



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**

**Wednesday, 1 November 2023 at 10:00am**

**Aboriginal Family Support Services | Day 1**

**Witnesses:**

- **Kerry Rogers, Senior Manager Cultural Clinician, Aboriginal Family Support Services**
- **Kate Wright, Senior Manager Therapeutic Services, Aboriginal Family Support Services**

**Denise Rieniets, Counsel Assisting:**

Welcome, good morning. Before we start I'm going to ask the Commissioner to do an acknowledgement of country please.

**Commissioner April Lawrie (Chair):**

Yes thank you. I'd like to acknowledge that we are holding this meeting on Kurna Country, always was always will be, pay my respect to all the elders past and present and emerging but also would like to pay to all our Aboriginal children and young people from all parts of South Australia who have made the Kurna Yarta their home and to all our Aboriginal children and young people throughout South Australia for whom we wish to make a better future for. Thank you.

**Counsel Assisting:**

Thank you Commissioner. I'm just going to ask you to affirm your evidence please.

**Carla Ringvall, Assistant to Counsel Assisting:**

I ask you to repeat after me, I solemnly affirm that the evidence I will give will be the whole truth and nothing but the truth.

**Kerry Rogers:**

I solemnly affirm that the evidence that I will be giving will be the truth the whole truth and nothing but the truth.

**Assistant to Counsel Assisting:**

Can you please state your full name, address and occupation.

**Kerry Rogers:**

My name is Kerry Rogers, the address is 134 Waymouth Street, Adelaide and my occupation is Senior Manager Cultural Clinician at AFSS.

**Assistant to Counsel Assisting:**

Thank you. And if you can repeat after me, I solemnly affirm that the evidence I will give will be the truth the whole truth and nothing but the truth.

**Kate Wright:**

I solemnly affirm that the evidence I will give will be the truth the whole truth and nothing but the truth.

**Assistant to Counsel Assisting:**

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

**Kate Wright:**

Kate Wright Senior Manager of Therapeutic Services for Aboriginal Family Support Services at 134 Waymouth Street Adelaide.

**Counsel Assisting:**

Thank you, as you're both aware this is an inquiry being conducted by Commissioner Lawrie into the Aboriginal child placement principles and their application within South Australia, the department. As the gazetted Aboriginal consult, community consultation organisation and the RATSIO, we've asked you to come along today to provide some evidence about your experience working in that sphere and I provided to you a list of questions and and topics that we would want to deal with today. I'm aware that there was a bit of confusion about those that they didn't get to who they should have got to last week and so I'm very grateful to you for both being here and, and making an attempt to address these, and in a discussion with you prior to the hearing I've I've been clear that if there are items on that list of questions and topics that we don't get to today or you you don't feel confident to be able to address, we'll certainly be able to make an alternative time for your chief executive officer to attend in the next few weeks to provide that information thank you. Just to start with, with, when consultation requests are submitted by the department to AFSS how are those requests submitted and who requests who sends them through to you?

**Kerry Rogers:**

Okay so when those requests come through they are from social workers it may be case managers people I suppose who are responsible for the case direction for the child. They actually come through to a designated email inbox. That particular process is under myself as the senior manager in that space. We have a coordinator who monitors that inbox on a daily basis because of the requirements that are are needed in that space. We have a cultural consultant who also works in

that space. So once they actually come in we have a three-day time period to have those looked at a response done that edited and signed off to go back to the Department. However if it is an emergency placement and we receive that by 12:00 then we have until the end of the day to actually process that and send that back. In that space it can be challenging because of the amount of information that might be provided, the additional questions and we do find ourselves having to send them back and request further information regarding that placement.

**Counsel Assisting:**

Thank you. When you say that challenging because of the the information, what information is it that you're not getting from the Department in those situations?

**Kerry Rogers:**

Part of, we have a we have the department form that has particular information on it, it may be that some of the information doesn't match the child or sometimes there might be a date of birth, there might be some significant information missing, so we have to make sure that that's the right child that we're giving information on. It may be just within the summary that there just isn't enough information to actually do a consultation on, there may be some gaps in the information so we need to send that back to have that clarified. Also things like genogram, part of what I insist on there is that if it's not an emergency if it's not the child's first removal there should be a genogram attached because one that's what the document requests and two that is actually a demonstration of their active efforts to actually locate family in that space, Aboriginal family as per the Aboriginal child placement principle, so if that's missing that's something I'll will ask that it be sent back so we can have that demonstration. If it's not available I suppose that's an indication of whether there has been an active effort in that space.

**Counsel Assisting:**

And who's responsible for creating the genogram?

**Kerry Rogers:**

That would be the people or the person who's actually submitting the the ROC as we call it the Recognised Organisation Consult.

**Counsel Assisting:**

Right and what, can you explain please what that form asks for from your organisation?

**Kerry Rogers:**

Okay so from memory it will go through the specific details of the child, the parents, it will then go through it asks specifically around the child's cultural group, the mother's father's cultural group and that can also be lacking in that space, or even if it has been identified for the mother it hasn't been transposed to the child, so it's some of that guess work I suppose that has to sit in that space. And then going on from that it goes in around the placement of have they looked at, well the actual question on the document if I, it may not be word for word and I don't know if you know it word for word, it actually asks if the department has considered the Aboriginal child placement principle and then it talks about hierarchy only, I suppose these forms were developed was it prior to new legislation or at?

**Kate Wright:**

Would you like me? So prior to Kerry starting with the agency this team sat with me so and I worked at AFSS at the point in time where the legislation changed so there was quite significant change in the role of the gazetted organisation in the new legislation, the wording changed from the

Department must consult the recognised gazetted organisation prior to seeking an order for an Aboriginal or Torres Strait Islander child to Department must seek consultation prior to the placement of an Aboriginal or Torres Strait Islander child. DCP was clear that their interpretation of that wording was that that consultation therefore was only required regarding the actual placement none of the process or decision making that led to the need for a placement. There was quite a significant amount of time and consultation regarding what form that consultation would then take within the new legislative process. There was suggestion initially that it might be able to be a verbal consultation only. AFSS an agency took a very firm position that that was not appropriate, because we were not confident that we would be necessarily recorded and represented correctly and that we would not necessarily be giving an opinion based on information and be able to say later this was the information provided to us therefore this was our recommendation. The form itself was I say developed in partnership, however in a very unbalanced power relationship. The form asks for the child's name date of birth, family and cultural connections, the parents family and cultural connections, it asks for the type of order, the type of placement, so whether it is an emergency placement, SCO, long-term, short-term, respite, who the placement is with and the cultural identity or connections that that proposed placement may be with. It asks for details around whether reunification is being considered or pursued for that family. It asks for some background information that has led to the placement, how much is given varies significantly based on the individual writing it and their perspective and understanding of how much is needed to be shared. It will ask for the advice or the has there been a consultation with a PAC, a Principal Aboriginal Consultant. Again you see quite a significant variation between sometimes just the box being ticked yes, sometimes PAC not identified by name but PAC supports the placement with no further detail, and sometimes you get quite a detailed amount of information including who the PAC was, when the consultation was, what their advice was. The form includes a requirement for genogram or family information from C3 and then there's an opportunity for us to provide our response on that paperwork. The the negotiation around the three day time frame was that DCP obviously want a very quick response, the legislation is worded, I believe the wording is where consultation must occur prior to the placement of a child wherever practicable, and we agreed that if we received what we were happy was a complete document we would be able to turn that around within three business days. If it was an emergency placement that was to occur that day and we received that complete document by midday we would respond on that day. Now I haven't maintained my knowledge of the stats but certainly in the number of years that I held that team again not, it's not an exact number but it would be, I can't think of actually any that occurred in that frame time frame as an emergency placement for that day received prior to midday.

**Counsel Assisting:**

Why is that?

**Kerry Rogers:**

Well I've actually kept some of those stats. It does question if they weren't able to put that in prior, what was their reason. I'm just reflecting on a lot of those responses and a lot of them I see as inadequate, just sorry our bad basically was the interpretation, I didn't realise, they also have, they will also attach the placements and what we also identify is there have been a lot of placements that they just haven't put a ROC in for and.

**Counsel Assisting:**

So sorry can I just interrupt there, when you say they, you're referring to DCP?

**Kerry Rogers:**

DCP, so DCP have not actually put that in. Me coming into the position, having my experience within the department prior, the Aboriginal child placement principle is something I hold very dear, because I understand what the outcomes can be, so I wanted to keep some stats because they actually don't ask AFSS about what we are collecting or what comes through from that, they are measuring us on something like a 95% adherence as a KPI to a lot of this which does become difficult when we have staff come and go and the complexities we know around recruitment, especially of our Aboriginal staff in organisations, but some of the the stats that I have been keeping I think currently for the last quarter there has been a delay, so we talk about pre or we talk about as early as practical on the day, currently it is 22.8 days post, so the child has actually been in the placement for an average of 22.8 days. Previously say from April to May for this year it has been an average of 31 days taken.

**Counsel Assisting:**

Can I just get you to clarify that. So when you say 22.8 days post that's before your organisation receives that referral form?

**Kerry Rogers:**

Yes.

**Kate Wright:**

So a child will enter a placement say on the 1st of November and we will not receive the consultation request until many days subsequent to that. Sometimes the child may have moved through multiple placements in that time frame.

**Kerry Rogers:**

Or they will just miss.

**Kate Wright:**

So we have had occasions where we've received consultation requests, four for the same child, all on the same day, that represent the four placements that they've been through in the previous month, none of which have been consulted to prior to placement commencing.

**Counsel Assisting:**

So what what are they asking of the consultation then?

**Kate Wright:**

Do we assess that that placement is considering the placement hierarchy and do we support the placement.

**Counsel Assisting:**

Right.

**Kerry Rogers:**

They are the two questions. So from that information that is where I've been very interested to see what is happening and again this is the placement moves for all Aboriginal children in South Australia. Our numbers vary from month to month but for 22-23 financial year we had 469 requests. So I'm not sure how that represents from the Department of how many placement moves they've had compared to how many actual ROCs or the Recognised Organisation Consults that we've actually received, and I would imagine that there would be a gap because we know that not one is sent through for every placement move as per legislation, and we also know that if we look at some of

the data, even I did just from April to May this year, there were 74 referrals received and 28 of those or 28% were non-compliant with whether the consideration of the the placement principle had occurred. 12 of the referrals, of those 74 referrals were pursuing reunification so that's 12 out of 74, however of those 25 were assessed as assessing whether they're going to assess to send them to reunification, and of those 74 there were, I'm just getting the, three actual referrals made to a reunification service. So of 74 only three were actually sent to a reunification service.

