



# Achieving a Holistic Aboriginal Child and Family Service System for NSW

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MAY 2016



## About AbSec

The Aboriginal Child, Family and Community Care State Secretariat (AbSec) is the peak Aboriginal organisation within the child and family sector in NSW. AbSec is committed to advocating on behalf of Aboriginal children, families, carers and communities, and to ensure they have access to the services and supports they need to keep Aboriginal children safe and provide them the best possible opportunities to fulfil their potential through Aboriginal community controlled organisations.

Central to this vision is the need to develop a tailored approach to Aboriginal child and family supports delivering universal, targeted and tertiary services within communities that cover the entire continuum of care and reflect the broader familial and community context of clients. Such services and supports would operate to mitigate risk factors or vulnerabilities thereby reducing the need for more intensive or invasive interventions, as well as ensuring that tailored and critical Aboriginal out-of-home care and after care services are provided to intervene in the cycle of disadvantage that continue to impact generations of Aboriginal families.

Our vision is that Aboriginal children and young people are looked after in safe, thriving Aboriginal families and communities, and are raised strong in spirit and identity, with every opportunity for lifelong wellbeing and connection to culture surrounded by holistic supports.

- In working towards this vision, we are guided by these principles:
- acknowledging and respecting the diversity and knowledge of Aboriginal communities;
- acting with professionalism and integrity in striving for quality, culturally responsive services and supports for Aboriginal families;
- underpinning the rights of Aboriginal people to develop our own processes and systems for our communities, particularly in meeting the needs of our children and families;
- being holistic, integrated and solutions-focused through Aboriginal control in delivering for Aboriginal children, families and communities; and
- committing to a future that empowers Aboriginal families and communities, representing our communities, and the agencies there to serve them, with transparency and drive

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## Introduction

Aboriginal children, families and communities continue to be over-represented at all points of the child protection system in NSW<sup>1</sup>. Aboriginal children in NSW are significantly more likely to be the subject of a substantiated report of abuse or neglect (7.9 times in NSW) and are more likely to be in out-of-home care (9.8 times in NSW), with approximately 30% of all children receiving child protection services in NSW (including those subject to an investigation of a notification, on care and protection orders or in out-of-home care) and 35% of all children in out-of-home care (OOHC) identified as being Aboriginal<sup>2</sup>. Further, the majority of Aboriginal children who were the subject of a substantiation were from those areas of the lowest socioeconomic status (57%), compared with 37% for their non-Aboriginal peers<sup>3</sup>, suggesting that vulnerability for Aboriginal children is closely related to the socioeconomic marginalisation of Aboriginal families and communities. Aboriginal people, collectively, are more likely to have poorer outcomes (including health, educational, socio-economic) and are over-represented across a number of service systems (including justice and child protection), arising from the legacy of past forced separations<sup>4</sup>.

This intergenerational cycle of marginalisation, trauma and disadvantage represents a significant personal and collective burden on the wellbeing of Aboriginal families and communities, as well as a significant economic burden for the State. In this context, it is clear that a new approach in Aboriginal child and family services is needed that empowers communities and seeks to keep Aboriginal children and young people safely connected with their families, communities and culture.

However, it is also important to emphasise that the majority of Aboriginal children in NSW do not enter the out-of-home care system, with the vast majority of these families functioning strongly and meeting the needs of their Aboriginal children<sup>5</sup>. Many Aboriginal children in out-of-home care in NSW are being cared for in Aboriginal households, and supported by Aboriginal agencies. That is, despite the over-representation of Aboriginal families, strong formal and informal networks of supports are present within Aboriginal communities. These strengths should be recognised and promoted, investing in communities' capacity to support those families that need additional support.

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<sup>1</sup> Australian Institute of Health and Welfare (2015) Child Protection Australia 2013–14

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> De Maio JA, Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, Cox A. (2005) The Western Australian Aboriginal Child Health Survey: Measuring the Social and Emotional Wellbeing of Aboriginal Children and Intergenerational Effects of Forced Separation. Perth: Curtin University of Technology and Telethon Institute for Child Health Research

<sup>5</sup> Secretariat National Aboriginal and Islander Care (2015) Pathways to safety and wellbeing for Aboriginal and Torres Strait Islander children, available at: <http://www.snaicc.org.au/policy/dsp-landing-policyarea.cfm?loadref=239&txnid=1636&txnctype=resource&txncstype=document>

The Aboriginal Child, Family and Community Care State Secretariat (AbSec) and Family and Community Services (FACS) have collaborated in a co-design process to chart the way forward for the Aboriginal sector and the support provided to Aboriginal children, families and communities across NSW.

This process arose from a shared commitment to overcoming and addressing the disproportionate rate of Aboriginal children and young people at significant risk of harm, or involved with the OOHC system, and to identify solutions to ensure better outcomes were achieved for Aboriginal children, families and communities.

From this process, AbSec developed a comprehensive plan, the *Plan on a Page for Aboriginal children and young people*, with the stated vision of developing:

*“A strong safety-net of Aboriginal community-controlled organisations that effectively meet the needs of Aboriginal children, families and communities through holistic and individually tailored Aboriginal child and family services across NSW, working towards safe communities and reducing the over representation of Aboriginal children in out-of-home care and providing for better outcomes over time”.<sup>6</sup>*

As the peak Aboriginal organisation within the child protection sector in NSW, AbSec is committed to advocating on behalf of Aboriginal children, families and communities to ensure they have access to the services and supports they need to keep Aboriginal children safe and provide them the best possible opportunities to fulfil their potential. Essential to this vision is the need to provide both universal and targeted supports within communities, mitigating risk factors or vulnerabilities that may be present and reducing the need for more intensive or invasive interventions, particularly the need for child protection interventions.

An Aboriginal family may experience any combination of low socioeconomic status, social isolation, health problems or low education, contributing to the risk of child neglect or abuse occurring. A holistic approach that supports Aboriginal families and communities to overcome these challenges is desperately needed.

Universal and targeted Aboriginal child and family supports, embedded within communities, are critical to breaking this cycle of disadvantage that places Aboriginal children at greater risk, with early investment likely to be most effective in mitigating risks and promoting positive outcomes for Aboriginal children, families and communities. As such, AbSec calls for a much greater investment in community-led targeted services, including community development, prevention and early intervention, for Aboriginal families and communities that is commensurate with the identified need. This investment should be aimed at reducing the over-representation of Aboriginal children and families at the tertiary (or crisis end) of the system, where the costs are much greater both in social and economic terms.

