OUR BOORIS
our way

FINAL REPORT

DECEMBER 2019
This report was developed by the Our Booris, Our Way Steering Committee, formed in response to the high proportion of Aboriginal and Torres Strait Islander children in the ACT child protection system. The review was conducted between November 2017 – December 2019 and members of the committee included Barb Causon, Natalie Brown, Robyn Martin, Alana Harris, Peter Williams, Sharon Williams, Caroline Hughes, Jo Chivers, Ray Simpson and Leo Nickels (2018).

Case file reviews undertaken by the Our Booris, Our Way Review team (Jill Kelly, Brooke Rigney, Toni Woods, Cheryl Henshall and Andrew Woolgar), secretariat services (Juleigh Langenberg with support from an administrative officer) all overseen by the Senior Clinical Lead, Narelle Rivers.

The Steering Committee and Review team want to acknowledge and thank everyone who shared their deeply personal stories and experiences. The generosity of time and the willingness to offer solutions and ideas to improve responses and experiences of other children, young people and families in the future was overwhelming.

The Steering Committee thanks all individuals and organisations that contributed to this important review.

Author: Our Booris, Our Way Steering Committee
Cover Art: Lynnice Church
Design: Mazart Design Studio

Attribution: If you wish to reference or quote this report, please use the full name as follows:
Our Booris, Our Way Final Report, December 2019
ACKNOWLEDGEMENT OF COUNTRY

The Our Booris, Our Way Steering Committee acknowledges that Canberra has been built on the lands of the traditional custodians, the Ngunnawal people.

We would also like to acknowledge the Wreck Bay Aboriginal Community.

We pay our deepest respects to Elders past and present.
“

A child learning about their culture is important so they know who they are and some of their culture might help them to make better decisions. Parent

“
ACKNOWLEDGEMENTS

This review and report would not have been possible without the support of the Aboriginal and Torres Strait Islander Community. We have made every effort to represent their experiences of the child protection system in the ACT, as well as their views on how this system should change to better support our families and children.

We thank the children, families, carers and community members who have taken the time to share their experience of child protection. We know this has not been easy. We thank you for trusting us to honour and respect yours and your family’s stories. Our greatest wish is that this report does those stories justice.

Our local Aboriginal Community Controlled Organisations, Winnunga Nimmityjah and Gugan Gulwan along with Aboriginal peak bodies and advocacy groups such as the United Ngunnawal Elders Council, the Aboriginal and Torres Strait Islander Elected Body and the Nannies group have all been strong advocates in child protection over many years. We thank them for once again contributing their expertise and experiences along with support for the work of the Steering Committee. We appreciate that these and others have been advocating for change in the Child Protection system for a very long time and have supported many families impacted by this system.

We acknowledge Minister Rachel Stephen-Smith who not only called for this review but has keenly supported the review and its framework of self-determination. We thank the Minister for the opportunity to undertake this review of government and for her willingness to place these matters where they should be placed in Aboriginal and Torres Strait Islander hands.

We would also like to acknowledge the Directors-General and Deputy Directors-General of the ACT Community Services Directorate over the duration of this review and express our appreciation for the support of the executive of the Child and Youth Protection Services.

A major part of our review was the thorough research undertaken by our independent Review team who went through every single file related to an Aboriginal or Torres Strait Islander child connected to the child protection system as at 31 December 2017. This team have worked hard to understand the experience of each and every child included in this review. Their commitment, resilience and dedication to identifying issues and themes for the Steering Committee has been outstanding.

Thank you to all the other people and organisations that have come forward during this review to present their perspective, and possible solutions to how we may reduce the number of Aboriginal and Torres Strait Islander children in care, improve their experience when in care and improve pathways to restoration and exiting care. The Steering Committee has been pleased to see the level of interest and support offered by the broader ACT community who share our concerns about the over-representation of Aboriginal and Torres Strait Islander children in the child protection system and want to work with us to see real change for our families.
The most support I had from CYPS was when I was pregnant with my second daughter. I had my own personal cheer squad and support network that rallied around me daily to ensure she stayed with me.

Why couldn’t this have been done before my daughter came into care?

Mother
FOREWORD

We are 22 years on from the release of the Bringing Them Home report (1997) and the removal of Aboriginal and Torres Strait Islander children from their homes and communities continues. If the full recommendations of this landmark report were implemented, our community would not be in the situation we are in today.

Aboriginal and Torres Strait Islander children in the ACT in 2017-2018 were 16.3 times more likely to be in Out of Home Care (OoHC) than non-Indigenous children. Yet, the ACT is a small jurisdiction and should be leading the country in child protection matters.

Our children should be safe with their parents, strong in culture and proud of their identity. In exercising our self-determination, we also need to be responsible as parents to care for our children and to seek support if we know our children are at risk. We acknowledge that for this to happen we need to have trusted and culturally appropriate early support services that are easy to access.

We have sought to understand the current situation in the ACT and we have reached out to many people across the Aboriginal and Torres Strait Islander community, Aboriginal Community Controlled Organisations, peak organisations, children, families, carers, advocacy groups, and mainstream organisations to understand their experience.

This report demands change. It is a compelling and detailed analysis of the circumstances of our children and what needs to change to reflect the contemporary nature of Aboriginal and Torres Strait Islander families and culture. We know the key areas of need for our community and we are impatient for change.

We would like to have done more. Child protection is a complex area of legislation, policy and practice and we would like to have understood more fully all the nuances of the system and the nature of the engagement of other areas of the ACT government, for example, education, health, housing and justice.

This review consulted broadly across the community and reviewed the case files of 307 Aboriginal and Torres Strait Islander children who were in contact with the child protection system as at 31 December 2017. We have then checked the current circumstances of a sample number of children from the initial review within the system as at end of June 2019 to see what evidence we could find of changed practice since commencing this review. In addition, we reviewed a small sample of children who had entered into the system between 31 December 2017 and 30 June 2019.

We have started building momentum for change, but we still have a long way to go. The implementation of each recommendation to its full intent and potential is critical.

The importance for our children and the future of our culture cannot be underestimated.

The Aboriginal and Torres Strait Islander community expect, and will lead, change.

Barb Causon
Chairperson
Our Booris, Our Way

This report demands change.
Family should be considered first if a child is removed from their parents. The child should go to someone he knows (like grandparents) while CYPS make investigation and decisions about the future.

Grandparent
## CONTENTS

**FOREWORD** ........................................................................................................................................... 5
Glossary ...................................................................................................................................................... 8
Abbreviations ........................................................................................................................................... 10

**EXECUTIVE SUMMARY** ......................................................................................................................... 12

**VOICE OF THE COMMUNITY** .................................................................................................................. 14

**FOUNDATIONS OF THIS REPORT** ........................................................................................................ 18

**ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE (ATSICPP)** .... 20

**COMMENCEMENT OF THE REVIEW** ...................................................................................................... 23
Elements of the review ................................................................................................................................ 24
Terms of Reference ..................................................................................................................................... 25
Governance .................................................................................................................................................. 26
Community Engagement and Individual Consultations .............................................................................. 27
Case reviews ............................................................................................................................................. 27
Timeline ...................................................................................................................................................... 27
Methodology .............................................................................................................................................. 30

**IDENTITY** ................................................................................................................................................ 34
**CHILDREN LIVING AT HOME** ................................................................................................................ 36
Who are we? ............................................................................................................................................... 37
Prevention .................................................................................................................................................. 38
Partnership ................................................................................................................................................. 39
Placement .................................................................................................................................................. 40
Participation ............................................................................................................................................... 41
Connection ................................................................................................................................................ 41
Progress ..................................................................................................................................................... 42

**CHILDREN ON SHORT TERM ORDERS** ................................................................................................. 46
Who are we? ............................................................................................................................................... 47
Prevention .................................................................................................................................................. 47
Partnership ................................................................................................................................................. 48
Placement .................................................................................................................................................. 49
Participation ............................................................................................................................................... 51
Connection ................................................................................................................................................ 53
Progress ..................................................................................................................................................... 54

**CHILDREN ON LONG TERM ORDERS** ................................................................................................. 58
Who are we? ............................................................................................................................................... 59
Prevention .................................................................................................................................................. 60
Partnership ................................................................................................................................................. 60
Placement .................................................................................................................................................. 61
Participation ............................................................................................................................................... 63
Connection ................................................................................................................................................ 66
Progress ..................................................................................................................................................... 68

**WRECK BAY** ........................................................................................................................................... 70

**RECOMMENDATIONS** ............................................................................................................................ 72
Recommendations ....................................................................................................................................... 73
Summary of all recommendations ............................................................................................................. 96

**NEXT STEPS** ......................................................................................................................................... 103

**APPENDICES** ......................................................................................................................................... 105
Kinship Carer Forum Summary ................................................................................................................ 105
Survey questions ....................................................................................................................................... 106
GLOSSARY

**Booris**
Booris is a Wiradjuri word meaning children.

**Children living at home**
For the purposes of this report, children living at home are children that have been notified to Child Youth and Protection Services, have received an appraisal of their circumstances and are considered safe to live with their family and meeting the child’s needs with some case work.

**Interim and short term orders**
Children on interim and short term orders have been through a court process where the ACT child protection system may remove the child from their family for a period between 1 month and 2 years.

**Long term orders**
Children on long term orders have been through a court process for the ACT child protection system to assume responsibility for the child for a period up until the child turns 18. These are commonly referred to as “18 year orders”.

**Emergency action**
Emergency action is the removal of a child from their home and is taken by child protection when CYPS considers there are immediate child protection and safety concerns for the child or young person.

**Enduring Parental Responsibility**
Enduring Parental Responsibility (EPR) is where the carer is given all responsibility for the child, with CYPS having no case management or oversight responsibility. The only interaction between CYPS and the carer is payments made to the carer.

**Supervision Order**
A Supervision Order puts the child under the supervision of the Director-General, Community Services Directorate whilst living at home.

**Kinship**
Kinship is described in the *Children and Young People Act 2008* as kin of the child. In this report we have sought to understand how often children are placed with Aboriginal and/or Torres Strait Islander kin. This will be referenced appropriately within the document.

**Out of home care (OoHC)**
Out-of-home care refers to alternative accommodation for children and young people who are unable to live with their parents. Children in out-of-home care are subject to a care and protection order. Examples of out-of-home care arrangements include foster care, kinship care or residential care.

**A Step Up for Our Kids**
The ACT’s five year strategy *A Step Up for Our Kids - One Step Can Make a Lifetime of Difference*. The 2015-16 ACT Budget provided $38.9 million over four years to fund the out of home care system, including an investment of $16 million in new services and reforms through the implementation of *A Step Up for Our Kids*.

**Children and Young People Act 2008**
The ACT *Children and Young People Act 2008 (CYP Act)* is the enabling legislation that sets out when and how a child can be subject to a care and protection order.
Aboriginal and Torres Strait Islander Child Placement Principle

SNAICC National Voice for Our Children is the national non-government peak body representing the interests of Aboriginal and Torres Strait Islander children. SNAICC established the child placement principles (ATSICPP) in 1984 in response to the experiences of the Stolen Generation.

**Prevention**
Each Aboriginal and Torres Strait Islander child has the right to be brought up within their own family and community.

**Partnership**
The participation of Aboriginal and Torres Strait Islander community representatives, external to the statutory agency, is required in all child protection decision making, including intake, assessment, intervention, placement and care including judicial decision-making processes.

**Placement**
Placement of an Aboriginal or Torres Strait Islander child in out of home care is prioritised according to a formal hierarchy that prioritises kinship care.

**Participation**
Aboriginal and Torres Strait Islander children, parents and family members are entitled to participate in all child protection decisions affecting them regarding intervention, placement and care, including judicial decisions.

**Connection**
Aboriginal and Torres Strait Islander children in out-of-home care are supported to maintain connection to their family, community and culture, especially children placed with non-Indigenous carers.
The hardest part of this is not being able to see [child] for a long time.

It is not enough seeing [child] four times a year.

What am I going to say to [child] when they are older, about that? Mother
Help support the parents.
Talk to them, help them get into that rehab or family rehab. There’s heaps of things out there.
Tell them that they are going to lose their kids, if they give them that chance.
Not just writing it all down and sitting down and bombarding them with “we are taking your kids” or “you’re an unfit mother”.
I don’t even know what my situation was it was that confusing. Mother
EXECUTIVE SUMMARY

The experience of Aboriginal and Torres Strait Islander children in contact with the child protection system in the ACT is one of: a lack of active efforts, poor consistency in experience and decision making, discrimination, and cultural dislocation.

The terms of reference describe that the Review must consider how to reduce the over-representation of Aboriginal and Torres Strait Islander children in the ACT child protection system through reducing the number of children entering care, improving their experience of care and improving pathways to exit care through restoration. This document is the final report to the ACT government and focuses on systemic and practice improvements to child protection and early support services to prevent children from touching the child protection system.

This Review analyses the experiences of over 300 Aboriginal and Torres Strait Islander children involved with the child protection system in the ACT as at 31 December 2017. It is from deeply understanding these children’s experience, from consultations with the community and emerging data from case file reviews, that the Steering Committee have already presented 15 recommendations to the ACT Government for action.

The experiences of Aboriginal and Torres Strait Islander children in contact with the child protection system in the ACT has been evaluated against the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). The five elements of the Principle are: prevention, partnership, placement, participation and connection. The Principle was originally designed to keep children safe with family and strong in culture. In 2018, a further foundation principle of identity was established to bring together the intrinsic nature of identity to culture, connection and wellbeing.

Reducing the number of children involved with child protection needs to be achieved through the effective use of prevention, partnership and participation strategies from the ATSICPP. The ACT Government has recently published its Early Support by Design Strategy which directs policy and funding to early support away from crisis intervention. While this is a promising intent, the reality of improved access to culturally safe services in drug and alcohol rehabilitation, mental health and domestic violence is yet to materialise.

While we understand not all strategies and programs are within the power of child protection to change, we need the ACT Government to take a more holistic view on how to improve outcomes for children through improving the ability of parents to seek and receive appropriate supports.

Improving the experience of our children in OoHC requires a holistic understanding of our Aboriginal and Torres Strait Islander children, families and communities. Child protection can support our children through improvements in adherence to the ATSICPP and particularly in placement and connection through seeking and placing children with Aboriginal and Torres Strait Islander kin and constantly looking for opportunities for restoration.

Improving the pathways of our children from long term orders to be restored to their family is imperative to reduce the number of our children on long term orders. The potential for our children to exit care to their families, when families have capacity to parent their children must be considered no matter where the child is within the child protection system. The nature of long term orders is to consider them as a method of long term safety. However, for Aboriginal and Torres Strait Islander children who have not been placed with Aboriginal and Torres Strait Islander kin, this long term nature of separation from family and culture raises the risks of disconnection and dislocation from their family which is the very source of their safety and identity.

To reduce the over-representation of Aboriginal and Torres Strait Islander children in the ACT OoHC system, we must also start to reduce the number of children on long term orders and find pathways to restoration for these children. The child protection system must be eternally focussed on the possibility of restoration. Parents change, children change, circumstances change, and this must be considered regularly to promote the possibility of restoration.
We cannot restore our community to a position of equality without addressing the need for healing. Healing from the impacts of hundreds of years of dispossession and trauma. We must exercise our self-determination, culture and our knowledge of the needs of our children to protect and prepare them for the world.
VOICE OF THE COMMUNITY

The following quotes come from Aboriginal and Torres Strait Islander children, parents and grandparents. They describe their experience from their eyes, in their words.

“CHILDREN”

“It would have helped if they told me why I was being moved because there would have been a reason and me just being abandoned would not just happen it would happen by a reason.”

“I thought it was my fault.”

“I remember when I had to leave Canberra. I was screaming and crying because I was scared. Because I didn’t know where they were going to take me. I always know that I’m gunna be safe in this house.”

“We went to visit him [younger brother] every 3 weeks at a little building where you do activities. We made banana slice and make didgeridoos.”

“They’re doing the same thing to them [siblings] as they did to me, and my mother got good and they wouldn’t let me go back and live with her.”

“Seeing my mum would have helped.”

“They [CYPS] could have found ways to have connected us more.”
“CYPS wouldn’t give you a chance.”

“…Care and protection ….. does not work with us, especially young mums and dads. When I got my children removed, I was on drugs and I hit the drugs harder because I didn’t have any support. They took my family away from me, they took my mum away …. They made my mum get a DVO out on me.”

“I asked for help over and over again having no family and things like that. I wanted to do the right thing. In my conscience I wanted my kids to have a better life than me. I would have done that no matter what, even if it was giving my kids up, even if I never really want to do it, you know what I mean. I trusted them and I asked them to come in and told them I need respite.”

“I was told they are going to a placement. No one ever asked me if there was family who could care for them. I had family members who could have cared for them.”

“I had no supports at all [in the community] and had to deal with it all on my own.”

“Send an Aboriginal worker as we do things differently, be more helpful - get someone to monitor us.”

“CYPS need to make sure that the parents know what is happening from the very beginning and make sure they understand what is being said [or is written in documents given to them].”

“[CYPS] didn’t engage before removal. Engage from the first reports instead of waiting. I had 13 reports before they did something. They want to help the whole family then, instead of letting reports come in…and then they have enough of the reports and then engage …[and its very bad by then]. When its on the radar do something about it then.”

“The child needs to be with family or at least an Aboriginal carer rather than strangers.”

“The children were with several carers and sometimes split”. 

“The child needs to stay close to their family even if they are in care – they need to see their family and be able to talk to them.”

“I was in care in NSW from a young age and support with this would have helped being able to parent my children.”

“I have not seen a cultural plan, nor have I been asked to add to it. My family is strong in its culture and I have a lot of things I could have contributed. The carer’s family are Wiradjuri and I believe my daughter is being raised in their teachings and taught that language when that is not who she is. This is completely wrong and unforgivable.”

“They have all let the connection between us and the kids get lost.”

“They don’t listen and they don’t understand.”

“They don’t give people a chance.”

“Heaps of my family would have cared for (the child) if they’d been allowed.”

“I didn’t want the kids to go to white carers.”

“Didn’t get asked about my children and had no choice about who cared for them.”

“Since they have gone for an order to 18, they have made the arrangements permanent. What reasons did they [CYPS] have for this as we do not know.”

“The father’s rights are ignored – he just got shut out of the picture.”

“Would have liked to have been spoken to about the cultural care plans and the care plans, at least been asked what should go in it.”

“Need to ask for help and to feel safe when doing this.”

“Get more Aboriginal workers male or female, it doesn’t matter”
“We had 2 other caseworkers, they kept swapping constantly and we didn’t know who was coming at any time.”

“She [the mother] had no one to support her.”

“They could have done it a different way. They could have got an Aboriginal caseworker to make it easier, white worker don’t understand in the same way.”

“Call the family so that they can step in – get involved …. be there for them.”

“No one contacted us to say that [child] was in care. We should have had first option to care for [the child]. I’m happy for his other grandparents to have [the child] but would like to be able have contact. The early days is the most crucial and [the child] should have come to us while they worked out if he could go to the other grandparents – he should not have been put with a stranger.”

“I did the crying and he [long term partner] did the fighting” in relation to the “battle” they have gone through to have [the child] placed in their care. CYPS “would not consider it” at least until an assessment was done and that took more than a year.

“Every time the caseworker changed they wanted to give the parents one more chance” resulting in [the child] being “with the foster carers all this time and then the decision being made that [the child] should stay with them because [the child] is attached.”

“It’s taken two years to get weekend and holiday access and then pushed for overnights, weekends and holidays.”

“3 sets of caseworkers in the space of 6 months”

“Place the child with family straight away.”

“CYPS never seemed to understand.”
“You get emails from ACT Together saying we have got this going on up here and I live down here. Even if they hooked into programs down here which are like the ones up there. They could say go do this one or can you do this and if you need anything else let us know... It is big trip going up and down to the ACT for the day.”

“Police took my grandchild from mother at 10pm at night. They had been watching her and it must have been bad as they removed him. I didn’t know that they were in Canberra or that there were any worries about his care at the time because if I had I could have helped. I could have prevented him coming into care if someone had let me know.”

“There is too high a turnover of case workers from both ACT Together and CYPS. It is very distressing having to repeat your story over and over again. [Child] and I would develop a rapport with a person only to have to do it all over again a few months later.”

“When my case went to ACT Together, a case worker would only come and visit us a maximum of twice a year and they were always different people. I thought they were meant to be the “parents” of my Grandchild and they can’t even be bothered to visit him more than twice a year. It is criminal.”

“They don’t ask where would these kids be better off? They only focus on one side [of the family].”

“There was never any collaboration with the Mother about what she needed or any help to help her reach her goals.”

“In medical reports related to my grandson, no abuse was substantiated. CYPS made assumptions that because his mother was a drug addict that he was being neglected. They need to understand drug abuse in terms of parenting and the impact it has on parenting. Lots of people do drugs or have mental health issues and they can still parent very well.”

“They need to listen to the family. CYPS need to take seriously the options proposed by the family in relation to ensuring safety for the children and for working with the parent.”

“Should have been able to do more prior to the birth. It was obvious that [the mother] would need a lot of very structured support and a tight safety plan ... but they didn’t do anything despite the mother of the baby and the whole family wanting the baby to go straight to me and not go to strangers in foster care.”

“All family members need to be involved in preventing a child from being taken into care. I lived interstate and nobody called me, least of all mum. If I had been called, then I could have rallied other family members and supports to ensure my Grandchild had the best start to life and did not get taken into care. This would ultimately cost less in the long run if families and child protection all worked together.”
FOUNDATIONS OF THIS REPORT

Throughout the work conducted for this report, there are several key concepts that need to be understood to understand and appreciate the depth and importance of the following analysis and review.

SELF-DETERMINATION

Applying self-determination to the statutory child protection practices means more than consultation. It means genuine ability to make decisions for children and for their family.

ACTIVE EFFORTS

Family Matters and SNAICC have been using the phrase Active Efforts to describe deliberate, evidenced and persistent attempts to engage and find solutions with the Aboriginal and Torres Strait Islander community in relation to child protection practices. This Review evaluates whether the ACT is demonstrating and evidencing active efforts in case practice.

PARENTING CAPACITY

The assessment of parenting capacity is crucial to the understanding of the health, stability and safety of the family. However, there appears to be a lack of nuance and understanding in how specific issues would impact parenting capacity. For example, in cases where there is evidence of domestic violence it appears that the case worker will recommend taking out an intervention order, rather than considering the risk to the safety of the family that this may present. Alternatively, the children are removed from the mother’s care as it is perceived by CYPS that she is unable to ensure the safety of the children thereby destroying the family unit and their potential ability to recover from such experiences.

Equally, drug use does not render a parent incapable of providing care. Rather, an assessment of drug use must ask how the use affects the parenting and how the child or young person experiences this.

REASONABLE ADJUSTMENTS

There are persistent issues for families with disabilities who must be accommodated with reasonable adjustments to communication styles to meet the needs of family members who may have intellectual, physical, sensory or cognitive impairments. This will ensure that their voices are heard and the wishes for their children are understood and respected.

ATTACHMENT THEORY

Attachment theory used in CYPS appears to follow a Western doctrine and does not accurately reflect the ability of a child to reattach to family. The Western theory of attachment does not apply to Aboriginal and Torres Strait Islander families who are part of an ancient kinship system that connects members of the family and community in complex and deeply meaningful cultural ways.

IMPACT OF POVERTY

We have seen evidence of children being removed due to factors which are related to poverty, rather than parenting capacity. It is clear that families experiencing poverty are more likely to have had involvement with the child protection system. There does not appear to be a strong strategy in the ACT in regard to supporting families experiencing poverty or understanding its impact on the family.
BEST INTERESTS

The best interests test is often used in child protection to argue that a child should not return to their family. However, the maintenance of an Aboriginal and/or Torres Strait Islander child with their family and culture is always in the child’s best interest.

There is a legal mechanism to recognise this that is written into the Children and Young People Act, 2008 (the Act). It states that “for an Aboriginal or Torres Strait Islander child or young person—that it is a high priority to protect and promote the child’s or young person’s cultural and spiritual identity and development by, wherever possible, maintaining and building the child’s or young person’s connections to family, community and culture.” (Section 349 (1) [g]). This part of the Act is rarely mentioned in decision making documents that have been viewed throughout this review.

This review has seen incidents of Aboriginal and Torres Strait Islander children being denied restoration to their kin as they are deemed to be in a stable placement and potential restoration would be upsetting and it is therefore in the child’s best interests to stay in the, usually, non-Aboriginal placement. This is not an appropriate application of the best interests test when family, or another culturally appropriate placement, exists.
ABORIGINAL AND TORRES STRAIT ISLANDER CHILD PLACEMENT PRINCIPLE (ATSICPP)

The ATSICPP was first designed and published by SNAICC in the 1970s. Over the years, SNAICC have refined the principles and defined expectations and leading practices in the elements which it reviews every state and territory in Australia against.

The five elements are prevention, partnership, placement, participation and connection.

SNAICC have published five enablers to the effective implementation of the ATSICPP including legislation, policy, practice, programs and processes.

The ATSICPP was used as the overarching framework for the Review. All the survey questions used in the methodology sought to understand and evidence practice against the ATSICPP. The Review has sought to understand both where practices are strong, and where case work practices do not take account or consider the importance of the ATSICPP.

PLACEMENT HIERARCHY

Placement of an Aboriginal or Torres Strait Islander child in OoHC is prioritised in the following way:

1. With Aboriginal or Torres Strait Islander relatives or extended family members, or other relatives or extended family members; or
2. With Aboriginal or Torres Strait Islander members of the child’s community; or
3. With Aboriginal or Torres Strait Islander family-based carers.
   If the preferred options are not available, as a last resort the child may be placed with; or
4. If the 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 with their extended Aboriginal or Torres Strait Islander family, the placement must be within close geographic proximity to the child’s family.

CONTEMPORARY CHILD PROTECTION PRACTICE

Case work that considers Aboriginal and Torres Strait Islander: culture; histories; child rearing practices; and the strengths and difficulties of contemporary Aboriginal and Torres Strait Islander Australia is more likely to better meet the best interests of Aboriginal and Torres Strait Islander children.

There are several elements of good practice when working with Aboriginal and Torres Strait Islander children and families that the Review team expected to see within the case files. In addition, it is essential to privilege Section 349, CYP Act (2008) for an Aboriginal and Torres Strait Islander child to ensure their best interests across all domains of intervention. Section 349 (1)(g) states, “...high priority to protect and promote the child’s or young person’s cultural and spiritual identity and development by, wherever possible, maintaining and building the child’s or young person’s connections to family, community and culture”. These considerations are particularly important when a child is residing in OoHC. The Review did not observe specific evidence to reflect this imperative.