**Kate Wright:**

And just a point of clarity, one of the other agreements that was in place for a ROC was a single request document could be sent naming multiple siblings if they were entering the same placement so the 460, whatever you...

**Kerry Rogers:**

69.

**Kate Wright:**

May actually represent more children than that because there may have been two, three or more on one, but it also doesn't necessarily reflect because unfortunately our system isn't quite as sensitive as we'd like it to be sometimes, of that how many individual children that is because there could be multiple placement moves for an individual within that 469, so it's not an absolute figure of how many Aboriginal children was there a consultation for.

**Counsel Assisting:**

Yep.

**Kate Wright:**

The other thing that has been a point of interpretation was whether when a placement or an order changes, so a child may enter Mary's care as an emergency placement, all right, it may be supported because of the time frame involved and the need to create safety and the fact that there hasn't been adequate time perhaps to complete extensive scoping, so there may be provisional support with recommendations for those steps. DCP does not always come back and reconsult when they then achieve a longer term order and choose to keep that child in Mary's care.

**Counsel Assisting:**

Right.

**Kate Wright:**

They don't consider that to be a placement change. We would argue that it should be because you're you're changing the nature of the placement and we have we haven't then been presented with the information to show that okay, in that initial emergency 24 hours you didn't do extensive deep scoping, but you've now had this child in care for 2 weeks, 3 weeks, 6 months, what have you done to justify why you're now leaving this child in X placement rather than a kinship placement or a reunification or some alternative.

**Counsel Assisting:**

From your experience in in a situation like you've just described where there's been an emergency placement with somebody who has, there hasn't been extensive scoping, is it the Department's practice that that's good enough or do you see that there is extensive scoping work done to when when they've found a secure placement for a child?

**Kate Wright:**

I think that varies office to office, team to team, location to location. I think the general would be to say yeah cultural consideration comes last in a process. Often when we're reading the consultations and they have put them in late and we ask the question around why wasn't it submitted prior there'll be things like well case pressure, urgency of completing investigations are the justifications for why the consultation hasn't occurred, which for me is an indicator of the the importance given to the cultural considerations for that child or young person. I think we have a system, to be fair, where we don't have enough placements, we don't have enough supports, and there are other factors that impact on whether or not family is willing to engage with DCP to talk about kinship options as well but I think yes, very rapidly the focus becomes the investigation or the, the outcome beyond placement and if a child is in a placement on the whole your - it's good enough.

**Kerry Rogers:**

And I think there have been changes because we also ask have the scoping team been engaged in that process, and we have had varying varying responses from no because we've done it, you know, a year or two ago we've done extensive, to the scoping team doesn't exist, or we don't fit the criteria, because I think something that's happened new is the criteria for the family, the Aboriginal Family Scoping Team has changed, and I think it is something to if the child has to be in care for less than a year, so any child who's been in in the child protection system for more than a year they don't get an opportunity I suppose to go to the scoping team to have I suppose their family scoped. So it is varying responses.

**Counsel Assisting:**

Can I just ask when did you see that change come through?

**Kerry Rogers:**

It wasn't until maybe, I'm thinking, it was maybe about three or four months ago when I'd questioned a person who had said we don't have the scoping team anymore and there seemed to be a lot of responses in that space of confusion for staff to say they don't fit the criteria or they don't exist anymore. I found that really challenging and I did try to find out what that criteria was and I still haven't got that that as yet, but I did notice those responses coming through about, probably about 3 months ago I would expect, and it did tweak I suppose my mind to to find out what that was about.

**Kate Wright:**

There was really significant shifts and changes within DCP around how and where and who their scoping team was, so when it was first established my understanding, and it's limited and possibly not correct, was that that was a team that all sat together at Netley and they worked from there. Then there was some changes and there was talk about them being placed in various offices. Then there was a further change and a further review of the the role, purpose and process, and there was talk about them focusing on children entering the system and so those initial placements rather than children that had been in the child protection system for a long period of time. There hasn't been extensive or great comms about what that looks like and how it works to us.

**Counsel Assisting:**

Right.

**Kate Wright:**

And it seems to keep changing, and my feeling from some of the conversations that we've had with

workers in various DCP offices, kind of at the very ground level, coalface, is that they don't know either.

**Counsel Assisting:**

Right.

**Kate Wright:**

You know those changes are big system changes that don't necessarily filter through in a clear and articulate way.

**Counsel Assisting:**

Okay. So just getting back to your referrals from the Department, would you consider that those requests are made in a in a timely manner?

**Kerry Rogers:**

The referrals as in?

**Counsel Assisting:**

To you.

**Kate Wright:**

The ROCs.

**Counsel Assisting:**

The ROCs yes.

**Kerry Rogers:**

No.

**Counsel Assisting:**

In, not just in the case of emergencies or across the board?

**Kerry Rogers:**

Across the board and sometimes there is a rationale of I'm sorry there is no excuse. And again we don't know how many we've missed because we don't they've missed the only thing we can pick up sometimes is in the summary which is very brief and the evidence what I can see is they they're cut and pasted, if they are free text it is rushed, the presentation of a lot of them sometimes they don't quite make sense, there's a lot of spelling, grammatical errors from cutting and pasting and typing very quickly and what seems to be not care in that space, and that's just been a real disappointment because of my of my view about what they represent, that this is a movement a placement for an Aboriginal child and the PAC consult description sometimes is the least amount, and I've pushed back in that space because I believe that it is a placement around an Aboriginal child where we actually want to look at what those cultural considerations are, it's not just necessarily about having an Aboriginal child placed with an Aboriginal person, you know, is also we want to be able to have them described how how that person is going to be able to connect with the child and grow them in that space, and we also know that when they tick the short-term box, the advice I give to my staff is we also need to be very diligent in that space because very quickly it will become long term as Kate described and then we won't necessarily get anything. So we may be thinking we need to show a little bit of understanding or leniency in this rushed process or this emergency, but that emergency usually turns into long term and is usually placed in non-Aboriginal placement, and the thing about the Aboriginal child placement principle within the department, the hierarchy is as such that at the



bottom of that it says if you can't do these things you place in a non- Aboriginal placement, technically that is the Aboriginal child placement principle which is, I don't think demonstrated or interpreted the same elsewhere, and that was an additional part that was put in, it wasn't in the initial draft. So it actually makes almost every placement almost compliant. Also the document doesn't actually state, the hierarchy doesn't state Aboriginal family, it just says family, and so we will get social workers pushing back to say but this is family, not actually reading the heading that says the Aboriginal Torres Strait Islander Child Placement Principle.

**Commissioner Lawrie:**

Are you talking specifically about section 12 in the Act or about the, sorry, the information in the forms?

**Kerry Rogers:**

The information in the forms.

**Kate Wright:**

I guess a lot of it comes down to interpretation of what is adequate effort. So if the language is around consider as far as practicable then and then the last line in your consideration is if these things are not possible then you can do this, how much is enough?

**Kerry Rogers:**

Yes.

**Kate Wright:**

And I think as an ACCO we would suggest that in many cases we don't feel it has been enough, or it hasn't been a priority, but also the interpretation of other elements of practice, so the example Kerry gave of the section that asks is reunification being considered and has a referral been made to a reunification service. The language around reunification in DCPs practice documents is that reunification services are available and they exist to support the assessment of the viability and possibility of reunification. Often what we'll see though from DCP is the statement that we need to assess the viability and if we assess that it's viable then we'll make a referral to a service. Now that can mean that a child has been out of their family's care and that that family has not had access to culturally safe supports or any support outside of DCP them, you know, as an entity, to assist them to understand the concerns, assist them to work through the expectations of DCP and to actually demonstrate that they've got the capacity and the ability and we can talk into obviously all the the barriers that exist at some point as well, but there's lots of those elements within all of these processes that are all intertwined in terms of how legislation has been interpreted by DCP, and how each bit then flows to the next bit. So has consideration been given, yes I've thought about it, tick the box. Where's the evidence of the effort and how big was that effort.

**Kerry Rogers:**

There's not the inclusion of active efforts in the document, so it is very, it can be difficult to challenge some of those things and request more information, because a lot of times the statement will be made, we looked and there was no safe family, and that's that's it. So it's it is challenging for us in that space especially when we know that they're big families, especially as an Aboriginal person reading into that thinking surely there are some safe people in this family but they have not been explored.

**Counsel Assisting:**

Is it part of your role to possibly explore those options or not?

**Kerry Rogers:**

No.

**Kate Wright:**

Our role is not investigative and it is to respond to the material information provided to us. We also don't have access to much of that information so it's a tricky space.

**Kerry Rogers:**

And the access, well the information we get, it's being collected for specific purposes as well, around collecting evidence for things like, you know, removal of children or supporting Court processes, so the language is very different, and what I've found it's very deficit. It's really hard to find strength based and the confirmation bias that you read through, and you know statements like, you know, the father says he's Aboriginal, or claims to be, which is actually not in line with their policies and procedures about identification, or we've had a case come through about DNA testing which, what I was always believed was a big no no, but testing for parentage, but not testing for Aboriginality. Again so there's some of the challenges that come across for me and I just find that a little bit scary.

**Counsel Assisting:**

So can I just clarify that, are you seeing the DCP requesting DNA testing for Aboriginality?

**Kerry Rogers:**

Yes.

**Kate Wright:**

Yeah not often but it does occur, we also had cases where they've said well the the mother claims to be Aboriginal but her mother or, you know, our records don't support that, or similar, type.

**Kerry Rogers:**

Or what they would do is send it to the scoping team and say that the scoping team has not found any evidence of Aboriginality. Again which is not in line with their process. Self-identification for families is what they, what their policy is and what is actually, I suppose distributed as information throughout the department. But there is still a lot of and I think people are very careful about how they write, but you can get the interpretation or you can get the intent of the messages around people claiming Aboriginality or they can't find evidence of, and then sometimes there may be talk around de identifying, and what that might look like. Again it it's not in line with policy or, but it is what is happening at the at the ground face and it doesn't, it doesn't seem to me that, there's not a lot of alignment between the intent of a certain policies or direction to what's actually happening for staff and escalation is not I supposed encouraged.