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<sup>6</sup> AbSec/FACS co-design Plan on a Page for Aboriginal Children and Young People 2015–2021

Empowering Aboriginal communities through Aboriginal community controlled agencies to develop a comprehensive safety-net of services across the service delivery spectrum that provide a continuum of care for Aboriginal children and families is critical to overcoming the intergenerational cycles of disadvantage that continue to adversely affect Aboriginal children and families. It is essential that these services are properly resourced. AbSec has called for funding of the Aboriginal sector commensurate with the identified need and demand, specifically that 35–40% of child protection and family support funding should be allocated to effective integrated Aboriginal child and family services delivered through Aboriginal community-controlled organisations, alongside matching investments to ensure delivery of quality and outcomes for Aboriginal children and young people impacted by OOH and supported through Aboriginal community controlled organisations.

## Characteristics of a holistic Aboriginal child and family system

In this paper, we outline our comprehensive framework that articulates the blueprint for an Aboriginal service system delivering holistic, culturally connected and innovative community-embedded services across the continuum of care for Aboriginal children and families at risk, as outlined in AbSec’s *Plan on a Page for Aboriginal children and young people*. Leading researchers in the early childhood development have challenged the sector to “create a truly innovative, fully hybridized model that is explicitly focused on transforming the lives of both children and adults”<sup>7</sup>. Such a model is the goal of AbSec’s plan, focused on achieving the best possible outcomes for Aboriginal people, guided by three foundation principles.

### Foundation Principles

**Firstly**, that child development occurs within the context of their social and physical environment, with relationships playing a key role in optimal development and adaptive outcomes<sup>8</sup>. That is, effective systems approaches to improving outcomes for vulnerable children must include supporting positive change for the child’s social network, their parents, extended families and communities. However, rather than simply coordinating separate child- and adult-focused programs, a genuine integration of services that support children both directly and indirectly through strengthening the capabilities, stability (including economic) and resilience of families and communities is required. In this way, interventions can become genuinely intergenerational, supporting parents, grandparents, aunties and uncles to positively contribute to the development of their children, thereby optimising the developmental context and trajectory of the next and subsequent generations of Aboriginal children and young people.

**Secondly**, that Aboriginal families and communities are stronger and better able to meet the needs of their children and young people when empowered to identify and address the

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<sup>7</sup> Shonkoff, J. and Fisher, P. (2013) Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy, *Development and Psychopathology*, pp. 1635–1653

<sup>8</sup> Ibid.

issues that impact on their lives<sup>9,10</sup>. Aboriginal communities themselves are best placed to develop and deliver services aimed at supporting Aboriginal children and families. This is consistent with the rights of Aboriginal peoples, and the lessons learned from the Special Inquiry into the Separation of Aboriginal Children from their Families<sup>11</sup>, as reflected in the NSW Government's response at that time<sup>12</sup>. Finally, international research has emphasised that "when [Indigenous peoples] make their own decisions about what development approaches to take, they **consistently out-perform external decision makers** on matters as diverse as governmental form, natural resource management, economic development, health care, and social service provision"(emphasis added).<sup>13</sup>

**Thirdly**, that culture represents a significant positive factor in overcoming adversity and disadvantage for individuals, families and communities, strengthening our families and communities to raise strong, connected children<sup>14</sup>. Empowering communities to develop and deliver culturally sound universal and targeted interventions will contribute to the development of a comprehensive, state-wide safety-net of services that are embedded within communities they serve, leading a community-wide response that will support Aboriginal families to keep children safe and connected to their families, communities, culture and Country.

### Key Features to support the Implementation, Design, Delivery and Evaluation

In supporting the reform of the sector for Aboriginal children and families, AbSec has identified the following Key Features to assist in the implementation, design, delivery and evaluation of an Aboriginal controlled service system approach:

- **Self-Determination** – supporting and empowering families and communities to have greater decision-making and therefore greater responsibility around the safety and wellbeing of their children.
- **Aboriginal community-controlled organisations** are best placed to achieve greater outcomes for Aboriginal children and families.

<sup>9</sup> The Harvard Project on American Indian Economic Development, led by Professors Stephen Cornell and Joseph P. Kalt. Information available at: <http://hpaied.org/about>

<sup>10</sup> Chandler, M. (2015) Cultural Wounds Require Cultural Medicines: How Cultural Continuity Reduces Suicide Youth Risk in Indigenous Communities, keynote address at Secretariat of National Aboriginal and Islander Child Care Conference 2015, Perth, WA.

<sup>11</sup> Human Rights and Equal Opportunity Commission (1997) Bringing Them Home – Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, available at: <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/bringing-them-home-stolen>

<sup>12</sup> NSW Government (2012) NSW Government Response – Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, available at: <http://www.aboriginalaffairs.nsw.gov.au/wp-content/uploads/2012/11/NSW-Response.pdf>

<sup>13</sup> The Harvard Project on American Indian Economic Development, led by Professors Stephen Cornell and Joseph P. Kalt. Information available at: <http://hpaied.org/about>

<sup>14</sup> National Scientific Council on the Developing Child (2015) *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. <http://www.developingchild.harvard.edu>

- Diversity of Aboriginal communities and the **broad definition of kin** are viewed as strengths for children and their families.
- **Cultural Safety** – is about providing appropriate support/intervention in a way that is respectful of a person’s culture and beliefs, and that is free from discrimination plus allowing for greater responsibility and autonomy. Culturally safe services are more likely to engage Aboriginal children and families, and are therefore more likely to be effective
- **Capacity building** – enhancing the capacity of existing Aboriginal community controlled organisations (or where a need is identified, develop new organisations). AbSec has extensive outcomes with OOHC in this space.
- **Localised and shared decision-making** – genuine engagement with local communities about how best to meet the needs of Aboriginal children and families impacted by child protection, and based on an open understanding of local resources and strengths (see the expansion of this on p5).
- **Flexible funding** focused on an agreed, Aboriginal-led outcomes framework and committed to genuine child and family-centred service delivery that is tailored to the child’s family and community context and need will better meet the needs of Aboriginal children and families than inflexible program-based funding, while retaining high-level accountability across the sector.
- **Mixture of targeted and universal supports** (as well as community development approaches that are based on localised need). Child and family focused interventions alone cannot address broader issues around community leadership, workforce development, education, poverty alleviation and healing in Aboriginal communities. Therefore success of interventions for Aboriginal cohorts heavily depends on community development and empowerment (having these principles and strategies built within the service design phase will help to facilitate this)<sup>15</sup>.

### Aboriginal Community-Controlled & Safety-Net of Services

Within the child, family and community care sector, AbSec defines an Aboriginal Community Controlled Organisation (ACCO) as:

- an independent, not-for-profit organisation, that is incorporated as an Aboriginal organisation;
- one that is initiated, controlled and operated by Aboriginal people; thereby reflecting the right of Aboriginal peoples to self-determination, including the right to develop their own social institutions and organisations;
- one based in a local Aboriginal community, or communities;

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<sup>15</sup> Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2012). *Second Three Year Action Plan, 2012-2015: Protecting Children is Everybody’s Business: National Framework for the Protection of Australia’s Children 2009-2020*, p.22

- being governed by an Aboriginal Board which is elected by members of the local Aboriginal community or communities where it is based; and decision making of the Board is determined by Aboriginal Board members, providing direct accountability to the Aboriginal community;
- one that designs and delivers services that empower Aboriginal communities and people within their social and cultural context.