Further, application of the ATSICPP beyond the placement element alone would also be expected in contemporary child protection practice. Examples of the application of all five domains of the ATSICPP were rarely seen in this review.
The opportunity for a child’s Aboriginal and Torres Strait Islander family, extended family and Community to have input into and determine areas of child protection intervention is an extremely important area of practice. Again, the Act provides some provisions for this, stating that where a child is subject to an order, the Directorate must consult with Aboriginal or Torres Strait Islander people who have an interest in the wellbeing of the child or young person through family, kinship and cultural ties; and any Aboriginal or Torres Strait Islander people or organisations identified as providing ongoing support services to the child or young person or the child’s or young person’s family. Many family and extended family interviewed for this Review stated to the reviewer that their wishes for their children had not been considered, as is evidenced by lack of family time, poor practices around restoration, lack of sibling time and poor cultural planning.

CONSISTENCY IN CASE WORK

There have been positive case work practices observed through the case file reviews. Case workers who develop a relationship based on trust and work to provide the family with appropriate supports have better outcomes with children staying with family and not entering into long term orders. However, a frustrating factor of this review has been the extremely inconsistent practice. It appears to be the luck of allocation that determines whether the child and family receive culturally sensitive practice, appropriate supports and are appropriately engaged throughout the process or will simply be administered to collect evidence for court proceedings.

The lack of consistency is both within the CYPS and the outsourced provider of placement, carer and case work for children on long term orders, ACT Together.

DATA

Throughout this report data is quoted from the case file reviews. In understanding this data, it is key to note:
- The data reflects information and practice that is evidenced in the case files. Events or case work that has not been documented within the child’s file is unable to be reflected in this review or the supporting data;
- Use of the term kinship is taken to mean Aboriginal and Torres Strait Islander kinship – a biological or strong family connection;
- In some groups (cohorts), there are small sample sizes, in this case individual numbers have not been used; and
- Numbers are represented as both percentages and raw numbers where possible.
The Five Core Elements of the Aboriginal and Torres Strait Islander Child Placement Principle

**PREVENTION**
Protecting children’s rights to grow up in family, community and culture by redressing the causes of child protection intervention

**CONNECTION**
Maintaining and supporting connections to family, community, culture and country for children in out-of-home care

**PARTNERSHIP**
Ensuring the participation of community representatives in service design, delivery and individual case decisions

**PLACEMENT**
Placing children in out-of-home care in accordance with the established ATSICPP placement hierarchy

**PARTICIPATION**
Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children
COMMENCEMENT OF THE REVIEW

This Review commenced in February 2018 after the Family Matters report, released in 2017, found that Aboriginal and Torres Strait Islander children in the ACT were twelve times more likely to be in out of home care than other groups of children.

In June 2017, Minister Stephen Smith announced a review into the high numbers of our Aboriginal and Torres Strait Islander children in contact with the child protection system. The Review was to consider issues and barriers across the whole child protection system. The Review was of Aboriginal and Torres Strait Islander children and young people in the ACT child protection system, which includes Wreck Bay.

A co-design process was commenced in October 2017 with representatives from Aboriginal Community Controlled Organisations and other members of the community. These co-design workshops established the scope of the Review and outlined the intention to establish an independent and wholly Aboriginal and Torres Strait Islander Steering Committee. The Steering Committee would oversee the work of the Review team who would conduct a detailed review of the cases of all 307 Aboriginal and Torres Strait Islander children and young people who were engaged with the child protection system as at 31 December 2017.

The five elements of the Review were community engagement, case file reviews, interviews, public submissions and data analysis. From the insight gained through this work, the Steering Committee would formulate recommendations to the ACT Government.

The Steering Committee made recommendations for improvement throughout the Review, to influence change across the child protection system that will provide better outcomes for Aboriginal and Torres Strait Islander children today and into the future.
THE FIVE ELEMENTS OF THE REVIEW

Terms of reference
Case reviews of each Aboriginal and Torres Strait Islander child in contact with the child protection system as at 31 December 2017

Community engagement individuals and organisations, directly with Steering Committee members

Interviews offered to children, parents, carers and family to discuss their perspective and experience

Public submissions process inviting individuals and organisations to engage with the review

Data analysis of information collected from case Reviews

Principles of the review
Keep children strong and safe with family and community

Self-determination

ATSICPP

Outputs of the review
Recommendations to ACT Government

Iterative implementation and reporting on recommendations

Desired outcomes
Children strong with families

Aboriginal decision making in relation to child protection

ATSICPP applied in child protection practice

Reduce the number of children entering care

Improve experience when in out of home care

Increase pathways to exit care through restoration

AMBITIONS

PRINCIPLES

OUTPUTS

ELEMENTS

REFERENCE

OUR BOORIS, OUR WAY

COMMENCEMENT OF THE REVIEW
TERMS OF REFERENCE
February 2018

BACKGROUND
Minister Rachel Stephen-Smith announced a review in June 2017. The terms of reference and methodology were developed by a wholly Aboriginal Steering Committee. The Steering Committee will play an active role in the analysis, development and recommendations of the review. The Review team is led by an Aboriginal Senior Clinical Practice leader. The Steering Committee decided that the Review would be called Our Booris, Our Way.

TERMS OF REFERENCE
Aboriginal and Torres Strait Islander children in the ACT are represented at more than 12 times the rate that they are represented in the community generally in child protection. Aboriginal and Torres Strait Islander children are central to this Review – their health, education, cultural security, life opportunities and outcomes. The primary focus of the Review will be to inform systemic improvements to child protection systems, policies and practices. The Review seeks to understand the reasons for children and young people entering care and to then develop strategies to reduce the number of Aboriginal and Torres Strait Islander children and young people entering care, improve their experience and outcomes while in care, and exit children from care through restorations. Opportunities for individual case and systemic changes that are identified will be raised immediately with leadership of the child protection system and, through constructive dialogue, will be considered whether these opportunities can be implemented immediately. In this way, the Review seeks to affect change in the system incrementally throughout the two-year period. The Review will be overseen by a wholly Aboriginal Steering Committee with strong cultural intellect and capability in holistic service and integrated care, legal and community domains. The Steering Committee is supported by a project team who will undertake the specific case review and is led by skilled Aboriginal and Torres Strait Islander people with experience in child protection.

There will be broad consultation with Aboriginal and Torres Strait Islander children and young people, their families, carers and communities, the community sector, and the child protection workforce. There are high expectations from the community that this Review will lead with self-determination and deliver a break in the cycle of intergenerational disadvantage by ensuring children are able to stay connected to culture and community throughout their life. We will seek to change this system to build strong culture and connection: Our Booris, Our Way.

SCOPE
The review will consider the experience and cultural safety of Aboriginal and Torres Strait Islander children in a holistic way. The review will consult broadly across the community and gather information and experiences to inform systemic change to influence policies, practices and outcomes for Aboriginal and Torres Strait Islander children today and into the future. The review will evaluate relevant legislation, policies and practices and identify and recommend opportunities to improve the effectiveness and application of the ATSICPP.

The Review will consider two specific cohorts.** The first cohort to be reviewed will be Aboriginal and Torres Strait Islander children and young people where:
- Casework is occurring
- Interim orders are in place
- Short term final orders are in place.

The second cohort to be reviewed will be Aboriginal and Torres Strait Islander children and young people who are on long term (permanent) final orders will be reviewed with a view to determine whether appropriate casework and services are in place to support connection to culture and family.

Out of scope for this Review are the following: Aboriginal and Torres Strait Islander children and young people reported via a Child Concern Report to Child and Youth Protection Services that is not proceeding to an appraisal.

** The two groups described in the terms of reference were then separated into three – the children living at home (case work post-appraisal), children on short term orders and children on long term orders.
REPORTING

The Review will be in two phases with the first phase commencing in early 2018 with an interim report to be delivered in August 2018. This report will focus on early learnings and initial improvements to the system.

The second phase of the Review will commence following the delivery of the interim report and provide a final report to government twelve months after the interim report that will focus on major systemic improvement.

METHODOLOGY

The Review requires a robust methodology to ensure consistency across the Review of approximately 350 Aboriginal and Torres Strait Islander children and young people over two years.

The following table describes the different sources of information and knowledge that will be considered during the Review.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultations</td>
<td>Children, families, carers and organisations will be open to presenting submissions or consultations directly with the Steering Committee</td>
</tr>
<tr>
<td>Case reviews</td>
<td>Approximately 350 cases will be reviewed and evaluated across specific decision points, engagement and outcomes.</td>
</tr>
<tr>
<td>Review of child protection policy and practice</td>
<td>• Review of relevant legislation, specifically s 513 that describes the nature of the Aboriginal and Torres Strait Islander Child Placement Principle in the ACT</td>
</tr>
<tr>
<td>Review of child protection policy and practice</td>
<td>• Review of policy and practice guidance documents</td>
</tr>
<tr>
<td>Literature Review</td>
<td>• Consideration of similar state and national reviews, their methodologies and outcomes</td>
</tr>
<tr>
<td>Literature Review</td>
<td>• Consideration of recommendations from similar state, territory and national reviews, and an overview of their implementation in the ACT.</td>
</tr>
<tr>
<td>System-level data</td>
<td>Data available from child protection information systems regarding the specific cohorts</td>
</tr>
</tbody>
</table>

GOVERNANCE

The governance of the Review was key to it being credible and trusted inside the Aboriginal and Torres Strait Islander community. The Review used Aboriginal and Torres Strait Islander self-determination, leadership, decision making and control at its heart and demonstrates what the Steering Committee sought as an outcome of the Review.

The Steering Committee members hold a diverse set of capabilities and lived experience in child protection and related areas like children and women’s services, youth justice, legal support, human rights and service delivery.

The Steering Committee members are as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Causon</td>
<td>Chair</td>
</tr>
<tr>
<td>Robyn Martin</td>
<td></td>
</tr>
<tr>
<td>Alana Harris</td>
<td></td>
</tr>
<tr>
<td>Peter Williams</td>
<td></td>
</tr>
<tr>
<td>Ray Simpson</td>
<td></td>
</tr>
<tr>
<td>Natalie Brown</td>
<td>Deputy Chair</td>
</tr>
<tr>
<td>Sharon Williams</td>
<td></td>
</tr>
<tr>
<td>Caroline Hughes</td>
<td></td>
</tr>
<tr>
<td>Jo Chivers</td>
<td></td>
</tr>
<tr>
<td>Leo Nickels</td>
<td>(former member)</td>
</tr>
</tbody>
</table>
COMMUNITY ENGAGEMENT AND INDIVIDUAL CONSULTATIONS

It has been critical for the Review that we stay close and connected with our community to ensure that we heard, understood and were able to formulate recommendations that reflect those experiences. Throughout the two year period of the Review, the Steering Committee have invited members of the community to share their experience of the child protection system and share their ideas for improvement.

Individual consultations were offered to the community through the Aboriginal Community Controlled Organisations – Gugan Gulwan and Winnunga Nimmityjah- and arrangement of meetings directly with the Chair of the Steering Committee. There were several ways the community contacted the review; by word of mouth, knowing someone who had spoken with the review and through a phone number reserved for access to the Review. Consultations were also offered to all detainees in the Alexander Maconochie Centre with an Aboriginal and Torres Strait child in the child protection system. Importantly, interviews and meetings with children, parents, carers and community members of the Wreck Bay community were also offered.

CASE REVIEWS

The Review team, led by an Aboriginal Senior Clinical Leader, conducted thorough case file reviews and analysed the circumstances for the children and young people to understand their experience.

The Review team reviewed the case files of every Aboriginal and/or Torres Strait Islander child known to CYPS as at 31 December 2017. There were 307 children whose file was reviewed. The team evaluated whether the ATSICPP which includes prevention, partnership, placement, participation and connection have been followed and upheld.

Following the case file Review, the review team made contact with the family and extended family and invited them to tell their story. Interviews took place wherever the family preferred.

A further review of files was undertaken of a sample of Aboriginal and Torres Strait Islander children known to the CYPS as at 30 June 2019, to understand whether there had been any change in the practice and case work applied to these children since we commenced this Review.

TIMELINE

A founding principle of this Review was the ability of the Steering Committee to be able to present recommendations to the ACT Government as they emerged through consultations and case file reviews.

The following timeline outlines when the Steering Committee presented recommendations and when formal responses were received from the Minister and Directorate.
## Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>June</td>
<td>Minister Stephen-Smith announces intention for review.</td>
</tr>
<tr>
<td>2017</td>
<td>September</td>
<td>Appointment of the Senior Clinical Lead to recruit review team.</td>
</tr>
<tr>
<td>2017</td>
<td>October</td>
<td>Initial co-design workshop with community members and National bodies to design terms of reference and affirm required cultural and technical capabilities of Committee members.</td>
</tr>
<tr>
<td>2017</td>
<td>December</td>
<td>Second co-design workshop. Steering Committee members appointed following formal EOI process against specific skills and capabilities. Director-General and senior executive participation in first session of co-design workshop to establish shared understanding and working relationships.</td>
</tr>
<tr>
<td>2018</td>
<td>January</td>
<td>Chair of Steering Committee appointed.</td>
</tr>
<tr>
<td>2018</td>
<td>February</td>
<td>First Steering Committee meeting. Two review staff appointed.</td>
</tr>
<tr>
<td>2018</td>
<td>March</td>
<td>Steering Committee Meeting.</td>
</tr>
<tr>
<td>2018</td>
<td>April</td>
<td>Steering Committee Meeting.</td>
</tr>
<tr>
<td>2018</td>
<td>May</td>
<td>Steering Committee Meeting. Full review team appointed. Attendance at Steering Committee.</td>
</tr>
<tr>
<td>2018</td>
<td>June</td>
<td>Steering Committee Meeting. First set of systemic recommendations (Recommendations 1-4) delivered by the Steering Committee to CSD. Steering Committee members [2] attended the National Child Protection Conference in Darwin.</td>
</tr>
<tr>
<td>2018</td>
<td>July</td>
<td>Steering Committee Meeting.</td>
</tr>
<tr>
<td>2018</td>
<td>August</td>
<td>Steering Committee Meeting. Interim report published to inform community of the scope and progress of the review. Extraordinary Steering Committee Meeting. Directorate correspondence regarding their response to recommendations.</td>
</tr>
<tr>
<td>2018</td>
<td>September</td>
<td>Steering Committee Meeting. Minister responds to first set of recommendations. Attendance at Steering Committee.</td>
</tr>
<tr>
<td>2018</td>
<td>October</td>
<td>Steering Committee Meeting. Minister and Executive staff attend Steering Committee.</td>
</tr>
<tr>
<td>2018</td>
<td>December</td>
<td>Steering Committee Meeting. Second set of recommendations (Recommendations 5-9) delivered. Update of progress against recommendations in the first Quarterly Report. Attendance at Steering Committee.</td>
</tr>
</tbody>
</table>

---

**OUR BOORIS, OUR WAY**

**COMMENCEMENT OF THE REVIEW** 28
<table>
<thead>
<tr>
<th>2019</th>
<th><strong>February</strong></th>
<th>Steering Committee Meeting</th>
<th>Quarterly Report (2)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>March</strong></td>
<td>Steering Committee Meeting</td>
<td>Minister and Executive staff attend Steering Committee</td>
<td>Minister responds to second set of recommendations</td>
</tr>
<tr>
<td><strong>April</strong></td>
<td>Steering Committee Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>May</strong></td>
<td>Third set of recommendations (Recommendations 10-14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>June</strong></td>
<td>Steering Committee Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>July</strong></td>
<td>Steering Committee Meeting</td>
<td>Attendance at Steering Committee</td>
<td></td>
</tr>
<tr>
<td><strong>August</strong></td>
<td>Steering Committee Meeting</td>
<td>Minister responds to third set of recommendations Quarterly Report (3)* Attendance at Steering Committee Meeting</td>
<td></td>
</tr>
<tr>
<td><strong>September</strong></td>
<td>Steering Committee Meeting Recommendation 15 delivered Chairperson presented at the SNAICC Conference in Adelaide</td>
<td>Workshop with Senior Executive staff to discuss intent and progress of recommendations</td>
<td></td>
</tr>
<tr>
<td><strong>October</strong></td>
<td>Steering Committee Meeting Extraordinary Steering Committee Meeting</td>
<td>Quarterly Report (4)*</td>
<td></td>
</tr>
<tr>
<td><strong>November</strong></td>
<td>Steering Committee Meeting</td>
<td>Received Minister’s letter in response to Recommendation 15</td>
<td></td>
</tr>
<tr>
<td><strong>December</strong></td>
<td>Steering Committee Meeting Publishing final recommendations and report</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 3 Timeline of Our Booris, Our Way Recommendations and ACT Government Responses

* All Quarterly Reports are available to view on the Strong Families website at https://www.strongfamilies.act.gov.au/our-booris,-our-way
METHODOLOGY

There are five main elements of the Review that have been designed to understand the experience of Aboriginal and Torres Strait Islander children in the ACT in contact with the child protection system.

CASE FILE REVIEWS

The Review looked at the electronic and paper case file of every Aboriginal and Torres Strait Islander child who was engaged with the child protection system as at 31 December 2017.

A methodology was developed which consisted of 250 questions, many of which were based on the Taskforce 1000 methodology as these had been successful in the review undertaken in Victoria. The questions were developed to understand the demographics of children, cultural heritage, community, connections and the reasons why children came into contact with care and protection and adapted to reflect ACT child protection practice and information.

There were three groups of children considered in the review:
1. Children living at home;
2. Children on short term orders inclusive of interim, supervision orders and Voluntary Care Agreements; and
3. Children on long-term orders.

There was a thorough exploration of the experiences of those children living at home and in out of home care and the types of supports being provided. The quality of the case work being undertaken by CYPS and ACT Together was reviewed to gain an understanding of the functioning, use and alignment of current systems against the ATSICPP.

<table>
<thead>
<tr>
<th>AGE</th>
<th>CHILDREN LIVING AT HOME</th>
<th>CHILDREN ON SHORT TERM ORDERS</th>
<th>CHILDREN ON LONG TERM ORDERS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>15</td>
<td>21</td>
<td>19</td>
<td>55</td>
</tr>
<tr>
<td>3-5</td>
<td>14</td>
<td>7</td>
<td>33</td>
<td>54</td>
</tr>
<tr>
<td>6-12</td>
<td>33</td>
<td>17</td>
<td>85</td>
<td>135</td>
</tr>
<tr>
<td>12-18</td>
<td>18</td>
<td>2</td>
<td>43</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>47</td>
<td>180</td>
<td>307</td>
</tr>
</tbody>
</table>

Following the completion of the original review, a sample analysis was undertaken to review the experiences and pathways children and young people had taken from 31 December 2017 to 30 June 2019. Evidence of changes in practice and in the system were recorded. This sample included some new cases of children and young people in contact with CYPS.

The following table shows the number of case files reviewed in the secondary analysis from 30 June 2019 where a sample of the original case files were analysed for change.

<table>
<thead>
<tr>
<th>COHORT</th>
<th>ANALYSED</th>
<th>ORIGINAL COHORTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children living at home</td>
<td>20</td>
<td>80</td>
<td>25%</td>
</tr>
<tr>
<td>Children on short term orders</td>
<td>25</td>
<td>47</td>
<td>53%</td>
</tr>
<tr>
<td>Children on long term orders</td>
<td>46</td>
<td>180</td>
<td>25%</td>
</tr>
<tr>
<td>New</td>
<td>31</td>
<td>109</td>
<td>28%</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>416</td>
<td>29%</td>
</tr>
</tbody>
</table>
Elements of the review

| Case reviews of each Aboriginal and Torres Strait Islander child in contact with the child protection system on 31 December 2017 | Community engagement with individuals and organisations, directly with Steering Committee members | Interviews offered to children, parents, carers and family to discuss their perspective and experience | Public submissions process inviting individuals and organisations to engage with the Review | Data analysis of information collected from case reviews |

INTERVIEWS

Following a review of case files, attempts were made to contact and speak with the parents, family, kinship carers and foster carers about their perspectives and experiences in relation to the ACT child protection system. Interviews were offered to children and young people following discussion with the primary care giver and if consent was provided. Ideas and strategies that could improve the effectiveness and experience for children, young people and their families and carers were also sought.

Participants decided where and how their views and experiences were captured, in a way they felt safe. When meeting with participants the purpose and the process of the interview was discussed, the rights of the individual outlined and we received informed consent. Participants were advised of their rights to complain. If the person wanted to be involved, informed consent was obtained, and the interview undertaken. The average duration of the interviews was two to four hours. Information from interviews was typed up into a de-identified summary document and entered into the data collection system.

COMMUNITY ENGAGEMENT AND INDIVIDUAL CONSULTATIONS

The Steering Committee held community consultations to enable the community to express their experience and desires for change. This also provided an opportunity for additional community members, whose specific cases may not be included in the review to express their experience and views. The Steering Committee attended locations chosen by the community for example, Gugan Gulwan, Winnunga Nimmityjah, family homes, coffee shops and the Alexander Machonochie Correctional Centre.

The following table shows the consultations and meetings that the Chair, members of the Steering Committee, and/or the Review team have been engaged throughout the Review. This list does not include extensive family and individual consultations.

| Aboriginal and Torres Strait Islander Elected Body |
| Aboriginal Legal Services Board representative |
| Australians for Native Title and Reconciliation |
| ACT Together Executive Group - including representatives from: Ozchild, Australian Childhood Foundation, and Barnardos |
| ACT Law Reform Advisory Council |
| ACT Youth Advisory Council |
Alexander Machonochie Correctional Centre
Australia and New Zealand Children’s Commissioners and Guardians [ANZCCG]
Australian Red Cross Birth Family Advocacy Support Service
Barnardos Australia
Beryl Women
Building Communities Not Prisons Forum
Burley Griffin Chambers
Canberra Restorative Community Network, Australian National University
Children and Youth Protection Quality Assurance and Improvement Committee
Children, Youth and Families, ACT Community Services Directorate
Canberra Restorative Community Network
CREATE
‘Cultural Competency in Care and Protection’ Forum
Danila Dilba
Early Support by Design Taskforce, ACT Community Services Directorate
Gugan Gulwan Youth Aboriginal Corporation
Institute for Child Protection Studies, Australian Catholic University
Karinya House
Kinship Carers Forum
Legal Aid ACT
Minister for Children, Youth and Families and Aboriginal and Torres Strait Islander Affairs
Ministerial Advisory Council for “A Step Up for our Kids”
National Forum on Child Protection, Darwin NT
Northern Territory Children’s Commissioner
Office of Aboriginal and Torres Strait Islander Affairs, ACT Community Services Directorate
Our Children, Our Youth, Our Future - Restorative Practices to Close the Gap Seminar University of Canberra
Ozchild
Public Advocate and Children and Young People Commissioner, Human Rights Commission
SNAICC
Secretariat of National Aboriginal and Islander Child Care [SNAICC] National Conference
United Ngunnawal Elders Council
Uniting Children and Families
Victorian Aboriginal Children and Young People’s Commissioner, Victorian Government
Winnunga Nimmityjah Aboriginal Health and Community Service
Women’s Legal Centre ACT
Wreck Bay community representatives
Yurana Centre, Canberra Institute of Technology

Summary of Consultations
DATA ANALYSIS

There are multiple sources of data that have been collected, analysed and compared during the Review, including:

- Data created through the case analysis;
- CYPS operational reporting;
- Australian Institute of Health and Welfare – national reporting on child protection and Aboriginal and Torres Strait Islander health; and
- Australian Early Development Census.

At the conclusion of this review, there will be a baseline set of data from which the ACT government can make future comparisons to track change and progress.

PUBLIC SUBMISSIONS

There was also a public consultation process where the Steering Committee called for formal written submissions. The period for submissions was between October 2018 and January 2019. Participants were invited to respond to four questions addressing the Review’s Terms of Reference as follows:

1. How might the number of Aboriginal and Torres Strait Islander children and young people entering care be reduced?
2. How might the experience and outcomes of Aboriginal and Torres Strait Islander children and young people improve while they are in care?
3. How might we increase the number of Aboriginal and Torres Strait Islander children and young people exiting care, and reuniting with their families?
4. In relation to the child protection system in the ACT, what would self-determination (choice and control) in accessing support services look like?

Nine submissions were received and the information from these has been used throughout the Review. Key themes of the submissions included:

- Improve access to legal support for birth parents;
- Prioritise timely decision making, including kinship placement and restoration and manage all placements with a view to eventual restoration to family;
- Empower Aboriginal and Torres Strait Islander decision makers and give them control over placements;
- Financially support Aboriginal Community Controlled Organisations and work collaboratively with them;
- Identify culturally safe and suitable carers and housing and ensure thorough consultation of kin before making Long-Term Orders; and
- Improve understanding and streamline application of the ATSICPP.

“They (CYPS) need to be more intensive, more thorough with what the children and parents need at the start and what they needed to change.”

Kin carer
IDENTITY

The identification of children as Aboriginal and Torres Strait Islander is a persistent issue with every group of children whether at home, on short term orders or long term orders.

SNAICC renewed the ATSICPP in 2018 to reflect the importance of identity. Determining and validating identity is critical if all elements of the ATSICPP are to be implemented appropriately. Without understanding identity, genograms, ecograms, cultural connection, cultural planning or participation cannot be fully realised.
The table below shows the information collected from case file reviews on children’s country.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>CHILDREN LIVING AT HOME</th>
<th>SHORT TERM ORDERS</th>
<th>LONG TERM ORDERS</th>
<th>TOTAL</th>
<th>SHORT TERM ORDERS</th>
<th>LONG TERM ORDERS</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiradjuri</td>
<td>14</td>
<td>20</td>
<td>67</td>
<td>101</td>
<td>16%</td>
<td>36%</td>
<td>27%</td>
</tr>
<tr>
<td>Ngunnawal</td>
<td>1</td>
<td>5</td>
<td>35</td>
<td>41</td>
<td>1%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Yuin</td>
<td>3</td>
<td>7</td>
<td>23</td>
<td>33</td>
<td>4%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Kamilaroi</td>
<td>9</td>
<td>8</td>
<td>22</td>
<td>39</td>
<td>11%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Bundjalung</td>
<td>0</td>
<td>1</td>
<td>23</td>
<td>24</td>
<td>0%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Other Country (Identified)</td>
<td>8</td>
<td>10</td>
<td>51</td>
<td>69</td>
<td>9%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Not Specified</td>
<td>50</td>
<td>4</td>
<td>26</td>
<td>80</td>
<td>59%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>85</strong></td>
<td><strong>55</strong></td>
<td><strong>247</strong></td>
<td><strong>387</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

* Note some children belong to more than 1 country

An example of positive case work observed, and must be consistently applied, was confirmation of Aboriginality for children was sought as a part of cultural planning.

