



The SAF,T tour started in Broome, where we met with staff from the Fitzroy Valley Marninwarntikura Women's Resource Centre.
L-R: June Oscar (CEO), Emily Carter (Deputy CEO), Josie Crawshaw (SAF,T CEO) and Margaret Furber (SAF,T Chair)

SAF,T talks with friends in W.A. & S.A. about their Aboriginal child, youth & family services

In October 2011, SAF,T visited Melbourne services working with and for our Aboriginal children, youth and families. This February we visited W.A. and S.A. services. We asked key services what they do that works well for Aboriginal children, youth and families. We also asked for their ideas about how SAF,T could start building our new NT Aboriginal Child Care Agency (ACCA) services. The following report is just some what our colleagues told us.

Josie Crawshaw (SAF,T CEO)

We have been looking for what services our ACCAs should start with – the door openers. We were so impressed with Yorganop and Djooraminda in Perth, and AFSS and MAYFS in SA.

They gave me hope that we could get more Aboriginal people looking after our kids as foster carers – now I understand how they achieved their goal. We know the hurdles they faced and the basis of their successes.

From the advice of our Expert Panel, and the service visits, we now know we will open with a suite of services. We need to plan carefully and start small rather than meet unrealistic requirements.

Sharron Williams from AFSS said, we should take little steps, and do them really well. June Oscar from the Fitzroy Crossing Women's Centre confirmed for me that we need a culturally based family support and

family preservation program: 'You have to build the strength in the family, draw the knowledge and way of doing the business from who we are.'

Margie Furber (SAF,T Chair)

The Broome and Perth trips were very useful, finding information from all the service providers, learning their strengths and weaknesses, focussing on culturally appropriate services and the need to look through a child's eyes.

I know we can implement what we learnt, including recruitment and support for foster carers. There are many strong Aboriginal people working there for the people and I'm proud of all the strong NT women we met in WA, all working at the forefront of things.

Victoria Pollifrone (SAF,T Policy Manager)

Organisations like AFSS, Djooraminda and Yorganop all

demonstrate Aboriginal people caring for Aboriginal kids, chipping away, starting small and local, getting more clout as they grow. They know and are related to the families, ensure they place the kids with the right mob and provide family and carer support. Local kids, local needs, local support for carers, early interventions to keep kids out of the system.

Some ideas that stand out are:

- We are the best placed to look after our own kids.
- Start small, do things right.
- Keep kids on country.
- Local solutions to local problems.
- Support families to keep kids safe, even in unsafe environments.
- Draw on Aboriginal knowledge about Aboriginal ways of doing things.
- Support and train Aboriginal staff – Aboriginal staff can get in with our families.



L-R: Donna Kawane (former CEO CQAICCA) and Margie Furber (Chair, SAFT)

Talking with Donna Kawane

Donna Kawane is a Gamilaroi woman. She is currently the Acting Manager of the Kimberley Language Resource Centre, Halls Creek office. Her previous positions include CEO of the Central QLD Aboriginal and Islander Child Care Agency (CQAICCA); member of the Expert Panel for the National Child Protection Framework; Vice Chair of the QLD Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP); Vice Chair of the Aboriginal and Torres Strait Islander Human Services Coalition; SNAICC board member; member of Workforce Qld; author of the 2010 CQAICCA Aboriginal Family Preservation Program Service Description. She said:

It's exciting when government asks you to look for a best practice model. They should be looking at SAFT creating something that will benefit children and families, a new service system, delivered from the community itself. There is no service model in Australia to achieve the required outcomes. Government will want to know costs and have an existing model to base costings on.

There is an opportunity to cost from the ground up. This is a brand new venture for the NT, one that will work being driven by Aboriginal people for Aboriginal people. Ask what does government want to buy from you? The pilots would have a two year review, but you want real dollars for real service and a dollar commitment for 5–10 years or the number of Aboriginal children removed will continue to rise.

When a young person is taken away from their community they lose language, land, culture. Children must stay on community where possible and early intervention is everything. Stay away from the pointy end and support family. Children need a service at their front door, local offices, training, infrastructure, including secure accommodation. So start your program with consultations with the

key people in the community.

There is a huge training component – at least eight weeks training for all employees. Government needs to accept the expertise our people possess and that working with our families in a remote area can only mean local people, no qualifications – just the training. Remote pilot work doesn't require accreditation, but the local office work may. The framework could have therapeutic services as an integral part or they could be purchased externally.

The SAFT/ACCA support unit/ local office would be in town, recruit the community staff and provide the community training. Pilot site workers work intensively with families and children, 100% supported by the local office. The local office will have staff dedicated to court process, able to write affidavits, meet and liaise with government staff, facilitate and deliver training to workers in the remote pilot sites.

A referral system would need to be established for government to enact the legislation (e.g. the Department receives information, refers to the local SAFT office, SAFT holds a meeting, determines the interventions required).

Local SAFT office staff would include child protection officers (with

SAFT

GPO Box 1624, Darwin, NT 0801
08 8944 6668
josie.crawshaw@amsant.org.au

SAFT is the NT peak body 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.

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Credits

The SAFT tour of WA & SA was organised and reported by Rosie Elliott, Julie Sleight & Nina Kelabora of Black Wattle Consulting.

Black Wattle

CONSULTING

info@blackwattleconsulting.com.au

or working towards accreditation) a court officer and possibly a qualified office coordinator. The local office could have a foster care support unit, holding family group meetings and family group conferencing. Local parenting programs would be run by both office and pilot site workers. A future vision may be foster care workers trained to train prospective Aboriginal foster carers. This is a wonderful opportunity – intervention begins at home in the remote community, delivered and managed by Aboriginal people.



SAF,T with Marninwarntikura Women's Resource Centre staff. *Front L-R:* Emily Carter (Deputy CEO), Christine Gray (Family Violence Legal Centre Manager), June Oscar (CEO), Josie Crawshaw (SAF,T CEO), Kim Anderson (Executive Assistant). *Back L-R:* Margie Furber (SAF,T Chair), Victoria Pollifrone (SAF,T Policy Manager).

June Oscar – CEO

Emily Carter – Deputy CEO

Marninwarntikura Women's Resource Centre

You have to build the strength in the family otherwise it's a revolving door, with an industry feeding off the situation. Where is the investment in families? The big international NGOs have had their run. Where's their cultural accountability and competency?

We have seen what happens when looking through one lens at a multi-layered process. The system always looks at a western family model. In our culture there is the extended family, more than one care giver for that child and the grandparents are the strength. So how do we build the support around that? Each year all the women have a week long bush meeting. We talk about these things. We need to remind Child Protection of our customary law responsibilities to the child and to the child's mother – this mother, she's our daughter.

How will SAF,T work differently to others? Now is the time to show respect for cultural security and accountability. Start small, create a unique organisation with its foundations in customary law around families, the caring, responsibility, obligations and the real work of the heart for our mob. It's a huge but exciting task, You could set up something quite different!

How do we become dignity based, respecting people so they can become healed, and become good parents, draw the knowledge and way of doing the business from who we are. The answer lives within. What was it about our mothers and grandmas that enable them to be strong mothers? We are dealing with people living in two or three worlds, there can't be just one way of dealing with someone in that reality.

Many of our children are resilient, but the safety network is maybe diminishing for our mob. We need to reconstruct those grannies and aunties. Our Women's Resource centre and refuge applies for funds, we say this is how it has to happen, we won't accept the money just because we are desperate. We are the experts here, take our advice.

Our legal services have to be delivered in a culturally respectful way. We have legal staff, but we also wanted an alternative use of the funds to create strength base therapeutic arts. The women are carrying the trauma. We work with them through arts and crafts in a daily program. They can come in and we go out to communities too, women of different ages with a passion and skill, they sit and weave, talking, not starting from deficit. We

do pregnant belly casting too, it's that bonding thing.

The lawyer sees quite a few child protection issues, and we have an early intervention and prevention program with around 22 workers, engaging children with their families and schooling. We wanted this early intervention and prevention money to be based around cultural mediation, families sitting around talking and people being trained. We sent people to train with Reverend Gondarra from Galiwinku, his program meets normal requirements and is delivered with our cultural strengths.

We have a federally funded mobile playgroup program and Indigenous parenting support service. We have bought in two mentors for Indigenous parenting - one Aboriginal and one non Aboriginal, to sit with the women who developed their service delivery model. It's around identifying family strengths, about what is expected at the developmental stages. If the parent is aware what the child should be able to do, they can ask why not and get some answers.

The Fitzroy Futures Forum is open to anyone in the Valley. It receives a Treasury allocation and anyone can apply for the funds so we got some money for a population survey on the mobility of the mob and where the kids are. Over 40 women were employed to gather the data.



SAFT delegates met Department for Child Protection, West Kimberley, staff. L-R: Margie Furber (SAFT Chair), Josie Crawshaw (SAFT CEO), Deborah Hunter McCormick (Senior Child Protection Worker), Julieanne Davis (District Director), Leah Dolby (Regional Aboriginal Practice Leader).

