



Did we save the best until last? Read stories from Pormpuraaw, a small community on the west coast of Cape York (page 17). SAF,T delegates were given a big welcome and taken on a visit to the Child Safe House. This Pormpuraaw airport mural was painted in 2009 by the artists Paul Jakulowski, Christine Yantumba, Jones Holroyd, Derek Conrad and Charmaine Coleman.

Talking with our Queensland friends – From little things, big things grow!

While seeking advice on good practice nation wide, SAF,T has met many friends in Victoria, WA, SA, and NSW. Our SAF,T research tour of Aboriginal child, youth and family services started in October 2011. It has now rolled on to Queensland, visiting the Brisbane region (1 – 5 April) and Cairns and Cape York (17 – 20 April).

We have been inspired by services across the nation, and thank them all for their time, patience, vision and some wonderful home style cooking!

Did we save the best until very last? Read on...

We thank all the Queensland people and services for the generous time and support, in particular we thank Dianne Harvey and Karen Salaam for their assistance with the Queensland trip.

Thanks also to Nina Kelabora from Black Wattle Consulting for organising all of the trips and Rosie Elliott for recording and writing it all up.

The SAF,T team over these two trips has included: Josie Crawshaw – CEO; Donna Kawane – Child, Youth and Families Programs and Services Manager; Victoria Pollifrone – Policy Manager; Amanda Markwell – Executive Assistant, Projects Support Officer and Administration Support; and Rosie Elliott – Black Wattle Consulting.

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SAFT

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*SAFT is the NT peak for
Aboriginal Children, Youth
and Families.*

SAFT vision

For all Aboriginal children and young people across the NT to grow up safe, strong and proud in functional families, connected to their past, hopeful for their future and able to reach their full potential.

SAFT purpose

To increase Aboriginal decision making and evidence based approaches in the design and implementation of policies, programs and services targeting Aboriginal children and young people and families in the NT by adopting a child centred, rights based approach.

Acknowledgements

SAFT thank the many services who so generously contributed their time and resources to SAFT.

Credits

The SAFT Queensland tour and report organised and prepared by Black Wattle Consulting: Nina Kelabora, Julie Sleight and Rosie Elliott.

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Note

This report is not for quoting or distribution to any agencies or services without consultation with SAFT until such time as all service consents for wider distribution is received and the public document is released by SAFT.

Brisbane

Josie Crawshaw

At the end of the tour, Josie Crawshaw reflected on what the SAFT delegates saw when they went to Brisbane (1–5 April 2012). Below is what she said. For Josie's reflections on Cairns and Cape York, see page 16.

Thank you to all the Queensland organisations who gave SAFT their time and offers of assistance as we seek to identify the components of good practice in child protection and early intervention Australia wide.

This Brisbane region tour highlighted the resilience of our people and organisations in delivering services, and how much fantastic work there is that so often goes unnoticed. It highlighted the dedication of the staff, who manage with such small budgets for such large needs. It was about individual organisations and their capacity to create something out of nothing, each responding to their community needs and their strategic thinking.

While the stark statistics are grim reading for all states and territories Australia-wide, Queensland had its own difficult story unfolding. It felt as though the services had been battered with the continual reviews, the failure over years to support their AICCA, despite recommendations of key reviews, the gradual change from the AICCA model to the Recognised Entity (RE) model, the restructuring of the RE services down to eleven to cover the whole state, and the separation of family support services from the RE services, which have to cover such huge areas with such little funds to do a big job. This feeling contrasts with the sense of achievement, possibility and purpose that is emerging from the recent changes

in the NSW system, and ongoing work in Victoria and SA.

It was useful to look at the continuing survival of the Queensland peak body, QATSICPP, which keeps a holistic program approach. Running along with its peak work they have a child protection programs, and have a structure where practice informs policy. This is the same in NSW where their peak provides service as well as peak functions.

We spent a lot of our visit trying to understand the Queensland RE model, whether the REs have made a difference on the ground. Like all programs there are good and worrying elements, at times they play an important part in decision making and other times they appear like an extension of the department and the department decides what sort of programs they run. In these cases there is very little self determination in what I see as an Aboriginal community controlled service.

We saw self-management very much in operation within the organisations, but this self-management only applied in very selected aspects of a broader service scope. We have tried to think how this Queensland RE system compares to the Victorian Lakidjeke model, where the statutory function is embedded within a wider ACCA holistic service. It certainly was hard to gauge if the new Queensland structure is making a difference, but as everyone pointed out, the number of children in care continues to worsen. There did not seem to be an evaluation capacity to see if the new system makes a difference, though we noted the work of the Queensland

Commission for Children and Young People and Child Guardian who released the Indigenous Child Placement Principle Audit Report 2010/11.

While all the Queensland services liked the clear incorporation of the Aboriginal Child Placement Principle (ACPP) and cultural care in the legislation, I strongly support the more holistic model of the NT Board of Inquiry and I am relieved there was no suggestion in the NT BoI recommendations that we should go down this separation path.

To me the Queensland model is very prescriptive, separating the RE statutory work from family support work is not best practice. We felt all the organisations were trying to find a way around this requirement to make it more workable and to share understandings of a family. It seems there may be some recognition growing in the department of a need for change in this regard.

Everywhere we saw management supporting their workforces like at Indigenous Family and Child Support Service (IFACSS), and communities supporting the services, like the Elders' justice groups through Children of the Dreaming in the Ipswich region. We also saw innovative practices – like the Kummara Association work looking at attachment theory as the basis for early intervention, the development of innovative partnerships within restrictive legislation like at Karbul Indigenous Placement Agency, and the development of cooperative relationships between the REs and department service centres like at Kalwun S.E.Q. RE who seek to build understanding of Aboriginal culture with departmental staff and magistrates.

For Josie's reflections on Cairns and Cape York, see page 16.



Josie Crawshaw and Jody Currie.

Jody Currie

Indigenous Urban Health Institute

Jody Currie is a Yugambah person from the country between the Logan and Tweed Rivers. Jody has worked with the Queensland Aboriginal and Islander Health Council, Apunipima Cape York Health Council and the Queensland Aboriginal and Torres Strait Islander Human Services Coalition focusing on child protection and health. She now works with the Institute for Urban Indigenous Health.

So much to say. I worked in the government and supported the AICCAs when they formed their peak body, I co-managed the Blue Print Chapter 7 on reform. In 2004 our child and family services had the conversation with Queensland Aboriginal and Islander Health Council (QAIHC) the peak Aboriginal health service body and I went to work with the health peak. While we had a concern that the health services were taking over everything, we felt it was strategically better for our budget. QAIHC signed up for two years and chaired the partnership, and nine of the ten AICCAs signed up. Everyone was equal when we sat around the table and by joining we got economies of scale and some protection from QAIHC, get your strategies right, get combined voices.

I think your peak body should be funded by the Chief Minister's office or Justice, not by the statutory body, as they find it hard to get their head around the power shift and will likely fight or consume you. The Departmental thinking is: 'As a good parent we will give to you, but if you are a naughty parent we have the power to take away, as we are the ones who protect the children, we are here for the rights of the child.' But why else would we be sitting here?

Our kids come into care and we can't get them out, so now we work with our health services. We say it's the AMS and child protection agencies responsibility to work together with parents to care for their children, to teach about neglect, to look at how they work with parents' lack of capacity, which is inherently poverty related.

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The Department of Families weren't planning for us to have a peak in 2004, they said they had defunded the state body for under-performing but we got lucky with our five year plan which Paul Testro worked on. Our experience is that rather than recruiting to positions, you need to get experts to write up your platforms and decide on the three key things. Once you have them, that's all you do, walk around the community and say them over and over.

When the Aboriginal Child Protection Principle was first put in Queensland legislation in 1999, 23% of children in out of home care were Indigenous. At the time of the Inquiry in 2003 it had risen to 28% – now it's 37%. This increase, plus the problems implementing the ACPP is happening right across Australia, but the recommendations of the Crime and Misconduct Commission (CMC) Inquiry and the 2004 CMC Report Implementation Blueprint were not followed up and the development of the REs in Queensland rather than supporting the AICCAs has not been good. REs break down into functions what is actually child protection practice. Nowhere is the RE linked to protective functions. We need Aboriginal services standing there with a Child Safety Officer who can identify the protective factors present, not just tick and flick in relation to removals.

So how we do our child protection is now at a very low level. We have now lost corporate and child protection practice knowledge in our organisations and government is now telling people/organisations what child protection is. Our earlier child protection practice had grown out of Brisbane, Townsville and Rockhampton Aboriginal and Islander child care agencies. Our women were relating with authorities when the Department tried to remove kids. Our AICCAs kept kids out of the system and referred to family groups. These people had

power. Now we have people who know the legislation, but the craft has been lost. There has been no kinship care work after closing the AICCAs.

With over 50% of removals driven by intergenerational poverty, we need the Department to understand what neglect is. What is their understanding of failure to thrive when there is no food in the house? That's not to say you can leave the kids at risk but there are simple things you can do to help them stay, and that is the link to the Closing the Gap money. With the COAG Framework for Overcoming Indigenous Disadvantage, the Productive Commission has substantiated child abuse and neglect as one of the twelve headline indicators. We have done that deal with the Aboriginal medical services partnering with the local community agency, focusing on health based matters.

My own strategic priorities here were:

1. **Relative care** (the term kinship care was turned into white foster

carers here). Build the system's ability to understand how to place kids within extended families. Write a paper on that question, then talk and talk about it. There is something you can do to keep a child at home by building capacity of individual family members to understand that it may be no good for the child to see a particular person. Children are four to five times more likely to be abused in care and we need to build capacity to understand where kids can be placed.

2. **Systemic reform.** For us in Queensland it was about intake, but we lost the battle; pick on what that is (e.g. pilot something in relation to protective factors).
3. **Dual order kids.** This is where a child or young person is a client of both Child Protection and Youth Justice.



In Brisbane the SAFT CEO Josie Crawshaw caught up with an old friend, TIGA Bayles, legendary, incredibly smooth radio announcer, general manager on Radio 4AAA and a key figure in the establishment of a national network of Indigenous broadcasters. TIGA and Josie did a half hour interview, and the time just flew. You can download the story on podcast at <http://www.989fm.com.au/podcasts/lets-talk/josie-crawshaw/>



L–R: Victoria Pollifrone,
Josie Crawshaw and
Dianne Harvey.

Dianne Harvey – Aboriginal and TSI Human Services Coalition Officer Queensland of Council of Social Services (QCROSS)

Dianne Harvey is the former CEO of the Queensland peak, QATSICPP.

The Queensland AICCAs supported families to keep kids safe and stop them from being taken away unnecessarily. The work involved helping families to access services, responding to notifications, looking for kin and carers for appropriate placement and supporting carers. It was a holistic response with family support providing a continuum across primary and secondary and tertiary. That's what the AICCAs were about, and despite all their efforts in trying to provide these services with the little money they received, they were criticised for mismanagement of funding.

The Crime and Misconduct Commission Inquiry (2003–2004) recommended increasing the number of services and funding, but the reform of the Aboriginal child protection services resulted in this holistic approach to services being reduced and gutted across the state. Family support is just being revitalized now, but families still have to be at crisis point before they can get help.

QATSICPP, our Child Protection peak, developed a holistic AICCA model with a clear idea – family support, statutory worker, foster and kinship care services, intensive family support and general family support, and a training arm or

training officer. You need to know your way around the law, but invest more in the early intervention, family support.

QATSICPP proposed a model to centralise both the statutory work and the administrative functions, including human resource management, finance, quality assurance, training etc, to provide a framework of continuous quality improvement. The model was to have the RE or statutory work centralised, with the family support workers employed within the local communities. This would provide some confidence in the community that someone was there to help, not just to take the kids away, and also to reduce the risk. There are not the numbers to justify full time RE statutory workers in those communities, and there is too much risk for the individual to be seen to be the one removing the kids, but there is the work for a family support worker. This model also complimented the communities where they have safe houses and other support services.

When the reintroduction of intensive family support for the sector was funded, we sought funding to provide a family support worker training blitz for our service members' new employees. We organised Triple P training, and while I had my reservations about it being aimed at white middle class families, it was really useful

and people got a lot out of it. It's around managing behaviours of children, parents etc and providing parents skills in these areas. Gerald Featherstone at Brisbane's Kummara Indigenous Family Care also provides training and suggests that bonding and attachment training for parents would be useful. Save the Children could be a good ally for you too because they have accredited training and maybe you could use their RTO status and training programs.

An RE works solely in the statutory end – in safety plans and assessments and attending significant decision making events impacting on a child such as attending court, family group meetings, investigations, case reviews and placements. The AICCAs didn't have such formal agreements, and the Department wanted them to do more statutory work, saying that the AICCAs were spreading themselves too thin.

The government argued there is a conflict of interest with an RE doing family support, but that has proved very wrong thinking. All the good stuff has now gone – concentrating on statutory work has been at the cost of good outcomes for children because work with families is diminished. This work has been taken over by Indigenous family support workers, so while the RE

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knows about the family, they can't work with the family. However there is no evidence about the poorer service provision, because organisations are not required to report on these things, and sharing of information is always a contentious issue. There is no trust or belief that families can improve for the children.

Over the last few years Queensland government have removed the ACCA framework, and I feel it's like ground hog day, the same thing over and over, with lessons unlearned. Some things change, but there isn't an impact on the statistics. The CMC enquiry talked about departmental practice assessment, how they see Aboriginal people when they look at overcrowding, lack of food in the fridge, the kids not in child care. Poverty is a hard thing to get out of unless you have access, support and equal opportunity. We have seen time and time again where legislation has changed, however this has not impacted on the practice or outcomes for children. We are constantly fighting because institutional racism flows into the culture and practice of the workers. If we were taken seriously REs would be great and it does sometimes work well, but too often all you are doing is ticking the box. Government says there isn't a new Stolen Generation because they are not forcibly removing the children, that they are removing them for their own protection and safety, but that is clearly Eurocentric.

Some ideas in developing the NT peak body and ACCA services

For NT ACCA door openers, you will need your policies and procedures in place, practice manuals for the workers, organisational procedures, recruitment, building, furniture, recruitment, advertising. Talk with the Traditional Owners and Elders first, talk with them

about the organisation, look for those Champions for the Children.

The NT just like elsewhere, will struggle with attracting and retaining the workforce, so it's important that workforce and training component is an operational component and function of your peak. Having a training coordinator to plan and organise identified training will be critical to building a skilled child protection workforce. Cape York mayors suggested that there are existing groups like the Health Action teams that could provide the RE advice about the family situation and supports services available. Pormpuraaw established a Community Group to act as advisors and support when child protection issues arise, and this has been working well for years.

To give the NT ACCA work a good chance of success there needs to be some time afforded for its development, particularly where there is limited workforce capacity. The Peak could help to establish and develop the service. Then once set up, maybe hand over to a group to manage. Our own Peak is an example of this, as we had a lot of support from the Queensland Aboriginal and Islander Health Council (QAIHC) until we were ready to become independent.

The work can be achieved with centralised policies and practice guidelines developed by the peak, either for the long term or as an interim arrangement. This is a solution when there is limited capacity and expertise available. With the difficulty in attracting and retaining staff, why would you not tap into the expertise of an organisation that is already set up? If the government is determined to set up two independent services, they could possibly be setting the community up to fail.

Government needs to give our organisations the capacity to compete with mainstream services. We have something unique to offer – our cultural knowledge, sensitivity when dealing with our mob. For

example, our Peak now manages a residential service. When we took it on three years ago there were no other Aboriginal organisations that wanted or could have set up a specialised Aboriginal residential service. Now it provides us with capacity to compete with mainstream services to provide more appropriate placement services for our kids. We are also working with Legal Aid and Aboriginal Legal Services about their role and how to influence the magistrates around the ACPP and cultural matters.