**Kate Wright:**

And it's it's a tricky in, and whether it's in the the role of the gazetted or within other programs as well, it's easy to talk about if you know something's not working, you're not getting a good response escalate it. The problem with that is we if if you escalate everything you end up in a completely purely adversarial relationship. We are as as an NGO as an ACCO completely dependent on multiple government departments but essentially on government for our funding, and while there have been some moves and steps in some areas to improve the way in which service design and partnership and listening to ACCO's in particular to try and improve the way services are delivered and designed, that's only to a a fairly limited extent at this point, and we'll talk to that in some of the other answers in a little bit as well, but I think you will, and this happens quite frequently in other programs, you'll have a conversation you'll know that the direction or the statements being made by

a very young very new quite inexperienced social worker, an overworked and stressed out supervisor, are not actually really what's in their policies and processes, but you then have to escalate that to a manager or to a regional director, you be end up in a very adversarial relationship because it's seen as you're attacking the individual, not as questioning process and fairness and outcome for a child and family. We are often accused of being parent focused not child focused and that adversarial relationship then damages what happens for the next family. So it's an easy thing to say and we do do it but that is not as easy as it sounds where there is quite a significant power imbalance, and we also don't have access to information, we don't, we're not included in processes at the beginning we come in halfway through because that's the way our system currently works, so we, you know, we're we're not given the level of power to participate actively in good decision making quite often, which further makes it difficult to influence good decision making.

**Kerry Rogers:**

And the challenge is a lot of the time the decision that has been made has been made by somebody who was previously in the role, the roles changed, staff turnover, and I hear that as and I will say as an excuse all of the time as an organisation, as an ACCO, the department DCP is DCP so we look at that as one entity, and so what happens behind those closed doors is a responsibility of that organisation, so to be always hearing, well that was somebody else who was in my job, as an Aboriginal person I find that offensive because it is their due diligence to go through and to find out and if there have been processes or or or things missed, that is not the job as an ACCO to fix, but it seems to be our job to to identify, but then again you get the hands up of I'm sorry but that wasn't me that was somebody else and you get a collusion.

**Kate Wright:**

And the further part of that statement is well that was the decision at the time, without any willingness to acknowledge that that might have been a wrong decision. I can think of particularly in the reunification space maybe two cases in my over seven years at AFSS where I've had a supervisor or a manager agree that a decision was a wrong decision and seek to change it.

**Counsel Assisting:**

Right.

**Kate Wright:**

I've had many, well that was the decision at the time based on what was available at the time, we can work from here now moving forward or we can, but no willingness to really step back and say actually the thing that happened then shouldn't have happened and yes we can see the impact that that's had for the parents, for the family, for now we need to make a change. Very, very rarely actually occurs.

**Counsel Assisting:**

Yeah thank you. Can I just take you now to your organisation as a service provider. What proportion of your organisation's staff identify as Aboriginal?

**Kerry Rogers:**

Okay this amount does fluctuate throughout the organisation given the space that we have casual and shift work and so forth. Currently it's sitting at about 20, it's sitting at 21% identified.

**Kate Wright:**

Last year there was a period where it was closer to 30%. We've got approximately 480 I think, sorry

numbers are not my strong point, 480 odd staff but nearly 280 of those work within the residential care space.

**Commissioner Lawrie:**

That's headcount?

**Kate Wright:**

Yeah, yep. So within that there's a lot of casuals, there's a lot of people who are studying that this is a first job they're moving through jobs and so that's where a lot of that fluctuation comes from where nearly 50% of your workforce is in that rotational shift work space. We also compete very heavily with other organisations for our Aboriginal workforce. We're talking about a fairly small population to draw from. There's lots of barriers associated working within the child protection space.

**Counsel Assisting:**

Can I just get you to elaborate what those barriers are for Aboriginal people?

**Kate Wright:**

I'm happy too but I don't want to speak for.

**Kerry Rogers:**

I think in that space there is always the association with child protection. And even as an ACCO, the department, DCP would like to work in partnership, they want to do this work of let's go together but unfortunately what that demonstrates is a collusion between what is Aboriginal people's biggest fears around child protection and the agency that they see is to be in there to advocate and protect. So there is a challenge on how workers do that work. There is also a challenge around being able to see and influence change because I think what a lot of that is about is when they sit in that space with the Department. I know that our CLO's, so the Carer Liaison Officers, report that within their role they are they are dismissed, minimalised, not valued, the information is not seen as credible because they are seen to be working with the carers.

**Counsel Assisting:**

And when you say they're dismissed that's by the department?

**Kerry Rogers:**

Yes.

**Counsel Assisting:**

Okay.

**Kate Wright:**

I think one of the other things that we need to acknowledge and I acknowledge this as a non-Aboriginal worker who works in this space and has the privilege of some amazing colleagues who share their knowledge and experience with me, as a system we need to acknowledge that particularly our child protection system has a horrific history of overt racism and systemic destruction of family, community, culture, and that is ongoing, it may not be overt but there is still clear evidence of discrepancy, lack of fairness, unfair treatment, over representation. To step into that as a worker, as an Aboriginal worker, you're working within your community, you're working with the transgenerational trauma that that has brought for your family, for your community, sometimes for yourself, and we're then asking you to work with a system that still isn't working in fair and safe ways. So the personal impacts that that has for workers will often have workers

choosing, they may want to work with community, they may want to work in the the community services space, but working in health or working in education is a safer space to be in than being child protection, especially if you're then talking about regional areas where families and communities see us as an arm of child protection potentially, and you've got to go and face them at the footy club, you've got to face them in the supermarket, you've got to face them in social media, through family, through community, you can't take that off when you go home, and that can be challenging for any worker in child protection that we are working in in trauma, but the layer that is added by being an Aboriginal worker asked to step into that space cannot be underestimated or misunderstood.

**Kerry Rogers:**

And I think around, the cultural fatigue that sits in that space, as Aboriginal people in that space we are allotted with all the responsibility that goes with that. We are looked at as the people who should be instrumental in that space, but we actually aren't given any of the authority that sits with that responsibility, and I think moving forward, change will only happen at the speed of trust and there is no trust as Aboriginal workers, even it it's the space reflecting on the work that I've done over time, you feel the same things in a lot of the different positions, because there is a privilege given to those foundational things around attachment theory, around child rearing practices, around all of those things, and there is a privilege of, you know, but this is what we need to do and we have those educated people, researchers and so forth, who are dictating that, and again when we look at things like where that information comes from around WEIRD population, so Western Educated Industrialised Rich and Democratic, we know that that comes from universities, we know the background of that is about 12, 10 to 12% of the world's population, however as big government departments and departments they use that information to provide to 100% of the population, and when we have Aboriginal people in that space, when we look at enforcing and and being, if I can say the word coerced, or financially forced, or power over, to implement those in models and in presentations, in ways of working. We know that's not going to work, that works with 10 to 12% of the world's population not 100% and definitely not indigenous populations, not migrant refugees, but definitely not Aboriginal, and we are such a small voice as Aboriginal people within not only our circles of community but where we work and I think that does impact on where Aboriginal people work and for how long, because if you're not going to be able to influence those things and if you are always told that your child rearing practice or your kinship structure is a deficit because culture within DCP is seen as deficit, it's not seen as a strength of kinship and support. They see overcrowding houses they do not see multigenerational living, they do not see the eyes that are on a child. They preference a nice house four walls. They do not look at things like chaotic parenting that's, I think they remove something like 70% with chaotic parenting, however because they do not have a clear understanding of kinship systems they see that as confusing because they do not understand the child going to different family members as a way of their support and of what they know and is very clear to them, an inexperienced worker who has not had the the department or theories and knowledges support that will go to chaotic parenting and removal, because that's what their lens is telling them to do, and within the department my experience was we need to mild down the training because we don't want to upset workers. So we will get what we've always got in that space. Aboriginal people will stop pushing in that sense and they will leave and but then they will look at as you've had you've been to how many departments, how many short-term contracts have you had, and it is looked at as a deficit for the Aboriginal worker rather than they've gotten sick and tired of being in a space of unconscious bias or racism, so they move because they know they can't change it, but then they are looked at as the person who can't hold down a job.

**Kate Wright:**

Then one of the challenges for us as an agency outside of government system trying to recruit and retrain skilled Aboriginal staff in particular is there is a high level of motivation from government and other agencies to also recruit those staff, but also when we're not in government we don't have that flexibility to say you've got the whole government gazette, you're permanent you might be able to move through some jobs, so if you are feeling burnt out in this space you could maybe possibly apply for a contract that will take you over to this department for a while. We don't have that outside of government either, so there is still a very attractive position for a lot of people to go there's permanency in government which creates safety, especially if you do have financial responsibilities within your family, you do want that sense of security, you do want to know that you know if you've gone off on parenting leave there's going to be lots of contracts still available for you when you come back. Non-government doesn't have some of those advantages which makes it then hard to keep good staff.

**Kerry Rogers:**

But as an Aboriginal worker in that space, and this has been talking from my experience, is to put it bluntly, you sell your soul for security or perceived security and that is a challenge when we are always stereotyped in a very different way. So we want to make sure we get in, we do what we need to do, we give 100%, well we give more than 100%, so it is really really challenging in those spaces because that is what you have to do, because if you don't feel as though you have a voice and you are doing as best you can, you still again are given all the responsibility and everybody will look at the Aboriginal workers in an Aboriginal organisation and say that's why that's not working. Community you know are very frustrated and they do challenge about, what are you doing in that space, they don't ask an organisation, they ask average people as in individuals. So the cultural fatigue, the compassion fatigue, any of the fatigues that you can think of out there, rests solely on the shoulders of Aboriginal people, and when they go and they report racism, they report incidents, they're reporting up to people who may not have a lens and they are told I'm sure they didn't mean it that way. I've got to say over my time I have sought out formal processes in that space and have been left wanting, have been left dismissed. So yes there are policies, there are procedures, but as Aboriginal workers, and I speak not only for myself but colleagues that I've worked with, we do feel absolutely powerless regardless of the position that you put us in if you do not allot the authority and the voice that goes with it.

**Kate Wright:**

You're speaking particularly about some of your time within Department there too aren't you?

**Kerry Rogers:**

Yes.

**Kate Wright:**

Yeah.