Julieanne Davis – District Director

Department for Child Protection, West Kimberley

The WA Department for Child Protection (DCP) has the Strong Families Program, and the Aboriginal Services Framework. They use the Signs of Safety practice framework which the NT and some other departments in Australia are looking into. DCP West Kimberly District Director, Julieanne Davis, said:

The DCP undertakes all the Kimberley out-of-home care work. The West Kimberley has 157 children in care, including 24 in residential care, with offices in Fitzroy Crossing, Broome and Derby. We have about 100 staff (including twelve permanent residential staff). About 80% of kids are with relative carers, twelve reside in the residential hostel which is managed by the District, with four children in each of the three group homes managed by Life Without Barriers. The whole Kimberley (east and west) Aboriginal population is around 35,000.

We have a close working relationship with the police and we are sent all the domestic violence notifications. When a child comes into care we do a provisional protection and care plan and aim to ensure we have comprehensive genograms so we can explore family options. About 43% of our staff are Aboriginal – which means they often know the families or certainly know who to go to when we are trying to find out this important information. The genograms are not cultural care plans, but they assist us in exploring family options. A part of every relative carer assessment is police checks and working with children checks – this can take some time.

Case loads for each child

protection worker need to be 15 or less although experienced officers through discussion can have up to 18. We need to provide housing to our staff as rental prices are exorbitant, in Fitzroy Crossing for instance, there is no private rental market. Offering housing is essential. In addition we have regional incentives packages to attract and retain staff. The West Kimberley has three police based senior child protection workers, located in Bidyadanga, Dampier Peninsular and Looma.

The child protection workers are supported by a number of specialist district staff; the Senior Practice Development Officer, who focuses on case practice and training, the Senior Officers of Placement Services, they focus on working with carers and sourcing placements, the Education Officer, who focuses on ensuring every child in care has an education plan and a Legal Support Officer.

We have KPIs around Aboriginal employment and aim for 50% in the Kimberley. One of our important programs is the Strong Families program. Agencies can refer directly to the program. The Strong Families coordinator brings everyone together to talk over how they will meet the needs of the family, the family need to agree to the referral. There is an overall state agreement between departments with a local management group and an overall management group (AECD).

In WA if carers look after a child for two years they can apply to court for a Special Guardianship Order (SGO). Our challenge is to work towards permanency planning as soon as orders are granted – we have

a clear policy about permanency planning. Many of the relative carers haven't taken the option of an SGO as they prefer to have the support from the Department in terms of managing the parents (contacts etc).

We also have the Parents' Support program in each of the three offices. We provide funding to a number of NGOs who struggle at times to attract and retain staff.

A number of DCP staff came into the discussion. Comments included:

'We are related to most of the families and communities, it's not about taking the children but how we can keep families together.'

'We work with families with using the Signs of Safety practice framework. It is strengths based and pictorial, based on the three columns. When working with the children we use the three houses – House of Dreams; House of Worries; House of Good Things.'

'You can do Signs of Safety meetings at any time, and the family can ask any support people they would like to participate. We work with them to add comments to each column and the families can see everything on the board. It's about what's working - this is their plan.'

'We write in plain English. What are we worried about; What's working well; and What needs to happen? We ask participants to scale where they are from 1–10, with 0 = kids need out of home care NOW, to 10 = no problems. It helps us be transparent about the situation and helps everyone focus on what is important so everyone is clear by the end of the meeting about what needs to happen.'

Jacqueline McGowan Jones –

Executive Director AECD

Department for Child Protection

The Aboriginal Engagement and Coordination Directorate (AECD) within the Department for Child Protection (DCP) focuses on strategic and operational support for service delivery. DCP have reformed service system responses to Aboriginal people including the Signs of Safety Child Protection Practice Framework.

We work on being child centred, family focused and community based. I have been in this position for about ten months. My directorate is a team of ten, and I sit on the Executive. So the commitment starts at the top to improve our engagement with Aboriginal children and families. The AECD has been in place for approximately three years.

Before that we had an Indigenous policy directorate, that was not so closely connected to service delivery. AECD developed and implemented the Aboriginal Services Framework, the Aboriginal Employment and Learning Strategy, and Aboriginal Directions for Cultural Learning. These are now being reviewed to ensure they continue to meet the needs of the Department. An implementation plan will be part of the review.

We try not to move kids from country, except for high need services or extended family location. This is not a stated policy, it's a practice. .

I think Signs of Safety is a brilliant model for Aboriginal people, the best I have seen. It is more engagement focussed than ratings focused. The Aboriginal Services Framework is excellent and aligns very well with the Signs of Safety framework. It sets in place the Aboriginal practice leaders (APLs) and is about ensuring the case worker works in a culturally sound



Jacqueline McGowan Jones (Executive Director, AECD). Josie Crawshaw (SAF,T CEO)

manner with the family. The rate of Aboriginal kids coming into care since taking this approach appears to have stabilised, and we have better opportunity for reunifications. Other Aboriginal communities around the world, including Canada, use the Signs of Safety framework.

I think there are still some non-Aboriginal staff who experience problems engaging with Aboriginal families, but the practices and frameworks provide a great basis for improving skills. Our focus now is to build practice depth, because over 45% of all children in care are Aboriginal. Our approach is Aboriginal business is everyone's business in child protection.

We will never get enough Aboriginal staff to meet the need so we have to make sure all staff can do the work with Aboriginal families. Leadership is the key to ensuring consistency and commitment when implementing any frameworks, and this includes Signs of Safety.

Signs of Safety is a model of practice, the way you work, it's about building that relationship. You can't do this if you don't have people in communities, and so we have Community Child Protection Workers co-located with Police and Corrections in some communities.

Nine of the ten people in AECD are Aboriginal and they support the APL network of 19 practice leaders. The APL network is very important. We provide continuing professional development including workshops that focus on building relationships to ensure they are really connected with each other and can provide support and advice across the State.

The Aboriginal Services Framework talks about what each

Departmental area must do. The AECD is at every level of meeting.

We are an RTO, a learning organisation, and we offer a diploma, so we run a lot of learning and training for our staff. NGO staff contracted by us to deliver services can also access our training. I think if we push too fast to get high numbers of Aboriginal staff we could set ourselves up to fail. No one would be looking after them. I would rather build capacity and retain staff and then bring on more.

We said 20% by 2014, but the districts are not ready. Now every Aboriginal staff member starting in the department must have a buddy in their work unit, someone to go to (Aboriginal or non-Aboriginal). We are not calling it mentoring as that is a highly specialised role. Each district has an Aboriginal practice network facilitated by the APL. We also have Directions for Aboriginal cultural learning, like a case audit, pulling apart a case from start to finish to learn to do it better. It's a very structured approach with a document guide, interviewing everyone involved in the case. It is about building links with the community, and we need to ensure our APLs are able to get the support they need to undertake one of the exercises. We will continue to build our capacity in this area.

At our Learning and Development Centre there is a Cultural Learning Manager who ensures our training is culturally secure and he has developed an Aboriginal cultural appreciation program which is about to be launched. We give the history, a full day induction for all staff and a local induction in each region.

Every child in the care of the Department must have Signs of Safety mapping. That mapping leads to the care plan, with an aim to get the parent to talk about their concerns and recognise why things are of concern to the Department.

Our family support services, intake and assessment, and Signs of Safety are done by different sections. We do a lot of family support work, and also outsource some family support services including for complex cases.



Glenda Kickett (Djooraminda Executive Manager) & the SAF,T team.

Djooraminda provides alternative care and accommodation for children and provides family support for 40 Aboriginal families in the area. The service originally developed under the Wandering Mission system, then coming under the Archbishop, then moving under direct administration of Centrecare in 2002. Executive Manager Glenda Kickett, a Noongar woman, has been with Djooraminda for twelve years.

Glenda Kickett – CEO, Djooraminda Centrecare Inc.

Kinship care kids are not really in the system here. There are 2737 kids in WA out of home care and nearly 50% of them are Aboriginal or Torres Strait Islander, I started as a social worker in Djooraminda in 2003. Before that I was a social worker at Yorgonop for two years.

We don't do foster carer at Djooraminda, just residential care. We try to get the kids back home, not to foster care, but we've had kids here for up to ten years. We are funded for 25 residential places altogether, with seven cottages. We try to place sibling groups together in one house and we have two houses/eight placements as a Tier 1 service. These higher needs children are cared for for up to two years and then transitioned to a more permanent placement.

All our non Tier 1 carers are Aboriginal – they are good carers who have been here as long as I have. We don't advertise to recruit, as we don't get any interest when we do that. We can put out a marquee all day and get no interest, but if we put the word out with our carers it works – the Noongar grapevine is our best recruitment source. They come in little family groups – a sister or cousin or auntie. This works well as it's good for the kids to link into the family network.

All our referrals are metropolitan from Department for Child Protection (DCP), and they organises all the family linking. We had one

remote child from the Kimberley and he hated it here! Sometimes we may not get a lot of information about the families, and then we do some family finding. The carers do a lot of that work for us, talking with the kids about their family, and linking back to the family. We are now negotiating to organise and supervise these contacts. We want to do this, as we have children who have been here six months and haven't seen family. DCP says they don't know their family. We have an Aboriginal Practice Leader assigned to this area but they never visit.