Areas for improvement that demonstrate active efforts:

- Consistent application of policy and leading practice of understanding identity as a foundational principle of the ATSICPP;
- Understanding that cultural authority remains with the family and they must be able to participate in describing the child’s identity and cultural connection;
- Information on child’s country or heritage and limited understanding of how child’s Aboriginality is being nurtured and maintained. For children living at home 64% (51) country unknown. For children on short term orders, 17% (8) country unknown and long term orders 13% (23) country unknown;
- Completing comprehensive genograms beyond nuclear family and grandparents to understand important people within the child’s life;
- Supporting contact between siblings and parents to ensure connection to identity and culture;
- Consistency between understanding of identity, contact with siblings, parents and extended family and cultural planning;
- Confirmation of Aboriginality needs to be obtained and recorded on the child or young person’s file. If this document cannot be obtained, all efforts need to be recorded including who has been contacted; and
- Continued training to ensure maintenance of cultural awareness and comprehensive supervision of culturally appropriate practice.

“Need to ask for help and to feel safe when doing this”

OUR BOORIS, OUR WAY
CHILDREN LIVING AT HOME

For the purposes of this Review, children living at home with family have had an appraisal and are receiving case work. This means these children have been reported to child protection.

As per ACT legislation, an investigation through an appraisal process is undertaken. The outcome of that appraisal may be that the children are safe to stay at home, however, the family may also need some assistance to strengthen their capacity and ability to parent, and ensure the safety of their children. This assistance is met through case work and referrals to community services.

Child protection case workers oversee this work and remain involved with the family until it is assessed that the children are safe and the family can demonstrate they are able to care, nurture and protect their children so that they can grow, develop, learn and participate in life fully and safely.

The key objective is to ensure families have appropriate supports in place so that they are able to care for and meet the developmental needs of their children. The opportunity for families to receive prevention services and supports is critical for children living at home and should be led with strengths based and needs assessments.

Prevention of children entering into the child protection system is linked to our Terms of Reference.
WHO ARE WE?

CHILDREN LIVING AT HOME

There were 80 children living at home who have a case worker working with them and their family as at 31 December 2017. These children were from 35 families.

<table>
<thead>
<tr>
<th>CHILDREN LIVING AT HOME AGE DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>35 FAMILIES - 80 CHILDREN</strong></td>
</tr>
<tr>
<td>(48) male - (32) female</td>
</tr>
</tbody>
</table>

- **64%** of children living at home did not have a connection to country identified
- **19%** were 0-2 years of age
- **18%** were 3-5 years of age
- **41%** were 6-12 years of age
- **23%** were 13-18 years of age

- **37%** were under 6 years of age
- **41%** were aged between 6 and 12
- **23%** were 13 years or older

Of the ATSICPP elements, ones in **GREEN** are strongly needed for children living at home.

Prevention, Partnership, Placement, Participation, Connection
REASON FOR INTERVENTION

According to CYPS records, 57-58% of children were subjected to neglect, emotional abuse and/or family violence. 49% were subject to parental alcohol or substance misuse.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>57%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>58%</td>
</tr>
<tr>
<td>Family Violence</td>
<td>57%</td>
</tr>
<tr>
<td>Parental Alcohol/Substance Misuse</td>
<td>49%</td>
</tr>
<tr>
<td>Parental Mental Illness</td>
<td>22%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>16%</td>
</tr>
<tr>
<td>Squalor</td>
<td>19%</td>
</tr>
</tbody>
</table>

PREVENTION

The children who are living at home are the children for whom we expect to see significant active efforts in provision of support and resources to ensure that they continue to live at home with their family. The ATSICPP sets an expectation that steps will be taken to prevent any escalation of the case into formal short or long term orders to protect the rights of children to grow up in family, community and culture by redressing the causes of child protection intervention. These elements of case work would be characterised as prevention.

Individual examples of positive case work that were observed and must be consistently applied include:

- Engaging with the family to identify kin who could provide support and offer alternative care arrangements for the child/ren if needed;
- Conducting regular home visits and sighting and engaging with the children involved;
- Conducting pre-natal case planning with parents and services so that appropriate early supports were put in place and were well co-ordinated so that everyone was working together for the family;
- Asking parents what supports they needed, making and following up referrals to appropriate services to ensure they were meeting the needs of the family;
- Communicating clearly with parents about the child protection concerns; and
- Constantly engaging with other agencies to co-ordinate case work.

Areas for improvement that demonstrate active efforts:

- Engaging with the child or young person to understand their perspective;
- Considering cumulative harm at the point of intake and not minimising child concern reports.

The number of Child Concern Reports increased in an almost linear fashion as the child got older meaning more frequent reports were received for the younger children.

This graph shows that there is increased likelihood of intervention for at risk children in the home at an earlier age.
Active referrals were made in 29% of cases and follow-up to appropriate services, in particular intensive family support, occurred in half of those cases.

Considering the circumstance of the whole family including other siblings who may be in out of home care. 85% of children living at home have siblings and 24% (16) of these children have siblings in out of home care. It is essential that a holistic assessment of the strengths and needs of the family occurs to ensure the family are given the opportunity to care for the child at home. It should not be assumed that if a parent already has child/ren in OoHC that this child will follow their siblings into OoHC;

• Thinking through the impact on the family to attend support services – transport, care of other children, work commitments;
• Providing practical supports – transport, access to services;
• Considering impacts of poverty;
• Accessing cultural advice and authority early which means understanding the child’s country. The child’s country was unknown for 61% of at home children and the Cultural Services Team was consulted in less than half of all cases; and
• Looking at all of the children within the family when conducting an assessment and including siblings who may live with other caregivers or are in OoHC in case planning activities.

PARTNERSHIP

Partnership is the ability to engage and participate with a range of Aboriginal and Torres Strait Islander family and services. In the context of children living at home, it is critical that the correct services are provided to maintain the child within their family.

"[Service provider] have been a great support. They worked intensively with me and had regular contact 3-4 home visits a week, especially when I was getting the clutter in the home organised. It helped to have one person who was consistent, who got to know me properly; who knew their job really well and who was able to debate/challenge me about things in a respectful way. Knowing my [service provider] worker was there for me helped. Parent"

Individual examples of positive case work that were observed and must be consistently applied include:

• Early identification of the child and family as Aboriginal and/or Torres Strait Islander;
• Open, regular and solution-based communication with support services. ACCO involvement;
• Regular meetings between professionals that were well-coordinated and included all stakeholders;
• Providing options to the family and encouraging them to select services that they felt most comfortable being involved with;
• Information appropriately shared between support services; and
• Referral for intensive family support work early.

Areas for improvement that demonstrate active efforts:
• Engagement with ACCOs beyond referral. Of children living at home, 11% (9 cases) were referred to programs specific to Aboriginal and Torres Strait Islander people. This included Winnunga, Gugan-Gulwan and Waminda (South Coast Women’s Health and Welfare Aboriginal Corporation);
• Engagement with cultural services team for facilitation and navigation of culturally appropriate service system;
• Build collaborative professional working relationships rather than the directive nature of engagement with the statutory system;
• Active referrals made in 29% (30) cases; and
• Ensure follow up of referrals and and reporting of service providers on the actions they have taken to support families achieve their goals.

PLACEMENT

The child/ren are living at home with their family at this stage, so the placement element of the ATSICPP relates to the ability to access respite to support parents, or to prevent escalation to Emergency Action or Short term orders.

Individual examples of positive case work that were observed and must be consistently applied include:
• Respecting the views and wishes of the child;
• Placing children with Aboriginal and Torres Strait Islander kin for respite; and
• Developing reasonable and sustainable plans.

Areas for improvement that demonstrate active efforts:
• Exploring kinship options; and
• Engaging with incarcerated parents to provide information to discuss where children are to be placed.
PARTICIPATION

Participation in child protection decision making is an essential part of both self-determination and natural justice.

“I was completely open and honest with them [CYPS] and I knew that my life was going to go over a cattle grid and things were going to fall out and they did…You are never really finished with them. You always have to prove what you have achieved to meet their needs”. Mother

Individual examples of positive case work that were observed and must be consistently applied include:

- Parents were given clear information and their views explored and considered in planning of interventions;
- Extended family were invited to case conferences; and
- Regular and honest communication about progress and involvement with the family and the extended family.

“When CYPS came into my home and yard and told me they could see how much I had done… I was very proud of that, how hard I had been working.

That was the first time I had been given a compliment about anything I had been trying to do and it meant a lot. When CYPS worker believed in me it made a huge difference.” Mother

Areas for improvement that demonstrate active efforts:

- Engagement of the child (age appropriate) in decision making. A case worker spoke with the child about their views and wishes in 38% (30) cases;
- More understanding of Aboriginal child rearing practices and how a child’s culture is being respected, nurtured and maintained by the family;
- Use of a range of communication mechanisms with clear messaging rather than relying on formal letters to communicate with families with low levels of literacy;
- Use of case conferences to facilitate participation in decision making including, by parents, families and services. Case conferences occurred in 53% (42) of cases of children living at home, Of these 42 cases, 90% (38) of these occurred either once or less than every second month;
- Changing communication styles and use of reasonable adjustments to meet the needs of family members who may have intellectual, physical, sensory or cognitive impairments to ensure that their voices are heard and the wishes for their children are understood and respected;
- Engaging fathers at the beginning of CYPS intervention; and
- More engagement of extended family and recording this information in data systems to facilitate finding kin. Extended family was recorded only in 19% [15] instances.

CONNECTION

While the children are living at home, the responsibility for connection lies with the family. Connection can be encouraged for children living at home through engagement and communication with extended family to ensure that the family is not isolated from their community, but receiving culturally appropriate supports and connection.
PROGRESS

There were 80 children living at home receiving case work following an appraisal as at 31 December 2017. As at the 30 June 2019, these 80 children were:

- 49 children were not considered for further intervention and remained with their families or they moved interstate;
- 7 children were living at home with continued case work;
- 16 children moved to short term orders;
- 4 children moved to long term orders; and
- 4 children were moved to supervision orders.

When cases were reviewed as at 30 June 2019, there were a total of 85 children living at home. Seven (7) from the first group of children and a further 78 children who entered the children living at home group in the 18 months between 31 December 2017 and 30 June 2019.

From the 30 June 2019 group, there were a number of children whose families had been involved with child protection that were re-notified to CYPS. There were also some children and families who were new to child protection and this is a prime opportunity to provide preventative interventions that strengthen family functioning, provide stability, allow parents to learn new skills and have the ability to increase their capacity to care for their children at home.

From the review of case files from 30 June 2019, there was evidence that some families had been asked about their perceived parental needs and were offered services that matched these and were age-appropriate for their children. Case planning also appeared to involve the family more in identifying their own goals.

There is an opportunity to monitor the progress and outcomes of children living at home on a regular basis. To analyse: what is working well for families and supporting them to care for and keep their children safe to remain at home, to the point where there is ‘no further action’ required and a case is closed.

In terms of the alignment to the ATSICPP, there is some promising casework, however there is still a persistent need for intensive family support to prevent escalation into formal short or long term orders.
80 CHILDREN

Children present in both 2017 and 2019 cohorts

78 new children known to the child protection system between this period

LONG TERM ORDERS

SHORT TERM ORDERS

SUPERVISION ORDERS

LIVING AT HOME

NO FURTHER ACTION, OR MOVED INTERSTATE

2017
31 DECEMBER
2019
30 JUNE

49

4

7

16

43
A summary of the changes that have been observed against the ATSICPP as at 30 June 2019 for children living at home is below:

**CHILDREN LIVING AT HOME**

**PREVENTION**

**Early Support Services**
- Gugan Gulwan is delivering a program called Functional Family Therapy (FFT). FFT will trial with up to 40 Canberra Aboriginal and Torres Strait Islander families. The aim of FFT is to reduce the number of Aboriginal and Torres Strait Islander children and young people entering or remaining in out of home care through culturally specific interventions that strengthen families and communities.
- For the children who were living at home a genogram was completed in 55% (11) of the 20 cases examined but only five extended beyond the grandparents. Genograms and ecograms are examples of active efforts for children living at home as they support the understanding of the family and also assist in identifying family who may be able to support the child and parents towards goals set during case work. It is important to include aunties and uncles into the genograms.
- For children who are new to the living at home group a genogram was completed in 29% (9/31) of cases examined but only one extended beyond the grandparents. This is a disappointing result. While they are small numbers – the importance of the genogram and ecogram to effective case work and to demonstrate active efforts to understand the family should mean that the practice is universal for all children living at home.

**PARTNERSHIP**
- Gugan Gulwan is a local Aboriginal Community Controlled Organisation and is delivering a program called Functional Family Therapy (FFT) in partnership with OzChild.

**PARTICIPATION**

**Family Group Conferencing**
- There is evidence of offering and participating in Family Group Conferencing (FGC), there are however more opportunities to be able to apply FGC for families.
I often wonder if things would have been different if I’d had that support. You don’t just wake up and decide to be a drug addict. I had ongoing issues with domestic violence and drug use.

It wasn’t just the actual events that happened, it was the guilt. My son really missed his dad. I know he was in jail for a reason.

I was the one that put him in there. I never asked for anything to be dropped, I attended counselling with him and things like that.

I’m not saying that he shouldn’t have been in jail because that was what needed to happen, but it was hard on us both. Mother
CHILDREN ON SHORT TERM ORDERS

When the care and safety of a child or young person cannot be met through supports and working actively with the family and a child or young person remains at risk of harm, there are a range of Care and Protection Orders that the Director General can apply for through ACT Children’s Court.

Short term orders provide CYPS with the authority to work with the family to reduce the risk of future harm and support families to restore children safely home. Short term child protection orders include:

- An **Interim Order** (s433 of the CYP Act 2008) that is usually granted as a way to establish short term protective arrangements for a child or young person, and evaluating them prior to finalising the order. An interim order allows time for a parent/s to make some immediate changes to their circumstances which might increase the safety of the child such as; securing appropriate accommodation, entering a detoxification or rehabilitation program.

- A **Care and Protection Order** (s464 of the CYP Act 2008) is granted when the Children’s Court is satisfied that it has sufficient information to make a determination that a child is in need of care and protection, and that the child’s best interests will be served by making a Care and Protection Order. A Care and Protection order can be made for between one month to 12 months, two years or until the child turns 18. A Care and Protection Order includes information about parental responsibility which may be either shared with the parents or granted solely to the Director General.

The review of children on short term orders was critical to understanding the experience of care and also improving pathways to restoration and exiting care as stated by the Terms of Reference.

It is imperative that families are given the best opportunity to address concerns and factors that are impacting on their ability to provide care and safety to their child/ren. If a child has been temporarily removed from the caregivers and placed in alternative care, it is critical that there is a thorough restoration plan developed with the family that identifies clear goals that are aligned with what needs to change, in order for children to be returned safely to their family. Case work and interventions in this domain are vital to ensure best possibility for children to be returned to their homes and prevent progression and escalation onto long term orders and out of home care, at this point, all parts of the ATSICPP are critical.
WHO ARE WE?

CHILDREN ON SHORT TERM ORDERS

There were 47 children on short term orders as at 31 December 2017. These orders vary in length from one month to two years. There can be multiple short term orders for one child over a period of time.

Of the children on short term orders, 60% were under 6 years of age, 36% were aged between 6 and 12, and 4% were 13 years or older.

<table>
<thead>
<tr>
<th>0-6</th>
<th>6-12</th>
<th>13+</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>36%</td>
<td>4%</td>
</tr>
</tbody>
</table>

17% [8] of those on short term orders, did not identify a country that the child belongs to or identifies with.

Of the ATSICPP elements, ones in GREEN are strongly needed for children on short term orders.

Prevention, Partnership, Placement, Participation, Connection

“I have set a bedroom up for [child] in our house and its always been ready for them”. Father

PREVENTION

The major consideration in prevention for children on short term orders is the plan for restoration. This plan should be first and foremost engaging with parents and children on what needs to be done in order to ensure the safety of the child and assess the strengths and protective factors of the family, as well as their challenges and how these can be overcome.

Intensive support services that are culturally appropriate, evidence-based and work directly with the family in their own home, or place where they feel safe are essential. These services must be strengths-based and focus on building confidence, capacity and skills. Practical supports are also necessary and can contribute to strengthening families and enable them to demonstrate that they are able to care safely for their children.

It is important that these services are provided in a timely manner, with regular review of progress towards family goals and changing approaches if needed to support families to achieve the outcomes for their children that they want.

If this stage is not given the dedication and resources required, the evidence shows that children are more likely to progress from short term orders to a long term order.
Individual examples of positive case work that were observed and must be consistently applied include:

- Clear messages were given to families about the safety and child protection concerns and parents were supported to access appropriate services to help them address these;
- Cultural services team was involved in case work and supported family to locate kin;
- Prenatal collaborative work including health, CYPS, ACCO and early support services and intensive support services was well co-ordinated;
- Case manager listened to needs and wishes of parents and was involved with the family over a 12 month period consistently and respectfully supporting them towards goals;
- Financial support was provided for child to attend childcare which enabled opportunity for socialisation for child; and
- Joint home visits with restoration provider and CYPS.

“CYPS need to make sure that the parents know what is happening from the very beginning and make sure they understand what is being said [or is written in documents given to them].” Mother

“CYPS having a hard conversation as early as possible that clearly gives the message that parental lifestyle is not okay for children and that parents risk their children being removed if they do not change.” Father

Areas for improvement that demonstrate active efforts:

- Clear expectations or ‘bottom lines’ for the family on what the parents need to address and what is required to change to achieve restoration;
- A case conference was held in 81% (38) of cases and active referrals were made in 64% (30) of cases. More frequent follow up of actions from these needs to occur and recognition of the progress of family acknowledged in ongoing case planning;
- Immediate commencement of restoration plans; and
- Improve quality and scope of genogram and ecogram to understand the important people in the child’s life and culture. A genogram was completed in 77% (36) cases - however, was primarily focused on the nuclear family.

“Family should be considered first if a child is removed from their family.” Grandparents

- Child’s country was unknown for 17% (8) children in short term care; and
- Consultation occurred with Aboriginal and Torres Strait Islander people or organisations that provide ongoing support services in 53% (25) cases.

**PARTNERSHIP**

Partnership during short term orders should involve intensive case coordination and collaboration across culturally appropriate services to preserve and/or reunify the family.

Individual examples of positive case work that were observed and must be consistently applied include:

- CYPS occasionally attended meetings and were actively involved in collaborative case management where services were provided through ACCOs and other providers.; and
- Cultural Services Team and Case Manager attended home visits together with both Indigenous and non-Indigenous family members.

“In the restoration plan it says if we do this we will get the kids back. It could be in writing and they could say to us ‘once we see this [eg clean urinalysis] for a certain period of time… we will give you more access to the kids eg have them for some nights, more contact during the days.. build up our contact with them.” Mother
“CYPS and ACT Together do not seem to communicate and if they do the messages get very mixed. The system where the carer communicates through the ACT Together worker doesn’t work and the role of CYPS and ACT Together is very unclear. There does not appear to be any co-ordination, information is not shared and collaborative work is non-existent. There seems to be duplication and overlap in the roles of CYPS and ACT Together.” Foster carer

Areas for improvement that demonstrate active efforts:

• Goals and activities need to be driven by the needs of the parents, not the service provider. The review observed parents overwhelmed with the number of services involved;

• Referrals to Intensive Family Support were evidenced in 83% (39) cases, however there was no follow up. There was an assumption that the services referred to would undertake the actions that they stated they would do with the family, however, there was limited regular reporting back to CYPS about these actions or progress made towards family goals;

• Cultural Services team only engaged post Emergency Action;

• Cultural services team consulted in 85% (40) cases and 23% (11) within 48 hours of action;

“Family need to be involved in the development of cultural care plans.” Kinship carer

• Case management and collaboration must occur;

• Mechanisms such as case conferences and case meetings need to be in place for regular updates, co-ordination and collaboration to ensure all services are focussed on same outcomes and progress is tracked towards this;

• Existing supports and services maintained for the child in 83% (39) cases; and

• Consultation occurred with an Aboriginal and Torres Strait Islander organisation identified as providing ongoing support services in 53% (25) cases.

“Care team meetings – there are so many parties and they still want to do care team meetings for each child separately. I tried to get everyone around the table and I get a phone call saying ‘you can’t do that. Everyone is confused as to what it is about’.” Kin carer

PLACEMENT

Placement of children and young people who are subject to short term orders with Aboriginal and Torres Strait Islander kin is critical to the maintenance of family relationships and connections and can help to ensure safety and familiarity for the child, reducing the impact of trauma of being removed and placed in out of home care.

“That was when I was with my 5th carer. I’ve been with 6 carers and that’s been messing with me and feeling like I might be abandoned again.” Child

For the children on short terms orders it is deeply disturbing that restoration plans have only been evidenced in 20% of cases. Restoration planning and processes need to be dramatically improved to change the current trajectories for children and young people and their families. Restoration of a child safely back to the care of their parent/family must be the critical aim of CYPS.

CYPS should be working directly with a family to identify their strengths and needs in order to develop and implement a restoration plan that outlines clear goals, required actions, engagement with services and review dates that enable families to work towards what is required.

“Keep brothers and sisters together.” Child
This process needs to be supported by culturally competent, consistent and experienced case workers. These type of workers understand that it is essential for children, families and carers to have clear expectations of what steps and actions are required to achieve restoration. In parallel, it is critical to maintain children’s connections and regular contact with the family. This can be complex for everyone involved and requires:

- Honest, transparent communication between parties;
- Copies of restoration plans and other key documentation to be given to families;
- Regular meetings to review progress and determine ongoing goals;
- Ensuring the voices of children and young people are heard;
- Provision of culturally appropriate services; and
- Strengthening and empowering families to change.

Individual examples of positive case work that were observed and must be consistently applied include:

- ATSICPP followed and evidenced in decision making and in consultation with family;
- Kinship care explored first as per the placement hierarchy;
- Kinship carer linked into various services that were structured and helpful;
- Financial support given for family to access child care and assistance with transport;
- Siblings were placed together;
- Assessments of family member suitability was child centred in decision making and criminal history for family member was not exclusionary; and
- Parent and carer relationship was established and both worked together on restoration plan.

Areas for improvement to demonstrate active efforts:

- The child must be placed with kinship placements immediately upon removal;
- The possibility of Aboriginal and/or Torres Strait Islander kinship placement must be fully explored.

For the children on short term orders, a kinship placement was explored in 50% of cases.

### TYPES OF SHORT TERM CARE

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship - Aboriginal or Torres Strait Islander</td>
<td>49%</td>
</tr>
<tr>
<td>Kinship - other</td>
<td>16%</td>
</tr>
<tr>
<td>Residential Care</td>
<td>2%</td>
</tr>
<tr>
<td>Foster Care</td>
<td>33%</td>
</tr>
<tr>
<td>Independently</td>
<td>0%</td>
</tr>
</tbody>
</table>

- Kinship assessments must be timely and not be a barrier for family stepping forward as alternative caregiver in the short term for children. Where child is placed with a kin carer, an assessment to provide permanent care occurred in 38% (16) cases;
- Case work and investigation needs to be across the whole spectrum of the child’s family – maternal and paternal side;
- Minimise the likelihood of multiple placements that are detrimental to child in the long term;
• Attempts to place siblings together. 63% [25] of these children reside with a sibling;

• Failure to provide kinship carers with supports and practical resources that may assist them to sustain the care of the children whilst restoration is taking place;

“They need to listen to kids and then do something about it.” Child

• Case files noted that the reason children, particularly infants, were not being restored to their parents was due to ‘attachment’ to the carer. Broadening of understanding of how individual families nurture and protect children must be explored and have equal standing when making decisions about a child’s wellbeing, the possibility of them returning home and if they cannot be, who they are placed with to remain connected to kin.

PARTICIPATION

It is essential for everyone to be working together in order to maximise the opportunity for a successful restoration of the child or young person back to their family.

Participation in decision making for the child and their family when a short term order is in place is critical to understanding their needs and wishes. Exploration of the experiences, knowledge and understanding of children, young people and their families ensures that their voices are heard in the planning for stability at home and restoration back to their family or sustaining a suitable placement in the interim period with an alternative caregiver.

“They all could have had a meeting together to say you shouldn’t be treating kids like this.” Child

“No-one told us what we needed to do to get the kids back. They would say ‘you need to get off the drugs’ but they had … to provide help and services and never provided them.

There was no clear statement about what we needed to do. It took four weeks to get a list, one and a half years after the children were taken into care.” Mother

Individual examples of positive case work that were observed and must be consistently applied include:

• Discussions held with children in age appropriate ways to ensure that their voice was heard;
• Parents actively involved in communication and decision making;
• Communication in a respectful, open and timely manner and case workers checked parental understanding of processes to ensure that parents understood what was happening and why;
• Inclusion of a support person for the parent helped them during discussions; and
• Keeping family aware of procedural matters and progress towards goals.

“It wasn’t until we got our worker in NSW that she was able to contact the case manager and ask to provide us with a complete list of what we were required to do and demonstrate for the children to be returned to our care. It took a while for it to come. I still have the list and I have done everything on the list. To hear one agency say ‘all you have got to do is transfer the case to us [NSW FACS] and we would give the children back to you in a heartbeat’ to having an 18 year order issued is very, very hard to understand. It all came down to one person. The only person who was opposed to restoring the children to our care was the case manager. Restoration was supported by the carers, the kids wanted to live with us, everyone here – including the services involved with our family. Even the forensic psychologist who said it may take a six to twelve month period to get them fully back into our care, supported it. We deserve to have our children back”. Mother
Areas for improvement that demonstrate active efforts:

- Provision of documentation, understanding of CYPS processes and procedures, sighting of evidence of concerns and reasons for removal etc need to be given to the family in a timely manner in writing and in person with explanations, so that families understand what is occurring and why;
- Referral to independent legal support so families can exercise their self-determination and ensure that families are involved in legal proceedings with fair representation;
- Understanding of who the children’s kin are, how children’s cultures are being nurtured by their family;
- Improved participation of the family in the development of cultural support plans. 60% [28] of cases had a cultural support plan developed. 6 cases demonstrated that the child was engaged in the development of these plans, 4 cases demonstrated that a parent was involved in the development of the plans, 6 cases demonstrated that extended family members were engaged in the development of these plans and only 1 case demonstrated consultation with child’s community;
- Equitable and persistent engagement of fathers in child protection processes. Better engagement of father’s and paternal family in decision-making, case conferences, planning, placement options, contact arrangements and restoration;
- Restoration plans should be created with the parents, defining their specific goals to improve parenting capacity. Plans should be clear in terms of culturally appropriate supports and evidencing of behavioural changes related specifically to the goals;
- Sending families to engage with multiple services or courses to attend without consideration to the actual needs, abilities and resources of parents to engage with services may impact on their capacity to attend and jeopardise unnecessarily their chances of reaching their desired goals and restoration;
- Strengths based case work should identify inherent knowledge, skills, behaviours and family functioning that is positive and can be leveraged to support a family to learn new skills, resolve conflict, try alternative parenting approaches;
- Inappropriate use of urinalysis for gathering evidence against parents of lack of attendance purely for court processes, with no exploration of barriers to attendance or whether it is the most effective mechanism for reduced alcohol or other substance use. The use of this procedure often does not change or improve parenting capacity or outcomes for the family;

“We showed clean urinalysis twice a week for three months and showed consistency and there was no recognition of this or changes in what they expected of us, so we stopped going for a while as there was no respect for us. We have been to anger management, parenting classes, counselling, circles of security, early childhood program and other things to improve ourselves and show them we are committed to changing and getting the kids back.

