and association</li> </ul>
Forum for kids to talk	<p>Family and Home conditions</p> <ul style="list-style-type: none"> <li>- Lack of family support</li> </ul>

	Schooling and Peers - Bad school companions and codes of morals - Truancy - Spare time and idleness
	Community - Lack of community support - Inadequate assistance from other agencies - Negative influence of other community members - Loneliness, lack of social outlets
	Mental/Physical Factors of the child - Habitat and association
Case manager for families	Family and Home conditions - Parents being under the influence of drugs and alcohol - Overcrowding of Houses - Unsanitary conditions - Material deficiencies - Poverty and unemployment - Ill treatment by guardians - Lack of parental care and affection - Deficient and misdirected discipline - Lack of family support
	Schooling and Peers - Poor attendance laws and lax enforcement on school attendance by parents - Bad school companions and codes of morals - Truancy- Spare time and idleness
	Community - Lack of community support - Inadequate assistance from other agencies - Negative influence of other community members - Loneliness, lack of social outlets
	Mental/Physical Factors of the child - Malnutrition - Lack of sleep - Drug Addiction - Habitat and association

It should be noted that the overwhelming recommendation from those noted above was the construction of a youth centre. The community envisions that this centre will act as a hub for youth services, and will provide a safe place for young people to meet, obtain information, and learn new things, thus assist in addressing a significant number of the core contributing factors to youth street presence.

## 7. Other issues noted

During the consultations held, community members also raised a number of other concerns regarding the issue of street present children and services currently on offer. These were as follows:

- Agencies need to work together to engage families. Households are constantly bombarded with visits and consequently these adults become exhausted and lose interest in the purpose of the visit. As a result, family members tend to say what the agency wants to hear and are not fully aware of the support options available to them and their children.
- Organisations playing their part to assist street present children need to work together to implement change. There are a number of programs on offer through various agencies, however there is an overwhelming divide between these agencies that prevents them from working together to reduce administration costs and spread allocated funds further. Organisations need to communicate with each other to ensure all children have the support they require, and less fall through the gaps in services.
- KCASRG noted during consultations that a common attitude held by members of the aboriginal community was 'it's not my kids on the street' therefore, there is nothing they can do to help. However, based on consultations with the community for any of the suggested initiatives to be successful the aboriginal community must be involved in the programs design and implementation. This needs to be stressed to individuals, the social challenges surrounding street children will only be overcome if the community are willing to work for it.
- The community expressed significant concern over recent DCP error, where children being picked up as part of Operation SHARP were taken back to households where their guardian did not live. As a result, income management was enforced on stable adults who were not the carer for the at risk child. Appropriate investigations need to be performed on the children being picked up and on the homes in which they choose to be returned to.
- The community also expressed concern regarding the reduction in government funding for organisations such as Save the children. The community reasonably expects that this, combined with the government cuts to education and teachers aids (which are primarily of aboriginal decent) will correlate to an increase in the disengagement of aboriginal children and in turn increase the young people on the street at night. Questions were raised about Operations SHARPs ability to handle the anticipated increase in street present children over the next year, and were adamant that a new initiative needs to be developed and implemented in order to make a long-standing difference to the lives of these young people.
- Programs should be designed to provide opportunities for children to gain confidence and showcase their skills. This will assist in engaging families through a sense of pride.
- Community and families need to be given a sense of responsibility and accountability over the results of programs. Most parents noted the need for family support for programs to be successful; children rely on their parents for guidance and compassion therefore if they do not receive this at home they will turn to their peers for support.

## **8. Other successful models**

KCASRG researched other initiatives that have been tried and proven to address juvenile delinquency. During this research a number of initiatives were uncovered that appear to be relative to those concerns expressed by the Kununurra Aboriginal community during community consultations. These initiatives were noted below and have been linked to suggested solutions made by the community.

### ***Communities That Care (CTC)***

One of the models identified through this research was the community prevention planning model 'Communities That Care' (CTC), refer to <http://files.eric.ed.gov/fulltext/ED521832.pdf> (Reducing

Youth Violence and Delinquency in Pennsylvania: PCCD's Research-based Programs Initiative, 2007, Sarah Meyer Chuilensku, Brian K. Bumbarger, Sandee Kyler, Mark T. Greenberg).

CTC was designed "To empower communities to capitalize on prevention science and the public health approach to delinquency, the Pennsylvania Commission on Crime and Delinquency has supported a community prevention planning model called Communities That Care (CTC) for over a decade. CTC is a delinquency prevention planning process that uses locally collected data on the prevalence of risk and protective factors to aid in the selection of prevention priorities specific to each community".