I challenged DCP in front of many directors about Signs Of Safety – I said 'You don't listen to our families, you tell them what to do, it's not working for our families. If it's working, where's your evidence? What's your benchmark?' but was I was shouted down.

They have been very clear about the process and I thought that is good and that all the children had that assessment. But if they do decide to do it, it takes 4–5 months. We have to keep pushing our intensive family support service families to them for a Signs of Safety assessment and then we attend too – then they just rail-road the families. Certainly some families find Signs of Safety has been useful, but for others the Signs of Safety and Strong Families are confusing. Families participate until they get what they want and get the kids back. There is

no aftercare or follow-up, it is all very limited.

We do stringent Tier 1 recruitment – they are mainly Aboriginal carers, mainly trained around therapeutic care. The medical therapeutic model and training dealing with children is very ethnocentric. We use the Brain Pain Development Model and we are slowly getting the training for this model together in partnership with the Australian Childhood Foundation (ACF). We want to incorporate this therapeutic care model with a cultural care model, but we have difference with the ACF around 'professional boundaries'. Some staff think that it's weird the kids cuddle us and call us Auntie. But these kids are related to me! I have a responsibility to them. We have a relationship and they know that relationship. Our case workers have to stop thinking around those professional boundaries. I am aware of my cultural responsibilities. There is enough evidence we cannot run child protection without that, many big agencies do not take this into consideration. We are going back to the drawing board on this. Brian Babbington from Families Australia says the National Framework hasn't looked at different practices. Tracey Westerman is developing a big cultural framework for Life Without Barriers, but it's not cheap. So you may need to develop their model another way.

Djooraminda has three social workers attached to each of our cottages to support the kids. We don't have psychologist, and we have given up trying to get kids to see the domestic violence psychologists – it took too long. So we have made children's counsellor positions here – one full time, one part time. It's around play therapy – that works well for kids. They let go in a safe non-threatening environment, with sand play, drama therapy, both for individuals and some in little family groups.

There are four kids in each of our two Tier 1 homes, each with a full-time carer, part-time carer and a casual carer. One does a ten day shift – they do everything with the children, just like a parent; then someone does a four day shift, usually over a weekend. It's an amazing commitment. We have had carers doing that for 11–12 years. They prepare the kids to leave and return to their family, doing the transitioning reunification along with the counsellors.

DCP gives us a set annual funding. The carers earn \$55,000 to \$65,000 pa, plus keep and petrol, electricity etc. with one van for each cottage. We pulled our kids out of the state system, as they were suspending our kids, putting them in time-out, there was no interest in them. All our kids now go to Catholic schools. It seems to be working better and their learning has improved.

Glenda Kickett, 2010 Winner Richmond Fellowship, Aboriginal & Torres Strait Islander WA Social Worker of the Year Award; the 2010 WA Social Worker of the Year Award: 2010 Grace Vaughan Award. But just as important is the drawing of her by a child in her care.



Some of the houses have been under the Catholic church since Djooraminda started, one belongs to the Department of Housing, one is rented from a friendly real estate agent. There is usually only one carer per house, but some have partners working there who support each other. It works better for kids having both a male and female, and there is the continuity – their routines don't change all the time.

They have a two week induction, it's not enough – a day at each cottage, then a night, then a weekend, then two nights. When they fit in we roster them into a house. They are not all Noongar, but they are all Aboriginal.

Most of our administration and fund acquittal is by Centrecare head office. We have cottage allowance money for food and petrol, activities, pocket money and we use purchase orders for other things. We do all our service reports from here and we have a Centrecare data system.

When I first started there was a welfare model here with Aboriginal carers – the attitude was we are here to feed and clothe them and there was no loving and sharing and caring. I found that hard, as I know what that is like from my own life experience. The staff did not advocate well for the kids with DCP, it wasn't child focused. It was more about basic needs without building the relationship. I have tried to implement policies based on

the fact the carer is with the child 24/7, so you have to listen to the carers. They spend a lot of time with the kids. We do training with the carers in protective behaviours, child awareness, listening to the children, being more focused around the child, kids' activities. The kids all have to play at least one sport (two of our kids have competed in international

gymnastics competitions). We do a lot in NAIDOC week, NAICD, Reconciliation week, a lot went into the Sorry Day event.

We are the only organisation here with a reunification program and we are just funded for six families. We work both with our own kids and other kids from DCP. The DCP works with the parents, and the parents can't stay in the homes. We sit with DCP in the care plan meeting, start going through reunification, starting with a six month plan, an overnight stay a fortnight, then a weekend, then a week at home and a week here, so as reunification gets closer they just stay here on the weekend, then the kids are ready to go home.

We have developed our own assessment tools for how the reunification is progressing, we could share that. As DCP is now using the eight dimensions of wellness we adapt our forms to fit in with that.

Djooraminda also provides outreach programs delivered in family homes – mostly provided by staff with social work degree or social science degree. This intensive family support service supports 40 families.

All outreach staff have qualifications, most with degrees. Our carers, ALOs, foster parents, mental health workers, all have different qualifications and experience, and are willing to take on further training.

Our carers are 100% Aboriginal, there is one Aboriginal person in the management group and very few of the social workers are Aboriginal. It's hard to attract them, as the mines and government pay much higher. The government has to look at how they fund NGOs. In summary we have:

- 25 residential places
- 6 families for reunification
- 10 families in Family Enhancement
- 20 families under the Indigenous Families Program - intensive work with the extended family
- FaHCSIA Indigenous Children program funding for parenting skills, provided in the clients' homes.



Left: Michelle Scott, W.A. Commissioner for Children & Young People. Right: The 2011 Perth Arts Festival Talking Couch – Leah Bonson, Aboriginal Advisor to the Commissioner, with Josie Crawshaw, SAFT CEO. The WA Commissioner sponsored this Perth International Arts Festival Talking Couch project. Perth artist Lewis Horne worked with Sudanese youth from Port Kennedy, Aboriginal students from Melville Senior High School and youth from Youth Reach South in Cockburn to create five Talking Couches – voicing the aspirations of children and young people.

Michelle Scott – W.A. Commissioner for Children & Young People

As Commissioner for Children and Young People in WA I report to the WA Parliament and my role is set out in the *Commissioner for Children and Young People Act 2006*. I have a broad role to undertake research and advocate for laws, policies and programs that enhance the wellbeing of all WA children and young people under the age of 18 years. I do not have a specific statutory responsibility for children in care. However, I must give priority to Aboriginal children and young people and those who may be vulnerable or disadvantaged. My office is active in a number of critical areas that impacts on the wellbeing of children.

I have undertaken an inquiry into the mental health and wellbeing of children and young people which was tabled in the Parliament on 29 April 2011. This inquiry report made 54 specific recommendations. It made a number of findings including that 4 out of 5 children and young people who have a serious mental illness are unable to access services. This includes many children in care. We know 50% of kids in care have mental health problems, and that another 25% are likely to develop problems.

I have also developed a report on the wellbeing of WA children and young people across 33 specific measures (to be tabled in Parliament this month). It provides detailed data about the wellbeing of children and young people in WA including that WA has the highest detention rate

in any part of Australia apart from the NT.

As a part of this project I also commissioned AIFS to report on evaluated best practice programs which will improve outcomes for children and young people. This is important because we need to be investing in programs for which there is evidence that they are effective in terms of improving, in a very practical ways the wellbeing of children and young people. This report will also be tabled in the WA Parliament.

In 2010 we also undertook a research project with 1,000 WA kids asking what was most critical to their wellbeing. They said the most important thing for their wellbeing is having a loving supportive family. They also identified that family violence/alcohol detracts from that. You can see this also in the MoHow Halls Creek consultation. There are of course other areas identified by children and young people as important to their wellbeing including, friends, a good education and the basics such as shelter and food. But having a loving supportive family is critical. So one of my priorities as Commissioner is: How can we strengthen families?

You ask what would I do if I were running a remote trial? I would work with pregnant mothers. Research shows that good child health, starts right from the moment a woman becomes pregnant, even before. In SA every Aboriginal child is entitled to 34 home visits by child health

nurse in the first two years of its life and research shows this will make a difference. However our WA data shows most kids see a child health nurse in the first few months, but that's it and vulnerable families are missing out. We need to be investing in programs like the SA one. I would build a service hub around parenting, information about not drinking alcohol during pregnancy, smoking, playgroups and kindergarten. I find vulnerable families want information, but can't get it, and child health is absolutely central. Show young mothers how to enjoy their children, form a bond with their children, what is important to their development. When I was at Wyndham Early Childhood Centre I met a young mother who said: 'I have had two babies, both had low birth weight. Before now I didn't realise I shouldn't smoke or drink when pregnant as it effects my baby.'

The Department of Child Protection built a state of the art hostel at Halls Creek, with many Aboriginal staff and a good staff-child ratio. When babies come into care, the parents come to the hostel during the day, work with the staff to learn how to look after their baby – it's a service that can make a difference to the child and the family. Everyone is talking about training and employing Aboriginal staff but I think a priority should be training them as child health workers to work in their own communities.