**Kerry Rogers:**

Sorry I'll make that clear that has been my experience and my frustration and again that is why we have had people move into the NGO and the ACCO space, because there is a different scope, there is a different voice, the hierarchy is not so structured, people are so scared of going above the person above them, it is pretty scary and majority of time you are smacked. so there that is what the experience of people have and so when they come into different organisations that's that's the luggage, the baggage that they bring with them.

**Kate Wright:**

And I think that's one of the differences and you your next question asks around how we we manage cultural competency and how we support staff, and I think some of it is some of that intangible that comes from as an ACCO what is the value base that we we sit with and we sit from, and starting from the perspective of believing and seeing and knowing culture as a strength and as a protective factor, and knowing and believing and valuing and intending for power to be seated with Aboriginal family, community, staff that's that's a hard thing to point to in a document and say there it is, but I think that's the underpinning of the whole agency setup, you know, the leadership is an Aboriginal board, the chief executive is an Aboriginal person, you know that, some of those things that become integrated through yes intention but not necessarily through documented if, does that make sense?

**Counsel Assisting:**

Yeah

**Kerry Rogers:**

And I think my position is a relatively new position within AFSS, so bringing me in as a senior manager cultural clinician it is a position that again is new so we're starting to look at what that means, but it's about looking across the whole organisation, it's looking inside out around how we do business, starting to explore some of those practices and also about having that support for Aboriginal staff. So we are currently looking at having a an Aboriginal advisory or committee within that space represented across, and that's something that I will oversight, that's something that was identified from staff and also something I wanted to bring in because I think it's really important to have that internal space where people can come together and be able to talk about some of the trends and some of the experiences they have, and I think it's also a direct link to what's happening in practice. There's also the space around meeting with other senior managers, also being able to do cultural supervision, being able to talk to staff about what their experience is and also being able to come together to actually give a united front, so things like transfer of guardianship what that looks like for AFSS and how that differs from the department and some of the complexities that brings up and definitely what risks pose in relation to that, so it's also a position that sits out and is able to reflect those things, so things like the referendum being able to have a united yes voice, to be able to do that and support staff through that process, again we can't dictate what people vote but as an organisation we can talk about what that means as an organisation and how we see that. So it is about that, my position also is embedded through training, so how can we better do that, how can we have a focus on those theories and knowledges that we're not just tweaking, and I suppose that will come through more in some of the questions around those tools that we use as well.

**Kate Wright:**

And I think we then face some of those challenges to do these things of, again all funding is linked to service agreements, tenders and contracts that are very narrow, so there may be, and I think the creation of Kerry's role was a really intentional step by our board and our chief executive because we did want more, we did want to be able to provide more within our agency, but that's a very challenging thing to achieve when you're in a very tightly funded and tightly KPI'd system of funding as well.

**Counsel Assisting:**

Sure. I'll come back to that issue of your funding in terms of offering more particularly keep focused on the the Aboriginal child placement policy of the early intervention and the intensive early support but.

**Kate Wright:**

Yep.

**Counsel Assisting:**

We'll come back to that. So your, what I take from that and correct me if I'm wrong is that your your competency and your training for your non-Aboriginal staff is an ongoing?

**Kate Wright:**

Yep, so all of our staff complete in some internal training within their first weeks of employment and then there's those ongoing policies, procedures, integrated opportunities for Aboriginal and non-Aboriginal staff and what is supported looks slightly different obviously, but the access to that support needs to be there for all staff.

**Counsel Assisting:**

And how do you assess cultural competency of your non-Aboriginal staff?

**Kerry Rogers:**

I think it's sort of demonstrated in the outcomes, it's demonstrated in the conversations that we have. I make a point of going out to offices, sitting in with staff, hearing conversations and actually being able to have those conversations about how they're actually implementing what we deem as culturally safe, having those, it's actually also embedded in the training that we do, so when we do say we do a focus on Winangay training for assessors, and you know our assessors are Aboriginal non-Aboriginal in that space, so it's also about reflecting in that space and coming back. I also have staff and it's open for Aboriginal non-Aboriginal staff to get some more clarity or support in meetings. So I also sit with managers and we do talk about I suppose those things that are coming through, and I would like managers to identify if they have a sense that there is not enough focus or if we need to do more of an audit, and a lot of the times those things are coming through, so you know are staff can, are staff actually talking to carers about things like back to Country, and some of those things can be challenging for staff, so it's being able to sit down with staff and be able to talk about what might be some of those bias. Some of that stuff will come through through training, but again it's identified through the contact that we have and I like to be able to work across the board, so my position is statewide, but it's also identifying things like the Aboriginal child placement principle and having those discussions, it's going and sitting with a family-based care team on Cross Road to be able to sit in there and say, can we have some reflection about some of the cases and what are some of your approaches, so and it's not being in a punitive state, it's more around tell me about where you know, what's your rationale for that approach for that family, have you considered these things, and actually doing it as a group rather than individual so you get more of, you get more of a reflection from Aboriginal staff and non-Aboriginal staff to talk about what that means for the family.

**Kate Wright:**

I think some of it is also about how we approach different points of the work and how we again have a valuing of cultural authority that is offered by various staff, and whether that's a caseworker or a manager actually doesn't matter, it is an Aboriginal voice, it is a cultural authority that is vital and that's again about that privileging of culture as part of, and integrated throughout, not as a token or a tack on or the, and have we, it is integrated throughout process, so most of our programs have a mix of Aboriginal and non-Aboriginal staff working within them and most of our programs will have processes where they look how they look at new referrals, and that that's sort a single person or a single brain involved in how do we understand or unpack this, there's multiple voices, so there's



multiple opportunities to to read information and to be curious if we're being told there is no safe family, what questions come from that and often well hang on a minute, who the who who do they mean by family? Do they mean mum, dad and 2.5 kids, or do they mean cultural family, do they mean extended family, do they mean, and questioning that and having a valuing of that voice or those voices in that process that then increases the competency for all staff.

**Counsel Assisting:**

So once those questions are asked and you determine that there might be in fact safe family, is that fed back to DCP?

**Kate Wright:**

Yeah it depends on, so we've got so many different programs that work in so many different places and times with families, so yes where we can, where we have that opportunity, sometimes Department's closed and they're not working with the family anymore and they don't want to listen to us about the family, and in other programs we will have to challenge the thinking or the decision making and ask lots more questions and make suggestion, sometimes those are taken on board very well, sometimes they're not, but we are talking about a very broad suite of programs that work with families at very different points in their whoops journey within the child protection system as well, and some of them hopefully not within the child protection system.

**Kerry Rogers:**

And because we don't have access to that same information, when they say this person is not safe, this family is not safe, there's not always an elaboration on that, and what what is safe for one person, it might not be safe for the child to live there but it may be safe for respite for a short period, it might be that you know, they can still have birthdays and Christmases together, there's supervision, so it is a very, it is a very hard space to be in when we are making suggestions, especially when, if say we're involved in contact, what our notes and our description or observation does not get included in C3 notes, it is only that perception of the social worker.

**Kate Wright:**

And ultimately at the end of the day our legislation and our system seats all decision-making power with the department.

**Counsel Assisting:**

Right.

**Kate Wright:**

So we can provide feedback, we can provide input, we can advocate, but ultimately the decision and the power sits with Department.

**Counsel Assisting:**

Right.

**Kerry Rogers:**

And the challenge is our staff if they are trying to work in a culturally competent and culturally safe way, it is in a system and a process that does not value that, which actually will see that as unsafe or deficit, so having our workers, even if we have our workers working in such way it's not recognised on that other side, so that can be really challenging for our champion non-Aboriginal people in that space, where it can be very frustrating, and there may be a empathy in that space, but again I think if both of us appeared at a meeting I know who would be listened to more, and that's how sometimes

we have to manipulate our relationships, because as an Aboriginal person you can always see the eyes roll when you start to bring those things in because we are coming in from culturally cultural safe or cultural competence, but if that's not recognised by the other side sometimes we have to use a translator in a sense who is going to, and that's why you know we really, it is about how we work together in that space because I think it's, as Aboriginal people we are expected to always walk between two worlds. I'm actually waiting for the time when we have our colleagues, our other workers being able to step into ours, because then we don't have to translate everything we do and justify everything we do into this world. It would be really nice for the intelligent people of this world who sit in those positions to be able to actually come into our world and understand it without us having to translate.

**Counsel Assisting:**

So can I just ask when you referred earlier to the different models of attachment and the, what you referred to is seen on a Western view as chaotic parenting where in fact it's it's more of a kinship parenting, if you feed that back, or do you get an opportunity to feed that information back to the department in cases that you're working for, or is that by the time those observations are made decisions are made and they're not interested in hearing from you?

**Kerry Rogers:**

I think there is the, there is a confirmation bias that sits in there, so and you know, you've spoke to [unclear], you know all of those mistakes or all of those oversights that have been evident identified around confirmation bias about hearing and and believing the last things that you read and all of those other things that have been, that is what happens so it does get very challenging in that space.

**Kate Wright:**

I think one of the, the realities and I have worked in, I've been a social worker for over 20 years and I've worked across a number of NGO spaces often alongside child protection and I would say across all of those agencies my experience has been that the department always considers their expertise and their knowledge to be right and the knowledge and expertise of agencies outside of themselves to not be of the same level of depth, wisdom, knowledge, authority. That is taken to a whole another level when you are talking about an ACCO, particularly if you're talking about an Aboriginal colleague, the assumptions are made that you are going to be biased in favour of Aboriginal people because you just blindly think that they do no wrong, which I can say every single Aboriginal colleague I have has a very firm, very clear position around the absolute vital nature of creating safety for children. I don't work with anyone who has blindly thinks that a child should be left with family if there is clear and overwhelming evidence that that child is not safe, but I have certainly experienced, if not overtly stated, but certainly through attitudes and way in which my Aboriginal colleagues, and myself because I worked for an ACCO I'm kind of lumped in but still with white privilege, that the assumption is that our evaluations are always going to be slanted towards. I certainly have had experiences where we have had to attend and observe child contacts for children and families in reunification and had workers come back with extremely detailed and specific observations of child and parent interactions that the DCP contact worker didn't make, didn't record, refused to write down when they were pointed out to them, and that they were then not included in the assessment, and when we've said well hang on a minute on this date, during this contact, we observed the child to go to his father, sit on his lap, snuggle in, take delight, move away come back all the the you know, in all the nice white attachment language, that's not in our records is the response. We also have a system that privileges assessments that are based in white frameworks and models. So psychological assessments, PCA's, parenting capacity assessments, are based on

white psych tools. They are usually delivered by non-Aboriginal psychologists, and we are, and actually one of the, the case [redacted – identifying information], we will not even be consulted by the psych even though we have been actively working with the mother and we can talk to her reflections and her understandings and her development towards addressing the child protection concerns, we will not even be consulted as part of that PCA.

