



FAMILY MATTERS

Strong communities. Strong culture.
Stronger children.

The Family Matters REPORT 2017

Measuring trends to turn the tide on
the over-representation of Aboriginal
and Torres Strait Islander children
in out-of-home care in Australia





ACKNOWLEDGEMENTS

The *Family Matters Report* is a collaborative effort of SNAICC – National Voice for our Children, the University of Melbourne, Griffith University, and Save the Children Australia.

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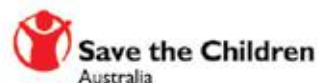
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FAMILY MATTERS PLATINUM CAMPAIGN PARTNERS



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ABBREVIATIONS

AbSec	Aboriginal Child, Family and Community Care State Secretariat (NSW)
ACCO	Aboriginal and Torres Strait Islander community controlled organisation
ACF	Aboriginal Children's Forum
AEDC	The Australian Early Childhood Development Census
AIHW	Australian Institute of Health and Welfare
APGR	Annual population growth rate
ATSICPP	Aboriginal and Torres Strait Islander child placement principle
BBF	Budget Based Funding
CCB	Child Care Benefit
COAG	Council of Australian Governments
CSO	Community Service Obligation
CP	Child protection services
DCP	Department for Child Protection
ECEC	Early childhood education and care
FACS	Family and Community Services
GMAR	Grandmothers Against Removals
IFSS	Intensive family support service
MACS	Multifunctional Aboriginal Children's services
NGO	Non government organisation
SEIFA	Socio-Economic Indexes for Areas
OOHC	Out-of-home care



FOREWORD by the Family Matters Co-Chair

The *Bringing Them Home* report opened the nation's eyes and ears to the traumatic and destructive impact of generations of government-approved Aboriginal and Torres Strait Islander child removal from their families. In this, the 20th year that has passed since the release of the report, we find that the nation continues to fail our children.

If we continue to do what we are currently doing in child protection, the numbers of Aboriginal and Torres Strait Islander children in out-of-home care (OOHC) will at least treble in the next 20 years. The outlook is even worse than the data predicted last year. The rates of over-representation of Aboriginal and Torres Strait Islander children continue to increase across jurisdictions. Not only are we not closing the gap, we are failing to arrest the widening of the gap.

Our campaign is a collaboration of Aboriginal and Torres Strait Islander leaders, mainstream and community-controlled service providers, peak bodies, community leaders, academics and institutions working together to see all Aboriginal and Torres Strait Islander children grow up safe and cared for, thriving in family, community and culture. We have broad and diverse expertise and knowledge. We are committed to working with governments through evidence-based strategies to transform child and family welfare systems.

While this year's report looks at the failures of the system as evidenced by the data, we wish to use this report to focus on steps that can and must be taken to change the narrative for our children. We must aggressively pursue solutions that lie in the prevention and early intervention space and deconstruct the thinking and structures that perpetuate the status quo in child protection systems across Australia. As jurisdictions move towards enabling agency and decision making to Aboriginal and Torres Strait Islander organisations, communities and families, the more *green shoots* towards addressing our children's needs we will see. After all, Aboriginal and Torres Strait Islander communities have been looking after children continuously for over 60 000 years. The more systems focus on the best interests of our children as the key determinant in policy development, decision making and practice, the more likely we will see the gap begin to close.

The National Framework for Protecting Australia's Children clearly articulates the imperative of a public health approach. This position is widely supported, in evidence as well as the rhetoric of successive Governments, federally and across all jurisdictions. However, we continue to invest, disproportionately, in the tertiary system. This investment in the pointy end, contrary to evidence and best advice, has continued to escalate to a rate of nearly 6 times that which we invest in prevention and early intervention services. Still we wonder why things are getting worse, not better.

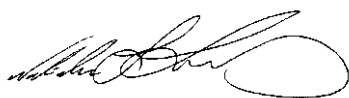
The *Family Matters* campaign is concerned that there are too many silos between governments and their respective departments. This is further exacerbated by the constant debate between the commonwealth and states over who holds primary responsibility. This is not about statutory child protection systems; this is about the safety and wellbeing of Australia's children. The responsibility is shared by all. The solutions do not lie in statutory systems but in ensuring our children and families have equitable access to the quality supports and services that **all** children need to thrive.

The *Family Matters* campaign is seeking a paradigm shift. When contact with the child protection system becomes a predictor for juvenile justice and later incarceration, it is clear that radical change is needed. Since the publication of last year's report, SNAICC and the *Family Matters* campaign have been keen members of the *Redfern Statement Alliance (RSA)* of Aboriginal and Torres Strait Islander national organisations and their supporters, participating in the current RSA engagement process with governments. We have also been waiting for the Closing the Gap national framework refresh process of consultations to begin in earnest, and calling for a national target and comprehensive strategy to be developed to eliminate the over-representation of our children in OOHC.

We have much hope in what *may* happen out of these processes, but nothing is decided and nothing is delivered...yet.

Simply, we cannot wait. We believe there is much good will, many encouraging words and an abundance of good intentions, but too little action. As TS Eliot once said, "Between the idea and the reality...falls the shadow". That shadow is cast deep across the lives of too many of our children and communities. We need to shift the paradigm and invest in Aboriginal and Torres Strait Islander solutions, organisations and communities if we really want positive change.

Our hope is that this report represents another opportunity for dialogue with governments to address these issues, using facts and evidence. We know that the only way to improve outcomes for vulnerable Aboriginal and Torres Strait Islander children is to create space for Aboriginal and Torres Strait Islander people to lead the way forward. We must enable those most impacted by decisions, to actively participate in the making of those decisions. This must include genuine participation in the development of policy, programs and practice. As we present this year's report card we look forward, with cautious optimism, hoping that next year the narrative will be one of progress and positive change.



Natalie Lewis
Queensland Aboriginal and Torres Strait
Islander Child Protection Peak, CEO
Family Matters, Co-Chair





INTRODUCTION

Bringing Them Home, the landmark report into the Stolen Generations, was released 20 years ago, in 1997. At that time, many Australians were shocked to learn that Aboriginal and Torres Strait Islander children represented 20 percent of children living in-out of-home care (Human Rights and Equal Opportunity Commission, 1997). Now, Aboriginal and Torres Strait Islander children make up approximately 36 per cent of all children living in OOHC, the rate of Aboriginal and Torres Strait Islander children in OOHC is almost 10 times that of other children, and disproportionate representation continues to grow (AIHW, 2017a). This has eventuated despite – or because of – the laws, policies, and programs of successive Australian governments.

Government and community agree there is a problem. The Stolen Generations policies and practices, in combination with persistent social inequity, have created an ongoing legacy of disproportionate child protection interventions with Aboriginal and Torres Strait Islander children, families and communities across Australia, and significant under-investment in Aboriginal and Torres Strait Islander community-led and controlled solutions. Things are getting worse, not better.

Family Matters reports set out what governments are doing to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in OOHC, and the outcomes for children and their families. The reports contribute to efforts to change the story by explaining the extent of the problem and reporting on progress towards implementing evidence-informed solutions that aim to eliminate, within a generation, the over-representation of Aboriginal and Torres Strait Islander children living away from their parents and families in statutory OOHC.

State and Territory governments were invited to contribute to this report. Some jurisdictions have specific strategies targeted at reducing over-representation (Qld, SA, NSW, Vic), or an OOHC reform agenda that includes strategies or targets to reduce the number of Aboriginal and Torres Strait Islander children in OOHC (NT, Tas, WA, ACT). However, it is clear that without substantial and effective policy initiatives to strengthen prevention and early intervention and embed all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle in family support, child protection, and OOHC, progress toward achieving the campaign goal will continue to be minimal.

As detailed later in this report, if the tide is not turned, we project the population of Aboriginal and Torres Strait Islander children living in OOHC will more than triple by 2036, and the level of over-representation will also increase. The trajectory over the next 20 years has worsened since the last Family Matters report.

The Family Matters Roadmap (published separately) proposes four inter-related building blocks, underpinned by evidence and ethics, detailing the systemic changes needed to achieve this aim:



All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive



Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children



Law, policy and practice in child and family welfare are culturally safe and responsive



Governments and services are accountable to Aboriginal and Torres Strait Islander people

This 2017 report draws on the following sources of information:

- publicly available data about child protection and OOHC, and related social, economic and community-level factors that mitigate vulnerabilities and prevent Aboriginal and Torres Strait Islander families coming into contact with child protection systems
- research about what would make a difference
- inputs invited from state and territory governments about their current strategies and investments aimed at reducing over-representation
- input invited from jurisdictional Family Matters working groups about progress
- government-held jurisdictional data about:
 - investment in Aboriginal and Torres Strait Islander community-controlled child protection and family support services
 - access to preventative family support services for Aboriginal and Torres Strait Islander families
 - reunification with parents
 - connection of children in OOHC to family and culture.

The report considers government efforts across all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle: prevention, partnership, participation, placement and connection. These elements are discussed with a particular focus on strategies and progress relating to policies, practices and investments that are likely to drive early intervention and prevention to work with families to enable them to care safely for their children, and to keep children connected to their family, community, culture and country. Understanding and applying all five elements recognises that they are inter-related and work together to achieve the Family Matters campaign goal of Aboriginal and Torres Strait Islander children growing up safe and cared for in family, community, and culture.



ABOUT FAMILY MATTERS

Family Matters – Strong communities. Strong culture. Stronger children. is Australia's national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. Family Matters aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in OOHC within a generation (2040).

Family Matters is led by SNAICC – National Voice for our Children and supported by a Strategic Alliance of over 150 Aboriginal and Torres Strait Islander and non-Indigenous organisations.





KEY RECOMMENDATIONS

1. Development of a national comprehensive Aboriginal and Torres Strait Islander Children's Strategy which includes generational targets to eliminate over-representation and address the causes of Aboriginal and Torres Strait Islander child removal to improve child safety and wellbeing.
2. A target and strategy to increase proportional investment in evidence-informed and culturally supportive prevention and early intervention services that are accessible to Aboriginal and Torres Strait Islander families.
3. A target and strategy that recognise the unique role of, and provide sustainable funding for, a dedicated Aboriginal and Torres Strait Islander community-controlled early years sector.
4. National standards to ensure legislation and changing practices in the family support and child protection system so that it adheres to all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) including:
 - a. Nationally consistent standards for implementation of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and linked jurisdictional reporting requirements through the National Forum for Protecting Australia's Children
 - b. Increased representation of Aboriginal and Torres Strait Islander families, children and communities at each stage of the decision making process, including through independent Aboriginal and Torres Strait Islander family-led decision making
 - c. Increased investment in reunification services to ensure children are not spending longer in OOHC than is necessary due to inadequate planning and support for parents; and increased investment in support services for families once children are returned
 - d. Increased efforts to connect Aboriginal and Torres Strait Islander children in OOHC to family and culture, through cultural support planning, family finding, return to country, and kinship care support programs.
5. Prioritise investment in service delivery by community-controlled organisations in line with self-determination, including through investment targets aligned to need and "Aboriginal and Torres Strait Islander first" procurement policies for services to Aboriginal and Torres Strait Islander families.
6. Commit to a sustained increase in investment for family violence response and prevention, with a key focus on resourcing needs for Aboriginal and Torres Strait Islander community-controlled organisations.
7. Development and publication of data to better measure the situation and causes of, and responses to, over-representation of Aboriginal and Torres Strait Islander children in OOHC. Data development should take account of identified gaps throughout this and last year's report.
8. Establishment of state-based Commissioners, peak bodies and other representative bodies for Aboriginal and Torres Strait Islander children.

ABOUT THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE

The Aboriginal and Torres Strait Islander Child Placement Principle aims to:

- ensure an understanding that culture underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children in child protection and OOHC systems
- recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters
- increase the level of self-determination of Aboriginal and Torres Strait Islander people in child welfare matters
- reduce the over-representation of Aboriginal and Torres Strait Islander children in child protection and OOHC systems

THE FIVE ELEMENTS OF THE PRINCIPLE ARE:

Prevention: Protecting children's rights to grow up in family, community and culture by redressing the causes of child protection intervention

Partnership: Ensuring the participation of community representatives in service design, delivery and individual case decisions

Placement: Placing children in OOHC in accordance with the established ATSICPP placement hierarchy:

- with Aboriginal and Torres Strait Islander relatives or extended family members, or other relatives and family members, or
- with Aboriginal and Torres Strait Islander members of the child's community, or
- with Aboriginal and Torres Strait Islander family-based carers.

If the above preferred options are not available, as a last resort the child may be placed with:

- a non-Indigenous carer or in a residential setting.

If the child is not placed according to the highest priority, the placement must be within close geographic proximity to the child's family.

Participation: Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children

Connection: Maintaining and supporting connections to family, community, culture and country for children in OOHC

See SNAICC publication: Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A resource for legislation, policy and program development.



KEY FINDINGS

This report finds that Aboriginal and Torres Strait Islander children and their families continue to be grossly over-represented in child protection and OOHC systems and to experience significant inequality on key indicators of social and economic disadvantage that contribute to entry and exit from OOHC. At the same time, they are under-represented in universal and targeted services that could act to prevent their increasing rate of contact with child protection services. Adherence to the *prevention* element of the Child Placement Principle is therefore significantly compromised. Likewise, inconsistent interpretation and a lack of well-developed mechanisms to realise the *partnership* and *participation* elements means that children are often not placed in accordance with the first priority *placement* option and their ongoing *connection* to family, community, culture and country is limited.

1. BENCHMARKING OF OVER-REPRESENTATION IN OOHC

Aboriginal and Torres Strait Islander children are over-represented at virtually every decision making point in the child protection system that is currently reported at the national level. Aboriginal and Torres Strait Islander children are far more likely than non-Indigenous children to be notified, investigated, substantiated, placed on a protection order, and to reside in OOHC. Furthermore, the disparities between Aboriginal and Torres Strait Islander children and non-Indigenous children have continued to increase dramatically for each and every one of these measures in recent years.

CURRENT RATES OF OVER-REPRESENTATION

In 2016, **Aboriginal and Torres Strait Islander children were 9.8 times more likely to be residing in OOHC than non-Indigenous children.** This national figure of over-representation is an all-time high. Over-representation in OOHC varied significantly between states and territories, and was highest in Western Australia (17.5 times), Victoria (14.5 times), and the ACT (12.5 times). While data are available on removal of children, a lack of focus on supporting their safe reunification with family is evident in the absence of publicly available data in any state or territory to describe the rate at which Aboriginal and Torres Strait Islander children are reunified with their parents, and the length of time they spend in OOHC before reunification occurs.¹ Two states (NSW, SA) provided data relating to reunification, though the measures were not consistent or comparable. Most other states and territories acknowledged that they do not currently collect reliable data on reunification.

PROJECTED GROWTH IN OVER-REPRESENTATION

There is strong reason to believe that the number and proportion of Aboriginal and Torres Strait Islander children in OOHC will continue to rise. We used available estimates over the last seven years of child protection data from the Australian Institute of Health and Welfare combined with data from the Productivity Commission Report on Government Services to project future OOHC population growth. We predict that the population of Aboriginal and Torres Strait Islander children in care will more than triple in size by 2036, while the non-Indigenous population of children in OOHC will almost double. While the growth in OOHC is alarming for both populations, this projection presents a particularly startling and disturbing picture of the future impacts on Aboriginal and Torres Strait Islander families and communities if we fail to effectively intervene now.

¹ There is some national information available on the number of children exiting OOHC to reunification, but this information cannot be used for many basic calculations. Most importantly, it cannot be used to calculate the length of time children spend in OOHC because the bulk of the children who are in OOHC (those who are not reunified) are not included in these calculations.

2. DATA ON ECONOMIC, SOCIAL AND COMMUNITY-LEVEL FACTORS

There is strong evidence that early care and environmental factors have crucial impacts on later health and wellbeing, and that interventions will be more effective the earlier in the lives of children that they are applied. Whole-of-population preventative measures to improve family and community wellbeing have a downstream effect in reducing child maltreatment. If not addressed, family problems may worsen, and ultimately increase the risk of harm to children over time. Investment in prevention and early intervention to strengthen families can provide long-term social and economic benefits by interrupting trajectories that lead to adverse adult outcomes.

Available data shows that Aboriginal and Torres Strait Islander peoples are grossly over-represented on measures of disadvantage that contribute to child protection risks, and similarly under-represented in services that could respond and prevent entry to OOHHC. Service systems have also failed to enable the participation of Aboriginal and Torres Strait Islander peoples in the design, delivery and decision making about service responses for their children.

EARLY CHILDHOOD

Evidence is unequivocal that the formative years of a child's life are a critical predictor of their successful transition to school and life-long education, health, wellbeing and employment outcomes. In 2016, **Aboriginal and Torres Strait Islander children had approximately a 50 per cent lower likelihood of attending a child-care benefit approved service than non-Indigenous children.** In 2014, a Productivity Commission Report identified **a 15,000 place gap overall in Early Childhood Education and Care (ECEC) service enrolment** of Aboriginal and Torres Strait Islander compared to non-Indigenous children. This under-representation in early childhood education and care services correlates strongly with developmental vulnerability, with the 2015 Australian Early Development Census identifying that **Aboriginal and Torres Strait Islander children are consistently over 2.6 times more likely to be vulnerable on 2 or more domains** in comparison to non-Indigenous children.

EARLY INTERVENTION SERVICES

Provision of early intervention supports to families is one of the major strategies used to improve outcomes for vulnerable children and families and is one of the core strategies described in the *National Framework for Protecting Australia's Children 2009-2020*. However, **in 2015-16, only 17 per cent of overall child protection funding was invested in support services for children**

and their families amounting to less than \$800 million as compared to \$4 billion, or 83 per cent, of funds spent on child protection intervention and OOHHC services. The level of funding for these in-home family support services was almost the same as the previous financial year. However, over a longer period, it decreased while funding for OOHHC increased. Although quality data is not available on the full range of family support services, data does show that **only 2 per cent of Aboriginal and Torres Strait Islander children commenced an intensive family support service in 2015-16** across five states and territories where data were available, a rate well below their rate of contact with child protection services.

MATERNAL AND CHILD HEALTH

For expectant mothers, experiences of disadvantage are closely linked to a range of factors that affect the healthy development of children during pregnancy and early in a child's life. Critical risk factors include stress, substance misuse and poor nutrition (Moore et al, 2017). Negative impacts on early brain development can significantly affect lifelong outcomes (Arabena, 2014). **Aboriginal and Torres Strait Islander women remain significantly less likely to access an antenatal care session during the first trimester, though the gap has closed from 14.5 per cent in 2011 to 8.8 per cent in 2014.** While the greatest disparity in access occurred in remote locations, **the lowest percentage of Aboriginal and Torres Strait Islander women accessing a service in the first trimester were in major cities (47.6 per cent).** The Closing the Gap target to halve the gap in mortality rates between Aboriginal and Torres Strait Islander children and non-Indigenous children aged 0-4 between 2008 and 2018 is off track. While there have been significant gains to reduce Aboriginal and Torres Strait Islander child mortality between 1998 and 2015, **the previous 7 years to 2015 have seen the over-representation of Aboriginal and Torres Strait Islanders in child deaths grow from a rate ratio of 1.84 to 2.23.**

HOUSING

Access to safe and healthy housing environments has a substantial impact on the capacity of families to provide safe and supportive care for children. Aboriginal and Torres Strait Islander people experience significantly higher rates of homelessness, overcrowded housing, and unstable housing tenure than non-Indigenous Australians. In 2011, **Aboriginal and Torres Strait Islander people were 14 times more likely to be homeless than non-Indigenous people** (AIHW, 2014a). In 2015-16, in Australia, clients accessing homelessness services were 9.1 times more likely to be Indigenous. Of those, more than 34 per cent were sole parents, 13 per cent were couples with children,

and 1 in 4 was a child under the age of 10 (AIHW, 2017b). The differences were much larger in remote areas where Aboriginal and Torres Strait Islander people were approximately 20 times more likely to access homelessness services. The latest census identified that **1 in 4 Indigenous people were living in over-crowded households** (AIHW, 2014b). Housing tenure types also suggest a significantly lower level of housing stability for Aboriginal and Torres Strait Islander people who in 2011 were 6.4 times more likely to live in social housing.

POVERTY

Numerous studies have indicated that poverty is one of the major drivers of child protection system involvement. Poverty is strongly intertwined with the historical legacy of colonialism, including forced child removals and discrimination. The Socio-Economic Indexes for Areas (SEIFA) ranks areas in Australia according to relative socio-economic advantage and disadvantage. According to the 2011 census, while the distribution of the non-Indigenous population was spread evenly across the SEIFA deciles, **almost 40 per cent of all Aboriginal and Torres Strait Islander peoples were in the most disadvantaged SEIFA areas. Less than 2 per cent of Aboriginal and Torres Strait Islander peoples lived in the most advantaged areas** (AIHW, 2015).

FAMILY VIOLENCE

Aboriginal and Torres Strait Islander people are significantly more likely to experience family violence than non-Indigenous people. The greatest direct impact of family violence is on Aboriginal and Torres Strait Islander women (Memmott, Stacy, Chambers & Keys, 2001; National Family Violence Prevention Legal Services Forum, 2014), which leads Aboriginal and Torres Strait Islander children to be especially vulnerable to the direct and indirect impacts of family violence. This causes deep and lasting harm and contributes to their over-representation in Australia's child protection systems (Commission for Children and Young People, 2016, p.3). Aboriginal and Torres Strait Islander men experience a wide range of negative impacts as victims and/or perpetrators of family violence, including higher rates of incarceration, recidivism, self-harm, and suicide (Aboriginal and Torres Strait Islander Healing Foundation, 2016). In 2015-16, **39 per cent of Aboriginal and Torres Strait Islander children involved with child protection across Australia were substantiated for emotional abuse, which includes exposure to family violence** (AIHW, 2017a).

3. DATA ON ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION AND CONNECTION TO CULTURE

ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE

The Aboriginal and Torres Strait Islander Child Placement Principle recognises the importance of connection to family, community, culture and country in child and family welfare policy, legislation and practice. Very limited data are available to measure compliance with the Principle. What is available focuses on an OOHC placement hierarchy as a proxy measure of compliance with the Principle, though this data says little about whether the process of investigating and considering available family and community placement options has been followed, let alone whether there has been compliance with other elements of the Principle. The proportion of Aboriginal and Torres Strait Islander children placed with family, kin or other Aboriginal and Torres Strait Islander carers has continued to decrease over the past 10 years. **As of 2016, only 67 per cent of Aboriginal and Torres Strait Islander children in Australia were placed with family, kin, or other Aboriginal and Torres Strait Islander carers** (AIHW, 2017a). Notably, **the rate of placement with Aboriginal and Torres Strait Islander carers (excluding non-Indigenous family and kin) has dropped even more steeply to 50.5 per cent.** For Aboriginal and Torres Strait Islander children removed and placed in OOHC outside of their families and communities, efforts to maintain and develop connections to family, community, culture, and country are especially vital to their ongoing safety and wellbeing. **Current national data on cultural support planning has extensive limitations.** It does not indicate the quality of a cultural support plan or whether a plan has been implemented. Moreover, data appears inconsistent with state and territory based reviews of cultural support planning practice.

PARTICIPATION IN CHILD PROTECTION DECISION MAKING

Participation of Aboriginal and Torres Strait Islander peoples in decisions that affect them is a core human right (SNAICC, 2012) and is recognised as critical to decision making that is about the best interests of children from a cultural perspective (Committee on the Rights of the Child, 2009). Review of Australian legislation shows that **a requirement to include Aboriginal and Torres Strait Islander agencies in all significant decisions for Aboriginal and Torres Strait Islander children is only fully provided in the legislation of one state** (Qld). Victoria has supported

family participation through a statewide model of Aboriginal and Torres Strait Islander family-led decision making; however an independent review found that it was only provided in 11 per cent of intended cases in 2014-15 (CCYP, 2015, p.120). Queensland has recently trialled a model of family-led decision making and committed to its statewide implementation.

As well as participation in individual case decisions, genuine participation further requires that Aboriginal and Torres Strait Islander peoples, through their representatives, are able to participate in policy development, service design, and oversight of the systems and services that impact on the safety and wellbeing of children. Key mechanisms for achieving this remain under-developed in Australia – **only two states resource Aboriginal and Torres Strait Islander peak bodies focused on community-controlled child protection and family support** (NSW, Qld); **Victoria provides resources for Aboriginal policy input including through the Aboriginal Children's Forum; only two states have an Aboriginal and Torres Strait Islander identified position in the role of Commissioner for Children** (Qld, Vic). Two newly established representative system oversight bodies are also operating (or in development): the **Victorian Aboriginal Children's Forum** and the **Queensland First Children and Families Board** (announced but not yet established).

INVESTMENT IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED SERVICES

International and Australian evidence strongly supports the importance of Indigenous participation and self-determination in service design and delivery to achieving positive outcomes for Indigenous children and families (Cornell & Taylor, 2000; Denato & Segal, 2013; Chandler & Lalonde, 1998). Enabling the role and capacity of Aboriginal and Torres Strait Islander organisations is not only important for effective service delivery, but an important policy objective in its own right in so far as it promotes local governance, leadership and economic participation, building social capital for Aboriginal and Torres Strait Islander peoples (ANAO, 2012). The *2016 Family Matters Report* highlighted the huge gap in available data on investment in community-controlled service delivery. In 2017, the Family Matters Co-Chairs invited states to provide data on community-controlled child protection and family support services. **Disappointingly, only two states, WA and SA, provided data, and a territory, ACT, acknowledged not having community-controlled child protection and family support services. Though commendable for their accountability to provide data, relatively low investment in community-controlled delivery compared to Aboriginal and Torres Strait Islander children's engagement with child protection systems was apparent in the available data.**

THE STATE AND TERRITORY REPORT CARD

This report highlights some key areas for priority action at both a state and national level. The fold out Report Card on the following pages identifies state and territory trends across central report indicators, where data is available. In particular, it indicates poor performance by Western Australia with the highest rates of over-representation and the lowest investment in evidence-based strategies for redress. South Australia and The Australian Capital Territory (ACT) also reflect particularly poorly against all measures, while The Northern Territory demonstrates a broad lack of engagement with evidence-informed solutions to concerns around child neglect, abuse and removal. Tasmania has the lowest-rate of over-representation in OOHC, but also the third highest growth rate of Aboriginal and Torres Strait Islander children in care and a lack of strategies directed towards establishing a culturally safe, responsive and accountable service system. **Victoria has made significant strides in investing in solutions** to improve the safety and wellbeing of Aboriginal and Torres Strait Islander children and reduce their over-representation in OOHC. Victoria has also established high standards of accountability to Aboriginal and Torres Strait Islander people through the Aboriginal Children's Forum and the Aboriginal Commissioner for Children and Young People. **Queensland has become the first state to adopt a generational strategy to eliminate over-representation** and explicitly align the strategy with the Family Matter Building Blocks for change. With new legislation recognising the right of families to participate in decision making with the support of independent Aboriginal and Torres Strait Islander entities, the state is positioning itself to implement critical practice reforms. While NSW has made some promising commitments to invest in community-led responses, progress to enable and transfer capacity for the community-controlled sector to deliver culturally safe supports remains slow.

CONCLUSION

In 2016 the modelling indicated that the number of Aboriginal and Torres Strait Islander children in OOHC was *most likely* to almost triple within the next 20 years if we continued on our current path. This year, the projection has become worse and numbers will likely more than triple. We are yet to act decisively to arrest the crisis in child protection for Aboriginal and Torres Strait Islander children.

We can get overwhelmed with data, facts and figures and the enormity of the task, but for governments and the nation at large to conclude that the task is too hard would be a betrayal of Aboriginal and Torres Strait Islander children. These facts and figures represent real people and real children. The trajectory is clear.

Without change, the crisis facing our children and families will continue and worsen. When former Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma recommended the generational target and strategy to address Aboriginal and Torres Strait Islander health inequality in 2005, an approach that was eventually adopted in 2008, it was based on the determination to commit to real change through the adoption of an achievable generational target and plan accordingly. Jurisdictions such as Queensland have seen the wisdom of that approach with its co-design of the *Our Way* generational strategy for reform, based on the *Family Matters Roadmap*. Many jurisdictions have elements of the right approach but, from a national perspective, the reform process is still inadequate to generate real change. That is why many of our calls from last year's report remain the same. **Through the Council of Australian Governments (COAG), all governments must commit to a national strategy and generational target to redress the causes of Aboriginal and Torres Strait Islander child removal.**

We need clear public data, accountability mechanisms, jurisdictional-based strategies (both national and state/territory), appropriate investment and, most importantly, engagement with Aboriginal and Torres Strait Islander peaks and community-controlled services that enable Aboriginal and Torres Strait Islander-led co-design of policy and its implementation on the ground.

Once the critical importance of culture and agency/self-determination is recognised, and once investment follows that recognition, we can then begin to co-create a future where Aboriginal and Torres Strait Islander children can thrive.









FAMILY MATTERS

Strong communities. Strong culture.
Stronger children.