Tracey Westerman – Managing Director Indigenous Psychologist Society (IPS)

IPS has been involved in various state, federal and Aboriginal community controlled health organisation reviews and has a track record of successful community mental health interventions. We have an understanding of best practice in mental health service delivery. The key is always to ensure that natural referral and service points in the community are incorporated in any service model – that the transition from community to service is fairly seamless.

The core of our work is the significant amount of research which has validated not only models of intervention but assessments, tests and training programs for use with Aboriginal people. As we deliver a significant number of programs across Australia we have the unique combination of theory and practice. This is usually not the case – so research, and particularly that which is constructed from a mainstream view of mental illness, often does not translate into practice at a community level.

Our research is conducted at the same time as the delivery of services, therefore ensuring the

practical application of the research. One of our recent areas of research, for example, is the development of the first scientifically and culturally validated test of Aboriginal mental health cultural competence (CCT).

Our CCT has resulted in the determination of the predictors of cultural competence for the first time – in terms of gauging cultural competence of practitioners not just from the point of view of theory but also when they have an Aboriginal client in front of them.

The motivation to develop the CCT was clear. Often organisations don't see cultural competence as a core qualification for a role primarily because it has been ineffectively defined in the past. This makes the concept of cultural competency effectively irrelevant to most organisations, to higher education and professional associations.

At the worker level this means that there is a de-valuing of cultural competence as a skill and therefore an inability to construct a career path, build in appropriate guidelines for service provision.

IPS' success in defining, measuring and improving the cultural competencies of a number of organisations nationally is a major achievement and has been the result of a combined fourteen years of research and practice. The NGOs are coming from nowhere to take the dollars as they have the organisational structure. The Aboriginal organisations are good at

the work but not at articulating what is attractive to government funders.

SAFT needs at least six months of targeted consultation built into the service delivery model and to make effective use of community governance as this can be a highly effective way to ensure that community take ownership of services from the outset; that the service delivery specifications are developed in a way that ensures that community have an ongoing role in its design.

The IPS integrated service delivery model is an example of such a model. We have developed these models for many services and new programs in our work across Australia. Other examples include developing case management and joint case management models with existing service providers in remote communities to ensure that there is effective utilisation of the existing resources within those communities. This often means working together with the most chronically effected mental health clients in communities to take the load off families and communities alike.

IPS has had a long and successful role in the development and delivery of Aboriginal mental health training, development of unique psychometric tests, delivery of Aboriginal mental health community intervention programs focusing mostly on suicide, depression, trauma and conflict. We are proud of our record of success.

The W.A. Ombudsman's Annual Report 2010-11 on investigable child deaths

The W.A. Ombudsman reviews and reports on investigable child deaths, and makes recommendations.

The W.A. Ombudsman investigated planning for children in the care of the CEO of the Department. The investigation involved three departments – Child Protection, Health and Education – which operationalise the requirements of the *Children and Community Services Act 2004*

and the recommendations of the *Review of the Department for Community Development* by Prudence Ford.

The investigation found progress on improving planning for children in care, however the three departments had implemented the requirements to varying degrees, and work was needed on implementation. The report *Planning for Children in Care* makes 23 recommendations.

The Ombudsman's audit found that most kids in care did have care plans but

many didn't. The Department made a big effort, and by the time the report was tabled, 100% of children in care had a care plan. But questions have been raised as to the quality of the care plans. Do they take into account the psychological health of the child and deal with it?

The Ombudsman will go back in six months and see if it's recommendations have been implemented and report to the Parliament.



L-R: Victoria Pollifrone (SAFT Policy Manager), Kathleen Pinkerton (Yorganop Manager Operations & Community Programs), Josie Crawshaw (SAFT CEO), Dawn Wallam (Yorganop CEO).

Dawn Wallam – CEO

Kathleen Pinkerton – Manager Operations & Community Programs

Yorganop Association Inc.

At Yorganop we believe our model of out of home care really does 'break the cycle of care.' We currently run two programs: a Placement Service Program and the Indigenous Professional Support Unit. We are also a registered training organisation.

The Placement Service Program

The Yorganop Placement Service is funded by the State Government Department for Child Protection (DCP). We have held this program since 1991. We are currently funded to provide placements for 100 Aboriginal and Torres Strait Islander children aged 0–17 years, in the care of the CEO. We currently have about 50 registered foster carers to whom we provide ongoing support. There are 20 staff employed to deliver this program. The Yorganop Placement Service ensures that children and young people are cared for in a stable, secure home environment where their social, emotional, psychological, physical and developmental needs are met in accordance with the Better Care, Better Services Standards. The service supports and encourages Aboriginal and Torres Strait Islander children and young people, in the

care of the CEO, and their families to make their own decisions, develop skills and positive patterns of behaviour and promote self-worth and self-determination. It is a community development model which is therapeutic and client centred, flexible and responsive to the individual client and the situation. Yorganop undertakes the recruitment, assessment, registration, training and support of our foster carers. Support and counseling, for the caregiver is an integral part of this work, as is the monitoring of the success of the placement in terms of the overriding consideration that any placement must be in the child's best interest. We work towards reunification at all times. Yorganop values its positive relationship with the DCP and works hard to maintain it. Culturally appropriate interaction between carers and DCP staff, ensures this positive relationship flows on to our carers. We expect our staff to know all our carers and all of our children in care.

Our expectation is that if we do something, we will do it well. We believe culture is caught, not taught, so all our carers are Aboriginal and all the children are matched to carers

that can best look after their cultural needs. We also liaise with other agencies regarding appropriate out of home care placements. Yorganop is one of the NGOs working with the DCP and *Non-Government Placement Agencies Protocols for Abuse in Care*. The Placement Service Program staff and carers understand their roles and responsibilities for the duty of care for all children while they are in the DCP CEO's care and also in Yorganop's care.

The guiding principle is that the safety and well-being of children and young people is the paramount consideration at all times. Yorganop ensures the Better Care, Better Service' Standards are being adhered to, where care plans have been provided, these have been constantly referred to, Abuse in Care Protocols have been followed and Working with Children Checks, National police checks, criminal record checks and Department client and child protection record checks for employees, contractors and volunteers are conducted as per the service agreement with DCP. The Placement Service program has a competency based assessment model for all carer assessments which allows for a more thorough

assessment of skills, knowledge and competencies of carers. Carers also undertake regular training which covers topics such as cultural awareness, service standards, social and emotional wellbeing for children, child development, protective behaviours, food and nutrition. A feature of the Yorganop model, and a very important part of our service to carers and to children who are placed into care, is to ensure that placements are planned and matched. Referrals come, either through the DCP Central Agencies Placement Officer, or in the case of after hours crisis and emergency, through DCP's Crisis Care Unit. We cater for 24 hour emergency and crisis placements, and planning prior to placement. These are a little more difficult, but in our short, medium and long-term placements, children are placed, where possible, with people from their skin group, or the nearest possible skin group to themselves. Ideally, children have an opportunity to meet and greet with their potential carers and carers invite the child to come and stay with them, usually for a night or two, and then eventually to become part of their family. In this way children do not feel they have been 'dumped' or are unwanted, but there is a friendliness and warmth to the placement from the beginning. We try to ensure all physical resources are in place before the children arrive at the home. When the children come into care our carers and their family are all embracing of the children. We think a good sign that a child has settled into the placement is when it is difficult to tell the carers own children apart from our foster children. Yorganop sends birthday cards to all of our children in care, and the carers, and their own children and we acknowledge any other major celebratory event in their lives. Placement breakdown for Yorganop is rare, and children are currently exiting the care system at age 18 having been in the one placement. Transition for children leaving care is also carefully planned and implemented.

Yorganop have agreed to participate in a case management trial along with other non- government organisations in the out of home care sector. If this trial is successful it could see Yorganop taking on responsibility for case management for all children in our placements. In the future we would like to see Yorganop take on the responsibility for the recruitment, training and support of all Aboriginal and Torres Strait Islander general carers.

Children in Yorganop placements have very good to excellent outcomes across the 8 dimensions of well-being (safety, health, education, social and family relationships, recreation and leisure, emotional and behavioural development, identity and culture). These excellent outcomes can be linked to the quality of care and stability of placement provided by committed and caring foster carers who are supported to undertake the caring role.

Indigenous Professional Support Unit (IPSU)

Our IPSU program is funded by the Federal Government (DEEWR) as a part of the Inclusion and Professional Support Program (IPSP). The IPSU WA program assists DEEWR funded, budget based, and Indigenous Child Care Services throughout WA to provide experiences for children that help them grow strong and healthy in their families, their communities and their culture. The IPSU WA program supports child care centres; playgroups; Multifunctional Aboriginal Children's Services; out of school hours care; nutrition programs and mobile playgroups. We currently have four staff employed to deliver this program. IPSU WA provides professional support, advice and training to eligible Indigenous child care services. The program also works with the Professional Support Coordinator in WA and Inclusion Support Agencies throughout the state to support all child care services to provide quality care that is culturally safe, appropriate and meets the needs of all Aboriginal and Torres Strait Islander children and staff.