They [CYPS] didn’t give us anything to recognise what we had done or increase contact with the kids since this has all been done. What do you think the kids must think of this?” Mother

- Seek participation of family and close supports in case conferences and demonstrate greater understanding and exploration of the barriers to participation of families in restoration and other case planning, that may be caused by domestic and family violence, Sorry business, lack of money for transport or illness;
  “Having an Aboriginal worker helps and seeing them regularly. Having a male worker is good.” Child
- Demonstrate greater understanding of the barriers to participation that may be caused by other factors such as domestic violence;
• Improve understanding of the dynamics of domestic and family violence and the risk presented to the one subjected to violence and their care of the children. Critically, pursuit of protective and legal mechanisms of restraint can increase the risk to the children and parent/s. Safety planning that is centred around the children is critical and engagement must be from both parents, where it is safe to do so;
• If the likelihood of restoration is not feasible, then be open and transparent about the reasons for this and explore with the family suitable alternative options for kin and other care-givers as early as possible; and
• Provide complaint mechanisms that are fair, transparent and respond in a timely manner.

“Communicate better with families.” Mother

CONNECTION

Maintaining connection to family, culture and country is essential to lay a foundation for restoration and a future strong and confident in Aboriginal identity.

“They need to let us live with our family.” Child

Positive examples of case work that demonstrate the importance of maintaining connection during short term orders include:
• Children’s country identified early and cultural needs/responsibilities were spelt out;
• Cultural plan identified family and was focused on child’s cultural development;
• Parents’ views were sought in regard to child’s culture and planning;
• Regular and meaningful contact to continue cultural connection and community connection;
• Cultural Services Team assisted in family finding and identifying ancestral lines; and
• Contact with siblings and parents occurred regularly.

“When I had contact with [child] they used to have someone watch and it made it hard. I think it should be in a playground or a park, in a more natural place where it is easy to be ourselves and do our own thing. Having someone following me around and listening in is very hard for everyone”. Father

Areas for improvement that demonstrate active efforts:
• Anticipating of cultural needs and identifying age appropriate opportunities for connection with culture;
• Recognising that cultural authority sits with the family;
• Linking child with community and country through explicit strategies. In the preceding 12 months, the child was provided with opportunities to participate in activities that foster knowledge and appreciation of their culture in 43% (18) cases;

“Get to know the family/ Go and meet them and listen. Find out what is going on.” Kinship carer

• Providing frequent quality contact. Children and young people placed in care while restoration planning is occurring require frequent, quality contact opportunities with their parents, siblings and other family members. This family time promotes connection, maintenance and ongoing development of important meaningful relationships and links to whole family. The data showed parental contact to be:
  - Mother : 74% (35) have contact. Of these 28 were at least monthly
  - Father : 62% (29) have contact. Of these 18 were at least monthly.
• Organising family time with children for parents who are incarcerated is critical. The child’s connection with the parent/s should be prioritised over the case workers’ concern of the physical environment of the prison. Planning is required to ensure that the child has the supports they need;
• Improving planning, organising and reporting for contact;
• Understanding of how children’s traditional cultures are being maintained;

“there are things you can’t put into a cultural plan – the only way to get them is to spend time with your family and get it that way” Father

• Connection with siblings is an important part of family and connection to culture. 95% of these children on short term orders have siblings and 77% (36) of these children have siblings in out of home care. 57% (27) of children in short term care reside with a sibling and 55% (21) have siblings they are not residing with and have contact;
• When siblings are with different carers this can make it more complex to organise contact and should be case managed and not left to carers to arrange. There is potential for the power to shift to the person caring for the child and for them to decide to stop taking a child to places and there is little follow up of this to ensure that the child’s rights to connection remain in place. The longer the time between contacts the harder it becomes for children, parents and extended family to maintain and build strong connected, trusting relationships;
• Active efforts must be made to engage with parents/family in decision-making and development of cultural care plans and maintain connection to culture;

”More contact and connection with family – siblings, family and extended family.” Child

• Extended family and kin have difficulty accessing family time. There is little clarity provided to the parent of the case workers’ expectations of the family time. These interactions are special and essential time for families. There needs to be better support and training for carers in this situation so that these visits go well for the child and for the parents who are building their confidence and trying to demonstrate that they can provide appropriate care and safety;
• Improved quality, monitoring and distribution of cultural support plans. 28 of the cases had a cultural plan developed, but only 13 of these were provided to the carer;
• Quality and scope of genogram and ecogram to understand the important people in the child’s life and culture. A genogram was completed in 77% (36) cases -however, was primarily focused on the nuclear family; and
• Child’s country was unknow for 17% (8) children in short term care.

PROGRESS

Of the 47 children on short term orders as at 31 December 2017, eighteen months later 22 were still on short term orders and 21 had moved to 18 year, or long term orders. This is a very distressing pattern that shows if a child has entered the system on short term orders it is very difficult for the child/ren to be restored to family. This means it is a key priority to ensure that restoration is planned and implemented for children on short term orders.

The practices of restoration, family support, placement and connection are absolutely critical when a child is at this point in the child protection system. Nearly half of the original group have been placed in permanent long-term care. There were some children who went from interim to long-term orders within the space of a twelve month period and it is therefore critical that there are review processes embedded within the system that analyse the individual situations, question processes and practices and whether they have been followed to allow families the best opportunity to have their child restored to their care.

In comparing the case work for the children on short terms orders it is deeply distressing that restoration plans have only been evidenced in 20% of cases. Restoration planning is a critical case work discipline that is essential for both children and families and carers to have clear expectations and connection with their family.
"Clear and honest conversations by case managers about what the concerns are and what needs to change have to be spoken about.

We don’t want to go to court and find out a week before that there were other things we were required to do. We do not want to be left guessing about what we need to do.

Raise the issues and follow through, they can’t expect us to know what to do otherwise.” Mother
The data shows that for many children and young people placed on short-term orders that there are limited time frames in which their parents are expected to make significant changes in often, complex situations and be able to demonstrate they are willing and able to safely care for their children to have them restored. The evidence suggests that it can be very difficult for some families to achieve this and subsequently it is less likely that their child/ren will be returned to their full-time care.

Hearing the child or young person’s views and wishes, early identification of kin, provision of legal supports, regular meetings with parents and sharing of important information relating to the placement of their child is vitally important. These elements of case work practice need to be consistently applied for every Aboriginal and Torres Strait Islander child.

A summary of the changes that have been observed against the ATSICPP for children on short term orders is below as at 30 June 2019:

<table>
<thead>
<tr>
<th>CHILDREN ON SHORT TERM ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREVENTION</strong></td>
</tr>
<tr>
<td>Evidence of early support programs</td>
</tr>
<tr>
<td>• Early support services Gugan Gulwan delivering Functional Family Therapy.</td>
</tr>
<tr>
<td>• A genogram was completed in 68% of cases in the original group of children on short term orders. This is consistent with the sample taken from the cases as at 30 June 2019. 68% (17/25) examined in the sample from 30 June 2019 evidenced a genogram. However, only 10 of those 17 genograms extended beyond the grandparents. This is deeply concerning as a genogram assists with the finding of family and connection and without a genogram, there is high risk in the progression of the child into long term orders without connection to family or culture.</td>
</tr>
<tr>
<td><strong>PARTNERSHIP</strong></td>
</tr>
<tr>
<td>• There was no significant change in the engagement of Aboriginal organisations and the broader sector.</td>
</tr>
<tr>
<td><strong>PARTICIPATION</strong></td>
</tr>
<tr>
<td>Restoration plans</td>
</tr>
<tr>
<td>• A restoration plan was evidenced in 20% (5/25) cases examined. While this is a small sample size, a restoration plan being in place for a fifth of children on short term orders is extremely low and must be remedied to be universal across the group of children on short term orders.</td>
</tr>
<tr>
<td><strong>PLACEMENT</strong></td>
</tr>
<tr>
<td>Placing with Aboriginal kin</td>
</tr>
<tr>
<td>• When making the decision to place the child in out of home care, the ATSICPP placement hierarchy was applied in only 3 of the 25 cases assessed.</td>
</tr>
<tr>
<td>Restoration Planning</td>
</tr>
<tr>
<td>• Two children were restored to a birth parent.</td>
</tr>
<tr>
<td><strong>CONNECTION</strong></td>
</tr>
<tr>
<td>Family time</td>
</tr>
<tr>
<td>• Previous family relationships are evidenced as being maintained in 20% (5/25) cases examined. This is an extremely disappointing outcome from this sample.</td>
</tr>
<tr>
<td>Siblings</td>
</tr>
<tr>
<td>• 16 of the 25 children reside with at least one sibling. Of those 10 have siblings that are in OoHC and 4 with siblings living with their parents.</td>
</tr>
<tr>
<td>• Sibling contact is maintained for 5 of the 25 cases.</td>
</tr>
<tr>
<td>• These proportions, even with the small sample sizes, show that much more effort needs to be directed at ensuring siblings have contact with each other, irrespective of the nature of care that is being provided. This gets more acute if siblings are much older and have perhaps aged out of the system.</td>
</tr>
</tbody>
</table>
Cultural Plans

- Cultural authority sits with the family and it is imperative that they are engaged in the content of the Cultural Plan. 22 of 25 (88%) cases there was a Cultural Plan evidenced on the case file. However, there was only 55% of engagement from a parent on the Cultural Plan.

Contact with mother and father.

- 16 of the 25 cases evidenced efforts made to engage with the father and 6 include the father in decision making.

---

One of the evidence things [CYPS] had was that they sent [mother] over 140 text messages in the eighteen months to go for a urine test and she never went once.

I’m like cool, she’s a teenager this is what you are saying: You messaged her over 140 times and never pulled her up until you got to court. You didn’t really want her to go to them.

You were collecting evidence, that is what you were doing because if you really wanted her to do it, you don’t just casually ask your kid 140 times in eighteen months to clean up their room and ignore it if they don’t do it.

Stop and take some fucking action. Go and speak with her and do something different.

Foster Carer

“

Never seen a cultural care plan and didn’t know about any care plans.

Parent

”
CHILDREN ON LONG TERM ORDERS

Children on long term orders have been removed from their families until they turn 18 and placed in out of home care. Out of home care can include foster care, kinship care or residential care.

In the ACT, the case management, placement, recruitment and support of foster and kinship carers, for children on long term orders is the responsibility of a contracted provider called ACT Together. ACT Together is a consortium of organisations that includes Barnados, the Australian Childhood Foundation and Ozchild. In our analysis of the case file reviews, we observed that there is a lack of clarity of roles and communication between CYPS and ACT Together.

Over the course of the review, it became apparent that these long term orders are a “set and forget” strategy. Permanency for the child in a stable placement has been given priority in the ACT’s A Step Up for Our Kids Strategy over restoration to the child’s family. Changes in circumstances, including successfully parenting subsequent children, are not re-visited for opportunities for restoration either to the birth parents or to kin. Nor are the opportunities for more flexible models of care including shared care agreements considered.

We also analysed the age at which children are entering onto long term orders and were alarmed by the high rate of very small children entering into long term orders with little likelihood of restoration to family under current arrangements. 43% of children were between 0-2 years old when entering onto long term orders. If added to the children who were between 3-5 years old, then 62% of children were 5 and under when entering into long term orders.
The Review specifically looked at the circumstances of children on long term orders as it related to two of three key outcomes that the Steering Committee wanted to address. They were to:

- Improve the experience of children in out of home care; and
- Improve the pathways to exiting care which may include restoration to family and community or exiting care at 18 years of age and requiring appropriate transition plans.

### WHO ARE WE?

**CHILDREN ON LONG TERM ORDERS**

As at 31 December, there were 180 children on long term orders living with kinship carers, foster carers, or in residential care. These children are from 92 families.

Of the children on long term orders, 29% were under 6 years of age, 47% were aged between 6 and 12, and 24% were 13 years or older.

Of the ATSICPP elements, ones in **GREEN** are strongly needed for children on long term orders.

Prevention, Partnership, Placement, Participation, Connection
REASON FOR INTERVENTION

Reasons CYPS have given for intervention for children being on long term orders had 79% subjected to neglect, and 72% parental alcohol or substance misuse. Aggressive or antisocial behaviour (29%) and physical abuse (26%). This means that according to CYPS, 8 in 10 children who entered into long term orders had experienced neglect and 7 of 10 children had parents with alcohol or substance abuse issues. The difficulty, particularly with neglect is that the definitions of neglect are open to cultural bias and prejudice and those perceptions are exacerbated by poverty.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGLECT</td>
<td>79%</td>
</tr>
<tr>
<td>EMOTIONAL ABUSE</td>
<td>49%</td>
</tr>
<tr>
<td>FAMILY VIOLENCE</td>
<td>54%</td>
</tr>
<tr>
<td>PARENTAL ALCOHOL/SUBSTANCE MISUSE</td>
<td>72%</td>
</tr>
<tr>
<td>PARENTAL MENTAL ILLNESS</td>
<td>40%</td>
</tr>
<tr>
<td>AGGRESSIVE OR ANTISOCIAL BEHAVIOUR</td>
<td>29%</td>
</tr>
<tr>
<td>PHYSICAL ABUSE</td>
<td>26%</td>
</tr>
<tr>
<td>SQUALOR</td>
<td>7%</td>
</tr>
</tbody>
</table>

PREVENTION

Prevention in the context of long term orders does not have a high degree of alignment in case work. Priority in relation to the ATISCPP must be in partnership, placement, participation and connection.

PARTNERSHIP

In long term orders, the child may be placed in foster care, residential care or kinship care. Particularly in the case of foster and residential care, there must be active efforts to maintain the engagement and participation of appropriate Aboriginal organisations, advocacy and services for the child and family. There must be culturally appropriate care and connection for the child. Families must be able to access representation and support from trusted sources in the decisions that are being made about their children at all stages of child protection and family welfare decision-making and must also have access to adequate, culturally safe legal representation.

“Different services stated that they were working with the mother but there was nobody checking if they were actually doing what they said they would”. Foster carers

Individual examples of positive case work that were observed and must be consistently applied include:
• NGO had partnership with CYPS and good collaborative practice and supported family to engage with these;
• Multi-disciplinary work throughout intervention was of high quality;
• Cultural Services Team attended Application Review Committee and kinship assessment panel;
• Thorough case planning and joint home visits with services; and
• Identification of culturally safe supports and programs.
Areas for improvement to demonstrate active efforts include:

- Referrals for intensive support in 43% (77) cases;
- Existing supports and services maintained for the child in 75% (135) cases;
- Engagement and collaboration with ACCO;
- Early and continued engagement with Cultural Services Team. Cultural Services Team were consulted in 72% (129) cases, however, 13% (24) within 48 hours of action;
- Handovers to services and information sharing could be improved as families and carers report having to repeatedly retell their stories which causes great anguish and unnecessary stress and pressure; and
- Co-ordination of multiple services involved with the child needs to be regular, well-planned and documented so that there is better collaboration and understanding of the child, family and carers.

“ACT Together worker comes once a month and has a list with all the headings. They ask “so how is their health, their education, it’s a check list and makes sure they are alive. This is not helpful.” Foster carer

## PLACEMENT

The consideration of appropriate placements of children on long term orders is critical to their current and future stability and life outcomes.

“I also remember the day that I got taken. I remember that my dad was crying and two police officers and two welfare ladies came. Mum was somewhere else. ... Me and [older brother] got into the car they told us to and they took us to a big building and we had to wait.” Child

Individual examples of positive case work that were observed and must be consistently applied include:

- Child or young person being asked about their wishes in relation to placement options and being heard;
- Children being placed with kin or with Aboriginal carer on removal;
- Siblings being placed together with Aboriginal and Torres Strait Islander kin;
- Child maintaining connection with family and other important people in their life and supported by the carer and CYPs;
- Child placed with foster carers while courts allowed more time for father to demonstrate parenting skills and build attachment with the child - then child was restored to father’s care; and
- Young person seen weekly by caseworker when they had self-placed.

Areas for improvement that demonstrate active efforts:

- Assessments for Aboriginal and Torres Strait Islander kinship carers conducted early. The possibility of kinship placement being explored in 56% (100) of cases. There are also often delays in decision making around kinship assessments and even when they are approved the child is not placed there straight away and so the child/ren remain disconnected from their families for long periods of time unnecessarily.
Types of Long Term Care

These statistics highlight that although the placement hierarchy may be applied and many children and young people are placed with kin, there are still over a half of children who are placed with non-Aboriginal carers.

Some children and young people are placed initially in foster care, although they have kin who have been identified as willing and able to care for them and they may wait for lengthy periods of time before moving back to family.

- Securing practical supports, such as housing or a vehicle, so kin could care for all the children. These practical items must not be a barrier to Aboriginal kin caring for their children;
- Equity between access to supports between foster and kinship carers;
- Finding and assessing kinship carers before placing with non-Aboriginal or Torres Strait Islander foster carers. Currently, children on long term orders are only placed with Aboriginal and Torres Strait Islander kin in 40% (72) of cases. Of these, 70 (97%) are with a relative, 23 (32%) with an immediate relative;

"Two years down the track they decided to start a kinship assessment, it’s not good for the kids and when they are settled, they then decide to look at family. They should be doing assessments on family immediately for placement." Foster carer

"It is really disgusting the miscarriage of power. It is not fair for one person to have all that power. The case manager made a remark to the carers that ‘we will never change’. That is a bias opinion and we needed someone else to work with us as that person didn’t believe we could change and would always see it like that regardless of what we did” Mother

- Placement of siblings together, 61% (109) of these children reside with a sibling;
- Criminal history checks and assessments being completed on foster carers prior to placement of children into their care;
- Equitable engagement of paternal and maternal family to explore potential kin carers;
- Improved training for foster carers in: cultural knowledge, trauma and development, behaviour management, emotional regulation and responsiveness;
- Complaints processes need to be transparent, responsive and timely so that children, young people, families and carers can communicate events, actions or processes and be heard fairly;
- When there are abuse in care concerns these need to be taken seriously, investigated thoroughly and actions taken to protect the child or young person immediately when it is deemed that they are in need of safety. All investigations need to be completely independent of the person/s the allegation is made about; and
- Before placing a child or young person in residential care, checking whether there are any other kin or potential carers available to care for them.
“The case manager doesn’t pass on all the information, which is why one person can be so powerful. One person shouldn’t have that much power when it comes to families.” Mother

PARTICIPATION

Participation in decision making throughout long term orders needs to support principles of self-determination. Key decisions relating to the child’s culture, identity, development and care must be made in consultation with the child and family.

“When asked if kin carer had ever made a complaint they stated “No because I think if I do that [CYPS] will just walk in and take my grandchild away. That’s how they have made me feel. They may think ‘you’re too old to deal with us; you don’t like what we are doing’.. but it was ok when you needed someone to care for my grandchild urgently to contact me, but it’s not afterwards when you are not following through with things that you are supposed to be doing for my grandchild.” Kin carer

Individual examples of positive case work that were observed and must be consistently applied include:

- A variety of children’s tools used to capture the views and wishes of the children;
- Kinship carers consulted regarding transport requirements to maintain community and family contacts and approval was given to have a vehicle to support this;
- Father made progress against goals and parallel planning began with him to enable restoration plan to be developed; and
- CYPS staff visited interstate community to see where children were staying, understand the community and make better informed decisions about the family situation; and
- Being able to have consistent long-term case workers who are genuinely interested in the child or young person’s well-being and development over time and are able to build meaningful relationships could assist the stability of the placement and improve opportunities for the child to meet their own goals and wishes.

“We have had the same caseworker the whole time and she has been fantastic. She also been that connecting point a lot of the time with grandmother and [child’s] cousins. Catching up on what the cousins are up to. Just being another connecting point … with the family. So that’s been excellent.” Foster carer

Areas for improvement that demonstrate active efforts:

- Voice of the child needs to be present in decision making and considerations for contact, cultural planning, and restoration planning;
- Continued restoration planning should be in place with regular opportunities to check the changing circumstances of parents and potential kinship carers;
- Case Conferencing occurred in 66% (119) of cases. However, the frequency of conferences is very low with more than half being conducted more than a year ago. Of these 119 cases, 11% (13) case conferences were in the previous 6 months, 38% (45) in the previous year (including the 6 month ones);
- Recording of parental and family contact details so that data systems and records accurately reflect current information is essential. This is necessary so that they can be contacted and informed of their child’s progress, invited to meetings and be made aware of any emergencies, critical incidents or changes in circumstances;
- CYPS and ACT Together must apply active efforts and accept responsibility for the style and tone of communications and not shift responsibility for engagement onto the parents;
• It appears that services set long-term goals for parents which were developed in isolation of the parents. When they could not be achieved the perception was that the parents were failing, thus creating more stress;

• More comprehensive involvement of family in the development of care, case and therapeutic planning for the child;

• Checking for understanding of parents throughout engagement and not making assumptions that they fully understand the procedures, requirements and expectations of CYPS;

  “We have had three case managers so far. Each one you have to start again. The first one didn’t respond to telephone calls or emails. The second one lasted six weeks and told us ‘We will always make sure the parents are involved [in decision making around the children].’” Father on interaction with CYPS

• When there are important decisions to be made relating to children’s health concerns, schooling and other care needs or changes of placements, families need to be made aware of this and where possible have some say in proposed plans and solutions;

• Invitation and active participation of parents/key family members in the Review of Arrangements (ROAs) meeting to ensure that they are aware of the child or young person’s circumstances and living arrangements, review of their care, case and cultural plans and planning for the year ahead. The Review highlighted that there is a lack of participation by parents in these and this causes a lot of emotional stress and feelings of being ‘cut out’ of the child’s life intentionally by the system;

• An Annual Review Report (ARR) is a strengths-based summary of the events, achievements and challenges of the child or young person’s past year. This is a critical process and contains very important developmental and cultural information about the child. There are concerns that many reports do not involve participation of parents, children or family are not provided to these individuals on completion. It appears as though they have become an administrative exercise and lost their true purpose. Evidence gathered throughout the Review suggests that the ARR process needs to be greatly improved as there were examples of AARs:
  - that were copy and pasted from year to year,
  - not updated to reflect the developmental milestones of the child or young person,
  - that did not identify changes in family relationships or contact with siblings/parents,
  - that had old information no longer applicable at that point in the child’s life; and

• There can be challenges for parents when they are separated to have equal participation in the planning and arrangements for their children.

“So, they’re still doing it [breaching the rights of the parents] because they know if I wasn’t there the [mother] wouldn’t want to know about the paperwork and it would be an easy thing if she doesn’t have anything to read or object to anything or want to ask questions about any of that stuff and it would be easier for them just to get an order.

It is just so terrible.

It is back to that thing where you know you don’t have a fair opponent and that is a huge problem”. Foster carer
**Review Progress of Children on Long Term Orders**

**31 December 2017**

- 180 Children

**30 June 2019**

- 16 Exitied (18 or restored)
- 160 Long Term Orders

**Enduring Parental Responsibility to Non Aboriginal and/or Torres Strait Islander Carers**
CONNECTION

Children must have natural arrangements with family so that they may be supported in culturally safe and appropriate ways. Restoration should always be maintained as an option throughout long term orders if circumstances change.

Individual examples of positive case work that were observed and must be consistently applied include:

- Genogram completed with high level of detail;
- Attending weekly cultural programs for example, Deadly Allstars group has a schedule of events that support the young person to remain connected to the community and improve foster carers’ cultural understanding;
- Confirmation of Aboriginality was obtained;
- Practical financial supports provided for example, for parents to attend contact and to travel interstate to see siblings and family;
- Cultural plan included the views of the child and how they see themselves in their community and culture; and
- Venue for contact was arranged so that child and family members felt comfortable and safe.

Areas for improvement that demonstrate active efforts:

- Information on the child’s cultural identity needs to be complete to facilitate connection. A genogram was completed in 70% (126) cases and the child’s country was unknown for 13% (23) children;
- Equitable, frequent and quality contact with family. 68% (122) of children had contact with their mother. 37% (66) of children had contact with their father;
- Personal identity and culture in cultural plans are generalised and not personalised to the child. 107 (85%) cases demonstrated that the child was not engaged in the development of these plans. Parents expressed significant concern about the lack of participation and engagement in the development and material within the plans and few had seen completed versions or been asked on a regular basis for updates as the child ages and cultural aspects of their life could change;
- Restoration plan included services that provided support in a timely and collaborative way. Active referrals for support were made in 36% (65) of cases;
- Family time should be organised and supported – contact visits should support connection and possibility of restoration. Supervision by the carer is not appropriate in all circumstances;
- Engagement of Cultural Services Team and Aboriginal people who have an interest in the child or could have provided cultural guidance;

"Design contact between everyone to be as natural and free flowing as possible, so that trust and understanding can be built between the adults who have the best interests of the child at heart. This has the potential to create a ‘village’ of natural supports around the child and young person."

Foster carer
“It is kind of like a football rotation round where there is one team who know all the rules, they have all the training, they have the best uniforms and every other team is running around training themselves, never been given the rule book, only comes to play one match ever. Like [CYPS] is playing every season and these guys just come in this one time and they are not supported.

Nobody checks that they are a fair opponent. There is no weigh in at the start of the match to make sure that there is an equal playing field. I don’t know how they can live with themselves because they mustn’t feel good after work knowing that you’ve just done that.” Foster carer
### TYPES OF ACTIVITIES AND OPPORTUNITIES

In the preceding 12 months, the child was provided with opportunities to participate in activities that foster knowledge and appreciation of their culture in 70% (126) cases.

- **Accessed only through either attendance at NAIDOC week, Reconciliation / Sorry Day Event, or through school:** 12% (21)
- **Access to Aboriginal and Torres Strait Islander dance, story-telling or art:** 52% (93)
- **Had contact with elders:** 32% (54)
- **Attended NAIDOC week events, Reconciliation or Sorry Day march (but above point through, or they had access to other things):** 49% (89)
- **Visited traditional lands:** 25% (45)
- **Accessed through school or holiday program events:** 14% (29)

- Contact with family and siblings needs to be in a natural setting and important part of connection with family and culture. 95% of these children in out of home care have siblings and 85% (156) of these children have siblings in out of home care. 61% (109) of children in long term care reside with a sibling;
- 6% (11) cases demonstrated that a parent was involved in the development of the plans and 7% (12) cases demonstrated that extended family members were engaged in the development of these plans; and
- 94% (169) of the cases had a cultural plan developed, 27% (49) of these were provided to the carer.

