

### **Chapter 3 Reducing the demands on the tertiary system**

All functions of Child Protection could sit within the Non-Government sector in time. We support the transition of Indigenous CP to the Indigenous Community Controlled Sector and would appreciate the opportunity to take some leadership and participate in the transition.

Intake role could better sit within the NGO sector as they are more likely to use the service system in referring cases and only directing the high risk cases to the statutory system.

Tertiary/statutory functions could sit in a Govt Agency (Commonwealth eg ICC) if it is necessary for it to stay in Government but Child Protection should be Nationally funded – to ensure consistency in programs and service delivery as well as to generate savings brought about through cost efficiencies in cutting out State Administrations.

Child Protection interventions could be better delivered by NGO sector except in circumstances that require Police intervention. Child Protection and Police legislation needs to correspond so that Police can remove perpetrator rather than children having to be removed. Further, there needs to be specialist perpetrator programs that they are directed to attend.

National Legal Framework that is consistent across all jurisdictions to provide better service coordination and protection for children moving across borders.

Mechanisms to report concerns should be easily accessible – but it is what happens from there that needs to be structured differently. The concern reported could elicit different responses or processes but this function does not need to sit inside a Government Agency. One response may be that cases are referred to a Statutory Agency but there could be several other responses as well (see below examples) and that decisions about removing a child/ren should be based on the immediate risk of real harm (defined), the need to avert risk or exert power or the lack of placement options should not influence the decision in any way.

- Families informed that concerns have been raised
- Families provided with referral options
- Services provided with referrals
- Specialist referrals
- Family group meetings
- Relevant agencies alerted to concerns eg school so they are aware and can monitor child/ren

Successful implementation would require training and standards introduced for mandatory reporters to ensure that concerns meet the thresholds.

### **Chapter 4: Investigating and Assessing child protection reports**

A multi Government forum could be useful in discussing referrals that need cross government collaboration and resourcing. For example each Department could have funds quarantined for CP cases that are referred as such, from one Referral point. SCAN (or a similar model with name to save confusion) could become the referral point or could receive the referrals to then discuss what each

of the various Departments' role would be in responding including the levels of resourcing required and committed to each case.

This forum could also provide information on episodes of assistance provided to families in gathering the information required to make an assessment of families where the circumstances remain the same despite the interventions.

### **Chapter 5: Working with Children in Care**

There could be more attention paid to exploring family arrangement agreements. A barrier for Indigenous families is resourcing, similarly children are often taken into care in the first place due to resourcing/poverty issues. When a Kin arrangement is granted guardianship they lose all access to financial and other supports. This is particularly difficult for Indigenous families as they are often already scarcely resourced, have a number of their own children, lack home ownership and are at the mercy of public housing or the rental market.

Indigenous Foster and Kinship Care Agencies struggle to recruit and sustain Indigenous Carers and placements for kids due to the lack of resources available to Carers eg housing, transport, food etc. Indigenous F & K Agencies are not resourced or equipped to assist with any of these barriers and rely on referrals to other Agencies eg. Housing, Emergency Relief etc which are also under resourced.

Education system needs to be more responsive to the complex needs of children in care. They play a significant role in the ongoing therapeutic and monitoring role around the needs of these kids. It would also be more appropriate for schools to provide in-house Specialist services to kids in care rather than taking kids out of school to attend appointments provided by total strangers.

Reunification options should remain a priority and reviewed three monthly throughout the child's time in care. Reunification factors should be based on current situation and assessment period as opposed to solely focused on historical events/issues. It should also be assumed that both the children and parents have been traumatised as a result of children being removed and will therefore need access to effective trauma services.

Resources should be easily accessible for children who are gifted or talented to pursue and nurture their interests.

### **Chapter 6: Young People leaving care**

Transition of Young People from Care would be best positioned with a specialist NGO Service Provider. Transition planning should commence when YP is 16 yrs old and involve holistic planning including housing, education, employment, financial, life skills etc.

Support packages should be available to YP leaving care to access assistance for specialized areas of interest and higher education.