The framework will assist in building inclusive communities as a safety-net for vulnerable children and families, address social factors that contribute to negative outcomes for children and families at the community level, as well as providing targeted interventions for vulnerable families that are child and family-centred and tailored to their cultural and social context. This network of services will integrate individual, whole-of-family and whole-of-community responses, coordinated at the local level through local Aboriginal community child safety governance bodies in partnership with Aboriginal community controlled organisations, and tailored to meet the specific needs of the families and communities they serve. This will help to avoid the fragmentation and duplication of services through the development of tailored integrated Aboriginal community-led local strategies, designed and delivered by appropriately resourced Aboriginal community controlled organisations focused on child welfare and family strengthening.

Critically, the framework seeks to serve Aboriginal families and communities across a continuum of care, providing life course services around this cohort and aiming to intervene in the intergenerational cycles that place Aboriginal children at greater risk of a range of suboptimal outcomes<sup>16</sup>. This safety-net of services will be guided by **local Aboriginal community child safety governance bodies**, informing the design, development, delivery and evaluation of services, including universal and targeted interventions, within local communities. This will ensure that local communities are empowered to identify priorities and develop solutions that reflect their social context and community resources within the child protection system broadly, while also sharing information across a network of Aboriginal services and communities to drive innovation and best practice in ensuring Aboriginal children and young people are safe from harm, and families are strengthened.

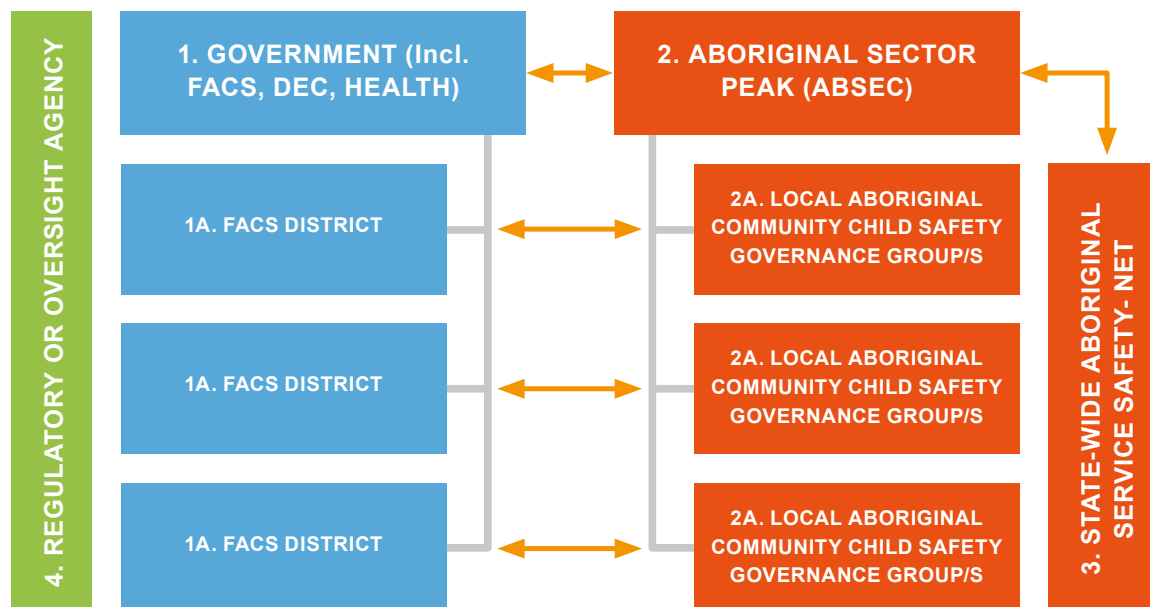
### **Roles and relationships of Aboriginal child and family system stakeholders**

This model appreciates the significant statutory responsibilities of authorities such as FACS, and their ongoing role in an effective Aboriginal child and family service system in promoting the safety, welfare and wellbeing of Aboriginal children and young people. Importantly, this model would aim to articulate accountabilities between statutory functions and Aboriginal communities to ensure progress is made towards achieving outcomes for Aboriginal children and young people, as often roles and responsibilities and an

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<sup>16</sup> De Maio JA, Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, Cox A. (2005) The Western Australian Aboriginal Child Health Survey: Measuring the Social and Emotional Wellbeing of Aboriginal Children and Intergenerational Effects of Forced Separation. Perth: Curtin University of Technology and Telethon Institute for Child Health Research

assumption of control by statutory authorities hinder innovation or achievement of outcomes. The following diagram (Figure 1) provides a broad overview of the relationships between the Aboriginal sector (highlighted in red), FACS (highlighted in blue) and Regulatory and/or oversight bodies (in green).



**Figure 1: Roles and relationships of service mode**

**1. FACS and other government agencies**, partner with the Aboriginal sector peak (AbSec) to establish and agree high-level goals and outcomes for working to provide better outcomes for Aboriginal children and families involved with the child protection and OOHC system in NSW. Other government agencies would include mental health, health, education or justice. In this role, FACS will act as a “steward”, reflecting their responsibility to monitor child and family services for NSW families and consistent with their commitment to Aboriginal people. Government, through FACS, will provide funding to the Aboriginal sector commensurate with need and tied to the agreed high-level goals and outcomes, enabling capacity and capability development of an Aboriginal sector through the Aboriginal sector peak (AbSec). This will provide one point of contact between FACS and the Aboriginal sector and streamline delivery to focus on outcomes. As steward, FACS will be agnostic with respect to the programs and services delivered by the Aboriginal child and family sector but rather focused on progress towards the agreed goals and outcomes and “return on investment”. This two-way relationship will also enable engagement on broader issues of child protection policy and practice, enhancing accountability of services in the Aboriginal child and family sector (prevention, early intervention, out- of-home care and after care) and in child protection practice. Finally, FACS and the Aboriginal sector peak will collaborate on other issues arising from regions/communities and share data to help inform the work of the sector towards these goals.

**1a. District and local FACS offices** will remain engaged in the operation of their statutory responsibilities under the Children and Young Persons (Care and Protection) Act 1998. However, through relationships with local Aboriginal Community Child Safety Governance structures, this model will foster greater engagement between FACS and Aboriginal communities leading to improved relationships, practice and accountability, and ensure better integration of services and supports for at-risk families with the aim of improving safety and reducing the number of Aboriginal children entering care. This local engagement will be supported by the *Guiding Principles for Strengthening the Participation of Local Aboriginal Community in Child Protection Decision Making*, with additional support and mediation (where required) provided through FACS and the Aboriginal sector peak.