The Family Matters REPORT CARD 2017

COLOUR GUIDE

	Very poor
	Poor
	Promising/improving
	Stronger practice/outcomes



	Headline indicator % Over-representation in OOHC	Building Block 1 Universal and targeted services	Building Block 2 Participation, control and self-determination
ACT	12.5	<ul style="list-style-type: none"> Second lowest proportional investment in family support and intensive family support (9.4%) Second lowest early developmental vulnerability Highest percentage of Aboriginal and Torres Strait Islander children starting intensive family support 	<ul style="list-style-type: none"> No investment in ACCOs in child protection or family support services No apparent strategy for ACCO investment Planned trial of family group conferencing for Aboriginal families
NSW	10.4	<ul style="list-style-type: none"> Lowest growth rate of Aboriginal and Torres Strait Islander children in OOHC Commitment to provide 30% of targeted earlier intervention funding to Aboriginal agencies by 2020 Highest investment per child (all children) in provision of intensive family support 	<ul style="list-style-type: none"> No funded service for representative or family participation in case decisions Aboriginal and Torres Strait Islander peak body resourced for policy input Commitment to transfer OOHC to community but current progress and investment limited
NT	11.3	<ul style="list-style-type: none"> Second highest growth rate of Aboriginal and Torres Strait Islander children in OOHC Largest disparity in access to childcare and preschool programs Highest disparity in early childhood developmental vulnerability by far 	<ul style="list-style-type: none"> No Aboriginal and Torres Strait Islander peak body and limited coverage of ACCO services No resourced roles for ACCO participation in decisions or family decision making Initial planning stages for developing an ACCO sector
QLD	8.5	<ul style="list-style-type: none"> \$150m 5yr investment in community-controlled Family Wellbeing Services & \$10m annually in Aboriginal Children and Family Centres Relatively low proportional investment in family support (14.1%) & ACCO family support delivery Comparatively low early developmental vulnerability rates 	<ul style="list-style-type: none"> New legislation recognises self-determination requires that independent Aboriginal and Torres Strait Islander entities enable family participation Trials completed and proposed roll-out of Aboriginal Family-led Decision Making Aboriginal and Torres Strait Islander peak body strategy co-design and policy input
SA	10.8	<ul style="list-style-type: none"> Lowest proportional investment in family support and intensive family support (6.4%) Parity in preschool enrolment Over-representation in OOHC above the national average 	<ul style="list-style-type: none"> Recent legislation removed mandated requirements for ACCO participation in case decisions Limited resources to only one organisation for participation in a very limited range of case decisions No state peak body established
TAS	3.4	<ul style="list-style-type: none"> Lowest rate of over-representation in OOHC Third highest growth rate of Aboriginal and Torres Strait Islander children in OOHC Proportional investment in family support higher than a number of other jurisdictions (16.3%) Lowest early developmental vulnerability rates 	<ul style="list-style-type: none"> No Aboriginal and Torres Strait Islander peak body No requirements or funded service for ACCO participation in case decisions or family decision making No evident ACCO investment strategy
VIC	14.5	<ul style="list-style-type: none"> Second highest rate of over-representation in OOHC, well above the national average, and highest growth rate of Aboriginal and Torres Strait Islander children in OOHC Highest proportional investment in family support and intensive family support (26.7%) 	<ul style="list-style-type: none"> ACCOs resourced for policy input, advice on case decisions and to facilitate family decision making Commitment to transfer OOHC case management to ACCOs with 100% target by 2021 Delegation of statutory functions to community-controlled agencies proceeding
WA	17.5	<ul style="list-style-type: none"> Very low proportional family support investment Highest rate of over-representation in protection orders (16.8) and OOHC (17.5) Second highest early childhood developmental vulnerability rates New procurement of Aboriginal in-home support through restricted tender to ACCOs 	<ul style="list-style-type: none"> No state-wide Aboriginal and Torres Strait Islander peak body Only 6% of OOHC and 11% of family support funded through ACCOs No funded role for ACCOs in child protection decision making

* The methodology for development of the Report Card table is described in appendix I

	Building Block 3 Culturally safe and responsive systems	Building Block 4 Accountability
and r	<ul style="list-style-type: none"> Relatively low placement with Aboriginal and Torres Strait Islander carers and other kin (60.5%) and significant downward trend Review of Aboriginal children in OOHC commencing No apparent strategy for ACCO investment 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body No dedicated and monitored strategy to address over-representation Provided limited new data to inform this report Review of Aboriginal children in OOHC commencing
y dy y-control,	<ul style="list-style-type: none"> Highest placement with Aboriginal and Torres Strait Islander carers and other kin (81.9%) Aboriginal and Torres Strait Islander peak body resourced for sector development role Progressing development of Aboriginal case management and guardianship support models Review of Aboriginal children in OOHC in progress 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body No dedicated and monitored strategy to address over-representation Review of Aboriginal children in OOHC in progress Provided some new data to inform this report
k, case O OOHC	<ul style="list-style-type: none"> Lowest rate of placement with Aboriginal and Torres Strait Islander carers and other kin (36.2%) Initial planning stages for developing an ACCO OOHC sector No programs for cultural support planning identified besides future OOHC transition to ACCOs 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body No dedicated and monitored strategy to address over-representation Did not provide data on any new key areas requested to inform this report
on and res Strait original les in	<ul style="list-style-type: none"> Low placement with kin & Indigenous carers (55.3%) & concerning high non-Indigenous kin placements New legislation includes all 5 elements of ATSICPP & provides for delegation of functions to ACCOs, but structural change & implementation still to follow Aboriginal and Torres Strait Islander peak roles in strategy, policy co-design & sector development 	<ul style="list-style-type: none"> First state to develop a generational strategy and action plan to address over-representation Strategy to be overseen by Aboriginal and Torres Strait Islander representative body Unable to provide data on any new key areas requested for this report, though stated commitment to develop aligned measures
ements r ecisions	<ul style="list-style-type: none"> Concerning high rate of non-Indigenous kin placements and significant downward trend in placement with Aboriginal and Torres Strait Islander kin Relatively low placement with Aboriginal and Torres Strait Islander carers and other kin (60.5%) 	<ul style="list-style-type: none"> Funding and participation in the state Family Matters working group Consultation with SA Aboriginal Community Leadership reference group on reforms No independent Aboriginal and Torres Strait Islander oversight body established
k agency sion	<ul style="list-style-type: none"> By far the lowest placement with Aboriginal and Torres Strait Islander carers (16.9%) Second lowest placement with Aboriginal and Torres Strait Islander carers or other kin (38.2%) Two cultural liaison positions created to support cultural connection and cultural practice 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body No dedicated and monitored strategy to address over-representation Did not provide data on any new key areas requested to inform this report
case king ment to ity-	<ul style="list-style-type: none"> Relatively high placement with Aboriginal and Torres Strait Islander carers and other kin (73.8%) and only state with a significant upward trend Concerning high rate of non-Indigenous kin placements Significant recent investment in ACCO development of cultural support plans (\$5.3m over 2 years) 	<ul style="list-style-type: none"> First state to appoint a dedicated Aboriginal and Torres Strait Islander Children's Commissioner Oversight through representative Aboriginal Children's Forum, including data review and Ministerial participation Provided some new data to inform this report
lander unded decision	<ul style="list-style-type: none"> Relatively low placement with Aboriginal and Torres Strait Islander carers (61.6%) and significant downward trend No specific cultural support and engagement programs identified in state response 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body Strategies developed for OOHC reform and early intervention reform, including ACCO engagement strategy Provided some new data to inform this report





COMMUNITY VOICES FROM ACROSS AUSTRALIA

Family Matters Jurisdictional Working Groups and Aboriginal and Torres Strait Islander Peak Agencies play a key role in leading the campaign and calling for change and accountability in their states and territories. This year, they were invited to comment on progress towards addressing over-representation. States and territories without a sector peak or jurisdictional working group are not included this year, but we hope to establish a process for input from all jurisdictions in future reports.

SOUTH AUSTRALIA

The Family Matters Working Group of South Australia was established in August 2016. Since the start the working group has been working diligently to raise awareness of the over-representation of Aboriginal and Torres Strait Islander children and young people in OOH with politicians, government leaders, the wider public and the Aboriginal community. We have successfully achieved bi-partisan support with the signing of the Statement of Commitment by Ministers, the Opposition Leader and others.

The Department for Child Protection (DCP) contributed \$50,000 to the Family Matters Campaign for the employment of a part-time Project Officer. The Department for Education and Child Development (DECD) contributed \$50,000 to the Family Matters campaign to analyse culturally safe practices in referral and assessment pathways. Whilst funding has been received from DCP and DECD it is inadequate for a statewide campaign.

This year saw the passing of the *Children and Young People (Safety) Act 2017* which adopted the Aboriginal Child Placement Principle; however, it has been viewed by some stakeholders as deficient in many areas. There is a Prevention and Early Intervention Bill before Parliament, which gives consideration to

government accountability for ensuring community consultation and community engagement in the design and implementation of prevention and early intervention initiatives in Aboriginal communities.

Feedback from the Aboriginal Community Leadership Reference Group has been that consultation and engagement in the context of child protection systems reform has been tokenistic, with recommendations not taken seriously by government.

Promising initiatives going forward include:

- Child Family Assessment and Referral Networks are being trialled in four regions across metropolitan and regional South Australia. Aboriginal family group conferencing is an area of focus
- A cultural safety and cultural competency training framework is being embedded in a joint DCP/sector workforce development strategy; and
- An audit of culturally safe referral and assessment pathways within the Child Family Assessment and Referral networks is to be undertaken by the Family Matters Working Group in SA.

Unfortunately, rates of representation of Aboriginal children and young people in state care continue to increase proportional to the in-care population.



QUEENSLAND

In Queensland, Family Matters' priorities moving ahead centre on ensuring the effective and integrated use and application of the Aboriginal and Torres Strait Islander Child Placement Principle – which cannot be achieved through singular efforts, but, rather, is dependent on concurrent, equally weighted application and embedment of the Principle's five elements.

Our Way – A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037 and *Changing Tracks – An action plan for Aboriginal and Torres Strait Islander children and families 2017-2019* are integral contributors that will help drive response and action across legislative, policy, practice, program and process levels; however, simultaneous recognition is necessary of the interdependent relationships of the Child Placement Principle elements; and the subsequent requirement for integrated, multi-level and collaborative action.

As the Child Placement Principle cannot be applied in part or singularly, the framework for action for both *Changing Tracks* and the over-arching *Our Way* generational strategy cannot be implemented and acted on solely, or in part. *Our Way* and *Changing Tracks* are dependent on the active, joint and consistent commitment and action of Queensland Government, implicated Departments and Aboriginal and Torres Strait Islander community organisations. Simultaneously, priority steps also include developing a corresponding outcomes and measurement framework, which can be used to clearly monitor and track not only system and service level changes, but the impact and result of strategies undertaken; and their short, medium and long-term influence on health and wellbeing outcomes of Aboriginal and Torres Strait Islander children and families. Accountability, shared commitment and Aboriginal and Torres Strait Islander self-determination and leadership are imperative to the success and impact of the generational and triennium strategies.

VICTORIA

With the second highest over-representation in the country, the system continues to fail Aboriginal children in Victoria. Our children are almost 15 times more likely to be in OOHC than non-Indigenous children. The Victorian Government's *Roadmap for Reform* acknowledges this and commits to building supportive and culturally strong communities, and ensuring Aboriginal self-determination in decision making and care for Aboriginal children. But, we continue to see a large gap between policy and practice. The Victorian Commission for Children and Young People (the Commission) found in October 2016 that "the [current] child protection system fails to preserve, promote, and develop cultural safety and connection for Aboriginal children in OOHC". The Commission has found minimal practice compliance with the Aboriginal and Torres Strait Islander Child Placement Principle.

Recognising these challenges and failings, some promising reform and initiatives are in progress. Notably, Victoria is investing a greater proportion of funding in family support than any other jurisdictions. However, ACCOs continue to call for increased investment in critical early intervention and prevention services, including holistic early years models. There are moves to improve cultural care through transferring OOHC services for all Aboriginal children to ACCOs by 2021, delegating statutory functions to ACCOs, and funding important new work in developing cultural support plans and *Return to Country* programs. ACCOs now have greater oversight of the system and outcomes for our children through the Aboriginal Children's Forum, and the role of the Commissioner for Aboriginal Children and Young People continues to demand accountability. Important programs like Aboriginal and Torres Strait Islander Family-Led Decision Making, Cultural Support Planning, Cultural Portal and the Aboriginal Child Specialist Advice and Support Service (ACSASS) are continuing to support cultural connections and provide representative and family participation in decision making. Some of these programs are being reviewed to seek improvements and new funds have been invested to expand ACSASS. A focus on permanency planning remains a major risk for severing connections to family and culture, and the Minister is yet to release the outcomes of the important review of permanent care legislation completed by the Commission for Children and Young People.

COMMUNITY VOICES FROM ACROSS AUSTRALIA

WESTERN AUSTRALIA

Western Australian community and tax payers must be appalled at the repeated wastage of investment into non-effective child protection responses to our most vulnerable Aboriginal children and young people. Most concerning is the newly elected government has continued the previous departmental policy and program platform which is highly reactionary to an already deficit statutory child protection system. Given the Western Australian Government is failing to provide the leadership and discernment which is required to shift towards a more robust and balanced suite of options, we can expect this socioeconomic disaster to worsen to unacceptable levels.

Aboriginal children make up 54 per cent of the state's children in OOHC, and there is significant pressure on placements and holistically safe permanency, with only 61.8 per cent of Aboriginal children placed with family, kin and other Aboriginal carers.

The Family Matters jurisdictional working party calls for an immediate response in alignment with the proactive partnership our state's communities, agencies and professionals have offered the newly elected Labor Government and Child Protection and Family Support services. Therefore Family Matters WA has prioritised building proactive and meaningful relationships with key stakeholders who hold a vested interest in the future benefit of WA Aboriginal children and young people. This has included building important relationships with relevant members of both commonwealth and state parliaments. Most importantly, a strong dialogue with the Minister for Child Protection, Simone McGurk, and departmental Assistant Director General, Jackie Tang, has become a promising feature of our jurisdictional work. We have continued to promote and assist the Family Matters campaign to become entrenched locally, regionally and at a state level for the benefit of our most vulnerable and at risk children and families. We continue to support our Aboriginal agencies to successfully engage in current reform process, however, we have highlighted that these reforms lack the innovation and longer term strategic directions to address over-representation.

We therefore have strongly recommended a partnership to establish a state level forum to co-design – with Government, mainstream agencies, and Aboriginal agencies and professionals – a comprehensive roadmap to create a robust and effective model across prevention, earlier intervention and statutory responses. In addition we call for an Aboriginal children's commissioner, a state peak body for Aboriginal children and young people, and a securely funded Aboriginal community-controlled sector within prevention, earlier intervention and statutory responses across our great state.

We trust Commonwealth and State governments will work together under COAG to ensure future Commonwealth government funding and procurement of services in 2018-19 will further enhance these important efforts for the benefit of Aboriginal and Torres Strait Islander children across Western Australian and Australia.

The emphasis, or call to action, has been Martin Luther King Jnr's words: "A right delayed is a right denied". In alignment with this approach a National Week of Action working party has been formed to ensure a WA benchmark event.

NSW

The progress of NSW Family and Community Services (FACS) in implementing the Family Matters Principles and Building Blocks overall continues to be an area of significant concern.

There have been positive steps, including:

- Working with the Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec), the ALS NSW/ACT and other partners, a new cultural planning and support framework has been implemented, and AbSec looks forward to continuing to improve on this framework, keeping Aboriginal children meaningfully connected to their culture.
- FACS has commenced an independent review of a cohort of Aboriginal children entering care, to be conducted over a limited timeframe. It is important this review is properly resourced to investigate these issues in depth.
- FACS has committed, following advocacy by AbSec, to invest and redirect 30 per cent of Targeted Earlier Intervention funding to Aboriginal children and families and ensure it is delivered through ACCOs by 2020. This promises to empower communities, but should be aligned to the proportion of Aboriginal families in the system and extended across the continuum of support.
- FACS is commencing an Aboriginal Industry Development Strategy in partnership with AbSec to further strengthen the scope and reach of an Aboriginal community-controlled service system, however, there has been limited engagement regarding implementation of this strategy and it is critical that it is appropriately resourced and has community oversight.

There have also been significant areas where FACS has acted contrary to the principles and building blocks identified by Family Matters, including:

- There remains a distinct under-investment in Aboriginal community-controlled service delivery to provide tailored, culturally embedded child and family services in Aboriginal communities.
- While FACS has increased investment in early intervention and family preservation supports, approaches were handpicked by government and imposed on Aboriginal communities without consultation or their free, prior and informed consent. These services are not well suited to our communities, and reflect a paternalistic approach.
- Progress to implement the *Guiding Principles* alongside Grandmothers Against Removals (GMAR) and AbSec has been slow, reflecting the under-resourcing and low priority given to its implementation.

- A long-standing commitment to transition Aboriginal children in OOH to the case management of accredited ACCOs has stalled, with the largest proportion of Aboriginal children in care remaining case managed by FACS, and the next largest proportion by mainstream agencies. Critically, FACS no longer publishes data regarding the transition. AbSec acknowledges the willingness of non-government organisation (NGO) partners through Family Matters in NSW to work together on progressing the transition.
- The majority of 10 Aboriginal Intensive Family Based Services are wholly within FACS and despite a previous commitment to transition them to community control there remains no plan or timeframes.
- FACS has proposed wide-ranging legislative reforms that further erode the rights of Aboriginal people, show a distinct misunderstanding of self-determination, and places Aboriginal children at significant risk of disconnection from their families, communities, culture and country. Of particular concern, many of these reforms reflect the findings of the Tune Review, kept secret by the NSW government and thereby undermining the ability of Aboriginal communities to meaningfully participate in the ongoing design of the system.

Fundamentally, resourcing decisions continue to prioritise the FACS agenda over and above Aboriginal community priorities and approaches. There is a distinct and systemic reluctance to divest decision making to relevant Aboriginal organisations, despite a strong and growing safety net of ACCOs across NSW.

AbSec continues to advocate, with the support of the NSW Family Matters Collective, for a differentiated approach to supporting Aboriginal children and families that reflects the Family Matters Principles and Building Blocks. AbSec has developed a holistic framework for an Aboriginal-led approach to child and family wellbeing, and we call on FACS to engage with this approach. AbSec further calls for greater investment in the development of local Aboriginal community-controlled mechanisms to oversee the design and delivery of services and supports at the state and local level, including community-controlled organisations. In NSW, this should be supported by empowering a body with responsibilities in commissioning Aboriginal community-controlled service delivery; supporting local Aboriginal community service design and delivery; and overseeing the conduct of and outcomes achieved by the service system for Aboriginal children.





STRUCTURE AND CONTENTS

The report is structured in three sections. The first examines drivers of over-representation within child protection systems and available data about the scale of over-representation. The second addresses prevention and early intervention, examining the social and economic inequity that drives over-representation. The third section presents data on the extent to which governments work in partnership with Aboriginal and Torres Strait Islander communities to overcome the causes and consequences of over-representation.

- 1. BENCHMARKING OF OVER-REPRESENTATION IN CHILD PROTECTION:** In order to measure progress toward reducing over-representation in OOHC and to best focus efforts on change, where we currently stand has been benchmarked. This includes trends to date and a projection of where we are likely to be in 20 years if current conditions are maintained. The report also includes a description of the types of data that are publicly available, data that are potentially available to state and territory governments, and the range of data that are needed to properly gauge progress.
- 2. ECONOMIC, SOCIAL AND COMMUNITY FACTORS:** The causes of over-representation in OOHC, both before and after child protection intervention, are manifold. The report focuses on available data that reflect a number of upstream drivers of over-representation, as well as available data that measure progress toward parity in child and family economic and social circumstances.
- 3. PARTNERSHIP, PARTICIPATION AND RESPECT FOR CULTURE:** Connection to culture is a human right and proven to be critical to the safety and wellbeing of Indigenous children across the world. In order to effectively respond to the needs of Aboriginal and Torres Strait Islander children and families and enable their cultural rights, government must work alongside Aboriginal and Torres Strait Islander communities and support their self-determination in child protection matters. The report examines indicators of participation and partnership – resourcing Aboriginal and Torres Strait Islander community-controlled agencies and involving Aboriginal and Torres Strait Islander families and agencies in child protection decision making – and explores the extent to which our child protection systems support and maintain cultural identity and connection for children.





FOCUS ON PREVENTION AND EARLY INTERVENTION

Helping families to care for their children requires much more than child protection policies and programs, it also depends upon income support, wages and tax policies, health, housing, justice, education, and other social programs. Within broader social and community services, the child and family services system comprises a mix of government and NGOs that provide: child abuse prevention; early intervention support to assist families experiencing difficulty; services receiving, assessing and responding to reports of abuse or neglect; and services to children and families when there are concerns about child safety or wellbeing.

This is often conceptualised as three levels of intervention to respond to child abuse and neglect: primary **prevention** activities are universal with a whole-of-community focus, and aim to prevent child maltreatment via programs and resources to improve the status and wellbeing of children, families and communities; **early intervention** or secondary level activities are targeted at disadvantaged groups or individuals and aim to enhance family functioning and increase parental skills and knowledge to prevent maltreatment occurring; and tertiary or **statutory intervention** is for children and families where maltreatment has been identified and aims to prevent it re-occurring. Community education, family support, family preservation, investigation, obtaining court orders, OOHC, family reunification, post-care support, and therapeutic services are all part of the child protection and family support system.

Efforts to reduce the over-representation of Aboriginal and Torres Strait Islander children in care need to address all three levels: prevention, early intervention, and statutory intervention, with a focus and emphasis on ensuring the availability of and access to preventive services.

PREVENTION – PRIMARY LEVEL

Primary prevention involves population-level strategies to promote child and family wellbeing. They are universally available to all families and include a range of health services, early childhood education and care, schools, and housing. Sub-groups who experience vulnerabilities (adolescents, Aboriginal and Torres Strait Islanders, first-time parents, disadvantaged localities) may be a focus area to ensure there is equity of access, including particular attention to ensuring cultural safety for Aboriginal and Torres Strait Islander peoples.

Individual factors (e.g., parent knowledge or skills) as well as environmental factors (e.g., poverty, lack of housing, transport, child care, health care) may be addressed.

Services are designed to build the capacity of families to care for children, reduce the incidence and prevalence of child maltreatment, and minimise factors that put children at risk of harm. In addition to strategies aiming specifically to reduce child maltreatment, other prevention strategies that have a positive impact on children's wellbeing (e.g., domestic and family violence prevention or strategies to reduce problem gambling or substance use) are also necessary. As well as providing information and advice, services act as access and enabling points for children and families needing further support by making linkages and referrals.

Different prevention strategies are required for different types of maltreatment: that is, preventing physical abuse requires a different approach to preventing neglect or sexual abuse.

This report focuses on data related to service access and outcomes that reflect the extent to which governments and services are effective in making universal services equitably accessible and implementing primary prevention initiatives. Key related data points include:

- Access to early childhood education and care (Section 2.2(a)), and early childhood developmental outcomes (Section 2.2(b))
- Access to maternal health services and child mortality rates (Section 2.2(c))
- Access to housing service supports, overcrowding and housing stability indicators (Section 2.3(a))
- Poverty indicators (Section 2.2(b)).

EARLY INTERVENTION – SECONDARY LEVEL

Early intervention involves family support services targeted at populations that may experience difficulty in caring for children or are showing early signs that problems may arise. The aim of early intervention is to reduce risks for families experiencing vulnerabilities, meet unmet needs, and resolve problems at an early stage.

Some families face personal barriers or social barriers to accessing needed services, so they need extra help such as assistance with transport, access to brokerage funds, or child care for appointments. Early intervention is based on the assumption that there are some children and families for whom universal, preventative services are insufficient because they face bigger challenges. Services include targeted or specialist services around, for example, mental health, homelessness, domestic and family violence, or drug and alcohol use. Services are generally a mix of practical assistance (e.g., transport, financial assistance with bills or whitegoods), educational or capacity-building services (e.g., parenting skills, budgeting, household routines), and therapeutic or healing services (e.g., counselling, case management, safety planning).

Access to the right service, at the right time, from the right provider, and for as long as needed, is essential to the success of early intervention strategies. The “early” in early intervention means both early in the child’s life, and at the early stages of a problem emerging. Early intervention strategies may be short-term or long-term (e.g., in the case of low-level but chronic problems).

This report focuses on data related to service access and outcomes that reflect the extent to which our governments and services are effective in enabling early intervention. Key related data points include:

- Investment in family support service provision (Section 2.2(d))
- Access for Aboriginal and Torres Strait Islander children to intensive family support services (Section 2.2(e))
- State and territory data on family support access for Aboriginal and Torres Strait Islander children (Section 1.4)
- Family violence incidence and related data (Section 2.3(c)); and
- Investment in Aboriginal and Torres Strait Islander community-controlled family support services (Section 3.3(e)).

STATUTORY INTERVENTION - TERTIARY LEVEL

Tertiary-level strategies and services are designed to protect children who have been abused or neglected from further risk. They are used when it has been determined that parents or a caregiver cannot provide safe care for a child without statutory intervention.

The aim is to protect children from further maltreatment and ameliorate the harm that has occurred, through legal action, in-home or out-of-home services, support with reunification and connection, and therapeutic services.

Statutory intervention may be short-term (e.g., a period of OOHC while family difficulties are being resolved), while long-term OOHC may be necessary to provide safety, stability, and security.

While this report focuses on prevention and early intervention, it includes tertiary system data that reflects the engagement of Aboriginal and Torres Strait Islander children in the system, and particularly efforts to maintain and restore family and cultural connections. Key data points include:

- Rates of child protection notification, investigation, substantiation and placement in OOHC (Section 1.3).
- Discussion of data gaps regarding reunification and state-based reunification data (section 1.4).
- Discussion of data gaps relating to the quality and implementation of cultural support plans for children in OOHC (Section 3.2).



PART 1

BENCHMARKING OF OVER-REPRESENTATION IN OOHC

1.1 OVERVIEW

The over-representation of Aboriginal and Torres Strait Islander children in OOHC placements is the end result of several linked processes, all of which are essential to understanding what it will take to bring about substantial change. From a systems perspective, the number of children in OOHC at any point in time is a function of four interrelated processes:

1. *Children already in OOHC.* This is a count of all children who are recorded as living away from their parents in OOHC on a given day. Some children will have been in care for one day and some for 17 years. This gives a **point-in-time** count of the **prevalence** of OOHC and is reported nationally as at 30 June in *Child Protection Australia* and the *Report on Government Services* (ROGS).
2. *Children entering care.* This is a count of all entries into OOHC in a given period of time (usually over a year). Some children may have been in OOHC in an earlier year and others have had no prior contact, but all commenced a placement in a given year (i.e., removed from the care of their parent(s) and placed with a kinship or foster carer, in a residential care service, or other placement option in that jurisdiction). This is known as the **incidence** of OOHC (i.e., new cases) or an **entry cohort**.
3. *Children exiting care.* This is a count of all children exiting OOHC in a given period (usually a year). This is known as an **exit cohort**. Most children exit care because they turn 18 years old (i.e., age out of care), others return to the care of their parents or other family members, and some exit to other jurisdictional permanent care arrangements.
4. *The time children spend in OOHC.* When children enter care, they stay for very short to long periods of time (i.e., until they turn 18 years old). This is commonly referred to as **length of stay** or duration in care, and is a main driver of prevalence, or the total number of children living in OOHC.

When considered this way, over-representation and under-representation could occur in any or all of these processes. Focusing only on those children in care or those exiting care leads to poor policy decisions. Reducing over-representation of Aboriginal and Torres Strait Islander children in OOHC requires policy and program attention to children entering care, in care, and exiting care. Crucially, prevention and early intervention are necessary to strengthen families to enable them to provide the best possible environment for their children, and family support is necessary to provide in-home services when there are concerns about children, whether at entry to care or reunification decision points.

1.2 HOW OVER-REPRESENTATION OCCURS

Over-representation of Aboriginal and Torres Strait Islander children in OOHC is a result of a chain of events that begins in under-representation in universal prevention and early intervention services that is transformed into over-representation in intensive and statutory service systems. The likelihood of an Aboriginal or Torres Strait Islander child coming to the attention of authorities, being notified, investigated, substantiated and placed in OOHC is greater compared with non-Indigenous children. At the same time, over-representation reflects whether there is the same likelihood of an Aboriginal or Torres Strait Islander child, once placed, being returned to the care of their parents (rate of reunification or restoration) and how long this process takes (length of stay).

For Aboriginal and Torres Strait Islander children and families, the further they enter into the system, the more intrusive the intervention. Each decision making point (e.g., whether to refer to a support service or report to the statutory agency, whether to investigate, whether to place a child in OOHC, the type of order, whether to return a child to parental care) requires different strategies for bringing the system to parity. Policy and practice reforms must be informed by

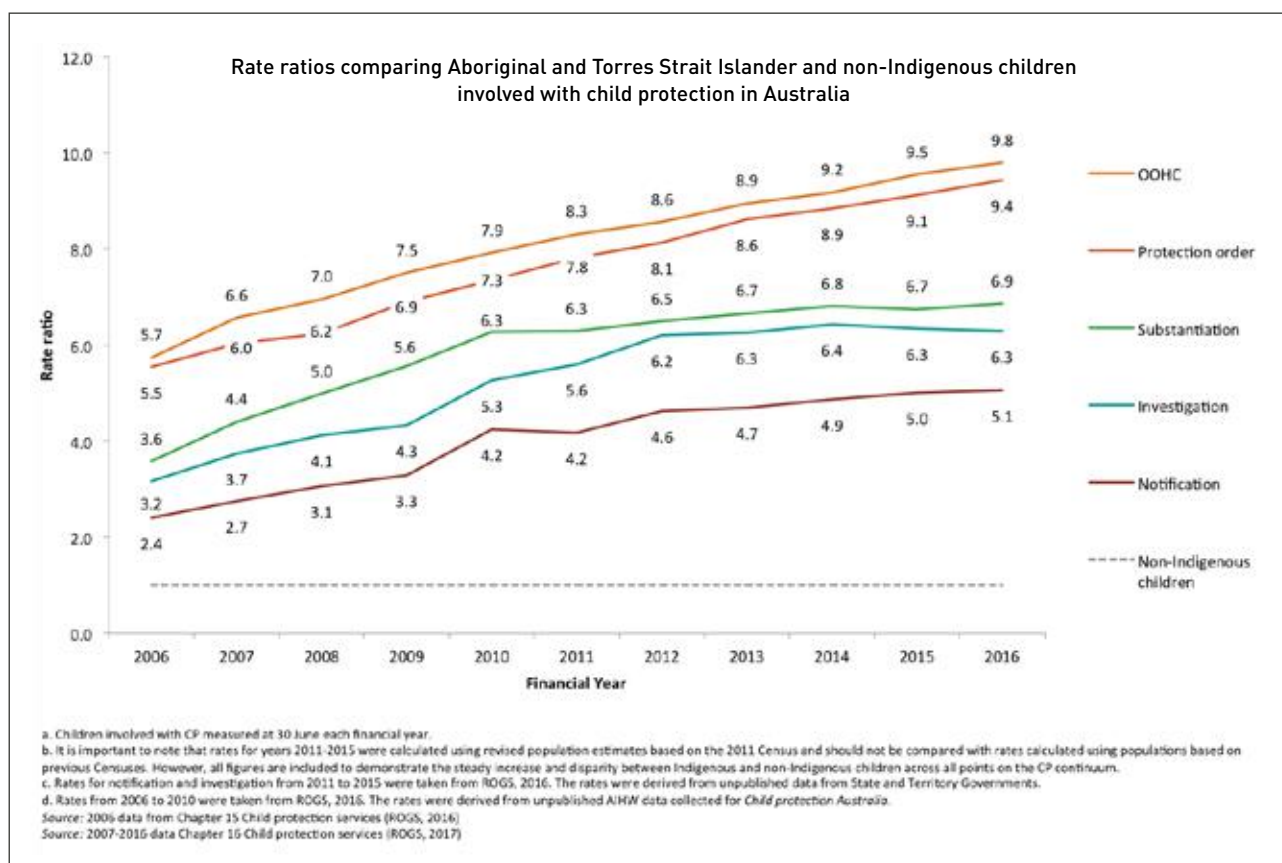
the underlying data and, consistent with the Child Placement Principle, incorporate Partnership and Participation. Without effective community-controlled family preservation and reunification or restoration services that address child and family needs, children are more likely to languish in placements that do not comply with the Placement element, be raised outside of family and community (i.e., contrary to the Prevention element) and not have connections to family, community, culture and country (i.e., contrary to the Connection element).