Registered Training Organisation

Yorganop sought to become an RTO because we knew we could add value to our foster carer training. In 2002, Yorganop gained RTO status and branched into training Aboriginal and Torres Strait Islander people to set up and staff culturally appropriate child care centres. Yorganop has taken on the role of disseminating the nationally accredited training package, Certificate 3 in Child Care in Aboriginal Communities, across the state and tries to pursue partnerships with other RTOs to deliver the training across the nation. The initial Certificate 3 trial program was originally for 20 students but we attracted 106 students!



The Yorganop logo

This short explanation of the various aspects of the Yorganop logo may give some insight into the ethos of Yorganop. The circle at the top of the triangle represents the Sun, the life force and giver of life. The three bands of colour represent the colours of the landscape of south west WA. The oval shapes in the centre represent the family with the two hands on each side caring for children. The distinctive yellow cross thatch identifies the artwork as Noongar. The logo has been stylised to incorporate the original artwork and depicts the outline of a house. The use of the triangle is to represent the basic needs of all people starting at the bottom with food, shelter, love and warmth. Yorga means girl and Nop means boy in the Noongar language. All these attributes are central to the philosophy of Yorganop, which is to provide quality care for children.



L-R: Millie Penny (nee Wally) (Yorgum Clinical Supervisor) and Lorna Alone (Senior Counsellor) welcome SAFT CEO and Chair.

Millie Penny – Clinical Supervisor

Lorna Alone – Senior Counsellor

Yorgum Aboriginal Corporation

Yorgum is an Aboriginal community-based organisation providing a cultural approach to healing Aboriginal people affected by family violence and sexual abuse.

Welcome to Noongar Land. Our first meeting was sitting under a tree on Noongar land. We are both founding members of Yorgum. We focus on healing and counselling has been the core service from the beginning. We are not here to judge, we are here to listen and believe them. We maintain and hold our community connection. People come in and call us Aunty, and we have never let the government deflect us from that – their funding has to fit in with our ways of working.

We provide counselling for children who are sexually abused or for those who have witnessed sexual abuse; a program for people who have witnessed family violence; and a family violence advocacy program.

Yorgum began in 1991 when 20 Aboriginal women's refuge workers came together. We were traumatised, but psychiatrists and psychologists had no idea about Aboriginal cultural practises and kinship. So we established an Aboriginal counselling course.

Our first meeting was sitting under a tree on Noongar land. A Yorgum tree is a medicinal tree. We went to DEET for funding and to the Perth Wasley Institute, a psychologists centre who agreed to work with us to develop the first counselling model in Australia for Aboriginal people, a two year counsellor training package. Then we lost the training funding so Yorgum came together again, as it's from community up. We were all mothers, grandmothers, working for

other organisations, and we went away for training on the weekends. There

was a time when families would rule our organisations. We identified this and so our constitution says there can only be two family members in at any time on the board of ten. It covers us from the politics and has worked for us.

After developing the counselling, the old mission, Sister Kate, gave us a house. There was no money, no government funding. We had a voluntary counsellor for three or four years and we all worked voluntarily on the weekend.

In 1993 World Vision came to our rescue with funding for a coordinator and then the Department of Community Development. Even though we weren't recognised we were used by all the departments who couldn't work with Aboriginal people. Then we got some Oxfam money and Aboriginal psychologist Darrell Henry came on board.

We now have three programs – Link Up, Bringing Them Home counsellors, and Building Solid Families. All our workers are Aboriginal – 23 staff – the workforce unit looks at the training needs for each position. We are being funded adequately now with \$1 million plus funding. We also have a counsellor who goes out to schools to work on child sexual abuse treatment and children witnessing family violence.

I was working with family violence outreach and have an art background, so Darrell Henry asked me to develop a program of art therapy for our kids. I worked with him for four years and we developed our own Yorgum way of doing art

therapy – dilly bag therapy, sand tray therapy, mask therapy. Sadly, we lost out on the Gordon funding as Darrell Henry was seconded for the Gordon board and we couldn't get the money.

Word of mouth self-referral is our main source of clients and we have a duty officer to do the intake assessment to see if the person is eligible for counselling (if they self refer for violence). All sorts come in. There is no time limit, we don't refer them on except for in cases of homelessness. We keep going until they move on. Usually people are in the system anyway, coming in to see a black face and have a cultural connection. They can relax, yarn and not be analysed and probed. Yarning is the word we use, not counselling or trauma. We always take things back to our ways – we may use sand tray therapy with figurines in the sand. I have worked with many young women out of foster care using the dilly bag. In her bag of hurt and pain, a young woman can put in everything – sexual abuse, beatings, homelessness, perpetrators in community, being disbelieved. The bag gets full, sometimes it overflows – it's what she carries in her heart and she can work with each thing at a time. You validate their story and then you can empty the bag out.

We have high order containment order kids, bipolar from abuse – they need healing. Once you start understanding what happened to you as a teenager, you can't cope. How do you carry this stuff? You pay the price through health. We haven't got a magic wand, but do they know how good we are doing? We have to do the statistics and case scenarios, but it's all confidential.



Hannah McGlade, AFLS CEO

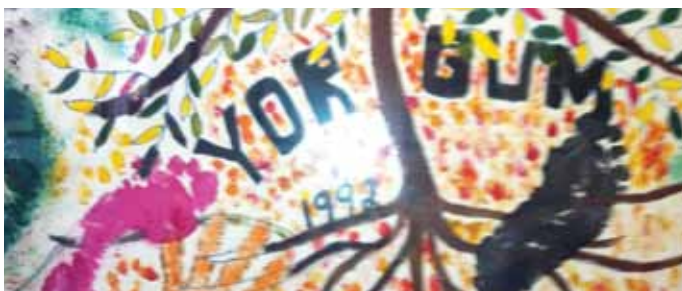
Edited story from *Little girl lost shames us all* by Hannah McGlade in *The Australian*, 9 January 2012.

In WA, Aboriginal children comprise more than 50% of children in the care of the state. As Aboriginal people make up only 2% of the state's population, this figure is staggering. Aboriginal children are also grossly over-represented as victims of crime within the state's criminal justice system. There has been too little acknowledgement of the high levels of victimisation that Aboriginal children are experiencing.

The (2001-2002 WA) Gordon Inquiry was a genuine commitment to Aboriginal children in WA. But the refusal of the state to implement key recommendations means that Aboriginal children's safety has not improved and that children in our communities are still at unacceptable risk of abuse, with grave consequences. In 2010, I was invited with other Aboriginal people to meet the Commissioner for Children and Young People, Michelle Scott, who was considering establishing an Aboriginal reference group. The Aboriginal reference group failed to eventuate.

The *Commissioner for Children and Young People Act 2006* provides there must be a review of the legislation after five years. There has been no word on this important review.

A guiding principle of the act is that children and young people are entitled to live in a caring environment, protected from harm and exploitation. According to the Act, the interests and needs of Aboriginal children are to be given priority. The WA Attorney-General Christian Porter should commit to the review and consider fully the interests of Aboriginal children in doing so.



The Yorgum Tree – an inspiration (see page 12).

SAF,T staff met a few NT women working in Perth including:
Left: Arrente woman Anne Marie Abbott (AFLS Receptionist)
Right: Jawoyn woman Mary Clark (AFLS Principal Legal Officer).



Mary Clark – Principal Legal Officer Aboriginal Family Law Service (AFLS)

AFLS is funded by the federal Attorney General's Department to deal with care and protection matters, family violence, violence restraining orders (VROs), criminal induced compensation. The Perth WA head office supports six regional offices.

We are in the head office, not a service centre, but people will come in and you have to do something. So we help people do a plan about, for example, safety issues in the family, and they want a VRO.

We go through safety factors, talk over a safety plan and then go to a community legal centre. We also have a duty lawyer here once a week, as we try to send people who come in here happy.

Maybe SAF,T could have a final year lawyer in your office as a duty service only, a service where you don't hold files. If you hold files you need to supervise them.

Our legal services deal with victims not perpetrators, and we don't do property settlement or divorce. In the smaller communities there are some law firms, the men shop between them and Legal Aid, but the women come to AFLS. But we don't have as many child protection matters as I thought we would have. DCP choose the cases they want to do, some cases go straight to court, only some go through to Signs of Safety.

When DCP proposes to remove a child they ask us to give the mother legal advice. We want to get in before they get an application to court. If a foster carer has a child for two years they can get permanency. There are no rights for the parents. In those remote areas, what if a service or legal provider doesn't come in? Time goes, the two years are over. If lawyers haven't seen a client how do they know there are problems?

It's amazing they can take the children this way.

There is a bit more involvement now, they are not just taking the children now, it's got a bit better. They do try to put them through to culturally appropriate carers. We push ourselves on them a lot.

We are starting to look at cyber bullying through social networking sites – it starts with little kids then older kids, then the Aunties step in. So no one wants to litigate. Our six regional offices are organising with Aboriginal radio stations to talk about it.



The MAYFS team meets the SAF,T team. L–R: Jasmine Tonkin (outgoing Taikurtinna Maltorendi Program Coordinator), Victoria Pollifrone (SAF,T Policy Manager), Sharen Letton (MAYFS Manager), Margie Furber (SAF,T Chair), Geoffrey Abdulla (incoming Taikurtinna Maltorendi Program Coordinator).