**2. The Aboriginal sector peak (AbSec)** will represent the views of local/regional Aboriginal community child safety governance groups on the state-wide level and support them to develop structures and processes to assess local needs, develop solutions and monitor services. This peak will also support the Aboriginal sector more broadly through industry development, advocating on emerging state-wide trends or other issues on behalf of organisations, and engaging with FACS on issues of policy and legislation with respect to Aboriginal children and families (for example, with respect to the child protection legislation, or other issues of interest), and, through relationships with other relevant stakeholders, advocate on behalf of communities for whole of government approaches to addressing critical issues for Aboriginal children, families and communities (such as with Education or Health). This Aboriginal sector peak will also provide advice and support to the network of Aboriginal child and family services, streamlining processes where possible or appropriate (for example, collective use of IT services) to drive efficiencies while maintaining the flexibility and responsiveness of small organisations that are embedded in their communities, driving workforce development and change, and working to address and support service sector capacity and gaps. This will help to produce a comprehensive and holistic network of services that are embedded within and available to communities across the state, and support continuity of services for families across the life course. Drawing on the outcomes of the co-design process, the Aboriginal sector peak will focus in particular on building the capacity of the Aboriginal sector (particularly in regional/remote areas), workforce development and transition management to create the underlying infrastructure and community engagement required for this model. This includes the development of Cultural Practice Standards and good practice resources, monitoring and reporting processes.

**2a. Local Aboriginal Community Child Safety Governance bodies** will empower local Aboriginal communities to drive the accurate assessment of needs and develop strategies and solutions that reflect the needs of children and families and their social, cultural and community context. They will be supported in this work by the Aboriginal sector peak that will provide sector resources and link communities to state, national and international evidence. Local Aboriginal Community Child Safety Governance bodies will directly engage with the State-wide Aboriginal Service Safety-Net to ensure that the services and supports they need are present and accessible in their community to ensure

child-safe approaches, drawing on needs-based funding through the Aboriginal sector peak (in particular with FACS). Such bodies will also engage directly with frontline FACS services around the operation of the statutory system and local Aboriginal community controlled organisations around delivery and design of local interventions, supporting Aboriginal self-determination and community participation in decision making in their local Aboriginal community, leading to better outcomes for Aboriginal children and young people and child-safe communities.

**3. The State-wide Aboriginal Service Safety-Net** will provide holistic, tailored child, family and community services to address child safety needs, informed by the needs of local Aboriginal communities. Being outcome-focused and directly accountable to the communities they serve, these services will be supported to work collaboratively and innovatively (across services and with the broader community) to achieve the best possible outcomes for Aboriginal children and their families at risk. This will ensure an integrated service delivery model, providing a single point of entry for clients and providing a tailored, family-centred service. Key workers based in the community will support the engagement and delivery of holistic tailored services, intervening early to divert families first to universal and community supports, and if required, to more targeted and crisis responses (in collaboration with local statutory authorities). This will provide a family-centred approach that reduces the strain on more intrusive and expensive crisis interventions and supports families within their community. Benchmarking across the state and with the mainstream sector will maintain competitive pressure to drive practice quality without undermining the culture of collaboration and focus on outcomes for Aboriginal children and families involved in the child protection and OOH system.

**4. Regulatory and/or oversight bodies** include the Advocate for Children and Young People (Advocate); Office of the Children’s Guardian (OCG); and the NSW Ombudsman’s Office. The **Advocate** is an independent statutory office reporting to the NSW Parliament and is established under the *Advocate for Children and Young People Act 2014*. The Advocate works to improve the safety, welfare and well-being of all children and young people in NSW. They speak up for children and young people to ensure that their rights are respected and their points of view heard by adult decision makers and engage with the children and young people of NSW and listen to their feedback and input. The **OCG** is established under the *Children and Young Persons (Care and Protection) Act 1998* to promote the interests and rights of children and young people living in out-of-home care. The OCG is an independent government agency that works to protect children by promoting and regulating quality, child safe organisations and services. The **NSW Ombudsman** is an independent and impartial watchdog; who ‘watch’ over most community services and many private sector agencies and their staff. Their role is to make sure these agencies and their employees do their jobs properly, meeting their responsibilities to the community.

### A three tiered approach for Aboriginal child safety

The development of an Aboriginal service system in NSW will be guided by **three** intertwined intervention levels:

1. Aboriginal Community Response (Primary) – targets the whole community and is commonly referred to as universal interventions.

Aboriginal Community Response interventions at this level will be aimed toward reducing risk factors of maltreatment and safety concerns at a whole of community level.

Programs or activities that could be run at this level may take on many forms such as (but not limited to):

- media/promotional campaigns;
- education including prior-to-school (i.e. playgroups);
- transition to kindergarten/high school;
- universal health care and immunisation; and
- community engagement and development (including capacity development) in the specific area of child safety and child/adolescent development and growth.

2. Aboriginal Family Strengthening (Secondary) – targets individuals or a population sub-group that have higher than average parenting difficulties and families whose children are at-risk of child abuse.

Aboriginal Family Strengthening intervention at this secondary continuum level is commonly referred to as prevention and early intervention services.

Programs or activities that could be run at this level may include:

- facilitated access to peer support learning (parenting programs, financial budgeting);
- facilitated access to a broad range of support services such as housing (including homelessness), drug, alcohol, and mental health;
- family mediation (including family group conferencing);
- facilitated access to education (including prior-to-school [supported playgroups], transition to kindergarten/high school);
- facilitated access to universal health care and immunisation;
- community engagement and development (including capacity development) in the area of child safety and child/adolescent development and growth but with greater focus on child and caregiver interactions as well addressing capacity and areas of improvement for primary carer/s

