



Centacare

Submission for the Inquiry into the removal
and placement of Aboriginal Children and
Young People in South Australia 2022

*Inquiry into the removal and placement of
Aboriginal Children and Young People in
South Australia*

Centacare Catholic
Family Services

www.centacare.org.au

45 Wakefield Street Adelaide
South Australia 5000

T 08 8215 6700 F 08 8224 0930

E enquiries@centacare.org.au

Commissioner for Aboriginal Children and Young People Inquiry into the removal and placement of Aboriginal Children and Young People in South Australia

Part 1: Centacare Catholic Family Services submission

This submission is being made by Centacare Catholic Family Services a non-government organisation (NGO), which includes Centacare Foster Care, a support agency in the 'In Care' sector, contracted by the Department for Child Protection (DCP).

SUMMARY POINTS:

- Our submission is based on our practice experience and includes perspectives from carers, as well as Aboriginal children and young people in their care.
- Centacare Foster Care acknowledges the ongoing impact of intergenerational trauma, caused by colonization, The Stolen Generation and ongoing racial discrimination and disadvantage for Aboriginal people. For the purpose of this submission, Centacare will refer to Aboriginal children, young people, families and communities only, based on the program's practice knowledge and experience. Centacare has not received any Torres Strait Islander children or young people referrals from DCP to place within the program.
- Prevention - Early intervention, Family Group Conferencing and timely and effective scoping practices are critical to avoid the overrepresentation of Aboriginal children and young people 'In Care'.
- Participation – Care Team Meetings should extend to family members other than birth parents, to ensure participation.
- Placement – has many complexities and children's best interests, safety and wellbeing should be considered within the ASTI CPP hierarchy.
- Partnership – is always important and Centacare strongly values partnership approaches.
- Connection – sibling connection viewed within the Aboriginal kin context.

KEY RECOMMENDATIONS

1. Early intervention and Family Group Conferencing to be enshrined in the *Child and Young Person's Safety Act, 2017*.
2. Scoping needs to be timely, effective, with adequate resourcing and be supported by a partnership approach between NGO's, government, and community Aboriginal elders.
3. DCP to include other family members in Care Team Meetings, if birth parents are unavailable.
4. Include the child and young person's voice in decision making about their own life to promote self-agency.
5. Child's best interest, community connections and pre-existing relationships to be considered with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSI CPP) hierarchy.
6. DCP to refine the Specific Child Only (SCO) temporary placement clause in the *Child and Young Person's Safety Act, 2017*, to ensure it cannot be misused and create further harm for Aboriginal children and young people.
7. Aboriginal children and Young People's voices to be included in transition planning.
8. Robust transition planning and support required for kinship placements, for stability and longevity.
9. DCP Principal Aboriginal Consultant (PACs) to be present and involved in significant Care Team Meetings and transition planning for Aboriginal children and young people 'In Care'.
10. DCP to incorporate the importance of sibling connection within decision making.
11. DCP to consider siblings within the Aboriginal kin context.
12. More comprehensive case management information sharing by the DCP Offices with the NGO's when siblings are being case managed by different DCP Offices.

Part 2: About the agency making the submission

Since 2013, Centacare Foster Care has been recruiting, assessing, training, supporting, and reviewing Foster Care households. The program's vision is to ensure that children and young people have safe and nurturing homes, in which they can build positive relationships and reach their full potential, whether this be in the short-term or long-term care space.

Centacare Foster Care acknowledges the overrepresentation of Aboriginal children and young people under Guardianship and attribute this to intergenerational trauma caused by colonization, including The Stolen Generation. Centacare Foster Care are passionate about the rights of Aboriginal children and young people, as per the Guardian for Children and Young People Charter of Rights. With specific reference to the right to connect with culture and have contact with people that matter to the child/young person and are guided by the Aboriginal and Torres Strait Islander Child Placement Principle.

The program has an established collaborative care team approach and works alongside the Centacare Foster Care Aboriginal Cultural Consultant, birth family and/or kin, the child, and DCP, including the Principal Aboriginal Consultant (PAC), to ensure Aboriginal people's voices are represented and valued within decisions about the safety and wellbeing of children.

Centacare Foster Care's submission is comprised of case studies collated from:

- Carer experiences shared in consultations,
- Centacare's Aboriginal Cultural Consultant,
- Centacare Foster Care staff,
- Care Team Meetings,
- Aboriginal child's voices and views, and
- Findings from the Australian for Social Enterprise and the University of South Australia's research report, '[The foster care and family reunification nexus: Care as a mechanism for bringing families back together](#)'.