1.3 CURRENT SITUATION AND TRENDS

In 2016, Aboriginal and Torres Strait Islander children were 5.1 times more likely to be reported to child protection; 6.3 times more likely to be investigated; 6.9 times more likely to be substantiated; and 9.8 times more likely to be living in OOHC than non-Indigenous children (see Figure 1).

Furthermore, these rate ratios (standardised difference between the rate for Aboriginal and Torres Strait Islander children and the rate for non-Indigenous children) have been dramatically increasing. From 2005-06 to 2015-16, the rate ratio for notifications between Aboriginal and Torres Strait Islander and other children increased by 113 per cent; the rate ratio for investigations increased by 97 per cent; the rate ratio for substantiations increased by 96 per cent; the rate ratio for protection orders increased by 71 per cent; and the rate ratio for living in OOHC increased by 72 per cent.

FIGURE 1 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children involved with child protection systems in Australia



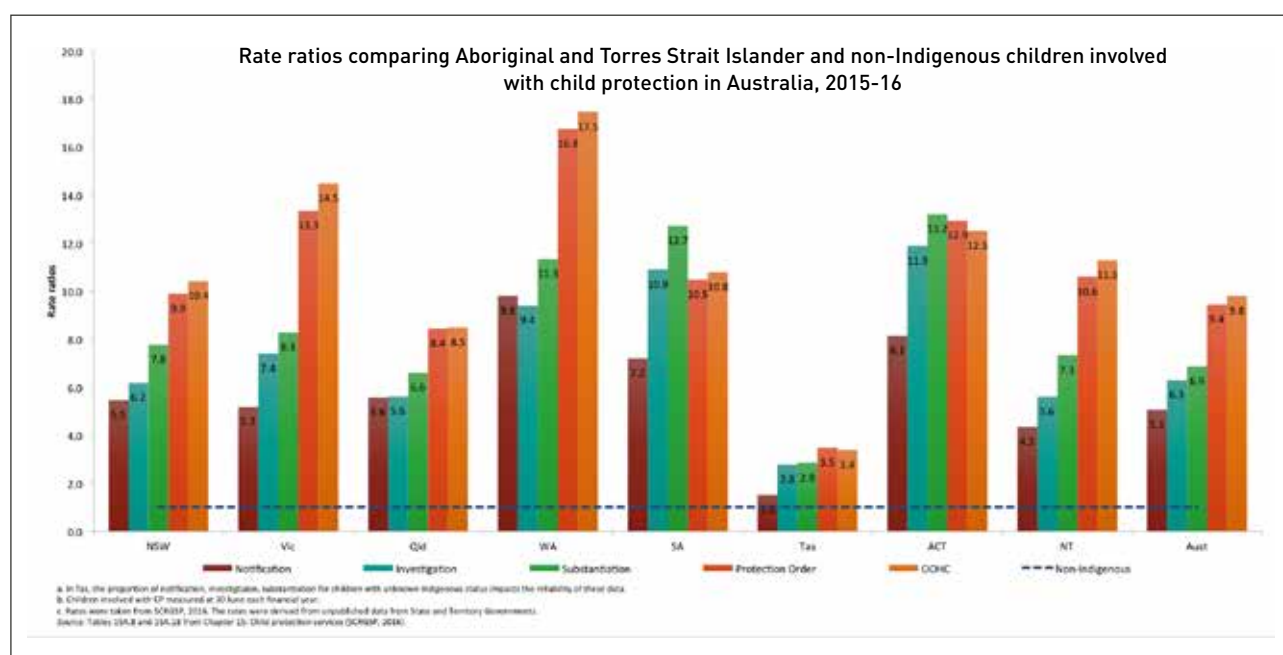
NEW DATA

ENTRY TO OOHC FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

A significant gap identified in last year's Family Matters Report was the absence of data on entry to OOHC that was disaggregated by Indigenous status. In November 2017, the Australian Institute of Health and Welfare (AIHW) released important new data to address this gap. This recently released trend data shows that Aboriginal and Torres Strait Islander children's over-representation in admission or entry to OOHC has increased over time. Between 2011-2012 and 2015-2016, the rate of admission into OOHC

of Aboriginal and Torres Strait Islander children rose from 13 per 1,000 children to 15 per 1,000 children. In the same period, the non-Indigenous rate was relatively stable at just under 2 per 1,000 children. Aboriginal and Torres Strait Islander children were over-represented across all age groups over the 5-year period in relation to admission to OOHC, with over-representation being slightly higher for younger children (AIHW, 2017c). This new data reinforces that the investment priority should be on early intervention to support vulnerable Aboriginal and Torres Strait Islander families and avoid unnecessary entries to care.

FIGURE 2 Ratio of Aboriginal and Torres Strait Islander children who were involved with a state or territory child protection system compared with non-Indigenous children at 30 June 2016. At the highest end of the range, Indigenous children were 17.5 times more likely to be placed in OOHC than a non-Indigenous child in Western Australia. In reporting these data, the AIHW (2017a, p.28) notes that the reliability of the data may be affected by inconsistent recording of Indigeneity in Tasmania and the ACT, and that WA's reporting of Indigenous identification improved significantly in 2015-16.



DATA GAPS

LIMITATIONS OF POINT-IN-TIME ESTIMATES

The data currently publicly available mainly reports on prevalence, not incidence. They are largely based on point-in-time counts at 30 June that are not linked to each other (i.e., children can have multiple incidents in a given year). The data are not presented in a longitudinal format that allows calculation of length of stay by Indigenous status, time to exit by exit type (e.g., order ends, reunification) or Indigenous status, and there is no information on re-entry to care.

RECOMMENDATION: Development of longitudinal data that allows for calculation of the length of stay in OOHC, time to exit by exit type, and re-entry to care, by Indigenous status.

REUNIFICATION/RESTORATION

A solution to keeping children connected to family, community and culture is to prioritise and actively support the timely and safe reunification or restoration of Aboriginal and Torres Strait Islander children to the care of their parents. There are no national data to describe the rate at which Aboriginal and Torres Strait Islander children are reunified or reconnected with their families, or the length of time they spend in OOHC before reunification occurs. Two states (NSW, SA) provided data relating to reunification to inform this report, though the measures were not consistent or comparable (see below for a discussion of this data). There are also no specific data on access to reunification support services for families or investment in community-controlled family preservation and reunification services.

RECOMMENDATION: Urgent efforts to progress the development and publication of data sets that report on reunification rates and investment in community-controlled intensive family support and reunification services.

1.4 STATE AND TERRITORY GOVERNMENT RESPONSES TO ADDRESSING DATA GAPS

States and territories were asked to provide data on a range of key gap areas to inform the 2017 *Family Matters report*. In particular, data were requested on rates of reunification with birth parents, reconnection to the care of family and kin and access to family support services for Aboriginal and Torres Strait Islander children. Other data requested from states is addressed in other sections of this report. This is what the state and territory governments said about their data on reunification, reconnection and support services for Aboriginal and Torres Strait Islander families:

NSW

NSW provided data about children provided with an intensive family support service (IFSS), and families and children engaging or participating in the Brighter Futures program. Of the 17,875 children provided with an IFSS service, 32.3 per cent were Aboriginal and Torres Strait Islander children. Of the 2,854 families and 6,788 children in contact with the Brighter Futures program, 32.1 per cent and 33.6 per cent respectively were Aboriginal and Torres Strait Islanders.

Data about children and young people restored to their parent/s over 2015-16 were also provided. Of the 939 children, 28.1 per cent were Aboriginal and Torres Strait Islander children. The response also noted that data are not available on the connection of children to culture through movement from non-Indigenous placements to placements with family and kin.

VICTORIA

Victoria acknowledged a number of national data gaps in relation to Aboriginal and Torres Strait Islander children, with reunification data being one such gap. The response stated that Victoria "does not currently have access to reliable reunification data."

WESTERN AUSTRALIA

WA provided no comments about addressing data gaps regarding family reunification and family support.

QUEENSLAND

Queensland identified a range of data gaps including stating that “the measures of community controlled investment overall in child and family support and OOHC and support services, including access to and use of early intervention services, are not immediately available...The Department does not currently report on reunification...work is underway to develop a new performance measure regarding the safe reunification of children with their families, which will include a count of Aboriginal and Torres Strait Islander children... The Queensland Government welcomes the opportunity to work with Family Matters to improve reporting to better reflect the needs and aspirations of Aboriginal and Torres Strait Islander children and families.”

SOUTH AUSTRALIA

South Australia provided data about access to and use of preventative family support services for Aboriginal and Torres Strait Islander families, in relation to Linking Families, a departmentally-operated call centre to help children, young people and parents link with community services and supports with the aim of connecting families to services before matters become more serious or behaviour entrenched. From June/July 2015 to June 2016, of a total of 1022 families, 175 (17.1 per cent) were Aboriginal or Torres Strait Islander families, and of a total of 1198 children, 145 (12.1 per cent) were Aboriginal or Torres Strait Islander children.

Data were also provided in response to the question about reunification/restoration and reconnection. Of the 159 children reunified with parents or other family members for 12 months or more in 2013-14, 57 children (35.8 per cent) were Aboriginal or Torres Strait Islander children; in 2014-15, 36 children (28.6 per cent); and in 2015-16, 32 children (18.7 per cent) were Aboriginal or Torres Strait Islanders.

TASMANIA

No data or comments were provided about data gaps.

AUSTRALIAN CAPITAL TERRITORY

The ACT commented that, “With regard to information you requested about ‘critical data gaps’ in nationally reported data, the ‘gap’ in the ACT is not due to a data collection gap, rather a gap exists in community-controlled service provision in the ACT...the ACT does not have Aboriginal and Torres Strait Islander community-controlled child protection and family support services. Aboriginal and Torres Strait Islander community-controlled organisations currently deliver primary and holistic health care and youth services, I am pleased to see new Aboriginal and Torres Strait Islander operated organisations and businesses emerging in the ACT, and will continue to work with established and emerging organisations to strengthen the delivery of culturally strong services for Aboriginal and Torres Strait Islander children and young people.”

“The evaluation framework [for A Step Up for Our Kids] includes ongoing monitoring as well as reporting of progress against outcomes... The priority indicators being monitored by the Directorate to support this evaluation focus on the following five themes:

- increasing stability in placements
- rates of children achieving permanency
- prevention program success rates
- reunification rates, and
- the level of participation by children in decisions about their lives.

Within each theme, the Directorate will be reviewing the specific impact on Aboriginal and Torres Strait Islander children and young people, particularly with respect to prevention and reunification services.”

Data from the operation of Uniting Children and Families ACT program from commencement in January 2016 were also provided: 41 families with 102 children (over 65 per cent of referred Aboriginal and Torres Strait Islander families) have actively engaged with the service.

NORTHERN TERRITORY

No comments were provided about data gaps.

1.5 CHILDREN IN OOHC BY 2036: AN ALARMING PROJECTION OF GROWING OVER-REPRESENTATION

In this Family Matters Report, we update the 20-year projection of the number of Aboriginal and Torres Strait Islander children in OOHC in 2036 using a simple model if today's conditions remain the same (refer to Figure 3). The method used to develop the projection is detailed in Appendix II and Appendix III details the caveats for the projection scenario. This year's estimates include high and low rates. The findings in this year's report indicate that the forward projection has not improved and in fact looks worse over the next 20 years.

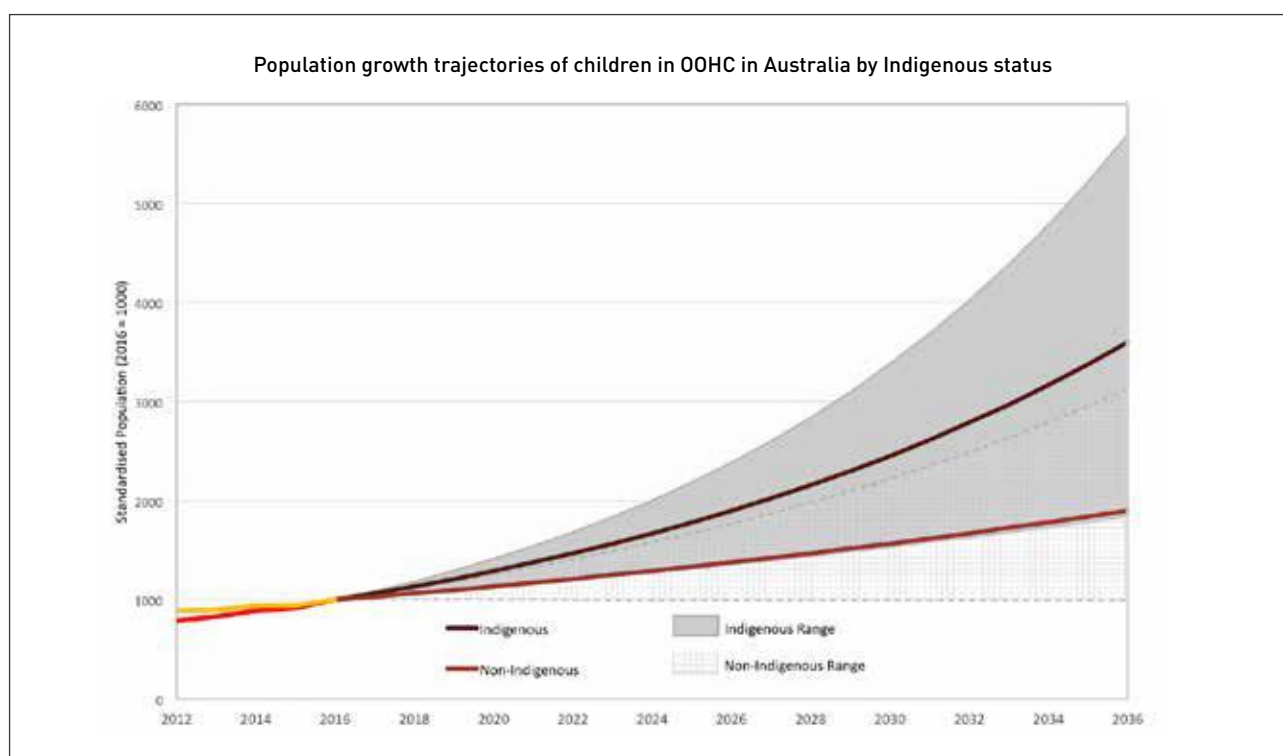
The population of Aboriginal and Torres Strait Islander children in care is projected to more than triple in size by 2036, compared with the non-Indigenous population of children in OOHC that is projected to almost double.

Not only will the number of children in OOHC continue to increase for all children, the level of over-representation of Aboriginal and Torres Strait Islander children will increase over time, which means that, if trends continue, an even greater percentage of Australia's Aboriginal and Torres Strait Islander children will spend time in OOHC. The number of Aboriginal and Torres Strait Islander children in care must be substantially decreased immediately or the proportion of Aboriginal and Torres Strait Islander children in care will continue to increase rapidly. The dark-burgundy curve in Figure 3 represents the projected population growth of the Aboriginal and Torres Strait Islander

OOHC population using the average annual growth rate observed in the past seven years, and the light-burgundy curve represents the growth of the non-Indigenous OOHC population. Because each year's difference is compounded (that is, it gets worse every year), the proportional difference grows larger and more difficult to address with every passing year. Ultimately, unless the growth rate of the Indigenous population in OOHC can be quickly and consistently brought to the absolute lowest estimated annual growth rate (bottom of the green shaded area in Figure 3), successfully addressing over-representation becomes increasingly unlikely. There is significant variation across different states and territories in the rate at which the numbers of Aboriginal and Torres Strait Islander children in care are rising. Graphs showing variations and projections for each state and territory are included as Appendix IV.

Although the growth is alarming for all children, this projection presents a particularly startling and disturbing picture of the future impacts on Aboriginal and Torres Strait Islander families and communities and highlights the tremendous challenges and opportunities for reform facing legislators, policy makers, program designers, and practitioners alike. If we fail to intervene now to embed all five elements of the Child Placement Principle in legislation, policy, programs, processes and practice, over-representation can only increase. Each of the four inter-related processes described earlier – in care, entering care, exiting care, length of stay – must be tackled, particularly through prevention, early intervention, and reunification of families.

FIGURE 3 Population growth trajectories of children in OOHC in Australia by Indigenous status



Notes: Populations are standardised to 1000 using population of Aboriginal and Torres Strait Islander and non-Indigenous children in OOHC on 30 June 2016. Years 2012 to 2016 are based on observed populations in OOHC. Years 2017 to 2036 reflect estimated population growth trajectories under the assumption that each population continues to grow at its average annual population growth rate between 2010 and 2016. The ranges of the projected populations are based on the minimum and maximum population growth rates between 2012 and 2016.

1.6 STATE AND TERRITORY GOVERNMENT RESPONSES AND ACTIONS TO ADDRESS THE CAUSES AND GROWTH OF OVER-REPRESENTATION

For this report, each state and territory government was invited by the co-chairs of the Family Matters campaign to provide information about their current strategies, actions, and investments to reduce over-representation. All jurisdictions responded to the request and all acknowledged that the over-representation of Aboriginal and Torres Strait Islander children in care is a major problem that needs to be addressed. As an indication of their commitment to the campaign,

six states and territories have signed the Statement of Commitment that commits them to the campaign's six core principles and corresponding actions.

The information below summarises the high level statements provided by states and territories about their commitment to reducing over-representation and support for the Family Matters campaign, and describes the specific actions and strategies that they report to be undertaking

(Note: States and territories were requested to provide a maximum 500-word response. Where significantly greater input was provided, responses have been summarised and some strategies have been omitted. Full state responses are included on the Family Matters website):

QUEENSLAND

Our Way: A Generational Strategy for Aboriginal and Torres Strait Islander Children and Families (2017–37 (Our Way) and Changing Tracks: an Action Plan for Aboriginal and Torres Strait Islander Children and Families 2017–19 commit to deliver a range of innovative responses to reduce the disproportionate number of Aboriginal and Torres Strait Islander families in the child protection system, allowing children to grow up safely and cared for in their family, community and culture. *Our Way* also commits the Queensland Government and community services to be more accountable to Aboriginal and Torres Strait Islander people. The Queensland Government is committed to continuing the partnership with Family Matters to implement the 20-year strategy and improve public reporting to better reflect the strengths of Aboriginal and Torres Strait Islander people and challenges faced in Queensland across a range of issues.

Our Way is built on the Family Matters Building Blocks and enablers are identified as needed to achieve the building blocks: a child focus; empowering parents, families and communities; enabling self-determination; setting high expectations and positive norms; taking a holistic and life-course approach; recognising culture as a protective factor; addressing trauma and enabling healing; sharing power, responsibility and accountability; shifting and balancing investment; providing accessible and coordinated services; creating partnerships; and innovating, building evidence and adjusting.

Services and systems priority areas for the first three years are:

- Meeting the needs of Aboriginal and Torres Strait Islander young women under 25 years of age, and their partners, before and during pregnancy and parenting, especially in the first 1000 days
- Increasing access to, and involvement in, early years, health and disability programs for Aboriginal and Torres Strait Islander children aged 2 to 5 years
- Providing Aboriginal and Torres Strait Islander families who have complex needs and children at risk with the right services
- Enabling Aboriginal and Torres Strait Islander children and young people in OOHC to thrive, and re-engaging those disconnected from family and kin
- Enabling Aboriginal and Torres Strait Islander children and young people aged 15 to 21 years in or leaving OOHC to learn and earn, and stay safe and well.

The implementation framework has three phases moving through 7 planned action plans: Changing Tracks, Breaking Cycles, and Hitting Targets. *Our Way* will be delivered through joint implementation (action plans implemented through formal partnership agreements between representatives of Family Matters Queensland, the Queensland Government and relevant NGOs); joint governance (establishment of a Queensland First Children and Families Board); and shared accountability (annual public report card on progress in achieving targets, an Aboriginal and Torres Strait Islander Wellbeing Outcomes Framework, and evaluation of the strategy and action plans).

NSW

The NSW Department of Community Services (FACS) is undertaking a number of commitments and actions to address the over-representation of Aboriginal and Torres Strait Islander children and young people in OOHC, including a FACS Aboriginal Outcomes Strategy, and expresses interest in embedding Family Matters' targets in that Strategy. Specific actions and strategies identified include:

Commitment to addressing the over-representation of Aboriginal and Torres Strait Islander children and young people in OOHC

- Independent audit of 1200 children and young people who entered OOHC in 2015-16 to identify specific actions for improved outcomes for the individual child, and identify system improvements.
- Under Their Futures Matter reforms, investment of over \$90.5 million over 4 years to provide 900 new family preservation and restoration places, half of which are dedicated to Aboriginal and Torres Strait Islander children.
- Continued funding of approximately \$8 million to 10 Aboriginal Intensive Family-based Services for family preservation, restoration and placement services.
- By 2020, 30 per cent of all Targeted Early Intervention funding – to address the increasing number of children reported at risk of significant harm by intervening earlier – to be directed to Aboriginal service providers.
- As part of the FACS Aboriginal Outcomes Strategy, introduction of specific targets in 2017-18 for reducing over-representation in OOHC over time for reduced entries to OOHC and increased exits.

Improving support for, and participation of, Aboriginal children, families, carers and communities

- FACS, in partnership with AbSec, is developing an Aboriginal guardianship model to support stable, loving and permanent homes with family and kin through guardianship; and an Aboriginal case management policy covering the spectrum of early intervention through to OOHC/after care.
- AbSec, in partnership with FACS, is also developing an Aboriginal case management policy, which will cover the full continuum from early intervention through to leaving care.
- FACS consulted with AbSec, the Children's Court, Aboriginal NGOs, Aboriginal Legal Services and other partners to develop a new Cultural Plan for Aboriginal and Torres Strait Islander children in statutory OOHC.

The plan provides an improved and standardised approach to care and cultural planning and supports the cultural identity and ties of the child while in care through culturally appropriate consultations, a minimum of four activities that involve the child participating in their culture, and consultation and engagement with the child's Aboriginal family, kin and community to ensure cultural needs are met.

- FACS continuing to work with the advocacy group GMAR to implement the *Guiding principles for strengthening the participation of local Aboriginal community in child protection decision making* developed in November 2015, and to rollout local advisory groups across NSW.
- Continued involvement of Aboriginal families and communities in FACS-delivered Aboriginal Children and Family Centres (ACFC), which bring together early childhood, health and family support services to improve the overall health and wellbeing of children and provide support to their families. In 2015-16, an average of 3800 children and parents or carers received support services each quarter. The services have funding of \$15.2 million over 4 years from 2016-17.

Improving sector capacity

- Under the Permanency Support Program, FACS will work closely with AbSec to strengthen the capacity of Aboriginal service providers to keep Aboriginal children safe and cared for, within their families or with kin. This includes enhancing prevention, preservation and restoration to families and kin where possible.
- FACS and AbSec are also working to implement an industry development strategy within the broader Aboriginal community-controlled sector with the aim of ensuring an integrated, evidence-based approach to ensure Aboriginal service providers have a skilled, capable and informed workforce, and that Aboriginal community-controlled organisations can deliver a broad range of services to Aboriginal children, young people and families across NSW.

VICTORIA

The Victorian government shares the Family Matters commitment to eliminating the over-representation of Aboriginal and Torres Strait Islander children placed in OOHc and to improving outcomes for Aboriginal and Torres Strait Islander children. Specific actions and strategies identified as being undertaken by the Department of Health and Human Services include:

- *Aboriginal Children's Forum (ACF)*: Established as a result of an Aboriginal Children's Summit convened by Minister Mikakos in August 2015, the ACF is a representative forum of Aboriginal Community-Controlled Organisations (ACCOs), the community sector, and is government convened quarterly. The forum was established to drive the safety and wellbeing of Aboriginal children and young people in, or at risk of entering, OOHc. The ACF is chaired by Minister Mikakos and a CEO from an ACCO.
- *Transfer of targets and funding from non-Aboriginal providers to ACCOs*: The department, in partnership with the ACF, will utilise a transition strategy, timeline and action plan to implement the transfer of case management of Aboriginal children and resources to ACCOs. The ACF has set the following Key Performance Targets for the transfer of case management of Aboriginal children to ACCOs: "A progressive increase in the proportion of Aboriginal children and young people in out of home care case managed by an ACCO from 14 per cent in 2016, to 30 per cent in 2017, to 80 per cent in 2018 and 100% in 2021."
- *Aboriginal Children in Aboriginal Care*: Section 18 of the Children, Youth and Families Act 2005 enables the Secretary of the department to authorise the Principal Officer of an Aboriginal agency to perform specified functions and powers conferred to the Secretary in relation to an Aboriginal child subject to a protection order. The 2017-18 State Budget committed \$1.1 million to support the implementation of Aboriginal Children in Aboriginal Care. The department is working in partnership with the Victorian Aboriginal Child Care Agency (VACCA) and other ACCOs to develop the systems and processes necessary for the first authorisations to occur in the second half of 2017.
- *New model for cultural planning*: The Children, Youth and Families Act was amended in March 2016 to require a personalised cultural plan be provided to each Aboriginal child in OOHc. The 2016-17 State Budget provided an additional \$5.3 million over 2 years to develop and implement a new operational model for cultural planning. A revised model has been co-designed

with the Commissioner for Aboriginal Children and Young People, ACCOs and Community Service Obligation. The new model requires cultural plans to be endorsed by an ACCO CEO and includes funding for ACCOs to employ Aboriginal Cultural Planners to assist care teams to develop and implement cultural plans as well as a statewide co-ordinator employed by VACCA. The new model also includes the development and management of a cultural information portal where information can be shared with professionals and carers to assist with cultural planning and the building of children's connections with their community. Training for child protection practitioners and sector partners on cultural planning has also been provided.

Further initiatives include:

- establishment of a Statewide Principal Practitioner for Aboriginal children to lead practice in the department
- \$5.2 million over 2 years to support Aboriginal foster care and kinship care
- \$3.6 million over 2 years to expand the Aboriginal Child Specialist Advice and Support Service that provides consultation to child protection on all significant decisions
- procedural reform and practice guidance to improve the early and timely identification of a child's Aboriginality
- provision of cultural awareness training to the child protection workforce
- improving the number of children placed with Aboriginal carers by focusing efforts to identify Aboriginal kinship carers and using genograms to map the child's extended family and community
- developing practice advice to ensure no child is de-identified as being Aboriginal and/or Torres Strait Islander without consultation with the Commissioner for Aboriginal Children and Young People and endorsement at a very senior departmental level
- review of the functioning of the Aboriginal family-led decision making program.

WESTERN AUSTRALIA

The Department of Communities (Communities) is committed to the work being progressed by SNAICC on behalf of the Aboriginal and Torres Strait Islander Working Group, National Framework for Protecting Australia's Children 2009-2020, and is supportive of the full implementation of the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle, and the development of a comprehensive and consistent national data set on Aboriginal and Torres Strait Islander child safety and wellbeing. Communities is also engaged with the Western Australia Family Matters Working Group and efforts in Western Australia to reduce the over-representation of Aboriginal children in the child protection system. In addition to engagement with the Working Group, the Assistant Director General, Child Protection and Family Support has agreed to meet with SNAICC – Family Matters on a quarterly basis to continue to support work that will deliver better outcomes for Aboriginal families and children. Specific strategies and actions identified include:

- *Building a Better Future: OOHC Reform in Western Australia* (OOHC reform) supports partnerships between Aboriginal community-controlled organisations (ACCOs) and existing OOHC community sector organisations, ultimately supporting the development of stand-alone Aboriginal OOHC community service providers over the longer term. The intent of OOHC reform is to work towards building a service system that better meets the needs of Aboriginal children and families. This includes the development of a Department-initiated ACCO strategy that will guide greater engagement with ACCOs, and strengthen the delivery of culturally responsive services for Aboriginal children and families in the OOHC sector.
- *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy* (EIFS Strategy) provides a framework for the service system to more effectively deliver intervention

and family support services. The EIFS Strategy focuses on four key areas: delivering shared outcomes through collective effort, with a focus on Aboriginal children and families; a culturally competent service system; diverting families from the child protection system; and preventing children from entering OOHC. Current actions include the procurement of Aboriginal In-Home Support Services through a restricted tender process for ACCOs; procurement of Intensive Family Support Services across metropolitan and regional Western Australia that prioritises Aboriginal families and provides in-home family support services to families who are most at risk of child protection intervention, or families where reunification has been identified as a possibility; and co-design of the Parent and Baby Support Service specifically for Aboriginal parents (aged 15 to 25 years) to support newborn babies to remain in their parent's care from birth.

- *Aboriginal Services and Practice Framework 2016-2018* is an overarching framework that outlines the vision, foundation elements, and guiding principles that will inform and support the work of Child Protection and Family Support with Aboriginal children, families and communities, including all reform actions. It identifies four priority areas – Capacity Building; Community Engagement; Practice Development; and People Development. Each priority area outlines strategies and actions for change that contribute to strengthening capacity and providing culturally responsive services for Aboriginal children, families and communities that come into contact with the child protection system in Western Australia.
- *Review of the Children and Community Services Act (2004) (the Act)*: A consultation paper for the review of the Act was released in December 2016. Extensive face-to-face consultation was undertaken with Aboriginal communities across Western Australia during early 2017. A final report of the review will be tabled in the Western Australia Parliament by the end of 2017.

SOUTH AUSTRALIA

The Department for Child Protection (DCP) has identified over-representation of Aboriginal and Torres Strait Islander children in OOHC as being of critical importance. Reducing the number of Aboriginal children in care is one of six priorities identified in the DCP vision statement, *Our vision: 2017-2020*...South Australia is committed to addressing over-representation in partnership with Aboriginal people and the community...Reducing over representation requires a broader approach than that taken by DCP..."South Australia continues to engage with the Commonwealth, other jurisdictions and NGOs to support initiatives under the *National Framework for Protecting Australia's Children* to address over-representation".