I think your central work is around an ideal model pilot with the ACPP at the centre, the statutory relationship around the ACPP and the relationship between you and the department. Your peak would oversight practice, governance, quality assurance, IT, finance and administration. The two ACCA services could have local reference groups with the ACCA manager reporting to the peak CEO. The ACCAs would be staffed by child protection workers, intensive family support officers, foster and kinship care workers, family group conferencing and general family support workers. Government intake would receive the call, investigate, hold court, family group conferencing, and work with the ACCA child protection workers.

Our RE workers do so much front-end work with the department before we go to a court case and our city magistrates look to the REs for advice. There is still a way to go to convince the department that the RE under legislation has an independent role in providing advice to the department and the courts. We want to see the intent of the Child Placement Principle fully implemented and that the independent role of the RE advising decisions in the best interest of children is taken seriously. What we don't want to see is becoming a token role, as this does not reflect or match the intent or the spirit of the legislation.

We have had conversation with the Department in relation to foster

care. We have clearly said that foster care is not a suitable framework when looking for family/kin for placing children. The concept of foster care has changed dramatically from interim care to long term care – it's just short of adoption without the legal process. The over reliance on foster care is seen as an easy solution but really it has taken away the importance of family care. If we were to invest in families as much as we do with foster carers we would have less traumatised children in the system.

The kinship model should be made a priority and fully funded and supported to enable the location, assessment and support to keep children safely with families.

Under the foster care model you cannot have a recruitment campaign for kinship carers and you can't recruit a kinship carer before hand. We have to come up with models for alternative care, because reliance on foster carers is not suitable. Kinship carers need the same support as the foster carers. We have thought about live in support arrangements to provide the family/parenting skills; or safe houses, where kids can go when they have been removed and are reintroduced for regular contact with family, where parents can change their behaviour and become reinvigorated and find hope that they can get their child back. Our AMSs also have an important

role in providing services to high risk families, providing referrals to specialist services for domestic violence, anger management, or getting assistance to expectant mother who have had prior child protection contact.

We need to think through family conferencing models too – NSW follows the New Zealand model. It happens outside the court process with up front family group meetings convened by a community organisation, including a departmental representative and leaving family to decide where to put the child. The Queensland conferencing model is not family based, it's more formal and doesn't provide families with a framework for an open discussion.



Rosie Connors is descended from the *Kullili* Tribe of Far West Queensland. A foster care child herself, she keeps her focus on the children.

Rosie Connors – CEO

Children of the Dreaming

Children of the Dreaming – Centre for Self Healing opened in 2004.

All our programs promote empowerment through self healing, incorporating the physical, cultural, emotional and spiritual aspects of our being and aim to instil in our children, young people and families a sense of self, family, community,

responsibility, accountability, and belonging.

Our services include: Recognised Entity (Child Protection), Family Support Service, Youth Support Service, Centre for Self Healing, Prison Re-Integration Service and the Ipswich Community Social

Justice Group is auspiced by the organisation.

Our programs include: self healing, life skills, work readiness, mentoring, art and culture, and sport and recreation, Indigenous Triple P, Murri Men's Group, Murri Women's Group, Murri Court Bail Program, Healing Through Art, Pathways to Healing for Men and Women.

Setting up the Recognised Entity (RE) has been great. We have had some difficult times with the Department, but have managed to work through a lot of the issues. We commenced the RE in 2007 and joined the peak body, QATSI CPP. We originally had ten workers, the funding was then split between the RE and Family Support Service. We now have four and a half positions in each area.

Ipswich is a stand alone service, and we have three departmental Child Safety Service Centres. All other REs and family supports services operate in clusters, that means they service a number of Child Safety Service Centres.

Our RE provides cultural advice to the Department of Child Safety,

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and are consulted on significant decisions around the child. We have input into intakes, we attend the initial investigation and assessments, we attend court, family group meetings and have input on placements.

The family support is part of early intervention, trying to stop children entering the child protection system, referrals come from the Department of Child Safety, education and health services. Family support workers work with the family to address issues identified by the department, however when we visit the family there are usually many other issues. Our family support worker provide in home support, and refer them to other support services and programs.

Children of the Dreaming have an internal referral system where families can be referred to counseling, parenting programs, art programs, youth programs, men's and women's groups etc. We have lots of small successes, little things, and we have had a few awards – the latest being 2010 Queensland ANTAR Closing the Gap Award for our work in mental health.

We have just opened our accommodation service for Aboriginal and Torres Strait Islander women and are in the process of getting our men's accommodation operational. The accommodation's primary focus is for Aboriginal and Torres Strait Islander people exiting the prison system. As well as accommodation, they are offered support to re-integrate. This is a new service.

The Ipswich Community Social Justice Group is made up of a group of Elders and respected people, who volunteer their time to address social and justice issues in the Ipswich area. They are representatives from the Ipswich area 15 Clan Groups, and have formed strategic partnerships with Police, Corrective Services, Correctional Facilities and the Justice Department to address the over representation of Aboriginal and Torres Strait Islander people in the Justice System.

The Justice Group commenced the Ipswich Adult Murri Court in 2007 and the juvenile Murri Court in 2009, they also have a fulltime court support position, and a Murri Court and Justice Group Bail Program. The Elders attend schools, prisons and youth detention.



Charlie Chambers - Healing through Art Coordinator

Establishing an Elders Group or Justice Group is essential to addressing issues that need to be addressed. Quite often they represent a cross section of the community and projects have more chance of success within the community and government agencies are more inclined to respond in a positive way.

Vanessa Summers – Regional Manager

Grant Williams – Assistant Manager

Debby Smith – Quality Assurance and Professional Development Manager

Kalwun South East Queensland Recognised Entity and Family Support

Vanessa Summers wrote:

I am sorry I could not meet SAF,T on your visit to Queensland, but you have asked me: "What would I do if I were setting up from scratch an NT peak and an ACCA service?"

Well, I would start with doing research on the area and the major issues at hand. I would then look

into developing an action plan. This plan would display what is needed in all aspects of the service development. I would then be seeking the assistance of professionals with extensive child protection knowledge and throughout this process I would seek support from Elders in the community and form an Elders'

support committee (or something similar) as no one knows our people better than our own, and especially in the way of 'their community'.

Where you would be able to go really depends on the budget and resources. The assistance from already established bodies is key, so look at exactly what you are doing



L–R: Grant Williams, Josie Crawshaw, Debby Smith, Vanessa Summers.

in the way of speaking with all the services, and then look at making a model (based on all the complied information) that suits the NT, as we know all areas are different. I ensure that all staff members are familiar with the Department of Child Safety Manual for an insight on how they operate.

One thing I would look at as a priority throughout this process is making changes to legislation. This is going to be a major hurdle, but stands out to me for the NT.

And, please do not hesitate to contact me.

Grant Williams and Debby Smith said:

Kalwun S.E.Q. is a division of Kalwun Development Corporation. Our services include RE, Family Support Service (FSS), and Foster and Kinship Care (FKC), health and housing, cultural tours, employment assistance program, servicing the Gold Coast and surrounding communities.

There have been a lot of changes recently in our division and region. The initial Kalwun AICCA was a lot smaller. Now in 2012 we have four separate programs running from two locations. We work with nine Department of Child Safety Service Centres in the Gold Coast and Logan regions and have 35 staff across both divisions, all paid under the SACS Award Queensland. Most

of our staff and all our carers are Aboriginal or Torres Strait Islander.

When the 2010 RE tri-annual funding was changed, both the state and federal departments asked us to put in an expression of interest for the Logan region. It was hard for us to come to this new community, it was not easy, but we have come quite far, a lot has been put in place and we continue to grow. It is 'key' to be mindful and respectful of the community that you are entering into, be aware that they too need time to adjust to change and deliver a strong consistent service.

Our RE, FSS, and FKC programs aim to ensure our people have culturally appropriate advocacy, support and resources during the child protection and alternative care process. The IPS is an intervention and prevention program and is very flexible in terms of service delivery which enables the program to support the RE, FSS and FKC by offering group work to clients referred from the other programs.

Kalwun S.E.Q Gold Coast and Logan divisions each have an RE, FSS and IPS program, and the Gold Coast Office also has the Foster and Kinship Care Program. Our program scope is:

Recognised Entity (RE)

The role of the RE is in relation to the statutory departmental role. The primary role of the RE is to work collaboratively with the department in each phase of the department's

decision making process, to improve outcomes for Aboriginal and Torres Strait Islander children.

The role of the RE is to assist the Department to help reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in the statutory child protection system, and to ensure that those who enter the statutory system receive the best available culturally appropriate services.

The *Queensland Child Protection Act 1999* stipulates that when the department makes decisions about an Aboriginal and Torres Strait Islander child, the department must provide the RE with an opportunity to participate in the decision making, where the decision is significant, or consult with the RE on all other decisions. For example, the RE may provide the department with relevant information and advice on cultural and family matters as they impact on the protection and care of our children.

Legislation requires REs to be external to the department, to have members who are Aboriginal and/or Torres Strait Islander people, and who have appropriate knowledge of, or expertise in, child protection.

Kalwun employs staff that have cultural knowledge and a passion for the well-being of our children, families and communities. A collaborative working relationship between the department and the

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RE is essential to improving the outcomes for our children. REs are required to coordinate their activities with Child Safety Service Centre (CSSC) staff so a consistent approach is followed for the child in accordance with the departmental case plan.

If a child is subject to a notification the RE can move straight in, working within the Act. The department has to ensure the RE receives all the paperwork, we can get additional information and we can work to change the decisions. The magistrates here take this process seriously. We can put in recommendations if we go to court, can recommend family group meetings, can fight placements, sit down with the department and put the case plan together and the cultural care/support plan (don't allow this to be just a tick in a box).

The RE must also safeguard that the Department of Child Safety is working within the Child Placement Principal. The Child Placement Principal and the Child Protection Act are the RE's main resource in supporting the decisions and views that we make.

Each of the nine Child Safety Service Centres across Logan and Gold Coast have approximately 70 children, so having the department in the same frame of mind with the bigger picture is important. Our RE supports our children with both Aboriginal and non-Aboriginal families.

We have introduced a new process that enables our RE staff to sit in the Child Safety Centre for a few hours each week. This gives us the opportunity to discuss what is coming up in any given week and has developed strong working relationships between the Department and Kalwun.

RE staff don't need formal qualifications, they undergo on the job training, but all our staff,

including all the admin staff, do Certificate 4 in Child, Youth and Family Intervention. There is a lot of training offered in this role and we link in with both the Department of Child Safety and mainstream workshops. All our staff possess a Blue Card, have a national police check, driver's license and a driver's authorisation.

Family Support Service

To be eligible for Queensland Family Support Service intervention, the referred child and family must meet three referral criteria (including criteria 1 and 2 and either criteria 3, 4, 5 or 6 – see diagram page 35).

Our Family Support workers do need a relevant qualification, and we have a family support partnership with the Benevolent Society, with four jointly funded Aboriginal and/or Torres Strait Islander staff working in their Nerang Early Years Centre.

Our FSS works under a time managed case plan of 10 – 100 hours determined by the department. Each family support worker has 20–30 cases.

Kalwun also has an Indigenous parenting service which aims to help parents to overcome barriers to good family relationships and support through transitions to child care, pre-school and primary school, targeting families with children aged up to twelve years old with a focus on children under the age of two. They reflect a broad concept of parenting/caring that includes extended families and kinship ties.

Kalwun S.E.Q. also has a foster and kinship care service.

The only concern that I do have is in regards to the following; We don't think the Queensland Department of Child Safety sees us as fighting against them – they are becoming more aware of the role of the RE and acknowledge our input regardless of whether all parties agree or not. Our mission



statement is about what is best for the child. If the RE staff believe they have a doable, fixable proposal they will disagree with departmental decisions and in alignment with the procedures in place, they are actioned, in a professional manner. The RE advises of their stance and provides a rationale throughout all processes during the decision-making period.

Our peak body is QATSICPP, who play a key role in ensuring the different stakeholders across the child protection sector work together to achieve better outcomes for Aboriginal and Torres Strait Islander children, young people and their families.

With the new ten year federal funding in the NT it is the time now for SAF,T as the new peak body to make it clear that no challenge to NT Departmental rulings has been upheld and it is a good evidence base to argue a case to fight for rights and negotiate for your programs.

Gerald Featherstone – CEO

Theresa Mace – Program Manager

Colleen Smith – Service Coordinator

Kummara Association

We are energetic about stopping children being removed and family reunification – we are about helping families stay together, but only Child Safety services can refer directly to our family intervention services, the REs aren't allowed to. Even though families are referred to us for assisting in reunification or work to prevent children being removed, parents are able to freely choose whether they wish to work with us. We try to make sure our voluntary referrals know we are not Child Safety.

In the late 1990s the old AICCA Koolyangarra was experiencing funding and management difficulties. We (Kummara) came together in 1999 as the Koolyangarra Early Learning Centre through FaHCSIA Stronger Families and Multifunctional Aboriginal Children's Service (MACS) federal funding. Our MACS service is now our longest running service, with a 40 place long day child care service employing ten staff. We also have our Communities for Children program funding (C4C) for our 3.3 staff under the program title of the Indigenous parenting service, which focuses on early intervention for families and children.

L-R: Josie Crawshaw, Theresa Mace, Gerald Featherstone.

Our catchment area is quite large, ranging from Stradbroke Island, along the Brisbane river, to south of Toowoomba, Ipswich and west. For our child protection (CP) family intervention service we allocate a staff member to each of the nine CP service centres so staff can establish working relationships with Child Safety Officers.

In 2006 we got our first recurrent state funding from Child Safety for re-unification and prevention of children moving into long term guardianship. We need to stop them from being removed – it's easier than getting them back. We try to keep Child Safety accountable and pursue respectful practice. The Child Safety officers experience a range of skill sets that may be different and at times lower than our level, so we try to sit

down and align with them, asking what evidence they need to see, or will accept. If for example they say 'address the history of family violence behaviour', we recognise this as a static risk factor and addressing history is not possible, whereas if we help to reshape this goal to 'no family violence events', we can then look at what is acceptable evidence of this being the case such as no police call outs, no unexplained bruises, no neighbour call outs. We ask 'will you accept it as evidence if there are no contacts in six months?' Yes, they can accept that. That's the process. This time spent in clarifying and drilling down to shared understanding of what we need to achieve reduces confusion and also helps to ensure the

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situation of moving goalposts does not eventuate.

Essentially in CP we are dealing with risk management. We have set up our own parenting program, Growing Up Families, we provide services in the parent's home on a minimum weekly timeframes using a counselling framework based on home life – from how to clean up, to understanding what attachment is. If the attachment relationship is not secure there is a group program called Circle of Security and an individual program (Parent's Under Pressure program). If the attachment is secure and other things are going on we deal with that on a case by case process, according to what the case goals are.

I looked at previous studies whilst doing my PhD on Aboriginal parenting, and found for our CP cases there is often a problem for parents in understanding infant needs and communication and identifying their needs when they arise. The Circle of Security is an eight session video based program from the USA based on attachment theory. Our staff attend a four day training course to become accredited educators to deliver this program then we run the program for our families, and our clients watch the video and just talk about what they saw, which we assist in discussing through facilitation. It's a simple tool based on the ability to see and recognise. It's not about labelling. You press play, stop, ask what did you see, what do you think the child needs, what do the parents need. The Circle of Security is about understanding both the child's and the adult's needs and how these are communicated in moment to moment interactions and that if we get it wrong it leads to behaviour problems.

Parents Under Pressure is similar with a number of modules but delivered on a one on one therapeutic basis, originally designed for methadone users. It's not just about managing behaviour, it's about the impact of routines, budgeting, your own parents, reflective functioning about where they are in the experience of parenting their children. We think this approach compares favourably against Triple P, as Triple P seems to focus more on behaviours. Our programs are more about connections with family and the needs of the child, repairing the source of the problems, so one program is about addressing behaviours, the other is about addressing causes.