> "A lot of stuff that is put on [Aboriginal and Torres Strait Islander events] and we attend it like a tourist, you come in you eat damper and paint your face, but these children had a culture that was only able to be achieved with kin as it occurred naturally." Foster Carer

### PROGRESS

Of the 180 children on long term orders as at 31 December 2017, by 30 June 2019: 16 had exited; 4 had moved to Enduring Parental Responsibility orders; and 160 remained on the initial long term order.

The lack of anticipation and planning for restoration from long term orders is deeply concerning and the data plays out the ‘set and forget’ mentality around out of home care.

There are some promising changes to case work practice that have been evidenced, particularly in the connection with fathers and ensuring they have access to be able to participate in decision making for their child/ren.

Placement remains an area of deep concern where the ATSICPP was only applied in less than a third of children’s cases (14/46 cases).
A summary of the changes that have been observed against the ATSICPP for children on long term orders is below:

### CHILDREN ON LONG TERM ORDERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREVENTION</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PARTNERSHIP</strong></td>
<td>• There was no significant change in the engagement of ACCO in the sample long term cases from 30 June 2019.</td>
</tr>
<tr>
<td><strong>PARTICIPATION</strong></td>
<td>• A genogram was completed in 91% (42/46) of cases examined and 52% (24/46) extended beyond the grandparents. This shows a significant improvement from the original genogram results particularly with the inclusion of family in the genogram beyond grandparents. This is a critical element of case work for Aboriginal and Torres Strait Islander children and should be universally applied with discipline.</td>
</tr>
<tr>
<td></td>
<td>• Evidence of application of Family Group Conferencing.</td>
</tr>
<tr>
<td></td>
<td>• A restoration plan was evidenced in 15% (7/46) cases examined.</td>
</tr>
<tr>
<td></td>
<td>• 43% (20/46) cases evidenced efforts made to engage with the father and 24% (11/46) included the father in decision making.</td>
</tr>
<tr>
<td><strong>PLACEMENT</strong></td>
<td>• When making the decision to place the child in out of home care, ATSICPP placement hierarchy was applied in 30% (14/46) cases assessed.</td>
</tr>
<tr>
<td><strong>CONNECTION</strong></td>
<td>• Previous family relationships are evidenced as being maintained in 21 of the 46 cases examined.</td>
</tr>
<tr>
<td></td>
<td>• 65% (30/46) children reside with at least one sibling. These 30 children have 39 siblings in OoHC.</td>
</tr>
<tr>
<td></td>
<td>• 32% (15/46) have with siblings living with their parents.</td>
</tr>
<tr>
<td></td>
<td>• Sibling contact was maintained for 48% (22/46) cases.</td>
</tr>
<tr>
<td></td>
<td>• There are ongoing issues with quality of cultural plans – very little engagement with family on what is important to them in the plan.</td>
</tr>
</tbody>
</table>
WRECK BAY

The Wreck Bay Aboriginal Community is located on the south coast of NSW and falls under the jurisdiction of the ACT Government as it is a part of the Jervis Bay Territory.

This means that child and protection services to the Wreck Bay Community are provided by CYPS. A dedicated team within CYPS is responsible for working with the Wreck Bay Community, and will visit the Community approximately every six weeks, unless an immediate response is required.
Members of the Wreck Bay Community have provided the Review with feedback about their experiences with CYPS.

The community considers it an essential requirement to have CYPS Aboriginal staff based in Wreck Bay on a permanent basis. This would allow parents to access CYPS staff to discuss their concerns and identify possible supports in a structured and planned way focussing on inclusivity. Having Aboriginal staff employed by CYPS based in the community would better enable community members to build trust and work together on family and parenting matters early, and to prevent matters from escalating. Staff would also gain a better understanding of the Wreck Bay community, relationships and culture.

Community members expressed their concerns that the current arrangement with CYPS only provides a “band aid” effect with no real long-term solution to major issues. The ACT government ‘fly in fly out’ methodology means there are no supports or early support programs available to cultivate change and growth. The people from the Wreck Bay community believe that child protection services need to build meaningful relationships and work in co-operation with other individuals, organisations and departments with the aim to deal with issues before they take effect on families.

Appropriate services are critical and a model where approved Aboriginal providers deliver programs is necessary; with the objective that the Community build their capacity to coordinate and manage programs. The Wreck Bay Community Council continues to explore opportunities for their community and requires ACT Government support to achieve desired outcomes.

The Wreck Bay community shared their experience and the significant impact of other methods researched to support children. The combination of cultural based education and sporting activities have proven to be successful and cultural relevance became the cornerstone to better engage and assist children to aspire and achieve what was of interest to them and their future. The impressive results for these culturally-led programs include shifting school attendance rates from 18% to 80% and children being more confident to read a book by creating their own book from their educational experience and sharing their story with others. Embedding these types of social and cultural investments across community and government departments are essential but more importantly they require a place and the presence to operate and function.

The community would welcome programs that are currently available to other citizens of the ACT, and specifically request activities and opportunities for young people. For example, parenting, youth or school holiday programs need to be available for community members within Wreck Bay. There is also a need to review and link resources to existing programs operating in the community and education institutions. Other types of support include the need for a Community Liaison Officer with the Australian Federal Police, Jervis Bay Village to deal with irregularity of placement and continuation of relationships.

Community who spoke with the Review also identified access to housing as a concern. The issues raised were barriers to accessing suitable housing within their Community or Jervis Bay Village. There is no access to public or crisis housing arrangements in NSW, as they are residents of the ACT.

As CYPS is located approximately two hundred kilometres from the Wreck Bay Community, the Community are immediately disadvantaged when they need to travel to the ACT for matters affecting their children. Community members advised that phone calls are not as effective as meeting in person. This includes but is not limited to parenting programs, court appearances, therapeutic interventions and children’s activities. The Community simply does not have access to services that other residents of the ACT do, and this is an on-going concern to the Wreck Bay Community.

**RECOMMENDATION**

The Steering Committee recommends that CSD, led by and with trusted Aboriginal community members undertake a proper consultation process with the Wreck Bay community about an appropriate service and support model around child protection issues that promotes better outcomes for the children, families and broader Wreck Bay community. The timeframes associated with this consultation should be determined by the Wreck Bay community.
RECOMMENDATIONS

The Steering Committee have made a total of 28 recommendations to improve the systemic failures for Aboriginal and Torres Strait Islander children involved with child protection in the ACT. Recommendations were presented to the ACT Government as the findings emerged from consultations and the case files reviews. Recommendations 1 to 15 were presented to the Minister and CSD during the Review, with the exception of 9a, which is a new recommendation in this final report. Recommendations 9a and 16 - 28 are being presented for the first time in this final report.

All practice recommendations apply to CYPS, and ACT Together as the contracted provider for out of home care services.

The table opposite shows the full title and text from the recommendations and the date it was presented to the ACT Government.

SUMMARY OF RECOMMENDATIONS
1  Allocation of Aboriginal and Torres Strait Islander children’s cases to experienced and culturally intelligent case workers  

June 2018

That allocation of cases involving Aboriginal and Torres Strait Islander children are prioritised with a dedicated and experienced team of child protection workers with demonstrated cultural awareness and willingness to work with the community.

The current pattern of allocation across geographical region and age groups means that experienced child protection workers with cultural competency working with Aboriginal families are not necessarily allocated these cases. The situation demands highly skilled and sensitive approaches to preservation, protection and restoration.

INFORMATION FROM THE DIRECTORATE

Agreed.

ALLOCATION PROCESS

CYPS has invested significantly in supporting and building the cultural competence of its staff by offering a range of training opportunities aimed at improving culturally responsive practice, including:

- Embedding the ATSCCPP into Practice (2x half-day sessions) Training delivered by Curijo;
- Cultural Safety Masterclass (three hours) delivered by Professor Richard Franklin covering cultural meaning and identity;
- Family Group Conferencing (one hour);
- e-Learning module delivered by Curijo providing an introduction to Family Group Conferencing; and
- Finding Kin e-Learning: Explore through a cultural lens.

CYPS has committed to a target of 80% of North and South case managers undertaking the Cultural Development Program within their first year of employment with CYPS. To progress towards this target, CYPS has created a designated Aboriginal and Torres Strait Islander training position to support the future development and delivery of this program. This training officer commenced in his role in March 2019. A second Aboriginal trainer joined the CYPS workforce training and development team in June 2019 to increase the number of Cultural Development Programs that can be delivered in 2019.

ALLOCATIONS DATA JULY – AUGUST 2019

In July 2019, 14 Aboriginal and Torres Strait Islander families (23 children) required an appraisal:

- Eight families (57%) were allocated to a case manager who had completed the CYPS Cultural Development Program;
- Four families (29%) were allocated to a case manager who had commenced the CYPS Cultural Development Program. Of these, one case manager had completed a minimum of two of the agreed culturally responsive training programs (as outlined above); and
- Two families (14%) were allocated to case managers who had not completed the training. These case managers are now enrolled in the CYPS Cultural Development Program. One case manager has extensive experience of working with Aboriginal families and the other worked collaboratively with a mentor who had completed the CYPS Cultural Development Program.

In August 2019, 12 Aboriginal and Torres Strait Islander families (23 children) required an appraisal:

- Five families (42 per cent) were allocated to a case manager who had completed the CYPS Cultural Development Program; and
- Seven families (58 per cent) were allocated to a case manager undertaking the CYPS Cultural Development Program. Each of these case managers had completed a minimum of two of the culturally responsive training programs (as outlined above).
That the ACT Community Services Directorate immediately engage SNAICC to train child protection workers on implementing the five Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP) within their practice.

The ATSICPP is strongly supported by the Aboriginal and Torres Strait Islander community in the ACT and we believe that engagement with SNAICC would deliver an uplift in understanding of context, history and the reasons for the Placement Principles. It would also demonstrate a willingness to work with Aboriginal led advocacy organisations.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed.</td>
<td>The Steering Committee have observed the Community Services Directorate engage with SNAICC and undertake extensive training in the ATSICPP. An Aboriginal and Torres Strait Islander business, Curijo, was also engaged to write a Practice Guide on how to apply the ATSICPP to the child protection quality principles. The Steering Committee are keen to see that the Directorate maintain engagement with SNAICC to continue to build a high level of understanding and confidence of applying the ATSICPP for future staff.</td>
</tr>
</tbody>
</table>

CYPS has discussed this recommendation with SNAICC and is seeking to engage them to undertake this training. Based on advice from SNAICC and their availability, this training will initially be targeted to the CYPS leadership group, including team leaders and will then become part of CYPS core training. It is expected that this training will commence in October/November 2018 and continue into 2019.

On 1 March 2019, SNAICC was engaged ... to undertake training for CYPS staff in the effective implementation of the ATSICPP. SNAICC provided a total of nine sessions with 124 participants attending over a period of four months. The success of this training was outlined in a report received by SNAICC dated 14 August 2019. The report by SNAICC summarised the training undertaken to date, their experience of working with CYPS staff and reflects positively on the progress made by CYPS since the training commenced.

Training of CYPS staff in the ATSICPP will now form part of the core training program for CYPS workers.
3 Policy and Practice Review to explicitly embed the Child Placement Principles  June 2018

That Child and Youth Protection Services (CYPS) immediately commence revision of policy and practices to ensure that the Aboriginal and Torres Strait Islanders Child Placement Principles are explicitly designed into policy and practice. Children must be valued in a process that holds cultural rights as central to their identity and safety. We believe that this will hold children as central and valued within the child protection process and demonstrate closer alignment with the cultural rights as described in the ACT Human Rights Act 2004 (section 27). We note that Minister Stephen-Smith has already signed up to the Family Matters commitment which includes the application and implementation of Aboriginal and Torres Strait Islander Child Placement Principles (September 2017).

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agreed.</strong></td>
<td>CYPS has employed an Aboriginal and/or Torres Strait Islander policy officer to commence the prioritisation and review of relevant policies. We do not yet have visibility of the prioritisation of policies for review.</td>
</tr>
<tr>
<td><strong>PRACTICE GUIDE</strong></td>
<td></td>
</tr>
<tr>
<td>The design and publishing work on the ATSICPP Practice Guide for Child and Youth Protection Services staff has been finalised and will be available to CYPS staff by the end of September 2019. The guide provides information about effectively embedding ‘active efforts’ for best practice casework under each element of the ATSICPP.</td>
<td></td>
</tr>
<tr>
<td><strong>‘SAFETY IN THE POUCH’ ADVISORY COMMITTEE</strong></td>
<td></td>
</tr>
<tr>
<td>In July 2019, the Aboriginal and Torres Strait Islander Senior Policy Officer established an advisory committee comprising of internal and external stakeholders. The ‘Safety in the Pouch’ advisory committee provides advice and feedback to the CYPS in relation to policy and resource development to support practice when working with Aboriginal and Torres Strait Islander children, youth, families and communities. They provide advice from a frontline service delivery perspective, and ensure the views are reflective of experiences of people in the community. The advisory committee includes representation from Aboriginal and Torres Strait Islander staff from child and family safety community sector organisations and relevant government agencies including: CYPS, ACT Together, Winnunga Health and Community Services, Gugan Gulwan, Red Cross, Justice and Community Safety Directorate, Aboriginal Legal Services and ACT Health. Additional stakeholders including OzChild and Child and Family Centres requested to be involved in the group and took part in the third meeting on 10 September 2019.</td>
<td></td>
</tr>
</tbody>
</table>
That the Directorate provide access and availability of Family Group Conferencing as an essential step for all Aboriginal and Torres Strait Islander families engaging or entering the child protection system.

We note the initial results from the pilot which are promising and also understand the success of the NSW system and believe that Family Group Conferencing explicitly acknowledges the importance and breadth of Aboriginal and Torres Strait Islander family and community.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curijo continue to be engaged on an as needs basis for ‘in service’ training and supervision for Family Group Conferencing staff. Curijo have also been engaged to undertake Family Group Conferences when required to manage potential and actual conflicts of interest, or increased demand for Conferences are required.</td>
<td>The initial assessment of Family Group Conferencing has been very positive with families participating in decision making for the child.</td>
</tr>
<tr>
<td>Family Group Conferencing training was conducted by Curijo on 9 May, 3 June, 18 June, 23 September and 26 September 2018 and extended to all CYPS staff. Due to the updates within the Family Group Conference model that has occurred following the finalisation of the pilot program, the training was mandatory for all CYPS staff. An additional training session occurred on 23 September 2019 and an additional one is being scheduled prior to the end of 2019.</td>
<td>The Steering Committee acknowledge that the ACT Government has invested significant funding for this program to continue. However, there is concern that the allocation of two FGC facilitator resources are not enough to be able to provide FGC for all Aboriginal and Torres Strait Islander families in a timely manner, maximising the beneficial impact and likelihood of children remaining with family or Aboriginal and Torres Strait Islander kin.</td>
</tr>
<tr>
<td>Family Group Conference practice guides, information sheets and pamphlets have been updated to reflect recent adjustments to changes within the Family Group Conference model.</td>
<td>Steering Committee strongly supports the Functional Family Therapy program, which is achieving outstanding results in offering early support to families, and the need for ongoing and increased funding to enable this to continue and expand.</td>
</tr>
<tr>
<td>The Family Group Conferencing facilitators continue to be supported and mentored by staff from Curijo and cultural supervision is provided to the team by the Aboriginal and Torres Strait Islander Practice Leader position.</td>
<td></td>
</tr>
<tr>
<td>FUNCTIONAL FAMILY THERAPY – CHILD WELFARE</td>
<td></td>
</tr>
<tr>
<td>The Functional Family Therapy Team Leader continues to co-locate with CYPS on a fortnightly basis to provide information about the program and to discuss referrals. Gugan Gulwan and OzChild commenced taking referrals at the end of 2018. As at 30 August 2019, the program was working with 24 families involving 68 children and young people. None of the families have withdrawn from the program and none of the children have subsequently entered care.</td>
<td></td>
</tr>
</tbody>
</table>
### 5. Ensure full intent of Aboriginal and Torres Strait Islander child placement principle is reflected in the Children and Young People Act 2008

<table>
<thead>
<tr>
<th>December 2018</th>
</tr>
</thead>
</table>

The child placement principle needs to be explicitly enshrined in legislation. We recommend that the Directorate commence foundation, consultation and research work required to ensure the Aboriginal and Torres Strait Islander Child Placement Principles (CPP) are appropriately described in the Children and Young People Act. This will require, at a minimum, changes to both Sections 10 and 513 of the Children and Young People Act.

This legislative change is to recognise the importance of each element of the principle to the Aboriginal and Torres Strait Islander community and their role in changing the practices around child protection that disproportionately impact our community.

Legislative change will expedite extensive policy and practice revision and facilitate subsequent performance monitoring and measurement of achievement against these legislative parameters giving additional transparency to the practices and decisions of the Directorate.

Acceptance of this recommendation would bring the ACT legislation into a more contemporary practice in alignment with the most recent Family Matters report and also similar to the jurisdictions that have made significant changes to their child protection legislation in Queensland and Victoria.

### INFORMATION FROM THE DIRECTORATE

- Agreed.

CSD is co-leading (with Queensland) national work to support the implementation of the ATSICPP across all states and territories. The ACT is co-sponsoring (with Queensland) the national Priority One Working Group under the Fourth Action Plan for the National Framework for Protecting Australia’s Children 2009-2020. This includes work to actively implement legislation, policy and/or practice to ensure compliance with the five elements of the ATSICPP and to develop a nationally consistent approach to measuring the application of the five elements through data collection and reporting.

The workplan for the Priority One Working Group was agreed by all jurisdictions at the Children and Families Secretaries (CAFS) meeting on 13 August 2019 and jurisdictions will now develop project plans to deliver on this national work.

CSD is in the process of discussing the policy parameters for the ACT to inform the legislative change required. Work has commenced in drafting an outline of the policy requirements to be detailed. Further work to describe the process to implement for external input into decision making will be undertaken with members of the Aboriginal and Torres Strait Islander community and potentially through the newly established Policy and Practice Co-Design Forum. It is expected to complete this work by the end of the third quarter of 2019-20 (i.e. by March 2020). This will then inform the legislative changes to be made.

### STEERING COMMITTEE RESPONSE

The Steering Committee understand that legislative change can be a prolonged process, however, there needs to be some more definitive timelines against this recommendation and requires ongoing monitoring.

The ACT must use the co-sponsoring opportunity with Queensland to positively influence key performance indicators that take account of both quality and outcomes for children in out of home care, not simply quantitative measures (for example cultural plans).
The ACT needs an organisation that can fulfil the role of advocate, service integrator and work to respect and preserve the rights of Aboriginal and Torres Strait Islander children, young people and families in all services delivered in the ACT.

In the current service ecosystem, the Aboriginal Community Controlled Organisations fulfil the role of providing services premised on self-determination, cultural respect and safety. This role is predominantly conducted on an unfunded basis.

We recommend that a comprehensive analysis of an Aboriginal Child Care Association is conducted with particular information on:

- Community need, including population demographics and growth;
- Interjurisdictional analysis of models of advocacy, peak and childcare associations, particularly in Queensland and Victoria;
- Specific role and service profile within current service delivery portfolio in government and community organisations including Gugan Gulwan and Winnunga Nimmityjah;
- Model of early engagement and intervention of integrated supports for children and families;
- Integration with, and of, other Directorates services and programs;
- Staffing complement and required capabilities;
- Initial and recurrent funding model; and
- Sound governance and performance framework.

The timing of this recommendation is to facilitate foundational research prior to initial budget concept briefs being gathered for October 2019 with a view to establish the foundations of this agency from July 2020 with services commencing with the Aboriginal and Torres Strait Islander community in January 2021.

---

### INFORMATION FROM THE DIRECTORATE

Agreed in principle.

The feasibility study into establishing Aboriginal Community Controlled Organisations (ACCOs) focussing on children and young people is in place and the evidence and research indicates that it is feasible to establish additional ACCOs given the demand for services required to redress for the over-representation of children and young people in care and the investment needed to build more services that support sustaining families together.

The research is showing that it can take up to five years to establish a new and sustainable ACCO in this service sector. How many ACCOs are needed across the continuum of service for children and young people is still to be determined informed by the feasibility study. This will be part of the next phase of A Step Up for Our Kids however an emerging ACCO may require support by another provider for a time.

An option for consideration is to establish a peak organisation role similar to Queensland and New South Wales to guide and develop the new approaches and models required for a future service system that has a number and range of new ACCOs to deliver services focussing on rights, safety and wellbeing of Aboriginal and Torres Strait Islander families.

---

### STEERING COMMITTEE RESPONSE

The ACCA is an absolutely key element of reforming the Aboriginal and Torres Strait Islander service system to work to respect and preserve the rights of Aboriginal and Torres Strait Islander children, young people and families in all services delivered in the ACT.

It is envisaged that the ACCA would be able to provide another opportunity to build the Aboriginal and Torres Strait Islander organisations in the ACT and be able to provide a complementary set of services in independent cultural advice, support of kinship carers – recruitment, assessment and support, connection and provision of support mechanisms for all elements of the ATSICPP.

Our recommendation on the feasibility study and consideration of an Aboriginal Child Care Association for the ACT was very specific in setting out an expectation that the feasibility study would be completed in time to secure funding for commencement of pilot services to commence from July 2020. Given the information provided in the report, it appears the Directorate is still in the research stage.

Given the importance of this recommendation, close ongoing monitoring needs to occur.
Three jurisdictions, Queensland, Victoria and South Australia have appointed specialist Aboriginal and Torres Strait Islander Children Commissioners. While their roles are primarily framed as review and advocacy roles, the Our Booris, Our Way Steering Committee recommend that the ACT appoint an Aboriginal and Torres Strait Islander Children’s Commissioner with these and additional capacity to specifically intervene and engage in child protection processes.

The Commissioner, on an ongoing basis, would provide monitoring, advice and advocacy on systemic and individual cases. The Commissioner would be able to advise and influence government on a broad spectrum of issues that impact our children across both government and non-government services including for example, education, health, housing, child protection and provide independent advice on issues of culture and equity. They would also have the specific ability to engage as a party to case conferences and provide alternative pathways to resolution than court orders.

It is the desire of the community for the Commissioner to be more engaged and connected to the community through current Aboriginal Community Controlled Organisations (ACCO) and the future Aboriginal Child Care Association that would distinguish it from other jurisdictions’ singular rights-based framework.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response.</td>
<td>This recommendation has been passed to the Justice and Community Safety Directorate. The Steering Committee has had no update on this recommendation since June 2019. The only information we have is that this may be included in the review of the ACT Human Rights Commission, but have no further information as to the timing of commencement or progress of the review. Family Matters has reiterated the need for Aboriginal and Torres Strait Islander Children’s Commissioners in every jurisdiction across Australia. Currently SA, QLD and Victoria are the only jurisdictions with Commissioners currently in place. The national meeting of children’s commissioners in 2018 from around the country also unanimously supported the need for Aboriginal Children’s Commissioners to be established in every jurisdiction. This recommendation may need escalation to relevant Ministers given lack of progress.</td>
</tr>
<tr>
<td>Update from May 2019: A statutory review of the structure of the Human Rights Commission is scheduled to commence as soon as practicable after 1 April 2019. It is important that any proposal for the introduction of a new review and advocacy statutory office holder be considered through the lens of the review of the existing framework. This is necessary to ensure that there is no undue overlap between the responsibilities of statutory office holders, and that the community is receiving the most value that it can out of the Government’s investment in this space. No further update has been received.</td>
<td>No further update has been received.</td>
</tr>
</tbody>
</table>

Family Matters has reiterated the need for Aboriginal and Torres Strait Islander Children’s Commissioners in every jurisdiction across Australia. Currently SA, QLD and Victoria are the only jurisdictions with Commissioners currently in place. The national meeting of children’s commissioners in 2018 from around the country also unanimously supported the need for Aboriginal Children’s Commissioners to be established in every jurisdiction.
Community feedback and early analysis of the cases have highlighted the need for parents and families to be able to access advocacy services that support them to navigate and represent themselves through the government processes. Currently, there is a lack of transparency, equality and understanding of the system which leaves our children and families without a voice.

The Steering Committee recommends that guidance be published and made immediately accessible to Aboriginal and Torres Strait Islander families engaged with the child protection system around the nature and role of support people as purposefully and deliberately engaged in meetings.

There appears to be a practice issue where members of the community are allowed to attend case meetings, but often told not ask questions, clarify or represent their perspective of the family’s circumstances or capacity to parent. We are aware, however that this is not consistent with the policy position of child protection. We would like the Directorate to take immediate steps to clarify this and ensure it is practiced appropriately.

This is the first part of many elements of this recommendation – hence 8a. Other elements of accessing legal support and other formal advocacy mechanisms will be addressed in future recommendations including addressing the question of the ability of the Directorate to access and receive independent Aboriginal and/or Torres Strait Islander advice as recommended within the A Step Up for Our Kids Strategy.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GUIDANCE ON ROLES OF ADVOCATES</strong></td>
<td>The Steering Committee are keen to understand what guidance has been communicated to CYPS staff and what information has been given to the community and ACCOs to reframe the role of advocates for Aboriginal and Torres Strait Islander families.</td>
</tr>
<tr>
<td>Advice has been circulated to all staff through the CYPS Messenger to confirm the important role that advocates play is supporting families working with CYPS. Consultation work is continuing and includes seeking advice through the ‘Safety in the Pouch’ advisory group to inform the information to be made available to better support Aboriginal and Torres Strait Islander families.</td>
<td></td>
</tr>
<tr>
<td>CYPS will look at avenues to support case managers to provide information to the Aboriginal and Torres Strait Islander Community on their rights relating to accessing support and advocacy services.</td>
<td></td>
</tr>
</tbody>
</table>
The recommendation 8(a) talked about the importance of clarifying the nature and role of support people in meetings and for them to be purposefully and deliberately engaged in interactions with child protection. This recommendation, 8(b) Access to legal representation and advocacy complements that recommendation.

Current arrangements for families to be able to access formal legal services and representation in the ACT is extremely limited. The Aboriginal Legal Service (ALS) does not provide assistance with child protection matters in the ACT, unlike in NSW. This omission is an anomaly in the ALS service provision and is linked to its funding model where the ACT government does not fund the ALS to perform child protection work. That leaves organisations such as Legal Aid and the Women’s Legal Service, both of which are under-resourced for their demand.

We note that the Australian Red Cross Birth Family Advocacy Support Service as part of the A Step Up for Our Kids Strategy is oversubscribed, with a waiting list of 20 families as at February 2019. The Birth Family Advocacy Support service, in the interests of empowerment, provides support for parents in order to represent themselves, however this may not be the most appropriate model for Aboriginal families. It is important to understand that this service does not take the place of formal legal services.