This model takes "a public health perspective to delinquency recognizes that, like any other poor health outcomes (such as cardiovascular disease, diabetes, or cancer), science can identify specific factors that increase the risk of youth engaging in delinquent behaviour. By reducing those risks in the general population, we can reduce the prevalence of delinquency. From this public health approach, a science of prevention has emerged based on identifying risk and protective factors associated with delinquency and youth violence, developing prevention programs that target these risk and protective factors, and testing the effectiveness of these programs in scientifically rigorous studies".

"These programs are based on well-defined logic models that take into account a specific developmental pathway leading to a problem behaviour, and intervene in that pathway to prevent poor outcomes".

KCASRG reviewed the proven programs that have been established through this model and noted the following, which link to the concerns of the Kununurra Aboriginal community:

*a) Big Brothers/Big Sisters*

Big brothers-big sister's community mentoring program has partnered hundreds of at-risk youth with caring adults. Through strong bonds formed with these positive role models, youth have shown increased school attendance and performance, reduced drug and alcohol use and established better relationships with family and friends.

Results:

- 46% less likely than control youth to initiate drug use during the study period
- Almost one-third less likely than control youth to hit someone

This initiative links to the communities request for mentors to be available through the youth centre, to provide at risk youth with positive role models and someone to turn to when they need support.

*b) Families and Schools Together (FAST)*

The FAST program aims to prevent violence, delinquency, and substance use by improving both youth and parent skills, and by empowering the parent to take an active role in their child's life. For youth, FAST focuses on improving communication, listening, and conflict resolution. For parents, FAST focuses on improving parenting and coping skills and helping parents create a support network. The core program consists of eight two-and-one-half hour weekly sessions conducted by a well-trained facilitator. Upon completion of the core program, families may choose to continue meeting once per month for up to two years. Most of the program occurs through interactive family activities that start with sharing a family meal together. The program includes specific time for both parents and youth.

Results:

- Decreased aggression, attention span problems, anxiety

- Decreased family conflict
- Increased social skills, academic competence, academic performance

#### *c) Functional Family Therapy (FFT)*

Functional Family Therapy (FFT) aims to prevent further violence, delinquency, substance use, and other mental problems by engaging the entire family in the treatment process and addressing important risk and protective factors. The program is designed in three stages: (1) engagement and motivation; (2) behaviour change; and (3) generalization. At the engagement and motivation stage, the main goal is to decrease the risks that are related to program dropout and increase the family's motivation and belief that positive change can occur. In the behaviour change stage, individualized "change" plans are developed, and interpersonal skills are enhanced. The goal for the generalization stage is to maintain and generalize the successful behaviour changes, and to create positive relationships with school and community resources that support continued positive behaviour. FFT sessions are delivered by one or two highly trained therapists, and are usually conducted in the clients' home. On average, 12 FFT sessions are provided over a period of 90 days.

#### *Results*

- Interrupting the matriculation of these adolescents into more restrictive, higher cost services
- Preventing adolescents from penetrating the adult criminal system
- Preventing younger children in the family from penetrating the system of care

Consistent with the purpose of the FAST and FFT initiatives and the concerns they aim to address, the community has suggested the establishment of both parenting classes for parents and a healing camp for parent and child.

In addition to this the aims of FFT is also relative to those of the physiological assessment of children and the provision of follow up support for families, as was requested by the community.

#### *d) Life Skills Training (LST)*

The LifeSkills Training (LST) program aims to prevent substance abuse and violence by teaching middle school students about resisting peer pressure, decision-making skills, separating drug myths from facts, communication, healthy ways to reduce anxiety, goalsetting skills, and critical thinking skills regarding advertising and media messages. The lessons are distributed over a three-year period and last approximately 45 minutes each, and teachers receive a thorough training before implementing the curriculum.

#### *Results:*

- Cut tobacco, alcohol, and marijuana use 50% - 75%
- Cuts polydrug use up to 66%
- Decreases use of inhalants, narcotics, and hallucinogens

This program should be incorporated into the alternative schooling program proposed by the Kununurra community, this will assist children in gaining the appropriate skills required to either reintegrate into mainstream schooling and/or find employment in the future. In addition, this program links to the services community has requested run out of the youth centre, i.e. Role-plays to prepare them for difficult situations, and other educational activities.

#### *e) Multisystemic Therapy (MST)*

MST is an indicated program, targeted to adolescents who have already had contact with the juvenile court system, and their families. The overall goal is to prevent the recurrence of violence and delinquency, as well as to improve the mental health status of serious juvenile offenders by using cognitive-behavioural therapy techniques and working with parents to improve parenting skills, appropriate discipline techniques, and coping skills. Trained therapists are assigned to a small number of families in order to allow the appropriate level of intensive treatment. Therapy sessions occur within each family's home, and the frequency and duration of sessions varies based on each family's needs. On average, families participate in 60 hours of treatment over four months. The therapist closely monitors each family member's progress.

