



COMMISSIONER FOR
ABORIGINAL CHILDREN
& YOUNG PEOPLE

TRANSCRIPT OF PROCEEDINGS

April Lawrie, Commissioner for Aboriginal Children and Young People

Denise Rieniets, Counsel Assisting

Hearing for the Inquiry into the application of the Aboriginal and Torres Strait Islander Child Placement Principle in the removal and placement of Aboriginal children in South Australia

Tuesday, 17 October 2023 at 10:00am

Expert Witnesses:

- **Sarah Decrea, Practice Manager Family-Led Decision Making, Relationships Australia South Australia**
- **Paul Nixon, Independent Consultant Social Worker**

Commissioner April Lawrie (Chair):

Before we get into the formalities, I'd like to acknowledge that we're here in the room on Kurna Country and would like to acknowledge this land has never been ceded. Also, I'd like to acknowledge that for those who are in other areas, acknowledge the country in which you are holding this meeting on, I guess for yourself, Paul, that's Aotearoa, and to all the brothers and sisters over there, I'd like to pay my acknowledgement. In saying acknowledgement to Kurna Country, I'd also like to acknowledge that for this Inquiry, for all our Aboriginal and Torres Strait Islander children who make South Australia their home, that we give particular regard to. Thank you.

Paul Nixon:

Well done.

Denise Rieniets, Counsel Assisting:

I will just have you affirm your evidence before we start, if that's all right with both of you, please.

Sarah Decrea:

It's fine.

Assistant to Counsel Assisting:

I'll start with you, Ms Decrea. If you could please repeat after me. I solemnly affirm that the evidence I will give.

Sarah Decrea:

I solemnly affirm that the evidence I shall give.

Assistant to Counsel Assisting:

Will be the truth, the whole truth, and nothing but the truth.

Sarah Decrea:

Will be the truth, the whole truth, and nothing but the truth.

Assistant to Counsel Assisting:

Thank you. And if you could please state your full name, address and occupation and it can be your business address.

Sarah Decrea:

Yep. I, my full name is Sarah May Decrea and my occupation is I'm the Practice Manager of Family-Led Decision Making at Relationships Australia South Australia and the, my [address withheld].

Assistant to Counsel Assisting:

Thank you. And Mr Nixon, the same, if you wouldn't mind repeating after me, please. I solemnly affirm that the evidence I will give.

Paul Nixon:

I solemnly affirm that the evidence I will give.

Assistant to Counsel Assisting:

Will be the truth, the whole truth, and nothing but the truth.

Paul Nixon:

Will be the truth, the whole truth, and nothing but the truth.

Assistant to Counsel Assisting:

Thank you. And if you could please state your full name, address and occupation.

Paul Nixon:

Paul Howard Nixon. I live [address withheld] and I'm an independent Consultant Social Worker.

Assistant to Counsel Assisting:

Thank you.

Counsel Assisting:

Thank you. Before we start, Mr Nixon, we had, I'm not sure whether you've received it this morning, but we've emailed through to you the response we received back from the CE of the Department's

office, saying that she grants permission for you to provide your report to the Commissioner as evidence and speak to that so. Would you be able to e-mail us a copy of that report, please? So we...

Paul Nixon:

I've done that already. I mean, I've given it back to, not to you, but to your admin.

Counsel Assisting:

Step ahead. Thank you. That's all right. No, that's fine. That's fine. We'll get that through in a moment and get that printed, so that would be great. Ms Decrea, before we start, can I just show you this document? And, so do you recognise that document?

Paul Nixon:

From a distance, it looks like the Children's Commissioner's latest...

Counsel Assisting:

Don't, Mr Nixon, this is for, this is for Ms Decrea. This is her...

Paul Nixon:

Sorry. You're on mute, Sarah.

Counsel Assisting:

You're on mute.

Sarah Decrea:

I can't see for it. Could you just bring that a little bit closer? Sorry. It was just a little bit too far. Yes, I have seen that.

Counsel Assisting:

For the transcript.

Sarah Decrea:

And that's April's, April's, well, the Commissioner's report.

Counsel Assisting:

For the transcript, I'll just state the document I've showed you, is entitled the Inquiry into the application of the Aboriginal and Torres Strait Islander Child Placement Principle in removals and placements of Aboriginal children in South Australia, Relationships Australia South Australia, submission March 2023. And it was prepared by you, Ms Decrea, Nicola Gawlik, Lakshmi Sri, on behalf of the Program Manager, Parenting and Early Intervention Services, on behalf of Claire Ralfs, the CEO.

Sarah Decrea:

Yep.

Counsel Assisting:

We'll start with you, Ms Decrea. Your role at RASA, can you explain that to us, please?

Sarah Decrea:

Yep. So, my role at Relationships Australia as Manager of, well, Practice Manager of Family-Led

Decision Making is to ensure that we have family-led decision making throughout all of our programs, but mostly, the set up and roll out of what was Western CFARN, which is now Safe Start, and Ngartuitya Family Group Conferencing. So, my role in that has been to design the program, do the set up, and the role out, and keep it to the fidelity of the model that was designed and set up. But also, to ensure that we also have a family decision-making through our other programs, such as Post Care Services, Gambling Health, Mediation Services, so yeah. But majority, just focusing in on those two, as both of them start as pilots from beginning, from set up, to the point that they're embedded.

Counsel Assisting:

Thank you. In terms of your practice with the family-led decision-making, in terms of with families involved in the child protection sphere, can you explain how those families are referred to you, please?

Sarah Decrea:

Yep. So, for the Family Group Conferencing, for Ngartuitya Family Group Conferencing, those referrals come directly from DCP social work. And that's how we can only get referrals for that program in particular, from social workers from each office. It's state-wide, so it's a state-wide program. And so, referrals coming directly from Department of Child Protection.

Counsel Assisting:

So, is it the case that there's no capacity at all for self-referral?

Sarah Decrea:

No capacity for self-referral.

Counsel Assisting:

And if the family doesn't engage with your program, what happens then?

Sarah Decrea:

Then, that's, it goes back to the Department of Child Protection for them to decide what their next part of decision-making would be. In the roll out from Family Group Conferencing, I would say the numbers of families not participating would be very low. Probably around the three percent. So, we don't get many families that don't participate in this process.

Counsel Assisting:

And do you have any data with respect to the success of the Family Group Conferencing in decision-making with respect to children who are on the radar for DCP?

Sarah Decrea:

Yep. Yep, so I can, the data is telling us that FGCs, in the first two years, had 95% reached agreements by family, social work and service. So, that's 95% reached agreements. 94% of children from those agreements were safe within family. So, that means that they weren't placed outside of their family or cultural structure. And we had over 90% of children, child and family satisfaction in those conferences as well. What we also found that we didn't have a difference, because we are a mainstream organisation, or NGO, we do Family Group Conferencing for Aboriginal and Torres Strait Islander families as well as non-Aboriginal and Torres Islander families and what we, one of the points that we are very proud of is that there is no difference between Aboriginal and non-Aboriginal

families in agreements and outcomes. So, in in that time we've had, in that first couple of years, we had 104 Aboriginal families referred and 115 non-Aboriginal families. So, you can also see that the referral rates in are about the same as well, and 24 cultural and linguistically diverse. In that time, it keeps, we haven't slowed down referral rates, it keeps, the referrals keep going up every year, which is another great statistic. If you look at that through over the, through world, like through some of the other countries in the world, that usually, it would drop. But ours have remained sitting at a consistent number of referrals and actually increasing every quarter. So, our last quarter, which is between January to March, we've had 28 conferences, 12 of them being Aboriginal families, and 12 for CALD and 12 non. So, again we're just seeing the consistency in the referrals that are coming in, and that they're consistent for both Aboriginal and non-Aboriginal families. The other beautiful thing in that is so, looking at our stats from 2020 to 2022. So, January 2020 to October 2022, we had 439 children referred into our Ngartuitya Family Group Conferencing, and out of those 439 children, 1094 family members attended their conferences for those 439 children, compared to a 294 DCP social workers and 295 service providers. So, what we can see in the Family Group Conferencing is that we are widening the circle of protection around children with family. Because if you kind of looked at that through, if it was just your mum, dad and a social worker making decisions, what you would have is a .4 or .5 of a safe relationship, and by having those extra family members in, what we've increased is four, so a child now has four safe relationships in that circle, in a Family Group Conference, instead of .5 of a person. Which was what the original kind of way of decision-making was going. So, if you widen the circle around children, you're going to create more safety for children, and we're widening the circle around children with family, which again, is putting the responsibility, where we really want the responsibility to be is children to remain safe with their families, with families making them safe and taking care of them. So, really interesting data. What I am getting back which should be in, I think, Paul's submission to you, is there's work that he'd done with DCP is having a look at some of those families a year on, I think it was around, because this is DCP's data, sits around 84% of those families aren't coming, haven't returned back into the system year on. Which again, if we look at the work that Nigel Richardson looks at across the globe, he's kind of saying, actually only 10% of families probably deserve a whole child protection suite of services, and this is kind of sitting where we kind of can look at that and go, yeah, 10% do belong there, but the other 84 can come up with their own decision-making and solution-making to keep children safe.

Counsel Assisting:

Ms Decrea, do you know at what point the referrals are being made to your service?

Sarah Decrea:

So, because they're coming from social work, we do have a, but, they're coming in early, so before orders, so it's in the pre-order space, and it can be anywhere in the, so it could be in the, into, it can be in your investigation, it can be in your family pres, it can be anywhere in that space of your pre-order.

Counsel Assisting:

Mhmm.

Commissioner Lawrie:

And if it's anywhere in that pre-order space, what is your understanding of the data about where the system seems to be preferencing the referrals for a Family Group Conference?