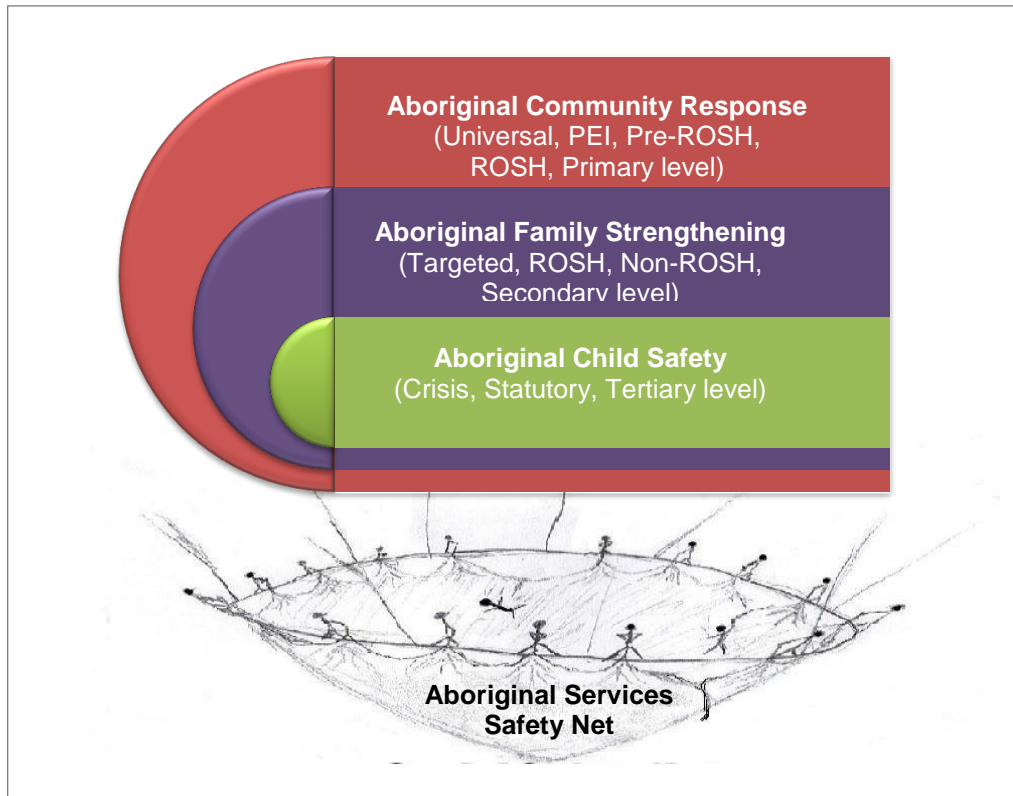
- family preservation (maintaining a functioning family unit/household);
- Foster care support and case management; and
- OOHC support and case management.

3. Aboriginal Child Safety (Tertiary) – targets families where child abuse has occurred and it is at this level that the family more than likely enters the statutory child protection system for the first time.

This level of intervention is aimed to reduce long-term damage to the child and to prevent recurrence of child abuse through delivery of outcomes in OOHC.

Programs or activities that could be run at this level may include:

- facilitated access to peer support learning (parenting programs, financial budgeting);
- facilitated access to a broad range of support services such as housing (including homelessness), drug, alcohol, and mental health;
- family mediation (including family group conferencing);
- facilitated access to education (including prior-to-school [supported playgroups], transition to kindergarten/high school);
- facilitated access to universal health care and immunisation;
- community engagement and development (including capacity development) in the area of child safety and child/adolescent development and growth but with greater focus on child and caregiver interactions as well addressing capacity and areas of improvement for primary carer/s;
- family preservation (maintaining a functioning family unit/household);
- foster care support and case management;
- OOHC support and case management; and
- OOHC leaving care/after care support and case management.



**Figure 2: Aboriginal Holistic Service System Continuum of Care and Cultural safety-net of services**

As can be seen in Figure 2, the universal stream wraps around the targeted response stream, which in turn wraps around the tertiary or crisis stream. This emphasises the focus on family support and preservation services, and the commitment to less intensive diversionary approaches that limit the need for more intensive, invasive and expensive crisis responses. This also acknowledges that the path of any individual client or family should first pass through these supports, and that they may pass between these layers as their individual circumstances change over a period of time.

The key feature here is to ensure that all community members have access to the community-based supports they need, when they need them, with clear referral pathways to more intensive services where required, and clear step-down supports following periods of intensive intervention. Allowing for service provision (and contracting) flexibility will increase capacity of organisations and service networks to be more innovative and become increasingly responsive to client and sector needs and demand.

## Eligibility, Referral and Assessment Considerations

An important point to highlight is while holistic and integrated service systems seek to ensure access to multiple services through single access points, they are most accessible where there are multiple entry points, with ‘no wrong doors’<sup>17</sup>.

Assessing each individual or family’s strengths and needs should act as the basis for devising appropriate case goals and strategies for working with family members to achieve those goals.

Prompt and proper assessment is therefore critical to engaging and working with family members in a way the family sees as helpful. It is acknowledged that different views might be held by caseworker staff, the statutory agencies, and family members about family strengths and the significance of risk factors.

A range of information should be used to complete an initial assessment - the referring or statutory agency’s referral information, observations from the initial home visit and other contacts with the family, knowledge about the family and their connections to community, the family’s views about the ‘problems and solutions’, and assessments provided by other professionals.

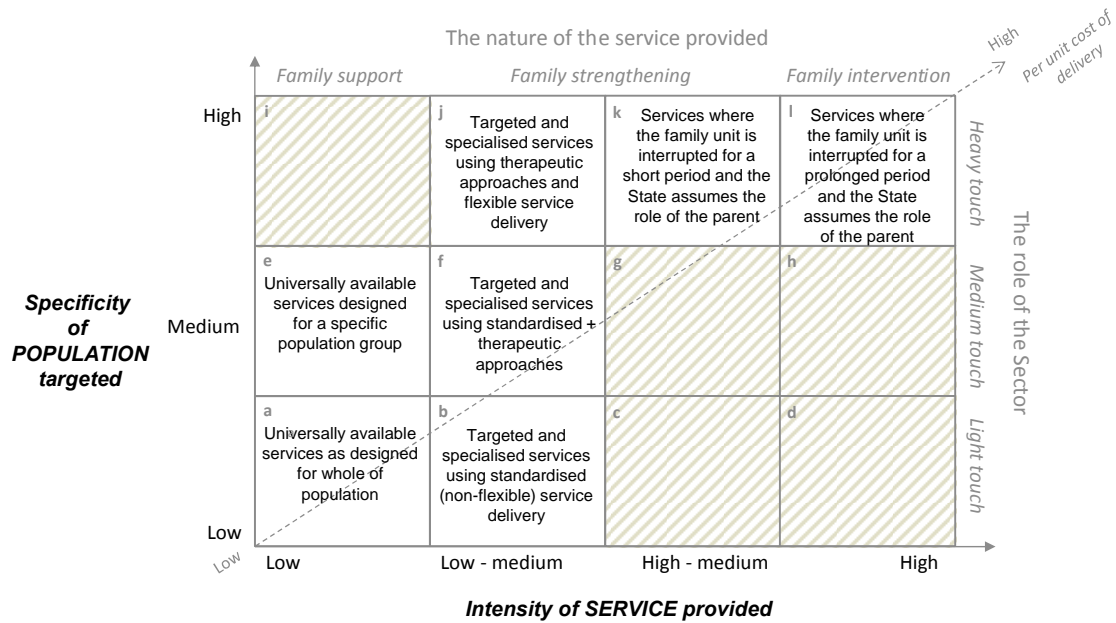
Different approaches that could be used to complete the initial assessment include:

- by the caseworker alone (desktop assessment);
- by the caseworker with the family;
- by the manager and designated caseworker;
- by the multi-disciplinary team (internal and external or combined).

Risk Assessment to determine most appropriate support and intervention will be undertaken at this point based upon child safety considerations. Depending on the outcome of this assessment families will be either referred externally or internally (or both where necessary). Further consideration at this point is required as to which of the three tiers that the family ‘fits’ in to and what specific support and intervention is now required to achieve family goals.