**Counsel Assisting:**

Right.

**Kate Wright:**

So there are many many many power discrepancies and privileging of decision making through a lens that is ostensibly a white lens.

**Kerry Rogers:**

Absolutely and I think that's the challenge on this side, my background is psychology, working not in AFSS but in DCP around that there was never an acknowledgement around the need for say a Principal Aboriginal Psychologist or a consultant specifically for psychology, and being involved in there there was a huge gap in information, there was no challenge to those those foundational knowledges and a psych assessment or evaluation was always looked at as overriding everything, even though the challenge from my point was what actual experience has that psych had and my experience was they have not even worked with an Aboriginal family, there is no expectation that they work with an Aboriginal family, and that's the challenge from my point of view going through and doing my psych I've seen the massive gaps in knowledge and the massive gaps where there was not the cultural considerations in that space being able to, and that is exactly why I did psych because I wanted to actually challenge those those those theories and knowledges specifically around singular attachment which I know the department does not actually look at, they might say consider some of this information but don't provide it in all of that, so it's really challenging to sit in an organisation where we know what families need, we are in contact with families, we are actually sharing that information across but again, we are at the mercy of frontline new staff who are sometimes straight out of uni, sometimes students, sometimes very short in that space and no experience with Aboriginal families at all and we are in the space where their power is on the other side and we have been told we will bring in a PAC if we deem that necessary, so it is very challenging.

**Counsel Assisting:**

So moving on to the next question in terms of the service that you provide to Aboriginal families, are those services based on the western models of service or are they specifically developed as Aboriginal models?

**Kate Wright:**

So funding as I said before comes for us through a very wide variety of places, so DCP, DHS, NIAA, OPG and I'm probably missing some in that list, but largely in this state funding is done through competitive tendering processes and largely there is no consideration or quarantining of funding specific for Aboriginal business by Aboriginal organisations. Tenders dictate often what the service model can be and what you need to demonstrate within a very fixed framework to win the funding. So while we will do our best to add cultural lens and understanding and processes and tools, we are often required to provide a service within a framework and a structure which has been determined by government.

**Counsel Assisting:**

Right.

**Kate Wright:**

DHS made an attempt when they did their review of the Child and Family Support System a few years ago and went through the recommissioning process then for Intensive Family Service funding, they made an attempt when they did that review, they used a consultant Dana Shen who is an Aboriginal woman and consultant as part of that process, as part of that process they developed a set of what they called their Aboriginal co-design criteria, however they still then took the feedback, took that knowledge and made assumptions about what that meant and what that should look like for practice without then coming back to the ACCO's to say what does that actually mean. They did, they were very brave, they were the first, it was the first and only time that there was any, if you like, quarantining of any funding and made specifically available for ACCO's, so I can't remember then the total number of amount of funding available for the state, but they agreed with some pressure from other mainstream NGOs that were acknowledging Aboriginal business should be done by and for Aboriginal community by ACCO's, so they they decided that the magical number was 30% of that available funding, and they withdrew that from the general tender amount, and then they came to AFSS and to KWY the other main ACCO and asked us to, we still had to do a full tender, it was somewhere in the region of 80,000 words, but they said we would like to fund you for these areas and you for these areas, however we still had to comply with their understanding of what an IF service would look like, how referrals would be made, length of service, what the definition of assertive engagement, there's lots of things that were assumed by and we have to comply with.

**Counsel Assisting:**

Can I just interrupt you for a moment. For the transcript you referred to an IF service can you just?

**Kate Wright:**

Intensive Family Service.

**Counsel Assisting:**

Thank you, thank you. Do you consider that there would be benefit for Aboriginal families in being able to self-refer to your organisation?

**Kate Wright:**

So there have been models and funding in the past that allowed that and those services were almost entirely at 100% capacity at all times. I think there's again we're talking about complex situations and where and when services are available, so if there was funding that was flexible that allowed true design by agencies in what that looked like, how it was delivered, how it was accessed, and that was funded in a way that actually allowed for some length of time security, because that's one of the other big problems that often happens is there's funding for 2 years and then the funding goes away, so the impact on community of being able to trust that, the impact on being a to hire and retain and train good staff to deliver a high quality service is challenging, but I think if there was true flexibility in funding and true power given to ACCOs in service design that they could then do in ways that met varying community needs because they're not the same in every place either funnily enough, then absolutely. What we used to see in the program that was called targeted intervention, so TIS, was that you would have a family, so let's say a mother referred perhaps by school, and mum would start working with us, mum would develop some trust with us and then a week later she'd come in and she'd go I want you to help my daughter, my adult daughter, because you know, and there was that building of trust and that natural ability to refer on and trust to do that. That's been taken away from most programs and current funding models.

**Counsel Assisting:**

Right.

**Kate Wright:**

So absolutely having self-referral is beneficial, but we also experience the challenge, and I think I've talked about this somewhere later as well, is that many families are not aware that CP concerns or child protection concerns have been raised so many many many many many notifications can be made about a family and they're not notified.

**Counsel Assisting:**

Right.

**Kate Wright:**

The system of taking those notifications is an entirely government based system as well, so how they're interpreted, understood, recorded, responded to, all of that power sits exclusively within Department as well. So often families where there is extensive transgenerational trauma aren't aware that people are telling stories about them and it's not until currently in our our system which is overburdened and there's many issues, it's not until risk has escalated to a very very very high level that referrals are made or a response happens and that response could be a DCP investigation intervention or it could be a refer State Authority response, and that often means that children are experiencing significant cumulative harm, it means that parents are experiencing long-term entrenched and comorbid issues, and then we're asking services to step in who haven't had any influence, power, knowledge, they're often the first one to tell that family that there's been a child protection concern, and we're then asking for change to occur rapidly in an environment where there is now very high risk, which is impacting then how that family understands the purpose, role and function of the service in front of them, and it's also impacting whether or not that can happen in a safe time frame for a child. So at the moment we've weighted all of our response and delivery very much at that very high risk end, taking a lot of power away from family and other community services to provide support and intervention, and we've taken flexibility out of funding models to allow people to go, you know what let's have a yarning group, it doesn't have to have 15 KPIs and a a written agenda of process, we just want to create a safe space for families to come, where there's people that they can ask questions who might be able to help and give them good advice, or might be able to help them go down to Centrelink and fill out that form. That doesn't tick the boxes of a service model in the way that our white system understands service models, but that's where you create safety and trust for families.

**Counsel Assisting:**

So at the moment our legislation is designed around removal, but if we stepped back and looked at a public health model of welfare of the child and the family, would it be in your view beneficial if when those first couple of reports came into DCP that there was a referral to your organisation at that point for help and support rather than?

**Kate Wright:**

I think we need to go back a step further when we're looking at reviewing legislation and look at how you include ACCO's and Aboriginal community better in the design and how we manage notifications, how we manage concerns and risks, because at the moment all of that is done within, and decisions are made within, decisions are made with a lens from within government. And then what we're seeing at the moment is all of those decisions are made all those processes happen and there's no power, resources or or ability for influence for agencies, but then we are currently being

asked to take those very high-risk referrals and do something about it, but we haven't had the influence, we haven't had the resource, we haven't had the input, we've been told. So there's there's a big push around understandings of assertive engagement including unannounced home visiting which we take a position against, but part of that is because we haven't had any ability to assess the information prior to that point, we have no authority to decide what should happen with what we observe, see and understand when we get there, and we also exist in an environment where we are mandated reporters and we often do have to make a further report, we also have no power or control over what happens with the information we provide. So there are times when we're reporting because we absolutely believe that child is not safe and should be removed and we're told oh we don't have the resources to allocate that at the moment so we won't be, or the flip side we make a report saying look we're making this report because there is reportable information here, however, we believe that these things are in place that means that this doesn't need to be a removal now, well we'll make that decision, and they'll go out and see families without us even knowing. So there's lots of issues along the whole process and design and understanding of what Child Protection is and there's, I think some of it is well intentioned attempts to then bring ACCO's in at some points, but we haven't been included in the other areas and points in the decision-making continuum, and we don't have the real power even when we are brought in, so it's kind of like you clean up the mess now please.

**Counsel Assisting:**

Yeah.

**Kerry Rogers:**

And even when we do, so even when it's, people want to work in partnership or want to do things, there is not the acknowledgement that if we want to do a new process or if we want to be involved in something, we want to do it from scratch. We don't want to bring in a model or bring something in and just tack, cos that's what's always happened, it's here's a here's a different way of doing something just chuck a little goanna on the corner and that will Aboriginalise it. Sorry, but doing true codesign doing this and actually challenging the theories and knowledges that you can change the the icing on this cake but if it's made with salt it's always going to taste the same, and I think that's the thing that we need to go right back and to really look at, what is the lens and the view of the person making the initial, those initial complaints. I sat on care concerns previously for this for 5 years. I know what comes in I see what comes in and I was very passionate about that state, that position because it's not based on evidence, it's based on likelihood, and that was always very, very troubling to me because I would read the ROCs, I would read case notes, and it would say numerous notifications 20 of them, but it doesn't say whether they were substantiated, whether they were serious or what happened, it could have been 20 notifications from the same person. That's the big challenge that if we don't get in underneath and actually stir up the mud, we're not going to find the things that sit in there, it's not necessarily about being innovative and moving forward and doing new things, Aboriginal people did this for a very long time, it was practiced, it was it was repetitive about what works and what grows, and I think sometimes we need to go backwards and look at that rather than always looking forward about this new thing, is what did work and what can we build on that knowledge. Yes there's no evidence in the theory and and universities haven't studied it, but we can see the effects of things like narrative therapies you know, you know Carl Rogers, you know. theory base around person centred, Aboriginal people are doing all of those things for a long time, attachment theories about, we need to be able to grow that and that's going to be more expensive because you have to do more work and you can't just bring something else in.