Sarah Decrea:

OK. It's when they're really, so, I would say for us what we've seen the trend that happens in the Family Group Conferencing, what we're noticing in our referrals is when they have to keep a child provisionally safe out of home while the parents address what they need to work on. So, it's usually in that space. When they have families that are coming in quite early in the life of the problem, so, referring straight to a Family Group Conference when they've got families that they can kind of go actually, they just need, probably don't need a whole social work kind of response, but just need something to be able to have the conversations around child protection. And the other one is family conflict, especially for Aboriginal and Torres Strait Islander families, when we have children in the space or notifications coming through, because we've got large family conflict between, maybe you know, a few paternities, separation. So, family conflict seems to come into that place too.

Commissioner Lawrie:

Thank you.

Counsel Assisting:

Ms Decrea, are you getting referrals for unborn child concerns from the Department?

Sarah Decrea:

Yes, so, unborn child concerns are just for our Aboriginal and Torres Strait Islander families. We were running a pilot with the Woodville office and that was just at Woodville. That was quite successful, and again I think I can't share that, that's the DCP data again, which I think Paul has got permission to share, but from our, we could see that was quite successful, which has led to that now opening up across the, like the metro region. Numbers are still very low for our UCCs. So, for the last quarter, which again was March, January to March, we've only had three Aboriginal families referred for a UCC Family Group Conference. And most of them are still coming from that region of Woodville, who we've already got that, kind of working, so there's still quite a bit of work that needs to be done to get referrals up in that space.

Commissioner Lawrie:

So, just to get some clarification around that point. So, you have an awareness that there are a number of births that are presenting to the to the system.

Sarah Decrea:

Yep.

Commissioner Lawrie:

Of unborn child concerns. But you're not getting the level of referrals as expected with the program.

Sarah Decrea:

Well, I think we could... Definitely, definitely. I think we could be getting quite a lot more referrals in that UCC space than what's coming through at the moment. We do have, like I said, we have a Safe Start program that's in the West and North, West North, Northwest areas, and when we see the children that are getting, well, babies that are being referred into Safe Start, kind of at a sticky end. I, you know, they could have had Family Group Conferences to kind of already have some of those conversations earlier on before the referral into those Safe Start programs. So, it is about a lot more work needing to be done in our partnership just to find out where would the best fit be in a UCC.

You know, is it before your 20 weeks, is it after, you know, because it's about trying to join up when those other services are coming in as well, which is the Safe Start services.

Counsel Assisting:

With the referrals and I understand that they're very low numbers at this stage. Are you made aware of what the concerns are?

Sarah Decrea:

Yes. So the, which is, so, there's a back story to the unborn child concern and that was because we had Safe Start, which was CFARN back in the then Western CFARN under the legislation. What we noticed in that space of working with the birthing hospitals and DCP was the lack of transparency to families when they were going to do a, you know, when they were going to remove from birth, when they were going to do a section on a child, and on a baby. And to work in that space, we found it, as an Aboriginal woman, I found it very unethical to work with families with the knowledge that there was going to be a removal at birth and being told that we can't tell them. So, having, working for an organisation that is able to hold the risk with me, who are able to push back and say actually that's not the way we are going to work, we will be informing families that they've got a high risk, a high chance of their baby being removed. And so, we started doing that kind of Family Group Conferencing early in the piece to go, OK, let's problem solve together, who can you bring along, what, what's the next step and start working out with the families what could happen, instead of just a removal, what could they propose to DCP? And that's how the Family Group Conferencing started in, in that CFARN was, we would then use that model, we already knew that model, so we used that model to go, OK, invite DCP into the space to work with the mother and the extended family to go, OK, we hear you doing a removal, but this is what we've put in place instead. And that would lead to baby maybe going home with an aunty, or mum and baby going home with aunty for the next three months while DCP further look at what could happen once the baby was born. We had, with Anangu family, we had the baby going home with someone, it was an old school teacher, but then able, that school teacher was then able to drop the baby off every day so mum could still do the breastfeeding, work out what was going on. And then, so there was, it still remained that even though there was a removal, it didn't need to be traumatic. It didn't need to add trauma to the, to, you know, everyone was, everyone knew what was coming and you could have a birth plan, and that's what Family Group Conferencing in the UCC space does. Because when we were working in that hospital space, they were doing birth plans, and we were thinking birth plans would include, who could go to the nursery? Who could put hands on that baby and hold that baby? Could that baby bunk in with mum? Birth plans were just around whether the baby was gonna, you know, whether mum was birthing vaginally, what, it was just a medical plan. So, what we started to do was put this, and what Family Group Conference does is a family birth plan, which might mean actually, DCP, we know you're around, that means you don't have to come to the hospital, you can wait till we come home, and have the conversations with us at home. And that's agreed to, and everyone goes, OK, so, that's what's going to happen, actually, yep, I know the child's going home with my mum, but I'm the person that's gonna walk my baby out of the hospital, and put the baby into the car seat, into the car. And that was one of the actions out of one of our mum's plans. And of course, that then is given to everyone that's involved in that birth, midwives, Women's and Children's Hospital, because most of ours are Women's and Children's. So, there's a plan connected to the medical birth plan to go, actually, don't get alarmed when these things happen. Because you know, what we were finding was the people that would get most alarmed would be the midwives who just kind of, you know, for no fault of their own, that would come on shift, know that this mum's got DCP

looking at her because it's already flagged. And of course, the policing that would then happen from the nurse and midwifery staff would lead to more concerns because they're now being policed in the hospital, and every little thing has been looked at. Like I said, you know, we had one mum in that space in that UCC space that we're working very closely with. I had just come back from the hospital from seeing her and then there was a notification in from the midwife stating that the baby had bruising under the eye, vaginal bleeding, and a cut under its arm. And I just left the hospital, so again, ringing, so I rang the actual doctor and said, look, what is going on here? They're just about to go in and remove this baby, I've just left this hospital, I didn't see any of these injuries, and what the doctor was saying is no, these are normal birthing. These are birthing things that happen so, it's not uncommon. It's a hormonal, there's no trauma around the vagina, it's a hormonal thing. Sometimes babies do bleed, female babies do bleed. The bruising under the eyes just a little bit of a mark from where the baby came out of the canal, the birthing canal and the laceration under the arm was just a skin fold, dried skin fold.

Commissioner Lawrie:

Hmm.

Sarah Decrea:

But explained like that made sense. Explained in a notification just like that, because we've got a fearful midwife ended up following that mother, 'cause you can't take that off now. So, every time, so the next, so, you know, we kind of got that sorted, but the next time she took the baby into the Women's and Children's, 'cause at about three weeks the baby had some blood in the stool, the first thing that came up was that notification and so, she was looked at again. So, you know, how a notification can follow you just because someone's policing you so, and that same mum, the older brother went to visit, and a report come back saying that he was over affectionate. He was kissing the baby too much. But this is what happens when you have a policing system in the hospital, because they don't understand the social work component, and they're just midwifery, and all they've gone is OK, this must be a bad mother that's going to hurt their child, so we'll just, that's the view they're seeing through. So that's why those birth plans were really important to stick with. So actually, yes, this mother does have DCP, but these are the services, these are the people that will be coming in to see the baby, so it just gives it a bit of a protective capacity, and a protective profile to that mother instead of the negative, which is what they're often seeing from the reports coming through the hospital. What we're trying to do is put the protective profile in there as well. And that's how UCC started. And that's why we would really love to see it expanding in this space because we've seen, firsthand, especially how our Aboriginal mothers are treated in the birthing hospitals when they're flagged, especially if you're a child that's been in care yourself. If you're a mother that's been in care, and a young mother that's been in care, the way you're treated in the hospitals is poor. It's very poor.

Counsel Assisting:

Can you expand on that a bit Sarah, from what you've seen?

Sarah Decrea:

Yep. So, what happens is there are meetings that are held about mums that are flagged without the mums knowing that these meetings are being held and as part of CFARN, we were allowed to sit in on those meetings. So whole...

Counsel Assisting:

Wait. Sorry. Who conducts those meetings?

Sarah Decrea:

C... so, the hospital, the birthing hospital, social work team runs those meetings. Midwifery sits on those meetings, nurses and a lot of medical staff. The PIMHS, which is the Perinatal Infant Mental Health Services that run out of, also sit in there. And what I got to see very clearly because I am a mainstream organisation, the Aboriginal business would usually be done at the front, and then all the Aboriginal services left. Being a mainstream organisation, I stayed for the entirety of the meeting, which then allowed me to see the difference between what was happening at the beginning of the meeting, and some of the actions that could happen at the beginning of the meeting to the end. So often we will, if we had a mother that was really needing an extended stay because she was in a shelter or as an Aboriginal mother, to try to get that extended stay would be really hard. No, we can't do extended stays. We just haven't got the capacity. Then, in the very same meeting, you'd go and you'd speak about a non-Aboriginal mother and someone's gone, oh, it'd be really good for this mother to be able to have an extended stay with everything that's going on and it would be approved just like that. And I'd be, wait a minute, we just had to fight really hard just, and not be approved. Then we had a, 'cause DASSA also sits on those.

Commissioner Lawrie:

Sorry, can I ask you?

Sarah Decrea:

Yep.

Commissioner Lawrie:

Sorry, I need to ask you a question in relation to what you observed by being a member of that, of that meeting, having discussions about women that were birthing. What was your understanding of what was happening with the difference in decision-making for Aboriginal women versus other women birthing?