#### *Results*

- Reductions of 25-70% in long-term rates of rearrest
- Reductions of 47-64% in out-of-home placements
- Extensive improvements in family functioning
- Decreased mental health problems for serious juvenile offenders

The aims of this program are consistent with the suggested psychological assessment of children, parenting classes and the availability of counsellors through the proposed youth centre.

#### *f) Promoting Alternative Thinking Skills (PATHS)*

The PATHS program aims to prevent violence, delinquency, and other behaviour problems by improving students' social and emotional skills beginning in early elementary school. Each PATHS lesson lasts approximately 20–30 minutes and is delivered by regular classroom teachers after a thorough training. Teachers are encouraged to model and integrate the lesson themes into their regular classroom instruction practices, and schools can develop a whole-school environment that promotes positive behaviour through emotional self-awareness and self-regulation.

#### *Results*

- Improved self-control
- Improved understanding and recognition of emotions
- Increased ability to tolerate frustration
- Use of more effective conflict-resolution strategies
- Improved thinking and planning skills

Similar to LST (above), this program should be incorporated into the alternative schooling program proposed by the Kununurra community, this will assist children in gaining the appropriate skills required to either reintegrate into mainstream schooling and/or find employment in the future.

#### *g) Strengthening Families Program (SFP 10-14)*

The Strengthening Families Program is a 14-session, science-based parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. Group Leader Manuals contain a complete lesson for every session. Parents' and children's Handbooks/ Handouts are also provided for every session.

## *Results*

- Improved child management practices
- Increased parent-child communication
- More child involvement in family activities and decisions
- 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk

This evidence-based initiative is consistent with the community's suggestion parenting classes and the establishment of healing camp for parent and child. The outcomes wanted from these suggestions are similar to those achieved in the SPF program.

## ***Alice Springs Youth Hub***

Other initiatives noted include the Alice Springs Youth Hub. Note: The following information has been obtained directly from <http://www.youth.nt.gov.au/ASYH/>.

This is an initiative of the Alice Springs Youth Action Plan and contains the following primary attributes:

- Aims to provide a safe place for young people to meet, obtain information, learn new things and have fun.
- Offers an alternative education program for young people who have difficulty engaging in school.
- Is a focal point for the coordination of youth services in Alice Springs (beyond the agencies/services which are physically located at the Youth Hub) so fewer young people fall through the gaps in services.
- Involved promotion and provision of opportunities for greater participation by young people in the Alice Springs community.
- Provides Support for increased recreation options for young people in Alice Springs.

This youth Hub offers the following services:

### ***a) Youth Hub Team***

The Alice Springs Youth Hub team provide coordination and advice around youth service provision in the Alice Springs region and manages the Youth Hub site. The Youth Hub Team consists of the Youth Services Coordinator, the Youth Activities Coordinator, an Administration Officer and a Receptionist. The Reception position provides a service for all agencies located at the Hub.

### ***b) Family Support Centre***

The Family Support Centre provides advice, referral options and support options for parents, guardians, families and their children/Young people pursuant to part 6A of the Youth Justice Act. The Family Support Centre coordinates services from NT Government agencies and non-government organisations in order to identify the most appropriate interventions and support programs for the families. These interventions are guided by entering into Family Responsibility Agreements and Family Responsibility Orders with the families and providing strength based case management. The case management process is a coordinated and

collaborative approach to achieve the best possible outcome for the families and their young people. The Family Support Centre welcomes self-referrals and referrals from government and non-government agencies.

**c) *Youth At Risk Team (YART)***

The Youth At Risk Team provide case management to young people under guardianship of the CEO and limited family support to young people not under guardianship.

**d) *Youth Street Outreach Service (YSOS)***

YSOS operates 7 nights a week (between the hours of 6pm – 3am) to assess and evaluate young people who visit the CBD unaccompanied. YSOS works with young people to keep them safe, provides transport to a safe place and follows up with families and agencies if they identify that a young person is starting to act in unsafe ways.

They also operate a triage service which assesses the needs of young people who have been referred by NT Police and if needed places them in safe places or emergency accommodation.

**e) *Edmund Rice Youth+***

The Edmund Rice Youth+ Program is part of Edmund Rice Education Australia's national Youth+ initiative, responding to the needs of young people in our local community. The Youth+ Alice Springs program aims to build trusting relationships and educational pathways for young people of secondary school age who are currently disengaged from education and provide a socially inclusive, supportive educational environment for disengaged young people and their families.

The focus of the program is to respond to individual needs of young people, providing small group learning experiences, supporting social and emotional needs of young people as well as academic skills, and empowering young people to take personal responsibility for their actions and learning. The principles of Respect, Safe and Legal, Participation and Honest are used by young people and staff as a guide to encourage learning, build personal relationships and resolve conflict.