Part 3: Application of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSI CPP)

PREVENTION

On average, 35% of the children placed within Centacare Foster Care households are Aboriginal, a significant overrepresentation. Given the high numbers of removals and placements of Aboriginal children and young people that Centacare Foster Care experience, we strongly believe that early intervention and Family Group conferencing should be strictly adhered to, as culturally appropriate preventative measures, that support self-determination for Aboriginal families to occur, in an effort to prevent overrepresentation. Early intervention and Family Group conferencing would need to be adhered to, if it was enshrined within the *Child and Young Person's Safety Act, 2017*, which is currently under review.

It is also Centacare Foster Care's experience that scoping does not occur in a timely manner (refer to Case Study 1), which further results in high numbers of Aboriginal children and Young People being placed with non-Aboriginal carers, under Guardianship orders.

Case Study 1:

A non-Aboriginal carer within the program has been caring for an Aboriginal child since he was a few months old. The child is now 4.5 years of age, and the carer has developed a strong bond and attachment with him and is exploring being his long-term carer. The carer has strongly encouraged and supported contact with birth family, including grandmother and siblings (supporting frequent sleepovers), has supported him to return to Country, attend an Aboriginal childcare center and attends Aboriginal cultural events in community. The scoping has recently found a relative, that is now being explored as a long-term option. The carer, although devastated, understands the importance of Aboriginal children living with family and is supportive, however the length of time this has taken, 4.5 years, negatively impacts Aboriginal children and their carers, who will experience significant grief and loss.

Scoping is currently part of the DCP's responsibility and mandate. Aboriginal families, given their experiences of intergenerational trauma and systemic racism often have a mistrust of authorities. Therefore, if scoping was undertaken in partnership with NGO's, (and/or outsourced,) it would result in timely outcomes, avoid placements with non-Aboriginal carers and the reduce the grief and loss experiences when the child is then transitioned.

The research report 'The foster care and family reunification nexus: Care as a mechanism for bringing families back together' summarised the importance of a partnership approach within the sector (pp. 43-44):

Foster carers, DCP and non-government providers such as Centacare are 'exposed' in different ways in the child protection system. DCP staff have the job of making very difficult decisions about whether children are so unsafe that they must be removed from their parents' care. Centacare plays a key role in identifying alternative care settings where children will be better protected and able to thrive. The consequences of getting these assessments wrong can be very serious. Foster carers, meanwhile, have the daunting task of being almost constantly responsible for the safety, health, wellbeing and healing of children who are often deeply traumatised and exhibiting very challenging behaviours.

In return, those involved in the child protection system tend to be overworked, and (rightly) subjected to a high degree of scrutiny in relation to how they are conducting themselves. Centacare, which is sometimes operating at a slight remove from the 'frontline' of working directly with children and their families, is well-placed to scaffold strong, effective relationships between DCP and foster carers. This was acknowledged by staff participants in the focus groups, who saw value in Centacare helping to promote a team approach to alternative care across agencies, carers and birth families.

Given the Agency's understanding of themes impacting foster carers and often being integral to maintaining positive relationships between all members of the Care Team or repairing relationships, including the agency in scoping practices and processes, would be of benefit.

RECOMMENDATIONS:

1. Early intervention and Family Group Conferencing to be enshrined in legislation.
2. Scoping needs to be timely, have adequate resourcing and be a partnership approach with NGOs.
3. Consideration to be given to outsourcing Scoping to NGO services, with specific funding dedicated to resource Statewide scoping services.

PARTICIPATION

Centacare Foster Care utilise Care Team Meetings, including transition meetings, to ensure a collaborative approach in hearing the voice and views of all the Care Team members, (birth family, kin, carers, the DCP, PAC and allied health professionals) to ensure child-focused decision-making.

Centacare Foster Care have experienced Care Team Meetings where birth parents have not been available, it is in the agency's view that another family member or kin could be invited to ensure participation, which in turn, may assist in scoping processes.

Centacare Foster Care believe the voice of the child and young person is important and it is their right to be heard, in decisions made about them. This is not always followed in practice (refer to Case Study 2) and the child's voice is often overridden by citing the ATSI CPP hierarchy (see case study 3).

Case Study 2:

An Aboriginal child has voiced that she would like contact with a non-Aboriginal short-term carer, who provided her therapeutic care for a period of 18 months. DCP did not support the carer- child contact and made the decision that it is not in the child's best interests. When this has been further explored by the agency, no clear rationale has been provided.

RECOMMENDATIONS:

4. The DCP to include other family members in Care Team Meetings, if birth parents are unavailable.
5. Include the child and young person's voice in decision making that is about them.