As well as partnering with a statewide Aboriginal Community Leadership Reference Group and DCP Chief Executive attending meetings of the SA Aboriginal Advisory Council, measures being undertaken by DCP are:

- Funding and participation in the Family Matters South Australia working group
- Development of a 5-year OOHC strategy to 2022 with a deliverable of reducing the number of Aboriginal children in OOHC
- Development of a framework to improve application and embedding of the Aboriginal and Torres Strait Islander Child Placement Principle in policy and practice
- Staff development programs to increase cultural capacity to work with Aboriginal children and families
- Implementation of a Family Scoping Unit focusing on finding kinship placements for Aboriginal children in OOHC and connecting them to culture and kin
- Purchase and trialling of the Winangay kinship carer assessment tool including in the Anangu Pitjantjatjara Yankunytjatjara Lands
- Implementing an Aboriginal Cultural Identity Support Tool to support provision of cultural advice and ensure decisions about Aboriginal children and families consider connection to kin and culture
- Contracting the Aboriginal Family Support Services (AFSS) to provide a Cultural Consultancy program offering advocacy, consultation, cultural advice and representation of views where an Aboriginal child is subject to DCP intervention. This includes Family Care Meetings as a Cultural Representative (excluding south-east of the state) and written cultural responses to court applications
- Operating the metropolitan-based early intervention Kanggarendi programs that provide intensive, culturally specific case management and services to address risk factors for abuse and neglect
- A 90-day project to work intensively with the Aboriginal community and organisations to transition children from short-term non-family-based care into family-based care with kin and community networks
- A pilot program for vulnerable care leavers in the Iron Triangle region with a focus on Aboriginal young people leaving care.

Other initiatives that South Australia reported are:

- *Department of Premier and Cabinet:* establishment of the Early Intervention Research Directorate that will have over-representation as a specific focus, and research conducted through the Directorate by the Australian Centre for Child Protection will help identify alternate pathways for Aboriginal children and support implementation of the Child Placement Principle
- *Department for Education and Child Development:* piloting of Child and Family Assessment and Referral Networks that will focus on early intervention to prevent further involvement with the child protection system; continuing the prioritisation of the needs of Aboriginal families in the 43 Children and Family Centres across the state; and early access to preschool from age 3 for Aboriginal children and children under guardianship of the Minister.

TASMANIA

The Tasmanian Government understands the critical importance of early intervention to diminish the flow of Aboriginal children into the system, including the benefits of identifying the opportunities to reduce over-representation. The Tasmanian Government supports the Family Matters aim to eliminate the over-representation of Aboriginal and Torres Strait Islander children in OOHC by 2040.

In Tasmania, it is difficult to run programs specifically for Aboriginal children given the cohort's low numbers, but a focus on Aboriginal over-representation continues to underpin our broader initiatives. The Child Safety Redesign proposes two cultural liaison positions in the child safety/protection space. The positions attract approximately \$660,000 of funding over three years and will:

- ensure services are able to connect to the Aboriginal community
- respond in a way that is culturally appropriate and sensitive
- provide linkages with existing services and networks.

Furthermore the Safe Home, Safe Families, Family Violence Action Plan commits to working

with the Tasmanian Aboriginal community to support families experiencing family violence. As part of the Government's priority to reset its relationship with the Aboriginal community, the 2016-17 budget included funding of \$333,000 over three years to improve the quality and accessibility of culturally appropriate services for Aboriginal children affected by family violence.

The Out of Home Care Strategic Plan will prioritise actions that implement systems and processes to ensure that children and young people are heard and that their views have a genuine impact on system design and decisions about their care. This will be supported by the development of a framework that establishes and implements rigorous quality improvement processes.

Tasmania is committed to improving levels of family preservation and reunification, with a particular focus on Aboriginal and Torres Strait Islander families through its membership in the Children and Families Secretaries national working group. The Tasmanian Government is continuing to invest in activities that support the COAG agenda to close the gap in Aboriginal disadvantage, with a focus on family violence, the early years, economic development and employment.



AUSTRALIAN CAPITAL TERRITORY

The following are extracts from the ACT government's response, which highlighted a number of initiatives:

- Under the A Step Up for Our Kids strategy, we have introduced services that are dedicated to providing support for Aboriginal and Torres Strait Islander families. This service system has a specific focus on keeping Aboriginal and Torres Strait Islander families together with a view to reducing the number of Aboriginal and Torres Strait Islander children coming into care.²
- A new Birth Families Advocacy Support Service operated by the Australian Red Cross provides support information and advice; empowering birth families to effectively, and in an informed way, participate in the child protection process. It aims to help them feel heard in decisions about their child. This service includes an identified Aboriginal and Torres Strait Islander staff member, which strengthens the ability of the service to meet the needs of Aboriginal and Torres Strait Islander birth families who come into contact with the child protection service.
- Supports for pregnant women, mothers and families whose children are at risk of entering care through the Mother and Baby Unit at Karinya House.
- *Aboriginal and Torres Strait Islander Review:* The ACT is commissioning an independent review to provide a deeper understanding of the over-representation of Aboriginal and Torres Strait Islander children and young people in OOHc and how to best respond. The primary focus will be to inform systemic improvements. The Government will engage with Canberra's Aboriginal and Torres Strait Islander communities and key Indigenous organisations in the development of the review as their input will be essential in designing an effective review methodology. This review will examine case planning for Aboriginal and Torres Strait Islander children and young people known to ACT Child and Youth Protection Services. The task will be conducted by a team led by skilled Aboriginal and Torres Strait Islander people with experience in child protection. It is envisaged that the review will be framed by the Aboriginal and Torres Strait Islander Placement Principles.
- *Family Group Conferencing:* The Child and Youth Protection Services Cultural Services Team is leading the development and establishment of a Family Group Conferencing trial focused on diverting Aboriginal and Torres Strait Islander children and young people from child protection and the youth justice system. The pilot includes the employment of two identified Aboriginal and Torres Strait Islander positions (on a temporary basis), based within the Child and Youth Protection Services Cultural Services Team, to undertake the facilitation of family group conferences. The pilot will be conducted over a 12-month period. Feedback will be sought from the families who participate in order to ensure the pilot is meeting the needs of ACT Aboriginal and Torres Strait Islander children, young people and their families.

² Clarification provided by Uniting NSW & ACT: These services are delivered by Uniting who work with Aboriginal and Torres Strait Islander agencies and community groups in the ACT to ensure the essential link is established between service delivery and local community. An evaluation of the appropriateness and effectiveness of Uniting ACT services for Aboriginal families is planned for 2018.



NORTHERN TERRITORY

There are currently 1000 children in OOHC in the Northern Territory. In a jurisdiction this size, the government recognises that is too many children in care. In 2015-16 nearly 80 per cent of child protection notifications and 90 per cent of children and young people placed in OOHC were Aboriginal. Over 600 of them will be in care until they are 18 years. The government recognises the need to change this trajectory of Aboriginal children going into care. Substantial change and sustained effort is needed to turn this around.

The Government has committed to provide earlier support for families who would not otherwise receive a service through the current child protection process. Territory Families is working on major reform agendas in child protection and youth justice.

The plan to transition OOHC to the non-government sector incorporates the Northern Territory Government's commitments to:

- grow and develop Aboriginal NGOs focused on looking after children in OOHC
- auditing the OOHC sector
- ensuring Aboriginal children requiring care are supported by extended Aboriginal families.

The following points are drawn from the Northern Territory Government response and Minister's recent communiqué, *Progress and challenges in child protection and youth justice*:

- Establishment of Territory Families to bring a whole-of-life approach to supporting families and placing child protection and youth justice within a broader framework of prevention and early intervention, including relooking at clinical practice and support services, and the development of clinical governance and care coordination frameworks that will support children at risk and vulnerable families at any point across Territory Families' service system
- Review of the *Care and Protection of Children Act*
- Commitment to investing in the early years and the development of a whole-of-government early childhood development plan
- Working with Health and Education to strengthen their capacity to provide targeted services in universal services that are familiar to children and families

- Co-locating family support services and providing wrap-around, more intensive support for those who are vulnerable, making it easier for families to access what they need
- Dual pathways, an alternate referral pathway to connect vulnerable families to family and parenting support services without direct involvement in the child protection system, including funding to NGOs to provide an extended scope and range of family and parenting support services, co-designed with the NGO sector, and negotiations with the Commonwealth to align family support efforts across governments
- Designing a culturally responsive OOHC and child protection system, guided by the six Family Matters Principles for working with Aboriginal people and organisations, including transferring OOHC to the non-government sector within seven years; investing in Aboriginal controlled organisations that can work with children in care in culturally safe, supportive and sustainable ways; partnering with NGOs to redesign and increase the standards and quality of the OOHC system in readiness for transition; introduction of an auditing and accreditation system for residential care facilities and procurement arrangements that respond to local need and do not disadvantage Aboriginal organisations and other NGOs with relevant experience and expertise in the Northern Territory; locally developed and based solutions to local placement of children in community; establishment of community reference groups that work closely with Territory Families to provide advice and problem-solve issues around children at risk and child protection matters; locally designed support and accommodation close to home while longer term arrangements are identified; better planning for transition to independent living improving support to foster and kinship carers; Foster Carers' Charter of Rights developed by Foster Carers Association Northern Territory
- Overhauling the child protection case management system.





PART 2

DATA ON ECONOMIC, SOCIAL AND COMMUNITY-LEVEL FACTORS

2.1 OVERVIEW

Part 2 of this report describes the main economic, social and community-level drivers that contribute to children and families experiencing disadvantage and vulnerability, which can bring them to the attention of child protection and family support services. Numerous studies have indicated that poverty is one of the major causes of child protection system involvement (e.g., Sedlak et al., 2010). Poverty is strongly intertwined with the historical legacy of colonialism, including forced child removals and discrimination experienced by Indigenous populations in the US, Canada, Australia, and New Zealand (Human Rights and Equal Opportunity Commission, 1997). The legacy endures through intergenerational transmission of the trauma (Aboriginal and Torres Strait Islander Healing Foundation, 2013; Atkinson, 2013; Bowers & Yehuda, 2016), and such trauma and associated poverty undermine the social structures for building and maintaining strong, intact families and communities.

There is clear evidence that early care and environmental factors have crucial impacts on later health and wellbeing, and that family interventions are more effective when applied early in children's lives (Allen, 2013; Fox et al., 2015; Heckman 2008). Unaddressed, family issues may otherwise worsen, compound, and ultimately increase the risk of harm to children over time. Government investment in early intervention to strengthen families provides long-term social and economic benefits by interrupting trajectories that lead to later problems pertaining to health (Fox et al., 2015), criminalisation (Homel, Freiberg, & Branch, 2015), and child maltreatment (Jack, 1997).

This section describes a set of measurable constructs that provide the foundations for prevention and early intervention that is likely to prevent rates of entry or re-entry into OOHC, by focusing on one or more of its antecedents³. Over time, this list and the available data will be expanded. Where available, data provided in the 2016 report have been updated.

2.2 ACCESS TO QUALITY, CULTURALLY SAFE, UNIVERSAL AND TARGETED SERVICES

Family Matters Building Block 1 is *"All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive"*. This section indicates the extent to which children and families have access to, and receive, high quality, universal and targeted services. Available information is included on access to relevant services, as well as data on the child outcomes targeted by these services.

a) Early childhood education and care participation

The formative years of a child's life are a critical predictor of their successful transition to school and life-long education, health, wellbeing and employment outcomes (Fox et al., 2015). Early childhood education and care (ECEC) services are intended to provide a safe and supportive environment for children to learn and grow. They can be integrated or co-located with other family support and early childhood services to provide a universal access point that links families with young children to each other, and to support services that strengthen parents' capacity to care for their children.

The *Report on Government Services* includes data on early childhood education and care, and preschool attendance by Indigenous status. **Aboriginal and Torres Strait Islander children access ECEC at significantly lower rates than non-Indigenous children** (SCRGSP, 2017). Figure 4 shows that in 2016, Aboriginal and Torres Strait Islander children were 50 per cent less likely to attend a Child Care Benefit approved child care service than non-Indigenous children.

A substantial number of Aboriginal and Torres Strait Islander children attend services funded under the Budget Based Funding (BBF) program which supports a capped number of early education, child care and school-aged care services in approved locations. These include playgroups, crèches, mobile services, and Multifunctional Aboriginal Children's services

³ The evidence base that informs the selection of measures in this section of the report is detailed further in the separately published Family Matters Policy Roadmap.

FIGURE 4 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 0 to 5 years attending Australian Government Child Care Benefit (CCB) approved child care services in 2016

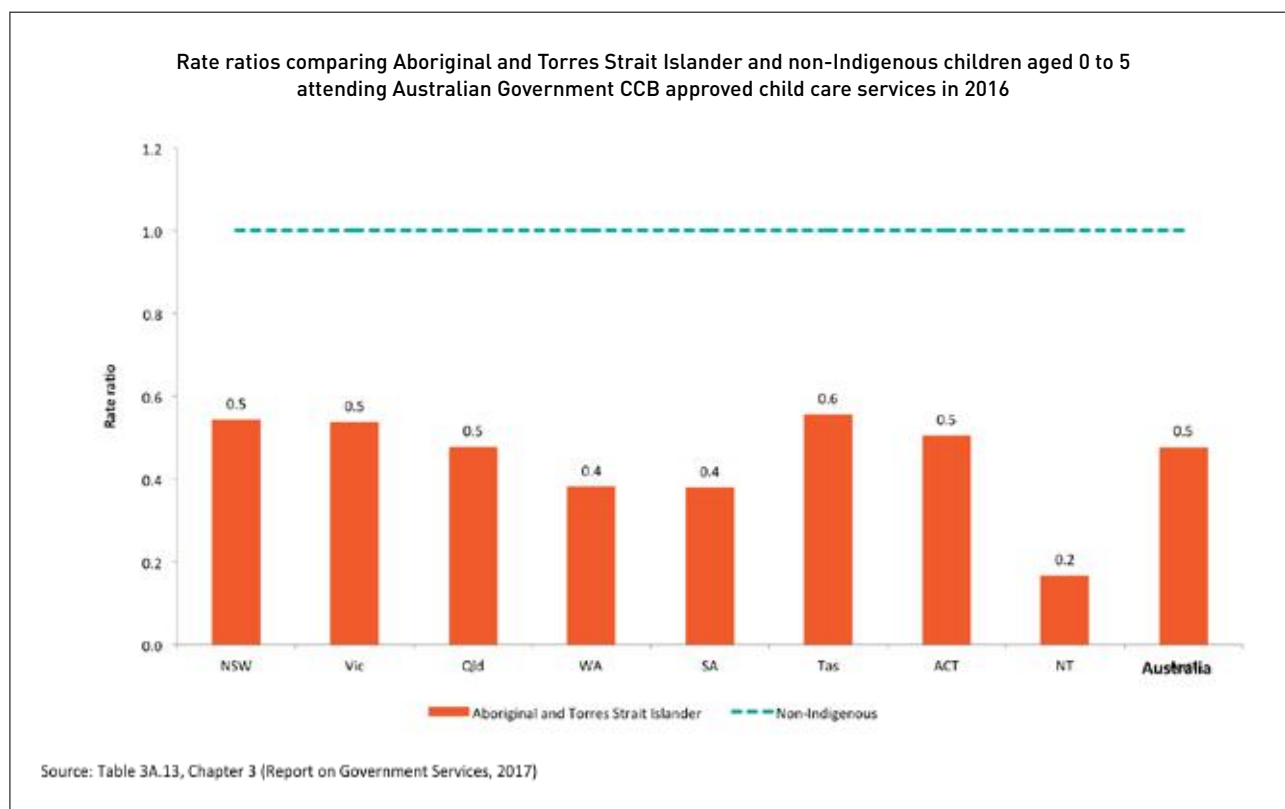


FIGURE 5 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 4 and 5 years attending a preschool program in the year before schooling in 2015

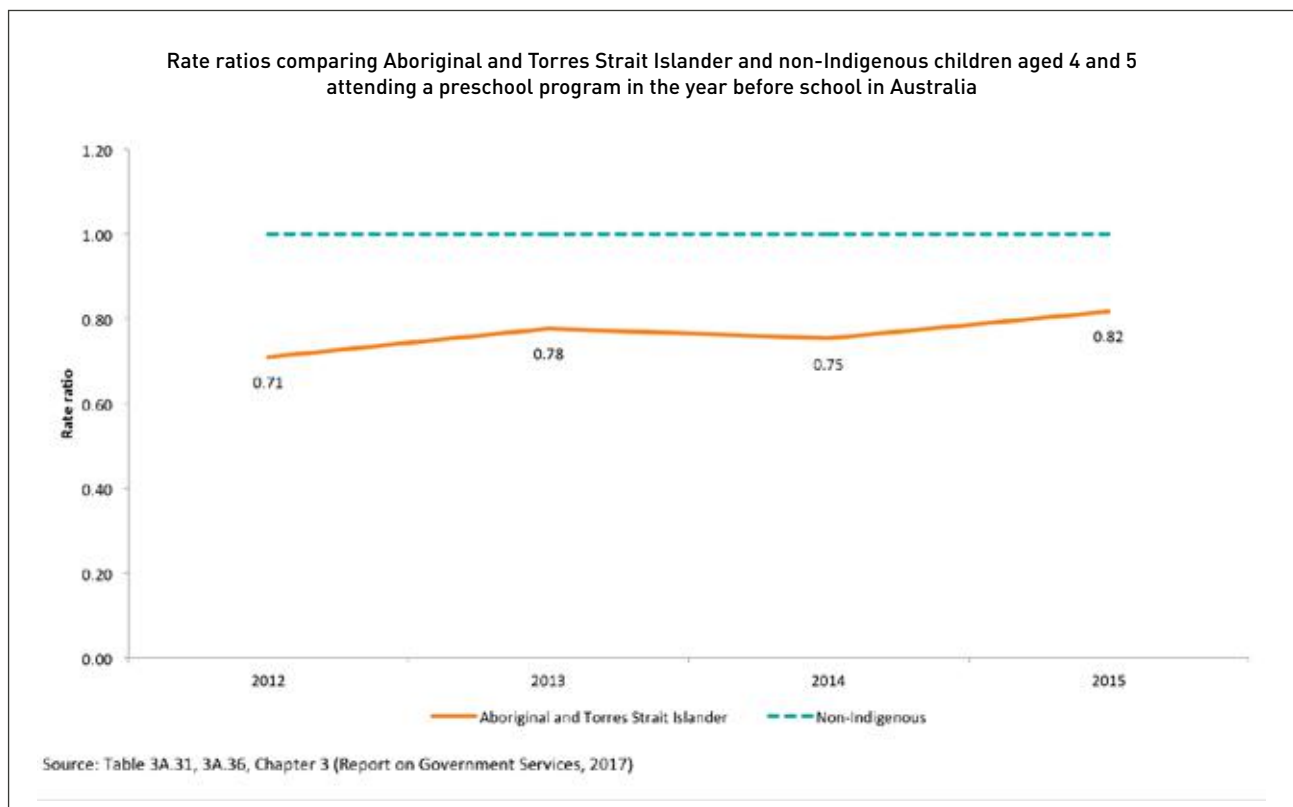


(MACS) located predominantly in rural, remote and very remote communities. It is not possible to compare these services with mainstream child care participation as a range of non-child care services are also provided. Of the 340 BBF services across Australia in 2014, 80 per cent were Aboriginal and Torres Strait Islander focused (Productivity Commission, 2014). The BBF program will end in mid-2018, when BBF services providing child care will be funded through the mainstream child care subsidy and the Child Care Safety Net, and other BBF services will be transitioned to alternative funding streams.

The 2014 Productivity Commission review into early childhood learning estimated that 15,000 extra ECEC places would be required if Aboriginal and Torres Strait Islander children's enrolment in ECEC was proportionate to their representation in the general population (Productivity Commission, 2014).

Preschool and kindergarten programs also provide support to families with young children by preparing children to transition to full-time schooling. Figure 5 shows that in 2016, across Australia, Aboriginal and Torres Strait Islander children aged 4 and 5 years had an 18 per cent lower likelihood of attending a preschool or kindergarten program in the year before schooling than non-Indigenous children. However, since 2012, preschool or kindergarten enrolment has improved, with the disparity lowered by 11 per cent, as shown in Figure 6.

FIGURE 6 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children aged 4 and 5 years attending a preschool program in the year before school in Australia



DATA GAPS

COMMUNITY-CONTROLLED ECEC

National data reporting on ECEC service participation does not include Aboriginal and Torres Strait Islander children who participate in services funded under the Budget Based Funding (BBF) program. From July 2018, the BBF program will end and all childcare services will be transitioned to mainstream funding. Given that the program will no longer exist, it is essential that separate data be collected on provision of Aboriginal and Torres Strait Islander community-controlled ECEC, an important indication of the level of culturally safe service provision. SNAICC advocates strongly for the development and support of an Aboriginal and Torres Strait Islander early years sector incorporating existing BBF and Aboriginal Children and Family Centre services and building capacity for new community-led services to address the gap in developmental outcomes and ECEC participation for Aboriginal and Torres Strait Islander children. This position is not supported by current Commonwealth government policy.

In addition, data that includes the socio-economic status of ECEC service participants, remoteness, and the location of ECEC services would facilitate a better understanding of Aboriginal and Torres Strait Islander access to ECEC services.

RECOMMENDATION: Collection and publication of data on investment in Aboriginal and Torres Strait Islander community-controlled ECEC services and access for Aboriginal and Torres Strait Islander children to these services as a critical point for culturally safe primary prevention service provision.

INTEGRATED EARLY CHILDHOOD SERVICES

Another significant gap is data on access for Aboriginal and Torres Strait Islander families to integrated early childhood support services through centre-based environments that provide a range of early childhood service supports. While services such as Aboriginal Children and Family Centres and Multi-Functional Aboriginal Children's services have long provided these types of support, the level of investment and access for families is not reported nationally.

RECOMMENDATION: Development of data on investment in and Aboriginal and Torres Strait Islander access to integrated early childhood support services.

b) Early childhood development outcomes

A valuable indicator of whether a child has been enabled to thrive during the early years of life is their developmental progress when they start formal schooling. The Australian Early Childhood Development Census (AEDC) collects data on early childhood development when children commence their first year of full-time education. Data are collected in five areas: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge.

Aboriginal and Torres Strait Islander children's higher rates of developmental vulnerability identified in AEDC reports correlate with their under-representation in ECEC services and highlight the various levels – child, family, school, and community – that assessments of school readiness need to incorporate (Australian Council for Educational Research, 2016). Figure 7 shows that since 2009, Aboriginal and Torres Strait Islander children are consistently over 2.5 times more likely to be vulnerable on 2 or more domains compared with non-Indigenous children. Moreover, there has been no substantial improvement on this measure over the 6-year period for which data are available. Indigenous developmental vulnerability has decreased from 47 per cent in 2009 to 42 per cent in 2015 (AEDC, 2015).

Across the states and territories, developmental vulnerability varies significantly for Aboriginal and Torres Strait Islander children. Figure 8 shows that in the Northern Territory in 2015 Aboriginal and Torres Strait Islander children were around 4.5 times more likely to be developmentally vulnerable on 2 or more domains than non-Indigenous children, while Tasmania had the lowest level of disparity with a rate ratio of 1.56.

c) Maternal and child health service access and outcomes

For expectant mothers, experiences of disadvantage are closely linked to a range of factors that affect the healthy development of children during pregnancy and early in a child's life. Key factors that negatively impact child development at this critical stage include domestic violence, psychological stress, substance misuse and poor nutrition (Moore et al, 2017). These early life influences impact healthy brain development and have significant implications for outcomes across the life-course, with a poor start to development likely to see a child fall further behind at each subsequent stage (Arabena, 2014).

Despite these heightened risk factors, women from the most disadvantaged areas are also the least likely to access critical antenatal health and support services, particularly during the first trimester when the risk of harm to the foetus is heightened (Moore et al, 2017).

FIGURE 7 Rate ratios comparing developmentally vulnerable Aboriginal and Torres Strait Islander and non-Indigenous children in their first year of full-time education

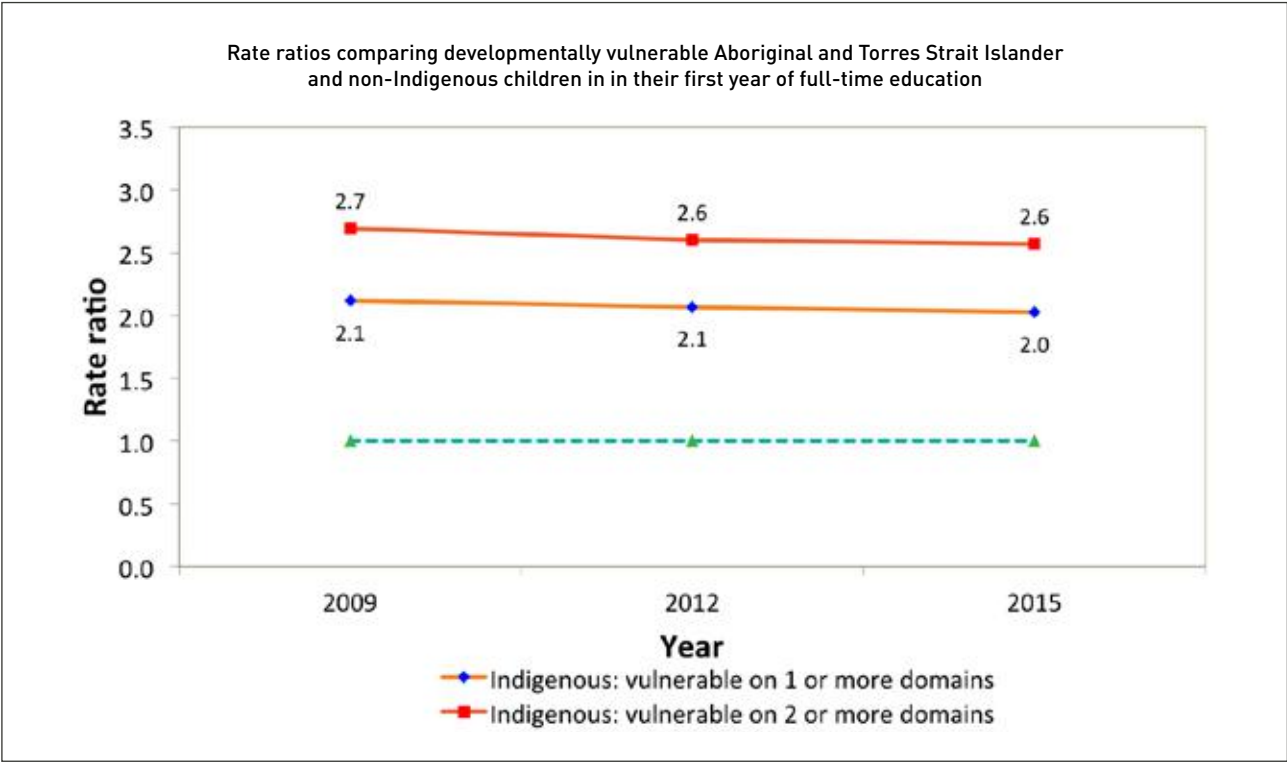


FIGURE 8 Rate ratios comparing developmentally vulnerable Indigenous and non-Indigenous children on two or more domains in their first year of full-time education

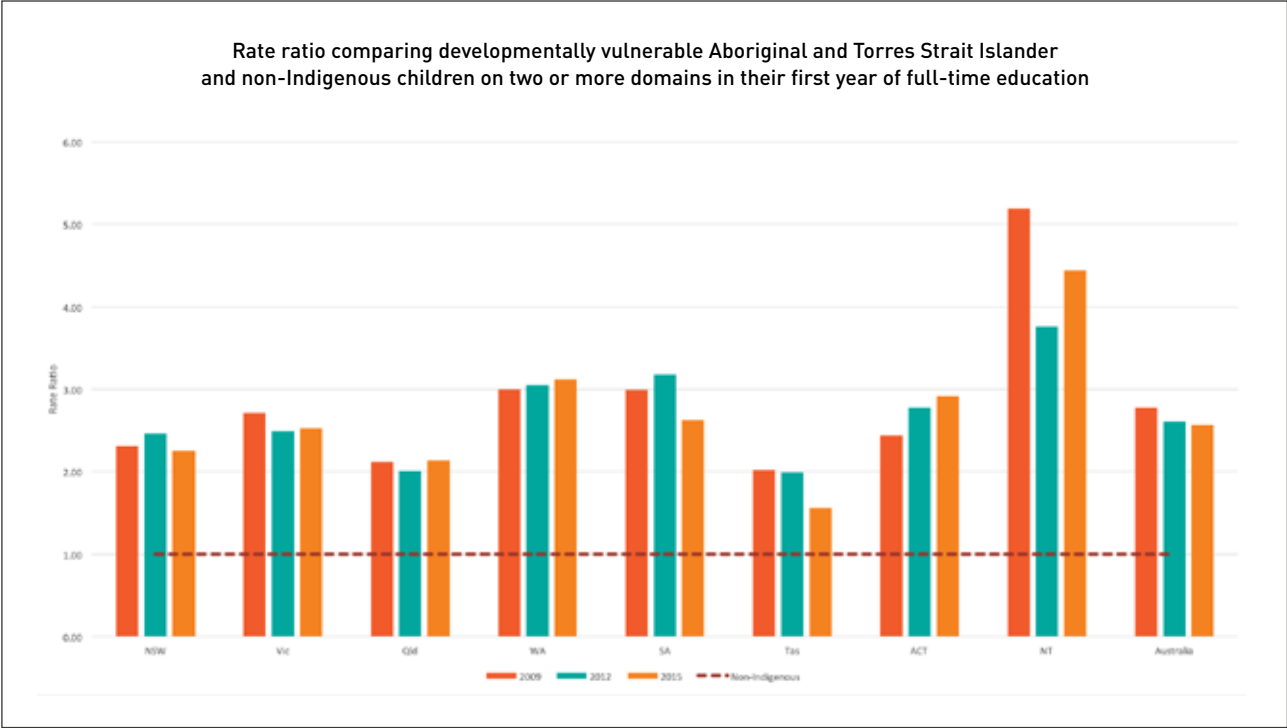


FIGURE 9 Age-standardised percentage of mothers whose first antenatal care session occurred in the first trimester, by Indigenous status and remoteness, 2014.