**f) *InCite Youth Arts Inc.***

InCite Youth Arts delivers community arts and culture programs to young people in Alice Springs and surrounding remote communities. Professional artists are engaged to work with communities using art practices including dance, drama, film, music, visual arts in a way that not only promotes participation and provides opportunities for young people to express themselves creatively but also builds community capacity to express and celebrate cultural identity. Programs delivered by InCite include: visual arts, video, music and dance mentoring programs and workshops, performing arts workshops with Acacia Hill School and the wider disability community and in partnership with the Mt Theo Program, Warlpiri Youth Development Aboriginal Corporation, InCite delivers 'Red Sand Culture, Music and Dance Mentoring' and the 'Southern Ngaliya Women's Dance Camp Project'."

These programs can be likened to those noted at 'Community suggested solutions to Issues', the design of these programs have been based on similar concerns as those suggested by the community during consultations held. These concerns specifically relate to the need for:



- Organisations and government agencies to work together with children to lessen gaps in services and avoid overwhelming families and children with services;
- Support for parents on how to manage children and be a positive role model for them;
- Provide a safe home for kids to turn to at night when they are in need;
- Alternative schooling to engage those youth struggling in schools; and
- Activities to engage the at night children.

This initiative is something that the children of Kununurra require to assist them in overcoming their challenges and stop them from prowling the streets at night.

### ***Youth on Track Model***

Another example is the Youth on Track Model based in NSW (Youth on Track; A model for early intervention with young people).

“This model aims to separate legal outcomes from intervention in most cases and places a strong emphasis on and intervening early, engaging families and responding to real and definable problems.

The model proposes creating a system of case management that can be entered by a young person who is over 10 years of age and may be identified as at risk and also follow a person who has offended through to contact with the criminal justice system, including into and out of detention.

That means that young, minor offenders won’t have to become entrenched in the system before getting services, it also means that there is no suggestion of going soft on serious offenders to be able to divert them into treatment.

This model will allow young people, who may not have committed a serious crime, but who exhibit extensive risk factors, to be referred to assessment and case management at a point far earlier than is currently possible. It also allows those young people who may have committed an offence, but may not have any signs of ongoing criminal behaviour to be dealt with on the basis of their offence.

Under the model, young offenders will be screened to determine their likelihood of re-offending. Those deemed at risk of re-offending will be assessed to determine the type and level of problems that need to be addressed. They will then be referred into a system of case management that will work with them, and their families, to reduce their re-offending behaviour.

A major component of Youth on Track proposal is a dedicated case management function. The case management of young people at risk of offending is new and fills a gap in working with young people (and their families) to curb their offending early in their criminal career. This function will be fully delivered by non-government organisations contracted and funded by the Department of Attorney General and Justice.

Key principles of the Youth on Track model include:

- Intervening earlier to divert young people from the criminal justice system
- One-on-one case management to manage and support juvenile offenders and those at risk of offending
- Separating treatment from punishment

- Responding to risk and need rather than simply to crime
- Responding promptly to enable a response to an immediate problem

The Youth on Track model has six key elements:

- 1 Identification and Referral
- 2 Screening
- 3 Assessment
- 4 Case Management
- 5 Intervention
- 6 Exit

This model links to the Psychological assessment suggestion made by the aboriginal community. In order to adequately address the needs of high-risk youth, an assessment of their mental health should be performed and followed up with support other programs designed to address the specific risk factors attributable to the child.

As per the above initiatives, it is evident that the community has effectively identified programs that will impact the people on the ground. It should also be noted that the above measures are generally preventative and unlike operation sharp place less focus on measures to punish household. Instead, these initiatives carry a common theme of support, support for both parent and child to bring about positive change in their lives. They act as motivational tools to inspire community members to work together to resist negative influences and overcome social challenges that are plaguing the community today.

## 9. Conclusion

The presence of children on the streets at night is a significant concern in the Kununurra community. Community members and organisations alike are concerned about the welfare of these children, the underlying issues they face which drives them to street presence and the delinquent behaviour they engage in as a result.

The community is adamant that funds allocated to this issue need to be spent wisely to ensure it hits the ground and positively impact the lives of the children instead of being wasted at administration level. The consensus is that Operation SHARP will not be successful in achieving this, as such a number of alternative suggestions have been made for the government to consider when allocating funds. Of all the suggestions made by the community, the one they were most passionate about was the construction of a youth centre and its commitment to providing extensive activities for the children.

During the consultations, KCASRG noted that the aboriginal community was uncertain about their ability to implement change without the assistance of organizations, and therefore were reluctant to make the first steps. The solutions suggested by the community however, all held a common theme, which was the vitality of aboriginal community support and involvement in the initiatives to assist street present youth. Community support will significantly advantage the initiatives ability to engage and connect with the children and their families.

Therefore in order for the street present youth issue in Kununurra to be addressed, government agencies, community organizations and community members need to work together to tackle the core contributing factors of youth street presence.