The Women’s Legal Service in their public submission to the Review describes the child protection system as: impenetrable for many of our clients who are highly vulnerable, have low levels of literacy and a deep mistrust of child protection agencies due to past and current practices. The system is not conducive to participation and the voices of children and parents being heard, especially in the context of vulnerable parents. Every family should receive legal advice as soon as they begin to engage with CYPS. Organisations should be resourced to provide ongoing advocacy and legal representation to assist families navigate the jurisdiction and prevent matters escalating. Investment in early intervention circumvents costly, time-consuming and traumatic escalation of child protection matters through the legal system and separation of families.

RECOMMENDATION
The Steering Committee recommends that funding be made available, as a matter of urgency, to professional legal and advocacy services that are culturally appropriate to ensure that Aboriginal and Torres Strait Islander families are able to access formal legal services.

INFORMATION FROM THE DIRECTORATE

| JACS is supportive of this recommendation | The Steering Committee is frustrated by the lack of responsiveness for these specific legal representation and advocacy services, despite stated Ministerial level support. These are specialist skills and are required to ensure that families are able to appropriately understand and participate in the process.
A recitation of currently available legal services/programs for Aboriginal and Torres Strait Islander people, none of which is specific to child protection matters, does not facilitate confidence that the Justice and Community Safety Directorate understand the specific needs of the community for this recommendation.
JACS should seek community engagement as to the nature of legal services required, for example equitable access for legal supports, to enable this recommendation to be implemented. |

Justice and Community Safety Directorate (JACS) are supportive of this recommendation and welcomes the opportunity to work with CSD and the Our Booris, Our Way Steering Committee to implement it. JACS currently provides funding for various holistic and restorative services to the Aboriginal and Torres Strait Islander community in the ACT, including legal services. JACS welcome collaborating with CSD on methods of improving or extending current services as well as exploring opportunities for funding new services to assist families. JACS will work with CSD and the Our Booris, Our Way Steering Committee to ensure new and existing services are delivered in a culturally appropriate way.
Early support programs available

The Steering Committee understands that there is an ACT Government Early Intervention Strategy that has been drafted with funding attached to specific elements related to services and support of the Aboriginal and Torres Strait Islander community. This recommendation may complement the strategy, however, as the Steering Committee is not aware of the specific content of the strategy, we need to be explicit about our requirements in these recommendations.

Community feedback has strongly advocated for the need of services that provide positive support to families, early and during voluntary engagement with the child protection system. These may include parenting programs, child development services, cultural groups and play opportunities, wrap around services that support participation in education. The current services are fragmented and sometimes difficult to access for example Intensive Family Support, through A Step Up for Our Kids Strategy is based on meeting specific entry requirements that effectively exclude families from accessing assistance early and on their own initiative.

Early support is the name preferred by the community as intervention holds a more intrusive and damaging meaning.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed.</td>
<td>A further recommendation regarding the specific areas required for early support programs is included in this report.</td>
</tr>
</tbody>
</table>

The ACT Government, through the Early Support initiative has agreed to a new approach to partnerships and investment with the community sector to change the service system and enhance well-being and early support across health, education, justice and community services.

A key component of enabling self-determination for Aboriginal and Torres Strait Islander peoples is the establishment of the Aboriginal and Torres Strait Islander Policy and Practice Co-Design Forum, which will facilitate community-led solutions to policy and practice issues across the human services.

**EARLY SUPPORT INITIATIVE**

CSD is working within existing resources to develop policy and service delivery responses focused on keeping Aboriginal and Torres Strait Islander children safe at home and out of the child protection system.

Proposals for intensive family support are to be tested and further developed with community members. CSD is collaborating with a Network of Aboriginal and Torres Strait Islander community members with lived expertise of the service system and community agencies to scope opportunities. CSD is also working to secure additional resources to establish and implement new models for family support.

- Sustained Nurse Home Visiting;
- Early Support Education Initiative;
- A Justice and Community Safety (JACS) led initiative to work with AMC detainees on family and role supports; and
- Co-design forum regarding the ACT Policy position on adoptions.
The ACT has a very small number of culturally appropriate programs for drug and alcohol rehabilitation, family violence, mental health or trauma counselling. It is critical that such programs are introduced in order to prevent the high numbers of Aboriginal and Torres Strait Islander children being removed and placed in out of home care.

The information from the case file reviews shows that the Directorate considers substance abuse, mental health issues and domestic violence as primary reasons for the entering of children into the child protection system – preventive programs need to be in place to support the family and community and must be available early in the engagement with CYPS to be provided in a timely manner.

According to the Family Matters Report, only 6% of the ACT child protection budget is spent on intensive family support programs or other related programs.

There is a need for cross government collaboration to appropriately fund supporting programs that are evidence based, culturally appropriate and have demonstrated effectiveness in behavioural changes, addiction issues and skill building as these are what create long-term sustainable changes.

In future, design, definition and referrals to these services as they relate to the best interest of children and families, should be managed by the ACT Aboriginal Child Care Association (ACCA) in conjunction with local ACCOs.

The introduction of these programs should not be dependent on the development of other projects such as the Early Support by Design Strategy.

This recommendation strongly aligns to the Family Matters Building Block 1 – All families enjoy access to quality, culturally safe universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive.

RECOMMENDATION

The Steering Committee recommend that the ACT government fund specific programs that are timely and meet the cultural needs of the community in the ACT. These programs must address drug and alcohol rehabilitation, family violence, mental health, trauma counselling and cultural healing.
The Steering Committee is supportive of efforts to place children with Aboriginal and/or Torres Strait Islander kin given the demonstrated, positive life-long outcomes for the child across all areas of life including strong links with family, community and culture. However, kinship carers sometimes require additional support. Feedback directly to the Steering Committee and also the case file reviews has emphasised that kinship carers need simpler access to financial and other support to enable them to safely and sustainably care for a child or children who may have experienced significant trauma.

We are aware that some kinship carers state that they are family and therefore do not require support and so the case workers employ a “hands off” approach. This in part reflects a genuine and valid community fear of removal of the child from the kinship placement based on destructive previous government policies and practices and does not take into consideration the individual needs of the child or kinship carer.

Foster carers have access to a range of supports and a powerful peak body to lobby for support, however, kinship carers find requesting support more difficult. Kinship carers perceive a reluctance on the behalf of ACT Together and the Directorate to share what supports are available and inequity in the distribution of supports between foster carers and kinship carers. The case file reviews have evidenced on several occasions, children not being placed with Aboriginal or Torres Strait Islander kin who have been found suitable to care due to a perceived lack of resources. There are occasions where multiple supports are extended to the foster carer, rather than a more sustainable plan in place for the kinship carer to receive these, or different supports. These children are experiencing additional placements and extended periods away from family and culture and they should be placed with kin in accordance with the connection element of the ATSICPP.

The recent Carer Handbook references the different supports available depending on whether the case work is completed by ACT Together or the Community Services Directorate. This is an unnecessary complication for kinship carers to negotiate and the availability of supports should be consistent, in access and value, between the Directorate and any contracted party.

RECOMMENDATION

The Steering Committee recommends that the Directorate be more direct and transparent with supports that are available for Aboriginal and Torres Strait Islander kinship carers.

We recommend that the Directorate design and communicate a simple, accessible and equitable process by which kinship carers can access or apply for supports with a mechanism to dispute the findings and have circumstances re-evaluated. This process must be designed with the community to ensure that the processes do not unnecessarily compound the difficulties and trauma experienced by kinship carers.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INFORMATION FOR KINSHIP CARERS</strong></td>
<td>The Directorate has commenced developing and providing additional guidance for staff and carers to support the process of receiving supports. However, there is more work to be done to repair and build confidence in CYPS operations and processes for Kinship carers. The Steering Committee envisage that such supports should ultimately be the responsibility of the ACCA.</td>
</tr>
<tr>
<td>CYPS work continues to ensure a cultural lens is applied to the updating of CYPS policies and procedures. The development of an information sheet for CYPS staff on ‘Engaging with Aboriginal and Torres Strait Islander Grandparents’ will assist to ensure staff are equipped to better identify and support the needs and contributions of grandparent kinship carers in our community. At this stage, the information sheet is in the early phase of development and will be further developed in the coming months. CYPS will also identify additional information sheets for kinship carers which may be useful that provide details on where kinship carers get support and they type of support available. This will include the process to dispute findings and have circumstances re-evaluated.</td>
<td>...</td>
</tr>
</tbody>
</table>
The Steering Committee has received feedback from existing kinship carers on the extensive and lengthy process by which they are assessed and deemed eligible to be approved as kinship carers.

The Steering Committee understands the importance of assuring a safe environment for the child, however, the process is often delayed after initial placement, especially if the initial placement was as a result of emergency action. The delay leads to the perception that arguments of attachment and stability outweigh the value of reunification with the family.

A father of a child in the review cohort when interviewed by the case file review team on the potential of kinship carers expressed: “Heaps of my family would have cared for [the child]”. The extended family had not been approached, nor assessed for the ability to care for the child. For example, a child who often spends time with their grandmother or aunty should not be prevented from being placed with them simply for the purposes of carrying out checks.

In future, we expect that these assessments could be completed by the Aboriginal Child Care Association (ACCA).

**RECOMMENDATION 10 (b)(I)**

The Steering Committee recommends that Aboriginal and Torres Strait Islander children be placed in Aboriginal and Torres Strait Islander kinship care immediately upon removal rather than being moved to foster care while carer checks are conducted when stable family options for care are present.

**RECOMMENDATION 10 (b)(II)**

The Steering Committee also recommends that the process of applying and performing suitability assessments of Aboriginal and Torres Strait Islander kinship carers (Kinship Carer Assessments) is a transparent and timely process and that additional resources be applied to ensure that these are not delayed.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree with intent.</td>
<td>This recommendation goes to the heart of ensuring that Aboriginal and Torres Strait Islander children are placed with kin and the delay in processes for kinship carer assessment is decreasing the opportunities for Aboriginal and Torres Strait Islander children to stay with their families. We are extremely disappointed with this response. The “Agree with intent” feels like practice will not follow the recommendation and seems to give an opportunity to prioritise other considerations, rather than reducing the trauma of removal by placing with family. We want to hear that CYPS will prioritise placement with kin and the delay in processes for kinship carer assessment is decreasing the opportunities for Aboriginal and Torres Strait Islander children to stay with their families.</td>
</tr>
<tr>
<td>CSD recognises the benefits for children being placed with family including:</td>
<td>CSD recognises the benefits for children being placed with family including:</td>
</tr>
<tr>
<td>• Reduced trauma / anxiety relating to the unknown for the child and their family;</td>
<td>• Reduced trauma / anxiety relating to the unknown for the child and their family;</td>
</tr>
<tr>
<td>• The carer’s greater potential for a lifelong commitment to the child;</td>
<td>• The carer’s greater potential for a lifelong commitment to the child;</td>
</tr>
<tr>
<td>• The capacity of carers to maintain family connections, community and cultural connections; and</td>
<td>• The capacity of carers to maintain family connections, community and cultural connections; and</td>
</tr>
<tr>
<td>• Enhanced capacity for supporting the development of a child’s identity.</td>
<td>• Enhanced capacity for supporting the development of a child’s identity.</td>
</tr>
<tr>
<td>CYPS will reinforce the existing policy that enables a kinship placement to occur on an unplanned basis (such as after Emergency Action) through support from the Cultural Services Team. The Cultural Services team will assist in exploring all potential care options from within the child’s extended family before placement with unrelated carers, or as soon as practicable afterwards. The reinforcement of existing policy is occurring through the development of the Practice Guide embedding the ATSICPP into CYPS case management practice and extensive training that was provided by the Secretariat of National Aboriginal and Islander Child Care (SNAICC).</td>
<td>CYPS will reinforce the existing policy that enables a kinship placement to occur on an unplanned basis (such as after Emergency Action) through support from the Cultural Services Team. The Cultural Services team will assist in exploring all potential care options from within the child’s extended family before placement with unrelated carers, or as soon as practicable afterwards. The reinforcement of existing policy is occurring through the development of the Practice Guide embedding the ATSICPP into CYPS case management practice and extensive training that was provided by the Secretariat of National Aboriginal and Islander Child Care (SNAICC).</td>
</tr>
<tr>
<td>In addition, CSD will commence the development of a Family Finding model for Aboriginal and Torres Strait Islander children in order to assist case managers with the early identification of kin. CSD is looking to develop policy specific to kinship care, noting the difference between kinship and foster care. This will include a rationale for streamlining assessment and support packages as well as regulatory requirements such as Reportable Conduct and Working with Vulnerable People checks.</td>
<td>In addition, CSD will commence the development of a Family Finding model for Aboriginal and Torres Strait Islander children in order to assist case managers with the early identification of kin. CSD is looking to develop policy specific to kinship care, noting the difference between kinship and foster care. This will include a rationale for streamlining assessment and support packages as well as regulatory requirements such as Reportable Conduct and Working with Vulnerable People checks.</td>
</tr>
</tbody>
</table>

**FINDING KIN PROJECT**

The first stage of the project known as the Finding Kin Project was to develop an e-Learning module for all CYPS case managers. The CYPS policy area are ensuring that the policy and procedures are consistent with ATSICPP.

In addition to the Finding Family Project, CYRIS is scheduled for release on 1 October 2019 and will further support family and genealogical mapping to assist with early identification of kin. The draft Finding Family Project aligns to the central beliefs of a Family Finding Model designed in the US and being used world wide.

**10(b)(iii) CYPS POLICY TO CASE MANAGEMENT PRACTICE**

Since the last quarter, CYPS have reviewed a number of policies and procedures with assistance from the Cultural Services Team to ensure the embedding of ATSICPP with CYPS practice. This has included the development of the Practice Guide embedding the ATSICPP which was specifically designed to reinforce the ATSICPP to CYPS staff [refer to recommendation 3]. SNAICC training also continues to remain a key focus with strong staff attendance at each session. CYPS recognises and acknowledges the importance of ensuring that CYPS intervention into a family’s life does not disconnect a child or young person from their family or their culture.
The Public Advocate and Children and Young People Commissioner, in the early days of our review, presented a project plan to the Steering Committee for an audit of cultural plans. However, we know from the detailed case file reviews the deficiencies in the plans. While compliance on having a cultural plan is high, the quality is not. Of the 131 reviewed to date requiring a cultural plan, 108 cases have a cultural plan.

Emerging data suggests that:

- Nine cases where the cultural plans were completed involved consultation with the child’s community;
- One involved consultation with Aboriginal and Torres Strait Islander agencies in the child’s community;
- Two involved consultation with Aboriginal and Torres Strait Islanders in the ACT Community; and
- Thirty-five of these cultural plans were provided to the carer.

We need to immediately support learning and engagement of case workers and families in the development of cultural plans that facilitate access and practice of connection and identity. The Steering Committee expects that a cultural plan will be:

- Developed with active engagement from Aboriginal and Torres Strait Islander members of the family;
- Supported during development through the ability to access independent Aboriginal and/or Torres Strait Islander cultural advice where required;
- Monitored for implementation and amendments to the plan as the child’s cultural needs change; and
- Of high quality through meeting the needs of cultural identity, and connection to culture, of the child and family over time.

In the event that the family is unable to contribute to the plan, then we expect that the cultural plan would be developed with active engagement from the Aboriginal and/or Torres Strait Islander Community from which the child comes and in which they currently reside. This engagement with the Aboriginal and Torres Strait Islander community would support the growing understanding of case workers as to the connection between culture and wellness of the Aboriginal and Torres Strait Islander population and to build a core understanding of culture and its criticality to the cultural safety and development of identity and belonging for Aboriginal and Torres Strait Islander children.

From the case file reviews, the team have observed a family who were seeking guidance on cultural practices and were advised to perform an acknowledgement of country regularly throughout the day. In another child’s cultural plan, it prescribed totems of an opossum and iguana, neither of which are native to Australia. The situation would be comical if not so extraordinary and deeply consequential to a child’s understanding of their own culture, identity and connection.

RECOMMENDATION 11 (a)

The Steering Committee recommend that the Directorate adopt a highly consultative approach to the development of cultural plans in line with the participation, partnership and connection elements of the Aboriginal and Torres Strait Islander Child Placement Principle. This will drive an improvement in the quality and relevance of cultural plans to children’s cultural needs.

RECOMMENDATION 11 (b)

The Steering Committee recommend the Directorate seek support and guidance on leading practice in the development, monitoring and quality of cultural plans from local community-controlled organisations and from other jurisdictions who lead in this, for example the Victorian Aboriginal Child Care Agency (VACCA).

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CULTURAL PLAN</strong></td>
<td>The discipline of cultural planning appears to be given less weight to the physical safety of the child and diminished in its importance using the best interests test. However, cultural connection is part of cultural safety which in turn informs the child’s identity. Identity is crucial.</td>
</tr>
<tr>
<td>A revised CYPS Aboriginal and Torres Strait Islander Cultural Plan has been developed and is in final stages of design. The plan has been informed by broad consultation including Victorian Aboriginal Child Care Agency and input from members of the Safety In the Pouch advisory committee, including ACT Together who provide support to the majority of children in out of home care. The plan has a strong emphasis on consultation with the child or young person and aligns with the participation, partnership and connection elements of the ATSICPP Practice Guide as identified at Recommendation 3. A step by step procedure to support staff to develop and maintain a cultural plan is now being progressed to complement the Cultural Plan. Work is also underway to explore the best mechanism to support how Cultural Plans are developed and monitored. Current considerations are the development of a cultural panel to monitor the quality and implementation of plans and provide culturally specific advice to better support case managers.</td>
<td></td>
</tr>
</tbody>
</table>

CYPs requires that all Aboriginal and Torres Strait Islander children in an out of home care placement have a cultural plan to ensure that a child’s identity is preserved by facilitating and maintaining their connection to family, including extended kinship networks and community; and to support a child to remain connected to their culture, including but not limited to language, cultural values, lore, beliefs and practices, Country, totem, history and stories, symbolic and cultural expressions and events.
Once a child is subject to long term orders, it seems that the pathways to restoration weaken and disappear. However, there are circumstances that should prompt a re-evaluation of these orders. For example, where the parents have been successfully parenting subsequent children and/or other major risk factors around substance abuse, domestic violence and mental health are well managed. Then the opportunity for a pathway to restoration should be exercised with increased contact, and shared care. Restoration needs to be strengths based and may require additional wrap-around supports for the parents in the event that the child may have experienced trauma.

Case workers should be exercising best practice in maintaining family and cultural contact. The case file reviews reveal a less strengths based approach and one that appears punitive with little benefit either to the safety of the child or the restoration of the child with their family. For example, urinalysis required three times a week over a period of years, extremely limited contact and prolonged supervision of this contact.

The Steering Committee anticipate that there may be further information on restoration to emerge from the completion of the final cohort of children subject to 18-year orders.

RECOMMENDATION

The Steering Committee recommends that prompts and triggers to considering restoration are mapped and implemented, especially when there has been a positive change in parenting capacity.

Restoration needs to use a strengths-based, motivational approach and should consider restoration to family, not just to parents.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree with intent.</td>
<td>As with 10(b), Agree with intent is concerning.</td>
</tr>
<tr>
<td>CYPS will look at the Annual Review process including consideration of positive change in parenting capacity and the potential for reunification and family reconnection.</td>
<td>In the KPMG mid-point review for A Step Up for Our Kids, there were no children restored to their parents in the quarter preceding the publication of the report.</td>
</tr>
<tr>
<td><strong>CURRENT WORK</strong></td>
<td>The lack of attention on the opportunities for restoration to family from either short or long term orders is disappointing.</td>
</tr>
<tr>
<td>CYPS developed the Restoration Panel in October 2018 to ensure effective planning for restoration occurs in a timely manner. In addition, restoration is a key element of the Family Group Conferencing Program with family-led decision making at the centre of placement decisions. The Restoration Panel reviews case management to ensure effective planning for restoration has taken place. This includes a review of:</td>
<td>The Steering Committee urges the ACT Government to deliberately consider opportunities for restoration to reduce the over-representation of Aboriginal and Torres Strait Islander children in OoHC.</td>
</tr>
<tr>
<td>• Support provided to the parent/s to achieve positive change in order to meet the child’s needs for safety;</td>
<td>The Steering Committee note the creation of the Restoration Panel. We do not know how this panel works with other CYPS processes and panels, in particular, when a case may come to the attention of the panel or whether there are Aboriginal and Torres Strait Islander staff on this panel to ensure a cultural lens to restoration.</td>
</tr>
<tr>
<td>• The development and progress of clear case management goals;</td>
<td>We also understand that this is an internal panel and therefore involves no independent Aboriginal input.</td>
</tr>
<tr>
<td>• The implementation of timely decision making;</td>
<td>The Steering Committee are however, deeply concerned by the concept of parallel planning for restoration and permanency. The two outcomes hold very different possibilities and we are concerned that the rush to permanency and 18 year orders for permanency is denying the opportunity for restoration of Aboriginal and Torres Strait Islander children to their families.</td>
</tr>
<tr>
<td>• Identifying family and other members of the parent/s network who can support the restoration process; and</td>
<td>The Steering Committee is not convinced that the Restoration Panel is appropriate for Aboriginal and Torres Strait Islander children or whether it even looks at long term order cases.</td>
</tr>
<tr>
<td>• Progress towards achieving the optimum conditions for the child to be restored to a safe and nurturing home environment.</td>
<td></td>
</tr>
<tr>
<td>In developing the Finding Family model, referred to in response to Recommendation 10(b), CYPS will ensure that this includes a focus on placing with kin immediately upon a placement being required, including when a long-term placement is no longer stable.</td>
<td></td>
</tr>
<tr>
<td><strong>IN DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Other priorities for the Restoration Panel include finding family, parallel planning and ensuring permanency for children in care. Parallel planning should commence as soon as possible following a child entering care. This will include working with a child’s network to identify family members who can potentially provide a kinship care placement. The Restoration Panel will ensure all kinship options have been explored and assessed and provide guidance to identify the best long-term placement for a child. Emphasis on parallel planning means that if restoration is not possible, the child’s transition to permanency will be prompt and avoid unnecessary time in non-family based care. The Terms of Reference have been provided as an appendix to this report</td>
<td></td>
</tr>
</tbody>
</table>
It has become apparent through the case reviews that there is a lack of engagement of fathers throughout a family’s experience with child protection.

This suggests potential disengagement of fathers from child protection processes. There needs to be greater discipline and follow through in case work to ensure fathers are included - especially if they are incarcerated. This also influences the contact arrangements for a child during more formal care actions.

In one case, the father expressed: "Both parents should have the opportunity to care for their children and mothers should not be [prioritised] over fathers.”

The exclusion of fathers from case work practice in child protection also dislocates the child from the father and the extended family on the paternal side, who may be essential in the cultural connection and identity for the child, as well as providing more possibilities for kinship carer placements.

There is an opportunity to apply restorative justice practices through the Restorative Justice Unit that have qualified and practicing professionals in restorative justice.

RECOMMENDATION

The Steering Committee recommends that CSD engage with Aboriginal community leadership to develop an improved policy position, practice guides and training that include fathers throughout the child protection process and makes concrete efforts to engage and maintain engagement with fathers who are incarcerated.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed.</td>
<td>The Steering Committee recognise the work being channelled into another practice guide. We are keen to understand the supervision and monitoring framework that will ensure that practice will follow the desired outcome, in alignment with the recommendation.</td>
</tr>
</tbody>
</table>

The development of a Father Inclusive practice guide is progressing. To date, research on best practice about engagement with Aboriginal and Torres Strait Islander fathers, and consultation with the ‘Safety in the Pouch’ advisory committee has been undertaken.

Work is now underway to bring together the information to develop the guide to support practice, once developed the practice guide will undergo further consultation by the Safety in the Pouch’ advisory committee.

It is anticipated this work will be finalised by the end of 2019.
While the specific health needs of children in out of home care may be met through other means, we would like to ensure that all Aboriginal and Torres Strait Islander children have the national health checks each year. As described by the Department of Health, the health assessment ensures that individuals receive primary health care services that meet their needs and includes physical, psychological and social wellbeing assessments. It also assesses what preventive health care, education and other assistance should be offered to the patient to improve their health and wellbeing.

We believe that this health check is complementary to other health checks, including the one performed by the Children at Risk Health Unit when entering care, and supports early detection and primary prevention of chronic conditions.

RECOMMENDATION

The Steering Committee recommends that all Aboriginal and Torres Strait Islander children have the appropriate Health Assessment annually to ensure they receive the appropriate preventative and primary health services in the ACT. This should be included as an essential process within the Annual Review process.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed.</td>
<td>The Steering Committee are encouraged by the Directorate’s agreement to promote the presence and importance of this health check to all people with responsibility of Aboriginal and Torres Strait Islander children.</td>
</tr>
</tbody>
</table>

All children in a care placement must have an initial health and wellbeing screen (health assessment) with an approved health care provider. CSD will work with ACT Together to promote and embed the utilisation of Health Assessments available under Medical Benefit Scheme (MBS) Item 715.

Further work will also be undertaken to consider how the utilisation of the Health Assessment can be reported through the Annual Review for Aboriginal and Torres Strait Islander children and young people.

CSD is preparing to initiate a project to review policies and procedures i.e. Health Passports, Annual Review Reports to ensure that they include information regarding annual health checks for Aboriginal and Torres Strait Islander children and young people.

The Steering Committee reiterates the importance of the inclusion of health assessment information in the Annual Report as a monitoring mechanism.

We consider it critical that carers understand the unique health needs of Aboriginal and Torres Strait Islander children and that they receive appropriate primary care to address these needs.
The oversight of implementation of recommendations from the Review is of critical importance for the Steering Committee and the ACT Aboriginal and Torres Strait Islander community and cannot be done from within government. Implementation will continue long after the presentation of the final report to the ACT Government in December 2019. It is imperative that the changes that have been recommended are implemented fully and in a timely manner with a complementary implementation and outcomes framework to ensure that there is a continued reduction of Aboriginal and Torres Strait Islander children entering care, improvement of their experience in care and improved pathways to restoration or exit from care.

RECOMMENDATION

An Implementation Oversight Committee of five members be established to meet at least on a quarterly basis to receive updates from the Directorate and other relevant parties to address progress and ascertain whether the implementation has stayed true to the original intent of the recommendations. The members of this Committee should be Aboriginal and/or Torres Strait Islander people, with an initial two year appointment, and include:

- One representative from Winnunga Nimmityjah;
- One representative from Gugan Gulwan;
- One representative of the Aboriginal and Torres Strait Islander Elected Body;
- Two members of the Our Booris, Our Way Steering Committee to ensure continuity with the intent of the Steering Committee, to be nominated by the Steering Committee.