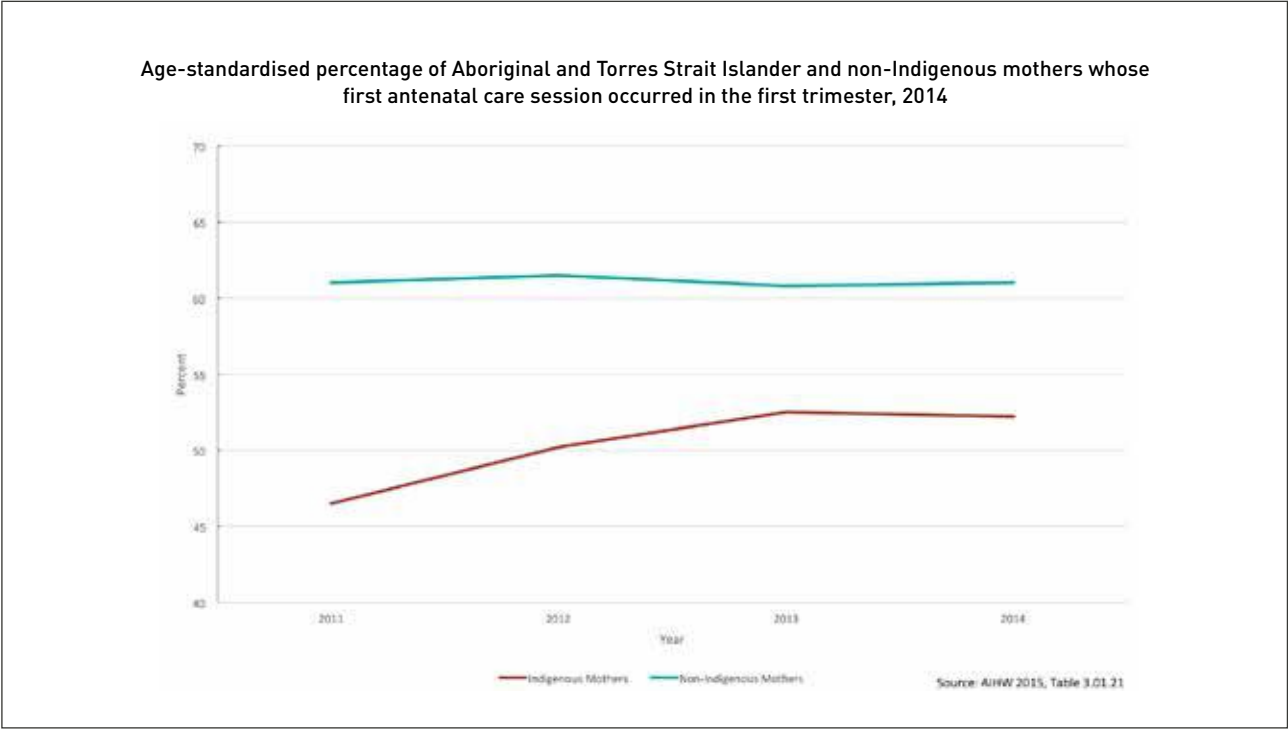


FIGURE 10 Age-standardised percentage of mothers whose first antenatal care session occurred in the first trimester, by Indigenous status and remoteness, 2014.

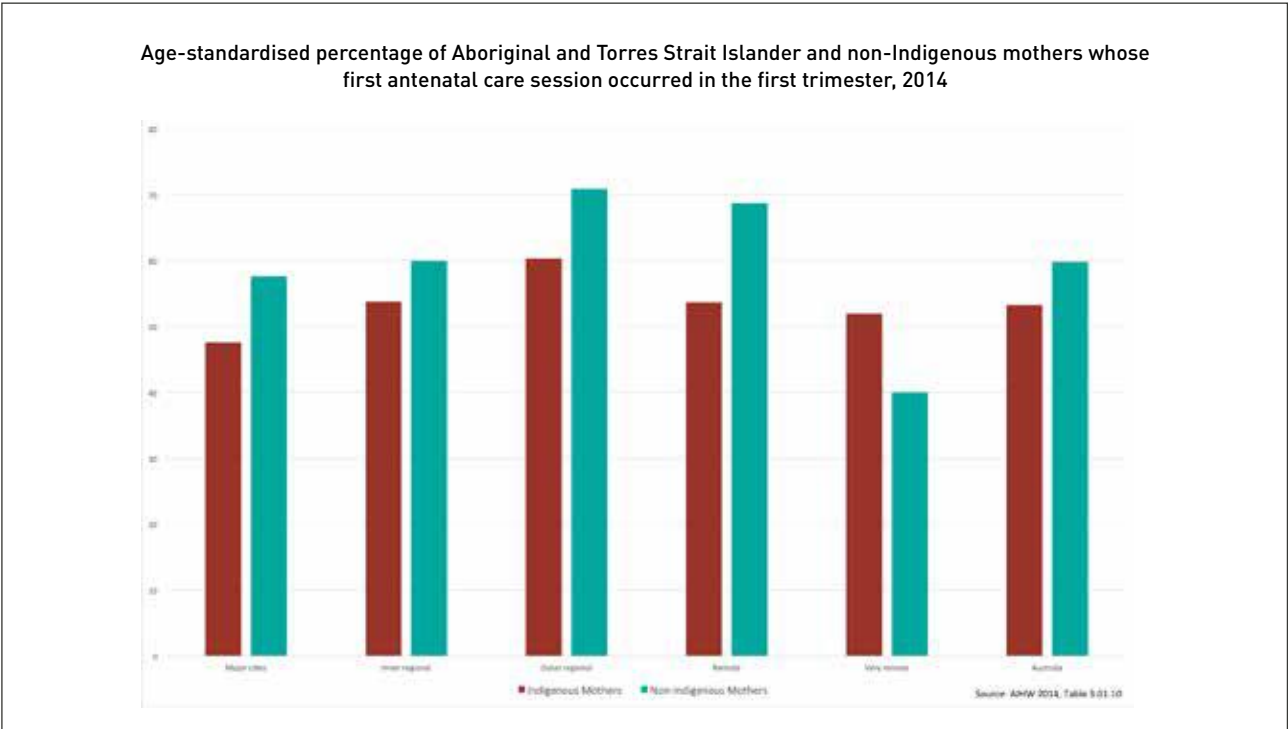


Figure 9 depicts data from the Aboriginal and Torres Strait Islander Health Performance Framework that shows the age-standardised percentage of mothers who attended at least one antenatal care session during the first trimester from 2011 to 2014. The gap between Aboriginal and Torres Strait Islander and non-Indigenous women in access to services has narrowed from 14.5 per cent in 2011 to about 8.8 per cent in 2014. Figure 10 shows that there were significant variations in levels of access based on geographic location. Notably it indicates that while the greatest disparity in access occurred in remote locations, the lowest percentage of Aboriginal and Torres Strait Islander women accessing a service in the first trimester were in major cities (47.6 per cent).

Child and infant mortality rates provide an important indication of whether parents and young children are able to access vital and quality health and wellbeing supports during pregnancy and early in a child's life.

They also provide a proxy indicator of the prevalence of environmental factors that risk child death and the extent to which those factors are being addressed. One of the Closing the Gap targets is to halve the gap in mortality rates between Aboriginal and Torres Strait Islander children and non-Indigenous children aged 0-4 between 2008 and 2018. Figure 12 shows that this target is off track. While there have been significant gains to reduce Aboriginal and Torres Strait Islander mortality between 1998 and 2015, the previous 7 years to 2015 have seen the over-representation of Aboriginal and Torres Strait Islanders in child deaths grow from a rate ratio of 1.84 to 2.23. This appears to be due to decreasing mortality rates for non-Indigenous children and stagnant mortality rates for Indigenous children. Figure 11 shows a similar situation for infant mortality rates.

FIGURE 11 Infant mortality rate and rate ratios of infant mortality rates for Aboriginal and Torres Strait Islander and non-Indigenous children (1998 - 2015)

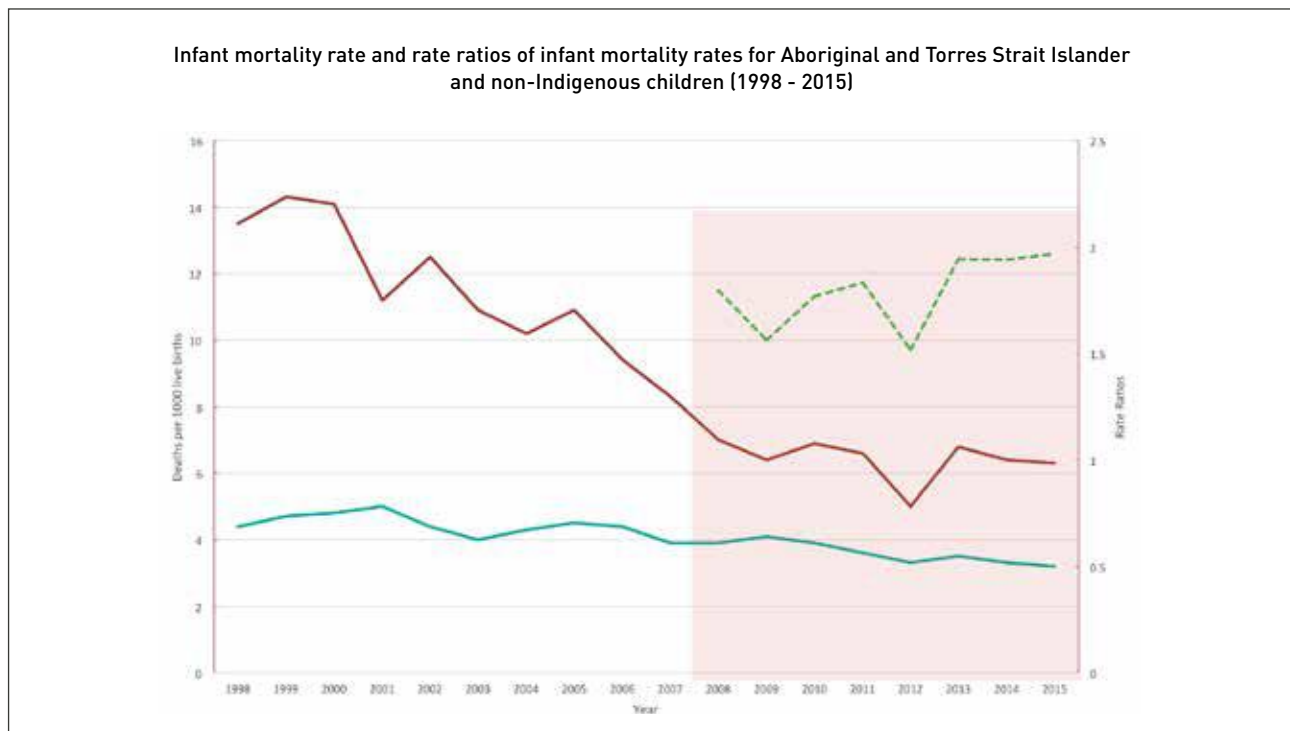


FIGURE 12 Child mortality rate (0 - 4) and rate ratios of child mortality rates for Aboriginal and Torres Strait Islander and non-Indigenous children (1998 - 2015)

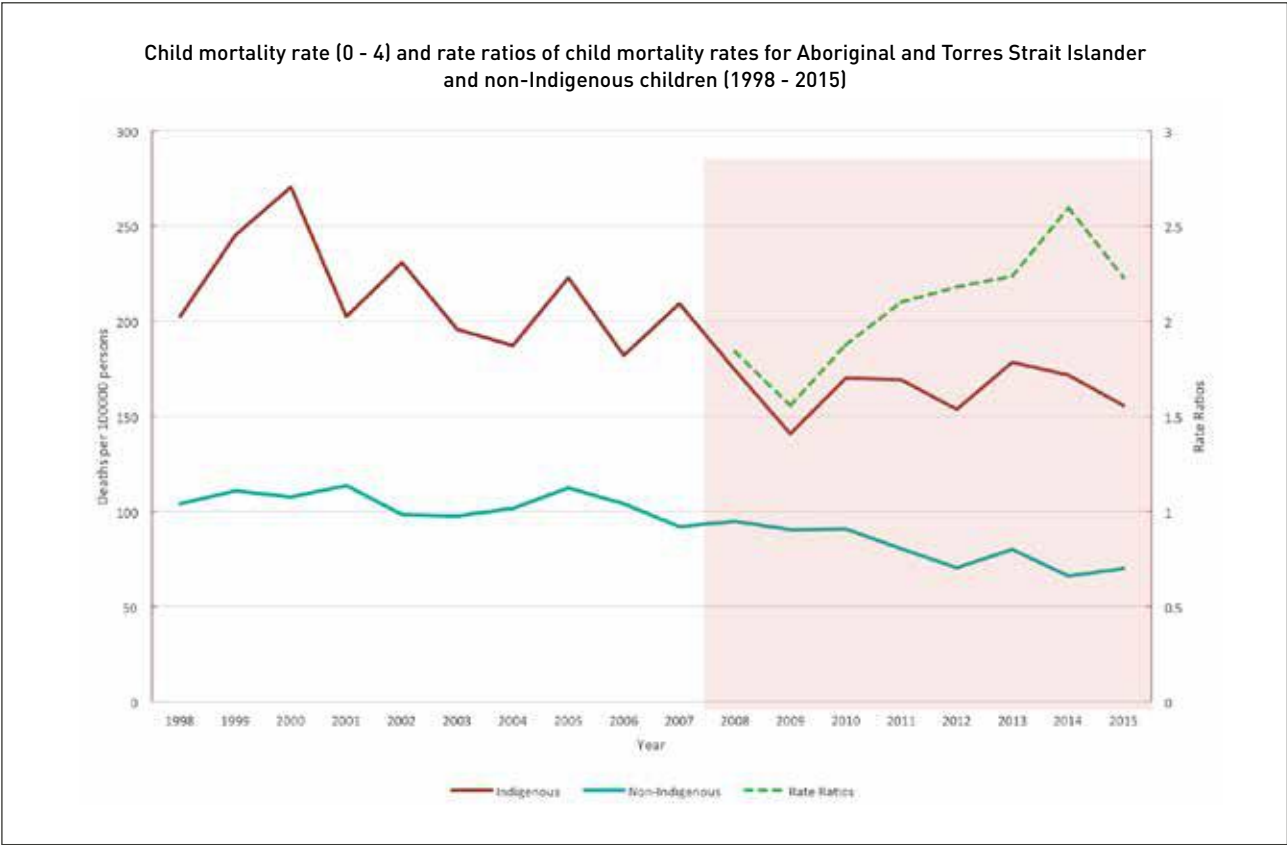


FIGURE 13 Real recurrent expenditure for child protection in Australia (2015-16)

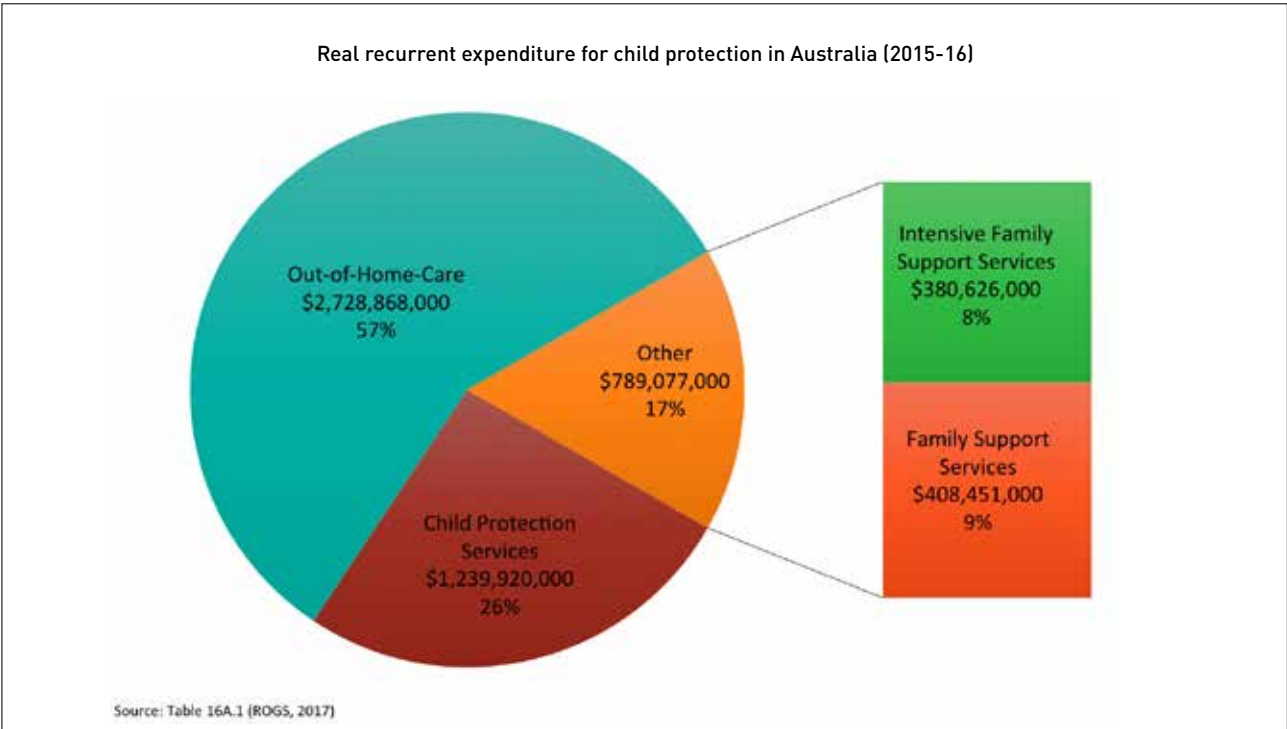
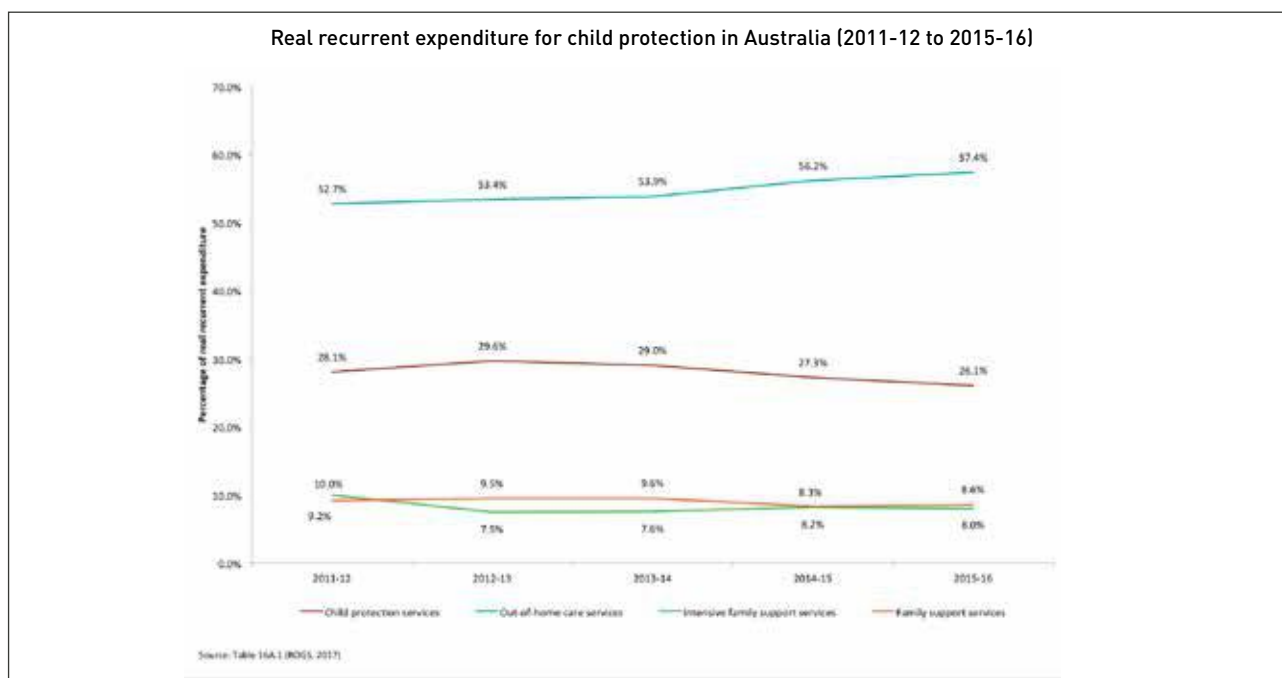


FIGURE 14 Real recurrent expenditure for child protection in Australia (2011-12 to 2015-16)



d) Investment in early intervention services in child protection

Provision of prevention and early intervention supports to families is one of the major strategies used to improve outcomes for vulnerable children and families and is a core strategy in the *National Framework for Protecting Australia's Children 2009-2020*.

Reported state and territory expenditure on child protection and family support services is not available by Indigenous status. This means there is no clear picture of whether Aboriginal and Torres Strait Islander families receive an equitable share of resources, relative to needs. However, examination of recurrent expenditure provides a useful indication of the level of in-home support provided to families before statutory child protection intervention, as compared with expenditure on investigation, court orders, and OOHC services. Core service types that are identified as critical in supporting families experiencing vulnerabilities include: intensive family support to preserve and reunify families where there are child protection concerns; in-home parent support services; and other casework support for families experiencing lower-level difficulties.

In 2015-16, only 17 per cent of overall real expenditure in child protection funding was invested in support services for children and their families, amounting to less than \$800 million as compared to \$4 billion, or 83 per cent, of funds spent on investigation, court orders, and OOHC services (Figure 13) (SCRGSP, 2017). Standing at only 8 and 9 per cent of the overall budget respectively, intensive family support services (IFSS) and family support services are treated financially as secondary to tertiary child protection and OOHC services. To reduce unnecessary state intervention

in Aboriginal and Torres Strait Islander family life, there must be a re-balancing of expenditure in early intervention family support services (i.e., secondary level and voluntary) and statutory child protection intervention (i.e., tertiary level and court-ordered).

An examination of increases in recurrent expenditure categories provides a useful indication of whether, and the extent to which, expenditure is being shifted from tertiary to secondary and preventive services. Of particular interest is the level of investment in families receiving support before statutory child protection intervention commences, compared with the level of investment after statutory intervention has begun. Between 2011-12 and 2015-16, investment in support services decreased slightly while investment in OOHC services increased. Funding investigation and court orders remained relatively stable. Figure 14⁴ shows that the proportion of funding invested in support services decreased from 19.2 per cent to 16.6 per cent of overall spending. The decrease was slightly larger in intensive family support services, the proportion of which decreased by 20 per cent over the five-year period. On the other hand, the proportion of funding to OOHC services increased by 9 per cent. The changes amount to millions of dollars, with funding for OOHC rising from \$2.04 billion in 2011-12 to \$2.73 billion in 2015-16. At the very least, this indicates that early intervention and prevention services are not receiving increased levels of investment while funds continue to overwhelmingly favour tertiary services, predominantly OOHC. This indicates that responses to child protection concerns are service-led, rather than needs-led.

Table 1 shows the breakdown of funding in 2015-16 by states and territories.

⁴ Note that per cent change in expenditure was calculated differently from that in the last Family Matters report. In the last report, the changes presented were changes of percentage from the reference year, not proportional changes.

TABLE 1 Real recurrent expenditure for child protection (CP) services, OOHC, intensive family support and family support by state and territory governments, 2015-16

Jurisdiction	CP services		OOHC		IFSS services		Family support services		Total
	Unit \$'000	%	Unit \$'000	%	Unit \$'000	%	Unit \$'000	%	
NSW	421,254	24.2	1,028,837	59.2	175,019	10.8	114,080	6.6	1,739,190
Vic	227,102	23.7	492,066	51.3	95,236	11.7	143,950	15.0	958,354
Qld	345,765	36.8	466,133	49.5	81,373	9.1	47,502	5.0	940,773
WA	157,586	34.2	251,294	54.6	10,008	2.4	41,394	9.0	460,282
SA	25,326	7.5	290,029	86.2	9,365	2.9	11,704	3.5	336,425
Tas	16,376	20.1	52,246	64.2	6,820	9.0	5,930	7.3	81,373
ACT	14,995	26.4	36,648	64.4	2,701	4.9	2,533	4.5	56,876
NT	31,515	17.1	111,615	60.5	105	0.1	41,357	22.4	184,593
Australia	1,239,920	26.1	2,728,868	57.4	380,626	8.8	408,451	8.6	4,757,866

Source: Table 16A.1 [SCRGSP, 2017]

DATA GAPS

EXPENDITURE BY INDIGENOUS STATUS

Data are unavailable to show the percentage of expenditure in child protection and family support that relates to Aboriginal and Torres Strait Islander children. Data are also unavailable to show what percentage of expenditure in family support and intensive family support was for services targeted for Aboriginal and Torres Strait Islander children and delivered by community-controlled agencies. These data are needed to ensure a better understanding of costs of service provision for Aboriginal and Torres Strait Islander children, and relative investment in culturally safe and targeted interventions that could prevent their entry to OOHC.

RECOMMENDATION: Development and publication of data on expenditure in child protection and family support both provided to Aboriginal and Torres Strait Islander children and provided by community-controlled services.

Figure 15 shows that in 2015-16 Aboriginal and Torres Strait Islander children were on average 5.3 times more likely to commence an IFSS than non-Indigenous children, noting that data were unavailable for Tasmania and the Northern Territory. The rate ratios ranged from 4 times more likely in Victoria to 15.5 times more likely in the ACT, where Aboriginal and Torres Strait Islander children were much more likely to commence IFSS than non-Indigenous children.

While this type of over-representation can be seen as encouraging (i.e., Aboriginal and Torres Strait Islander children are more likely than their non-Indigenous counterparts to receive needed services), the data should be approached with some caution. The level of service access does not necessarily match the level of need and is insufficient to make a significant dent in over-representation in IFSS. Despite their over-representation in IFSS, only 2 per cent of Aboriginal and Torres Strait Islander children commenced an IFSS in 2015-16 across five states/territories where data were available (Figure 16). Figure 15 also shows the level of expenditure on intensive family support per child in the states and territories. This provides another caution, showing that in some states, such as South Australia, while Aboriginal and Torres Strait Islander children are highly over-represented in service access, there is a relatively low investment in providing services in the state.

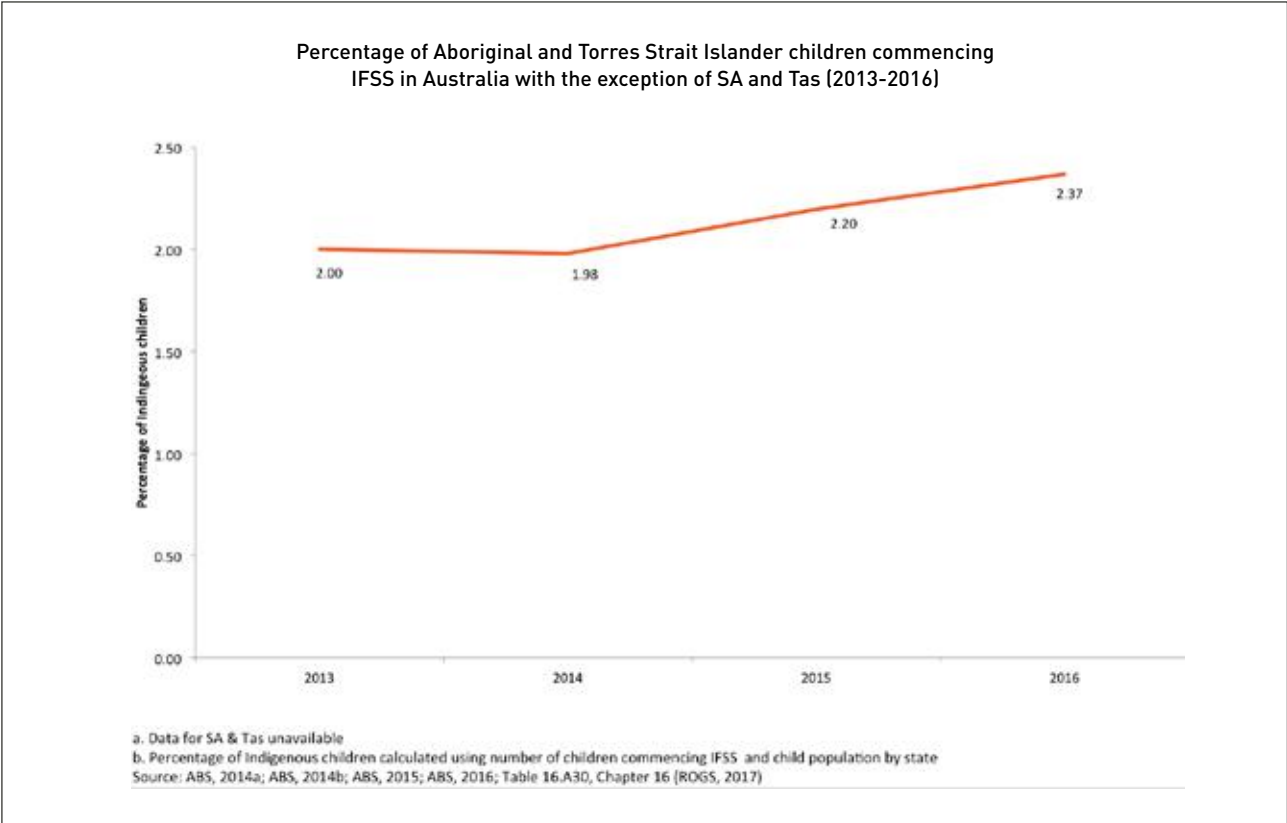
e) Access to intensive family support services

While quality data are not available on access to and utilisation of all family support services, data are available on access to intensive family support. Intensive family support models provide time-limited, in-home, intensive casework supports aimed at addressing the complex needs of vulnerable families. Some of these are operated by Aboriginal and Torres Strait Islander community-controlled organisations, and they have been found to bridge known barriers to service delivery by providing culturally strong casework supports and assisting families to access and navigate the broader service system (Tilbury, 2015).

FIGURE 15 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous children commencing IFSS and IFSS expenditure per child (general population) in 2015-16



FIGURE 16 Percentage of Aboriginal and Torres Strait Islander children commencing IFSS in Australia with the exception of SA and Tas (2013-2016)



DATA GAPS

COMMENCEMENT OF INTENSIVE FAMILY SUPPORT SERVICES

Data are not available about commencement of IFSS by Indigenous status for all states and territories.

ACCESS TO PREVENTIVE SUPPORTS

While some states and territories provided limited data on access to a broader suite of family support services beyond intensive family support for Aboriginal and Torres Strait Islander children on request for this year's report (see section 1.4), most did not, and there are limited data available to describe access to preventive family support services.

RECOMMENDATION: Collection and publication of national data on Aboriginal and Torres Strait Islander access to intensive family support and other family support services.