How we deliver our training is informed by Family Partnerships (Parent Advisor Model) established by Davis, Day and Bidmead. This is different from the publicised David Olds Nurse Family Partnerships service and it's important not to get the two confused. It is more a reflective counselling framework based on a five day group training for staff, which helps us with our families. We engage well and don't get many no-shows. Our federal parenting programs now require 80% client satisfaction reports and outcome reports, so we have to get better at our evaluation process.

We build in the training to any funding submissions. We have a mix of Indigenous and non-indigenous staff, and all our staff start at least at QSC level 5.1 at around \$60,758 base pa. Including super and leave total cost per staff is \$76,694 pa, (this is how much each staff position cost the service allowing for sick leave, long service leave annual leave and super). We train new staff straight away and ask them to commit to stay with us for at least one year or reimburse the training costs.



For our child protection work we have three programs. One of our program budgets, for example, is \$247,000 and this funds 2.2 staff. We work on a calculation of 70% of funding is for staff wages (a figure given to us by our funding bodies) and the remaining 30% is operational costs including 10% management fee for future organisational development. Total clinical staff is twelve, including the MACS child care we have a total of 26 staff.

As a social worker, concentrating on change management, we have to think strategically. The major problem is CP decision making, so we try and act as guides and advisors to CP decisions. We provide multifaceted family support, building family strengths. To achieve change we need to change both parents and the lenses people see our people through. Suggestions for service establishment: Maybe you can build in a part time legal advisory component, possibly connect to the universities and have them advocate, they will get an understanding of your appeal process.

We would be able to train your staff with our MYOB, organisational structures and position descriptions, because it's valuable to bring people face to face. We can also send you a copy of our spreadsheet and offer a useful admin tip to keep an asset register for everything over \$300, and try to purchase items under \$300 as you don't have to estimate depreciation.



L–R: Elaine Tanaka, Brenda Boustead, Josie Crawshaw and Greg Upket. “We are able to designed our jackets and uniform, our logo is deadly, designed by Delores Hexter in 2003”.

Greg Upket – Manager

Elaine Tanaka – Recognised Entity and Child Support

Brenda Boustead – Foster and Kinship Care Indigenous Family and Child Support Service (IFACSS)

IFACSS has both an RE and a foster and kinship care service (FKC), working for the community of Brisbane city and surrounding areas. IFACSS started in 2001 with two foster and kinship care workers and one RE worker, we now have five workers in FKC and nine in the RE.

We are now providing our community with tools and resources in order to educate and provide awareness campaigns around their rights and also the functions of our service. We, as staff, also need to be educated, to know the policies, have knowledge of the Act and the departmental practice manual.

So continual training and up skilling of staff is essential. We all have a Diploma in Community Services, originally through the Department, now by TAFE. We currently have two workers training for twelve months, two days a

week plus on the job training. It's about knowing the Act, ensuring something in the process was not overlooked. Under Section 6, the Department must consult with an RE around any significant decision about our children.

We have been building the rapport with the Department for a long time now – we have had our ups and downs, but now we get heard. We have regular meetings with Department management and our staff spend one day a week with the Department, in order to learn their framework and better represent the child.

The Magistrates have invited IFACSS staff to meet regularly in order to have a better understanding of processes. We are across five magistrates.

We are fortunate that from when we started in 2001 we had our Foster and Kinship Care program sitting with the RE program. Not every RE has one. It's a separate

program but intertwining and we share the same data base. When an Aboriginal or Torres Strait Islander child is removed from a family the RE worker will tell us about the case and the Brisbane Placement Service Unit referral goes back out to us. If it's a family we know, we can talk with the RE about whether there's an auntie or uncle who can take a child.

Under the *Child Protection Act 1999* every Foster and Kinship Care service has to go through eleven standards and get a license under the Child Commissioner that is reviewed every three years. We are a licensed service – every worker has to have Blue Card, Quality Care Training, Train the Trainer, accountability, filing, documentation. There's a lot of paperwork.

We train, assess and advocate for our 25–30 kinship carers and six general foster carers. Both groups get funded at the same level, but the kinship carers don't do our training – we have recently started talking about training kinship carers too. We have only had a small pool of Indigenous foster carers and it is starting to dry up. We are looking at alternatives like residential care. One thing that gives us hope is that kids are speaking out now, it's changed in just five years because we have pamphlets in the schools and football clubs. The kids want to stay home but want to make it better. They are saying it's not OK and we want something to stop the troubles. They are not identified as



IFACSS

Indigenous Family & Child Support Services

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the notifier. We sit on the interviews and we are there for the child afterwards to debrief on the way home.

We are funded at \$1.5 million to work with ten Department service centres. We have 21 staff, most are Aboriginal/Torres Strait Islander and most of us have been here a long time. You need committed workers to start with – the best thing we have is that our staff are from community, even our kids

understand that. We say we leave home to come home. In this field you can't put pressure on staff, we have enough pressure with the work we do, with case loads of 50-60 (we had 375 intakes last quarter). With the Department, you get better money and smaller case loads, but we are here because we want to change the cycle, and we have a happy staff because we have a management team that understand and flexible work practices. Greg likes us to study

and get more empowered. We all treat each other equally and Greg involves us all. We all debrief with each other and every morning we go to the gym between 8.30–9am or have breakfast here – there are more breakfast eaters than gym goers though! Our staff recruitment is by word of mouth, supported by mentoring. We don't fill a vacancy until someone good comes along.

Natalie Lewis – CEO

Royden Fagan – Residential Care Service Manager

Queensland Aboriginal and Islander Child Protection Peak (QATSICPP)

QATSICPP is the Queensland peak body in the sector, representing and working with its members and partners to improve the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and their families, providing community agencies a voice to governments.

The QATSICPP is made up of 21 community controlled member organisations working to provide child protection, family support and related services. These organisations include family support services, foster and kinship care recruitment and support; and the Recognised Entities (REs).

The QATSICPP Board meets quarterly and is based on representation from the service agreements regions. Membership fees are \$200 pa.

The QATSICPP role is to:

- Develop and contribute to child protection policy, legislation and program development, implementation and evaluation
- Monitor and influence relevant policies, legislation and programs
- Identify funding opportunities for applied research

- Set the strategic direction for Aboriginal and Torres Strait Islander CP agencies
- Assist members in their operations, including best practice and new program dissemination
- Provide training and professional development
- Develop collaborative partnerships
- Perform peak body secretariat functions.

Talking with Natalie Lewis, CEO

The SAF,T delegation met with the recently appointed Queensland Peak CEO Natalie Lewis. She said:

As a peak, we work in policy development and keeping our issues high on the agenda. QATSICPP does not provide advice on individual cases. We advise individual child welfare cases to contact their local RE and if we hear examples of poor practice, we promote local resolution of issues. However, if the issues are unresolved or are systemic issues we raise that to central office. They then go to the regions for a response. There is also the Family Inclusion Network, who have a

focus upon advocating for families and promoting parent engagement. Aboriginal and Torres Strait Islander Legal Services are increasing their focus on child protection in a court advocacy role, promoting community legal education, helping families to understand and apply their legal rights through representation.

There has been a massive >170% increase in notifications since 2006 and >180% increase in orders.

There are clearly numerous reasons contributing to this, one is an issue around assessment, with kids taken in too early and too often, this may be influenced by a cultural bias in the assessment process and inconsistent engagement of RE's. The most recent the Commission for Child and Young People and Child Guardian audit represent a further decline in the compliance with the Aboriginal Child Placement Principle (ACPP). Established level of full compliance is at an appalling 15%.

In response to the Commissioners recommendations, the Department have developed a new form, where the worker has to justify their decision making as they progress through the hierarchy of the ACPP. I feel strongly that completion of yet another form, will do little to address practice, promote RE engagement and appropriate exploration of family and kin placements in order to meet the cultural needs of our young people. They have shifted resources to a new Integrated Client Management

System to improve practice and compliance with ACP, rather than working with workers. We have challenged the professional development of the assessors, they need to sit down with a team leader or RE and look deeper and further, challenge their thinking.

There are now eleven REs throughout the state following the separation of functions in early 2011.

The difficulty is when the REs are Department funded everything they do seems like an extension of the Department, or as a resource to Child Safety Officers who sometimes seem to utilise that resource only when it supports their outcome. For example one regional case manager said the RE provided an alternative recommendation approximately 18 of the last 24 times that they had been consulted but none of the objections influenced the position of the Department around removal or case decisions. The advice from the RE is given on a paper attached to, or their views incorporated into, the affidavit submitted by the Department. The RE is often limited/discouraged from providing an independent voice in court. I think we need to work with the magistrates on the REs court role so it is independent advice instead of just a check box.

It's about working with the magistrates. In the USA the court judge appoints an advocate to a case, but our system doesn't have that option. We need to work with the REs to raise their profile, for the magistrates to hear from the REs in court. They do have the right to do this, and the Kalwun RE does

present in court, but others do not. It depends on Child Safety notifying and engaging the RE's in the process, or the utilisation of section 6 by the magistrate and quite often RE skills and level of confidence in appearing in court can be a factor.

The Department of Communities funds our peak, family support, placement services and REs. Our peak also took a lead role in managing the change when the Department separated family support and RE, helping people adapt to the change. The Aboriginal medical services are approved pathways who can refer to family support, but as of end of January 2012 the Department referred 97% of cases.

I have only come into this position recently, but QATSI CPP did a lot of work challenging the process at the time. Where organisations were competing, it would have been hard. Some of the organisations have been able to resist that and have been able to push back and do their job.

The Department hold the training budget for us, we role it out to provide some training around governance, skill development etc. The Department funds us annually for the CEO, office manager (book keeper), two member support positions, front office admin and a policy officer.

Talking with Royden Fagan, Manager, Residential Care Service

QATSI CPP have a service arm, auspicing a residential care unit. The home for four kids in leafy suburban Brisbane home felt light, relaxed,

the carers felt comfortable. Royden Fagan, Manager Residential Care Service said:

QATSI CPP didn't plan to take on a service arm – it came out of the recommendations of the 1999 Forde Inquiry into the treatment of children in institutions. There are a lot of residential care services here but there was a distinct lack of care for our mob, so the service went to QAIHC with a view to transition to a more appropriate service, but when the REs were culled down to eleven, we decided QATSI CPP was the best place to become a model service.

We are funded for four kids, male and female, not sibling groups and our quality is measured with connecting with family. We won't take the referral if they are from outside the area. We have nine staff, who all do reunification and family tracing. We have gone back to 8–10 hour shifts, though our preference is same carers at both bed and wake up time. We were initially funded for two weeks to six months stays, but we changed that to open beds, with the progression of their case plans determining how long they stay.

On paper they are high needs kids, but we haven't had problems – our critical incidents are around absconding and substance abuse. There are no lock downs after five, no locking away the food, though we do risk manage no sharps or chemicals. It's about the environment, it needs to be a learning experience.

L-R: House parents Roy and Diane Watson have been with the residential care service for the last four years; Josie Crawshaw; Natalie Lewis and Royden Fagan



Cairns and Cape York

Josie Crawshaw

At the end of the tour, Josie Crawshaw reflected on what the SAF,T delegates saw when they went to Cairns and Cape York (17–20 April 2012). Below is what she said. For Josie's reflections on Brisbane, see page 2.

The information we have received on our research tour around Australia has been inspiring, but at times, also overwhelming. We asked key service providers and experts for advice on what they do that works and where to begin our NT service work. We often found both advocates and concerns for pursuing the same approach – whether it's in early intervention, intensive family support, out-of-home care and foster care support or in community outreach and cultural support.

We examined many wonderful services, but no single approach has brought together so many of our hopes as we saw in Pormpuraaw, a small community on the west coast of Cape York. This community knows the solutions and have created the opportunity to put it in place. They have a new child safe house built in the heart of the community, staffed by community people, managed by a centralised service, ACT for Kids, who describe these child safe houses as 'the beachhead, the one thing that gets the whole community engaged in child protection.'

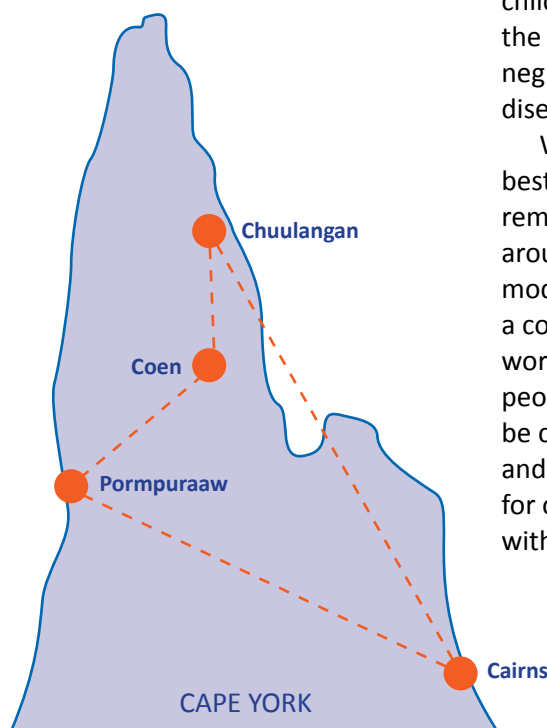
Like all communities, Pormpuraaw has their challenges, but they have an Elders Group and a Child Protection Group engaged in dispute mediation. It's about not removing the kids, but keeping them safe and under the radar in the community. It's about mediation by and with the families to live family way, with ways to sort stuff quickly and having a space to keep

children safe, while giving parents timeout to change, and supporting kids to come back to community both for the long term and for special events and holidays.

Pormpuraaw feels like a community in control, working as a team, working from their Aboriginal leadership. They have child safe community awareness crossing into schools, council, the health service, and the mental health service. It's about making rules and mediation, and everywhere we heard about the work of their Justice Group. It is what we'd like to see all our communities look like.

We need child safe houses in our communities and to support local leadership teams. We have to think how to have a centralised HR service, being careful how we deliver on the ground so that we are not fly-in-fly-out services.

The common themes from Cape York communities were about keeping kids safe in an unsafe environment and that when remote communities stand firm in their beliefs then children can be cared for and kept safe at home.



SAF,T seeks to develop different ways of keeping children safe in an unsafe environment, like the Child Safe House in Pormpuraaw; like learning from Chuulangan outstation who are focusing on an entrepreneurial model and working with School of the Air; like ideas on supporting traditional parenting / kinship caring practices from Rhys Gardiner in Coen ('You don't need to remove the kids but you do need protocols to protect the carers.')

Most of the Queensland services have in particular raised the need to address the many overwhelming barriers the Blue Card places on families seeking to provide foster or kinship care, a problem in very state, including the NT with the Ochre Card.

Meanwhile the politics of the sector are dominated by interpretation of the Act by Child Safety, and funding is being directed to the bigger centralised hubs. Though these services, with very varying governance structures, are committed and innovative, they remain remote and the children are still being taken from community and dominated by punitive child protection models based on the Acts that fail to account for neglect arising from poverty and disempowerment.

We are thinking of starting a best practice model with 30 – 100 remote families, developing services around the care environment model, growing at the right pace for a community development process, working with the morally committed people. This is best practice. It will be cost effective in the longer term, and we will show how it can work for our mob and keep children back with families, connected.

For Josie's reflections on Brisbane, see page 2.

Kurt Noble – Director of Services

Richard Tarpencha – Pormpuraaw Mayor

(Mum) Myrtle Foote – Traditional Owner

Freddie Tyore – Traditional Owner

Samuel Bong – Healing Centre Coordinator

Bessie Holroyd – Safe House Coordinator ACT for Kids

Sandra Weston – Women’s Shelter and Child Care Councillor

Plus many more ...

Pormpur Paanth Aboriginal Corporation (PPAC)

Pormpuraaw is on the West Coast of Cape York, near the Edward River, 650 km by road from Cairns. It’s home to around 560 Thaayorre, Wik, Bakanh and Yir Yoront people plus 30–40 non-Indigenous people. The Anglicans established Kowanyama Mission in 1905 but there were conflicts from bringing many groups together. They then set up smaller missions, the first in 1938 being the Edward River Anglican Mission, later named Pormpuraaw. It is said that the traditional culture of Pormpuraaw

was not damaged as significantly as occurred on other communities. In 1967 control was passed to the Queensland government and today it is governed by a community council. Attempts by Queensland government to amalgamate Cape community councils were rejected by Cape communities.