**Kate Wright:**

And then you're fighting against proving the efficacy of your service against a an assessment or an evaluative tool that doesn't account for those things. The other challenge is we're talking about child protection systems and the deficits and the problems there, but we also then need to think about how those integrate into all our other systems, health, education, and again the barriers and the structural racism and institutional racism with that exists within those, because if we're talking about how do we do it better at the very beginning that comes back to how do we understand what is notifiable, how do we understand what is safety, how do we understand what presentation makes a nurse uncomfortable when someone comes to a health service, which then puts a family on a radar that then starts that collection of evidence and confirmation bias about the risk. So all of those systems actually have responsibility in what the outcome then is when we finally get to it in our space. One of the other challenges is when we start thinking about regionally, is the diversity and availability of services for families, you know we know that for many families that we work with housing, mental health, domestic and family violence are all really significant issues and access to services that are culturally embedded and culturally safe and informed and available becomes a really massive issue. And whether that's a barrier around dignity of choice as well, so in some places yes, there's a there's an ACCO service, but there's only one, and if you don't want to go to that one because actually family works there or, then your, you have no other choice. Now that to me is not dignity of choice, that's not about handing back empowerment. And if you live, let's use the Riverland for example, if you live in Loxton there might be a service in Berri but if you don't have a car or you have other factors that are impacting your ability to travel that far, you can't access that service but then that will be seen as you're not taking steps to address the issues. So we can talk about self-referral, yes, self-referral is great, but if we then can't access the other services that are necessary and needed, or we can't access services that actually have any level of cultural safety within them, you're still then going to run up against a brick wall.

**Counsel Assisting:**

Sure. Can I just ask too in terms of your funding model in terms of working with a family is there a limitation on the time that you're able to work with the family?

**Kate Wright:**

Different programs have different criteria. So to use the Intensive Family Service from DHS as an example, their initial criteria, their initial tender requirement was 6 months. We were very clear in the tender that we wrote that that was not appropriate and not going to meet the needs of the families we worked with. It is one of the the areas that they have listened to and they have said okay we don't expect you to to comply with that, but one that's one of the few areas of of shift that they've made. Others are different, so reunification in South Australia, I don't know if you're aware DCP made the decision, I think it's probably about 18 months ago now sorry the year all kinds of mushes into one big continuous mess, when they recommissioned reunification without prior consultation or warning for anyone in the sector, DCP made the decision to move reunification to a fee-for-service model.

**Counsel Assisting:**

Right.

**Kate Wright:**

We as a sector, we found out about that the day the tender documents were released. So there's many many layers of challenge and problem within that, but one of the major issues is we can work with a family for as long as the department will choose to allow us to and they will pay for it. So they

can choose after say 3 months, no we don't think there's progress so we're now going to seek a long-term order, whether or not we agree that that actually is a good decision for that child, but they can then terminate and refuse to provide funding for ongoing work with that parent and they can do that at any point.

**Counsel Assisting:**

Yep.

**Commissioner Lawrie:**

So is AFSS a reunification service provider?

**Kate Wright:**

We are, but we've had to limit quite significantly the area that we provide that service. So under the old block funded service agreement we provided service in the metropolitan area of Adelaide, Port Augusta, we serviced Whyalla from Port Augusta, we provided service to Ceduna, Coober Pedy, Port Lincoln. Under the new model because, while they awarded a contract with a maximum value that you could accept referrals up to, they also were very clear and explicit that there would be no guarantee of any referral, so we were required to staff and have the capacity to take referrals wherever we said we would provide service, with no guarantee that we would ever receive a referral that would allow us to recoup that cost, so we hold the full financial risk to offering a service. So we had to say well we can't do that across all of those locations, we wanted to and we wanted to include Port Pirie, Murray Bridge, and Berri as well, cos that's other locations we have the Intensive Family Service, but we had to reduce our area because we couldn't carry the financial burden and risk of having staff, spaces, cars and all the other on costs across that significant area when there was no guarantee that we would receive even a single referral. It doesn't work as a model at all.

**Commissioner Lawrie:**

So what have your referral figures, what do they look like?

**Kate Wright:**

At the moment we have, in Adelaide we have a point five reunification worker working in Metro South and we're trying to recruit at the moment, we have a couple of workers we'd like to have three FTEs in the north. We have about a point eight worker in Port Augusta and point five in Ceduna, and about point five for Whyalla. Metro North is working at a high level of capacity and very busy. Metro South we're at capacity at the moment because we only have point five. Ceduna we haven't, we've just got a referral we haven't had a referral over there for over 12 months, and Port Augusta is pretty much at capacity as well. But the challenge is you can't go out and push for referrals if you don't have capacity to service them, but you can't have capacity to service them if you can't pay for that capacity, and DCP seems to struggle to understand that. We've had suggestions why can't you FIFO workers, it's like, I've still got to have them somewhere and be paying them and then you run into all the issues associated with trust in community, responsiveness, availability, if you're if you're flying in one day a week how is that providing a responsive service for a family? Can't you just borrow someone from another program? Well again we're an NGO, we run on very limited funding if we have someone in a position, guess what they're busy in that position, there's also some skill and specific skill associated with this work so no you can't just pull your receptionist off and send her out to do reunification. The the lack of conceptual understanding of what fee-for-service looks like for this type of work was just not there and there was no forewarning, there was no consultation, and because we found out once tender process had commenced there was no change because we were in active tender.



**Counsel Assisting:**

Okay. How do you engage families when you are, contact, when you've provided a referral what's your process in terms of engaging families?

**Kate Wright:**

Again that varies program to program. So it depends, for example if it's a client who's referred in through homelessness services that's going to look very different than if it's an RSA into the IF service. So that's a very broad question with probably a dozen different answers. In some programs we do have families who are referred Refer State Authority, so without their knowledge, without their consent. We attempt contact via phone, via text, via letter. We might contact the referring agency and seek warm handover. In some programs we work with a team within DHS called the ACT team, the Aboriginal Connection Team, to try and support engagement. In some programs like family group conferencing or reunification, where DCP has been required to get consent for the referral from the family, we require that DCP participate in an introduction meeting, and that is in part to allow us to ensure that DCP has clearly articulated to that family the purpose and their expectations, because in the past we have had experiences where we've got a form that says yes there was consent but then the family really didn't know why they'd been referred, so we require them to participate in that process. So it does vary from program to program. As I said earlier though there has been a lot of talk and discussion around the concept of assertive engagement within our sector in the last few years. We have been very clear as an ACCO that we do not believe assertive engagement should include for us as a non-statutory organisation unannounced home visiting as an engagement strategy. That is not a popular opinion, however, it has been backed up by interstate experiences, it's also been backed up by, DHS has a group that they call their lived experience network, and their own Aboriginal members of that group at some public at some forum staff agency forums recently, when asked about engagement said well if you want us to engage don't do unannounced home visiting, but it's still seen as an element of assertive engagement, and we're not a statutory agency we don't have the powers as we talked about nor can we influence significantly. So we have a very clear position around if a family declines or refuses and so says to us no we don't want you that's the end for us, families have a right to make a decision. We attempt to be very clear, we attempt to understand why, we attempt to offer support and to create safety for a family and to understand what is making them reluctant, but if a family overtly says I do not want to work with you, that is the end of our role for that family. If it's reluctance it's then about can we sit and have a chat, we would like to understand why, we'd like to talk to you about what we can offer, we try and differentiate ourselves you know we're not the department, yes we work in partnership but we're not the welfare, it is about trying to break down and understand those barriers. We're persistent, we understand that two missed phone calls doesn't mean game over, so it is about having that persistence it is about allowing time and allowing space, but we're then impacted by KPIs in many cases that talk about you must have engaged within a week or you must be doing X have a safety plan within this amount of time as well and that's where we talk about models not matching community.

**Commissioner Lawrie:**

Do the families have an awareness about what the flow-on effect is if they decline?

**Kate Wright:**

We'll have that conv, if we're able to, if a family will allow any conversation, absolutely. And if we're writing to a family because we haven't been able to catch them by phone or whatever, we are really clear particularly in the Intensive Family Service space, right, that the referral has come because of

notifications that were made to Child Protection, that we'd like to support them to address those, to prevent DCP becoming involved, it is up to them whether they choose to work with us, if they choose not to and Department continues to receive notifications, that may result in DCP intervening. Because we can't say it will because we actually don't make that decision, but we do try and provide that information, and that's a real tension because that kind of feels like coercive practice to an extent, like do it or this will happen, but it is about being honest and transparent.

**Commissioner Lawrie:**

That's right.

**Kate Wright:**

And providing that information for a family.

**Counsel Assisting:**

So if the family completely refuses to engage do you refer back to DCP?

**Kate Wright:**

We, so the way that the Intensive Family Service works at the moment is all referrals are handled through the DHS pathway service.

**Counsel Assisting:**

Right.

**Kate Wright:**

So we will provide a closure to them which they then have some of that data entered into C3MS. If if we've had to make a notification because something we've seen, heard, observed and obviously we'll make that notification, but a family simply declining a service is not a child protection concern, so no we don't ring DCP and go they didn't want to work with us, because that's actually dobbing someone in for something that, you know, but we do have to go back through a process, once we've accepted a referral, we have to then close that referral that closure goes to DHS and DHS then reflects that into C3 which is accessible by DCP. That's convoluted, sorry.

**Counsel Assisting:**

Sure. No it's fine. Thank you. So are there any other alternative pathways other than back through DHS, for instance once DHS are informed that that you've been unable to engage do they attempt anything else that you know in terms of engaging this family?

**Kate Wright:**

We don't necessarily get to know about all of that so when we and at the time the other ACCO raised concerns about the concept of unannounced home visiting as an engagement strategy there has been some work and some attempts within DHS to look at ways of managing that and that led to the creation of the Aboriginal Connection Team.

**Counsel Assisting:**

And is that that's through DHS?

**Kate Wright:**

Yep. There are still some challenges within that structure and how that works and still an assumption that we should do the way that DHS tells us to, with, rather than privileging as an ACCO we are the cultural authority for how we do business. But the ACT team does sometimes make some attempts, sometimes there will be an attempt to re-refer, but often there is a massive unmet need in the IF

space, particularly in the northern metro area of Adelaide, so it's often then more notifications and other attempts at referrals.

**Counsel Assisting:**

So when you say massive unmet need can you elaborate a bit on that?