EVALUATION

There is a dearth of strong evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families, limiting the capacity to confirm the extent of and reasons for effectiveness, including a lack of evaluation of effective culturally safe family support services. Improved data on the impact of early intervention services on keeping Aboriginal and Torres Strait Islander children out of OOHC is critical to inform future policy and program development and implementation.

RECOMMENDATION: Prioritisation of culturally appropriate evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families, including through the National Research Agenda of the National Framework for Protecting Australia's Children 2009-2020.

Zinn, 2007; Slack, Lee, & Berger, 2007). Problems with housing (e.g., homelessness, overcrowding, unstable housing tenure) indicate the types of vulnerability and risk that can lead to child placement. Moreover, housing problems make it more difficult for children to be reunified with their family, if they are removed.

There are no updated data available about homelessness. The most recent statistics on rates of homelessness amongst the Aboriginal and Torres Strait Islander and non-Indigenous populations are from the 2011 Census (AIHW, 2014a). It shows that Aboriginal and Torres Strait Islander people experience higher rates of homelessness, overcrowded housing, and unstable housing tenure.

In 2011, an estimated 26,743 Aboriginal and Torres Strait Islander peoples were experiencing homelessness, representing almost a third of all homeless people who provided information on their Aboriginal and Torres Strait Islander status. **Aboriginal and Torres Strait Islander people were 14 times more likely to be homeless than non-Indigenous people, with 1 in 20 Aboriginal and Torres Strait Islander peoples experiencing homelessness** (AIHW, 2014a). It is important to note that in 2011, 75 per cent of the Indigenous population experiencing homelessness were living in severely crowded households (AIHW, 2014a).

The disparity between the rates of Indigenous and non-Indigenous clients accessing homelessness services in Australia has been increasing over the past 5 years (Figure 17). As of 2015-16, in Australia, clients accessing homelessness services were 9.1 times more likely to be Aboriginal and Torres Strait Islander. Overall, at the commencement of homelessness services, in 2015-16 about half of the Aboriginal and Torres Strait Islander population accessing services were parents: 34 per cent were sole parents and 13 per cent were couples with children. **One in four Aboriginal and Torres Strait Islander clients using homelessness services was a child under the age of 10 years** (AIHW, 2017b). The main reason for Indigenous clients seeking services was domestic and family violence – an identified high risk factor for child abuse and neglect – accounting for 24 per cent of the distribution (AIHW, 2017b).

While the disparity of accessing specialist homelessness services amongst Aboriginal and Torres Strait Islander and non-Indigenous clients increased steadily for people living in major cities or inner/outer regional areas, the disparity nearly doubled over the past 5 years in remote areas (Figure 18). In remote areas, Aboriginal and Torres Strait Islanders were approximately 20 times more likely to access specialist homelessness services in comparison to non-Indigenous people. Aboriginal and Torres Strait Islanders in major cities were almost 10 times more likely to access specialist homelessness services compared to their non-Indigenous counterparts. Unfortunately, state-based data were not available in the AIHW report.

2.3 ECONOMIC AND SOCIAL FACTORS DRIVING CHILD PROTECTION INTERVENTION

a) Levels of homelessness and over-crowding

Access to safe and healthy housing environments has a substantial impact on the capacity of families to provide safe and supportive care for children (e.g., Courtney, Dworsky, Piliavin, & Zinn, 2005; Dworsky, Courtney, &

FIGURE 17 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous clients accessing specialist homelessness services in Australia

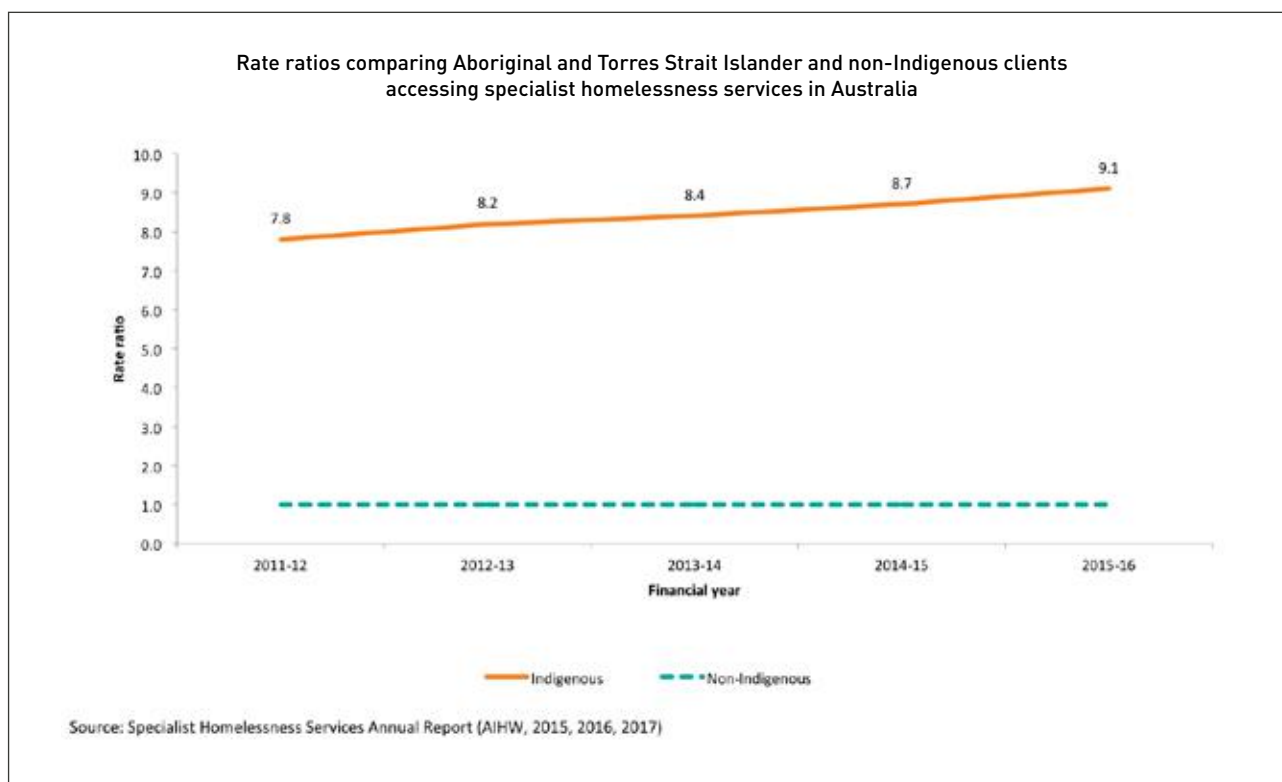
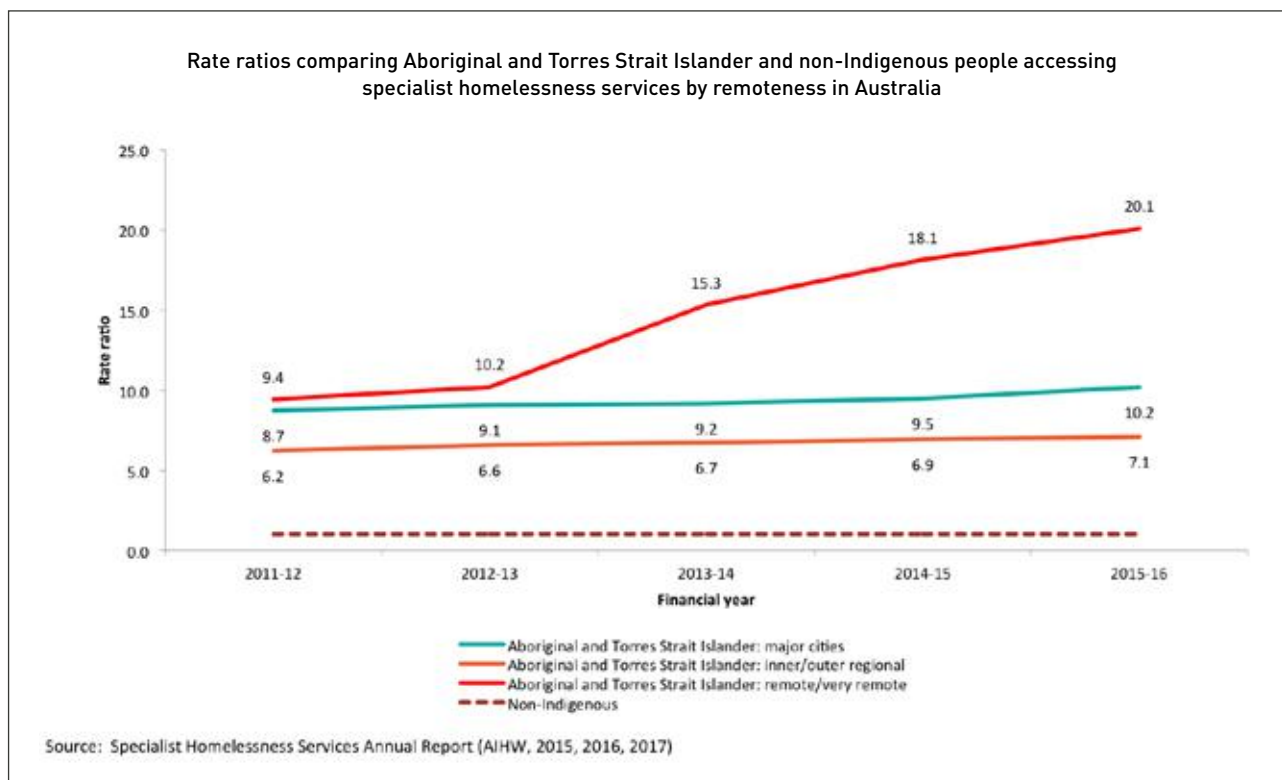


FIGURE 18 Rate ratios comparing Aboriginal and Torres Strait Islander and non-Indigenous peoples accessing specialist homelessness services by remoteness in Australia



Another concern is overcrowded households, and, again, no updated data are available. The 2011 Census determined that **1 in 4 Aboriginal and Torres Strait Islander people were living in overcrowded households** (AIHW, 2014b). For data presented in Figure 19, an overcrowded household is defined as one with more than two people per bedroom, according to the Canadian National Occupancy measure, and children over 5 years and of the opposite sex with separate bedrooms, and single household members over 18 years and parents or couples with separate rooms.

While the disparity in the rate of overcrowded households amongst Aboriginal and Torres Strait Islander people in comparison to non-Indigenous people has decreased over the past 15 years, **Aboriginal and Torres Strait Islander people are still almost 4 times more likely to live in overcrowded households.** More information is needed on why the rate of overcrowded households has decreased to determine whether this is due to increased housing, increased homelessness, some sort of measurement error, or changes in counting rules. State-specific data on overcrowded households and by remoteness level are available, but are not included as they are beyond the scope of the current report.

Housing tenure types for Aboriginal and Torres Strait Islander people suggest a significantly lower level of housing stability than exists for non-Indigenous people. Aboriginal and Torres Strait Islander households were over 6 times more likely to reside in social housing than non-Indigenous households, 1.3 times more likely to live in rental properties, and 50 per cent less likely to reside in homes they owned than non-Indigenous households as seen in Figure 20. Unfortunately, statistics on housing tenure type amongst families with children were not available, nor was information on the quality of housing available.

However, socio-economic status (SES), remoteness, and state-specific data were available. As SES increases, Aboriginal and Torres Strait Islander households become less prevalent and non-Indigenous households more prevalent. This reflects that poverty and housing tenure type are inextricably bound. Even the most advantaged Aboriginal and Torres Strait Islander households are less likely than non-Indigenous to own their own home. While approximately 22 per cent of Indigenous households were living in social housing in major cities, in remote areas this increased to approximately 40 per cent and up to almost 70 per cent in very remote areas.

DATA GAPS

HOMELESSNESS AND OVERCROWDING

Data gaps relate to the quality of housing, housing tenure type amongst families with children (rather than Aboriginal and Torres Strait Islander peoples in general), data on homelessness, and problems of housing and overcrowding as it relates to children and families entering or involved with the child protection system. There are no evaluations of early intervention programs with housing components aimed at keeping Aboriginal and Torres Strait Islander children from entering OOHC.

RECOMMENDATION: Develop data collection and reporting on housing tenure type for families with children by Indigenous status.

RECOMMENDATION: Develop data collection and reporting on specialist homelessness service access and overcrowding specifically for children and families in contact with child protection services by Indigenous status.

FIGURE 19 Rate ratios comparing overcrowded households amongst Aboriginal and Torres Strait Islander and non-Indigenous peoples in Australia

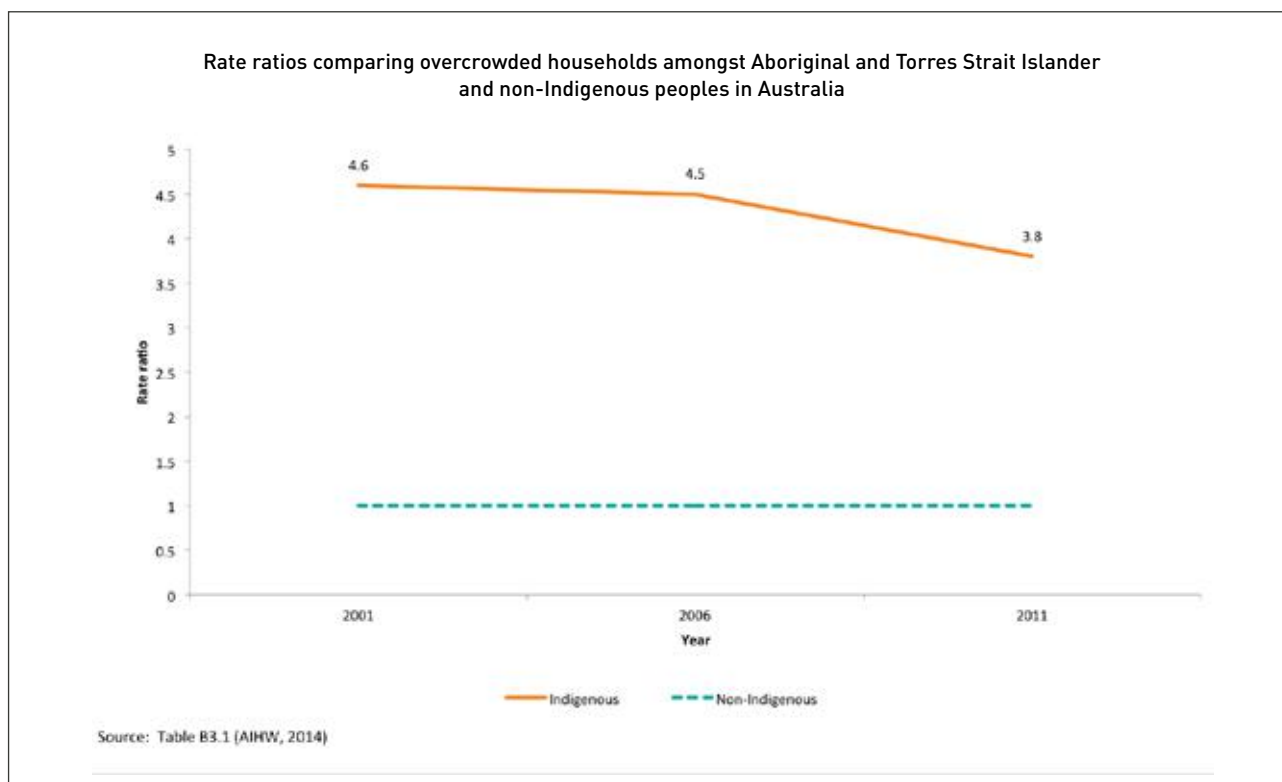


FIGURE 20 Rate ratios comparing housing tenure type amongst Aboriginal and Torres Strait Islander and non-Indigenous households in Australia in 2011

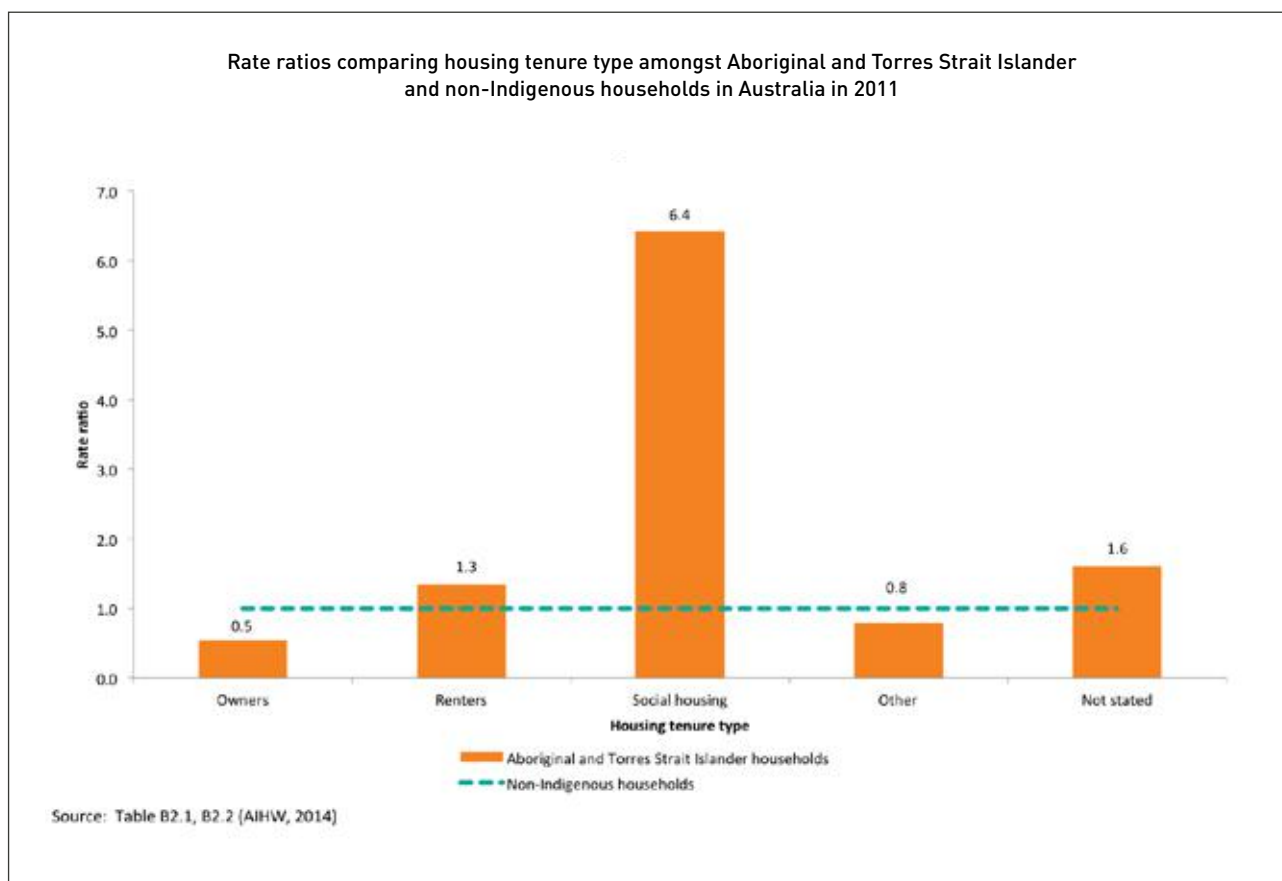
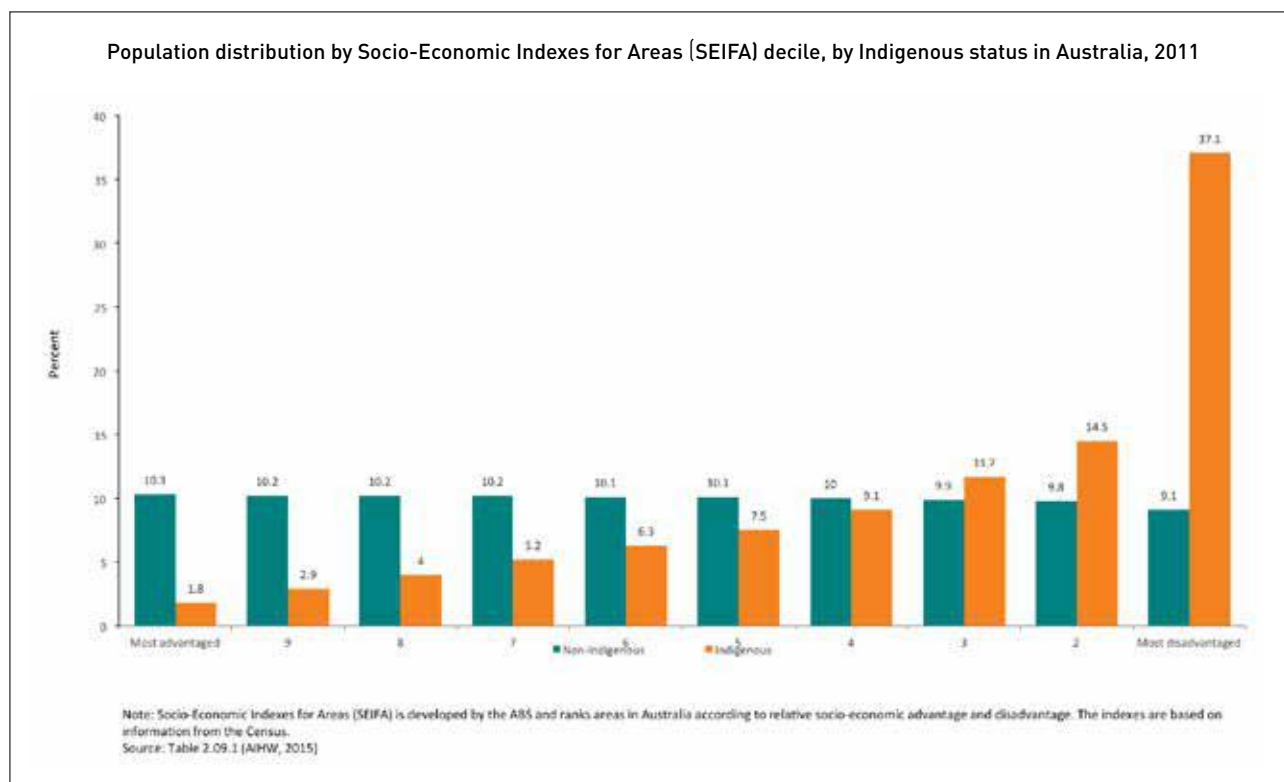


FIGURE 21 Population distribution by Socio-Economic Indexes for Areas (SEIFA) advantage/disadvantage decile, by Indigenous status in Australia, 2011



b) Comparative levels of poverty

Given that poverty is one of the major drivers of involvement in the child protection system, we examined the level of poverty amongst Aboriginal and Torres Strait Islander households using the Australian Bureau of Statistics national population distribution as determined by the Socio-Economic Indexes for Areas (SEIFA), derived from the 2011 Census. SEIFA ranks areas across Australia according to relative socio-economic advantage and disadvantage, as seen in Figure 21. While the distribution of the non-Indigenous population was spread evenly across the SEIFA deciles, **almost 40 per cent of all Aboriginal and Torres Strait Islander peoples were in the most disadvantaged SEIFA areas.** Less than 2 per cent of Aboriginal and Torres Strait Islander peoples lived in the most advantaged areas.

c) Family violence

The social, cultural, spiritual, physical and economic impact that family violence has on Aboriginal and Torres Strait Islander families is devastating, described widely as a national crisis. It is important to recognise that while overall rates of family violence are high, family violence does not impact all communities equally. Some communities may have high levels of family violence and others may have very little (National Aboriginal and Torres Strait Islander Legal Services, 2016). It is similarly important to recognise that family violence is understood to be significantly under-reported (Willis, 2011).

The trauma of colonisation and oppression is directly linked to the complexity and prevalence of family violence that exists today. In some circumstances family violence can present as part of an intergenerational cycle. The results of an Australian study found that a potential risk factor for Indigenous mothers experiencing family violence as adults was a history of removal from their families during childhood (Cripps, Bennett, Gurrin, & Studdert, 2009).

Due to significant under-reporting of family violence it is not possible to establish the prevalence of family violence, sexual assault, and other types of violence (Phillips & Vandenbroek, 2014). A recent report in Victoria found that 88 per cent of Aboriginal and Torres Strait Islander children in OOHC had experienced family violence (Commission for Children and Young People, 2016). Research demonstrates that Aboriginal and Torres Strait Islander women are over-represented amongst victims of assault (Willis, 2011).

In 2015 Aboriginal and Torres Strait Islander women were significantly more likely to be the victim of assault compared to other Australian women: 4.9 times in NSW; 9.1 times in SA and 11.4 times in the NT. In 2015 Aboriginal and Torres Strait Islander women were 32 times more likely to be hospitalised as a result of injuries caused by family violence. Homicide deaths of Aboriginal and Torres Strait Islander women were 15 times the rate for non-Indigenous women across 5 jurisdictions from 2008-12. A domestic violence incident was identified as the setting for 83.3 per cent

of homicides of Aboriginal and Torres Strait Islander women in 2011-12 (Steering Committee for Review of Government Service Provision, 2014).

The reality may in fact be much worse, with official statistics under-representing the level of violence in many Aboriginal and Torres Strait Islander communities: it is estimated that up to 90 per cent of violence may not be disclosed (Willis, 2011). Many Aboriginal and Torres Strait Islander women do not report for reasons including fear of reprisals or of having children taken away; lack of confidence in police or community support; language and cultural barriers; and lack of awareness of support services (Willis, 2011). Limited availability of supports for victims/survivors (predominately mothers) to safely maintain the care of their children can lead to the forced separation of children from victims/survivors to ensure their safety from violent parents/carers (SNAICC, NFVPLS & NATSILS, 2017).

IMPACT OF DOMESTIC AND FAMILY VIOLENCE ON ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

Research has suggested that Aboriginal and Torres Strait Islander children are at greater risk of being exposed to family violence than other children (Cripps, Bennett, Gurrin, & Studdert, 2009; Mouzos & Makkai, 2004). Two thirds of victims of physical or threatened violence share the household with children, and in one third of cases the children are under the age of five (AIHW, 2006). Children's exposure to family violence has been recognised as harmful and classified as child abuse for over a decade (Tomison, 2000). The harm can be complex and profound and can include witnessing violence (Goddard & Bedi, 2010); being used or blamed for the violence; and being involved in trying to stop the violence (Humphreys, 2007). Research has shown that the greater the risk of violence perpetrated against mothers, the more likely violence will be directed at the children and the more likely there will be a lack of supervision, and neglect (Hartley, 2004). Family violence is a major issue driving involvement with the child protection system in Australia. The most recent statistics on substantiated child maltreatment shows that neglect and emotional abuse, which includes exposure to family violence, were most often substantiated as the primary forms of maltreatment amongst cases involving Aboriginal and Torres Strait Islander children (AIHW, 2016).

Note: Significant content in the section is reproduced and drawn from a collaborative policy paper (SNAICC, NFVPLS & NATSILS, 2017, Strong Families, Safe Kids: Family violence response and prevention for Aboriginal and Torres Strait Islander children and families, Melbourne: Author.) between three Aboriginal and Torres Strait Islander peak representative bodies: SNAICC – National Voice for our Children, National Family Violence Prevention Legal Services Forum (NFVPLS) and National Aboriginal and Torres Strait Islander Legal Services (NATSILS).

DATA GAPS

INCIDENCE AND PREVALENCE OF DOMESTIC AND FAMILY VIOLENCE REPORTED TO CHILD PROTECTION

There is a lack of data on the number and rate of child protection reports and/or substantiations that relate to family violence by Indigenous status. This information would provide a more comprehensive understanding of the intersection of domestic and family violence and the child protection system.

RECOMMENDATION: Publication of data describing the rate of child protection reports and substantiations related to family violence across all jurisdictions and by remoteness for Aboriginal and Torres Strait Islander children.

INTERACTIONS WITH THE FAMILY VIOLENCE RELATED SERVICE SYSTEM

Limited data exist on Aboriginal and Torres Strait Islander peoples' experience of the family violence related service system – from interactions with police, to child protection authorities, to family support services. Additionally, there is limited capacity to generate place-based analyses of the data to inform community driven responses to family violence. This information would inform targeted improvements and investments in service delivery.

RECOMMENDATION: Publication of data describing Aboriginal and Torres Strait Islander peoples' interaction with the police, child protection authorities, family violence support services and legal services in relation to family violence incidents, including regionalised data to inform targeted responses.



PART 3

PARTICIPATION IN DECISION MAKING AND RESPECT FOR CULTURE

This section relates to Family Matters Building Blocks 2, 3 and 4:

- Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children
- Law, policy and practice in child and family welfare are culturally safe and responsive
- Governments and services are accountable to Aboriginal and Torres Strait Islander people.

3.1 COMPLIANCE WITH THE PLACEMENT ELEMENT OF THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE

As described earlier, the Child Placement Principle is comprised of five elements. Attention has however typically focused on the hierarchy of placement options for Aboriginal and Torres Strait Islander children in OOHC (Arney, Iannos, Chong, McDougall, & Parkinson, 2015; Tilbury, Burton, Sydenham, Boss, & Louw, 2013). Under a very broad indicator of “placement maintains connections”, two of four planned measures are currently reported in the *Report on Government Services* (SCRGSP, 2017): placement in accordance with the Child Placement Principle (the proportion of Aboriginal and Torres Strait Islander children in OOHC placed with the child’s extended family, Aboriginal and Torres Strait Islander community, or other Aboriginal or Torres Strait Islander people) and placement with relatives or kin. The ROGS notes that the first measure is a proxy measure reporting the placement outcome, as opposed to compliance with the Principle.

Figure 22 shows that the rate of placement of Aboriginal and Torres Strait Islander children with family and kin or other Indigenous carers has dropped significantly over the last 10 years from 74.8 per cent in 2006 to 66.8 per cent in 2016.

Notably, Figure 22 also shows that the rate of placement with Aboriginal and Torres Strait Islander carers (excluding non-Indigenous family and kin) has dropped even more steeply over the same period from 65.3 to 50.5 per cent. The use of a broad interpretation of “kin” means that in some jurisdictions Aboriginal and Torres Strait Islander children are being raised by non-Indigenous, non-family members deemed by the State to be, for example, part of their social network or a person of significance to the child. The degree of separation from family and culture that can result from such a placement cannot rightly be deemed as compliant with the intent of the Child Placement Principle. Although referring to all children, *Child Protection Australia* (AIHW, 2017a) reported that at 30 June 2016, for the jurisdictions that could report (Qld, SA, Tas, and ACT), 17.5 per cent of all children in kinship or relative placements were not actually related to the carer. Concerns have also been raised regarding potential racism in decision making leading to the preferencing of non-Indigenous kin placements. These concerns connect to the literature on the negative impacts of deficit discourse and wrongly assumed dysfunction of Aboriginal and Torres Strait Islander communities that contributes to discriminatory child protection intervention (Cuneen, 2015).