There’s a lot of similarities between Pormpuraaw and NT and Kimberly remote coastal communities, but SAF,T delegates felt Pormpuraaw infrastructure is better. But, more importantly, as the SAF,T delegates were talking in the Community Justice Centre, the room slowly filled with community Elders and service officers who listened, talked and shared a wonderful meal. Participants included long term committee member Vanessa Deakin, community Elders, the school principal, the

police sergeant, the acting health service Director of Nursing, family support workers, rehabilitation centre staff, Centrelink and others. It was a display of community strength, cooperation and pride.

As SAF,T arrived in Pormpuraaw four Child Safety officers were holding a Family Group meeting in the community. They told us they are working with around 100 children in the four Cape communities they service, of whom a significant number are from Pormpuraaw. They said: ‘With the new Safe House they are starting to get reunifications. It’s challenging but exciting. Cairns is full of people who should be here.’ Yes they should!



Kurt Noble – PPAC Director of Services, Richard Tarpencha – Pormpuraaw Mayor (and others)

Almost 20 years ago the council worked with a group of elder women who wanted to set up a women’s shelter house. The largely elder male dominated Council gave them a house and the women incorporated as Pormpur Paanth Aboriginal Corporation Inc. (Paanth means woman, Pormpur is house). While the PPAC committee remains women only, Kurt Noble was the

Continues ...

L–R: Dorita Teddy (Safe House staff), Josie Crawshaw (SAF,T CEO), Donna Kawane (SAF,T Services Manager), Kurt Noble (Pormpur Paanth Aboriginal Corporation, Director of Services), Freddie Tyore (Traditional Owner), Bessie Holroyd (Safe House Coordinator), Richard Tarpencha (Pormpuraaw Mayor), Lucy Foote (Safe House Staff and Council Member).

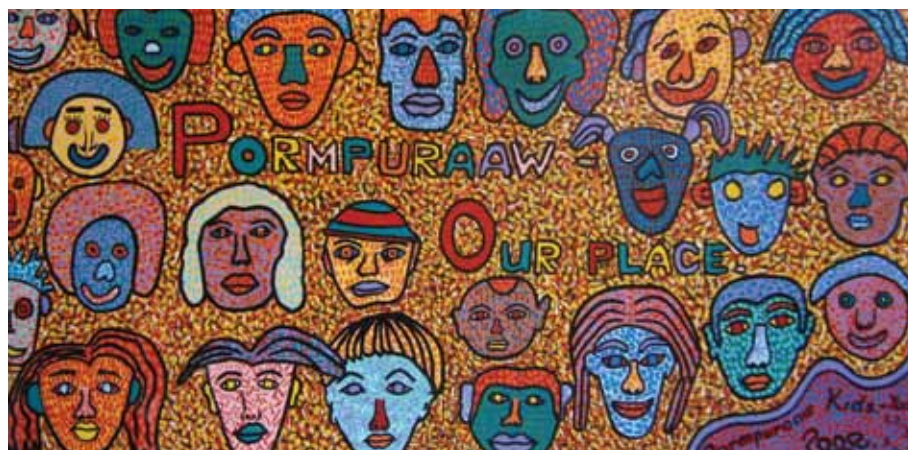


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first man working with the service. He is currently the PPAC Director of Services having arrived from Cairns in 2005 to do mediation training with PPAC and the community Justice Group. The Justice Group was set up in 1992, and may be the longest established justice group in the state, providing mediation, with a strong cultural peace-making process, part done in language, part in English, achieving some very good results. These justice groups are funded under the Attorney General and Justice departments. They work well, they rarely growl at anyone, they just remind people why they shouldn't fight. Kurt said as an outsider, independent of the families, he can make some independent decisions, but only the Local Justice Group with Elders at its core can make decisions requiring the hard mediation work.

Pormpuraaw is one of the few Cape communities where the local council is a separate legal entity to the social services agency (Pormpur Paanth), and they are one of the few communities that continued a range of services after the loss of Community Development Employment Program (CDEP). We have all depended on the CDEP top up heavily, and the funding gap has not been covered. It has our women's centre, men's group,

The 'Pormpuraaw - Our Place' mural was painted by school students at a workshop in 2004 and is now on the outside wall of the Clinic.



healing centre, long day care and no matter how creative we are, we can't generate the income to provide the wages we need.

We have an alcohol and other drugs service under PPAC that is 65 km outside the community – near enough and far enough – with two buildings for families plus staff accommodation. We don't treat the individual, we work with the families on a 13 week program. We plan to work with other communities near us, but we are in competition with the welfare reform centres. They are following our model but we don't get the funding like them.

We are the only community in the Cape that kept a tavern, and we have a good record of managing problems as they happen. We can have a mediation happening at the time an event occurs. Over the years the take-away has gone, a process driven by the child protection committee.

Cherie and her husband Kevin are heading up child care, both have training in child care and have a half day partnership with Montessori. Hopefully our licensing will happen, with a new purpose built building on school grounds.

Our men's group is trying to put the police and courts out of action and is now close to building a men's centre. The plan is if there is trouble at home, to move the man over to the men's house for the night rather than removing the woman and young children from their home.



The first photo (left) is of Mr Freddie Tyore and second (right) is Mrs Myrtle Foote. Both of these Elders are Traditional Owners of this country, and they have played a critical role in establishing important services in this community for many years (along with some eight other key Elders – past and present) including:

- Maantgchangk Women's Shelter (1991)
- Mungan-Thayorre Local Justice Group (1991)
- Pormpur Paanth Aboriginal Corporation (1992)
- Child Protection Committee (local initiative – 1994)
- Pormpuraaw Healing Centre (2004)
- Roworr AOD Rehabilitation Centre(2005)
- Recognised Entity (2006 – Child Safety)

Myrtle Foote (Mum Myrtle) and another lady, May Ballie provided safe shelter for women and children escaping domestic and family violence in their own houses well before our Women's Shelter was funded. This is one community where children can wander around freely without any fear for their safety, because all adults watch over everyone's children – it drives Child Safety workers crazy – they panic every time (maybe it doesn't fit the stereotype?). It's something these old people deserve credit for and can be proud of.

Pormorrow is the most unnoticed example of how to make changes. People have done so much hard work at the community level. This is the only school in the Cape that has achieved the national NAPLAN education standards at levels 3, 5 and 7 over the last two years. We now have kids in the upper two bands. It worked here because this community had a series of justice meetings under the tree and decided the first thing was to look at the children's behaviour. We got Elders and families on a roster in the school, a big enough group to stop the misbehavior of the kids, to talk about why it was important to treat everyone really well. Then we bought the new principal in and insisted that his staff teach to higher standards, and they achieved this because there was no more disruption to the schooling process.

We addressed cyber phone bullying by negotiating with Diva Chat supported by our police and Justice Group. The company provider was willing to work with us. We were the first place in the country to have phones shut down by Police and Diva Chat because of abusive and threatening messages and images and this was done with the help of PPAC, the Justice Group and State Police based in Pormpuraaw.



Pormpuraaw Child Protection Committee and Safe House

In 1999 Pormpur Paanth and the Justice Group put together the Child Protection Committee as the Aboriginal Child Placement Principle (ACPP) and Recognised Entities (REs) had been put into the legislation and the Department needed Indigenous input. Four Elders on the Justice Group came on a Child Protection Committee, representing both tribes and all the families.

With the 2006 changes our Child Protection (CP) Committee became our RE. PPAC employed a Justice Coordinator to work and improve communication between the Department and community. Since the new Child Safety system was introduced in 2010, control of RE functions has left the community and the funding has gone to the Cairns based Wuchopperan / RAATSICC who now employ an RE coordinator. There are now a lot less mediations and offences are not being dealt with. The real strength is ownership by the community, and this has diminished with the changes. Our Justice Group is strong enough to sort it out, but PPAC no longer manages the Justice Group and the two senior positions in our program are not funded, but we will keep going.

Our child protection work has a long history. People like Myrtle Foot have been on the CP Committee from the start, we have people sitting here who are so knowledgeable they could write the legislation, and it includes Elders, police, the school, the clinic and the council. Each group brings ideas but are not decision makers.

There is a core group of knowledgeable people who are not rattled by the young Department staff. For instance, Child Safety wanted the RE worker to be the sole point of contact – but no one person can speak for the whole community. We now have an agreement on how we will work with the Department based on the idea the RE coordinator does not have authority over the child, but can work with the CP

Committee. We have to support our RAATSIC RE coordinator to make sure the Department doesn't make it look like a child is removed on her say so. When department staff come here they have to meet our CP Committee first, and we plan how we will work with them without compromising the RE worker. It is operating well this way.

We know that in other parts of Queensland, Child Safety insists on a separation between the RE and Family Support work, but here they are both the one person. You can mix these roles and have an integrated support, working holistically with the youth and children if you are independent of Child Safety, but now the perception of independence has almost gone and the communities are all hanging in limbo. We need to get strong, to say we can have local responses that put the Department out of action, because government departments change like the wind.

The development in each community is the key, the willingness to address things and not wait for the so called experts. Even with our own urban people working in Child Safety there is a gap in their knowledge. The development has to be in the community, supported by people coming in.



(Mum) Myrtle Foote

We were thinking to get all our women in a safe place from domestic violence in 1999 – Myself

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and Heather Saleh were the two first ladies, then May Ballie. We were meeting and meeting for the shelter, the women had nowhere to run, but they didn't listen, and we didn't get one. I was on the council and asked if the council would give us a house so they did. That's how we started. We were working there night and day, because the violence was very bad, as there was a lot of grog. We stopped that and we are proud of what we have done for our women and children. Today we don't have much violence or many women in the shelter. We called for a half way house and fought for it. Now we have the Safe House for our children, and we are keeping more children from being taken out. The young women are doing a good now, all my three daughters are at the Safe House working with kids.'



Bessie Holroyd – Safe House Coordinator (ACT for Kids) and others took the delegates to see the Child Safe House. They said:

The concept of a Child Safe House was first proposed by Bessie Holroyd's father. Her family were key participants in all the groups over many years. Today she carries on their work, coordinating the Safe House, employed by ACT for Kids. What he first said we need a safe house, government staff laughed, but twelve months later they put all the funding down.

The department first asked us to set up the Safe House, but we said if there are a few being setting up in the Cape get one organisation



to start them up. ACT for Kids had Bruce Gibson, an Aboriginal man with a good understanding and they are now operating well, though with some challenges. The idea of starting up under one organisation was to make a smoother, standardised start, rolled out fast, which can then be transitioned to community.

Our Safe House has increased opportunities for children to return to families, and two families are due to be reunified; it provides a safe haven while serious allegations are investigated rather than taking children straight out; it's an interim measure until suitable care arrangements are found in or out of community; it's for staging reunification; it's a place for kids from care outside returning for holidays or funerals.

The Safe House can only take up to six children for up to three months, though we had more over the Christmas period. We take children from 0-17, we don't take extreme behaviour kids, and the placements go through our Cairns Child Safety manager. After the three months we try to find a foster or kinship carer, but most of our kids are not cared for by Indigenous carers. We have few a accredited carers but we have big problems when Child Safety does the assessment and they often don't approve kinship care because of Blue Card issues, over crowding and lack of facilities, though that may improve with the new housing being built here.

There are challenges with Safe Houses, and they can't fix

everything, but it's a good step forward, helping with dislocation and the tearing away of the children. Our working relationship with Child Safety is based on what we already have. We have stuck to our guns, but we are now under pressure with the eleven out of home care minimum service standards, as the resources have not been put into place.

Meanwhile, here we are, right in the middle of the community. We have an alarm system and we have never used it once. The parents are not restricted in access, they can take the children to the clinic, pick up kids from school and bring them back to the Safe House at 5 o'clock. They always bring them back or have a good explanation. We have a family contact room, though usually people sit around outside. At first some kids don't want to come back but because the parents are OK they become comfortable with the routine. It's not the big trouble people said in the beginning. The staff and managers make it work because they know the families.

You can have centralised management but not service delivery. Our family support worker works with us and the other services as we all share the same clients and we all talk together. She visits the mothers everyday, she teaches families how to be families, to be parents, to teach children to problem solve. The parents can tap into them and can grow. You need those services on the ground.



Samuel Bong – Healing Centre Coordinator and Men’s Group

I reignited our men’s group over four years ago, starting with education around small things – controlled anger, domestic violence, separating fights and conflict resolution, then moving to social and emotional wellbeing, being the men they need to take on the leaders role. We did a four week session on the history of our people. The violence numbers dropped, the men were influencing each other, talking with family. Those that at the start looked pessimistic are now trying to push the younger ones, keep the culture alive – it’s easier to be happy than to live miserably. We found the answers were already here, once they started talking to each other. When the child abuse came up, we had a men’s group at the hall and everyone had something to say about it. We all talked, they have been learning about these things and there is a smoother role at home. The men are getting more involved with fun days for the kids, getting their mind set into the kids. Everyone has a strong will and heart, they all want to see their grandchildren grow up. We talked about getting rid of the word parenting program, focusing on positive growth for our children. What can adults do to make life so good for the kids they don’t have to worry about safety? That covers the parenting programs – the sports, songs, dancing, learning interactions, let’s do all that in a modern framework.

Kieran Smith – Director SafeKIDS program

ACT for Kids

In 2008-09 Child Safety Safe House funding provided \$7 million for running costs and \$7.6 million in capital funding over four years to set up safe houses staffed by community workers. The safe house communities and managing organisations are the Torres Strait (going to tender), Mornington Island (Mission Australia), Bamaga, Yarrabah, Palm Island and Lockhart River (local governance), and Pormpuraaw, Kowanyama, Aurukun, Napranum and Doomadgee (ACT for Kids).

ACT for Kids is a Brisbane based mainstream charity organisation responding and preventing child abuse and neglect. ACT for Kids started as the Abused Child Trust in the mid 1980s and had a recent name change.

We did not have a residential care program until we were approached in 2009 by West Cape Traditional Owners to go into a safe house partnership with view to transition back to community over time. We have now established five safe houses in the Cape – in Pormpuraaw, Napranum, Kowanyama, Aurukun and Doomadgee. Each Safe House is for up to six children at a time. Trusted community members are employed to look after the children while family intervention service workers try to help family resolve issues so kids can return home.

This service model history was designed and lobbied for by West Cape community members, to overcome all the trauma of community kids being removed to Cairns. This service was developed and lobbied for by many groups. The Napranum and Doomadgee centres are not purpose built and they opened in 2009. The others are all purpose built six bedroom houses. The buildings are owned and designed by the Department, we are the tenants. Kowanyama, Pormpuraaw and Aurukun are all the same design.

All ACT for Kids House coordinators and residential staff are local except in Aurukun, where we fly in a couple of staff. It’s a huge commitment for the organisation

around capacity building and staff training.

When ACT for Kids set up the service in Doomadgee, we had no connections and had to start from scratch and the funders made the work difficult. My wife and I had been foster carers for years, and we went to live in Doomadgee with our three children for seven months to set up the service, it was good. We wouldn’t put on staff until community were properly engaged. By holding back the pressure from the funders we engaged the community and help facilitate the development of a reference group. The reference group assisted us in developing the localised HR process to ensure that there was community approval for staff employed at the safe house. As a result we have kept our staff for two years with minimal turnover.

For some of the other services the process wasn’t quite as thorough in the recruitment process, understanding the community power structures and getting the staff balance right from across the different mobs to mirror the community structure. Our experience is that it takes six months of community engagement to develop a model in synch with community. Our goal is never residential care – it’s about an opportunity to ensure kids remain connected with family, community, culture and country.