Sarah Decrea:

I, I could say nothing, but you know it, it was a meeting with Aboriginal, so you know, people might call it cultural bias. I would say it was just racist. I think Aboriginal women were looked at in a very different light than non-Aboriginal women, especially if you came from the Lands. So another example was we just had a mum who had, from APY, that had epilepsy coming in, and they were talking about her, her, you know, her appearance into the hospital, and then, the DASSA worker said have you done a, you know, I think it was an RBT or something, and I was, or BT, of course not hospital, I'm community service, I was like, OK, so can someone explain what that is? And that was like a, have we tested her for alcohol? Blood tested her for alcohol? And I said, oh, well, why would you blood test her for alcohol if she's coming in for epilepsy. And they're like, oh, well, because the signs of epilepsy and alcohol can look very much the same so, we should rule out that she's not drinking while pregnant. So, I stated, so, is that something we do with all mums that have epilepsy?

Commissioner Lawrie:

Hmm.

Sarah Decrea:

And it was like, no, I'm just saying, just for this, we were just saying we should rule it out. I said, but why should you rule it out for this mother, if you do not have this for all mums. And they were like, well, Sarah, you're just, you know, we're just saying that it'd be good to rule this out. I said, yeah but can you tell me why you need to rule this out? And again, I was shut down, I was like, oh, this is not the time or place, Sarah. And in that, I said, I mean, that person's no longer there that said that, but, you know, in that, my reply to that is if this is not the time or place, when is it? Because let us, let's just put this on the table, what is it about this mother? What are the factors that are making you think that you need to test this mother for alcohol, and they just wouldn't name it so. So, I actually must say, and the people that are running that meeting now know I've been quite outspoken about this, that I could no longer, after two and a half years, I could no longer attend those meetings anymore, because I was just, constantly as an Aboriginal woman feeling actually culturally unsafe. The injustice I was seeing, you know, to the point that in that space we were trying to get our mums out the hospitals, what we were discovering is the longer our mothers, Aboriginal mothers, were in hospital, the more dangerous it became for them. Which is really sad as a service when we're trying to get our mothers in the hospital and then quickly get out, because if you stay in there any longer, because of the policing that was happening, what we were noticing they were in more danger staying in the hospital than if they came back out and just had, you know, so we were working really hard to get them out and have the community wrap around with your midwives, your nurses coming outside and seeing them at home. Because yeah, you got you had more chance of having your baby removed if you stayed in that hospital, because more and more notifications would be, would be pinged up like, and you know, and notified, every day we were getting more notifications. And the only reason we knew that, because we're not on C3MS, is because of the relationship we had with the social workers. So, while we were able to work with DCP social workers to problem solve and go, actually, what are we looking at? Actually, that's not nothing new, that notification is the same notification that they've put in. We already know that. So, to be able to work together to kind of bring down the anxiety and share the risk between social work and ourselves as a service is what got us through those times with those mums. And it's still that, that relationship that helps us in that space of the West where we're getting some really good numbers of Aboriginal babies not being removed from hospital if we've, I think we've halved it, the numbers of babies coming, being removed from hospital from the Woodville office. That's been, I think it actually even been more than halved, and that is because the really close relationship between Family Group Conferencing, Safe Start and DCP. So, we have meetings, we call them huddles where we go, actually, does the mum, does this mum belong here in the, in the CFARN or Safe Start space or does this mum need a Family Group Conference first? So that requires a great deal of partnership work, which means that the Western office has been committed to do that partnership work with us, Woodville office DCP, to ensure that the number of babies are being, Aboriginal babies are being, are coming down and we can see that, definitely see that in the West.

Commissioner Lawrie:

So it sounds like to me that when there is a bringing together of representatives from health, RASA, Safe Start and DCP that, yeah, and please clarify that you're making a determination as to whether it is, like what's the appropriate process with them?

Sarah Decrea:

That's right. Yep.

Commissioner Lawrie:

The appropriate pathway through to Family Group Conferencing or through a referral pathway to a, to a service.

Sarah Decrea:

Yep, Yep.

Commissioner Lawrie:

OK, thank you.

Sarah Decrea:

Yep. So that, that's that problem solving together.

Counsel Assisting:

Sarah, can I just ask, please? Again, is the, sorry.

Sarah Decrea:

So, 39. Sorry, so I've just got the, we've had all together, from the beginning of the UCC pilot to now, we've had 153 UCC conferences. No, 39 sorry. The way this spreadsheet is done is not very yeah, 39 Aboriginal UCC conferences.

Counsel Assisting:

And again, is there only referral...

Sarah Decrea:

Through DCP.

Counsel Assisting:

Capacity is through DCP, so they've come to the attention of DCP.

Sarah Decrea:

Yeah, yeah. The joy of working, you know, one of the benefits of working for Relationships Australia is we do have that, like I said Safe Start there. So often Safe Start might say to us, we've got this mum that's pregnant, needs a little bit of extra work, do you think we could do it? So, you know, and then what they do is flag it with a social worker and go actually, we think a Family Group Conference is probably needed for this family because mum's not quite ready to share the concerns with the extended family, which is making her unsafe. So you know, this is where again, it's around joining those services that allows that to happen when we can kind of go, actually this might be the better service to go, to go, like even for us. Because Safe Start is an early intervention, it's still intensive family support service, and sometimes what needs to happen is, is the kind of work that the Family Group Conference does as an independent, because they're still case managing.

Commissioner Lawrie:

Mhmm.

Sarah Decrea:

Family Group Conferencing is an independent kind of decision-making process to go, to everyone to the table to go, hey, this is what we need to talk about and if this doesn't get resolved, we can't say what child protection will do next. So, it does allow an independent person to come in and just

widen the circle a bit. That's the role, and sometimes that's needed when you know, when we've got families that are sitting in, yeah, mums or dads that are sitting in shame because they don't want the extended family to know what's going on, because it's a lot of shame around that, and guilt, but then that's also the thing that's going to get their child removed. You know, and so it is that, that thing about, OK, if you don't extend this circle out, your child's going to be removed. And usually that, what that ends up doing is playing out at the hospital, and then families come in, in a total distress state and usually angry at the Department because no one's told them anything. So this again is what Family Group Conferencing does, is kind of make sure the extended family has the information they need too, so they don't come in distressed and really angry at the department 'cause they've been left in the, in the dark, until this child's removed and then gone, well, we would have done all these, if we had known this, we could have done a lot of things, we would have kept that child safe. Well, we would have been taking her to the hospital. No one was telling us she wasn't turning up to her antenatal appointments. You know, if we knew that, we would have made sure she turned up, one of us would have picked her up. You know, there's simple things like that, that can lead to a removal, that require the extended family to kind of know, but when you're sitting in shame, that's usually where they don't extend out. And so, that's what Family Group Conference does, it allows that to be, that shame to come in a nice, you know, we work with shame, to be able to put shame on the table to create some change.

Counsel Assisting:

Thank you. And Sarah you've mentioned the non-attendance for antenatal appointments. It's the case, isn't it, that that's a trigger as a risk factor?

Sarah Decrea:

Yep. For Aboriginal mothers, so again, what we noticed is we would get community referrals for our CFARN, that was allowed back then, and we'd get community referrals, we'd, and they would usually come from an aunty or a grandma who'd say, here you need to go and see this, my niece or my granddaughter there because she's pregnant and she hasn't been going, she hasn't told anyone, she's scared of the hospital. That is usually what flags our mothers. They're scared to go to the hospital because of the history we have with the big birthing hospitals. But that's the very thing that's bringing them into the getting flagged because they haven't turned up for the antenatal. So, you know, it's that, it's definitely, if that's the thing that they would talk about in those meetings that we would sit in, is actually, we know she's pregnant, but she hasn't turned up for these appointments, and so, now she's being more under the microscope because she's not turning up for those appointments. And what would happen is when we speak to those mums, it's because they were, you know, petrified of the hospital or actually didn't understand that that was so important for them to keep turning up to those, well, you know, everything's going alright, but we'll just go to the hospital if we think was not OK, you know. So again, it's that bridging in that. But unfortunately, now with the new way Intensive Family Support Services are rolled out, that community referral pathway's been taken out. So, we no longer can take community referrals. What has to happen is if someone rings, and again, this is as an Aboriginal woman, I find this really hard and have been quite vociferous around this, if someone rings me to go, actually I want to, I'm pregnant, want to use the service, I have to either get a referral through to DCP so, they have to be flagged with DCP to get that referral, so it, I have to, I have to flag them.

Commissioner Lawrie:

So who took that community referral... So, who took that community referral option away?