In the published AIHW and ROGS reports, placement of Aboriginal and Torres Strait Islander children in residential care settings that are targeted to them, irrespective of whether it is an Aboriginal and Torres Strait Islander-run service, is counted as compliant with the Child Placement Principle. As the lowest, “last resort” option in the placement hierarchy, a child living in residential care should not be counted as a compliant placement and as such “Indigenous residential care” placements have been excluded from the data in Figures 22, 23 and 24 that follow.

FIGURE 22 Percentage of Aboriginal and Torres Strait Islander children placed with kin or other Aboriginal and Torres Strait Islander carers in Australia

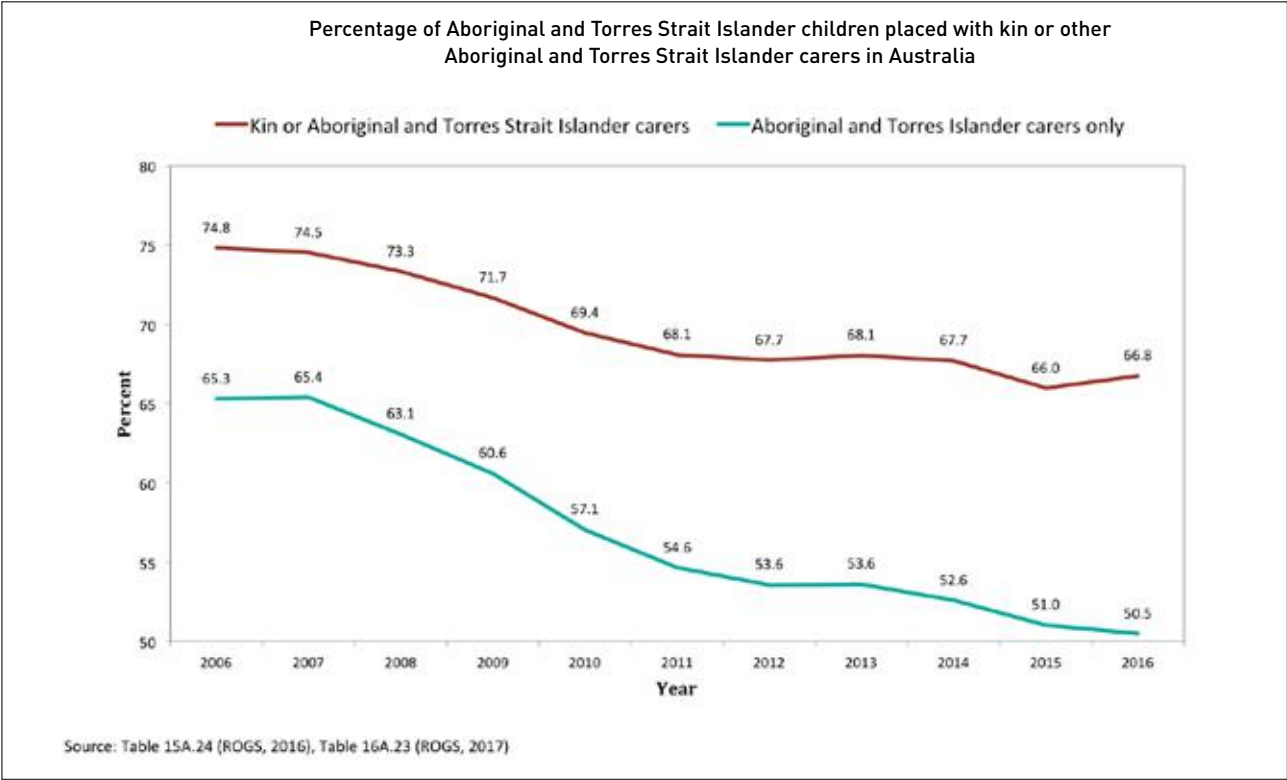


FIGURE 23 Percentage of Aboriginal and Torres Strait Islander children placed with kin or other Aboriginal and Torres Strait Islander carers between 2011 and 2016

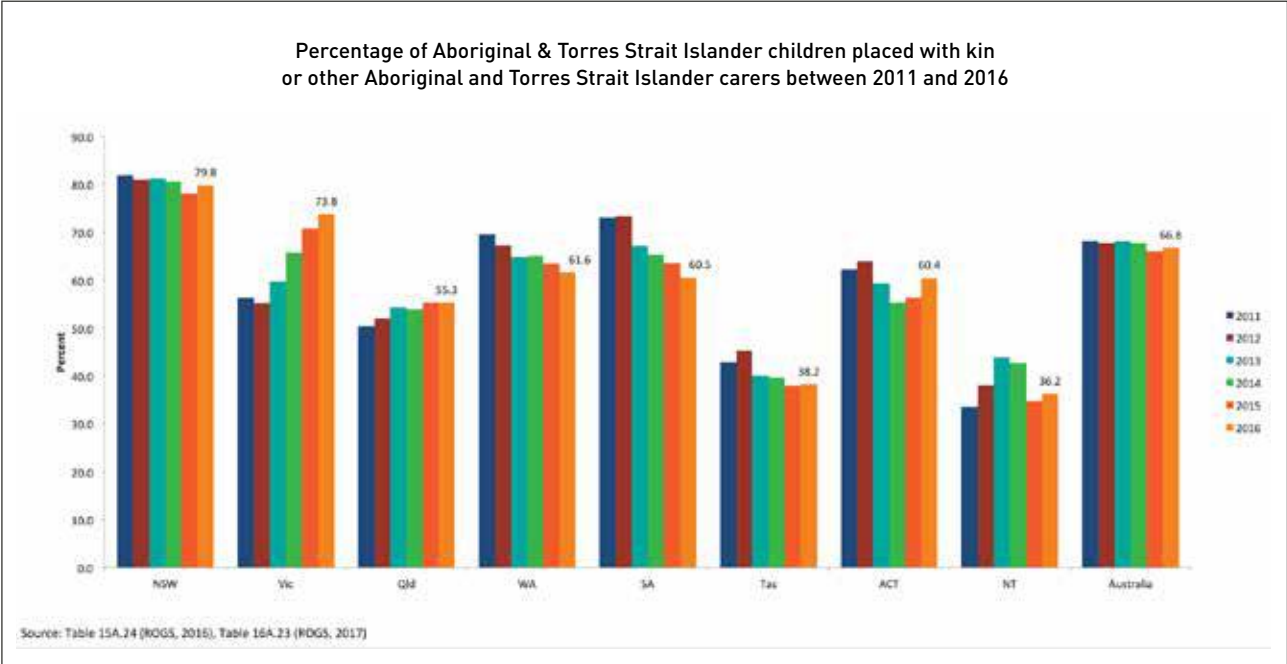
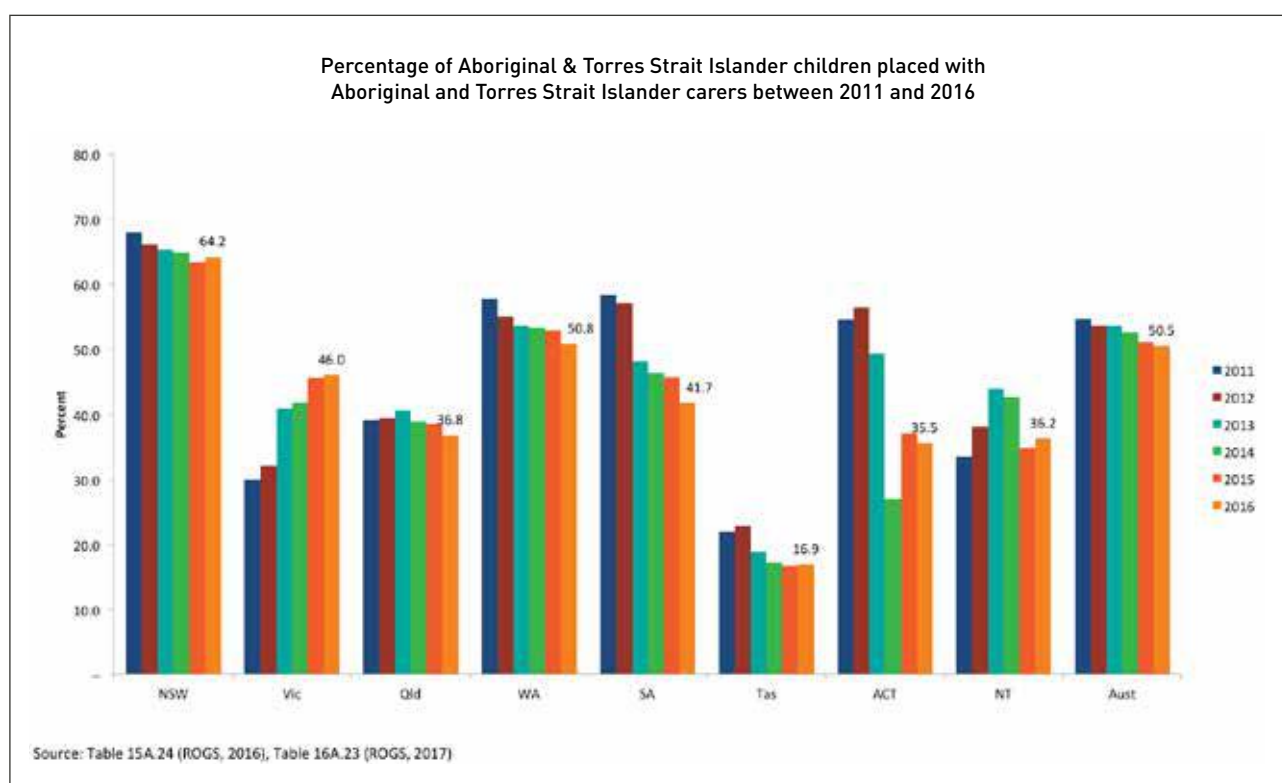


FIGURE 24 Percentage of Aboriginal and Torres Strait Islander children placed with Aboriginal and Torres Strait Islander carers between 2011 and 2016



DATA GAPS

PLACEMENT WITH ABORIGINAL AND TORRES STRAIT ISLANDER FAMILY, KIN AND OTHER CARERS

Placement type data should be reported with reference to entry cohorts, rather than at a point-in-time, in order to monitor trends over time. Reporting the total number of children in care distorts the true picture, since many children have been in care for a very long time. Current practices need to be determined with reference to current (annualised) data.

RECOMMENDATION: Development of annualised entry cohort data by placement type for Aboriginal and Torres Strait Islander children in OOHC to determine current practice and trends in placement with family, kin and other Aboriginal and Torres Strait Islander carers.

DATA GAPS

BROADER COMPLIANCE MEASURES

A much broader suite of data is needed to provide a meaningful indication of whether Aboriginal and Torres Strait Islander children's needs and rights of connection to community, family and culture are being met in their interactions with child protection services. More meaningful data would include:

- Compliance with full consideration of the hierarchy of placement options in order
- The percentage of Aboriginal and Torres Strait Islander families with children in OOHC receiving reunification support services
- The level of demonstrated participation of independent Aboriginal and Torres Strait Islander community representatives and families in placement decisions; and
- The percentage of Aboriginal and Torres Strait Islander children in OOHC who have an active cultural support plan.

RECOMMENDATION: Urgent efforts to progress a stronger and more meaningful nationally reported measure of compliance with the Aboriginal and Torres Strait Islander Child Placement Principle that reflects its broader elements.

3.2 CULTURAL SUPPORT PLANNING

For Aboriginal and Torres Strait Islander children removed and placed in OOHC outside of their families and communities, efforts to maintain and develop connections to family, community, culture, and country are especially vital to their ongoing safety and wellbeing. The development and implementation of cultural support plans offers a way to support these connections. Important aspects of cultural support planning include the mapping of cultural connections through accurate genealogies, and practical supports and resourcing for Aboriginal and Torres Strait Islander children to connect with and participate in the cultural life of their families and communities (Libesman, 2011). Requirements or recommendations commonly exist for cultural support planning across child protection systems, but limited completion of plans and limited practical supports and resourcing for implementation are endemic to these systems (Libesman, 2011; SNAICC, 2013).

The completion or existence of cultural support plans for Aboriginal and Torres Strait Islander children in care is an indicator reported under the *National Framework for Protecting Australia's Children 2009-2020* and the *National Standards for OOHC*. Data on this indicator has been reported by the AIHW since 2014. The AIHW reports that in 2016, 74.9 per cent of all Aboriginal and Torres Strait Islander children in care, who were required to have a cultural support plan, had such a plan (AIHW, 2017a). However, this data has extensive limitations. The 2016 data excludes four states and territories that do not have reliable data. It is restricted to Aboriginal and Torres Strait Islander children who are required by legislation to have a cultural support plan. Further, the data do not indicate the quality of a cultural support plan or whether a plan has been implemented.

The high rate of completion of cultural support plans as reported by AIHW is directly at odds with research and reviews completed in several jurisdictions that show low rates of completion and poor quality of cultural support plans for Aboriginal and Torres Strait Islander children. In Victoria, the Commission for Children and Young People found minimal compliance with legislative requirements to complete a cultural support plan or case plan that considers opportunities for continuing contact with Aboriginal family, community, and culture (Commission for Children and Young People, 2015). Where cultural support plans for Aboriginal and Torres Strait Islander children were mandated by legislation, only 29 per cent of children had such plans as of 31 December 2014 (Commission for Children and Young People, 2015). Taking a best-practice approach where all Aboriginal and Torres Strait Islander children in OOHC should have a cultural support plan notwithstanding the lack of legislative requirement, only 6.7 per cent of these children had such a plan at the same point in time (Commission for Children and Young People, 2015). In terms of case plans, 54 per cent of Aboriginal and Torres Strait Islander children's case

plans did not contain any consideration of the child's cultural identity, while 24 per cent of children did not have a case plan at all (Commission for Children and Young People, 2015).

The final report of the Queensland Child Protection Commission of Inquiry in 2013 described significant shortfalls in the completion, quality, and implementation of cultural support plans for Aboriginal and Torres Strait Islander children (Carmody, 2013). In its last audit of the Aboriginal and Torres Strait Islander Child Placement Principle in 2012-13, the then Queensland Commission for Children and Young People found that 26.2 per cent of cultural support plans recorded no information about the cultural group, language group, or geographical area relevant to the child or family, only 26.2 per cent of plans identified specific cultural activities for the child while 9.4 per cent of plans contained no general or specific information on activities to maintain the child's cultural identity, 67.5 per cent of plans did not identify support for carers to implement plans, and 50.5 per cent of plans did not identify family members who could assist in the maintenance of the child's cultural identity (Commission for Children and Young People and Child Guardian, 2014).

There are some promising initiatives across Australia for current and future cultural support planning. In Victoria, following legislative reform, all Aboriginal and Torres Strait Islander children in OOHC must have a cultural support plan and the state government has provided significant investment to enhance the quality of cultural support plans through an approach led by ACCOs. Another approach that recognises the importance of participation and cultural knowledge in cultural support planning is the new NSW cultural planning process that requires that there must be a minimum of four consultations with family, community, or Aboriginal and Torres Strait Islander organisations in the development of a cultural support plan. The new approach also requires a minimum number of cultural activities to be specified within a plan.

DATA GAPS

MEANINGFUL CULTURAL SUPPORT MEASURES

Current national data on cultural support planning has extensive limitations. It does not indicate the quality of a cultural support plan or whether a plan has been implemented. Moreover, it appears inconsistent with state and territory based reviews of cultural support planning practice. New data must be developed to provide a more meaningful indication of whether Aboriginal and Torres Strait Islander children are supported to maintain family and cultural connections when in OOHC.

RECOMMENDATION: Development of a genuine and more meaningful measure of the development, quality and implementation of cultural support plans for Aboriginal and Torres Strait Islander children in OOHC.

3.3 RESOURCED AND LEGISLATED ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION

Participation of Aboriginal and Torres Strait Islander peoples in decisions that affect them is a core human right (SNAICC, 2012) and recognised as critical to decision making that is informed of and takes account of the best interests of children, from a cultural perspective (Committee on the Rights of the Child, 2009). Participation must extend beyond consultation to genuinely include Aboriginal and Torres Strait Islander children and families (Participation) and community representatives (Partnership) in the decisions that are made about children at all stages of child protection decision making.

The Family Matters report 2016 identified major data gaps that inhibit more comprehensive assessment of progress towards all Aboriginal and Torres Strait Islander children growing up safe and cared for, with the ability to meet their potential. In particular, the report identified the need for the collection and reporting of necessary data to guide policy development and implementation of a framework for Aboriginal and Torres Strait Islander child wellbeing (e.g., through reporting on implementation of the 5 elements of Child Placement Principle under the National Framework for Protecting Australia's Children 2009-2020) (Implication 7) and the development and publication of a range of data to better measure the situation of, causes of and responses to the over-representation of Aboriginal and Torres Strait Islander children (Implication 8). The report called for redressing these priority data gaps through reporting in Child Protection Australia,

the *Report on Government Services* and/or the *Overcoming Indigenous Disadvantage Report*. The first step however is states and territories collecting the information so that 1) data about all children can be disaggregated by reliably and consistently recorded Indigenous status (e.g., entry and re-entry to care, reunification from OOHC), and 2) the fast tracking of agreement, data collection and/or reporting of "new" measures (e.g., access to family support and intensive family support services, expenditure provided to Aboriginal and Torres Strait Islander children and provided by community-controlled services, compliance with the intent and all 5 elements of the Child Placement Principle).

The data in this section address legislative and service systems alignment with the elements of the Child Placement Principle, in particular Prevention, Partnership, and Participation. The content has been updated to reflect implications noted in the 2016 report about legislative and policy reform to strengthen representation of Aboriginal and Torres Strait Islander organisations, communities, families and children in all decision making (Implication 5), investment in service delivery by community-controlled organisations (Implication 6), and the value of Aboriginal and Torres Strait Islander children's commissioners and peak bodies for Aboriginal and Torres Strait Islander children (implication 9).

a) Legislative alignment with representative participation

The following table reviews the alignment of each state and territory's child protection legislation with elements of a human-rights based framework for participation in child protection decision making (SNAICC, 2013), consistent with the Child Placement Principle. The inclusion of consistent principles and other provisions that articulate the five elements of the Child Placement Principle is foundational to applying their intent in policy, programs, procedures and practice.

It is clear that the action in the third action plan for the National Framework for Protecting Australia's Children to embed all five elements of the Child Placement Principle is yet to be realised.

Notably, **the critical requirement to involve Aboriginal and Torres Strait Islander agencies in all significant decisions for Aboriginal and Torres Strait Islander children (highlighted on the third row of the table) is fully aligned only in Queensland.**

TABLE 2 Alignment of state and territory child protection legislation with elements of participation

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Aboriginal and Torres Strait Islander self-determination is a recognised principle in the Act.	NO	YES	YES	YES	NO	YES	YES	YES
Aboriginal and Torres Strait Islander participation and/or consultation is a decision making principle in the Act.	NO Participation requirements not specific to decision making	YES	YES	YES	NO	YES	YES	YES
Consultation/participation of an external Aboriginal and Torres Strait Islander agency is expressly required for all significant decisions .	NO Submissions considered	YES Required by principle, but no enabling process is specified	NO	YES	NO	NO	NO Required by agreed protocol, but not legislation	NO
Consultation with an external Aboriginal and Torres Strait Islander agency is expressly required prior to placement decisions .	NO	YES	NO	YES	YES	NO	YES	NO Internal or external consultation
Input from external Aboriginal and Torres Strait Islander agencies is expressly required in judicial decision making	NO Limited input requirement for long-term orders	NO	NO	NO	YES For placement decisions only	NO Evidence and submissions	YES For permanent care orders only	NO

GREEN – Legislation aligned RED – Legislation not aligned GREY – Limited / significantly qualified alignment

b) Structures for representative participation

While legislative requirements are important to enable participation, they represent only a small part of what is required. Participatory roles cannot succeed unless independent and representative community-controlled organisations are properly resourced to perform them.

In only two jurisdictions, Victoria and Queensland, are regionally-based Aboriginal and Torres Strait Islander services specifically resourced to fulfil roles needed to participate in child protection decision making on a state-wide basis (SNAICC, 2013). Additionally, two pilot services are funded in NSW, and one centralised service operating across a very limited scope of decision making points commenced in South Australia in 2011. All other states and territories lack an infrastructure that facilitates independent participation (SNAICC, 2013). Even where systems supporting participation of Aboriginal and Torres Strait Islander peoples exist, there is limited evaluation and review or independent oversight available to inform understanding of their effectiveness (SNAICC, 2013).

c) Family participation

Models of Family Group Conferencing and Family-led Decision Making originated in New Zealand, partly as a means to better attune child protection services to cultural practices in working with Maori communities, by involving Indigenous family and community members in decision making for their children (Harris, 2008). Similar and adapted models have been adopted across other countries to provide family-led decision making processes for both Indigenous and non-Indigenous children (Harris, 2008). Studies of family group conferencing have shown that plans generated tended to keep children at home or with their relatives, and that the approach reinforced children's connections to their family and community (Pennell, Edward, & Burford, 2010).

In Australia and internationally, the promise of culturally adapted models of family-led decision making to engage and empower Aboriginal and Torres Strait Islander families and communities in child protection processes has been recognised

(e.g., Ban, 2005; Marcynyszyn, Bear, Geary, et al, 2012; Drywater-Whitekiller, 2014), but their development and implementation remains very limited. Only Victoria has implemented a statewide, culturally specific model of Aboriginal Family-Led Decision Making delivered in partnership with Aboriginal agencies (DHHS, 2013), however a recent independent review found that it was only made available in 11 per cent of intended cases in 2014-15 (VCCYP, 2016). The same report affirmed the value of the model and cited significant deficiencies in departmental practice as limiting compliance. In Queensland, a model that has drawn on the Victorian approach was trialled in four locations and delivered through community-controlled service providers (DCCSDS, 2016), and the state government has made a commitment to implement the process across the state (Queensland Government, 2017). In NSW, a model of Aboriginal Family-led Decision Making developed by AbSec (the state Aboriginal child and family services peak body) was trialled as a 3-year pilot program, but programmatic funding was recently discontinued. AbSec still provides the service statewide on a fee-for-service basis (AbSec, 2015). The ACT has announced a trial of family group conferencing specifically for Aboriginal families. While some other states use some form of family group conference, they have not worked to engage Aboriginal and Torres Strait Islander communities and agencies specifically in their development or delivery (Harris, 2008).

d) Participation in policy development, service design and systems oversight

Genuine participation further requires that Aboriginal and Torres Strait Islander peoples through their representatives are able to participate in processes of policy development, service design and oversight of the systems and services that impact the safety and wellbeing of children.

Two ways in which this form of participation has been enabled to varying degrees in Australia are through the establishment and resourcing of Aboriginal and Torres Strait Islander peak bodies to participate in policy development and service design, and through the appointment of Aboriginal children's commissioners to provide systems oversight and review. More recently, the establishment of system oversight bodies with independent Aboriginal and Torres Strait Islander representation and leadership has progressed in Victoria and Queensland.

Aboriginal and Torres Strait Islander peak bodies play an important role across a range of sectors impacting the safety and wellbeing of Aboriginal and Torres Strait Islander children and families, including the child and family, health, legal, early childhood, and education sectors. Aboriginal and Torres Strait Islander peak bodies with a dedicated focus on the child

protection and family services sector are established and resourced at the state level in only two jurisdictions, Queensland and NSW, and at the national level through SNAICC – National Voice for our Children. Significant policy participation roles are also resourced in Victoria through the VACCA and the Victorian Aboriginal Children's and Young People's Alliance and the participation of Aboriginal and Torres Strait Islander representatives in the Aboriginal Children's Forum.

The Aboriginal Children's Forum has emerged as an important new development in systems oversight in Victoria, providing representative oversight of system performance and reform. In Queensland, an Aboriginal and Torres Strait Islander led body for oversight of the state's strategy to address over-representation is soon to be established through the **Queensland First Children and Families Board**.

CASE STUDY

THE VICTORIAN ABORIGINAL CHILDREN'S FORUM

The Victorian Aboriginal Children's Forum (ACF) was established in 2015 and is held quarterly as a representative forum of Aboriginal Community-Controlled Organisations (ACCOs), the community sector, and government to work together to drive the safety and wellbeing of Aboriginal children and young people in, or at risk of entering, OOHC. The forum aims to progress self-determination for Aboriginal people and address the over-representation of Aboriginal children in OOHC by delivering on the priorities of the *Koorie Kids: Growing Strong in their Culture* submission.

Important and significant features of the ACF include attendance by the Minister for Children and Families who co-chairs the forum with the CEO of an ACCO, provision of Victorian Department data relevant to agreed indicators, and the opportunity to demand accountability and participate in policy development. The ACF has provided a strong platform for ACCOs to demand action and track outcomes, including the initiative to transfer departmental functions and powers in relation to Aboriginal children on protection orders to community-controlled organisations.

Comments made by other states and territories in their responses to requests for information for this report were positive in relation to engaging with community-controlled organisations regarding policy, program, and service development. The ACT government referred to engaging with Canberra's Aboriginal and Torres Strait

Islander communities and key community-controlled organisations to plan the Aboriginal and Torres Strait Islander Review. South Australia referred to partnering with a statewide community leadership group, the Aboriginal and Community Leadership Reference Group, to deliver an Aboriginal Community Engagement Strategy to ensure reforms incorporate the voice, experience and views of Aboriginal children, young people, family and community. The South Australian government has a peak Aboriginal policy advisory body, the SA Aboriginal Advisory Council. The Northern Territory referred to confirming a partnership with the Aboriginal Peak Organisations Northern Territory, an alliance comprising of Aboriginal justice, medical and land council agencies, and SNAICC, to design, consult and establish a strategy to create and build Aboriginal led and managed OOHC services in the Northern Territory.

No progress has been made in the appointment of a national Aboriginal or Torres Strait Islander children's commissioner and there are still just the two states that have an Aboriginal or Torres Strait Islander identified position in the role of **Commissioner for Children** – Victoria and Queensland.

e) Investment in service delivery by Aboriginal and Torres Strait Islander community-controlled organisations

International and Australian evidence strongly supports the importance of Indigenous participation for achieving positive outcomes in service delivery for Indigenous children and families. Studies in the United States have found that the best outcomes in community wellbeing and development for Indigenous peoples are achieved when those peoples have control over their own lives and are empowered to respond to and address the problems facing their own communities (Cornell & Taylor, 2000). Canadian research has shown a direct correlation between increased Indigenous community-control of services and improved health outcomes for Indigenous peoples (Lavoie et al., 2010) and a direct connection between Indigenous self-government and reduced rates of youth-suicide (Chandler & Lalonde, 1998). Denato and Segal (2013) undertook a comprehensive review of Australian evidence that indicates the crucial importance of Aboriginal and Torres Strait Islander community control to outcomes in health service delivery. They cite several studies of the Office for Aboriginal and Torres Strait Islander Health to conclude:

“A common theme emerging from these extensive reviews regarding ‘what works’ was the crucial importance of community engagement, ownership and control over particular programs and interventions (p.235).”

Numerous Australian reports and inquiries confirm a lack of robust community governance and meaningful Aboriginal and Torres Strait Islander community participation as major contributors to past failures of Government policy (e.g., ANAO, 2012; Cunneen & Libesman, 2002; NSW Ombudsman, 2011) and highlighting building capacity for Aboriginal and Torres Strait Islander community-controlled children and family services. The Australian National Audit Office found that building the role and capacity of Aboriginal and Torres Strait Islander organisations is not only important for effective service delivery, but an important policy objective in its own right in so far as it promotes local governance, leadership and economic participation, building social capital for Aboriginal and Torres Strait Islander peoples (ANAO, 2012). Twenty years ago, the *Bringing Them Home* report concluded that community development approaches to addressing child protection needs were needed not traditional models of child welfare that “*pathologise and individualise Indigenous child protection needs*” (HREOC, 1997, pp.453-454).

Using the 2014 *Indigenous Expenditure Report*, the Family Matters 2016 report included data comparing direct expenditure on Indigenous specific services compared with mainstream services in early childhood development, school education, public and community health, and community support and welfare to find relative under-investment in early childhood development, school education and community support and welfare. Given the links between these sectors and Aboriginal and Torres Strait Islander child and family wellbeing, the findings were disappointing. Expenditure on child protection and family support are not included in the report. In addition to a call for these data to be included in reports, it was strongly recommended that investment in community-controlled providers be differentiated from investment in government and mainstream providers to deliver programs for Aboriginal and Torres Strait Islander peoples.

States and territories were invited by the Family Matters co-chairs to provide data on their investment in Aboriginal and Torres Strait Islander community-controlled child protection and family support services in 2015-16, using the *Report on Government Services* definitions and counting rules. Only two jurisdictions provided data: South Australia and Western Australia, though the ACT also clearly stated that they do not have community-controlled child protection and family support services. Responses from other jurisdictions included that “...the measures of community controlled investment overall in child and family support and OOHC and support services, including access to and use of early intervention services, are not immediately available” (Qld), or that “...data relating to payments to ACCOs is insufficiently delineated for it to be meaningful” (Vic).

Data provided by Western Australia and South Australia are not comparable due to different inclusions in the calculations. Data for Western Australia were provided about expenditure on all funded services and to Aboriginal and Torres Strait Islander community-controlled services in 2015-16. The following percentages were reported: family support and intensive family support, 6 per cent; and OOHC, 11 per cent. As all “child protection” services are delivered by the department, and family and domestic violence has been identified as a main driver of children and families coming in contact with the department, Western Australia reported 14 per cent of expenditure on child protection is on community-controlled services. Overall, 11 per cent was reported as being expended on community-controlled services.

South Australia provided data indicating that it invests 13 per cent of family support expenditure in Aboriginal and Torres Strait Islander community-controlled organisations, alongside 5 per cent of intensive family support, 1 per cent of “child protection”, and 2 per cent of out-of-home care expenditure. This equates to 2.7 per cent of overall expenditure invested in community-controlled organisations. When the level of expenditure is considered, a far greater amount is spent on ACCOs to provide child protection and OOHC services (approximately \$7 million) compared to early intervention and prevention family supports (approximately \$2 million).