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<sup>17</sup> Moore, T., and Skinner, A. (2010). An integrated approach to early childhood development, Centre for Community Child Health (CCCH) and The Benevolent Society (2010)



**Figure 3: Comparison of service model with service intensity along the continuum (Source: Deloitte Access Economics)**

Supporting Aboriginal children and families across the continuum of care also means that interventions will differ in their specificity and intensity, as well as how invasive or interventionist they are with respect to the family (see Figure 3).

In general, broad non-specific universal interventions provide a broad-brush, seeking to support the broadest population as well as providing an accessible entry point for individuals or families that may require a more targeted or specialised response. As noted above, the integration of these different levels promotes a responsive service system that is able to deliver the services that are needed, when and where they are needed, as well as supporting service users as they move across different levels of the system (for example requiring more intensive responses at particular times, such as around restorations, or transitioning children to high school, which may then step down to targeted or universal streams).

### Exchange and sharing of client information

As part of a referral process, services and government will exchange information with service providers and ‘prescribed agencies’ where consent has been obtained from the child’s parent(s) or primary carer. This information may include:

- client profile including name, birth date, health, education, family details and the outcome of relevant assessments to date;
- professional reports;
- current case plans;

- information about the child or young person’s parents, extended family, significant others, siblings and former carers.

Any exchange of information must comply with policy, procedure and legislative requirements.

### **Cultural Safety-Net of Services**

The Aboriginal child and family service system seeks to empower communities to develop and implement local solutions to local challenges. Five key “levers for change” have been identified, as presented through AbSec’s *Plan on a Page for Aboriginal children and young people*, which has provided the blueprint for the service system approach, directed at improving outcomes for Aboriginal children and young people through the presence of a holistic, integrated and responsive Aboriginal service system that is tailored to the individual and family within their community context, thereby reducing the over-representation of Aboriginal children and young people in the child protection system, and increasing their participation in their communities and economies.

These levers include:

- Keeping Aboriginal children connected to their families and communities through the effective and consistent application of the Aboriginal Child and Young Person Placement Principle (ACYPPP), including the participation of Aboriginal families and communities in decision making regarding Aboriginal children
- Strengthening existing and building sustainable Aboriginal community- controlled organisations to provide culturally connected out-of-home care services to Aboriginal children and young people that is embedded in their local community
- Supporting Aboriginal people to develop differentiated policies to best meet the holistic needs of Aboriginal children and families.
- Building a state-wide safety-net of Aboriginal community-controlled organisations that are able to develop and deliver their own universal/targeted/intensive services to meet community needs, develop community plans through local decision making processes that are geared towards child care and protection, and monitor the efficacy and achievements of such plans, as well as supporting vulnerable children and families to access required services
- Maximising positive outcomes of all Aboriginal children and young people currently in care through linking them and those that care for them with existing Aboriginal community-controlled organisations and support services embedded in their community.

### **Program Design and Delivery—Key Considerations**

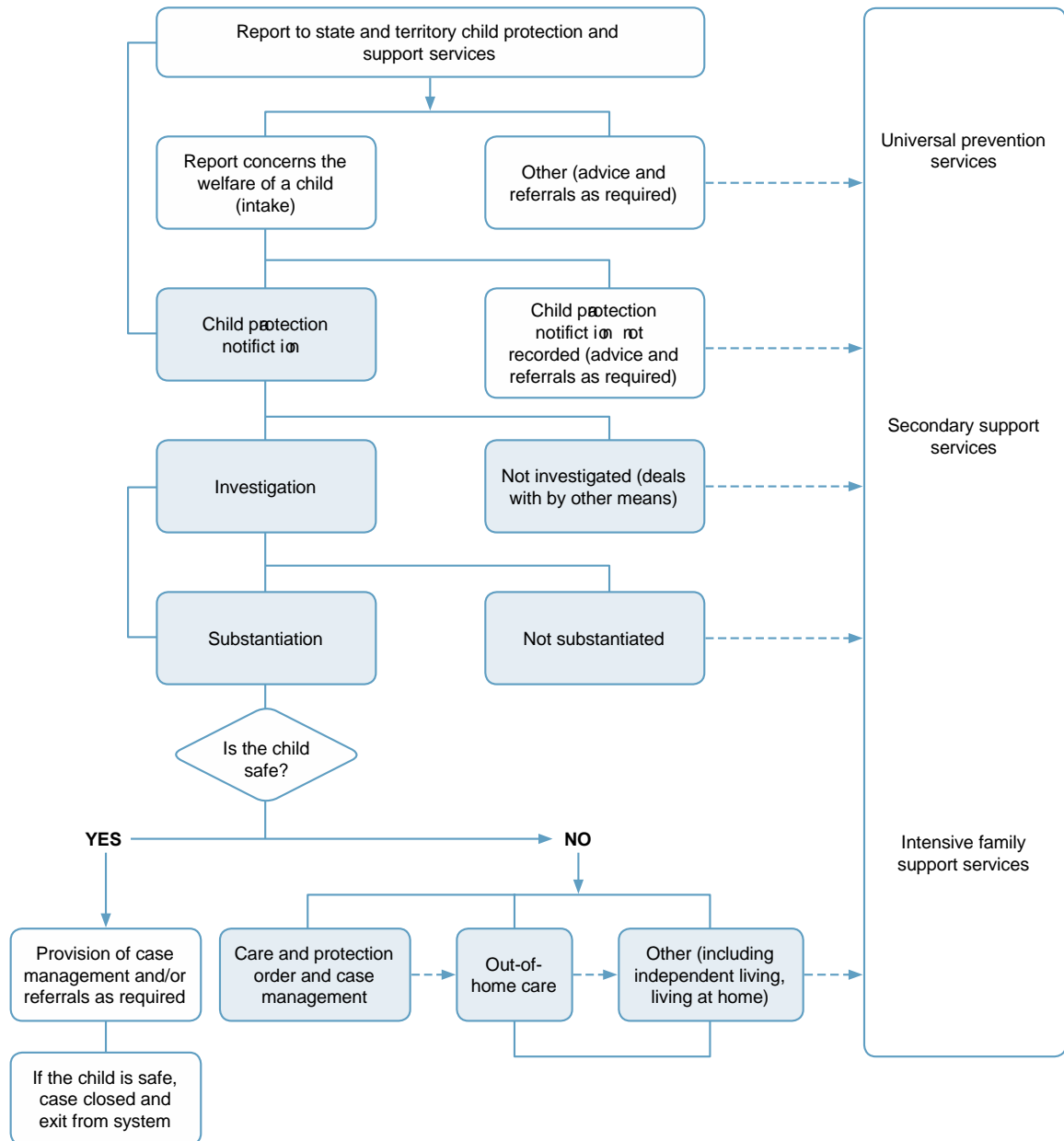
As identified in this paper already the framework will encompass a preventative and early intervention approach. While the traditional child protection approach focuses resources heavily on the statutory response (see Figure 4 below), this framework challenges this status quo to adequately resource the primary and secondary intervention levels, matched

to service need, demand and capacity, to reduce growth in more intensive and expensive tertiary services, while maintaining appropriate tertiary supports according to current need.