The Implementation Oversight Committee must:

- Be able to communicate and engage directly with the Aboriginal and Torres Strait Islander Community and have appropriate time and resource to be able to do so, for example to run information sessions and consultation opportunities;
- Engage directly with the Minister;
- Be able to involve other Aboriginal and/or Torres Strait Islander members of the community to ensure the voice of the community is heard and understood, including the voice of Elders, young people and carers;
- Be able to invite external, independent, expert voices on contemporary child protection practice in the context of the Aboriginal and Torres Strait Islander Child Placement Principle as necessary;
- Be able to engage and access child protection and allied sections within the ACT Government;
- Be presented with quarterly reports and other information as required;
- Be remunerated for services as per the current remuneration agreement; and
- Be afforded appropriate secretariat support and a key contact/liaison point with the Community Services Directorate.

The Steering Committee would expect a response to this recommendation in a timely manner to enable a smooth handover between the current Steering Committee and the Implementation Oversight Committee in early December including an opportunity to draft and confirm new Terms of Reference.

<table>
<thead>
<tr>
<th>INFORMATION FROM THE DIRECTORATE</th>
<th>STEERING COMMITTEE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed.</td>
<td>This recommendation is aligned to the Family Matters Building Block 4 – Government and services are accountable to Aboriginal and Torres Strait Islander people. This recommendation is crucial in ensuring that recommendations contained in this report are implemented appropriately to ensure the cultural safety of every Aboriginal and Torres Strait Islander child that is inclusive of social, emotional and physical wellbeing.</td>
</tr>
</tbody>
</table>

CSD has agreed to the importance of an independent, Aboriginal led Implementation Oversight Committee. This is an interim agreement until the budget process completes.
16 Increase Aboriginal and Torres Strait Islander led decision making in Child Protection December 2019

Increasing the level of self-determination of Aboriginal and Torres Strait Islander children, families and community members is essential in order to ensure improved outcomes for Aboriginal and Torres Strait Islander children. Every opportunity should be taken during the course of case work for and with a child to engage the family, community of origin and ACCOs in all decision making, particularly in the practice of case conferencing, to ensure shared understanding, goal setting and service co-ordination for the child and family. **This recommendation is consistent with the national Closing the Gap Refresh work under Priority One.**

For example, it has been observed in the review that case conferencing is used infrequently, however it is essential to providing opportunities for the family to engage and participate in the decision making for their child, as well as ensuring that required supports are tailored to their circumstances.

Family Group Conferencing is an excellent example of how critical the nature and outcomes of conferencing can be - however it should be used alongside other effective conferencing and shared decision making practices, including case conferencing.

**RECOMMENDATION**
The Steering Committee recommend that every opportunity be taken to engage the child and family in decision making, particularly using conferencing mechanisms to promote shared understanding and facilitate participation of families in decision making for their children.

17 Aboriginal and Torres Strait Islander Workforce and Leadership December 2019

The Steering Committee acknowledge the work that has recently resulted in the change to the Enterprise Bargaining Agreement for child protection workers to facilitate the employment of highly skilled staff who may not hold a specific tertiary degree.

We also acknowledge the Directorate’s willingness to increase the number of identified positions specifically related to implementation of recommendations from this Review.

However, there are currently no Aboriginal and/or Torres Strait Islander staff in executive leadership and senior decision making levels within child protection. This leaves the Cultural Services Team, policy, training and Practice Leader staff without a strong line of leadership support or decision making in relation to Aboriginal and Torres Strait Islander families.

**RECOMMENDATION**
The Steering Committee recommend that CSD focus on attracting Aboriginal and Torres Strait Islander staff to join CYPS and invest specifically in the recruitment and development of the Aboriginal and Torres Strait Islander staff members into leadership and executive positions.

18 Support development of the Cultural Services Team December 2019

The cultural authority for Aboriginal and Torres Strait Islander children is with their family.

The Cultural Services team has been set up in response to the need for case workers to access Aboriginal and Torres Strait Islander cultural understanding. The Steering Committee have received feedback that the Cultural Services Team is best suited to support navigation of the system and facilitate access to cultural information.

It is not possible, nor fair or realistic, to expect that Aboriginal and Torres Strait Islander staff can simultaneously support the Directorate and freely advocate for the community.

**RECOMMENDATION**
The Steering Committee recommend that the Cultural Services Team be supported to develop through:

- Defining specific policies and processes that guide their practice, engagement, responsibility and influence with families and case workers, particularly around decisions and pathways for children;
- Assess work level standards and equivalency with case workers (post new EBA levels and standards);
- Recognising and valuing specific, in demand skills;
- Defining policy and processes for escalation of concerns and for them to be considered in a timely and appropriate manner;
- Reviewing employment contracts with a view to ensuring permanency to build a stable team;
- Developing mechanisms that enable Aboriginal and Torres Strait Islander team members to be supported in their personal development plans with clear pathways to further professional development, and
- Establishing pathways for development and promotion to senior levels within the organisation.
The cultural authority for the identification of children rests with their family and community. The case file reviews have determined that there are significant issues with the Directorate identifying, and on occasion, de-identifying Aboriginal and Torres Strait Islander children. The role of the Directorate in identification should only be in understanding the cultural identification and association of the family – on no account should they be assessing or evaluating the child’s cultural identity. This process needs to happen in consultation with the family.

There must be strict guidelines and processes for seeking understanding of a child’s cultural identity. There also needs to be appropriate assurance and oversight over the process and outcomes by an Aboriginal body.

**RECOMMENDATION**

The Steering Committee recommend that the Directorate develop specific guidelines and processes to define their role in relation to the identification and de-identification of Aboriginal and Torres Strait Islander children that makes explicit the limit of the Directorate’s role and the need for independent Aboriginal and Torres Strait Islander community oversight and assurance of the process.

**Segmentation and Data on Kinship Care**

The definitions used in kinship care are very broad – where many people in the community can be classified as kin. Kin is an important term in Aboriginal social and family relationships, and concerns the way people relate to each other and their roles, responsibilities and obligations in relation to one another, lore, ceremonial business and land.

Family Matters define kinship in Aboriginal and Torres Strait Islander communities as both a biological and/or a strong cultural connection.

**RECOMMENDATION**

The Steering Committee recommend that the CYPS adopt the Family Matters definition of kinship when applying the ATSICPP and as a discreet reporting group whenever providing data on kinship care.

**ACT Indigenous Procurement Policy**

The ACT Government launched the Aboriginal and Torres Strait Islander Procurement Policy (ATSIPP) on 31 May 2019. The ACT Government’s aim for the ATSIPP is to support the objectives of the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028. The Agreement includes the core focus area of Children and Young People – Aboriginal and Torres Strait Islander children and young people growing up safely in their families and communities.

In addition, the monopoly position that is maintained by ACT Together means a lack of diversity, competition or quality in the case work provided which in turn reduces the choice and control that can be exercised in self-determination. The monopoly position of ACT Together is in fact counter to the intent of the Policy.

**RECOMMENDATION**

The Steering Committee recommend that future procurement for child protection services must be aligned to the ACT Government Indigenous Procurement Policy as it relates to the funding of specific Aboriginal and Torres Strait Islander services and must evidence alignment and fulfilment of the ATSICPP in their placement of children, recruitment of carers, assessment of kinship carers and case work.
### 22 Quality of case work and allocation of Aboriginal and Torres Strait Islander children under A Step Up for Our Kids

December 2019

Over the course of the Review, the Steering Committee have received quarterly update reports from CYPS, however, there has been no transparency as to the activities, practices or changes to case work being undertaken due to this Review at ACT Together. ACT Together are responsible for the placement of children, recruitment of carers and case work for children on long term orders under A Step Up for Our Kids Strategy.

The Steering Committee are not confident of the quality and consistency of case work that is being conducted through the A Step Up for Our Kids arrangements.

The Steering Committee is also deeply concerned by perceived conflicts of interest of ACT Together staff who are also carers.

**RECOMMENDATION 22 (a)**
The Steering Committee recommend that there be a framework developed and implemented for the formal monitoring and supervision of the quality of case work being conducted by ACT Together in relation to Aboriginal and Torre Strait Islander children on long term orders.

**RECOMMENDATION 22 (b)**
The Steering Committee recommend that all Aboriginal and Torres Strait Islander children that move to long term orders, from January 2020, must be managed by Child and Youth Protection Services and not transferred to ACT Together until a framework is in place to monitor the quality of casework.

**RECOMMENDATION 22 (C)**
The Steering Committee recommend that Aboriginal and Torres Strait Islander children who are fostered by ACT Together staff, must be managed by the Directorate and that this transition be completed by June 30, 2020.

### 23 Wreck Bay

December 2019

It was noted that having CYPS Aboriginal staff based in Wreck Bay on a more permanent basis is desired by the community. This would allow parents to access CYPS staff to discuss their concerns and identify possible supports in a planned way. Having Aboriginal staff from CYPS based in the community would enable parents, children, young people and families to build trust.

As CYPS is located approximately two hundred kilometres from the Wreck Bay Community, the Community are immediately disadvantaged when they need to travel to the ACT for matters affecting their children. This includes but is not limited to: court appearances, health assessments and therapeutic interventions. The Community simply does not have access to services that other residents of the ACT do and this is of utmost concern to the Wreck Bay Community.

**RECOMMENDATION**
The Steering Committee recommends that CSD undertake a proper consultation process with the Wreck Bay community about an appropriate service and support model including family and early support, and child protection issues that promotes better outcomes for the community. The timeframes associated with this consultation should be determined by the Wreck Bay community.

### 24 Appoint a project team to implement recommendations and monitor practice change

December 2019

Over the course of this review it has become clear that the weight of implementing significant practice and policy reform is not driven by a dedicated team, but rather added to existing roles and responsibilities. While there are some new staff in identified policy, training and practice leader positions, we feel that it would be beneficial to have a new, dedicated team able to drive the implementation, measurement and assurance of the recommendations. This will require new funding to facilitate the establishment of this team. This would also allow coordination and cohesion across the many separate initiatives.

**RECOMMENDATION**
The Steering Committee recommend that the ACT Community Services Directorate form a dedicated implementation team with skills in project management, community engagement, and outcomes measurement to plan, engage community and implement recommendations in both Child and Youth Protection Services and ACT Together. Staffing of such a team must include Aboriginal and Torres Strait Islander people. This implementation team would provide quarterly reports to the Implementation Oversight Committee.
## Data collection and analysis

December 2019

This is the first full review of the circumstances of Aboriginal and Torres Strait Islander children in the ACT subject to the child protection system. This review has created a baseline of the data relating to case practice that Aboriginal and Torres Strait Islander children experience in the ACT.

**RECOMMENDATION**

The Steering Committee recommends that the Directorate establish formal key performance indicators in collaboration with the Implementation Oversight Committee and the Aboriginal and Torres Strait Islander community for measuring the reduction of children entering the system, improvements in their experience in the system and the provision of pathways to restoration and exiting care. These key performance indicators can then be formally and independently evaluated from this baseline in five years. These indicators would add more depth to any agreed Closing the Gap refreshed targets as well as quantitative and qualitative metrics to address the ACT primary areas of concern from this report for example establishing identity; intensive family support services; kin finding; restoration; placing with kin; kinship support and contact with family whilst on orders.

These KPIs should form a component of the quarterly report and be considered by the Implementation Oversight Committee.

## Adoption and Permanency Arrangements

December 2019

In the ACT, there is an acknowledgement that adoption should not be used with Aboriginal and Torres Strait Islander children. This, however, needs to be legislatively amended to eliminate the possibility.

The Steering Committee fully support the need for formal policy to be finalised and is aware that this has been drafted and circulated for feedback, and will establish a clear policy position for the ACT Community Services Directorate around no adoption of Aboriginal and Torres Strait Islander children.

The Steering Committee notes that work is underway to prepare the government’s policy position on Enduring Parental Responsibility orders and supports the view that EPR should only be available to Aboriginal and Torres Strait Islander kin of the child.

**RECOMMENDATION 26 (a)**

The Steering Committee recommends that following the community consultations that have occurred, the Directorate move to formalise the policy position in legislation and remove the possibility for Aboriginal and Torres Strait Islander children being adopted.

**RECOMMENDATION 26 (b)**

The Steering Committee recommend that EPR only be available for Aboriginal and Torres Strait Islander kin and carers and this be clarified in a formal policy position from the Directorate.

## Active referrals and follow-up

December 2019

Referrals, particularly for children living at home and on short term orders, are not active or warm in introducing them to a new service. The case file review has shown that often families are referred via email to a service provider with little follow up or assurance that the family are receiving services.

“Different services stated that they were working with the Mother but there was nobody checking if they were actually doing what they said they would”. Kin carer

**RECOMMENDATION**

The Steering Committee recommend that when referring a child or family to a program or service and where the family agrees, the case worker accompany the family to the new service to introduce them onto the service. The case worker should ensure that families have practical supports in place to access these services. The case worker must then monitor the delivery of services to ensure that they are of a high quality, appropriate and delivered to families.
In a previous recommendation, the Steering Committee highlighted the need for father inclusive practice after observing a significant number of families without engagement with the father. This is just one of the issues that we have seen with family connection that requires change.

*Contact went from 3 times a week to every 3 months. Mother*

Family connection appears to be considered on an arbitrary basis or at the convenience of the carer, rather than in the best interests of the child or maintaining connection with their birth parents and siblings. Many family connection arrangements for children in foster care on long term orders appear to be based on four times per year and not considered as a key part of potential restoration. Four contacts visits a year is simply not enough to build or maintain a functioning and effective relationship with a child.

Siblings also do not appear to be as strongly considered, in family connection arrangements, as they should be given that they also form a key element of connection to family and culture. Siblings that are over 18 or living interstate should also be able to engage and connect with the child.

Supervision of family connection by carers is not appropriate if it is not supported by the family and there is a clear perception that this is being used as an evidence collection tool, to be used against the family rather than considering strengths based practice.

There may be times when family connection with one or several people may not be appropriate, however, this must be reviewed with the family regularly.

**RECOMMENDATION**

The Steering Committee recommend that family connection, otherwise referred to as contact, must be revisited for each child currently subject to an interim, final short term, or final long-term order. Family connection arrangements must be aligned to contemporary, evidence based practice to support growth of resilient family relationships. Family connection should be frequent, facilitate high quality relationship building and be in natural settings to facilitate the growth and maintenance of family relationships.
## SUMMARY OF RECOMMENDATIONS

The following table shows every recommendation including interim and final recommendations.

<table>
<thead>
<tr>
<th>NO.</th>
<th>RECOMMENDATION TITLE</th>
<th>PRESENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Allocation of Aboriginal and Torres Strait Islander children’s cases to experienced and culturally intelligent case workers</td>
<td>June 2018</td>
</tr>
<tr>
<td></td>
<td>That allocation of cases involving Aboriginal and Torres Strait Islander children are prioritised with a dedicated and experienced team of child protection workers with demonstrated cultural awareness and willingness to work with the community.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Engagement of SNAICC for training on embedding Child Placement Principle</td>
<td>June 2018</td>
</tr>
<tr>
<td></td>
<td>That the ACT Community Services Directorate immediately engage SNAICC to train child protection workers on implementing the five Aboriginal and Torres Strait Islander Child Placement Principles (CPP) within their practice.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Policy and Practice Review to explicitly embed the Child Placement Principles</td>
<td>June 2018</td>
</tr>
<tr>
<td></td>
<td>That Child and Youth Protection Services (CYPS) immediately commence revision of policy and practices to ensure that the Aboriginal and Torres Strait Islanders Child Placement Principles are explicitly designed into policy and practice. Children must be valued in a process that holds cultural rights as central to their identity and safety.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Universal access to Family Group Conferencing</td>
<td>June 2018</td>
</tr>
<tr>
<td></td>
<td>That the Directorate provide access and availability of family group conferencing as an essential step for all Aboriginal and Torres Strait Islander families engaging or entering the child protection system.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ensure full intent of Aboriginal and Torres Strait Islander child placement principle is reflected in the Children and Young People Act 2008</td>
<td>December 2018</td>
</tr>
<tr>
<td></td>
<td>The child placement principle needs to be explicitly enshrined in legislation. We recommend that the Directorate commence foundation, consultation and research work required to ensure the Aboriginal and Torres Strait Islander Child Placement Principles (CPP) are appropriately described in the Children and Young People Act. This will require, at a minimum, changes to both Sections 10 and 513 of the Children and Young People Act.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Feasibility study Aboriginal Child Care Association</td>
<td>December 2018</td>
</tr>
<tr>
<td></td>
<td>We recommend that a comprehensive analysis of an Aboriginal Child Care Association is conducted with particular information on:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community need, including population demographics and growth;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Interjurisdictional analysis of models of advocacy, peak and childcare associations, particularly in Queensland and Victoria;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Specific role and service profile within current service delivery portfolio in government and community organisations including Gugan Gulwan and Winnunga Nimmityjah;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Model of early engagement and intervention of integrated supports for children and families;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Integration with, and of, other Directorates services and programs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staffing complement and required capabilities;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Initial and recurrent funding model; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sound governance and performance framework.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The timing of this recommendation is to facilitate foundational research prior to initial budget concept briefs being gathered for October 2019 with a view to establish the foundations of this agency from July 2020 with services commencing with the Aboriginal and Torres Strait Islander community in January 2021.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Aboriginal and Torres Strait Islander Children’s Commissioner</strong></td>
<td>December 2018</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Our Booris, Our Way Steering Committee recommend that the ACT appoint an Aboriginal and Torres Strait Islander Children’s Commissioner with additional capacity to specifically intervene and engage in child protection processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Commissioner, on an ongoing basis, would provide monitoring, advice and advocacy on systemic and individual cases. The Commissioner would be able to advise and influence government on a broad spectrum of issues that impact our children across both government and non-government services including for example, education, health, housing, child protection and provide independent advice on issues of culture and equity. They would also have the specific ability to engage as a party to case conferences and provide alternative pathways to resolution than court orders.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th><strong>(a) Culturally appropriate advocate service</strong></th>
<th>December 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommends that guidance be published and made immediately accessible to Aboriginal and Torres Strait Islander families engaged with the child protection system around the nature and role of support people as purposefully and deliberately engaged in meetings.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(b) Access to legal representation and advocacy</strong></th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommends that funding be made available, as a matter of urgency, to professional legal and advocacy services that are culturally appropriate to ensure that Aboriginal and Torres Strait Islanders families are able to access formal legal services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th><strong>Early support programs available</strong></th>
<th>December 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community feedback has strongly advocated for the need of services that provide positive support to families, early and during voluntary engagement with the child protection system. These may include parenting programs, child development services, cultural groups and play opportunities, wrap-around services that support participation in education.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(a) Accessible and appropriate early support programs for rehabilitation, family violence, mental health and trauma</strong></th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommend that the ACT government fund specific programs that are timely and meet the cultural needs of the community in the ACT. These programs must address drug and alcohol rehabilitation, family violence, mental health, trauma counselling and cultural healing.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th><strong>(a) Access to supports for Kinship carers</strong></th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommends that the Directorate be more direct and transparent with supports that are available for Aboriginal and Torres Strait Islander kinship carers. We recommend that the Directorate design and communicate a simple, accessible and equitable process by which kinship carers can access or apply for supports with a mechanism to dispute the findings and have circumstances re-evaluated. This process must be designed with the community to ensure that the processes do not unnecessarily compound the difficulties and trauma experienced by kinship carers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(b)(i) Placed in kinship care immediately upon removal</strong></th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommends that Aboriginal and Torres Strait Islander children be placed in Aboriginal and Torres Strait Islander kinship care immediately upon removal rather than being moved to foster care while carer checks are conducted when stable family options for care are present.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(b)(ii) Kinship Care Assessment Process</strong></th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee also recommends that the process of applying and performing suitability assessments of Aboriginal and Torres Strait Islander kinship carers (Kinship Carer Assessments) is a transparent and timely process and that additional resources be applied to ensure that these are not delayed.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>(a) Improve quality and monitoring of Cultural Plans - consultation</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>The Steering Committee recommend that the Directorate adopt a highly consultative approach to the development of cultural plans in line with the participation, partnership and connection elements of the Aboriginal and Torres Strait Islander Child Placement Principle. This will drive an improvement in the quality and relevance of cultural plans to children’s cultural needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>(b) Improve quality and monitoring of Cultural Plans – seek support from VACCA</th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Steering Committee recommend the Directorate seek support and guidance on leading practice in the development, monitoring and quality of cultural plans from local community-controlled organisations and from other jurisdictions who lead in this, for example the Victorian Aboriginal Child Care Agency (VACCA).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>Pathways to restoration</th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Steering Committee recommends that prompts and triggers to considering restoration are mapped and implemented, especially when there has been a positive change in parenting capacity. Restoration needs to use a strengths-based, motivational approach and should consider restoration to family, not just to parents.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>Aboriginal and Torres Strait Islander Father Inclusive Practice</th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Steering Committee recommends that CSD engage with Aboriginal community leadership to develop an improved policy position, practice guides and training that include fathers throughout the child protection process and makes concrete efforts to engage and maintain engagement with fathers who are incarcerated.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>Aboriginal and Torres Strait Islander Health Assessments</th>
<th>May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Steering Committee recommends that all Aboriginal and Torres Strait Islander children have the appropriate Health Assessment annually to ensure they receive the appropriate preventative and primary health services in the ACT. This should be included as an essential process within the Annual Review process.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th>Governance of implementation of recommendations</th>
<th>September 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An Implementation Oversight Committee of five members be established to meet at least on a quarterly basis to receive updates from the Directorate and other relevant parties to address progress and ascertain whether the implementation has stayed true to the original intent of the recommendations. The members of this Committee should be Aboriginal and/or Torres Strait Islander people, with an initial two year appointment, and include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• One representative from Winnunga Nimmityjah;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• One representative from Gugan Gulwan;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• One representative of the Aboriginal and Torres Strait Islander Elected Body; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Two members of the Our Booris, Our Way Steering Committee to ensure continuity with the intent of the Steering Committee, to be nominated by the Steering Committee.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Implementation Oversight Committee must:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be able to communicate and engage directly with the Aboriginal and Torres Strait Islander Community and have appropriate time and resource to be able to do so, for example to run information sessions and consultation opportunities;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Engage directly with the Minister;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be able to involve other Aboriginal and/or Torres Strait Islander members of the community to ensure the voice of the community is heard and understood, including the voice of Elders, young people and carers;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be able to invite external, independent, expert voices on contemporary child protection practice in the context of the Aboriginal and Torres Strait Islander Child Placement Principle as necessary;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be able to engage and access child protection and allied sections within the ACT Government;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be presented with quarterly reports and other information as required;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be remunerated for services as per the current remuneration agreement; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be afforded appropriate secretariat support and a key contact/liaison point with the Community Services Directorate.</td>
<td></td>
</tr>
<tr>
<td><strong>16</strong> Increase Aboriginal and Torres Strait Islander led decision making in Child Protection</td>
<td>December 2019</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>The Steering Committee recommend that every opportunity be taken to engage the child and family in decision making, particularly using conferencing mechanisms to promote shared understanding and facilitate participation of families in decision making for their children.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>17</strong> Aboriginal and Torres Strait Islander Workforce and Leadership</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommend that CSD focus on attracting Aboriginal and Torres Strait Islander staff to join CYPS and invest specifically in the recruitment and development of Aboriginal and Torres Strait Islander staff members into leadership and executive positions.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>18</strong> Support development of the Cultural Services Team</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommend that the Cultural Services Team be supported to develop through:</td>
<td></td>
</tr>
<tr>
<td>• Defining specific policies and processes that guide their practice, engagement, responsibility and influence with families and case worker decisions and pathways for children;</td>
<td></td>
</tr>
<tr>
<td>• Assess work level standards and equivalency with case workers (post new EBA levels and standards);</td>
<td></td>
</tr>
<tr>
<td>• Recognising and valuing specific, in demand skills;</td>
<td></td>
</tr>
<tr>
<td>• Designing pathways for escalation of concerns and for them to be considered in a timely and appropriate manner;</td>
<td></td>
</tr>
<tr>
<td>• Reviewing employment contracts with a view to ensuring permanency to build a stable team;</td>
<td></td>
</tr>
<tr>
<td>• Developing mechanisms that enable Aboriginal and Torres Strait Islander team members to be supported in their personal development plans with clear pathways to further professional development; and</td>
<td></td>
</tr>
<tr>
<td>• Establishing pathways for development and advancement through the organisation.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>19</strong> Appropriate identification, and de-identification, of children</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommend that the Directorate develop specific guidelines and processes to define their role in relation to the identification and de-identification of Aboriginal and Torres Strait Islander children that makes explicit the limit of the Directorate’s role and the need for independent Aboriginal and Torres Strait Islander community oversight and assurance of the process.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>20</strong> Segmentation and Data on Kinship Care</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommend that the CYPS adopt the Family Matters definition of kinship when applying the ATSICPP and as a discreet reporting group whenever providing data on kinship care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>21</strong> ACT Indigenous Procurement Policy</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Steering Committee recommend that future procurement for child protection services must be aligned to the ACT Government Indigenous Procurement Policy as it relates to the funding of specific Aboriginal and Torres Strait Islander services and must evidence alignment and fulfilment of the ATSICPP in their case work.</td>
<td></td>
</tr>
<tr>
<td>Recommendation</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>22</td>
<td>Quality of case work and allocation of Aboriginal and Torres Strait Islander children under A Step Up for Our Kids December 2019</td>
</tr>
<tr>
<td>(a)</td>
<td>Monitoring and supervision framework for quality of ACT Together case work</td>
</tr>
<tr>
<td>The Steering Committee recommend that there be a framework developed and implemented for the formal monitoring and supervision of the quality of case work being conducted by ACT Together in relation to Aboriginal and Torres Strait Islander children on long term orders.</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Cease transfer of Aboriginal and Torres Strait Islander children to ACT Together until framework in place</td>
</tr>
<tr>
<td>The Steering Committee recommend that all Aboriginal and Torres Strait Islander children that move to long term orders, from January 2020, must be managed by Child and Youth Protection Services and not transferred to ACT Together until a framework is in place to monitor the quality of casework.</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Children fostered by ACT Together staff case managed by CYPS</td>
</tr>
<tr>
<td>The Steering Committee recommend that Aboriginal and Torres Strait Islander children who are fostered by ACT Together staff, must be managed by the Directorate and that this transition be completed by June 30, 2020.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Wreck Bay December 2019</td>
</tr>
<tr>
<td>The Steering Committee recommends that CSD undertake a proper consultation process with the Wreck Bay community about an appropriate service and support model including family and early support, and child protection issues that promotes better outcomes for the community. The timeframes associated with this consultation should be determined by the Wreck Bay community.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Appoint a project team to implement recommendations and monitor practice change December 2019</td>
</tr>
<tr>
<td>The Steering Committee recommend that the ACT Community Services Directorate form a dedicated implementation team with skills in project management, community engagement, and outcomes measurement to plan, engage community and implement recommendations in both Child and Youth Protection Services and ACT Together. Staffing of such a team must include Aboriginal and Torres Strait Islander people. This implementation team would provide quarterly reports to the Implementation Oversight Committee.</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Data collection and analysis December 2019</td>
</tr>
<tr>
<td>The Steering Committee recommends that the Directorate establish formal key performance indicators in collaboration with the Implementation Oversight Committee and the Aboriginal and Torres Strait Islander community for the improvement in reducing children entering the system, improving their experience in the system and providing pathways to restoration and exiting care. These key performance indicators can then be formally and independently evaluated from this baseline in five years. These indicators must include the refreshed Closing the Gap targets as well as quantitative and qualitative metrics to address the ACT primary areas of concern from this report including establishing identity; intensive family support services, kin finding; restoration; placing with kin and contact with family whilst on orders. These KPIs should form the basis of the quarterly report and be considered by the Implementation Oversight Committee.</td>
<td></td>
</tr>
</tbody>
</table>
The Steering Committee recommends that following the community consultations that have occurred, the Directorate formally publish the outcomes from the discussions and remove the possibility for Aboriginal and Torres Strait Islander children being adopted and to also remove EPR for all Aboriginal and Torres Strait Islander children unless with an Aboriginal and Torres Strait Islander carer.