DATA GAPS

THE INDIGENOUS EXPENDITURE REPORT

Two key gaps need to be addressed concurrently in the collection and reporting of Indigenous expenditure data through the Productivity Commission’s Indigenous Expenditure Report to provide a meaningful indication of the extent to which community-controlled services are enabled to respond to the needs of children and families:

1. Indigenous expenditure data needs to include child protection and family support services; and
2. Data must differentiate between Indigenous-specific services delivered by community-controlled organisation and those delivered by governments and mainstream services.

STATE AND TERRITORY DATA ON COMMUNITY-CONTROLLED SERVICES

Most states and territories provided no response to the request for this year’s report to provide data on investment in community-controlled services to provide child protection and family support services. This data is a critical gap to understanding the level of culturally safe service provision and self-determination for Aboriginal and Torres Strait Islander communities.

RECOMMENDATION: State and territory governments urgently progress the development of data that identifies the level of investment in Aboriginal and Torres Strait Islander community-controlled organisations to provide family support and child protection related services and provide that data to inform the 2018 Family Matters report.





KEY RECOMMENDATIONS

This report follows on from last year's report which established a baseline of data relevant to measuring aspects of Aboriginal and Torres Strait Islander children's care, wellbeing, safety and development. The major data gaps identified in last year's report largely remain and more significant gaps have been identified.

Like last year's report, this report provides stark findings and projections that call for urgent action. Overall, the data suggests that we haven't yet acted decisively to turn the tide on over-representation in child protection systems, and, in fact, the situation is growing worse. To respond to the findings and align policy and practice to the *Family Matters Roadmap*, we make the following recommendations:

1. DEVELOPMENT OF A NATIONAL COMPREHENSIVE ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN'S STRATEGY WHICH INCLUDES GENERATIONAL TARGETS TO ELIMINATE OVER-REPRESENTATION AND ADDRESS THE CAUSES OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILD REMOVAL TO IMPROVE CHILD SAFETY AND WELLBEING.

It is our view that the urgency of ending over-representation will only be acted on at the pace required to address over-representation within a generation if the Commonwealth and State/Territory governments commit to a COAG Generational Target and Strategy, co-designed with relevant Aboriginal and Torres Strait Islander peaks, as part of the Closing the Gap refresh, which is due for finalisation in June 2018. While there has been significant engagement with jurisdictions through National Framework for Protecting Australia's Children processes to encourage and initiate reform in child and family welfare, success will depend on holistic approaches that cut across departmental and jurisdictional silos and include sectors such as health, justice and education. Co-design of both the strategy and development of realistic sub-targets will need to involve Aboriginal and Torres Strait Islander jurisdictional peaks, national bodies, and research bodies. The *Redfern Statement Alliance* demonstrates the willingness of Aboriginal and Torres Strait Islander organisations to work collaboratively beyond their specific sectors.

We need governments and their departments to do the same. The *Family Matters Roadmap* has identified the building blocks for success and can be utilised to create a policy and practice framework, an outcomes/evaluation framework and accountability mechanisms for this strategy. As we said last year:

"Experience and research indicates that ad hoc, piecemeal approaches will not see sustainable improvement. Achieving fundamental change in outcomes requires the implementation of holistic, evidence-based solutions...through a coordinated national approach. The scale and impact of this issue, as well as the complex, structural nature of the required solutions spanning federal and state/territory powers, demands nothing less. What is also abundantly clear is that success requires strong Aboriginal and Torres Strait Islander participation as partners in the development and implementation of the national strategy, as well as rigorous monitoring and accountability mechanisms to track progress and alter the national strategy as required to maximise the potential for genuine change for children across Australia."

The framework for Aboriginal and Torres Strait Islander children would focus on wellbeing, be developed in partnership with Aboriginal and Torres Strait Islander peoples, and be accompanied by the collection and reporting of necessary data to guide policy development and implementation. For example, reporting on implementation of the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle would provide a complementary foundation for this framework.

Major priorities for consideration within that broader national Aboriginal and Torres Strait Islander Children's strategy findings include:

2. A TARGET AND STRATEGY TO INCREASE PROPORTIONAL INVESTMENT IN EVIDENCE-INFORMED AND CULTURALLY SUPPORTIVE PREVENTION AND EARLY INTERVENTION SERVICES THAT ARE ACCESSIBLE TO ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES.

As we near the end of the National Framework for Protecting Australia's Children 2009-2020 there continues to be decreasing proportional investment into early intervention despite the Framework advocating for greater investment. *A clear target and strategy are critical to drive a shift towards a public health model with strong prevention and early intervention measures. This would drive investment in evidenced and culturally safe early childhood education and care, maternal and child health, trauma, healing and family support services, as well as family violence prevention and response. It would assist in redressing the adult-related issues impacting the care of children.*

In 2017 Community Services Ministers from across the country took a step in the right direction announcing their agreement on "joint investment in services" to identify required services and target investment. Their communiqué included a focus to support targeted and intensive family support services and a goal to improve outcomes for Aboriginal and Torres Strait Islander children and families. Urgently, we need to see how these broad commitments translate into an agenda and action for enabling culturally safe and community-led supports to address family needs.

An early intervention strategy should draw on and include justice reinvestment approaches, recognising that many of the same drivers of child protection intervention drive incarceration of Aboriginal and Torres Strait Islander people. We need to intervene to prevent the pathway from child protection to juvenile and adult justice systems.

3. A TARGET AND STRATEGY THAT RECOGNISE THE UNIQUE ROLE OF, AND PROVIDE SUSTAINABLE FUNDING FOR, A DEDICATED ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED EARLY YEARS SECTOR.

This must include supporting and growing existing Aboriginal Children and Family Centres, Multifunctional Aboriginal Children's Services and other critical early years supports, as well as developing new community-controlled services to address the 15,000 place gap in early childhood education and care service participation for Aboriginal and Torres Strait Islander children. A target and strategy to address this gap must be identified through the Closing the Gap refresh.

The early years sector offers one of the most powerful opportunities for changing the trajectory of Aboriginal and Torres Strait Islander children and families. ACFCs and MAC services offer a unique type of support for our children and families that is culturally grounded, holistic, trauma-informed and responsive to the complex and multi-faceted needs facing children and families that are experiencing high levels of vulnerability. These services provide an essential lifeline for children and families that are unable or unwilling to access mainstream services due to experiences of both racial discrimination and culturally inappropriate practices. However, many services are under-resourced to reach their potential, and have faced high levels of funding instability and cuts over recent years.

Almost half of all children who are removed to OOHC are removed by age four. The evidence shows us that a well-resourced Aboriginal and Torres Strait Islander ECEC sector is an essential and indispensable component to preventing this trajectory and closing the gap. Without properly resourcing and expanding these unique and essential ECEC services, we will continue to see Aboriginal and Torres Strait Islander children falling behind in educational outcomes, and most tragically the numbers of our children in OOHC will only continue to grow.

4. NATIONAL STANDARDS TO ENSURE LEGISLATION AND CHANGING PRACTICES IN THE FAMILY SUPPORT AND CHILD PROTECTION SYSTEM SO THAT IT ADHERES TO ALL FIVE ELEMENTS OF THE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE (ATSICPP) INCLUDING:

- a. Nationally consistent standards for implementation of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and linked jurisdictional reporting requirements through the National Forum for Protecting Australia's Children
- b. Increased representation of Aboriginal and Torres Strait Islander families, children and communities at each stage of the decision making process, including through independent Aboriginal and Torres Strait Islander family-led decision making
- c. Increased investment in reunification services to ensure children are not spending longer in OOHC than is necessary due to inadequate planning and support for parents; and increased investment in support services for families once children are returned
- d. Increased efforts to connect Aboriginal and Torres Strait Islander children in OOHC to family and culture, through cultural support planning, family finding, return to country, and kinship care support programs.

The report reveals that implementation of the Aboriginal and Torres Strait Islander Child Placement Principle is very poor across the country and children continue to be separated from their families and cultures at an alarming rate. Through the National Framework for Protecting Australia's Children's Third Action Plan all Australian governments have committed to implementing all five elements of the ATSICPP, but comprehensive implementation action and accountability is still lacking. The development of clear and comprehensive standards and a mechanism that requires states to report on progress towards implementing each element through the National Forum for Protecting Australia's Children could contribute to promote reform and accountability.

Comprehensive investment in effective culturally safe reunification programs across Australia, accompanied by strong follow-up support to ensure stable care, is deeply needed. Initial modelling indicates that changing this dimension alone may dramatically alter the trajectory of over-representation of Aboriginal and Torres Strait Islander children in OOHC. There is a dearth of resourced programs prioritising the safe return of children to their families, and no nationally consistent data on the rate at which Aboriginal and Torres Strait Islander children are reunified with family or the provision of support services to achieve that goal. We remain deeply concerned by the drive towards permanent OOHC placement and adoption without an adequate focus on supporting families to address the challenges they face, healing trauma and interrupting the inter-generational cycle of harm to our communities and cultures.

Broad-based legislative and policy reform to strengthen representation of Aboriginal and Torres Strait Islander organisations, communities, families and children in decisions about child safety and removal, from before and throughout their engagement with child protection systems, is required. Strong models of Aboriginal family-led decision making are a key component of this compliance. These must engage the role of independent Aboriginal and Torres Strait Islander agencies to provide a culturally safe and supportive environment that enable families to work through issues and find their own effective solutions to ensure quality care for their children.

Stronger efforts are needed to implement genuine cultural support and connection support for children in care. A small number of states are leading the way in establishing new Aboriginal and Torres Strait Islander led models of cultural support planning, family finding, return to country and kinship care support – but other states urgently need to follow suit.

5. PRIORITISE INVESTMENT IN SERVICE DELIVERY BY COMMUNITY-CONTROLLED ORGANISATIONS IN LINE WITH SELF-DETERMINATION, INCLUDING THROUGH INVESTMENT TARGETS ALIGNED TO NEED AND “ABORIGINAL AND TORRES STRAIT ISLANDER FIRST” PROCUREMENT POLICIES FOR SERVICES TO ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES.

There is strong capacity in many communities to take up further service provision and opportunities to build on already existing capacity to develop larger, more sustainable community-controlled service sectors. Two jurisdictions were able to provide some new data on request this year on their level of investment in community-controlled organisations to support families. Though commendable for their accountability to provide new data, the results revealed investment vastly disproportionate to the level of engagement of Aboriginal and Torres Strait Islander families in child protection. There continues to be a gap in available data on community-controlled investment, and a gap in strategies to invest and support capacity of Aboriginal and Torres Strait Islander agencies across the country. Some states have begun to adopt targeted investment strategies – for example, NSW has committed to invest 30 per cent of targeted earlier intervention funding to Aboriginal agencies by 2020, Queensland has committed \$150 million over 5 years to community-controlled family wellbeing services, and Victoria has set clear timelines to achieve 100 per cent of Aboriginal children in OOHC case managed by ACCOs by 2021.

6. COMMIT TO A SUSTAINED INCREASE IN INVESTMENT FOR FAMILY VIOLENCE RESPONSE AND PREVENTION, WITH A KEY FOCUS ON RESOURCING NEEDS FOR ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY-CONTROLLED ORGANISATIONS.

All governments have a responsibility to respond to, prevent and arrest the high rates of family violence that have devastating impacts on Aboriginal and Torres Strait Islander communities, and especially women and children. The response must include the empowerment of Aboriginal and Torres Strait Islander community-controlled organisations, women, men, families and children to be active participants in driving policy and practice change in family violence response and prevention. This necessitates: resourcing for the community-controlled sector; developing reliable place-based and aggregated data that can both inform communities designing responses, and building an evidence base to support the success of best

practice community-driven approaches; supporting and expanding specialist Aboriginal and Torres Strait Islander organisations and initiatives that prevent and respond to family violence; and national leadership and knowledge-sharing gatherings for both Aboriginal and Torres Strait Islander women and men.

Critically, responses to violence – if they are to truly address the causes and impacts of violence – must focus on embedding cultural healing that addresses the trauma of colonisation, racism, forced child removal and entrenched poverty that undermine cultural strengths and underlie violence in communities.

7. DEVELOPMENT AND PUBLICATION OF DATA TO BETTER MEASURE THE SITUATION OF, CAUSES AND RESPONSES TO OVER-REPRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN IN OOHC. DATA DEVELOPMENT SHOULD TAKE ACCOUNT OF IDENTIFIED GAPS THROUGHOUT THIS AND LAST YEAR'S REPORT.

In particular, there should be a priority to ensure the following priority data gaps are addressed and reported against in relevant reports, such as the Productivity Commission's annual *Report on Government Service*, the AIHW *Child Protection Australia Report*, and the *Overcoming Indigenous Disadvantage Report*:

- Reunification rates of Aboriginal and Torres Strait Islander children in OOHC
- Longitudinal data that allows for calculation of the length of stay in OOHC, time to exit by exit type, and re-entry to care, by Indigenous status
- Investment in Aboriginal and Torres Strait Islander community-controlled early childhood education and care as a critical point for culturally safe primary prevention service provision
- Expenditure in child protection and family support both provided to Aboriginal and Torres Strait Islander children and provided by community-controlled services
- Aboriginal and Torres Strait Islander access to family support and intensive family support services
- Culturally appropriate evaluations of early intervention programs for Aboriginal and Torres Strait Islander children and families
- Housing tenure type amongst Aboriginal and Torres Strait Islander families with children
- Access to specialist homelessness services and overcrowding for Aboriginal and Torres Strait Islander children and families in contact with child protection services

- The rate of child protection reports and substantiations related to family violence across all jurisdictions and by remoteness for Aboriginal and Torres Strait Islander children
- Aboriginal and Torres Strait Islander peoples' interaction with the police, child protection authorities, family violence support services and legal services in relation to family violence incidents, including regionalised data to inform targeted responses
- A genuine and more meaningful measure of the development, quality and implementation of cultural support plans for Aboriginal and Torres Strait Islander children in OOHC.

8. ESTABLISHMENT OF STATE-BASED COMMISSIONERS, PEAK BODIES AND OTHER REPRESENTATIVE BODIES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN.

If genuine self-determination and genuine Aboriginal and Torres Strait Islander led co-design is to emerge, then formal roles must be established for Aboriginal and Torres Strait Islander people to oversee and guide policy development and implementation.

Aboriginal and Torres Strait Islander peak bodies are needed in each jurisdiction to enable a community-controlled sector representative voice that can direct the response to child protection concerns based on Aboriginal and Torres Strait Islander perspectives. Peaks have critical roles to play in policy design and in the support and development of quality and effective community-controlled service systems.

The scale and specificity of the issues impacting Aboriginal and Torres Strait Islander children also Commissioners in each state and territory. Their role is pivotal in providing Aboriginal leadership to support both children and families on the one hand, and departmental transformation on the other, shining the light on necessary issues, monitoring progress and brokering solutions. Their work, alongside Aboriginal and Torres Strait Islander peak bodies, could provide significant assistance in informing policy reform and models of best practice to ensure a culturally respectful child and family welfare system centred on the wellbeing of all children, including Aboriginal and Torres Strait Islander children. Other models of system accountability to Aboriginal and Torres Strait Islander peoples are also emerging through the Aboriginal Children's Forum in Victoria and the announced First Children and Families Board in Queensland, with governments showing clear commitment to provide data, enable oversight and share power in the effort to improve outcomes for Aboriginal and Torres Strait Islander children.

Like last year this report exposes the alarming trajectory that some of Australia's most vulnerable children face. It also provides available evidence to inform an approach that would dramatically change the trajectory of Aboriginal and Torres Strait Islander child abuse and neglect and children's removal into OOHC, with a greater focus on early intervention and prevention and the unique contribution that Aboriginal and Torres Strait Islander community-controlled organisations – across early years, health, justice, family violence and child and family welfare – can offer.

For the future of Aboriginal and Torres Strait Islander children, it is incumbent upon our collective responsibility as government and non-government stakeholders to work together, led by Aboriginal and Torres Strait Islander experts, leaders and communities, to co-design and implement this approach to change the story of the past 200 years and begin to provide an environment which is in the best interests of Aboriginal and Torres Strait Islander children and sees them safe and thriving.

This report will be produced again in twelve months to measure progress against previous reports.

Let it show a changing story.



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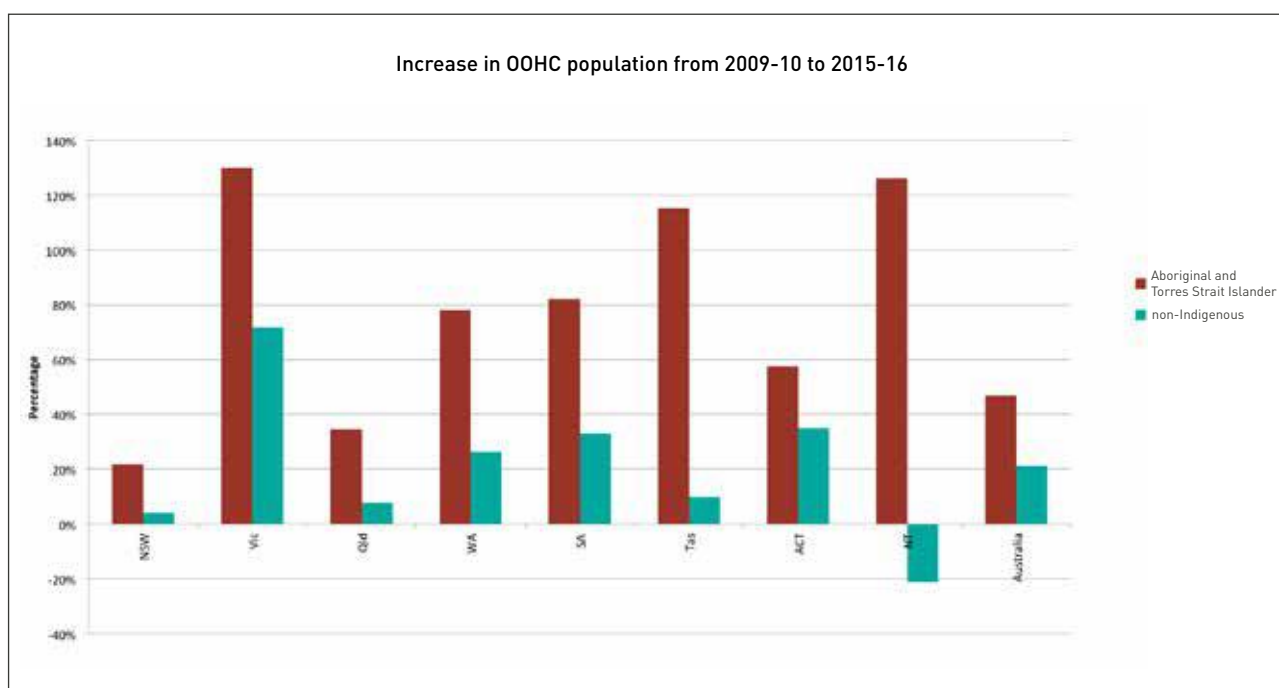
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APPENDICES

APPENDIX I: PROJECTION OF OVER-REPRESENTATION IN OOHC BY STATE AND TERRITORY

FIGURE A1



DISPROPORTIONALITY BY STATE/TERRITORY

Figure A1 shows the percentage increase of the OOHC population in each of the states and territories from 2009-10 to 2015-16, with the green bars indicating increases of the Aboriginal and Torres Strait Islander population and the red bars that of non-Indigenous population. The numbers associated with the bars indicate the change of the respective population in the number of children in the six-year period.

In all jurisdictions, the percentage increase in the Aboriginal and Torres Strait Islander OOHC population exceeds that of the non-Indigenous OOHC population.

In the Northern Territory, the non-Indigenous OOHC population actually shrank by more than 20 per cent while the Aboriginal and Torres Strait Islander OOHC population increased by more than 120 per cent. Victoria, the Northern Territory, and Tasmania exhibited the largest percentage increase among the jurisdictions, with the Aboriginal and Torres Strait Islander OOHC population more than doubling. NSW exhibits the smallest percentage increase in the Aboriginal and Torres Strait Islander OOHC population among the jurisdictions. However, NSW also has the largest increase in the number of children and thus contributes the most to the national increase.

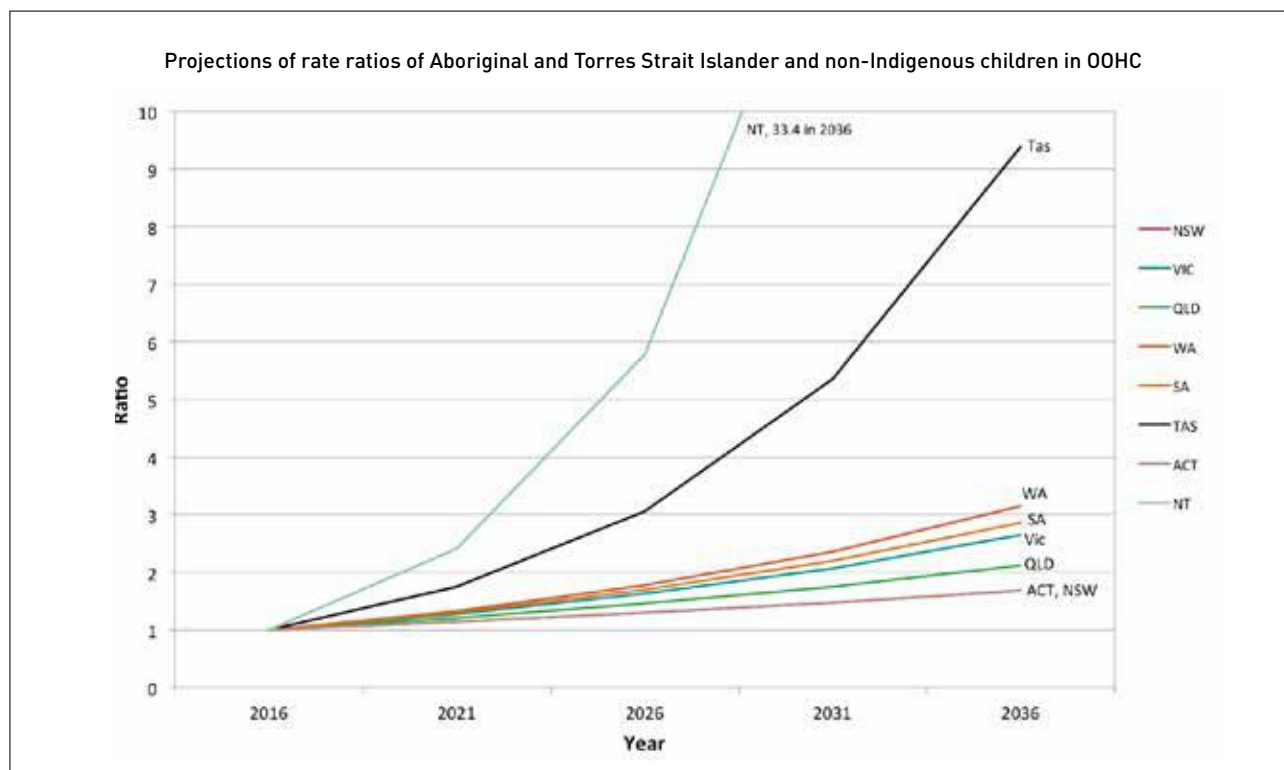
CHANGES IN THE OOHc POPULATION RELATIVE TO CHANGES IN THE GENERAL POPULATION OF CHILDREN BY TERRITORY

In view of the fact that the Aboriginal and Torres Strait Islander population of children aged 0 to 17 in all jurisdictions increased by only 4.8 per cent, on average, ranging from -0.4 per cent in the Northern Territory to 8.7 per cent in Victoria, the percentage increase of the Aboriginal and Torres Strait Islander OOHc population is highly disproportionate to the percentage increase of the Aboriginal and Torres Strait Islander general population of children. This disproportionality is most pronounced in the Northern Territory, where the Aboriginal and Torres Strait Islander general population shrank by 0.4 per cent while the Aboriginal and Torres Strait Islander OOHc population increased by 126 per cent. In Victoria, the percentage increase in the Aboriginal and Torres Strait Islander population is almost 14.9 times that of the percentage increase in the Aboriginal and Torres Strait Islander general population. The disproportionality across other jurisdictions is 37.9 times in the Australian Capital Territory, 27.8 times in Western Australia, 20.2 times in Tasmania, 12.6 times in South Australia, 6.9 times in NSW, and 4.4 times in Queensland.

Figure A2 shows the ratios of Aboriginal and Torres Strait Islander and non-Indigenous OOHc population projections across the states and territories, using the normalised Aboriginal and Torres Strait Islander and non-Indigenous populations in 2016 as a starting point. Once again, the projected Aboriginal and Torres Strait

Islander and non-Indigenous OOHc populations in each jurisdiction were calculated using the average annual population growth rate (APGR) in each jurisdiction from 2009-10 to 2015-16. The ratios indicate the disparate and widening gaps between Aboriginal and Torres Strait Islander and non-Indigenous OOHc populations. A ratio of one indicates that the ratio of Aboriginal and Torres Strait Islander and non-Indigenous populations would be maintained at the 2016 level if nothing is done to change the observed APGR. In this estimation, the ratio of Aboriginal and Torres Strait Islander to non-Indigenous children in OOHc in the Northern Territory is projected to reach 33.4 in 2036 indicating that, if nothing is done to change the current trend, the disparity in rate ratio of Aboriginal and Torres Strait Islander and non-Indigenous populations in the Northern Territory will be 33.4 times as serious as it was in 2016. While a twenty-year projection is a long-term estimate that may not come to pass, it does serve as a stark reminder of how serious and urgent the problem is and how each year, delay in remedying the disparity compounds the problem. In Tasmania, the rate ratio in 2036 is projected to reach more than 9 times the 2016 level if the observed pattern of growth does not change. In the other jurisdictions, the ratios range from 1.7 in the Australian Capital Territory and NSW to 3.1 in Western Australia. Regardless of the magnitude, the message is clear: in order to stop the growing disparity in rates of OOHc between Aboriginal and Torres Strait Islander and non-Indigenous children, changes need to happen in each and every jurisdiction.

FIGURE A2



APPENDIX II: METHOD FOR THE PROJECTION SCENARIO

The model depicted in Figure 3 illustrates the process leading to children being placed in OOHC. Theoretically, the model should be dynamical (is a function of time and space) and state-dependent (i.e., the population in each year depends on the population in previous periods). However, due to the limitation of data, only the APGR is used for projections.

The aim was to use these data to show one possible path of population growth for Aboriginal and Torres Strait Islander and non-Indigenous children in OOHC, assuming that each population will continue to grow at the average APGR based on the years 2009-10 to 2015-16. Lower and upper limits of the projected populations were estimated using the minimum and maximum APGR of the respective populations from the same period. This provides a good perspective on what to expect if the APGR is different from the mean APGR.

For ease of interpretation, all numbers in the model have been scaled to a base population of 1000 (i.e., there are far more non-Indigenous children in the Australian population, so growth rates were standardised to a base population of 1000 in order to facilitate the comparison of growth rates within each population). There are also several important caveats that are listed in Appendix III. These caveats highlight that the figures presented in the scenario have to be interpreted with caution. The constraints of the model may not be good approximations of the real system, in which case the figures shown in the example may not come to pass.

APPENDIX III: CAVEATS FOR THE PROJECTION SCENARIO

CAVEATS AS A RESULT OF THE MODEL RESTRICTIONS:

- Comparable data from AIHW is only available for seven years. In 2009-10, there was a major change in the counting rules. As a result, data before 2009-10 was not used. Therefore the figures presented should be treated as estimates – they are not exact and may change as data are improved and extended.
- The scenario does not take variation between states into consideration. States and Territories exhibit very different trends and legislation differs significantly between States and Territories. An example is the introduction of a new policy in NSW that led to a sharp increase in discharges of children to guardianship from OOHC as part of the *Safe Home For Life* legislative reforms (AIHW, 2016).
- The legislative reforms in NSW in 2014 had significant effects on the population of non-Indigenous children in OOHC. This population experienced negative growth (or a decrease) in population size in the year 2014-15 while the population of Aboriginal and Torres Strait Islander children in OOHC increased by 464 children between 30 June 2014 and 30 June 2015. These shocks to the system may bias average annual population growth rates, especially for non-Indigenous children. In other words, it appears that fewer Aboriginal and Torres Strait Islander children were “exited” from the system than non-Indigenous children, which if the trend continues will increase the over-representation of Aboriginal and Torres Strait Islander children in OOHC.
- Unlike the theoretical model (as in Figure 3), the scenario does not explicitly incorporate the re-enforcing feedback from exits to notifications via re-reports. This shortcoming is due to the fact that we have no data on the nature and timing of re-entry to OOHC. However, the total bias resulting from this restriction is expected to be small.

APPENDIX IV—METHOD FOR THE REPORT CARD TABLE

The report card table makes a subjective assessment of “highlights” and “lowlights” and a corresponding “traffic light” designation in relation to state and territory progress on aligning practice with each of the four building blocks of the Family Matters campaign. Assessments are Aboriginal and Torres Strait Islander community-sector led and have been developed with review and input of state Family Matters jurisdictional representatives and peak Aboriginal and Torres Strait Islander agencies where they exist.

The methodology interrogated specific data points in the report that align most accurately with each of the building blocks when considering the framework detailed in the FAMILY MATTERS ROADMAP. A number of data points in the Family Matters report are not provided by jurisdiction and, as a result, these were excluded from the Report Card assessment. The specific data points considered in identifying highlights and lowlights were:

Building Block 1: Prevention and early intervention investment and service access data, including early childhood education and care; child protection system over-representation; investment in community-controlled prevention and early intervention; and AEDC outcomes data.

Building Block 2: Resourcing of Aboriginal and Torres Strait Islander representative organisations to participate and enable family participation in case decisions; Aboriginal and Torres Strait Islander peak body roles in policy design; delegation of statutory functions to ACCOs; and investment in ACCO service delivery.

Building Block 3: Placement of Aboriginal and Torres Strait Islander children with Aboriginal and Torres Strait Islander carers and kin; programs for cultural support planning and implementation; ACCO OOHC case management roles and delegation of statutory functions; and resourcing of Aboriginal and Torres Strait Islander peak body roles in sector development.

Building Block 4: Aboriginal and Torres Strait Islander system reform oversight and monitoring bodies, including Aboriginal and Torres Strait Islander representative bodies and Children’s Commissioners; development of strategies to address over-representation and monitoring and evaluation approaches; and provision of additional data requested to inform the Family Matters report.





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