Further to this, there is a strong desire by the sector to match high-level state-wide outcomes, with locally designed outcomes which must be a key consideration in the design and implementation phases of the framework.

Working within the principles of self-determination it is envisaged that local involvement in this specific process between Aboriginal community controlled organisations, local Aboriginal community child safety governance groups, as well as of course FACS/ AbSec would be paramount in the planning and implementation phases.

Increasing the capacity and opportunities (through existing and new structures) for the local community to direct and develop their own outcomes based upon what they determine the local need to be, service system response/capacity (as well other influencing factors such as resources, funding, workforce development and political environment) is a key feature of the framework's implementation.



**Notes**

1. Shaded boxes are items for which data are collected nationally.
2. Dashed lines indicate that clients may or may not receive these services, depending on need, service availability and client willingness to participate in what are voluntary services.
3. Support services include family preservation and reunification services provided by government departments responsible for child protection and other agencies. Children and families move in and out of these services and the statutory child protection system, and might also be in the statutory child protection system while receiving support services.

**Figure 4: A typical child protection reporting and initial intake system** (Source: AIHW 2013)

## Economic modelling (initial)

The aim of developing an Aboriginal service system appropriately targeted towards more prevention and early intervention services is to address the underlying issues that drive Aboriginal children and families into the child protection and OOHC system. Growing demand for high cost services such as foster and residential care and the increasing complexity of the needs being addressed by the child protection system means it is currently not financially sustainable and does not necessarily deliver high quality outcomes for children in these care settings.

As such, one of the key benefits included in the cost benefit analysis is the avoided government cost as a result of reduced use of child protection and OOHC services.

As demonstrated in the Deloitte Access Economics report (Table 4.1, Addendum 1) the value of child protection and OOHC costs avoided, with family based preservation services alone and the early intervention model having the largest impact on costs, estimated to avoid over \$160 million in service usage over a 10 year period. In comparison, the differential response approach is estimated to have a modest impact on child protection and OOHC costs, with an estimated \$12 million reduction in child protection and OOHC service utilisation (see Addendum 1). Additionally, quality holistic supports across the continuum of care may also serve to promote and support restoration, again reducing costs associated with long-term placement in OOHC, ensuring that the approach is locally designed and driven by Aboriginal community and through Aboriginal community controlled agencies.

## Development of core service design components

Once key items proposed within the framework are finalised, the next potential stage is to commence consultation around what the characteristics are at the programmatic and local service network level including program design, delivery/implementation, monitoring and review/evaluation. Development of specific service models (new and existing) and intake/referral pathways (new and existing) will require further consultation with the sector but at the local level based upon what that community knows works best for them, based upon current evidence. This would be a phased approach, initially focused in three locations to identify measures of success and lessons for further reform and change.

An example of one of the key areas of consideration in a development of a holistic framework and the programmatic design of the service system is that each program potentially will have its own specific target cohort and there are cohorts that may 'fall through the gap'. It will be the aim of a holistic framework to ensure eligibility is flexible and are able to meet the needs of children and families at risk of engaging with the statutory child protection system.

Another current challenge that will be overcome with the development of a new Aboriginal holistic service system is the restraint on families in accessing the right support services which tends to be via the child protection system. Although some support services may be

accessed without having to go through the child protection system, this pathway is not widely used or known about. Through the holistic service system families (clients) will be supported by designated workers employed to assist in navigating referral pathways and ensure they receive the appropriate and timely responses/supports.

Funding for child and family intervention services in NSW is largely sourced from the government through FACS. These services may be delivered through government, non-government and community based organisations. However, funding tends to be based on outputs, rather than outcomes, which has the potential to create perverse incentives in the system and it is vital that any design acknowledges reform in the area of contracting and in monitoring outcomes at service provider level (See also Addendum 1 *Benefits of a holistic approach to child and family services*, Deloitte Access Economics, 2016).

The service integration approach that is being outlined is essentially about enabling access for the most vulnerable members of society. Literature shows that interventions with high-risk families are more successful when they address not only the parent-child relationship, but also the problems parents face, such as poverty, unemployment, inadequate housing and substance abuse<sup>18</sup>.

Service design characteristics are summarised below and include (not in order of importance):

- **Client/Stakeholder Buy In** – participation and commitment of key stakeholders (including children and young people) should be encouraged to provide input into all phases of Framework implementation.
- **Self Determination** – the framework strongly supports the principles of and asserts the individual and collective Aboriginal right to self-determination and participation in decision making which can assist to build strong resilient individuals and families.
- **Flexible Eligibility Criteria** – Although consideration should be given to a range of factors when referring clients, providers are encouraged to carefully ensure families are not excluded based on individual risk factors.
- **Trained, Skilled and Independent Workforce** – It is important to provide adequate and ongoing training to the workforce to deliver effective, holistic supports. This will include capacity building in analysis and evaluation for continuous service improvement.
- **Family Engagement** – involvement by family should be underpinned by a broad definition of what constitutes the family so that it is inclusive of broad, distributed network of caregivers and community support that may be present within communities. Specialised approaches to engage with these networks facilitated by Aboriginal practitioners, such as Family Group Conferencing, or some applications

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<sup>18</sup> Egeland and Bosquet, 2001 in Saraj-Blatchford (2010). *Improving development outcomes for children through effective practice in integrating early years services*, Centre for Excellence and Outcomes in Children and Young People's Services.

of community panels are some of the existing models that have been developed to support the participation of Aboriginal families and communities

- **Child Centred, Family Focused** – A child centred and family focused approach that is strengths-based, with consideration for the needs and wellbeing of the whole family.
- **Child or young person participation** – Where possible, the child/young person should participate in services. The views and wishes of the child/young person should still be considered at all points of service delivery and inform development of providers' future directions and planning.
- **Confidentiality** – There should be clear and well identified policies in place regarding protection of client information and privacy.
- **Clear monitoring and review processes** – Clear review mechanisms should be incorporated into program design to ensure that services are being delivered and that clients are also fulfilling their respective duties/goals.
- **Culturally appropriateness** – The process of engagement and participation should be conducted in a culturally appropriate and respectful ways according to local protocols as identified through localised decision making bodies. The cultural practices of the broad concept of an Aboriginal family (kin) must be acknowledged and respected throughout.

## Transitioning the Sector using a capacity building methodology

The management of this transition will be a key strategic challenge, supporting existing services to adapt their models, systems and capacity (including human resources) to deliver holistic Aboriginal child and family services, developing new services or service partnerships to ensure a state-wide safety net for Aboriginal children and families, as well as supporting genuine community engagement and governance structures. This will need to be conducted in the context of an ongoing system that requires continuity of service provision throughout the transition.