Doomadgee staff take the role very seriously. Their anxiety arising from their responsibility and community accountability may be so high they don’t come to work. Our HR team has developed

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community approval tools, where the community reference group marks each potential employee for their suitability. So community is the first screening point. This tool is based around honesty, reliability, respect from community and working with kids. The job applicant won't be offered an interview if they don't pass that community screening point, so the staff start with that confidence and community accountability, and we give them a certificate.

This HR process has been the key thing – we didn't want to be accused of nepotism or favouritism, so it's a clear and equitable process that seems to satisfy people. The staff are all under the SACS Award. Some of our staff have never worked before, some grew up in dormitories, some have second jobs, and we understand the real carers may be behind the scenes and we may need to move through a few staff until we find these people.

So workforce development is the main thing and we had to renegotiate with the funders because a lot of the dollars needed to go back into developing workforce. They neglected to calculate the lead in time too – it was not realistic when you take up a space that has not been taken before. It's all about building social capital, being on the same page. Once I'm in community I can talk, stay up all night. That is a big part of it. You need that permission to open the doors, consensus about how things will look every step of the way. I spent so much time with my white board in community. Government is about outcomes, but Aboriginal culture is about appropriate process.

We now have Out-of-Home Care Services licensing on the horizon for Napranum, with auditors in July from Community Link Australia. They have allowed it to be open a while before becoming licensed, but we now have to pass the eleven out of home care minimum service



standards. We are still implementing our systems, so we will see how that will role out. It will be hard to pass, as a huge infrastructure is required with good HR, good filing, keeping parental child and files all separate. We have all agreed we want the same standards but how you get there is the key. It's a big job.

We have a family intervention service based around the safe houses, working on reunification, with two workers for the big communities and two in smaller ones. As we had problems finding skills in community, we got high level Cairns workers to fly in to upskill the remote workers.

For a while we had foster and kinship care funding for the region, but we have recently handed the money back to government as we were funded for 62 foster carers in the Cape, but the reality there

L-R: Donna Kawane, Amanda Bridge, Kieran Smith, Josie Crawshaw.

were hardly any placements. We were not primed into training foster carers. It became a millstone around our neck. With the lack of foster carers, the safe houses had kids as primary placements. When we said we can't keep a child in a safe house for a long time Child Safety said 'you are the foster carer organisation why don't you find them a foster carer?' So though I think there is room for foster care support and low level recruitment services. Stay away from assessment and training. It is departmental work.

Pormpuraaw has had a child protection group for a long time, they are the exception. But the great benefit of these safe houses is now there is a child protection beachhead in these communities.

The 11 out of home care minimum service standards (Queensland Out-of-Home Care Services, Licensing Manual)

Eleven service standards have been developed around service delivery for Queensland licensed non-government child protection services. The standards are grouped into three focus areas – children, young people and families using the service (standards 1–6); on staff, carers and other volunteers (standards 7–9); and on governance (standards 10–11).

The eleven standards are:

1. Standard for accessibility of services
2. Responding to the needs of children, young people and families
3. Participation and choice
4. Confidentiality and privacy
5. Feedback, complaints and appeals
6. Protecting the safety of children and young people
7. Recruitment and selection processes for staff, carers and other volunteers
8. Induction, learning, training and development for staff, carers and other volunteers
9. Staff, carer and other volunteer support and supervision
10. Organisational alignment
11. Governance and accountability

In Doomadgee there is such an overwhelming sense of empowerment and community, generated from the house outwards into community. It has been interesting! The Aurukun reference group was facilitated by ACT for Kids to assist with house, but the reference group can step into whatever child protection area they want, and they have done that, instead of whinging, they have stepped in and are getting a collective voice aside from the RE. We haven't had much to do with REs, though the RE works with us in Aurukun.

It is difficult work and we are only just coming from crisis management to some consolidation of the program. We have twelve months of full on work before we can look at continuous improvement, but we can say at this point kids are staying with communities and kids are being reunified with families. We don't want to be in that place of so many agencies that hover above community and don't touch ground. We are in at ground level and can get outcomes for community, but if people fly in and fly out, everyone withdraws.

The conclusions of the current (May 2012) draft evaluation of the ACT for Kids SafeKIDS program by SVA Consulting are that:

- The time and effort in the initial setup of the Safe House is critical to its success and its ability to care for children
- The Safe House is a significant business and a major employer of local people in the community
- The positive changes for children as a result of the SafeKIDS program is undisputed but it is hard to influence their overall journey when there are external factors negatively contributing to their development
- The process of the Safe Houses being "handed over" to the local community needs to be addressed as a process built on trust, not as an end outcome.

Desley Thompson – CEO

Emma Schuh – Executive Officer

Sandra Ambrum – Cape York Recognised Entity Coordinator

Dorothea Philip – Far North Queensland Regional Family Support Co-ordinator

Madonna Hamilton – Cape York Family Support Co-ordinator

Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC) Advisory Association

RAATSICC is funded in partnership with Wuchopperen Health Service for a Child Protection Service providing the RE and family support functions for the region. We call it a hub and spoke model, with Wuchopperen servicing Cairns and RAATSICC servicing the Cape. Wuchopperen is the lead RE hub, and RAATSICC the lead family support hub. The following interview combines comments from all those present, in particular Desley Thompson and Emma Schuh.

RAATSICC has always provided a service to Cape York and Gulf communities in regards to Child Youth and Family matters. RAATSICC

has nine board members which represent the 23 communities within Cape York and the Gulf. Our network has ensured the integrity of RAATSICC business in communities.

Our work in Cape York and Gulf has changed dramatically over the years due to the climatic changes within the Department as well as the communities. It has seen us slowly progress from early childhood support, community development and now child protection also. Over the years, we have found that all RAATSICC Programs have complemented each other very well. We continue to work across all these areas, now including auspicing of women's shelters in Aurukun and Hopevale as well as the Justice Group in Pormpuraaw. The only two

L-R: Desley Thompson, Emma Schuh, Donna Kawane, Sandra Ambrum, Josie Crawshaw, Dorothea Philip.

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programs related to our services that we don't operate is residential and foster care.

We deal with three Queensland Government Departments, which at times, can be trying, but we still maintain a healthy working relationships to meet our obligations to them. In Cape York, there is less federal involvement going to organisation like RAATSICC, as that funding is largely going to the Welfare Reform initiative. And we see the original intention of this funding has been altered.

The national Child Protection Framework should have addressed the 15 recommendations. Donna Kawane who is sitting here sat on the panel, but not one were picked up.

RAATSICC consider ourselves a peak organisation in Cape York and the Gulf for children, youth and family matters. We cross over three community boundaries and have noticed that there's a lack of consistency within these boundaries. Some of the biggest gaps are in foster and kinship care, residential care and safe houses. Our programs compliment this area, therefore, we would like to see these services move out of Government and into organisation like RAATSICC as we have local community workers on our books who know the families.

Under the new Queensland child protection (CP) system, the Department is the client of the REs. This is new as before that the clients were the Aboriginal and Torres Strait Islander children. However, it was a good move to put the family support system in place before the RE, a system that can work as something becomes a concern.

RAATSICC has established community CP committees (based on a model from Pormpuraaw). These committees have been set up based on each community's needs and provide cultural and family advice directly to the Department.

We would love to see child protection committees in every Cape York community which can be made up of the justice groups, men's and women's groups and/or other relevant groups in the communities.

A lot of our community councils have been relinquishing their social services programs with some of the programs coming to RAATSICC. This has made the organisation grow from nine staff in 2010 to over 50 staff today. This has lead us to also open up an office in Mt Isa which services the Gulf and Mt Isa region. Although the recruitment process was difficult in some places we successfully filled all position. And today we face other barriers such as the IT, staff training etc.

This new funding for children protection services should be a complete mind shift for workers on the ground as well as Department officers supporting the services.

Before Executive Officer Emma Schuh started work with RAATSICC in May 2011 she was a remote community council RE advisor, who was also in the RAATSICC President position. At first, Emma didn't support the proposal when RAATSICC put in the tender for RE and family support in 2010, but in her role as RAATSICC President accepted this decision as there were other communities that didn't have the RE and needed the additional support from RAATSICC. The Child Protection service model is good, but it's only as good as the people.

The NT is similar to Far North Queensland in the remoteness, distance, the high percentage of Aboriginal people and lack of support services. It's important to listen to what the communities want and put up a model to the councils for them to consider. RAATSICC took three months talking to the councils and community members and we think the decision was fair and equitable for all. But in the end the new CP process and regional model has been a departmental decision.

Wuchopperen Health Service – child wellbeing services

The SAF,T delegates met Shannon Keating, RE Regional Coordinator (left) and Keith Elaisa, Family Support Service Coordinator (right) at the Wuchopperen Health Service in Cairns. They talked about some of the work being undertaken by this big, well established Aboriginal community controlled medical service. Following the 2010 changes to Queensland service delivery, Wuchopperen Health Service and RAATSICC came into partnership to provide RE and Family Support services, with each of the two agencies taking different lead roles. Wuchopperen is the lead RE hub and RAATSICC is the hub for family support work. You can read more about it in the interview with RAATSICC in this report.



Shaun Sellwood – Community Councilor

Marilyn Keppele – Community Development Consultant

Amie Franchi – Clinical Councilor

Derlene Grey – Apunipima Cape York Health Councilor

Coen Wellbeing Centre

Coen was established in 1876 following gold discovery. It is a service town on the Peninsula Developmental Road which has a mixed population of around 253 people and a pub. Coen once had an Aboriginal council, now gone, and is one of the four Cape York welfare reform communities along with Aurukun, Hope Vale and Mossman Gorge. In mid 2008 a Wellbeing Centre was established in each of these communities under the Cape York reform trial, with \$22 million over four years, including a \$6.6 million from Queensland Government. The centres focus on drug and alcohol, gambling, family violence, mental health and general counselling, community development and support programs. Families and individuals can be referred to the facilities by the Families Responsibilities Commission (FRC), setup under the Cape York Reform trial. An evaluation by a Melbourne group of the four wellbeing centres will be finalised by June. Coen Wellbeing Centre staff Shaun Sellwood and Marilyn Keppele told the SAFT team:

The Coen Wellbeing Centre counselling services sees people mandated to participate, people coming up on the police radar, largely through the school or health service, but most of our clients are self referred. We refer to, and work with other services who can use this space free of charge. It's a community space. In theory, it's a one stop for all social and emotional wellbeing services, funded federally through the Department of Health and Aging and auspiced through the Royal Flying Doctors Service. It needs to be about partnership planning, not gatekeeping.

When the wellbeing centres first developed I watched and timed when I came across, because government like to rush things out, expand super quick, even though they had no structure, system, data base, just a building, just setting us up to fail. That first twelve months was a nightmare. So when you are developing your NT services I suggest you start with a holiday, then keep it basic. There is no magic way to do anything. It's about mapping, looking at the funding, at

the agreements, do the research about who's doing what where. Mapping is key. Look at the gaps, ask why it's not working.

Most of our clients are adult, but we also run programs with young people as no one else assists children in the community. We refer them for monthly Remote Child and Youth Mental Health Services on a case by case basis. We have 2–3 children involved with the state system, and when we work with their families, we can support and check, but we are not expected to do specific child and youth work (though we do have those skills).

We do a variety of service models, walk in, appointments, home visits, and visit outstations to 90km. Our service is well resourced, with have two vehicles so we can do a lot of outreach when weather permits and and following cultural protocols. Keeping people on country is good for everybody and a lot of them are manifested and bailed out on country. They can't see us if they are out there, so last year we started to go to them. We took a list of services and asked people to choose four they would like over the year and work out a

schedule. The staff feedback was great, because people have time to talk more, sitting under shade. We got 17 self-referrals, it worked! We are starting again now the wet is over. We take out everything, even a generator, so we don't use their resources. It's taking people out of the clinic and onto country. It's a model that fits.

We do men's and women's groups, family sessions, art classes, cooking, we sit down by the creek, we have a domestic violence camp planned next week. We do lots, have fun, we try to drive around, once a week run a two hour play-group with the kindy, linked in with Cape York Partnerships to get the mums and bubs involved. We try to involve the kids more and get the parents to take an active role parenting them while they are there. We haven't had a lot of really young mums, more around 18–19 years old and I haven't come across FASD for years now. Coen has a child health nurse two days a week, so there is always an opportunity to engage young mothers in the first trimester and we are on the ground as soon as someone is flagged. It generally works and is independent of Cape York Partnerships and the Family Responsibilities Commission (FRC). We provide monthly reports to our wellbeing centre evaluators and all the mandated client reports. A parole officer has agreed to share dates of engagement with us so we can feed that back too.

We are not mandated to do out of hours care, but we would assist so we need people based here full-time and there is always someone who can manage if the crisis occurs.

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Ernest Hunter is our tertiary worker. He is psychiatrist and is a huge help, and we support him on a needs basis.

This program has now been going about three years, we have a stable staff. We have two local staff and a fly-in-fly-out roster for four staff to Cairns and back, swapping over three days a week on Wednesdays. Being auspiced by the Flying Doctors is helpful as it has a big health promotion unit, which is now a capacity building unit. They have the resources, the aircraft and medical staff, and we have the relationships with people, so it makes it easy. I lived for four years in Doomadgee, but community living is not for everyone. Everyone on our team has a different background, so we can bounce off each other for each case.

We are training two of our staff through QATSIHWEPAC (in Cairns) with, along with three from Aurukun and two from Mossman. Marilyn is doing really well. She is doing two years in fortnightly blocks and is about to do narrative therapy training with Nunkuwarrin Yunti Health Service in Adelaide; and Lisa is starting her Certificate 4.

We started taking men's meetings to football training last year, which went great! We have a few confident local speakers who keep us in line, we normally hold regular meetings with a local Elders advisory group who have input in recruiting and with our formal consultations with the Men's Group. It's not funded work, but we are creative with our catering! We also try to access the CDEP program with a monthly BBQ – they engage for a feed.

The FRC process refers notified families to the Cape York Partnership Parenting Indigenous Triple P, and a few kids do get taken away from Coen. RAATSICC are the new RE under the new Child Safety system, but I'm not sure if they come here for RE work or if they have staff here, though they were contributing to the Coen kindy. People here have been trying to get a Safe House, but the building here is used as staff accommodation for another service. I think every answer is in the community. You need to talk with Rhys Gardiner here about these issues – he has a lot of involvement with the children, works with the Justice Group and has lived here a long time

L-R: Amie Franchi, Donna Kawane, Rhys Gardiner, Shaun Sellwood, Marilyn Keppele, Josie Crawshaw, Rosie Elliott.





Rhys Gardiner – Coen Justice Coordinator and foster carer

Rhys Gardiner and his wife Vivienne have lived in Coen for over 20 years. Before that they lived in Central Australia for many years and have long been involved with foster care support. They have fostered Indigenous children on community. Some children have been with them a few days and in two cases until 18. Rhys is the Coen Justice Group Coordinator, supported through the Justice Department, which provides funding and visits on occasion. SAF,T asked Rhys for his reflections on keeping children safe in an unsafe environment. He said:

The Coen RE has existed on paper for years, but the department has not followed their own protocols. The Justice Group here now advises the Coen RE worker, who is paid by RAATSIC nine hours a week. It's adequate. The process is starting to work. We receive court funding from the Justice Department and we also get some federal funding from FaHCSIA.

This is a key justice issue. We have more children removed from this community and in out of home

care than we do all age groups in prison! The Aboriginal people here have no opposition to removal of children from mothers, what they object to is removing children from community and extended family.

Historically the outcomes for removed kids are not good. One of the strongest indicators here for a very young mother being in danger of having her baby taken at birth is if she was herself in the care of the Department. This strongly suggests we are doing something wrong. I have discovered over the years here both in theory and in practice within the Indigenous community there is a very strong tradition of fostering children by related women. It's how it used to be. Today a lot of the boxes are now empty – there may be no aunt's mother as they are damaged or in jail, but there will still be someone out there obliged to look after that child, and within the limits of their resources they try to do it.