Sarah Decrea:

The new DHS roll out in how they do intensive family support services. So, that would have happened, I reckon, just over a year and a half ago that, that got removed from. And we held on to it for as long as we could, but now what DHS we have to report on our capacity in those services, so if you have an opening, so we used to leave them open. We used to put aside for a community referral, but now we're reporting on capacity as part of the way we have to report, if there, if there's an open space, they're asking why haven't you filled that space? And then we have to fill it. So again, the community referral's kind of been, yeah, tightened out. And again, one of the things I've been quite vociferous about because as we know, it's when Aboriginal families feel safe with an organisation, that's the organisation they'll go to and ring when they're needing something and to flag them to get the support they need is not early intervention to me. That's actually, I'm putting them in the system where I know that just the wrong social worker could actually bring that family totally undone even though they're reaching out for help. You just have to get someone with a different lens on the, on the problem and it could be, not that I'm just flagging them to get support, it could be I'm flagging them to now have child protection in their life or removing their children. Do you know? So that's very precarious for an Aboriginal person. I don't feel comfortable doing that. And again, so you try to work out different pathways. Again, working for a large organisation, NGO, what we've been able to do is we have our family advisors and our Aboriginal Liaison Officers that we're trying to fill that gap with. But now what we're doing is burning out our ALO, because that's again something that we've just, Relationships Australia has funded on its own. So, you can see that there's a need for it because our ALO is now at capacity. 'Cause we're trying to fill that gap with our ALO, which isn't, do you know that, that's just, again numbers not being counted, these are just how we're trying to fill a, fill a gap. But you can see the need because like I said, our ALO is now, you know, if we keep going, we'll burn her out and we can't do that either, we have to look after our work staff, our workforce. But that's the gap that's there because of the non-community referrals and for someone who's really, a push for family decision-making, I think we create change when families have some, some power and feel like they have control, and if we can give families control from beginning to end, you know they, then they're in charge, they start to go actually, it's we're leading this ship and they're more likely to follow through and change because they've got control over this. In the way it is designed now, you've got another pathway and then it's decided then which service you get. So again, it doesn't allow the family to go, actually, this is the service I want, I want to work with KWY. They might get us as a service. Yet here they are asking for KWY, but now it's come to RASA because we had capacity and KWY didn't, do you know? And so, it already starts a process off with people feeling disgruntled 'cause it's like, well, I didn't want that service, I wanted, you know, an Aboriginal service. Or we get an Aboriginal, we get this KWY get it, it's like, well, I didn't want you guys, I wanted a non-Aboriginal service. So, it takes out decision-making right from the beginning, when actually what we're trying to do is, what we do know and what we've seen in evidence, is when you give that choice and that decision-making back to families, you get better outcomes.

Counsel Assisting:

So the families have no input whatsoever in, into which service they can engage with?

Sarah Decrea:

No.

Counsel Assisting:

And then it's the case that if they don't engage with the service they're referred to, they're back into the system?

Sarah Decrea:

Or, if there's no capacity, this is the other scary thing. So if the service doesn't pick them up and DCP still think that it's not meeting their threshold, they're out in the, you know, in the, in the gap that's been created. So then you might have a family that's still floating around with this, with this issue, with a problem and still not high enough for anyone if that, because what we've got is sometimes services saying we're at capacity, can't pick it up. DCP is saying, well, they don't hit our threshold, so you then have a family that's just floating around waiting for the problem, because you know, if we knew they could resolve it, they wouldn't have hit these services yet for it to go kaboom and probably child is removed because now it's hit the threshold of removal. Do you know? So again, it's, it's, it's not, there's still a miscuing between DCP and DHS about what early intervention is. Because, yeah, you're just going to have families that are just floating then, waiting, and it's almost like they're at the edge of the cliff and we'll just wait till they fall off and then, bang, they've fallen off, and now we'll give them what they need. But you have to fall off before you get what you, what you need. When actually, to me, it would be you pull them off the edge of the cliff before they fall off, don't you? That's early intervention, so, it doesn't have, you know, so you don't have to fall off. But what we've created is we need to fall off before you can get the services that you, you require and need. Because we've taken out those community referrals. It takes a lot for an Aboriginal person to ask for help because of intergenerational trauma, intergenerational racism, intergenerational removals. You know for a family, an Aboriginal family, to come to a service door and go, I'd like to work for service because I need support, they know that they are at a point that they need, we should be taking that seriously because they've done a lot of work to get there already. Do you know? So, while they're there and that's happening, to shut the door on them is actually neglectful to me. To then have them come to me and then go, actually, we can't give you any of our intensive family support services or our Safe Start programs because you need to go through DHS path line. To me is neglectful because now I've lost momentum. And I've probably lost a bit of trust too now. Do you know? Because now that's like, well, they can't help either. You know? So it just is, it sits, that's the bit that sits very sad with me because it's, we're losing, we want families to self-help. Do you know, we want families to walk through the doors and feel comfortable enough to walk through the doors. But when you start rejecting them, it's going to be like, well, what for? They're not gonna help me anyway. Do you know, we get back to families not asking for help, and then we're the problem again. Do you know? So, we spent a long time trying not to create this and what I've seen is now we've gone straight back to creating something where help's not there when we look for it.

Commissioner Lawrie:

Ms Decrea, I'm just wondering if you could, through your observations in your work with families, particularly unborn child concerns, at what point does the mother and her family receive information that there is a planned removal?

Sarah Decrea:

So previously, before we started doing a lot of work in it, it would be at birth. So...

Commissioner Lawrie:

At the point of removal.

Sarah Decrea:

At the point of removal, that that's when they were getting the information. So that's why with the Woodville Office, we worked really hard to go, that doesn't need to be like that. Those conversations can come as soon as you start going, actually, we think we might have to do a removal. So bring the family in straight away to go, we're thinking child won't be able to go home safely, what is the plan that can get, what plan can the family come up with? So now we're doing that before 20 weeks, some plans are done before 20 weeks. You know, so, so there's been a real glitchy-ness, you know, again what classes as a baby? So you know, we're saying as soon as you find out that mum's pregnant and you're starting to have concerns, bring the family in to talk about the concerns. Whereas to open up a case, they were some offices were saying, no, we have to wait to 24 weeks or, you know, there was all of these, so we're just saying and it's been really good, I must say, the partnership with Blair Athol as well has now jumped in and having those real conversations around, no we can do this early, we don't need to wait till then, this is about we all have the power of deciding that. Do you know, DCP you've got the power to decide whether we can pick that up or not, you just got to put the referral in. So having those meetings, these are collaboration meetings that no one gets paid any extra money for. This is just done because there was a call to action, and again I must say that started with Aboriginal leadership. Hayley Blanch was in the Woodville office acting at the time. So it was the Aboriginal leadership between all the organisations. Aboriginal leadership within the Department, Aboriginal leadership within RASA that kind of pushed for this, this partnership to happen. And then what that done was allowed the next person to come into Woodville, which is now Rachel, to go straight into following the work that's already been done. So I think the important part here is Aboriginal leadership in all, in all sectors is what's going to create change. So, investing in Aboriginal leadership. The other thing I'd like to say too is Ngartuitya Family Group Conferencing, I'm talking we're a mainstream organisation, is a First Nations model. So, we've done, myself, I've done training with Spirit Dreaming in New South Wales, I've done training with Paul and Sharon from Leeds, I looked at their Family Group Conference training. Paul and I have done, I've done training with Paul and then we wrote up Ngartuitya Family Group Conferencing and the training model, which is a First Nations model. And what we're running is a First Nation model in a mainstream organisation and getting the same outcomes for Aboriginal and non-Aboriginal families. So what the importance of that is, is the First Nations model can work with non-Aboriginal people to create change. So you know, actually it's a First Nations model around sitting in a circle, truth telling, putting the problem at the centre, what we call the growl, sometimes you need the high support, which is what restorative call, high support, high challenge, we call it the growl, you need someone in there to do the actually, working with, you know, our lore, L-O-R-E, lore was not punitive, which means that we do work if there is a DV perpetrator, we're gonna work with that DV perpetrator because he still, you know, his actions need to be held accountable, but we're not just going to cast him aside and go actually, because you've done that, you can't be involved in decision-making. We didn't do that as a people and that's what we're bringing in here. So again, for us as Aboriginal people, children were always at the centre and, through this, it's children's voice that have been in our Family Group Conference at the centre of everything. Bringing, allowing children to have their voice, allowing children to come to the conference. That's the other thing that's happened here in South Australia with Ngartuitya, is that children are participants in this conference. They come and let their family know what it's like to be a child in their family at this time. And that is the thing that creates change, which people were so scared of because there's an emotional connection, and for too long, people have seen Aboriginal, especially Aboriginal families, that go through child protection that they don't care for their children. Do you know? It's easy to victimise them as these are just, oh, they're just terrible parents when actually, when you see a child speaking or presenting

what they've brought, sometimes their letters, sometimes their drawings, videos, PowerPoints, they've come up with lots of creative ways, when they present their story to their parents, you see a shift in that room. Because those parents love those children, and I think we've forgotten that in this process and it's easy to demonise Aboriginal parents to go, they're not good parents, they just don't love children. When actually no, children have always been the centre of our existence, actually. And this is what it brings, it brings it back to. And when you see that shift and then all of a sudden, the family come together, like I said, to have that agreed, 95% reached agreements. These are families that people were saying to us, oh, you won't get them in a room, no one will turn up. And then all of a sudden, you've got 20 family members sitting in the room working out how they're going to come up with a plan to keep that child safe. That is remarkable work. Do you know for me in the years of doing this work, you know, we're holding space, we're not invested in the, in the decision-making, we're holding the space. We're allowing the stories to be told. We're allowing people to understand each other's story. And we're putting that child's best interests right in the middle, and that child's voice. And then when you see families make these beautiful decisions around this child and how they're going to keep the child safe, it's actually some of the most rewarding work I've ever been part of. Because this is, you know, I think about 14 years ago, starting in the north, at Elizabeth, we were trying to do these kinds of meetings because they're just, this is in our nature as Aboriginal people, if there's a problem, bring everyone together and try to sort this out. But for too long, it was oh no, there's a problem, just mum and dad go and meet with the DCP social workers, when actually, we know that our kinship system is way bigger than that, actually. So it can't just be mum and dad making these decisions, you have to look at who else is in that picture and again, then they went to mum, dad and grandparents. Actually there's bigger than that, you know, there's aunties, so grandparents could be in our, in our way grandparents could be the aunties, the older aunties, you know, so what we're doing is really bringing out and friends, people forgotten, actually friendship groups, community groups. Do you know? All of that. We done a conference in Port Lincoln for a big Aboriginal family, the boxing coach was pivotal and the football coach, because they've been a member of that Mallee Park Football Club forever and a day, so you know, here you've got a football coach explaining the what he has seen throughout the years and where they are now and going, actually this is, this is all right where they're at now. You know, so again, that widening of the circle can only be done as an independent and I think this is where we're getting stuck with the, with the UCC, especially in the south, is they've already got some a program that's running in the south, but it's running by DCP and they're, and they're sitting there going, no, we do family-led decision-making, family group conferencing, but the power imbalance is still that it's a social worker and the Department doing it. So, you know, there's still a power imbalance. And I think it comes from such good intent but when you can't see your power in that it becomes scary, because all of us, when we're put in a room with DCP, that they are the people that can take your children at any stage. So you just tell them what they want to hear because they've got this power over you. Whereas having an independent coordinator or service coming in to have these conversations with you, it disrupts the power imbalance, and the way we do that is again, we've held conferences on country. You know, we go back to the country that's important, we've taken a whole family from here and gone to Murray Bridge because that's where they're from and done on the river. That was important to that family. And when they done that conference, what the mum said was, I feel like I've made a agreement with my ancestors, so I really need to follow this through. Again, wouldn't have come if you didn't, if you don't think of the cultural lens in it and that's what we've put into this. In the APY Lands, we've done a conference in the middle of the creek when it was running, which meant that everyone had to lift up their, even the social worker, everyone had to lift up their pants and waddle out through the water to get to the middle of the creek where the family was sitting with the fire.