**Kate Wright:**

I don't have the stats they are DHS's stats, but I know for the Intensive Family Service there are many hundreds of RSA's made that are are not able to be allocated to service providers but I can't give you numbers because they're.

**Counsel Assisting:**

And an RSA is?

**Kate Wright:**

RSA, Refer State Authority, so within the legislation.

**Counsel Assisting:**

Right.

**Kate Wright:**

Where they introduced that to avoid close no actions they introduced the concept that DCP could refer to State Authorities. Unfortunately that created an environment where there was no consent, families weren't informed, and it just gets handed to a service and now you have to deal with it which doesn't work well either.

**Counsel Assisting:**

I can imagine. Thank you. Can we move on now to the family group conferencing.

**Kate Wright:**

Sure. Can I ask how we're going on time.

**Counsel Assisting:**

Oh, sorry.

**Kate Wright:**

That's okay

**Counsel Assisting:**

It's 11:24.

**Kate Wright:**

Okay.

**Counsel Assisting:**

Would you like a quick break?

**Kate Wright:**

No just really aware that I need to get to the other meeting.

**Counsel Assisting:**

Yep.

**Kerry Rogers:**

FGC space is very much Kate's space right.

**Kate Wright:**

Yep.

**Counsel Assisting:**

Let's get through it then Kate.

**Kate Wright:**

Okay

**Counsel Assisting:**

So we're just wondering when and how your organisation got involved in offering the family group conferencing, were you invited to or did you tender for it or, what happened?

**Kate Wright:**

Okay so again there's some complexity to this. So under the old legislation there was a process for what's called Family Care Meetings. They were fully funded and operated through Youth Court and as the gazetted agency we provided the cultural rep and support to that process. It was a and remains a completely culturally unsafe process. We knew as the legislation was being reviewed that family group conferencing was going to be built into the new legislation in a new way. We started as an agency doing some preparation for that and around that there had been unofficial discussions with our C.E. about, you will be asked to do this, you know, there'll be a pilot it'll proba- so we we started preparing for that. Then DCP did put out a pilot tender, full competitive tender process. That tender required a single service model for the entire state for all families so Aboriginal, non-Aboriginal and CALD families. We chose to put a tender bid in for that in consortium with Centacare because there was no opportunity to tender just for Aboriginal business, it had to be a single pilot, so we worked with Centacare to put in that tender submission, we were not successful that pilot was awarded to Relationships Australia. Then in late 2020 there was a phone call made to our chief executive to one of the former execs at DCP to the effect of, we found a little bit of money, we'd like you to do an Aboriginal specific FGC program. There was lots of backwards and and forwards because that that executive the, went on holidays, then it had to go through procurement, then there was actual dollars and and what that was going to look like. A contract was finally given to us in April of 2021 for us to provide family group conferencing for Aboriginal and Torres Strait Islander children and families for the Port Pirie, Kadina, Gawler, Salisbury, Elizabeth and Playford DCP offices only, okay. Funding then, there was some extension in 22-23 and during that negotiation we then added the rest of metropolitan area Adelaide so the off, other DCP offices Murray Bridge, Port Augusta and Whyalla. We asked specifically for Port Augusta and Whyalla to be added because many of the families that we were working with in Pirie and Kadina also moved backwards and forwards from Pirie and Whyalla and there was a lot of pressure from those offices for us to offer there. The funding so the, so we went from 6 DCP office regions to 16, the funding though it was approximately a double over that time not a, you know, tripling.

**Counsel Assisting:**

Right.

**Kate Wright:**

Yeah.

**Commissioner Lawrie:**

Is there an agreed model with how you implement the family group conference?

**Kate Wright:**

Mm hmm. So in the initial pilot tender process and then in what we were asked to provide, DCP specified that FGC had to follow the New Zealand model, right, and had to follow the prescribed steps as identified within that model, so that includes referral, preparation, conference, I want to make sure I get them right, referral, preparation, conference, implementation of plan and review.

**Commissioner Lawrie:**

Yep.

**Kate Wright:**

I just want to make sure I got those right, think I'd know them, so yes the, the framework was set by DCP, the KPI sit around those, the time frames for what a conf- how much time a conference can take is set by DCP. The initial contract required four weeks we, and I believe RASA as well, were very critical that that did not meet need and wasn't appropriate, that has now been extended out to 8 weeks, but that still really doesn't take into consideration size of families, distance involved for families in country areas and that sort of thing, so yeah the, if you like the model is set, how we implement that and the tools that we use and the approach we take with families we tailor, but we had to comply with the New Zealand model and their understanding of what that looked like.

**Counsel Assisting:**

So what's the specifically Aboriginal element that you bring to that then?

**Kate Wright:**

So we looked at some of the areas within how you engage with families, who you ask, you know, what we considered to be family is through an is through a lens. So when we receive a referral, so all referrals for FGC come from DCP. DCP in their initial referral will identify family. we will then obviously meet with that parent or caregiver or the referred parties with DCP and then we'll sit with the family and we'll ask who needs to be part of your conference, and if someone says to us well so and so is my cultural auntie then she's your auntie and she's involved, like we don't ask you to prove the connection, we don't ask you to define it through a a westernised lens, if it's family it's family, if it's a support it's a support. How we interpreted the legislation and the need for child advocacy and child voice in the FGC process, we identified that for many children in many families there is a really high degree of complexity and the need to privilege that child voice, we built into our model a specific role, now two people, that are child advocates, so their role and function is yes they, excuse me, sit within the Family Group Conference team and they're aware of what's in the referral and the child protection concerns and the bottom lines that are being stipulated for the conference, but they then work solely alongside and for and with the child to bring their voice to the table. How that looks depends on the age, ability etcetera of the child. If the child or the family does identify their own person to provide that advocacy role during conference then that child advocate can walk alongside that person to understand their role and function and support them to do that. So we very much built into our role, our, our model that position, or those positions, and they've been really really successful. The way in which we support families through the process and explain what FGC is and what their conference will look like, it's about helping break down a lot of the barriers that might exist for families around trust of system, we, preparation within the model itself and even the New Zealand model and the research that SNAICC's done on models interstate, all talks about the absolute importance of the preparation phase, and we really privilege that time and that space and

we try to do that face to face, so there's a lot of pressure sometimes to do things via video conferencing and things, and we know culturally that's actually not okay, we allow families to tell us who their cultural authorities, who their decision makers, who needs to be part of, who's okay to be at a particular meeting with us, and we we the way we talk with families about the process we talk about the the sharing of the the what the conference day will look like and we break that down for families as well. So the first part is about the sharing of the story, this is where the reasons for the meeting are explored, the kids needs are talked about, it's also about hearing how are the other people involved, so it might be other services that families chosen to include can help with the plan, then we talk about there being the the the yarning time which is where the family gets to do their talking in private, they sometimes choose to ask the facilitator to stay in to help that process, that is family's choice. DCP doesn't stay in that time, again unless a family asks them to, if a family wants a particular person in the room, but generally speaking the understanding is once we going to family time other services, DCP, facilitator are out, but a family can say we, we'd like you to stay, you know we want you to help us write things down, we want you to help us stay on track, that's up to the family, and then we come back and we formalise that plan, we write it up, we make sure the plan is written, printed and signed on the day, in the room. We've held very strongly to the position that the decision makers need to be in the room, that has been a really challenging point for DCP, within their hierarchy of decision-making case workers aren't allowed to make many decisions, and DCP struggles to prioritise the time for a supervisor or decision maker to attend, and they often say well we need to take that back. We've taken a really firm position this is family-led, this is about giving that power back to the family, they deserve the respect of the people being in the room who need to be in the room.

**Commissioner Lawrie:**

Yep.

**Kate Wright:**

The preparation phase should also make sure that really by the time we get to conference day there's no surprises. So we should have visited all the various family members, we should have talked through what are the concerns, we should have talked through what do you think will work, what's what do you think the plan needs to be, that allows us to go back to DCP and check things, so for example if there's concerns for a child needing to be temporarily in the care of somebody else while a parent perhaps goes into rehabilitation and a family is saying well so and so has said they can provide the care, again no C3MS access, we can go back and say to DCP this is one of the things the family is considering, is that going to be something that is going to be accepted by DCP? If they go back and come back and say, no that person's got a an offending history it wouldn't be accepted, we've then got an opportunity to come back to fam and go okay so DCP is worried about this because of this what else can we do? Or if that person who is going to provide the care says yes I can do that, we can then say okay so you've got four kids of your own you're really busy, you work, what do you need to make it successful, if you're going to take on this child or these children for 3 months what do you need? Oh actually my kids go to school here, this kid goes, I need some help with some transport, right let let us go back to DCP and say to make this plan successful what the family is saying they need from you is cab vouchers three times a week or a volunteer transport can you provide that? Gives that worker the opportunity to go off and ask the people who have the authority and the decision-making power. So the idea is you work through setting up the plan, thinking about what needs to be in to make that plan work, checking that out, then when you come to conference day it's about formalising that, making sure that's still all in place, making sure there's the accountability is one of the really important parts of FGC is asking family who's, who, and it might be

one person it might be a few, who's going to call it if it's not working who's going to be the one who says hang on a minute you said you were going to do this you're not doing it, that's not okay you were on board with this, so who within that family because it shouldn't be, again we're giving power back, so it shouldn't be about who else outside it should be about the family, so all of those structures are built in and valuing who needs to be in that space for that family.

**Counsel Assisting:**

So are you provided with information about success or it, does your role with the family end when that ends?

**Kate Wright:**

Look it's very limited. FGC is still really new in South Australia and much like some of the other things we've talked about within a really poorly written piece of legislation, it's a really nice aspiration that's not really necessarily working well within the broader context. So in South Australia we're talking about it being an early intervention strategy, but in a child protection department that's not doing any early intervention.

**Counsel Assisting:**

So you're not getting these families coming to you as a way of keeping these children out of care?

**Kate Wright:**

That's what, yes but no, so that's where the intention is but often for a family where there has been, like I read a referral the other day that I think in the referral told us there'd been 102 notifications for the family, or they're families that have previously had other children removed, or there's been high levels of complexity, and we're at that very pointy end again where they're identifying that risk is really really high, so there's pressure to make this happen really really fast because we can't hold the risk of leaving the child there, so their alternatives to removal but without the time or the genuine power for the family, we've had cases where, yes we're referring because we want them to make a plan so these children can go and live with grandma. That's not a family-led plan.