Sharen Letton – Manager

Metropolitan Aboriginal Youth & Family Services (MAYFS)

MAYFS is in the S.A. Department for Communities and Social Inclusion. MAYFS has been running since 1988 and was born of recommendations in the Royal Commission for Aboriginal Deaths In Custody. It provides programs for referred Aboriginal young people and families focussing on early intervention, prevention and reintegration.

MAYFS are on Kurna land, and work mainly in this land, and all the names of our programs are in the Kurna language. The programs are:

- **Taikurtinna Maltorendi (Families Remaining Together):** strengthening and supporting families where there is an identified risk for children.
- **Kurlana Meyunna Karpandi (Supporting Youth):** A short term family placement program that recruits, trains and supports carers of young Aboriginal people with youth justice matters pending.
- **Tirkandi Program:** A school retention program supporting young people to stay engaged.
- **Panyappi Program (Mentoring Team):** An Aboriginal youth mentoring service which focuses on crime prevention and early intervention – it is the only mentoring program nationally evaluated and national award winner.
- **Warpulaiendi (Youth Team):** Targets youth at risk and young Aboriginal people in the youth justice system.

MAYFS' vision is to provide culturally sensitive, family centred programs for Aboriginal children,

young people and their families, promoting alternative pathways that lead to positive change.

All our programs were pilots that went well and Department agreed to ongoing funding. We are all government employees, but we are all also Aboriginal community members, we fly the community flag and advocate strongly for community needs. With a \$1.8 million budget, we are not a large organisation, with 24 full time staff plus our Panyappi casual mentoring and street work staff.

Services like MAYFS rely heavily on partnerships to get money to address community needs. We have grown around looking at community needs and strong advocacy. So we have a foot in the government camp, and the other firmly planted in our community. It has taken over 20 years to get here.

We have passionate people and our community lets us in. We are mandated notifiers, but we support our families, we want to keep our families together and keep our mob strong. Most people here know of MAYFS, once we engage we go out at least weekly, we keep the case loads small and concentrate on good outcomes.

The Taikurtinna Maltorendi program works with families from a strengths based model and in strong partnership with parents to address complex issues families face. In the last nine years MAYFS have evolved from primarily youth work focussed to do family work.

The Taikurtinna Maltorendi

program is a \$300,000 service for 50 clients a year, all home visits, though clients are welcome in our office and we have financial counsellors on site. It's all voluntary and has about 90% engagement rate, which shows that when given an opportunity for respectful, practical support, families do engage well.

We have good relationships with mainstream services and hook people up with services – we are like dogs with bones nipping their heels to make sure our clients get what they need. We consider ourselves fortunate that we have families who are happy to open their doors to our workers who foster and build strong relationships wanting to see all our families succeed.

For change to happen it must be around community development. You have a lot of opportunities with SAF,T, – it's very exciting. I would strengthen families, do some pilots to see if they work. Use our Taikurtinna Maltorendi Program, it's an exciting program that has evolved over nine years based on Aboriginal family practitioners, community members, and none are social work qualified, however these staff bring life experience and other skills relevant to successfully working with our communities.

The work is primarily Tier 3, some Tier 2. Do this program, get a couple of pilots running, get an evaluation. We share everything and offer SAF,T our program, give it a go!

You want people who care and every region needs an Aboriginal family support team. We are not

looking for a mainstream view when we recruit. We look for people where the interests of the children are primary. We have an equal opportunity exemption which allows us to recruit Aboriginal people to work with our families, and they get paid at the same rate as social workers salary equivalent. Because Aboriginal staff are the ones that can get in with our families, if you get it wrong you won't get in. We all start on that shared space.

We employ staff through the Aboriginal Employment Initiative here in SA and our job descriptions require someone that meets the criteria. We advocate strongly for Aboriginal recruitment and retention with the Department. Our staff don't blur the lines between the safety and wellbeing of our children.

We work in partnership with multi-disciplinary teams and work towards families staying safe together. We have a range of ways we support families as there are normally complex issues. We first send letters saying we are a service supporting Aboriginal families, we are coming out to introduce ourselves (cultural way) and we go away if they want. We say we will come back soon so they can think about the supports we offer.

We have strict KPIs and reporting guidelines, families always know they can come back, and we have self referring families. It's not hard. We have a file check list, we are all hooked into a big computer system. Our staff can access training through the College for Learning in our Department, which has a wide range of terrific programs, Certificates III & IV, diplomas and cultural awareness. The Aboriginal Employment Initiative which offers training funds up to \$500pa, and staff access external Aboriginal leadership programs

We work really hard and are supported to study up to a diploma within the Department's college. We pursue continued development of our Aboriginal staff – I want to see Aboriginal staff across the Department at every level.



Margie Furber (SAFT Chair) was pleased to be given the MAYFS Taikurtinna Maltorendi Program (Families To Remain Together).

Liz Tongerie – MAYFS Putting culture into case management

Liz Tongerie is Winner of the inaugural DFC Australia Day Award 2006; Inaugural DFC NADOC Day Award 2009. She said:

I am a Ngarindjeri woman, working in welfare, education and health case management. I'm putting culture into everything we do. Culture is about my role in my every day living. We were taken away and forced to take other peoples cultures and principles. Some people are stuck, not accepted in either place, stuck in your own ways, you can't move. We are trying to help people to move between the two worlds.



L-R: Margie Furber (SAFT Chair) and Liz Tongerie (MAYFS) with an Aboriginal Life Story Book.

Deborah Frank – MAYFS Panyappi Program (Mentoring Team)

Panyappi (Young Brothers, Young Sisters) provides mentor support for young people within the youth justice system. Panyappi has three permanent staff with a case load of 6-8 young people each, plus casual mentors for up to 13 additional young people. Casual mentors can work up to 15 hrs per week per client.

Our role is to build relationships with young people and connect them to significant community people, who can support them beyond the mentoring process. Our mentors develop a goal centred action plan, which is reviewed six weekly to evaluate progress towards identified outcomes. Continuous review and evaluation of the work allows issues to be addressed early.

Panyappi mentors are community people with life skills. We are currently focusing on mentor inductions and guidelines and adapting them to a cultural context.

We also work with incarcerated young people, linking them with mentors during pre-release planning to develop a relationship that will continue when they are released; we work with Re-engage Youth Services on Rapped – a literacy initiative using story-telling through rap music; and funding has been won for youth in the justice system or under Guardianship to support literacy and engagement in a community based educational setting. This work is under-pinned by restorative practises and includes support for young people to take responsibility for their actions and begin to repair relationships with significant people in their lives.

Whilst Panyappi's funding is not large, partnership with agencies that share the same group of young people can open options for further funding and program development. We do the best we can with what we've got, and we have had some impressive outcomes.

Lucy Abadie-Bocye – Stronger Families, Safer Families

Sharon Betty – SA Link-Up Program Manager

Gill Harrison – Workforce Training Manager

Nunkawarrin Yunti

Nunkawarrin Yunti is the lead SA Aboriginal community controlled health service. SAFT spoke to three staff managers.

Lucy Abadie-Bocye – Stronger Families, Safer Families

Nunkawarrin Yunti is only metropolitan, but every family needs access to the Stronger Families program. We have six positions in our Stronger Families. This program has been going 3-4 years.

Families SA refer families to us, and the family involvement is voluntary. We get a referral from Families SA with child protection concerns. We move in before a notification. Sometimes we follow up the notifications and sometimes Families SA do. The problem is that early intervention often becomes a full intervention as they may have a long history of child protection concerns. Sometimes the families are at the point of the child being removed, so you need competencies in working with families, with kinship, how to communicate and child protection information.

We work with the family up to twelve months and after that seek an agreement with the family. You usually know after eight weeks how the family will respond. Families are afraid the children will be taken away. My job is to support the family to prevent the children being taken away and they respond positively. Our purpose is to be child focused and observe the family's wishes.

The team is mainly social workers and only two are Aboriginal. They all have had cultural competency training, but that is an issue. I like five or six families per worker to give the family time, maybe up to eight.

We delegate responsibilities, have a clear statement of rationale, why we are doing it, what we plan to do, the values. They have the names of foster carers, dates of annual foster carer

reviews, and have to train the carers. We have a big meeting with everyone in the communities. The families are invited and a few will come to be foster carers.

Stronger Families can send SAFT the program, including a foster carer assessment tool.

Sharon Betty – SA Link-Up Program Manager and Gill Harrison – Workforce Training Manager

Here Link-Up is a Nunkawarrin Yunti program, so when our counsellors do an overview they may identify sobriety program, or homeless program, or Stronger Families.

Families SA has about 700 kids under guardianship of the Minister and we have the Aboriginal Child Placement Principle. A lot of kids don't know their biological family or where they are from and also many foster families are non-Aboriginal. From a Link Up perspective intergenerational trauma continues.

With Link Up there is a national conference and workforce units in each state, offering training from all across Australia. Our workforce support unit is financed state-wide for all the social and emotional wellbeing (SEWB) workers. We are funded to provide training for SEWB workshops throughout SA and now Australia wide. We started with a two year Diploma of Narrative Approaches for Aboriginal people, focused on narrative therapy, particularly for drug and alcohol and Bringing Them Home workers. We have a Community Care Certificate 4 with drug and alcohol and SEWB and rotate them over the year through youth work, mental health, child and a maternal health and domestic violence.