But again, to think that you could talk about child protection concerns and come up with a plan in the middle of the creek while they were drawing in the sand while we were writing down, and again that child was kept safe. So you know, if we can just come outside of actually, be structured decision-making process to go, actually the two worlds can come together for better outcomes if we, if we be creative and allow and I've, that has been the work that we've seen with family group conferencing, that two worlds, this family world and this, you know, this organisational world can come together and understand each other. I think I've ran, I've ran quite a few conferences myself, no use trying to do a program if you don't run them yourself, and I've seen majority of the time the families hugging social workers or thanking social workers, so there's rupture and repair happening when people understand each other's story. Do you know, sometimes we have social workers that feel unsafe, and when we unpack that with them, it is because the power imbalance has shifted. So again, where there's a lot of work still being done and so I do need to kind of say well done to DCP at this space who are allowing those conversations to go actually what is that that you're feeling? It took a whole heap of partnership work with the department which I hope can happen now with DHS, 'cause now we've got, you know, we've got it here, but if we wanna do early intervention and really help families earlier in the piece, early intervention is now sitting with DHS. So I think family group conferencing can be in both of those spaces, 'cause it should be. It actually should be in both those spaces to see how we can, again, catch those Aboriginal families and don't let them fall down that cliff. You know, give them the correct services by allowing them to have some, some power and choice.

Commissioner Lawrie:

What you're in fact saying is that DHS should be able to make referrals to Family Group Conferencing.

Sarah Decrea:

I think they should be. Yeah 'cause that's early intervention. So they should be making referrals into Family Group Conferencing. 'Cause you'll get it earlier.

Counsel Assisting:

Sarah, is it your view that that families should also be able to self-refer?

Sarah Decrea:

I believe families should be able to self-refer. You know if, which then looks at a, expansion of the program again, so how do you hold the fidelity which is going to be the thing, but I, if families are coming to us in this space, some of the other things that we're looking at is to see how we can do a hybrid model of mediation from these Family Group Conferences, because sometimes what we have is child can't be safe and the family have decided that. So, when I say the child can't be safe at home, that is the family deciding the child can't be safe at home, not the system. Again, which is very different, if the system decides that's a different story, but what we sometimes get to is we get there and the family decide, we've watched this, this pattern of behaviour over and over again, we're not putting up with this for the baby in our life right now. So, the family decide that the child's not safe and can't return home, but what ends up happening is once DCP close, that's then left to the family. So, a hybrid model of family, of mediation for the Family Group Conference was, is to secure these placements. So again, child's not in the system, but there's still some legislation, which is the family law legislation, that can keep that placement safe and stable, instead of the family having to refer back to DCP. We've had one recently where the family had to refer back to DCP because mum took off with the child and of course they don't have something there. So the hybrid model is mediation

where OK that then turns into parenting plan, so, mum then if she does take off with the child and family want to make sure child's safe, they've got a parenting plan in place to go, actually I'm looking after this child, so there's still a gap in that space. The other thing that would be really you know if you've got family that are putting their hands up for children from these conferences, what also ends up happening is we're asking the most under-resourced families to resource. So they're not then part of foster carers or, you know, 'cause, they're doing these without orders, so, it would be great like in other states, and I think New Zealand has it too, where it's other parent guardian, where if you put your hand up, you just automatically get that, you know the payments without having to go to court. We haven't, so you know, we still haven't worked out kinship placements need to be kind of on their own and looked at as something quite unique and special, especially when it comes to Aboriginal families around kinship placements because you still have a relationship with that person, and I think we have done kinship well enough and when we got families that are being, you know, that that are putting, for the love of that child putting themselves out front should be supported in the right way and that's not currently happening. You know, we've got grandmas that are then having to give up or using some of their retirement or giving up work, we've got aunties that are now having to pay childcare benefits because they're working, trying to look after children. So you know, but they're putting their hands up to the to look after these children, so they should be supported in the right way to look after these children, and it's better to have families looking after children outside of the Youth Court space because you can go back to mediation at any stage if you think that, you know, that there's, if the family then decide, actually mum's doing really well, she's been doing well for the last three years, we actually think that mum can deserve to have these children back, they can just do that. Well, you can't do that if you've got orders.

Counsel Assisting:

Thank you, Sarah. That's been wonderful.

Sarah Decrea:

Thank you. Thank you.

Commissioner Lawrie:

Thank you.

Counsel Assisting:

We might have a break. We've been going for over an hour. Can we have a 15-minute break and we'll come back, Paul to hear what you have to tell us about the system. Fantastic. Thank you.

Sarah Decrea:

Thank you.

BREAK

Counsel Assisting:

OK. Thank you. Welcome back. Now, Mr Nixon, thank you, we've got your report that's, and I'll show you that. Can you see that clearly?

Paul Nixon:

I can't quite see the handwrite, the print, but yeah, looks like, it looks like my report and I have sent it to you, so it should be.

Counsel Assisting:

For the transcript though, I'll just say that what I'm showing you is a report that's headed, *'If you want to change outcomes, then change the way decisions are made': Family Group Conferences as emerging practice in Child Protection South Australia, An Action Research Project: Final Report*, Paul Nixon – Independent Consultant Social Worker.

Paul Nixon:

That's my report.

Counsel Assisting:

Thank you. Well, having heard from Sarah about the work that Relationships Australia are doing in this, in this sphere, I understand this report was commissioned by the Department of, by the Government of South Australia and has been done in conjunction with Relationships Australia. Is that, that the case?

Paul Nixon:

That's exactly right, yes.

Counsel Assisting:

Thank you. Can you tell us please what your findings are in this research about how Family Group Conferences are working in the South Australian context of child protection?

Paul Nixon:

Yes, of course. So the initial report I did was designed to report on an action research study that the Department asked me to undertake aiming to do a few things, increase the number of FGC referrals, improve the quality of practice, improve the quality of referrals, and understand what was happening for people involved. So, most of the data in the report has come from RASA because they held a lot of operational data, so they were really helpful in being open with that, sharing with it, and DCP were keen for me to record some of the outcomes and some of the findings for children who had these conferences and their families. So, part of the report talks about the implementation process and some of the challenges in that, with some recommendations around that, and part of the report talks about the results and the outcomes for the children and their families. So, there's a mix of recommendations which centre around what we're seeing as the outcomes of Family Group Conferencing in South Australia, children for families, what we're learning about how to do this well, and what we're learning about what we need to change in order for this practice to flourish and grow and there's some very significant obstacles in the way of taking this further. But, as you've heard from Sarah Decrea, that the number of referrals are going up steadily each year, so that's encouraging. Although the total number of conferences happening is relatively quite low compared to the number of other decisions the Department's making so. What we've found, I mean, so the headlines and I'm happy to drop into the detail of anything that interest's the Commissioner. The headlines we found was, as Sarah's reported, the levels of agreement about safety plans are remarkably high; 95% year one, 95% year two, 94%, but still counting in year three of the data. Now that's interesting finding because we're talking about different social workers in different parts of the state with different families in different culture but it's still getting the same results, which must

say something about the integrity and the fidelity and the effectiveness of the approach. Because you had multiple different families, different cultures, different workers, different places, you'd expect those to influence the result, but actually the process is looking after that, and the levels of agreement are very high. Also...

Commissioner Lawrie:

And that's for all Family Group Conferences, Mr Nixon?