But we have completely ignored and dis-empowered those foster people. We need to identify those people. Put the names in the boxes and then support them. We find someone acting in this way, then the Department gets involved and there is no way the person will get approved as a carer. Traditional carers are already fostering many of these children, when the Department decides to apply for orders in respect of that child she gets no recognition during the process, she is not consulted, she doesn't exist. The child is removed and no attempt is made to maintain contact with that foster person, who may be the only mother they have known.

I'll tell you a story of a young boy living with a traditional carer (cousin) who did a fine job. The boy had school attendance problems, but in that community this is not unusual. He has never been looked after by his birth mother, who herself spent half the time in prison. She gets out of jail, wants the kids

and the money. The foster mum asks for help from agencies but no one is interested. Mother takes the child and other children, moves to another community, gets another man and abandons them there. No one has resources to return the children, so they end up with the Department. The Department arrange to get all kids and mother in Cairns in a motel. The mum hits the town so the oldest girl takes the children to the Department and leaves them there. How brave! A potential carer is located, but it takes six months for potential carers to get assessed. The potential carer has no criminal record, has a house, is employed, is a Justice Group member, and an FRC member. It should have taken twelve hours to get approval. That child then lived with other foster carers for that six months.

To this day there has been no Department organised contact between the child and traditional carer. This traditional network was destroyed.

You have to empower those women. They need to have someone to complain to, to take them to the station or take them out of town when things happen. We have a small budget to take them out to create some space while things get sorted.

The other thing the Aboriginal carers need is protection against the mother. We have twisted the Department and got them to give us bits of paper saying this child is under care with us and may not be removed by anyone except a police officer. This works fairly well when there is an order. If it is a traditional arrangement there is no protection at all for the foster family. The kinship care/foster parent can wave the paper in the mother's face. It works wonders. If the mother is in the background the kinship carer/foster parent won't make hard decisions about the child because the mother interferes or she is erratic.

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We had a carer who wouldn't commit to proper care of a children until she had proper orders. She was frightened of making decisions while she didn't have protection.

The traditional way is quite sound. If the mother abandons the child, they are taken by an older mother sister. The birth mother may reappear but traditionally has to earn their way back, not just walk in and take over.

We have had cases here where a splendid couple had a child, not very related. The child was abandoned by its mother, raised by grandmother who died and passed the child on to this couple. In early adolescence the mother gets a family law officer and a court order to seize child. There is much fuss and disruption. It was eventually resolved traditionally – the child went with the biological mother, ran away back home (self placed) and the mother made contact with the family, they all got together and it sorted out.

At their worst the Department regards parents who need support and help like they are the enemy. A little girl was returned after eleven months, but the mother was very young, she was under stress and left the child under the care of great grandparents. They couldn't look after the child, there was neglect, but instead of supporting the mother they remove the child. We took the Department to court four times and it took a year of work to reverse that.

If the NT can find a framework to work with and strengthen and support traditional obligated carers much can be achieved. If they do not they are doomed to repeat the mistakes that have been made in remote Queensland communities where at worst the children at high risk are not given help and others are removed for trivial reasons because the Department can not find approved carers.

David Claudie – CEO / Chairman

Chuulangun Aboriginal Corporation

David Claudie, Kuuku I'yu Northern Kaanju Traditional Owner and CEO/Chairman of the Chuulangun Aboriginal Corporation said:

On the Kuuku I'yu Homelands we have about 30 clan estates, each with around six families, each with their own Story, but all fall under the Pianamu (Rainbow Serpent) which is Creator of all the Kuuku I'yu Northern Kaanju Homelands.

I grew up in Lockhart River, Cooktown and Coen where I did my schooling and got work experience. My parents and Elders were good role models and they taught me that it was important to learn both white and Aboriginal ways. It was important also to always keep my Aboriginal identity and maintain my culture which is based on ancient principles of governance and lore. For me, Indigenous governance and lore comes first and cannot be compromised. Now I am back here at Chuulangun on the Kuuku I'yu Northern Kaanju Ngaachi, which is on my Father's side, implementing what I have learnt and re-establishing the proper governance and management on Ngaachi.

My Mother's country is Lama Lama around Princess Charlotte Bay. My Mum grew up in Coen and from a young age worked as a domestic servant for a white family, cooking, gardening, cleaning, washing and looking after children. In those years it was all about working together, black and white. Our old people got on with white people, teaching pastoralists and miners who came in, they told them the stories, places, and who belongs to what country.

Then things changed, with relationships based around dollars, and black against white. I'm trying to pull all that together again by working with the non-Indigenous mob, working with our neighbouring pastoralists and land managers, with mutual respect and



David and Judy Claudie both live on the Chuulangun Homelands on Cape York. Their daughter Petra (above) and son David (below), are both doing School of the Air. If you look closely at the picture of Petra, you may be able to see she is studying Japanese!

our mutual goals for the sustainable management of the land.

We established Chuulangun Aboriginal Corporation in 2002 based on an extension of Indigenous governance. We started with a petrol generator, two sheds, a UHF radio and a satellite connection for internet. But before that I used an old car battery inverter for my laptop, sitting out here, writing submissions for federal and state funding. In the first year we received a \$20,000 grant to undertake protection of the spiritual, cultural and environmental values of our homelands. We have grown over the years and now our income is close to \$1 million p.a. from a range of government (including Indigenous Protected Areas, Working on Country and Wild River Rangers) and non-government sources (including the U.S. based Christensen Fund).

We apply as remote land managers and community, not just Indigenous. It's about getting the government to have a homelands policy – to deal with country you

In the late 1980s Kuuku I'yu Northern Kaanju families began the permanent reoccupation of their homelands on the Wenlock and Pascoe Rivers in Cape York. A community was re-established at Chuulangun, one of the Northern Kaanju clan estates on the upper Wenlock River. Chuulangun (the place of the frilled-neck lizard) was a main meeting place for Kuuku I'yu clans before their forced removal last century under the protection and assimilation policies, so it is appropriate now that Chuulangun act as homelands development hub for the wider Homelands.

The community at Chuulangun are the first of the families to move back permanently to country, and considerable

planning has been undertaken to ensure the development of their homelands is sustainable and consistent with their land and resource management principles.

The population fluctuates between the dry and wet, and today there are twelve people living at Chuulangun year round, including five rangers employed full-time by the Chuulangun Aboriginal Corporation, and four school-aged children who study through Distance Education. A permanent power supply and communication facilities have been key to its growth. In 2010 a community renewable energy system was installed under the Bushlight program. From 2009 to 2011 new phone lines, a community phone,

wireless internet for the ranger office and school room, and free-to-air television were installed.

Chuulangun has worked since 2003 with the University of SA. Together they filed a patent application for a plant medicine which acknowledges David and his great grand-father as inventors. The Corporation and the University have an agreement for protecting the Indigenous intellectual property and sharing the benefits. The collaboration has extended to include the Flinders University and the Flinders Centre for Cancer Prevention and Control. Traditional Custodians are driving the research and are partners in deciding how it is commercialised.

See: www.kaanjungaachi.com.au

deal with me on my home, where we have Native Title – support people to live on homelands, to be viable, and fund the housing, infrastructure, communications, airstrips, roads, work, training, and access to health services and education.

We work for Homelands, we don't own it...we belong to the land. When we come here, we don't work for ourselves, we train and work, or else there is no money in your pocket. At the moment we only have six on the pay roll, but last year we had 31 on work and training in land management and conservation under the former Queensland Government's Community Jobs Plan. My role is to set up the foundations, and create the opportunities for people to move out of the towns and come and work on their homelands. It's their decision what they do, whether they are committed to the homelands, the family, the tribe.

There are many benefits and opportunities living on homelands. My children have been doing Distance Education since they

started school. Their school day is from about 8am to 3pm, but it is flexible. They do lessons on the phone and on the internet, and my daughter who is in year 7 is learning Japanese. Our kids are more viable on homelands trained and taught by our own people. There is also more opportunity for two-way learning. As long as the kids get their school-work finished, they can fill the day with other things. Their learning is also more practical, for example, they go around with me doing measurements when we work on the airstrip or build the fence lines. I think if the parents are lazy, the kids will be lazy. You always have time for picaninny and there is time for play all the time.

Distance Education kids here do well put against kids in Coen and Lockhart. We need to teach our kids here – there is no need to go to school in town. The school attendance rate in towns is poor. At the moment Aboriginal mob have no hold on the kids. What can they show them? They can't give the kids anything, get to give the kids a chance, it will put them on the spot, it would have to be cheaper, it's diverse, it's about building the skill sets of the parents and be able to say to the kids I never had a chance like you, show me something that I don't know! You need to be able to read to support the kids, but all sorts of people can be there to do this – parents, family, teacher aids and teachers.



L-R: Josie Crawshaw, Patrick Liddy, David Claudie, Donna Kawane, Amanda Bridge.

Che' Stow – Advanced Health Remote Area Child and Youth Mental Health Service Worker

Judy Skalicky – Team Leader

Team members: Michael Davies – Clinical Nurse Consultant; Steph Maynard – Clinician Occupational Therapist; Leanne Onnis – Research Assistant

Remote Area Child and Youth Mental Health Service

Judy Salicky said:

Our child and youth mental health service was started by Dr Radhika Santhanam from her position with the University of Queensland. The model was for a clinician and Indigenous worker team to travel to communities to provide engagement and allow clinical activities. Our Indigenous workers all say they too are not from communities and have to earn community respect, but they are more familiar with the ways of the culture. Our child and youth team has three Indigenous workers, one other vacant, one out remote, so we now have communities with no Indigenous worker attached so then we access the health staff. This means each clinician has an Indigenous worker in at least one of the communities they visit. Our Indigenous workers are highly valued colleagues, doing group and project work. The team sees clients anywhere within the community, but we are based in the Primary Health Care Centre's. Assessing someone's mental health out of

their environment is so much harder, just a limited picture.

Che' Stow has been in the team five years and over the past three years has been initiating group work with male and female youth in the Lockhart River and Aurukun communities. She said:

We have a close relationship with the Adelaide Dulwich Centre, and I was mentored in their narrative therapy approach. There are many different issues that occur within the community and I have been developing group work plans to target these issues and engage kids who may or may not have been referred to our service. For example: We started reading value-based stories to grade 1–2 kids, so if ever they were referred they had a relationship with us outside, rather than starting from scratch. We are also rolling out a narrative approach project, recording multimedia, stories about people who have made significant changes in their lives.

Our referrals can come from anywhere – families, schools, Child Safety, police, health services. Our core directive is clinical mental health issues, but in remote areas there are a lot of other social and emotional issues from non school attendance, bullying, FASD and intergenerational trauma, which covers the mainstream mental health diagnostic approach. We are seeing the implications of labelling in schools, but at the other end so little attention of what is happening for our mob – the stress, trauma and sexual abuse has been normalised. It's a different approach to see it holistically.

Our core business is a traditional model but the western concept of a psychiatric illness doesn't sit well. In traditional communities we look at what the community see as normal, then overlay it with the signs and symptoms. So we are looking at Z Codes as diagnostic tool, rather than DSM. The challenge is to do a formal assessment and condense it, to be eclectic in an informed way. The Townsville based mental health teams have rolled out a cultural information gathering tool that captures cultural information and the organisation in Cairns has recently taken this on too.

The big staff group shared ideas about their parenting programs, and taken together their notes read:

We work with and support the parents and family members all the time. We love narrative practice, a lot of my group work is based on it, getting kids yarning about family around the Tree of Life activity to talk with parents about kids, a fantastic job. (We were going to trial this, however, we have not had the opportunity). Other organisations use Indigenous Triple P to talk about parenting with community members, but it doesn't really sit well with our families, it's based on promoting good practice using western models based on a single unit family, time out not time in.

The Circle of Security is a good model for attachment, reflecting on your own parenting. Two of our staff have done the training (four days, \$1000) and we now run the program in several communities. It's a lovely program, it's not around what you should and shouldn't do.



Che' Stow, Advanced Health Remote Area Child and Youth Mental Health Service Worker

It's an awareness raising framework about emotional connections, how can you get and give what you never received, connections rather than security.

We seldom bring a child out of community (to make them inpatients at Cairns Base Hospital) and if we do we take them to Paediatrics. They need a nurse specialist if they

are under 16. We have no secure accommodation for under 16s, so they are put in an adult ward in Brisbane. In relation to Child Safety, we seem to see a problem for boys over 12, they are seldom removed, even if the family begs Child Safety for help, they are often put in the too hard basket. The Safe Houses are great.

That raises a very different possible approach targeting grandparents. We know about 33% of males give up in their 40s, because of health issues and family, importantly, the birth of grandchildren. So, perhaps one could work with potential grandparents who are at a point in their lives where we know they are more open to ceasing drinking. So how do you get prospective grandparents together? At the school. This would be about helping them to think about being a grandparent, to ask themselves about their role and influence on the environment in which young people are making decisions about their parenting process. So, perhaps we need to think about how to work with grandparents before the girls get pregnant. The young people are often not mature enough to see what is happening, so value the grandparents who may be actually people in their late 20s or early 30s. It's a niche opportunity to think about.

Of course, we have to be mindful about demands on older generations. Maggie Brady talked about stressed-out grannies syndrome, but remember that these 'grannies' are often still relatively young adults. Even so, the demands on them can be substantial. For instance if you look at the child dependency ratio, the ratio of parenting adults to children, it is twice as high as in mainstream, and overseas research shows this is associated with negative outcomes. Making the situation worse, the child care support programs available to the mainstream aren't there. This means responsible, parenting adults are doing twice the child care work of non-Aboriginal families. Maybe this could be useful in looking at a resource allocation formula?

Another area of grave concern and underfunding is disabilities. Over the last 20 years it is alarming that people with disabilities in the areas I work are more likely to end up living away from their home

Ernest Hunter

Ernest Hunter is a Regional Psychiatrist for the Remote Area Mental Health Service who has worked in remote Indigenous Australia since the late 1980s, a child psychiatrist who largely works with adults. SAF,T asked him for ideas he thought may be good for SAF,T to start up.

Across remote communities there are always problems in terms of resources and timelines. To develop an effective model – either for clinical services or for promotion and prevention initiatives – you need to figure out what works where and for whom? There are subsets of remote Indigenous communities, some on the pastoral settlements, some on missions, some on outstations – and some do a lot better than others, often with limited money. We need to know what is happening, what is working and what is not. Are there lessons to be learned? For instance, thinking about one of the large initiatives ongoing at the moment – the David Olds' nurse-family partnership model. This approach at least has an evidence base (though overseas) and a paradigm that makes sense, working with vulnerable young women first parents. The model came here around 2007–8 as the federally funded Australian Nurse-Family Partnership Program (ANFPP) as a train the trainer model with the attempt to increase capacity and transfer skills. It is currently being run out

of Victorian Aboriginal Health Service (Melbourne); Wuchopperen Health Service (Cairns); Central Australian Aboriginal Congress (Alice Springs); and Wellington Aboriginal Corporation Health Service (Wellington, NSW). It is a big well funded program but there is no evaluation available yet. That is what is critically needed – some transferable lessons around evidence based models. With something like this which is operating in very different settings it gives the opportunity to look across the trials, find common factors in the different settings – it is important to know the good stories and the bad. That's the gold. Then ask what works, where, for who.

We also need to look across the lifespan to get a better understanding of vulnerability and opportunity. I believe strongly the dramatic increase in mental illness here is driven by problems in pregnancy and the first years of life. And in looking at those important periods we need to do so without expecting simple answers. For instance, when FASD was first getting a lot of press, the prevailing idea seemed to be that women continued to drink in pregnancy because they did not realise the attendant dangers. But it is not that simple and in some work we did we found that among young pregnant women their decision to stop drinking or keep on was not so much about money as about the social context they were living in, specifically, the amount of drinking their own parents were doing.

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communities because their relatives there are unable to deal with the demands. In part that is about resources but it is also about a very fundamental change in the sense of 'community' – in my opinion one of the most important aspects of community is the willingness and ability to care for the most disadvantaged, and that is happening less. The reasons are complex and the solutions will be too.