**Commissioner Lawrie:**

No.

**Kate Wright:**

The space where I think it's having some of the best outcomes at the moment and has the best potential is in the unborn child space, and South Australia as far as I know was the first jurisdiction to do that. I know that both RASA and AFSS probably separately and simultaneously were talking about that with DCP, so RASA within their role as the pilot provider already, and us from the moment DCP came to us and asked us to start a program, unborns weren't on the list and we said they should be. We know that there are a horrific number of Aboriginal children removed at birth and we know that there are a huge number that are being notified as high-risk infants. There is opportunity while baby is still inside to do some work. So DCP did I believe give RASA a pilot to work with Woodville and possibly Blair Athol offices to develop a model there, and we said for us the model isn't any different, the model is pretty basic, what are the concerns, what are the bottom lines that will, you know, satisfy DCP that the child doesn't need to be removed, and then who needs to be in the meeting to make the plan, and if it's early enough in a pregnancy you've actually got quite a lot of time to get interventions in place to check a plan, to test a plan, to review a plan. And we've seen some really positive cases where that's happened. It could be much more, and what we don't get is we don't get a really clear picture on all of the history prior to the referral, so we don't know the full story and the number of interventions and the the the complex history. And we,

once conference is completed we are not part of case management, so yes we will convene a review if it's requested and in line with the legislation, but we don't have ongoing monitoring supporting of plan, we are just the facilitation of creating the plan, which is a gap we've identified for DCP. We actually believe that within the framework and model the agency actually needs to have a worker that can be that connecting, an initial support for plan, because what we're also seeing is DCP actually coming to conference with intent to close that case on that day, so if there is a plan they're closed, which means there is no monitoring, there is no support, that that's a real issue in the functionality of FGC. The push back from DCP is but we don't have the resources, we can't keep cases open, we want families to, you know, this is they've made the plan and this is about giving them the power which is a convenient excuse because the plan is for a family to address concerns that DCP has, DCP actually has some obligation then to support the family but also to monitor if they had such high levels of concern that they were considering removal and we are not given the power to be the case managers, which we shouldn't be if we're facilitating, someone needs to be checking in, but they close and they walk away in a very high percentage of cases, so there is no one to ring the family go so how'd you go, did you manage to get that appointment with ASG that you were talking about, no, okay well would you like us to help you try and find an alternative, there is no one to do that.

**Counsel Assisting:**

It's not just not monitoring but it's also nobody assisting.

**Kate Wright:**

Yep.

**Counsel Assisting:**

Isn't it?

**Kate Wright:**

Yep.

**Commissioner Lawrie:**

Do you still see that in the realm of the active efforts standard?

**Kate Wright:**

I'm not sure I understand exactly what you're asking.

**Commissioner Lawrie:**

So active efforts as a standard.

**Kate Wright:**

Yep.

**Commissioner Lawrie:**

In terms of the assistance that is provided to families.

**Kate Wright:**

Yep.

**Commissioner Lawrie:**

In terms of case closed but there still needs to be follow up with families. In the realm of active efforts is there still there's the requirement for that to be, I guess honoured in that regard?



**Kate Wright:**

I think so and I think to try and be somewhat fair and balanced we know that many offices are significantly short staffed, we know that there isn't good training and support occurring for a lot of social workers, there is mixed messaging I think around purpose and role of FGC because of the the poor legislative framework and because FGC is talking in language around early intervention as I said in a system that actually doesn't do that at the moment. So you've got some social workers who are are trying really hard to follow the guidance which is given, which is you should be considering FGC as an alternative to removal, you should be doing that for every case, so they're going okay I'll refer but without then the understanding of hang on this has been left so long that the complexity and risk is now really high, you don't even understand what all the risks are because you haven't done an investigation, and then wanting to acknowledge this is about giving the family power and allowing them to drive their plan which then can be misused as the argument oh we should close now because they've got a plan so we don't need to be in, which is a fairly disingenuous way of understanding what that means, but again it's a convenient way of understanding it when you've got a system that isn't operating well, that is in crisis, that is a traumatised system, so there are so many layers, but I would say families where children are removed those active efforts of support are lacking, the FGC space they're lacking, across the board they're lacking. We don't give parents good opportunities to have services. DCP will say that's because their child focused, they're child centred, but what they're missing is that if you actually adequately support a parent and if you value the parent and you don't see the parent as a deficit, if you see that they're experiencing some challenges but we don't totalise that person as a problem, you may actually be able to provide safety and outcome that is different, but we don't do that. They solely then focus on what they need to get their order to confirm their position which doesn't allow for active efforts of support. Those two things are contradictory.

**Kerry Rogers:**

I think they see those elements as something separate from their casework and their practice. I think they sort of see it with hierarchy and just placement rather than actually how you do business. I think they, they have not, I don't know if it's training or if it's role modelling or what that part is but there just seems to be not an understanding that that is those elements go across the decision making rather than just in that one area.

**Kate Wright:**

And I think it's it speaks to the level of trauma that exists within our child protection system. I think many of the workers that I've come across they don't even recognise their own level of vicarious trauma in the work they're in, and they cannot see past the risk, and they can't see past the fear of that risk of ending up on the front page of the paper or being dragged in front of the coroner, so every decision is through that lens, and every decision is through, I wouldn't call it a belief because I think belief suggests a level of consciousness and awareness of it, but a lens that assumes that if a child is in child protection, if a family has come to it, that must mean that it isn't safe. And I've certainly and not for many years now but I remember a supervisor within DCP saying actually at a meeting that he believed that every child that was removed should just go straight on long-term orders and you know that makes me very sad because that speaks to me of what has happened to the workers within that sector as well, but that then trickles out into all decision making all active efforts make, you know.

**Kerry Rogers:**

Becomes those local operating procedures, it's like when they talk about permanency and they're

working with families, the first three months is when they will do some assessment. They talk about 6 months but that's when they have to make the decision, but the decision's made in the first 3 months, the following 3 months is collecting evidence to support their case support the court to remove the child and then they tell the parent at that 6 month time after collecting evidence for 3 months that they are going for long-term orders and the local procedure is once you tell them we're going for long-term orders you reduce access or contact to once a month. I don't understand there is no, what is the therapeutic or the child focus in that space, it is about forcing the child to then become attached to the carer that they're putting that child with. You don't have to disconnect especially Aboriginal children and this is their not understanding around multiple attachments, they believe they have to detach a child from their family and allow that child to believe their family don't want them to force them to attach to a carer and become dependent on that carer. It is a very frustrating, that is the outcome of what their procedure is and it is just something they do, but if you ask a worker why are you reducing the contact to once a month they say because that's what we do. And then the outcome for us to work with families in that space is very hard.

**Counsel Assisting:**

Yes. I think we've pretty much, I think you've answered pretty much all of the questions we had about the family group conferencing, apart from the specifically the benefits of family group conferences being conducted by the Aboriginal organisation and now that you've explained that you're hamstrung by the model that you get funded by.

**Kate Wright:**

I think though we can look at there's been research done by SNAICC in, I think it was Queensland and there's been other papers as well, that speaks to the importance to outcome of processes being facilitated by other than DCP. And I think for me when we're talking about an ACCO and whether it's FGC whether it's reunification, whether it's other programs, I've heard from families over and over again it's different with you, you understand, your approach is different, we feel safe and whether that's actually a non-Aboriginal worker providing the service or an Aboriginal worker that there is that that level of intrinsic difference from an ACCO. I think again as an agency we believe that there should be multiple options for families. At the moment it's two, and it's not even two because we're not in all locations, and for me if we're talking about empowerment at the very beginning we're not empowering because there isn't genuine choice.

**Counsel Assisting:**

So what would what need to happen for that to be a possibility for choice for Aboriginal families in this state?

**Kate Wright:**

A massive increase in funding across the board and an opportunity for more services to enter the the space. I think there needs to be continued change and work within the process of the entire journey for families within Child Protection to actually make this integrated properly not the bolt on on the outside. We also need to start exploring alternative entry points, so not just DCP, and at the moment that doesn't exist. And I think, like at the moment DCP is just commencing the evaluation of the FGC programs in in South Australia, it was meant to commence at the beginning of the year, it's been delayed, it's been further delayed because the evaluation body which is the Australian Centre for Child Protection, has had delays in ethics committee sessions to get approvals. So it was meant to commence at the beginning of the year, it hasn't commenced yet. But I think looking at that, but for me that needs to also go broader like they're talking about whether it's successful, going well I don't think we can truly be successful when we are still existing in environment where it's not truly early

intervention where there is not a requirement to offer families referrals to services, like there is nothing within DCP that requires them to make a single referral, talks about active efforts but there is not the requirement if you've removed you must refer a family to a reunification service. They don't have to. There aren't this there isn't the funding for those other support services, so IFS is a perfect example, my IFS staff often participate in family group conferences for families that have been referred into those, but we know that there's massive unmet need for Intensive Family Service referrals. So there are families who are being asked to engage in FGC who don't have any support services around them to help them with their plan. Some families don't need that, some families within the family have the resources, strengths, ability to make a plan and implement that plan without anyone else and that would be the ideal. But when we acknowledge the level of transgenerational trauma and complexity that exists for many families often they do need to be able to draw on other supports. If those supports aren't there, who helps?

**Counsel Assisting:**

Sure.

**Kate Wright:**

Yeah.

**Counsel Assisting:**

Thank you. Do you have any questions on those issues?

**Commissioner Lawrie:**

I'm just thinking about the questions about the whole foster care program.

**Counsel Assisting:**

We'll get to it in a minute. Yeah. It's it's nearly five to, so I know you have to run, I'm sorry we kept you late. Can I get, I, sorry I'm not sure Commissioner that you were part of the discussion. Kate's got to get to a meeting at 12:00 that's not.

**Commissioner Lawrie:**

Me too.

**Counsel Assisting:**

Right. Good but I've said that I'm, we'll be able to manage another time in the next week or so to cover off on the other items and it may not be, it may be the CE who who attends if he's available on that that occasion and that's that's fine whichever is you determine is is the best person to give the evidence about it. If that's alright with you we can we'll manage diaries and we'll communicate rather than try to do that today. That's okay?

**Commissioner Lawrie:**

It's a good option.

**Counsel Assisting:**

Alright thank you so very much for for your evidence today.

**END**