All of our certificate facilitators are Aboriginal people teaching Aboriginal people with 3-4 external facilitators. Some are our graduates.

A lot of the learning around these



L-R: Margie Furber (SAFT), Lucy Abadie-Bocye (Nunkawarrin Yunti Stronger Families, Safer Families) & Sharon Betty (SA Link-Up Program Manager).

topics is group based, not individual distant study. We start with mental health first aid training, it's not accredited. We have mental health for workers in Aboriginal and Torres Strait Islander communities, a six day course with two units from the Primary Health Care Certificate 3 package and one from Certificate 4.

It's a good entry for people new to training and the area. It's Abstudy supported in Certificate 4 with a travel, accommodation and meal allowance, but there is no support if you are not undertaking full time study. If you had a big group for six days we could send trainers from Nunkawarrin Yunti. We would charge travel costs plus hourly wages for six hours a day. We can work with up to 20 people.

The training skill set is around case management (a three day workshop; A&D a six day training, same as the speciality for Primary Health Care Certificate 4). We also do the Diploma of Narrative Therapies and our workers are part of the Dulwich Centre. The difference between our training and Dulwich is that ours is nationally accredited and Aboriginal focused, but both are narrative practices. We are reviewing our diploma, as the domestic violence topic needs to develop into a community violence approach.



Dulwich Centre is one of the homes of what has become 'narrative therapy and community work'. Dulwich Centre's partnerships in working within Aboriginal Health contexts took a significant step forward in 1994 in response to the Royal Commission into Aboriginal Deaths in Custody. Tim Agius, who was the head of the SA Aboriginal Health Council at the time, approached Michael White and Dulwich Centre to respond to all the families in SA who had lost a loved one in custody. The team, which consisted of Aboriginal and non-Aboriginal workers visited every family, consulted, made a plan, held a gathering and then documented this in a publication entitled 'Reclaiming our stories, reclaiming our lives'.

One of the workers in this project was Aunty Barbara Wingard who is now key member of the Dulwich Centre team and leads all projects that we are involved in with Aboriginal communities. Aunty Barbara (along with Jane Lester) is the author of the book 'Telling our stories in ways that make us stronger'.

Since the initial project in response to the Royal Commission, a series of further narrative gatherings have taken place in various Aboriginal communities.

In recent years, a series of projects have taken place which have involved the sharing of healing stories between Aboriginal communities (in South Australia, NT and NSW). These have included stories of the skills and knowledges of Aboriginal communities in dealing with 'too many losses' and profound grief. But the same process can be used in relation to many different issues that people are facing. In one community these stories were called 'These stories are like a healing, like a medicine'. (see publications *Linking Stories and Initiatives: A narrative approach to working with the skills and knowledge of communities*; and *Yia Marra: Good stories that make spirits strong from the people of Ntaria/Hermannsburg*)

Dulwich Centre has also developed a series of easy to use methodologies called the Tree of Life and the Team of Life which are designed for working with vulnerable children and young people. We are regularly asked to train workers and community members in these ways of working. Aboriginal and Torres Strait Islander colleagues express that they find these approaches to be culturally resonant. We have created a DVD by Aboriginal and Torres Strait Islander colleagues about their use of the

Harold Thomas designed the Aboriginal flag in 1971 on this table in the Dulwich Centre.

Cheryl White – Director David Denborough – Writer & Community Practitioner Dulwich Centre

Tree of Life. Recently the Tree of Life has been adapted in WA by Aboriginal women in order to develop an Aboriginal Parenting Program based on the Tree of Life and narrative approaches. This came about because the young women in the community shared their Trees of Life with the older women in the community who then said: 'What beautiful trees! Now we will have to do ours to show you how our roots go even further back'. These older women said we need an Aboriginal parenting

approach based on Aboriginal values and this is what they have developed based on the tree metaphor. We are hoping to publish this work later this year and also for it to be trialled in other communities.

In other places, the Tree of Life is also being used with kids in foster care. We are very interested in ways of enabling cultural continuity. We have also been involved in various projects designed to address intergenerational conflict and to create intergenerational alliances. We are very interested in ways of using narrative practices to create intergenerational honouring.

We are also particularly interested in finding ways that individuals, families, children and adults who are going through difficult times can be enabled to make contributions to other people who are also going through hard times. We have put a lot of thought into this. We call it 'enabling contribution'. Sometimes the different people never have to meet in person but if they can experience that what they have learnt through hard times can somehow make a difference to others, it can spark a sense of dignity and pride in place of shame. It can be the catalyst for new possibilities. This works for children, parents, foster parents and even whole communities.

We engage with organisations and also with communities either in one-off projects or in longer term ways to build local capacity. We are very happy to stay in touch with

SAF,T and to offer our assistance in any way that we can. This could possibly involve offering training to local Aboriginal workers and then supporting them as they put their learning into practice.





SAFT Policy Manager Victoria Pollifrone and Aboriginal Family Support Service (AFSS) CEO Sharron Williams.

The SA Aboriginal Child Care Agency Forum Inc. (ACCA) was established in 1978. Since 1997 the ACCA has been funded for family preservation services and it was renamed the Aboriginal Family Support Services Inc (AFSS) in 1988. The Department must involve an Aboriginal organisation with Aboriginal child placement, and so consults with AFSS about Aboriginal child placement issues.



Sharron Williams – CEO Aboriginal Family Support Services Inc. (AFSS)

AFSS provides the full spectrum of programs, from early intervention though to prevention and crisis accommodation, foster care recruitment, retention and support and training for carers. We have 200 staff across 17 locations throughout South Australia.

For twenty years, until 1998, AFSS was an ACCA providing a bit of everything, with no great direction except to support families. In 1998 SA introduced a new program and put recruiting foster carers out to tender. There was no response for Aboriginal children and the government said they would use our ACCA funding for alternative care for Aboriginal children. There was to be no new funding, it was a total refocus. Before that we did everything – the community consultations, sports days, take information back, report on the state of Aboriginal communities, deal with kinship care and extended family. Now we had this core business to recruit and support foster carers.

The carers sit with us, we provide the assessment and the registration is signed off by the Department. AFSS supports the carers in their training and through the placement of children. Their payments come externally from the statutory body, which also has guardianship responsibility and conducts investigations of carers. There's been conversation about guardianships orders for children coming under other organisations

however, SA government will not give up their statutory responsibility. AFSS are consulted for every Aboriginal child who needs to come into care. We have about 200 children in foster care across the state, including sibling groups accommodated in houses with rotational carers (we have about 18 children in residential care).

We also do adolescent accommodation, crisis accommodation for large sibling groups or where children can't be placed with other children. For these programs we need large houses, these homes are usually leased through the Department. We have accommodation houses for young people who can't be placed in a family placement at Port Lincoln, Ceduna, and three in metropolitan Adelaide, as well as two additional homes for adolescents. Originally the young people are there for up to 42 days while we do therapeutic support programs with them as they transition to other families or go home, but this process has usually stretched out to about six months before a transition to foster care can happen.

Aboriginal children are 30% of the children in care, they are mostly referred to us by the Department. Our Board says we cannot perpetuate Stolen Generations, so we have primarily Aboriginal foster carers, but there are not enough – so the Aboriginal carers are our general carers, but the respite carers and emergency carers can be non-Aboriginal. State wide we

have about 100 carer households. The maximum number of children a carer can have is three, if more, they need Department approval. But many of our carers exceed three, and we therefore provide more support than a fortnightly telephone call and monthly home visit.

When people talk about ACCAs they often talk about foster care, the hard end. But you need to look at the intervention as well as the crisis.

You need targeted early intervention – things that involve community to build their capacity, parenting programs, this gives you leeway to recruit people to look after children, walk along side them to build the scaffolding and help them understand that reunification can happen. It gets people more willing to take on being a foster carer, and people not seeing foster carers just as taking the children. It helps people understand what keeping children safe means.

Aboriginal child rearing practices, being culturally safe and appropriate, keeping children safe behaviour – it all needs to fit together. Good child rearing practices need to be seen as one process. No one wants their children to be unsafe, and sometimes behaviours are such that children are not safe, **so we need to support families to put the children first.** 'If you want to be involved in bad behaviours, do it when the children are not at home.'

We run wonderful lunch time

programs for people while their children are at school, both referred or self referral. We do an activity, have lunch together, then clean up and we weave a program through it so people are doing things with their hands, sharing lunch, art, pamper sessions, doing basket weaving and craft things while they talk about gambling programs, drug and alcohol, good relations with children, creative play with children, about thinking about the parenting process, about not leaving the children, about deliberate understandings and interactions with the children.

It's a friendly process with a program woven through it with 6–10 women per session, we have a house with a big kitchen and table and just chatter. We have a good facilitator, a non Aboriginal woman, she used to be a miner, she talks about all kinds of things, her dog, her husband, and the women enjoy that.