And solutions need to be relevant to local context. When we think of lessons to be learnt we almost invariably go where the problems are worst and try to apply solutions there to situations that are sometimes quite different elsewhere. For instance, taking the 'lessons' about suicide from areas where that has been a major problem and presuming that it will apply to communities that have low suicide rates. The lessons need to be framed in terms that are relevant locally and build on strengths. And some settings are very different. For instance, in Queensland, collated

statistics show very significant differences in a wide range of social outcomes between rural communities and ex-reserve communities. There were some similarities in the Kimberley where I worked a long time ago, between mission and pastoral settings. In fact, among the people that I interviewed at that time those that seemed to be doing best were where Aboriginal people were moving from being on stations to running stations. They not only had stayed on land, they had been a part of the wider economic system from early on – they had more control of their lives. It was a very different situation for people who were second or third generation mission residents. You can't change those histories but you can learn some lessons about where to work.

We also need to look at cultural change and how traditional ideas translate in contemporary context. Some lessons are out of left field. For instance, in a community here with high infant stunting the store owner got a container of cheap bar fridges for the mums to lock in

their rooms for bubs food. Some said this goes against the important value of sharing, but this is in a place where limited resources are spent on ganja and grog. In fact the outcome was quite dramatic. Another example is black magic. I came back from one community where there had been a terrible suicide, everyone had concerns about black magic and the violence that would likely result. What drives those behaviours may somehow relate to traditional themes but it is not helping to build community. How do you change that, to anticipate payback and get around it. Pay back keeps animosity going on. Some things make changes harder in a modern world. How do you have that dialogue? In another Cape community young kids were accusing other kids of black magic. The Elders got the young people to say there is proper black magic and bullshit black magic. They reframed a positive spirituality. I have worked with traditional healers and they are mainly very sensible people.

We need a better capacity to identify places that have natural resources to work on, they are the places you would start with a niche intervention, not throw resources at the places that are most chaotic, where the fire is hottest. Go where you can get runs on the board. The government needs to provide a mechanism for comparison across communities so we can frame a niche intervention as a positive. What are the commonalities in the ANFPP sites you could amplify in work with first pregnancies? Maybe there will be an older sister to work with, or transiting from young parents to being young grandparents. We know the birth of a grandchild changes people, but the birth of a grandchild may affect blokes a lot more than the birth of their own child when they were very young.

Ernest Hunter and Josie Crawshaw.





Chante Gebadi, Systems and Support Officer; Mark Gebadi, Managing Director.

Mark Gebadi – Managing Director

Chante Gebadi – Systems and Support Officer

GenX Enterprises

My work history includes the Department of Child Safety. During this time I established an understanding of the system which in turn enabled to me provide an effective service that met the needs of the young people involved. I am now the Owner and Managing Director of GenX, a privately owned company I started as a sole trader five years ago (originally GenX Youth Services, now known as GenX Enterprises Pty Ltd).

The GenX Enterprises residential services provides care for young people 0–18 years old. My company is fee-for-service, funded under a previous care program at \$140,000 – \$169,000 per high needs young person. My departmental experience enabled me to understand the systems and establish vital relationship with the department. As much as I pride myself on being an Indigenous businessman, the heart and soul of GenX is the young people. These young people I speak of are accustomed to the revolving door lifestyle, however many of them are positively affected as we promote quality care, empowerment and inspiration. Because we are an Indigenous owned and operated company the young people have the opportunity to seek

out their identity that is often lost in the process.

Being Aboriginal and Torres Strait Islander and understanding the history of my people and their sufferings, I carry a deep conviction and responsibility to be the difference. My grandmother too was removed from her family and forced to live in a dormitory. She was forced to live in isolation and quickly became dislocated from her own people, culture and identity. The young people I work with today face similar circumstances and suffer much loss throughout the removal and placement process. I understand the need for such processes, however allowing the young people to remain a part of, and connected to, their heritage by being placed in a culturally appropriate care service is my daily drive and long term purpose.

We now have three established GenX residential care branches – Mount Isa, Townsville and Cairns – supporting approximately 15 administration positions and we are always looking at expanding into other communities. All our administration positions are identified positions, and 80–90% of staff are Indigenous. We lease seven houses in Cairns privately, and each have 24 hour a day care staff with house ratios of one staff per two clients,

a maximum of 12 hours per shift, and four kids in each home with a maximum of three or four staff so the kids know who's around, they see the pattern and staff don't burn out.

Staff, support workers and young people are matched according to appropriateness and the needs of the young people. Our desire is to establish a family style living arrangement, as normal as possible. The young people enjoy regular fishing trips, sports outings and cultural activities. Within the home we have established a reward systems, as an incentives to encourage the young people to develop the necessary life skills (cooking, cleaning etc.) Young people are assisted in completing their homework and if they are not engaged in schooling we do basic literacy and numeracy programs.

The role of a support workers requires common sense with a thorough understanding of duty of care to the young person. As a whole we make every attempt to ensure the sibling groups are not split to different placements, however often this decision making is out of our control. The majority of our placements are Indigenous however our service caters for non Indigenous clients also.

The youth worker model is not favoured by the Department as it is expensive. We advertise for our support workers through local newspapers and employment websites. Support worker applications are looked favourably upon should they obtain a Certificate 3 or 4 in Child Protection and Family Intervention. All support workers must hold a current Blue Card and a passion to make a difference. We encourage all support workers to do additional training and attend all relevant workshops to stay current

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and equipped for the position and its challenges.

The Department has a Placement Service Unit which manages the placements of the young people by placing them in the most appropriate care available. We have a paperless online system which manages all aspect of the young person's care. All reporting is completed online and is easily accessed if Department distribution is needed. Placements are sporadic, our area managers can receive a call at any time requesting a placement and our available options. Placements can last anywhere from 1 month to 12 months. The goal

is to see the young people placed in a stable foster care placement, kinship placement or reunified with their families.

Young people overtime develop appropriate relationships with the support workers and often disclose harm during their time in our care. Support workers are trained to help the young people understand privacy, confidentiality and also duty of care and the process for disclosing harm. In conjunction with the young person, CSO and key stakeholders a case/care plans is created.

A lot of the young people are originally from the Cape. Very few of the kids taken from the Cape communities return. I see them wandering in Cairns, they become

social outcasts, and the longer they are away, the higher the risk. Since the establishment of Safe Houses the number of Cape young people coming to us has decreased. This new model is still in its embryonic state, issues have arisen with this particular model, the longevity of this model is yet to be determined.

GenX has also recently established a training division delivering cultural awareness, foster and kinship care (including assessment training) and child protection training. We also have a not for profit arm based and have established a construction division targeting social housing particularly in remote communities.

A history of Queensland AICCAs and child protection acts

1978

In the 1970s, AICCAs were first established by Aboriginal and Torres Strait Islander communities across Australia as a grass roots response with the hope of stemming the ongoing loss of children to the welfare system. This was the hope that community controlled services run by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people would make a real difference.

The first Queensland AICCA – Aboriginal and Islander Emergency Child Care Project was set up in Brisbane in 1978 under *Children's Services Act 1965*. This Act provided no formal recognition of the AICCAs but the early, poorly funded AICCAs helped keep families together when dealing with the child protection system. There was no legal or policy requirement for state/AICCA consultation but some managers

developed good relationships with their local AICCAs.

The Queensland State AICCA operated informally as a representative body for over twelve years with limited government financial support. It was first funded in 2001 as an incorporated body.

1999

The *Child Protection Act 1965* was replaced by the *Child Protection Act 1999* which made mandatory the previously informal consultative arrangements between some AICCAs and local child protection (CP) officers under Section 83 of the Act. The Aboriginal Child Placement Principle (ACPP) was also legislated, including the additional requirement that if the child was placed with a non-Indigenous family member or other person proper consideration must be given to whether the person is committed to maintaining contact with the child's family, community and culture.

2001 – 2002

The Department decrees all services recruiting and training foster carers have to be licensed. Over the next four years some services passed, some failed, some kept trying.

2003 – 2004

The obvious building blocks for developing 'recognised entities' (REs) were the already established AICCAs but the Queensland government doubted the AICCA model because of:

- **Coverage:** As at July 2003 in there were sixteen Queensland AICCAs, some with financial and other difficulties, plus the state secretariat. These fell well short of covering the whole state.
- **Model:** Queensland government only wanted advice about the placement of children into out of home care and did not see the holistic AICCA model as a

preferred service location for RE services.

- **Cost:** The 16 AICCAs plus secretariat in 2003 were funded \$3.8 million by the Queensland Government and ten agencies also received a total of \$1.67 million federal funding. The *Child Protection Act 1999* did not seem to have thought through the high cost of consulting about every placement given the growing numbers of Aboriginal and Torres Strait Islander children entering out of home care.
- **Capacity:** By late 2003 five of the 16 Queensland AICCAs had been defunded due to serious financial and management concerns and one other (Sunshine Coast) voluntarily relinquished funding. The Queensland state AICCA secretariat was defunded in 2003. By 2004 there were only ten Queensland AICCAs. The AICCAs needed capacity building at the same time as the Government was trying to quickly implement a new legislative requirement for the least cost.

The Department released a paper *Aboriginal and Islander Child Care Agencies: Ensuring the Best for Indigenous Children in Care* proposing five options for AICCAs.

SNAICC wrote to the Department of Families about how they reviewed the Queensland AICCAs, saying: 'The paper has the affect of putting down, shaming and discrediting all AICCA services because of the alleged governance and management problems of a few.'

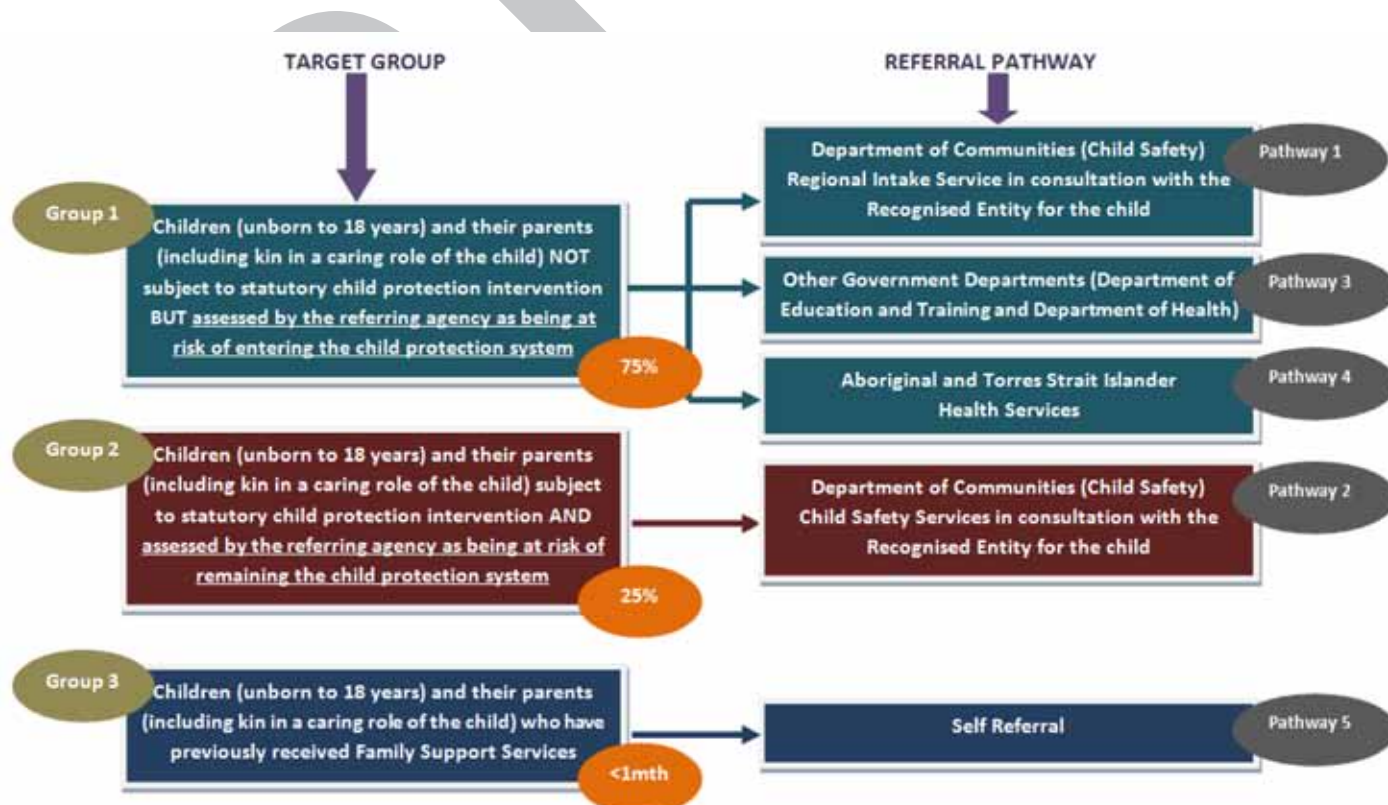
Another Departmental paper (December 2003) acknowledged AICCAs were more than REs but had been fulfilling the role of RE since the 1999. It said the Department of Families 'needs the support of effective recognised agencies to ensure culturally appropriate child protection services.' Further: 'The Department staff are unable to fully undertake their role as authorised officers under the Act without appropriate services able to fulfill the role of RE.' The government approach was that 'culturally appropriate child protection services' could be provided in a non-holistic way (ie. by an RE).

2003

A major Crime and Misconduct Commission (CMC) Inquiry was announced in July 2003 following allegations of abuse of children in foster care. The CMC decided to consider aspects of the broader CP system. The CMC found the needs of children in foster care could not be met unless the broader CP system was fixed including wider support for families and carers. The CMC found there did not need to be 'separate regimes' for protective services applying to Indigenous services but 'there is one clearly important service delivery mechanism that will continue to apply only to Aboriginal and Torres Strait Islander children: the Aboriginal and Islander Child Care Agencies (AICCAs).' Further, 'The Commission is convinced that AICCAs or equivalent community based bodies will need to play a pivotal role in the reformed system of CP in Queensland.' The CMC said that only AICCAs address sensitivity to cultural factors and were acceptable

Continues ...

Eligibility criteria for Queensland Family Support Service intervention referral



Taken from QATSICPP 'Family Support Hand manual'

Continued from page 35 ...

to the communities and was clear it was not talking about REs.

The CMC did not see the AICCA problems as a barrier and said there are: 'ways Indigenous agencies can be better supported to provide culturally appropriate services and at the same time be accountable to their funding bodies,' and that the main objectives (of AICCAs) are to:

- Support families
- Keep families together
- Reduce the need for child removal
- Ensure removed children are kept close to family and within their Indigenous community
- Provide advice to the department on placements.

The CMC report acknowledged that 'cultural obligations' often draw AICCAs into providing 'prevention' services that are not always part of the service delivery agreement, and that this required careful consideration. The CMC report was clear that:

- Independent community based organisations are needed to provide culturally appropriate child protection services to Indigenous communities
- Culturally appropriate includes recognition that cultural factors draw AICCAs into preventative services
- The organisations should be provided with the support and resources they need
- AICCA service agreements and funding should be reviewed to reflect their holistic role.

The CMC looked ahead to the Department of Families being split into the Department of Child Safety and Department of Communities and the need for AICCAs to co-ordinate funding agreements with both departments to provide

preventative services as well as CP services. This didn't happen.

2005

One of the CMC recommendations was to amend the legislation *Child Protection Act 1999*. The government then funded the existing AICCAs sector to provide a *Recognised Agency* service. In late 2005 the language changed to Recognised Entity (RE), which was then amended in the legislation. Section 83 of the Act reads: 'a recognised entity for the child is given an opportunity to participate in the process for making a decision about where or with whom the child will live.'