(a) Enshrine non-adoption of Aboriginal and Torres Strait Islander children in legislation

The Steering Committee recommends that following the community consultations that have occurred, the Directorate move to formalise the policy position in legislation and remove the possibility for Aboriginal and Torres Strait Islander children being adopted.

(b) Enduring Parental Responsibility only be available for Aboriginal and Torres Strait Islander kin

The Steering Committee recommend that EPR only be available for Aboriginal and Torres Strait Islander kin and carers and this be clarified in a formal policy position from the Directorate.

The Steering Committee recommend that when referring a child or family to a program or service and where the family agrees, the case worker accompany the family to the new service to introduce them onto the service. The case worker should ensure that families have practical supports in place to access these services. The case worker must then monitor the delivery of services to ensure that they are of a high quality, appropriate and delivered to families.

The Steering Committee recommend that family connection, otherwise referred to as contact, must be revisited for each child currently subject to an interim, final short term, or final long-term order. Family connection arrangements must be aligned to contemporary, evidence based practice to support growth of resilient family relationships. Family connection should be frequent, facilitate high quality relationship building and be in natural settings to facilitate the growth and maintenance of family relationships.
I come from a background of trauma and nobody has discussed this with me.

I believe if this had been addressed when my daughter was still with me then I could have faced it head on and gotten the help I needed.

My background previously negatively underpinned my parenting and I wish I had someone raise this with me at the start.

Parent
This review must spark significant change in the outcomes for Aboriginal and Torres Strait Islander children involved in the child protection system in the ACT.

Our children are heavily over-represented across the child protection system and nationally, the number of Aboriginal and Torres Strait Islander children in care has more than doubled since the apologies to the Stolen Generations in February 2008. The practice of child protection in isolation from the impacts of intergenerational trauma and poverty must stop.

There is no one, single policy that will change our children’s futures – our recommendations address systemic and practice changes that we know will improve the outcomes for our children. These recommendations need to be implemented quickly – there is no time for slow, steady implementation – this is a child protection emergency.

The inconsistency of practice in child protection is cause for concern. Excellent case work can alter the outcome for a child and their family. Some case work is compassionate, enquiring and actively working to keep families together and recognises the impact of intergenerational trauma and poverty. However, some case work uses the powers afforded by the legislation to escalate situations to the point where a child is removed from the family on long term orders, with little flexibility and a lack of active efforts in practice. These orders are then paired with extremely limited family time that eliminates the opportunity for functional, strong family relationships with a lack of connection to culture causing deep fractures within families and the Aboriginal and Torres Strait Islander community. The inconsistency in practice causes cynicism and fear of the powers that CYPS uses in child protection work.
Following our analysis of the case files of all the children in this Review, there are some promising signs of recognition and change. Some case work was observed that applied the ATSICPP, as well as applying active efforts across the ATSICPP elements. There are, however, many areas for improvement and change.

Preventing children entering care relies on systemic change and the commencement of culturally appropriate, accessible and effective early support services for our families to confidently engage with drug and alcohol, mental health and domestic violence services. The ACT must also support the design and commencement of operations of an Aboriginal and Torres Strait Islander Child Care Agency that would take the lead in designing and assuring culturally appropriate services and practice reform. It is a missing element of our child protection system that which has extremely effective in both Queensland and Victoria in leading reform for Aboriginal and Torres Strait Islander children. A further recommendation describes the need for a dedicated Aboriginal and Torres Strait Islander Children’s Commissioner who can be engaged to review and also monitor system wide change. The ACT Aboriginal and Torres Strait Islander community must have mechanisms to make decisions and participate in the child protection system as equals.

Improving the experience of our children and families when they first come to the attention of CYPS must focus on the participation of the family and community in decision making for and with the child. Where children are unable to safely reside with their parents for a period of time, persistent application of this ATSICPP hierarchy would ensure our children are kept with family and community and not placed into non-Aboriginal foster care, which is a physically, emotionally and culturally dislocating experience.

There must be an everlasting commitment to restoration of the child to family and community. Improving the pathways out of care through restoration to family and community must be the priority. CYPS need to ensure that family time, connection, ability to engage and practice culture is facilitated by policy and practices. To maintain the possibility of restoration, families need to access services beyond child protection, across all other areas of government, particularly education, health and housing must engage to wrap around the key services for families.

The Aboriginal and Torres Strait Islander community of the ACT need to remain strongly involved in the engagement and implementation of the recommendations of this report. As the Family Matters Report described – it is critical that all government recognises its responsibility and accountability to delivering appropriate services for the community. Following the finalisation of this Review and report, an independent Aboriginal and Torres Strait Islander Implementation Oversight Committee will monitor progress against recommendations and the change in practice and outcomes for Aboriginal and Torres Strait Islander children.

The ACT Government has been exploring Treaty and adopting symbols of recognition and respect through the use of Ngunnawal language at the opening and closing of the Assembly. Now we need to convert that commitment into deliberate and focussed action at every point of the child protection system to protect the future of our families.

*We know that the best interests of our children are to grow up with family, knowing our culture, strong in identity as proud Aboriginal and Torres Strait Islander people.*
APPENDICES

KINSHIP CARER FORUM SUMMARY

On Thursday, 20th June 2019, the Our Booris, Our Way Steering Committee hosted an Aboriginal and Torres Strait Islander Carers Forum. The objective of the Forum was to conduct an open Conversation for Aboriginal and or Torres Strait Islander Kinship Carers who are relative carers (which could include grandparents, aunts, uncles, siblings and cousins).

The purpose of this forum was to obtain real life experiences through gathering direct information in relation to the experiences of Aboriginal and Torres Strait Islander Carers who care for their family members and are involved in the Child Protection system. The aim of the forum was to hear their voices and provide their thoughts, feelings and experiences as well as suggested solutions in order to inform the work of the Review.

When asked about the challenges they experienced as Carers, feedback was consistent and had very clear themes. A summary of the challenges that Carers experienced were:

- There is a lack of respect, support and restrictions for Aboriginal and Torres Strait Islander Carers;
- There is a lack of cultural understanding, cultural safety and cultural healing;
- The role and practice of the Cultural Services Team is not clear;
- There are deficits in timeliness for the Kinship Carer process;
- Difficulties accessing supports in a timely way, or at all;
- Case work practice lacks transparency and quality is dependent on who your case worker is;
- CYPS’ systems are unwieldy and incomprehensible; and
- Difficulties working with ACCOs.

When asked about possible solutions to these challenges, Carers were again consistent in their feedback to the facilitator. Stating that potential solutions could be:

- Valuing Carers by building strong, culturally safe relationships;
- Providing Carers with user friendly information packs;
- Cultural respect, safety, understanding and support via Aboriginal senior workers and a Cultural Services Team that stands up for Carers;
- Focus on prevention;
- Workers who are highly skilled and experienced; and
- Honest conversations around concerns that is strengths based.

The difficulties and solutions that Carers identified in this forum are similar in theme to the difficulties and solutions identified by the many Carers who were interviewed outside of this forum as a part of this project.

Feedback from Carers has been taken very seriously by the Steering Committee and it has been integral to the formulation of multiple recommendations within this report.
SURVEY QUESTIONS

INITIAL REVIEW QUESTIONS

**DEMOGRAPHIC**

CHYPS ID (CYPS child protection database)

Gender

Age

**PREVENTION**

What case work and planning are occurring that supports the child staying in the home?

**PARENTS AND EXTENDED FAMILY**

What factors, if any, have impacted on the child/young person/young person’s ability to currently reside with their father?

What factors, if any, have impacted on the child/young person/young person’s ability to currently reside with their mother?

In relation to the child/young person’s father, have any of the following contributed to this child/young person being placed in out of home care?

In relation to the child/young person’s mother, have any of the following contributed to her child/young person being placed in out of home care?

**CONNECTION**

(a) Is the child Aboriginal or Torres Strait Islander or both?
(b) Child’s Country

Were any Maternal extended family members part of the Stolen Generations?

a) If yes who?

Where any Paternal extended family members part of the Stolen Generations?

a) If yes who?

Does the child have siblings in DoHC?

Number of sibling(s)

Is extended family information being recorded in case of further intervention?

Has a genogram been completed for the child/young person’s family?

Is the child/young person’s mother Aboriginal, Torres Strait Islander, both or neither?

If the child/young person is not having contact with their mother, please explain what factors are inhibiting contact/access

Is the child/young person’s father Aboriginal, Torres Strait Islander, both or neither?

(a) Does the child/young person have contact with their father?

(b) If yes, how often does the child/young person have contact with their father?

   When was the child/young person’s last contact with their father?

(a) Is contact with the father supervised?

(b) Has the need for supervised contact ever been reviewed?

If the child/young person is not having contact with their father please explain what factors are inhibiting contact/access

Does the child/young person have siblings?

How many siblings does the child/young person or young person have?

Are any of the child/young person/young person’s siblings in out of home care?

If yes, how many

Does the child/young person reside with any of their siblings?

(a) Does the child/young person have contact with siblings they aren’t residing with?

(b) If yes, when was the last contact?

(c) Did the child/young person have contact with all or some siblings?

(d) If not all, why not?

(a) Does the child/young person have contact with any extended Aboriginal/Torres Strait Islander family members?

(b) If yes, how often does contact occur

(c) When was the last contact with extended Aboriginal and Torres Strait Islander family members?

If the child/young person is not having contact with any extended Aboriginal/Torres Strait Islander family members, please explain why not

(a) Does the child/young person have contact with any non- Aboriginal/non-Torres Strait Islander extended family members?

(b) If yes, how often does contact occur

(c) When was the last contact with extended non- Aboriginal and Torres Strait Islander family members?

If the child/young person is not having contact with any extended non- Aboriginal/Torres Strait Islander family members, please explain why not

Are both parents from the same Aboriginal/Torres Strait Islander community?

Does the child/young person have contact with their parent/s’ Aboriginal/Torres Strait Islander community?

Does the child/young person regard themselves as being part of the Aboriginal/Torres Strait Islander community?

(a) Does the child/young person identify with an Aboriginal/Torres Strait Islander community?

(b) If yes, is it one of their parents’ communities?

(a) In the past 12 months, has the child/young person been provided with opportunities to participate in activities that foster knowledge and appreciation of their culture?

(b) If yes, what types of activities?

(a) Does the child/young person identify with an Aboriginal/Torres Strait Islander community?

(b) If yes, is it one of their parents’ communities?

(a) In the past 12 months, has the child/young person been able to engage socially with someone who is Aboriginal and/or Torres Strait Islander?

(b) If yes, how many times has this occurred?

(a) When making the decision to place the child/young person in out of home care, was the Aboriginal Child/young person Placement Principle applied?

(b) If yes, is this documented on the child/young person/young person’s file?

(a) Has a cultural support plan been developed?

(a) Was the child/young person engaged in the development of the cultural support plan?

(b) If no, has the purpose of the cultural support plan been explained to the child/young person/young person?

(c) Was one or both parents involved in the development of the cultural support plan?

(d) Were any extended family members of the child/young person engaged in the development of the cultural support plan?

(e) If no to any of these questions, please explain why not

(a) Has consultation for the cultural plan occurred with the child/young person/young person’s community?

(b) Has consultation for the cultural plan occurred with Aboriginal and Torres Strait Islander agencies in the child/young person’s community or the ACT?
PARTICIPATION

(a) Has the parent/s been given regular information about CYPS processes by the CYPS worker?
(b) If yes, how was the information provided?
(c) Has the CYPS worker checked to ensure the parent/s understand these processes?
(d) If yes, how?
(e) Has the child been given regular information about CYPS processes by the CYPS worker?
(f) If yes, how what was provided?
(g) Has the CYPS worker checked to ensure the child understands these processes?
(h) If yes, how?

(a) Has a CYPS worker spoken with the child about their views and wishes?
(b) Were the child’s views and wishes acted upon
(c) How were they taken into account?

Are issues of concern/risk clearly articulated to parents by case worker?
Did the parent(s) understand the issues explained?
(a) Is case conferencing being used with the family?
(b) Is case conferencing being used with other involved professionals?
(c) If yes, how often

Has a referral for a Family Group Conference been made?
If yes, did it proceed?
If yes, what was the outcome?
If no, why not?
(a) Has the child/young person been interviewed as part of this review?
(b) If not, why not?

(a) Has the child/young person/young person’s family been interviewed as part of this review?
(b) If not, why not?
(c) How many family members were interviewed?

(a) Has a case conference occurred?
(b) When?
(c) Did consultation occur with Aboriginal and/or Torres Strait Islander people who have an interest in the wellbeing of the child/young person through family, kinship and cultural ties?
(d) Did consultation occur with any Aboriginal and/or Torres Strait Islander people or organisation identified as providing ongoing support services to the child or young person or young person or the child/young person’s family?
(e) If no, please explain why a case conference has not occurred.
(f) If yes to case conference, though no consultation, why not?

(b) Have one, or either of the child/young person/young person’s parents formally requested a review of the current care plan?
(c) If yes, has the review occurred?
(d) If yes, what was the outcome of the review?

(a) Are Aboriginal and Torres Strait Islander extended family invited to participate in case planning?
(b) Are Aboriginal and Torres Strait Islander professionals invited to participate in case planning?

CULTURAL SUPPORT PLAN (CONNECTION)

When was the cultural support plan last reviewed?
Has a cultural support plan been developed?
(a) Was the child/young person engaged in the development of the cultural support plan?
(b) If no, has the purpose of the cultural support plan been explained to the child/young person/person?
(c) Was one or both parents involved in the development of the cultural support plan?
(d) Were any extended family members of the child/young person engaged in the development of the cultural support plan?
(e) If no to any of these questions, please explain why not
(f) Has consultation for the cultural plan occurred with the child/young person’s community?
(g) Has consultation for the cultural plan occurred with Aboriginal and Torres Strait Islander agencies in the child/young person’s community or the ACT?

CASEWORK PLANNING AND CASEWORK

Reason for intervention
In relation the child/young person’s mother, have any of the following impacted on her child/ren being reported?
In relation the child/young person’s father, have any of the following impacted on his child/ren being reported?

What intervention/order is the child currently subject to?
(a) Current intervention/order start date
(b) Current intervention/order end date

Has the child been subject to orders previously

How many previous child concern reports have been received
Has the child experienced or had exposure to?
Does the child/young person have a Therapeutic case plan?
Is the Therapeutic case plan being reviewed?

What is the care plan objective?
If there is a reunification case plan, is it anticipated the child/young person will return to their parent’s care?
If the child/young person is over 15 years of age, has transition assessment for permanent care?
If the child/young person is placed in foster care has the carer been assessed for permanent care?
In relation the child/young person’s father, have any of the following impacted on his child/ren being reported?
In relation the child/young person’s mother, have any of the following impacted on her child/ren being reported?

What service did they provide?

PARTNERSHIP

(a) Has the Cultural Services Team been consulted?
(b) Was the Cultural Services Team contacted within 48hrs of action?
What service did they provide?

(a) Has a referral been made for intensive support?
(b) If yes, who to?
(c) If not, why not?

(a) Are active referrals being made?
(b) How is uptake of referrals monitored?

Are parents/children being referred to Aboriginal Organisations?
If yes for what purpose?
Are parents/children being referred to programs specific to Aboriginal and Torres Strait Islander peoples?
If yes, which programs?
PLACEMENT

What type of placement is the child/young person currently residing in?

What is the start date of the current placement?

Who provides or oversees the current placement?

Child/young person/young person’s relationship to primary carer

Is the placement with the maternal or paternal side of the family?

Is one of the primary carers Aboriginal, Torres Strait Islander, both or neither?
  (a) If the child/young person is placed with kith/kin have the carers been assessed to provide permanent care?
  (b) If no, why not

(a) Has the possibility of kinship placement been explored?
(b) If yes, a. Is the child placed with Aboriginal and Torres Strait Islander kinship carer; or
   b. Is the child placed with non-Aboriginal and Torres Strait Islander kinship carer
(c) Why is the child/young person not in Aboriginal or Torres Strait Islander kinship care?

(a) Has the cultural plan been provided to the carer?
(d) If yes, has the carer expressed a willingness to implement the plan?

(a) Has the child/young person a disability?
(b) If yes, a. Is the child placed with Aboriginal and Torres Strait Islander kinship carer;
   b. Is the child placed with non-Aboriginal and Torres Strait Islander kinship carer
(c) Why is the child/young person not in Aboriginal or Torres Strait Islander kinship care?

(a) Has the child/young person been admitted into hospital since entering out of home care?
(b) If yes, please advise reason for admission

(a) Has the child/young person been prescribed medication for any condition?
(c) Why is the child/young person not in Aboriginal or Torres Strait Islander kinship care?

HEALTH RECORDS

Does the child/young person have a Medicare card or number recorded on their CHYPS file?

Does the child/young person have an up to date maternal child/young person health record (blue book) or health passport?

When was the child/young person/young person’s last Aboriginal health assessment?
  (a) Has the child/young person been prescribed medication for any condition?
   (b) If yes, what condition?

(a) Has the child/young person attended a specialist or general health appointment?
(b) If yes, when and by which agency or service?

MENTAL HEALTH AND BEHAVIOUR

(a) Does the child/young person have mental health concerns?
(b) Is the child/young person or young person receiving support/treatment from a mental health service?
(c) If no, please explain why not
(d) Has the child/young person ever been placed in a mental health facility as either a voluntary or involuntary client?

(a) Does the child/young person display any of the following challenging behaviours?
(b) If yes, is the challenging behaviour associated with any of the following conditions and/or disabilities?
(c) If yes, was the child/young person/young person’s behaviour a factor resulting in their entry into out of home care?

Is the child/young person/young person’s behaviour, impacting on the stability of their current placement?

Are the child/young person/young person’s behaviours currently preventing their placement with kith/kin?

Is the child/young person/young person’s challenging behaviour a factor contributing to them no longer residing with their parents?

Has the child/young person/young person’s behaviours resulted in their contact with the criminal justice system?

Has the child/young person ever been placed in residential care due to their behaviour?

Has the child/young person ever been remanded in custody

How many nights has the child/young person spent in custody

Has the child/young person/young person’s behaviour ever resulted in the child/young person suffering serious physical injury?

DISABILITY

(a) Does the child/young person have a disability?
(b) If yes, what is the nature of their disability?

(a) Has the child/young person receiving support from disability services?
(b) If no, please explain why not

(a) Is placement support being provided in relation to the child/young person/young person’s disability needs?
(b) If no, please explain why not

(a) Is the child/young person/young person’s disability impacting on the stability of their placement?

SUBSTANCE USE

(a) Does the child/young person or young person abuse substances?
(b) If so, what types of substances do they use?
(c) Is the child/young person addicted to any substances?

(a) Has the child/young person been prescribed medication for any condition?
(b) If yes, was the appointment attended?
(c) If no, please explain why not
(d) Has a referral to an allied health professional been recommended?

(a) Has the child/young person/young person’s disability impacting on the stability of their placement?

EDUCATION

What type of school is the child/young person currently enrolled in?

What type of educational setting does the child/young person attend?

Does the child/young person attend school regularly?

Does the child/young person have learning difficulties?

Has a referral to an allied health professional been recommended?

Was an appointment made?

Was the appointment attended?
  (a) Does the child/young person have an Individual Education Plan developed?
  (b) Is this plan reviewed at least yearly
If the child/young person is transitioning from early child/young personhood to primary school, has a case conference occurred?

If the child/young person is transitioning from primary to secondary school, has a case conference occurred?

Have educational professionals been involved in the case planning process for this child/young person/young person?
If so whom?

Does the young person have an exemption if they are not attending school?

If the child/young person is not attending school, what are they doing?

Has the child/young person attended more than one school/education institution?
If yes, how many?

(a) Has the child/young person ever been suspended?
(b) Why was the young person suspended?
If yes, how many times has the child/young person been suspended?

(a) Has the child/young person ever been expelled?
(b) Has the child/young person attended more than one school/education institution as a result of expulsion?
(c) Why was the young person expelled?
(d) If yes, how many times has the child/young person been Expulsion?

COMPLAINTS

Has a formal complaint been made within the record?
By whom?

What was the nature of the complaint?

Was the complaint resolved in a timely manner?

Was the complainant satisfied by the response?
### COMPARATIVE QUESTIONS

The following survey questions were used by the reviewers to understand where there had been change in practice and case work in the 18 months between the initial review of 31 December 2017 and 30 June 2019.

<table>
<thead>
<tr>
<th>Initial Cohort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Age at 31/12/17</td>
<td></td>
</tr>
<tr>
<td>Age group</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Last previous order type</td>
<td></td>
</tr>
<tr>
<td>Last previous order date (end)</td>
<td></td>
</tr>
<tr>
<td>Current order type</td>
<td></td>
</tr>
<tr>
<td>Current order expiry date</td>
<td></td>
</tr>
<tr>
<td>Voluntary Care Agreement</td>
<td></td>
</tr>
<tr>
<td>Supervision Order</td>
<td></td>
</tr>
<tr>
<td>Interim Order</td>
<td></td>
</tr>
<tr>
<td>Short Term Order</td>
<td></td>
</tr>
<tr>
<td>Final Order</td>
<td></td>
</tr>
<tr>
<td>Has the child’s Aboriginality been questioned?</td>
<td></td>
</tr>
<tr>
<td>By whom?</td>
<td></td>
</tr>
<tr>
<td>Has the child’s Aboriginality been deidentified?</td>
<td></td>
</tr>
<tr>
<td>By whom?</td>
<td></td>
</tr>
<tr>
<td>At home or in care</td>
<td></td>
</tr>
<tr>
<td>Who oversees the placement</td>
<td></td>
</tr>
<tr>
<td>When making the decision to place the child/young person in out of home care, was the Aboriginal child/young person placement principle applied?</td>
<td></td>
</tr>
<tr>
<td>Is this documented on the child/young person/young person’s file?</td>
<td></td>
</tr>
<tr>
<td>Child/young person/young person’s relationship to primary carer</td>
<td></td>
</tr>
<tr>
<td>Is one of the primary carers Aboriginal, Torres Strait Islander, both or neither?</td>
<td></td>
</tr>
<tr>
<td>Has the possibility of kinship placement been explored?</td>
<td></td>
</tr>
<tr>
<td>Has a genogram been completed for the child/young person’s family?</td>
<td></td>
</tr>
<tr>
<td>Does the genogram extend beyond grandparents?</td>
<td></td>
</tr>
<tr>
<td>Number of sibling(s)</td>
<td></td>
</tr>
<tr>
<td>Does the child/young person reside with any of their siblings?</td>
<td></td>
</tr>
<tr>
<td>Does the child have siblings in OoHC?</td>
<td></td>
</tr>
<tr>
<td>Do they have siblings residing with their parents?</td>
<td></td>
</tr>
<tr>
<td>Is there a cultural plan?</td>
<td></td>
</tr>
<tr>
<td>• Was the child engaged in the development?</td>
<td></td>
</tr>
<tr>
<td>• If no, has the purpose of the plan been explained to the child?</td>
<td></td>
</tr>
<tr>
<td>• Was one or both parents involved in the development of the plan?</td>
<td></td>
</tr>
<tr>
<td>• Were any extended family involved in the development of the plan?</td>
<td></td>
</tr>
<tr>
<td>• Has consultation occurred with the child’s community?</td>
<td></td>
</tr>
<tr>
<td>• Has consultation occurred with Aboriginal and Torres Strait Islander agencies in the child’s community or the ACT?</td>
<td></td>
</tr>
<tr>
<td>• Has the plan been provided to the carer?</td>
<td></td>
</tr>
<tr>
<td>• If yes, has the carer expressed a willingness to implement the plan?</td>
<td></td>
</tr>
<tr>
<td>• Is the plan reviewed yearly and changed according to the child’s needs?</td>
<td></td>
</tr>
</tbody>
</table>

### Questions:

- **Does the child have contact with their Father?**
  - How often?
  - When was the last contact?
  - Is contact supervised?
  - What is the method of contact (skype, facetime, face to face) NOT INSYNC
  - Has the need for supervised contact been reviewed?
  - Is the child/young person’s father Aboriginal, Torres Strait Islander, both or neither?

- **Have efforts are made to engage the Father?**
  - Is the father included in decision making

- **Does the child have contact with extended Aboriginal and Torres Strait Islander family?**
  - Are previous family relationships maintained?
  - Are Community relationships maintained?
  - Is sibling contact maintained?
  - How often?
  - Are ACT Together/CYPS directing and managing the contact?
  - Are the carers managing and directing the contact?

- **Has a family group conference occurred?**
  - Is there a plan for a FGC?
  - Has the family been referred to FFT-CW
  - What Services were involved since 31/12/2017?
  - Is the family involved with goal setting with these services?
  - Is the change required by families SMART?
  - Do they understand expectations?
  - Are services involved which meet the individual, age appropriate needs of each child?
  - If the child/young person is placed in foster care, has the carer been assessed for permanent care?
  - If the child/young person is over 15 years of age, has transition planning begun?
  - Is there a restoration plan?
  - If on a long term order was a restoration plan formulated and attempted?
  - Was restoration plan formulated with family and extended family?
  - Does it have clear timeframes?
  - Are expectations clear?
  - Is progress followed up?
  - Are children’s views recorded?
  - Were the children’s views actioned?
  - How often is the child seen by their designated case worker?
  - Were there indications of abuse in care?
  - Where there any allegations of abuse in care?
  - Where these investigated by CYPS
  - Is there a transition plan?
  - Is it complete?
  - Is it clear what actions are to be undertaken to complete transition planning and by whom?

- **Does the young person have stable accommodation?**
  - Has the young person participated in the transition plan?
  - Does the young person have a CDA
  - Do they know who they are and where they come from in Aboriginal terms?
  - Are they connected to Aboriginal family?
  - Has the young person accessed TILA?
  - Has an extension of support time been negotiated?
  - How long for?