Good yarners make the best facilitators, and through yarning they transfer skills to participants. While they are basket weaving or pampering, they can close their eyes with their oatmeal packs on and talk about what happens at home as everyone is sitting there. They will talk about community, family, appropriate behaviour in the home, if there is family violence, even issues like sexual abuse.

Our program staff are not social workers but paid under the SACS award at level four, with a bit extra. At level five we expect a qualification. **Few of the facilitators have formal qualifications or narrative skills, they are community people who work well with community and have credibility, or people won't come back.**

We can't be overwhelmed by the enormity, we need to take even the little steps making the difference in a small way. In Oonadana we go to the women's shed and run sewing programs, do cushion making – all the women come – twenty women sewing on ten machines, helping each other cut out. The participants say we will sew and talk about something. They

have great conversations, they say thank you, the conversation helped me understand whatever was under discussion. They know they won't be hit over the head with it. They sew, eat, their hands are busy, heads down, they leave with a plan.

We don't need referral at the community wellbeing program and we don't always evaluate the sessions, but at the end the facilitator may do a quick run through of what we did and ask everyone to give at least one answer. It's a summary. When they come back next time they talk about what happened at the previous one and give feedback. When we can't get there for a few weeks they ring us up for more. It's about how many people come and come back. This is the gentle interface, getting the community involved. It doesn't take a lot of money whether it's two or twenty people and you can get donations. Variety gave us some money with travel packs. You have one facilitator, sandwiches, coffee and tea, a program over lunch giving people the sit down space. They sit around and facilitator shares lunch, sharing the space. It's the activity, the program, the lunch.

What is going to make you unique? Why would they come to you rather than the mainstream? It's about the cultural safety. People will come when you talk with them, not at them. They will be safe within culture, country and kinship. This is why we should be funded. Aboriginal services for Aboriginal people. It's about organisations that empower on the journey, culture, connections and survival. We have to learn to get past survival and into thriving and Aboriginal services can make that transition better than non Aboriginal services.

AFSS don't do advocacy. If children have been removed, we won't advocate. If the Department removes a child, we can't return them. The Department won't listen to us. But we do refer them to the Legal Service – SAF,T could have a legal officer sitting in your office, but when you are faced with a case

you need strategies in place, some suggestions and answers, but be clear you cannot get the child back. You need a strategy so you are not seen as failing the family or part of the problem.



AFSS does all our own carer training in each region. The core elements of training are cultural awareness, child safe environments, communication, therapeutic intervention, working with our community in case management, and identifying strengths and problems. We have added data collection as in the past we trained staff about data as an afterthought, but now we are clear that if we don't record it we haven't done it! SAF,T would be welcome to participate in AFSS training, and there is a YHA over the road at \$30 a night.

People can solve problems if you trust them and are there to help them when they fall over. It's hard for families in chaos to say things they are good at, and often what the family thinks are the problems are different than the Department thinks are the problems.

It's important you understand your culture, be proud of your parents and they will be proud of you. We are who we are. AFSS runs a number of programs around reclaiming our culture and strong culture, strong future. Tim Mitchell and Shaun Russell run a federally funded *Staying Connected to Culture* program in a local schools. Tim has cultural connections to both Alice Springs and Kurna communities. Tim and Shaun work with the Aboriginal Education Workers. They talk about knowing where you fit in, where our footprints have meaning, how every grain of sand is important, the importance of our stories. Now the kids are saying 'I am Aboriginal and proud of it,' and are asking their parents where they come from.

We don't distinguish between our urban and remote services. Take little steps, do them really well. Don't take on too big a job. **Engage the community as you go through**

and do the front end work well. Your hook is the foster care. Start the journey around recruiting and training foster carers. It can take 3–6 months to get an assessment done, so it's about getting foster carers who will make it through your assessment relatively easily.

SA has just introduced a new assessment tool and the Department does the preliminary assessment work with a whole cluster of carers. Those who may make it through go on to do the intense work to get the assessment, but don't let those others who may be harder to get through the assessment fall away either. It doesn't matter if they are Aboriginal or non Aboriginal if they are supported by an Aboriginal organisation. Aboriginal organisations can provide the cultural care information and support.

Advertise, use word of mouth, use notice boards, run information nights. Ask people to come in and talk about what it means to be foster carers. What is the remuneration? What children? Talk about difficulties, what support they get, the training. Give everyone the details. Pick out the ones you want to start immediately – people who don't have children at home anymore or people who are not working often have time to do assessments, people who understand the difficulties of children (people can forget how difficult children can be). These are good places to start.

You have to get the ducks in a line – a proactive community, a proactive worker, go there. Establish yourself, engage in community conversations, **get people together and talk about what you can do, offer to come and talk about issues of concern the kungas' way. They don't want to talk about finance, they want to talk about getting help with their children who are sniffing petrol, having sex at ten years old, working with our men who are shamed and beating up their family, how women can have safe conversations. Get people of good standing before hand, send in a scribe facilitator and**

a community person together, make the conversation, go in with a softer touch. The communities know the answers they need help to fix it. Get the community to think about what they need to do. Help them put words to the solution, giving them courage to do what they know, but don't build up expectations. Let the community pick a couple of things they would like and weave it around what you would like to do. It's usually around parenting, violence – always weave in keeping children safe.

Out of this you may get foster carers. If you find out about children who have been taken and seem lost, keep a record. Make the initial call to Link Up for community, keep a list, get Link Up to start acting on their behalf, but do not become the pseudo Link Up person. If you try to follow up the children who have been taken it will drain everything and you will never grow, because it is time consuming and could create animosity if you don't find anyone.

Don't let people think you are Link Up if you have no more capacity than Link Up. Keep a dossier for the Minister of the number of children in this situation. Say to the Minister: 'We can do it, fund us and give us access to these files to get placement plans.' There is a National Government Information Sharing Strategy, about sharing of information for the best interests of the child.

We recruit the foster carers and run the orientation package before they can receive children. It includes: What's it like to be carer; a police check; First Aid; Child Safe Environment training; being a carer orientation package for foster carers; cultural care planning; a session about their role, special investigations, care concerns and supports.

The Department refers all Aboriginal child placements to us. AFSS look to see where a carer is, their cultural group, possibilities of a good link. We have a team of six people for all metro – two social workers, three carer liaison/

placement officers and a training, assessment and recruitment officer.

They are not all Aboriginal. We try to be there when the Department drops the child off to make sure the child has their medications, prescriptions, school clothes, nappies, formula. We try to be there to fill out papers, go back next day to see if the placement has settled in. We phone a few times in the first month to make sure everyone is OK, we talk to Department about the paperwork, find out if the child is part of reunification, who will have access, how often, how to get to school, do they need volunteers to take the child to school.

Then we do the cultural care plan, find additional information. If the child is older they can add their own stuff. There are lots of little buckets of money you can access, you don't have to get the whole wagon from one person.

Our AFSS cultural care plan for our children, *Let's Talk Culture*, has had two revisions over five years. We are happy with it. Eventually you need to do this and you need that work funded, but it's specific and unique work, so put the onus on the government to fund it.

We give the folder to children so they can record and know their family. We encourage foster carers to include their photos. Often kids leave a placement with a little bag of clothes and they can't go home, so this helps them understand. It's their story. The kids love them. We don't do as many as we should but we are getting better at it.

Good programs should scaffold a community to grow. In Port Augusta we are working with Judy Atkinson's trauma informed practice. We are looking at the Signs of Safety model, and at the Seasons of Growth program which the Sisters Of Mercy are Aboriginalising for people to look at grief, training people to be strong, to be companions – fifteen AFSS staff are training next week for two days to become companions.



Inside stories – talking with WA & SA friends about their Aboriginal child, youth & family services

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Companion SAFT reports with agencies & people in Vic, NSW & QLD

VIC. – Oct. 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 Ranessa 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

N.S.W. Mar 2012

- NSW Children's Guardian – Kerryn 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
- Manning / Great Lakes Aboriginal Children Services – Amanda Bridge
- Hunter Aboriginal Children's Services Inc (HACS) – Terry Chennery
- University of Technology Sydney, Law Faculty – Terri Libesman

Qld – April 2012

- Kalwun South East Queensland Recognised Entity & Family Support Service – Grant Williams, Debby Smith
- Indigenous Urban Health Institute – Jody Currie
- Queensland Aboriginal and Islander Child Protection Peak (QATSICPP) – Natalie Lewis, Royden Fagan
- Indigenous Family & Child Support Service – Greg Upket
- Children of the Dreaming – Rosie Connors

- The Aboriginal and Torres Strait Islander Human Services Coalition – Dianne Harvey
- Kummara Association – Gerald Featherstone
- Karbul Indigenous Placement Agency – Lyn Guidry
- Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association Inc (RAATSICC) – Desley Thompson
- GenX Enterprises – Mark Gebadi
- Pormpur Paanth Aboriginal Corp – Kurt Noble, Samuel Bong, Bessie Holroyd,
- Coen Wellbeing Centre – Shaun Sellwood, Marilyn Keppele, Rhys Gardiner
- Chuulanga Outstation – David Claudie
- Wuchopperen Health Service – Carlene Munro
- Remote Area Child & Youth Mental Health Service – Che Stow, Ernest Hunter
- Safe House, ACT for Kids – Kieran Smith