2004

The Queensland Aboriginal and Islander health peak QAIHC partnered with AICCAs to develop a new sector peak body and work on CMC reform implementation. The CMC Report implementation plan (the 'Blueprint') was developed in 2004. The Blueprint identified the need for 23 AICCAs at an initial cost in 2006/07 of \$12,424,500 plus \$427,736 for the AICCA peak body to ensure:

- Indigenous communities can access culturally appropriate CP agencies
- The Department of Child Safety can access REs throughout the state.

The Blueprint did not equate providing REs with culturally appropriate CP service. It envisaged funding a financial institution to undertake a range of financial duties for AICCAs and proposed five integrated but distinct AICCA programs:

- Family restoration and support, primary prevention, parenting support, early intervention
- Intensive family support
- Placement services
- Carer support

- Child advocacy / statutory advice.

The two Queensland departments replaced the previous Department of Families. The new Department of Child Safety seems to have continued the focus on a narrow RE role for AICCAs. The distinction between an AICCA service and an RE was deliberately blurred by government.

The REs were to provide an Aboriginal or Torres Strait Islander perspective on decision making to the Department about the our children and young people who come to their attention. All major decisions rest with the Department, but REs advocate for connection to culture, community and family, and seek to ensure compliance with the ACPP. This role contrasts with the holistic ACCA model.

2006

In June of 2006 the Child Safety Minister told services that funding was to be redirected via an open tender process, and 'should an Indigenous provider not be successful the tender process would be opened up to all NGOs'

Under the new funding agreement/triennial arrangement, 30 were REs developed (later reduced to 11 REs in 2010).

- Some were new and only received funding for the RE as their sole purpose. Some were very small, and even individual people were funded as REs
- Some were Aboriginal health services or agencies adding on an RE role
- Some were once AICCAs but redirected their work to the RE role due to funding restrictions
- Some kept the AICCA name and strove to provide holistic services but found funding difficult.

2008

One of the outcomes sought from the CMC Inquiry was the

development of a sustainable network of Aboriginal and Torres Strait Islander child and family services across Queensland which was to be supported and represented by a peak body

The CMC made a clear recommendation to the CP authority to re-establish the Queensland AICCA network. The rejoicing in the sector was short-lived as the CP public sector shifted that recommendation to fragment the AICCA system into the CP or RE streams as per Section 6 of the *Child Protection Act (1999)*; and foster care or out of home care.

When the Queensland AICCAs had flourished the federal government funded parenting programs (Indigenous children's programs). Queensland Government committed to fund those programs, and the federal funding was withdrawn to fund their new Child Protection Framework. Queensland Government, did not provide the funds and the program vanished. Queensland Government also committed to ensure AICCA funding

did not decline as a result of 50% of the federal funds withdrawn to fund another sector. Again the state did not honour their commitment, so AICCAs lost foster care resources, which diminished the AICCA's capacity to recruit and support foster carers. Many Queensland service providers now see this as yet another Aboriginal and Islander system being destroyed by the state.

2009

- February / March 2009 the then Department informed the peak QATSICPP that services on 12 month service agreements would have to retender and triennially funded services following negotiations would continue. May 2009 the peak was informed that ALL currently funded services would have to tender for RE and family support.
- July 2009 Successful tenders announced. Not one free standing AICCA won the tender and complaints about process were ignored.

- September 2009 all Department service agreements for RE services ended.

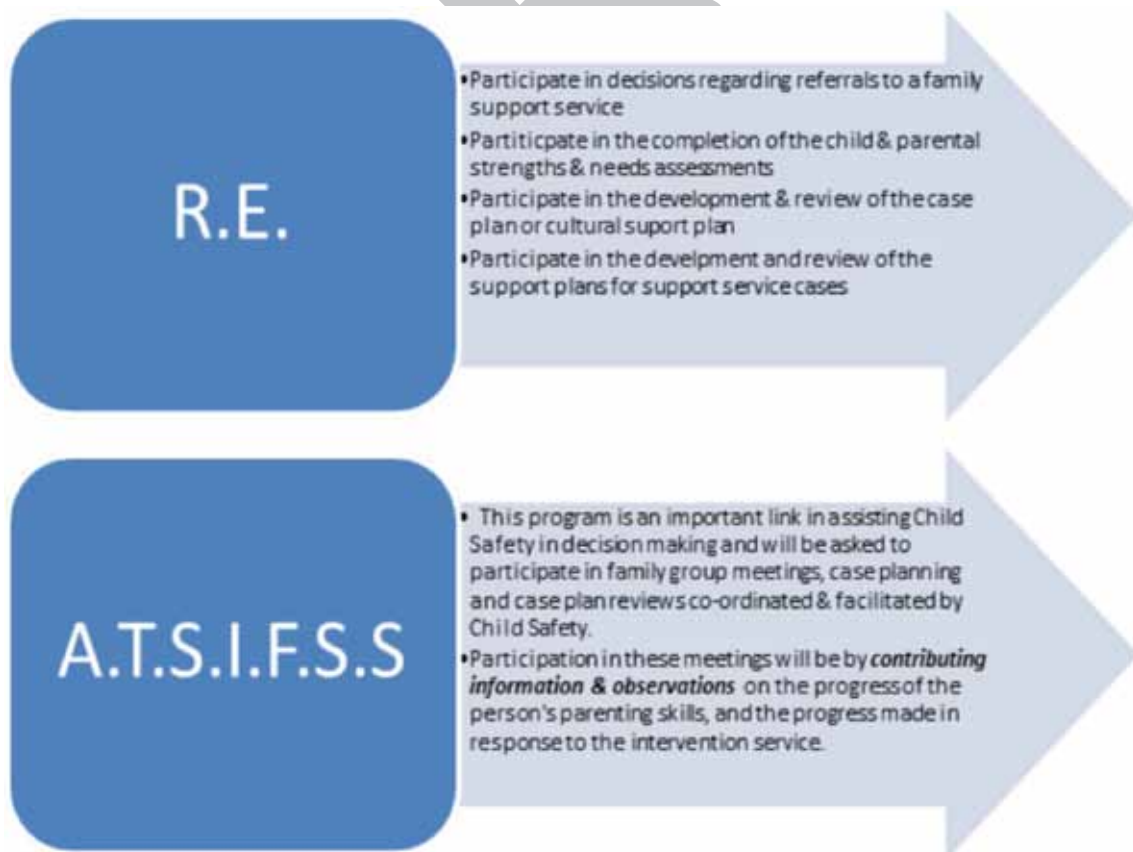
The initial agreement by the Peak and Queensland Government that one application would cover both CP and family support changed as it was felt by government that an Aboriginal and/or Torres Strait Islander NGO was incapable of managing and implementing both programs without a conflict of interest. The Department of Child Safety did not consult with the peak at any stage in this process.

Some conclusions

Queensland's child protection system has long failed to meet even its own goals in protecting the safety and well-being of Aboriginal and Torres Strait Islander children who have been abused or neglected. For the last decade, successive departmental strategic plans have committed to addressing the over-representation of Indigenous children in the child

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The separate roles of the recognised entities (REs) and the family support services



Vanessa Summers,
Kalwun S.E.Q. Recognised
Entity & Family Support

Continued from page 37 ...

protection and juvenile justice statutory systems. Unfortunately, real change has not been achieved and Indigenous children continue to be removed from their families at a much greater rate than non-Indigenous children.

The Government's announcement that all the recommendations of the CMC Inquiry would be implemented heralded major reforms to a system that had failed to adequately protect children. A major focus of the CMC report was on improving services to Aboriginal and Torres Strait Islander children. So in this 'new dawn' of child protection in Queensland, almost 8 years post-CMC Inquiry, how is the Government performing?

Despite their efforts and tireless work, the peak body was unable to ensure the AICCA sector was retained and improved. It is alleged that the peak body could have, and would have, made a difference if they had been funded by another government department other than the client (Department of Child Safety).

One of the major systemic issues that has not been addressed is institutional racism. There is still a lack of trust in both families to care for their children and the lack of trust in the organisation to support the families to keep children safe. Other factors included:

- Narrow interpretation of the Aboriginal Child Placement Principle (ACPP) restricted to legislative aspects rather than a holistic approach to keeping families and communities together as was the original intention of the Principle;
- Ongoing lack of understanding by Departmental staff of basic concepts in dealing with Aboriginal and Torres Strait Islander child protection

including the ongoing legacy of the Stolen Generations;

- Need for ongoing review of implementation of the Principle to inform ongoing development of improved practice;
- Lack of services to keep families together;
- Lack of services to respond to a child needing a placement (eg. well resourced transitional placements which would allow time and expertise to locate and work with the right family members to achieve the optimal placement);
- Over-reliance on foster care that is actually a system of "stranger" care which is not culturally appropriate for Aboriginal and Torres Strait Islander children;
- Lack of services to address the backlog of placements which are not in compliance with the ACPP;
- Lack of services and other supports for kinship carers to ensure the placements we do have are preserved;
- Lack of belief within the Department that a high level of adherence to the ACPP is achievable;
- Flawed funding policy and priorities which concentrates resources on the RE funding and under funds or does not fund services which would enhance adherence to the ACPP.

The Role of the Peak Body

- The role of the Peak Body includes setting the strategic direction for recognised agencies, development of State-wide frameworks, supporting recognised agencies, identifying trends in Aboriginal and Torres Strait Islander child protection, undertaking a secretariat role and maintaining partnerships between government and the sector.

- In addition the Peak Body may undertake research, policy, procedures and practice development across the recognised agencies, provide advice to government on policies, procedures and practice, as well as training requirements for recognised agencies.

The government have become much better at gathering data, and administration and documentation of the legislation, however data shows the number of children in care is increasing, both in Queensland and across the nation. Historically the Aboriginal sector was paid less to do more and achieved at the least comparable results.

Key service managers in Queensland said that if the NT Government is considering adoption of the Queensland Government CP system for our children it will fail. What is needed is comprehensive investment to fully implement the foundation concept of the Aboriginal Child Placement Principle.

Section 6 of the Queensland Act (the consultation with REs) was excellent. At that time the REs were the AICCAs. The REs must run in tandem with family support, both services need to be together. The Department did not believe our organisations could provide both services with out a conflict, but mainstream services could.

2011 Queensland data

The September 2011 QATSICPP *Losing Ground* report says 2,969 Indigenous Queensland children were in protective care in June 2010 (ie 36.7% of all children in care). QATSICPP notes that by 2015 at the current rate of increase half of children in the system will be Aboriginal or Torres Strait Islander. QATSICPP notes adherence to the Aboriginal Child Placement Principle is worsening, with only 53.8% of

Queensland children being placed with family or community compared to 61.2% in 2007. Departmental data as of March 2011 indicates over 1,337 of our children are growing up without their family, community and culture.

The CMC 2003–04 report *Protecting Children: An Inquiry into Abuse of Children in Foster Care* identified the need for the Commission, through its Child Guardian function, to monitor compliance with the Aboriginal Child Placement Principle. In 2008 the Queensland Commission did an inaugural audit of compliance with section 83 concerning the process for out of home care placements and made 28 recommendations. The Commission has now released its 2010/11 audit, which finds:

- Compliance with steps required by section 83 is quite good, but complete compliance with all required steps was only achieved in 15% of the sample.
- Overall, Aboriginal and Torres Strait Islander children and young people in out-of-home care were found to be experiencing positive outcomes relevant to their contact with family and community and their opportunity to participate in cultural activities and events.
- Those Aboriginal and Torres Strait Islander children and young people placed with Indigenous carers tended to experience the same, or better, outcomes across every measure of family and community contact, and experience greater opportunities to participate in cultural activities and events.

The Queensland Peak QATSICPP urges that all recommendations of the first audit are fully implemented.

Companion SAF,T reports with agencies & people in Vic, WA, SA & NSW

Vic. – October 2011

- Victorian Aboriginal Child Care Agency (VACCA) – Muriel Bamblett, Connie Salamone, Gwen Rogers, Julie Toohey, Heather Brooke, Fran Baird, Chrissy Mayberry, Liz Munt
- Joint meetings with VACCA and Berry Street: Muriel Bamblett, Kerry Crawford, Suzanne Cleary and Ranesa Nelson, Julian Pocock, Craig Cowie, Lisa McClung, Les Corlett, Marcus Stewart, Anita Pell, Pam Miranda, Annette Jackson
- Australian Institute of Family Studies (AIFS) – Daryl Higgins, Elly Robinson
- Parenting Research Centre – Jan Nicholson
- Parenting Research Centre – Robyn Mildon
- Chair, Victorian Child Protection Inquiry – Dorothy Scott
- Melbourne University, Social Work – Marie Connolly

W.A. & S.A. February 2012

- Dept. Child Protection, West Kimberley – Julieanne Davis & Leah Dolby
- Former CEO CQAICCA – Donna Kawane
- Marninwarntikura Women's Resource Centre – June Oscar
- Yorganop – Dawn Wallam, Kathleen Pinkerton
- Djooraminda – Glenda Kickett
- Dept. Child Protection, AECD & West Kimberley – Jacqueline McGowan Jones
- Commissioner for Children & Young People – Michelle Scott
- Yorgum Aboriginal Corp. – Millie Penny, Lorna Alone

- Indigenous Psychologist Society – Tracey Westerman
- Aboriginal Family Law Service – Mary Clark
- Aboriginal Family Support Services (AFSS) – Sharron Williams
- Metropolitan Aboriginal Youth & Family Services (MAYFS) – Sharen Letton, Jasmine Tonkin, Liz Tongerie
- Nunkawarrin Yunti – Sharon Betty, Lucy Abadie-Bocye, Gill Harrison
- Dulwich Centre – Cheryl White, David Denborough

N.S.W. March 2012

- NSW Children's Guardian – Kerry Boland, Maha Melhem, Wendy Lawson
- Aboriginal Child, Family and Community Care State Secretariat (AbSec) – Tracey Keevers-Keller
- KARI Aboriginal Resources Inc – Paul Ralph
- Ngunya Jarjum Aboriginal Child & Family Network Inc. – Lenore Marlowe, Lester Moran, John Herrington
- Burrun Dalai Aboriginal Corp. – Dana Clarke
- Great Lakes / Manning Aboriginal Children Services – Amanda Bridge
- Hunter Aboriginal Children's Services Inc (HACS) – Terry Chennery
- University of Technology Sydney, Law Faculty – Terri Libesman

Talking with our interstate friends – learning more for our child, youth & family services



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Page 3	Jody Currie, Indigenous Urban Health Institute	Page 24	Shannon Keating – RE Regional Coordinator, Keith Elaïsa – Family Support Service Coordinator Wuchopperen Health Service
Page 5	Dianne Harvey, The Aboriginal and TSI Human Services Coalition	Page 25	Shaun Sellwood – community councilor, Marilyn Keppele – Community development consultant, Amie Franchi – clinical councilor, Derlene Grey – Apunipima Cape York health councilor, Coen Wellbeing Centre
Page 7	Rosie Connors, Children of the Dreaming	Page 27	Rhys Gardiner – Coen Justice Coordinator and foster carer
Page 8	Vanessa Summers – Regional Manager, Grant Williams – Assistant Manager, Debby Smith – QA and Professional Development, Kalwun S.E.Q. Recognised Entity and Family Support	Page 28	David Claudie – CEO / Chairman, Chuulangun Aboriginal Corporation
Page 11	Gerald Featherstone –CEO, Theresa Mace – Program Manager, Colleen Smith – Service Coordinator, Kummara Association	Page 30	Che' Stow – Advanced Health Remote Area Child and Youth Mental Health Service Worker, Judy Salicky – Team leader, Team members: Michael Davies – CNC; Steph Maynard – Clinician OT; Leanne Onnis – Research assistant, Remote Area Child and Youth Mental Health Service
Page 12	Greg Upket –Manager, Elaine Tanaka – Recognised Entity & Child Support, Brenda Boustead – Foster & Kinship Care, Indigenous Family & Child Support Service (IFACSS)	Page 31	Ernest Hunter
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Page 21	Kieran Smith, Director Safe Kids program, ACT for Kids		