Paul Nixon:

Yes, so far. So we counted as far as we could at the time of writing the report. That was all, all the conferences, we added them up, the data up. And we had a lot of operational data, so we had copies of the plans, who was involved, what the agreements were, and we were also able to go to the review conferences and see what was happening at the point of review. So we found that the point of review, 94% of children were still safe, were not re-referred and the plans were working well. So that was a very significant finding. High levels of agreement, despite the sort of different groups who are doing the conferencing process, high levels of safety. We also found high levels of stability, so 91.5% of the conferences, the children were still in stable placements, so they hadn't moved post conference, a plan had been made for them about where they were going to live and that plan was sticking and it was working. So, agreement, safety and stability, were all showing up in very high percentages in this cohort, which is really encouraging news in terms of the impact on the lives of children. As Sarah's mentioned, one of the most striking findings was that the levels of agreement and outcome were the same for Aboriginal children as non-Aboriginal children, and there's very little in the DCP service where it can say conclusively the outcomes are the same for Aboriginal and non-Aboriginal, in fact, the evidence is they're deeply unequal the outcomes, and the Aboriginal children are hugely overrepresented in all the sort of negative indicators. So, we were very encouraged by that and then, and the reason for that I think is, as Sarah's reported, this is an Indigenous process, this is a First Nations process so, you run the conference absolutely in line with the culture and the needs of this particular family, so that their culture, their way of doing things, their way of making decisions are valued and honoured, and then show up at the conference in ways that make sense to children and their families. A lot of the processes in, in child protection system, including DCP South Australia, are quite linear and they're quite fixed and you know, timeframes, processes, non-negotiable, with an FGC, by definition, you are negotiating with the family. By definition, you're negotiating with the family about what does this partnership look like? Who do we need to involve? How are we going to do this? How are we going to make decisions? What information do you need? What resources do you need? So, it won't fit neatly into a box because each family is unique of course, they have their own cultural patterns and ways of doing things, but each family's unique and the conference process allows that flexibility and negotiation. So this is one of the interesting points about the implementation, a common complaint from social workers is it takes too long. And what we do, and what we do know from the data is it takes longer for Aboriginal families than non-Aboriginal families. When we explore the reasons why, they become obvious in terms of, as far as I can see, consulting with staff and Aboriginal leaders and practitioners, there's an issue about trust. With Aboriginal families quite understandably do not trust the Department so readily or so quickly, so it takes longer to build relationships and connections and understanding. Also Aboriginal families can go wider, they might live more remotely. There's a whole range of reasons why that might happen. But a fairly consistent pattern tells us that you can't have a single fixed time frame for all families or all cultures, because actually it's not responsive to culture. So this process of engaging family, building trust, building understanding, working at how we're gonna do things, does take

time. And one of the findings in my report was that the more conferences that were coming in, the longer it was taking. So I was trying to understand, was that because of capacity? Did we have enough workers to actually respond to the demand, the rise in demand for conferences? Or was it that we were going deeper into those engagements and negotiations with families to really give them ownership over the process? And this is a beautiful example of how a truly family-led process disrupts an orthodoxy. If an orthodoxy expects things to be done in four weeks and then you bring in a process that doesn't work that way, there's something wrong with the process, not with the four weeks. You see what I mean? Because it's unable, the system is unable to adapt to a different culture or a different way of doing things, so the system is stuck. And so, the workers, you know, in good faith, have been chasing timeframes and working these, they've looked, that's their point of reference, and then suddenly Family Group Conferences come in and they're practiced with authenticity and integrity, and it disrupts the orthodoxy. Which has led us to have to do some work with the Department about, can we create more flexibility in the time frames? Can we increase the timeframes? Which actually they have done, they have done it at the policy level, so that's been really helpful. But I do think it's one of the challenges of this work because rather than families having to organise themselves around deep CP systems, DCP have to organise themselves around family systems. It just turns the table, and for a good reason. For that reason, we have a more culturally responsive process. We have a high level of engagement of families you've heard with. We found in the research for every conference, we were finding four protective adults. Now, I've been in social work for 33 years. Why wouldn't you want four protective adults helping you keep that child safe? Like, why wouldn't you want that? And families show up in greater numbers than anyone else, so family show up in the largest numbers, then other agencies and DCP are the smallest cohort of participants. Which is a good thing because they're under pressure, they need help, and this is one way we can really engage, engage family. So the results were good and very encouraging and have, I think, helped spur on more referrals and more interest in the process. What we don't know so well in the research is what the longitudinal, the really longitudinal outcomes are. And I think a lot of those things rely on not just the quality of the conferences, but the availability of support and people to implement these plans well over time. And Sarah's given a really good example around kinship care. So we, internationally we know, that FGCs create more kinship care placements because you are widening the circle and bringing more family in and more community in to help with the decision-making. So we're seeing that and we're seeing that in South Australia too. But what we have currently is a system of supporting kinship care, which is frankly out of date, and does not meet the needs of children in kinship placements. So the current way of supporting kinship placement is to, is primarily to create an order on either the child is supported under a family law order or under a care, a care order, a guardianship order, which means that families are having to give up their rights in order to get services. You lose the right to make decisions. You are consulted, but you're not the decision-maker anymore. And children give up the right to make decisions about their lives because again, they're consulted, but they're not the decision-maker, the government becomes the decision-maker. So we actually need a whole new approach to kinship care, which allows kinship placements to be well-supported and resourced without recourse to a guardianship order, 'cause actually, that is restricting people's freedoms, it's restricting people's liberties for no good reason, when in fact, we can support those placements if we had the right service system and financial system to support those placements. We do have a scheme in New Zealand called the Unsupported Child Benefit, which is a benefit non-means tested, which is provided to families when they take on the care of a child relative in a kinship arrangement. And that means, we don't have to apply to the court for an order to support that, it's just approved. Our Family Group Conferences are legal decision-making process. As they are in South Australia, they are legal decision-making process.

But it means that families can then access that help and, and one of the things I would strongly recommend, I think it's really important, Sarah's touched on it really strongly, is, is that if we can't keep children successfully with their parents, their next best choice is their kin and their wider family, without question. But we don't have a system of support, and service, and financial help, and practice that meets the unique nature of kinship care. 'Cause kinship care is not the same as foster care, it's a different type of care, but it's often compared with and put with foster care in an unhelpful way. So, you know, kinship care placements come about in different ways, the profile of kinship carers is different, their financial position is different from foster carers, and there's more contact with parents, the child's more like to stay within their culture and community. But with all of that, there's a need for support. So you know, that's obviously a very, you know, strong reflection in our thinking about the how the future might be if we keep going with, with FGCs. In relation to the other findings of the report, as well as the time frames, we, we thought there was more work to do to clarify, when one should refer for an FGC? Because the Children and Young Persons Safety Act 2017, what it does is it provides the opportunity for social workers to make referrals for an FGC, but no requirement. So the language includes things like, if the worker considers it's appropriate, then they may make a referral, which means the gatekeeping on children's opportunity to stay with their family and culture is not gatekeep by the family, it's not a right to a child, it is, it is controlled by a social worker who forms a view - I think this family can do it. I'm not sure that family can do it. You know, that family over there... And the problem with that is that they don't know because they don't know the family, so they don't actually know if this family can make a decision, make a plan. But overwhelmingly so far, the evidence is, they can, we can get an agreement 95% between practitioners and families around the safety of the child. And by definition then the child is safer because people are agreeing that this plan is keeping the child safe. So, they weren't safe before, they are now safe we've had a conference. So there's a problem in the legislation. There are four key principles of intervention. Timeliness, the child's voice, the child's particular needs, including their culture, any disability, any language, any religion, and in every case, what the language says, in every case, the worker should consider a referral or a use of a Family Group Conference. But the problem is that, in every case is not defined anywhere clearly, so it's really left up to the workers to decide. So rather than an FGC being a right or an entitlement to a child, because each child should have a right to their family and their culture and their community, it's gate, it's gate kept by the practitioners at the moment. So we find some workers are really good at referring, they get Family Group Conferences, they get the practice, and some workers never refer. But relatively, the numbers of referrals, given the amount of decision-making that's going on, is low. So if I can just give you a flavour of that. If we were to compare South Australia and New Zealand, it's not a perfect comparison, different countries, different cultures, it's not a perfect comparison, but both countries do have FGCs in their law, so that is a similarity and both countries are interested in how they protect children. In New Zealand, the way our law is structured is that you cannot apply to the Court without referring for an FGC first, and having an FGC first, you cannot apply to the Court. So, an FGC is a legal entitlement to every child. Every child is entitled to an opportunity for their culture, their family, their community, to work together, to make a plan for them before the state can move in and take over. And that means, we do 10,000 FGCs a year, which is a lot of conferences. There's a, New Zealand's a population of 5.1 million people. And South Australia, think the population about 1.7 million people, so the math on that is we're about three times the size in population terms of South Australia. South Australia, in the data I was looking at in year 1, 2, 3, we're doing about 80 or 90 FGCs a year. When if you did a direct comparison, should be doing about 3000 FGCs. So it's still new practice, it's formative practice, people are still learning the process, and I totally get that 'cause it's very different. And in many ways, FGC sort of go against the tide of the legislation. The legislation

in South Australia, I think, disadvantages Aboriginal children. It talks very little about culture, it talks very little about family, or connection to community or country. Really, the lens that's put on children in that Act looks like a white template, looks like a white model of childhood. And maybe, maybe not even that. I mean, it's quite individualistic, it reduces children to individuals not connected to a culture or family or community, but really, it is almost in isolation. And the child becomes like an object of concern rather than a person connected to family, to culture, community. So that's sort of, the minimising and diminishing of those things that matter to Aboriginal people in the law, looks racist to me. It looks like that those things have been, maybe not deliberately, but they've been overlooked or ignored, which has the effect of disadvantaging Aboriginal children. So these conferences are occurring in a context where, are occurring a context where they're sort of running against the tide a bit to the legislation, that the legislation seems preoccupied with a single agency accountability, and the set of processes to be applied in a timely way, and risk assessment, and accountability, and quite a muscular child protection system that's often using separation as the method of protection, removal and separation of children from their families and their culture. When actually there are many ways, we know this after years of practice and research, there are many ways of keeping children safe in their family and culture, if we choose to do it. So I can see how the legislation is guiding practitioners in the wrong direction or driving them down certain avenues, because I think it disadvantages Aboriginal children and Aboriginal culture. It's very light. I mean, yes, there are the Aboriginal placement principles, I see those, but there's no compulsion to follow them, there's very little testing of how well that's done, which of course, April, you're talking about in your report, which is, I think, a really important thing. But if you read through the legislation, there's very little mention of family or culture, it's very light on that. It's really about a muscular child protection accountable system that will intervene and separate. And we know, we know, there's a body of research which is telling us very clearly, that care is often not a safe place for children, that the relationships break, attachments break, children are harmed in care that become disconnected from their family. And then the long-term outcomes are, for some children, awful. There's a recent study published which had encouraged the Inquiry to look at, which is study published in the UK Nuffield Foundation, published a longitudinal study, you've seen that...