**Chapter 7: Addressing the over-representation of Aboriginal and Torres Strait Islander children**

Q21 The best way of addressing the over representation of Indigenous children in the CP system is through a Family Case management model on the proviso that the following exists:

That it is intensive and case loads and timeframes are realistic

A robust service system that provides specialist services eg, substance misuse, health, employment, education, housing, parenting education etc.

Well resourced eg IT Client Information Systems, outreach capacity, competitive salaries for workers, infrastructure and brokerage options for occasions where specialist services need to be purchases, etc.

Q22 This could be used as a transitional strategy but in the long term probably not sustainable as Aboriginal Health Services are already quite diversified and adding the Child Protection responsibility may compromise their core business in the long term. Over time it would be preferable to build a Child Protection specific infrastructure.

Q23 Peak Body could play a role in:

Assisting to develop relevant IT platforms and client information systems to ensure consistent and relevant data is captured across services and program areas.

Effective use of data to capture outcomes achieved and gaps

Reviewing job design – Sector to reassess job roles and qualifications eg, professional roles vs non professional roles.

Q24 Child Protection Continuum

Services across the entire spectrum could be provided within the NGO and private sector

From tertiary services including Intake, Investigation & assessment and ongoing intervention could be delivered through a consortium of services to ensure it is responsive to diversity and the holistic needs of families.

At I & A stage if determined children need to be removed from parents children are placed in Safe House/Family Group Home temporarily (three to four weeks max) whilst Family forum is convened. Family come together to discuss the issues and the options for children. Options are explored and plan made to implement. Children either go with other family members (Family Placement Agreement) and Parents know what they need to do around children being returned to their care. Alternatively if needed, other longer term options are explored and agreed on, regular Family Forums are also agreed to and planned during ongoing intervention.

Q25 Accreditation and Monitoring of Indigenous Services

Systems should be build in through contracts and may include accreditation, data collection/analysis, regular reporting, internal and external evaluation and outcome measures.

### **Chapter 8: Workforce Development**

NGO's need to be adequately resourced to upskill, train and support staff and develop career/learning pathways for staff.

Indigenous people often do not have tertiary quals but have a wealth of specialized knowledge and experience that goes unrecognized and underutilized. These attributes need to be acknowledged in the creation of specialist positions within the system that are high level and well regarded to assist and provide specialized advice and guidance to practitioners.

Learning pathways need to be established for people working in CP from Cert level courses through to Degree and Post Graduate studies. Courses need to specialize in Child Protection work across the continuum. This pathway needs to be supported by workplaces and adequately funded.

Study and portable long service leave should be available for workers in the NGO sector this has been a long time agenda item.

### **Chapter 9: Oversight and complaints mechanisms**

Ombusman/Child Protection Commissioner/Peak Body

### **Chapter 10: Courts and tribunals**

Court processes should reflect and respond to the needs of the system.

### **Chapter 11: Funding for the Child Protection System**

The Department of ChS should not directly purchase their own providers – they typically have a bad track record of over managing (micromanaging) services with whom they have contracts. This should be done through a separate entity and contracts should be based on what is being purchased through the service and measured by outcomes. Further, determining service models should be responsive to Community needs not just those of the Department.

The Department has a large infrastructure around contract management for external contracts yet there seems to be little attention paid to their own accountability, productivity and efficiencies.

Tertiary system dollars could be redirected over time to support a growing primary and secondary service system

Each Department, Housing, Health, Education etc should have a specific budget quarantined for Child Protection Cases that are referred. Each case flagged as CP should generate a specific response which should in turn have access to these funds. There is currently some cross Government agreement between DG's but ineffective.

Funding directed through mainstream orgs that is targeted at Indigenous clients needs to be thoroughly reviewed and where they are not achieving the outcomes and engaging Indigenous clients the funding needs to be redirected into the Indigenous Child and Family Wellbeing Services.

### **Chapter 12: conclusion – next steps in the work of the Commission**

As per our submission we support the move to a fully delegated Indigenous Child Protection System but recognize that it will take time to transition to this model. As an interim we would like to emphasise that all strategies we have put forward are transitional towards this model.