This transition will therefore need to be completed in partnership between government and the Aboriginal sector peak (AbSec), working with Aboriginal community- controlled organisations and communities, with government's overall goal being to ensure Aboriginal 'market' or sector capacity alongside the Aboriginal peak body that is charged with leading development and providing support to the sector. Stewardship may also involve a safety-net approach to ensure Aboriginal children and young people at high risk of falling through the gaps are supported and stabilised until transition to Aboriginal community controlled sector can occur.

Aboriginal children and young people continue to have poorer health and wellbeing outcomes than their non-Aboriginal peers and remain significantly over-represented in child protection, OOHC and juvenile justice services, emphasising the need for both significant additional investment as well as reform in service design and delivery in order to reduce the demand for these more intrusive, intensive and costly services and improve

outcomes for Aboriginal children and families. The focus of an Aboriginal service system response is on Aboriginal children and families at risk with Aboriginal community controlled organisations delivering to address need, rather than siloed government programs and structures – that is, government resourcing and community focus is on the cohort rather than a program ensuring that those at risk do not fall through gaps.

AbSec envisages taking a strong leadership role in this process for the Aboriginal service sector, working with local communities to coordinate capacity building, system growth and change, match service supply and demand and develop effective governance structures to meet the needs of Aboriginal children, families and their communities across the state. AbSec has a proven record in building the capacity of Aboriginal community-controlled organisations to provide services in this sector<sup>19</sup>, and is committed to supporting the ongoing evolution of these organisations into holistic Aboriginal child and family services. Under this approach, working closely with other partners (including government) is critical to develop a clear outcomes framework with high-level strategic goals, informed by relevant local and state-level data, that will in turn support local Aboriginal communities and Aboriginal community-controlled services to develop local plans to deliver integrated Aboriginal child and family services in their communities, tailored to the needs of that community in addressing child safety and family strengthening. This role will include supporting ongoing evaluation of service provision, supporting and developing evidence-based service delivery as well as fostering innovative practices all focused on achieving the best possible outcomes for Aboriginal children, families and communities.

Through changing accountabilities and roles and responsibilities in and between government and non-government sector, it is expected that the Aboriginal service system approach could be piloted in three initial locations in NSW at a FACS District level to support evaluation, evidence-based development and innovation to inform further thinking and roll-out. This would be piloted in more mature parts of the existing child protection and OOHC service system, and undertaken in parallel to continued development of other elements as outlined in this paper.

It is important to keep in mind that contextual factors will play a large role in how effective interventions may be. This is a particular concern in Aboriginal communities which vary significantly and will require tailored services for each community. Common challenges which often arise when introducing an intervention include managing the relationship between caseworkers and program staff, awareness of the program and its purpose or intent, different cultures among organisations, lack of resourcing and staff retention. Process and implementation evaluations in 'selected' (place based approaches) will assist in this area to ensure that interventions are as effective as possible and are reflective of the needs and capacity of families. There also needs to be concurrent strategic planning with other 'almost ready' communities who may not be a part of the initial pilot but meet

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<sup>19</sup> Commonwealth of Australia (2015) Out-of-Home Care, Final Report of inquiry by the Senate Standing Committee on Community Affairs, available at: [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Out\\_of\\_home\\_care/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Report)

‘eligibility’ and are ‘almost ready’. Learnings from the pilot and other localised processes will be incorporated in the design phase with the aim of building capacity with the community and service network to move toward a more holistic service system for their Aboriginal population.

Adequate resourcing commensurate with needs at the target population level across all three intervention levels (Aboriginal Community Response, Aboriginal Family Strengthening and Aboriginal Child Safety) will need to be applied, with sufficient time to enable localised reform changes.

## Summary of essential stages in the initial implementation

Once the Framework has been broadly agreed to, AbSec along with Aboriginal sector partners and FACS/NSW Government will engage with the local service network to determine the logistics in embedding such an approach, including detailed and thorough implementation planning. Immediate/short-term actions include:

1. Identify three pilot regions with sufficiently mature Aboriginal service systems and local capacity as part of a broader Aboriginal service system and community governance mapping exercise being undertaken by AbSec
2. In identified pilot regions support a phased implementation of the above model through:
  - a. Community engagement, including Aboriginal services and broader community
  - b. Development of local Aboriginal Child Safety Governance Group to provide local community leadership
  - c. In-depth data analysis and sharing with local Aboriginal community to support identification of local service needs, gaps, and other strategic priorities
  - d. Targeted supports for local Aboriginal services to transition towards holistic/integrated service model
3. In other regions, continue to support capacity building of the Aboriginal sector, promoting readiness conditions across the state
4. Develop and implement state-wide monitoring and review mechanisms with local/region resolution

Developing criteria for communities to be considered (with their support) as part of the pilot phase will need to be determined, but, initially could include:

- Local Aboriginal community decision-making and governance support;
- FACS’ capacity to support;
- AbSec capacity to support;
- Significant local service (network) provider support;
- Local and district wide planning data and information; and
- Readiness (capacity) of the local service network.

## Conclusion

Aboriginal children and families continue to have poorer outcomes and are significantly over-represented across multiple service systems relative to non- Aboriginal Australians. This has been a consistent theme for decades, and continues to trend upwards. These challenges reflect the historic and ongoing marginalisation of Aboriginal people. Achieving better outcomes for Aboriginal children and their families is a critical social and economic issue that requires a new approach to Aboriginal child and family services and significant leadership and commitment across the child protection and OOHC sector.

This new approach must be built on a foundation of self-determination and empowerment for Aboriginal people, and delivered through a state-wide safety-net of Aboriginal community-controlled organisations, developing and implementing holistic services to children and young people, their families and communities that are tailored to their changing needs. In short, to ensure that Aboriginal people are able to access the culturally connected and empowered services they need, when they need them, within their community context. This paper outlines AbSec's high-level approach for such a system, with the understanding of significant time and effort for implementation to make it a reality, if supported and resourced appropriately, acknowledging the overwhelming benefits in taking this approach for providing better outcomes for Aboriginal children and families.

In this model, a strong Aboriginal peak (AbSec) supports a comprehensive safety net of Aboriginal child and family services and a network of local Aboriginal community child safety governance bodies to redesign the way that Aboriginal children, families and communities at risk are supported. In this approach, FACS acts as a sector steward in partnership with the Aboriginal sector peak (AbSec), streamlining engagements to a single point of contact and focused on agreed high level outcomes with associated state and localised measures and benchmarks.

This approach will deliver an outcome-focused sector that is responsive to the needs of the Aboriginal communities they serve to ensure Aboriginal child safety and family strengthening, and accountable for their efficacy and efficiency such that, over the long term, an agile, integrated and evidence-based sector will reduce the over-representation of Aboriginal children and families within intrusive and expensive crisis response systems.

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