Commissioner Lawrie:

Yes.

Paul Nixon:

Which describes the long-term outcomes, and the public health cost, and the human cost of care placements that break and change, particularly residential care. South Australia is the highest user of residential care in the whole country.

Commissioner Lawrie:

Hmm.

Paul Nixon:

And that's the type of care that does the most harm. It's also the most expensive type of care. Kinship care does best in terms of long-term outcomes, relationships, identity, culture, well-being, and it's the one we invest the least resources in. So the money is in the wrong place, and the resources are in the wrong place. I mean, South Australia has quite good rates of kinship care, I think it's around 50% as it, that's typical for the Australian state if I'm honest with you, but it's how we support these placements, how we make them work long-term, it becomes really important. Anyway, I'm just, I'm venturing a little bit into the context for you there, so you can see why some of

this work is difficult to implement. In the report, we also identified the need for more training for practitioners, so more training to be more aware of this process, how it works and what they need to bring. And also support and training for other agencies, because actually other agencies are showing up in greater numbers and social workers providing information to these conferences. So we can see that, in the sort of journey of FGCs in South Australia, the good news is the results, the early results, are very positive, very encouraging. As Sarah's described, it's very strong Aboriginal leadership in the development of this work and its direction, how it's growing, and Sarah's an astonishing leader in my judgement, and it's a privilege to work with her. There are other great leaders too, who are out there doing amazing work in this space. We need to support them. We need to support them, and lift them up, and lift up their voices, and the resources around them. But we also need to change our behaviour, we need to change some behaviours in DCP about how we practice. And that means to spending more time with families, that means being more culturally responsive, learning more about Aboriginal culture, that means, that means being more willing to negotiate with families, and be flexible, and find solutions with families, and that means working more effectively with other partner agencies. We know that most of the needs come into Child Protection are chronic needs, emotional abuse and neglect are the patterns of need, and in the report, what you'll see is the underlying causes or reasons for the FGC referrals. And there are three very obvious ones, which we see in every jurisdiction, which is untreated mental health problems in parents, very common, I think that was the highest one, parental drug and alcohol misuse, domestic violence, family violence, and these three characteristics are creating chronic problems around children and their families are a pattern throughout the world. So you see them wherever you go. You see them in America, you see them in New Zealand, you see them in the UK, you see them in Europe, and you see them in Australia. They are clearly a pattern. But because of the complex nature of those things, it's really not a sensible idea to think a single agency can fix that. Because the health issues in there, there are safety issues in there, there are housing issues in there, there are income issues in there. So this is one of the other weaknesses of the law is it locates all the accountability for child protection in a single agency, Department of Child Protection. But if you look at the need that's coming, the needs of the children that are coming doesn't actually fall, it shouldn't fall, on a single agency because they're not equipped to deal with all those things about health. The fourth one I found, and it's in the report, which I haven't found in other jurisdictions, which was really interesting to me, was housing, homelessness, and it was very high. I can't remember the exact number, I think it was like 74 or 75% of referrals had a housing crisis in it. Now, homelessness should not be a child protection issue, we should be providing houses for families to live safe lives, I mean, but it's fallen right into the child protection system because it's so prevalent. Again, how is DCP gonna resolve that problem? That is a housing issue. You know, families are homeless, and if they're vulnerable, it exacerbates the difficulties they have, so anyway. I just think what conferencing is showing up to us is that the services in South Australia need to get better about organising themselves around the needs of families, and not expecting families to organise themselves around the needs of the agencies and trying to fit in with the agencies. And so we need a more collective approach, and the FGC does do that. The statistics tell us that we get more families involved than in any other kind of decision-making. We also get other agencies much more involved, they're showing up. Because it sort of makes sense to them when they see that, let's get the family together and, you know, talk about how we support and how we help. So in summary, that's quite a lot of information, it's quite a lot of information, I think the in the headlines are that the news is very positive about the outcome, we should be encouraged, we're not doing enough conferences, we need to do more conferences. The relative, current relative resourcing for FGC is far too low, far too low. I'm not sure the exact amount at the moment but I can tell you now that 80% of DCP resources are spent on care leaving

20% for everything else. So FGCs are a tiny percentage of that, and we could get you the information on the exact percentage of funding. And then, corollary services, like intensive family support, are not available in ways they need to be available to support parents if the plan is to keep the child with the parent, we need intensive family support services, which South Australia is the lowest funder of the whole country.

Commissioner Lawrie:

Mhmm.

Paul Nixon:

So, you can see the patterns, and I know you know this April, you've analysed this, a lot of this...

Commissioner Lawrie:

Yeah.

Paul Nixon:

The highest spend on residential care, the lowest spend on intensive family support. Go figure. You know, if we've got 100 residential units in the state, we're gonna fill them. We're not gonna think about what's, what else is possible? We're just gonna fill them. What we need to be doing, and the report says this, is investing more in FGCs, building the workforce skill and understanding, clarifying the key referral points, growing our knowledge, finding ways to constantly adapt and innovate so we can make this conference process better and better. The good news about the legislation, after criticising it, is the piece on FGCs while the mandate is not right, it's too weak, it's pretty flexible. So actually, what it does is entitles a wide group of people to attend the conference, and it allows the coordinator to negotiate with the family, how are we going to do this conference and who's coming and how are we going to make it work? And that's really welcome, that's really welcome as a place where practitioners are being given some freedom, to genuinely work in partnership, and I think that experience needs to be reflected in the wider social work workforce, in other words, the empowerment of social workers is tied up with the empowerment of families. If we train social workers well and support them well, and we give them some freedom to work in partnership with families while mandating the FGC is mandatory, you've got to do this process, but to get there and work flexibly we're going to get much more imaginative and family-based outcomes. So that's again a bit against the tide, the current child protection system is highly regulated, highly centralised, highly process-driven. We do need to rethink some of that stuff and that is why FGCs are being, are quite difficult to implement currently, if you put all those things together, low funding, against the tide, challenge for practitioners to really change their ways of working. Yeah, but I feel optimistic about it because some of the quality of the practice I've seen is outstanding as, when I was Chief Social Worker, we did 80,000 FGCs in the time I was there. Of course I didn't know all the conferences, but I'd always get feedback about the conferences. One of the criticisms, and I want to share this with you, we have in New Zealand, is that the process has become too bureaucratized, too controlled by the department and therefore, the department starts to cut corners. You know, hold conferences in department offices, you know, try and do it fast, but not well. There's been a big push back from Māori about that, I have to say, and now there's another shift back to returning conferences back to the community that's happening right now. But we wouldn't want you to make the same mistake that we made, which was as you turn this into sort of industrial levels, you tend to, you know, take the heart out of it and just do a sort of process that where you miss the point. So we wouldn't want you to make that mistake that we made because we're now trying to get back to where we started, with more local leadership, more Indigenous leadership.

Counsel Assisting:

Do you have any questions Commissioner?

Commissioner Lawrie:

No. No.

Counsel Assisting:

Thank you.

Commissioner Lawrie:

I've heard a lot. Thank you.

Sarah Decrea:

Could I add to that April? 'Cause what Paul's saying is it takes a lot of work. So keeping to that fidelity of the model, keeping it so it doesn't become bureaucratic is a, is a lot of work that Aboriginal leadership is doing outside and within the Department. Which then does mean, it looks like we're being pushy, or assertive, or do you know, because it is about keeping elbows out and the, you know, for myself, that requires ACEO that backs my decision-making when I go, oh, we'll not change that, that's, you know, because we have been, there are bits where we're going, oh, can you just make sure that gets done like that? Or can you fit this in? And that requires a very strong backbone to be able to go, no, we're not changing it. Because the system tries, and it really does try to make you conform in that space and this is where I think Aboriginal leadership is important because, as we know, we've been tried to conform, people's been trying to conform us and make us assimilate for a very long time. So we're very good at going, no, we're not going to do that because you'll lose the actual essence of it. And so, that's just not something that does just happen because, yep, the system's allowing it. That is happening because there are people that are pushing to not let it get sucked up by by the system, so that means that somewhere along the line, there's truth telling, there is high support, high challenge. And sometimes that challenge can be seen as argumentative. But what we're sticking to is the fidelity of a model and saying we're not going to budge by it. But what that now has occurred is because now we have AFSS coming along, an ACCO coming into the space of Family Group Conferencing, and, of course, their model is slightly different. So now what we've got is myself is a very strong in Aboriginal leadership, it's kind of saying, no, I'm not going to change that, my bottom line. But then you've also got an ACCO that's saying, well, this is the, our model, so. So now we've got this kind of, which hopefully an evaluation will fix up. But you know, having this kind of space to allow, really, families, our families can't afford confusion in this space. So, getting a traction on one model would be beneficial for Aboriginal families 'cause otherwise, you know, we're going to just have two different models and one of them, and again, one of them may work better for social work. So, it is around, it's not allowing it to work better for social work, it's how does it encourage family-led decision-making should be what drives, what they decide the final model will look like. Is, how is this benefiting family? What, what can we see in this space around how this benefits Aboriginal families? Because yeah, otherwise, if you don't stick to that fidelity of the model, which is what we've seen, and we looked ourselves at Relationships Australia, at New Zealand, New South Wales, where they, where they reported on where they've gone wrong, and it is when you step away from the fidelity. When you step away from allowing that preparation to happen, allowing the independent, like you know, it takes a lot of work to be independent, and not fall into assessments when we're all so used to sitting in places where we do assessments. Even ourselves, as NGOs, like I said, we're, but we're not assessing here, we're, when we're just following what we're holding the space and the process for family-led decision-making. And I think the other

thing that happens is Aboriginal family-led decision-making, it's just that you have an Aboriginal coordinator. No, that's not Aboriginal family-led decision-making, it's how do you take an account the culture of that family, how do you ensure that those Aboriginal child placement principles adhere to in that Family Group Conference. So you know, where is the Aboriginal leadership in that space? So that's, I just wanted to add to that as well.

Commissioner Lawrie:

So, in terms of, so I do have a question then in relation to the remarks about fidelity of the Family Group Conference approach. What in your view then needs to happen to maintain the fidelity of the Family Group Conference, I guess, underlining principles and approach, so there is consistency across the various providers of the Family Group Conferencing approach?

Sarah Decrea:

So I'll speak from my point of view.

Commissioner Lawrie:

For both of you, yeah.

Sarah Decrea:

Yep. Yep. So from my point of view, we are training up a whole new workforce. People are not going to study to learn to be coordinators. Do you know? So it is a brand-new workforce that we are training up. We at Relationships Australia, we've helped with Paul, like I said, and myself, and we ran this past a lot of people to help us get to this point, have got accredited training that's now microcredential-ed by State Government. So you know, if that's a microcredential training with training up a workforce, we should be training them up in one model. Do you know? It should be DCP needs to make the decision about what model they are following and kinda go, actually this is, because they're only little, they're slight, everything else is the same, but slight changes are in there. So for example...

Commissioner Lawrie:

So are you talking about actual contracts that the agency has to run with the sales provider?

Sarah Decrea:

Yeah, that actually you run by the one model. Yep. So this is the model you'll be running by. Because otherwise, you're just gonna have too many different models, especially if you're going to expand. If you expand and everyone comes with their own version of the model, you're going to have lots of different ways to do it and it will cause confusion. When actually it should be, there's a, there's a certain way to run it. One of the biggest things is the bottom lines. So the way I've been able to, and what I have come to this is, when I look at other States and where they've kind of where the system has infiltrated into the Family Group Conferencing is in the bottom lines. So, we have a bottom line. In New Zealand, they ask one question, which is, is the child in need of care and protection? And then it's Family Group Conference. We have a bottom line which is kind of like a harm statement. The other models have four or five bottom lines. If you have four or five bottom lines, you're creating a plan, you're taking away decision-making. But of course, this is how, you know, and we've had to work really hard with social workers to let go of we need the family to do these five things. No, this is not about what you need the family to do. It's you tell the family what the harm to the child is and then it's about how they will come back to you to say how they're going to keep that child safe from that harm, but that's their decision-making. But when you've got five bottom lines,

you're already overwhelming a family and you're already starting to write a plan, so that's one of the two differences in the models that we're having and the models that are being trained up here in Australia, 'cause we've got two registered trainers. So that, so that bottom line thing, it can become a problem because social workers do like four or five bottom lines, because they can put their case plan in there. But that's not what we're trying to do, we're trying to let social workers let go of power and give some of that back to Aboriginal families. So I think, a designated model, stick to it, which means that DCP has to kind of go, this is the model we're running by in South Australia, and actually stick to that fidelity of that model, especially if it's going to expand. And then they need to pick a training and stick to that training, because we're training up a new workforce. And again, so if we're training up a new workforce and new work skills, you, you know, we should all be kind of speaking the same language. Service confusion creates family confusion. So we can't have service confusion happening in here because otherwise, it will just lead to, well, wait a minute, I got told it by my family member it runs like this, and now you're telling me it runs like this. Do you know? Or the last time I had Family Group Conference, it looked like this and now, so then you'll get distrust from the community about this process if you start having different kinds of ways to, to do it. The other bit that needs it, 'cause it, like I said, if we're heading up to, if, we should be at 3000 a year, which does mean that we need to expand these out past Relationships Australia and probably AFSS. You know, if other providers do come in. Or you keep to us and then we get together. But you know, it's about, if you're going to expand these, I just think, putting those processes in to make sure the fidelity remains, which is, you know, making sure that you don't stick to, OK, let's just get this done in two weeks. Which then doesn't allow you to the, to do the preparation. Actually the preparation is so important, which then requires pushback sometimes around, actually, this family's not ready to go to the decision-making table yet, instead of being aligned to, OK, we'll get this done really fast because that's what the Department wants and, but then you're not going to get the same outcomes. So that preparation is the critical part to Family Group Conference and should not be, when I think about the CAA model, preparation was left out. So you'd get an e-mail to say, kind of come to the meeting, but no one had anyone talk to them about the problem was and then you just rock up at the day, and of course no prep, you're not going to get the same outcomes. So preparation and those bottom lines, really important.

Paul Nixon:

I would add to what Sarah said. Brilliant stuff, Sarah. I would put the principles of FGCs in the law to be really clear, be very explicit about the principles that would guide the practice and put them in the law. I would make sure that the law protects key processes in the FGC, so that it's done well, so it's organised by an independent coordinator. Currently, it says a coordinator, the law currently says a coordinator, but it should be independent coordinator. There's always private family time offered to the family, that they're given all the relevant information, that there's a wide circle of entitlement, and the process is led in line and led by the family's culture. You put those things in, in the law, and you can always test your practice, then again, so standards and expectations and requirements you put in the law. Third thing I would do is have them managed externally, the conferences, not by someone in the Department, but it's someone outside the Department. That potentially could be a whole range of people, if you can manage the fidelity, could be a whole range of people doing those conferences. There's no reason why not. As long as people are well-supported or trained and care about the law. And I would make sure that there was always Aboriginal leadership and review of the process of Aboriginal people would be leading and reviewing the process, saying, yeah, that's true. No, that's not true. That's false. That's not real. That's true. Because they'll tell us because, you know, New Zealand, the work came out of conversations about institutional racism. That's what

sparked the work. And Māori people were saying, why institutions making decisions about our culture and doesn't understand our culture, so they're making bad decisions, we need to talk about how we change the model of decision-making. That's exactly the same issue in South Australia, there's issue around racism and institutional racism, and how do we change the way people practice and make decisions in order that we can achieve fairness for Aboriginal children, and equity for Aboriginal children, and opportunity, which we're not currently doing, clearly, because the disparities are so enormous between Aboriginal and non-Aboriginal children. The other thing people I think need to understand is that if we continue on the trajectory of removing Aboriginal children from their families, 116.3% increase in the last 10 years. One in 11 Aboriginal children in the state are in care. The Aboriginal families are least likely to ask for help when they most need it. We're actually putting more children at risk because they don't trust us currently, don't trust the system. So the very system we're saying is protecting children, in my judgement, is actually putting children at more at risk because it's, it is really pushing Aboriginal families away 'cause they won't trust us because they'll let, every Aboriginal family will know someone's that had a child removed. One in 11. Everyone's going to know somebody. And if it's your own personal experience or you're close to it, you know it's true. So that's a really unhappy state of affairs because child protection systems need public confidence to work well. But it absolutely needs Aboriginal confidence for it to work well and at the moment it doesn't have it. And we need to change the way we do things so that we can deal with that lack of trust and lack of confidence because it's an unsafe position for families and children.

Sarah Decrea:

Hmm. Which is why taking out confusion of having different models is what's needed, because it will just add to the distrust if you have one, like I said, we'll have numerous families turning up to different Family Group Conference to support family members, and if they go, wait a minute, this is run different. You start to get that sense of, oh, wait, is this, you know, are they changing the process? Oh, this is, you know, so this is where we need to be really clear around because otherwise, you will get distrusted by the community, straight away to go, actually, look, now they're changing it to fit them. Do you know? So we, that's, we know how easy that can happen, that distrust.

Commissioner Lawrie:

And I guess just one very direct question to you both having heard from you in regards to Family Group Conferencing, and the fact that the legislation here in South Australia does not call for, you know, the mandate of Family Group Conferencing. In your view, what do you think the legislation should be saying in relation to Family Group Conferencing? In that regard?

Sarah Decrea:

Look, I'm a big thinker. I would say, must be offered? Do you know, if you just change that word. Especially if, even if we don't wanna go quite that large yet, at least for Aboriginal and Torres Strait Islander families, Family Group Conference must be offered before any other decision-making process. It should be, must be offered.

Paul Nixon:

Yeah, I'm with Sarah a hundred percent. Every child has a right to their family, their culture and their community, and therefore, every child must be offered the right to an FGC before the state can move in and make decisions about their lives. If we do that, I am confident that we will safely reduce the number of Aboriginal children in care.

Sarah Decea:

Totally.

Paul Nixon:

Because Aboriginal families will make different decisions to what the state, they'll make different decisions.

Sarah Decea:

Totally.

Paul Nixon:

We've, we've gotta back that up with resources to support those families. We've gotta back up with good kinship care arrangements, good intensive family support services, good community services, invest in ACCOs, invest in AFSS, build a capability, and it will work really well. We've got to be bold. We've got a really big problem, we need a big solution.

Sarah Decea:

Yep.

Commissioner Lawrie:

Thank you.

Sarah Decea:

Totally.

Counsel Assisting:

Thank you very much to both of you. Your evidence has been, it's been very, very, very helpful.

Sarah Decea:

Thank you. Thank you. OK.

Paul Nixon:

Good luck with the work. Good luck with the Inquiry.

Sarah Decea:

Yeah, good luck with it all.

Commissioner Lawrie:

Thank you so much.

Sarah Decea:

Yeah. And I can't wait to see it. Yeah, thank you, April. Thanks, Paul.

Paul Nixon:

Thanks. Be well. Be well. bye bye.

Counsel Assisting:

Thank you. Bye bye.

END