PLACEMENT

The 'In Care' sector is a myriad of complexities, and each child and young person has their own individual stories, experiences, and narrative. As such, the ATSI CPP hierarchy should be followed, in addition to safety, child's best interests and the child's voice, when making placement decisions. This considered and holistic approach in placement decision making, will ensure that accumulative trauma for Aboriginal children and young people 'In Care' will be minimised. Centacare acknowledges that the ATSI CPP is best practise, however, also understands that there are individual needs/circumstances of each case that will impact on the decision making.

Kin have recognised that when children are placed in their care, transition planning has been poor, as they often have little knowledge of the child's experiences, their therapeutic care needs and are provided with limited help and support. As a result, there is a high percentage of kinship placement breakdowns, leaving Kin feeling upset and shamed, and children feeling unwanted within their own families/communities. Planning timely, child focused and robust transitions for Aboriginal children are essential for the longevity and sustainability of a kinship placement. Aboriginal children require a sense of security and safety, both emotionally and culturally before they can step bravely into the uncertain and unknown of a new placement. If a broader perspective is not considered, along with the ATSI CPP, this will significantly impact Aboriginal children, they will be at risk of developing a negative view of their kin and feeling unsafe within their cultural (refer to case study 3).

Case Study 3:

A 10-year-old Aboriginal child had been placed with a non-Aboriginal carer in a short-term placement, whilst the DCP supported plans for the child to be reunified to their birth mother. Unfortunately, reunification was deemed not viable, and the child was placed with Kin. After a planned transition from the short-term placement to Kin, the carer and their family continued a connection with the child and on occasion provided respite for the Kinship carer. After 2 years, the Kinship placement broke down and DCP sought an immediate placement, whilst further kinship scoping could take place. The previous carer's daughter, a non-Aboriginal approved respite carer with Centacare was keen to provide the child with immediate care, until a suitable placement could be found via scoping, given her relationship with the child. The carer recognised the trauma a placement breakdown could have on the child and wanted to provide a familiar environment for the child during a time of fear, uncertainty, and confusion. In addition to this, another member of the family was caring for the child's younger siblings, meaning the child would have regular, organic contact with a sibling. Whilst the agency was arranging for the carer's approval to be changed to incorporate Immediate Care, the child was placed with in an Immediate Care placement with an Aboriginal foster carer. These carers, although culturally appropriate, were not known to the child nor close to the child's community connections: school, friends, or family. The DCP worker shared with the program that whilst this was a culturally appropriate placement, they had concerns regarding the carer's ability to meet the child's emotional needs, however they advised Centacare that removing the child from the current placement, after being there for less than 2 hours was in breach of the ATSI CPP. The child remained with the Aboriginal carer for 10 days and then was placed with Kin interstate. The new Kinship placement broke down after 2 weeks and the child was then placed short term with the Centacare non-Aboriginal respite/immediate Care carer. The child has expressed his worry about the uncertainty of his future and has developed a fear that if a Kinship placement were to be found in the future, 'would they let him down and what if they decide they no longer want him'.

Case Study 3 highlights the accumulative trauma for children, when not taking into consideration the child's best interests, safety, and wellbeing in addition to the ATSI CPP. It also demonstrates the need for robust planning for transitions to kinship placements and additional supports needed for kinship carers to ensure placement stability and longevity.

The pressure to keep siblings together, to maintain connection has resulted in misuse of the temporary placement provision, in the Child and Young Person Safety Act, 2017 and has added to children's accumulative trauma 'In Care' (refer to Case Study 4).

Case Study 3:

Centacare Foster Care was supporting two non-Aboriginal short term carer households (CH1) who cared for an Aboriginal child for 18 months and (CH2) who cared for the sibling of CH1 for the same period. CH1 and CH2 were therapeutic, child-focused and spent a lot of time together to ensure the siblings were connected. CH1 and CH2 were short term carers and accepted the placement, being informed by DCP that it would only be for one week, however both CH1 and CH2 continued to provide care for 18 months. This was because they did not want the siblings to experience multiple placements. DCP could not source any long-term placement options for the siblings and requested for Centacare to conduct a Specific Child Only (SCO) assessment for an non-Aboriginal acquaintance of CH1, for both children as a long-term placement option. Centacare Foster Care screened out the potential SCO household due to:

- Significant concerns involving inappropriate presentation from the couple during the Shared Lives orientation training, including heightened behaviour, swearing at one another, interrupting the trainer and manipulative behaviours' in asking multiple staff the same question repeatedly.
- The couple having four children of their own (two with high needs), the same ages as the children in care.
- The agency ascertaining that the relationship did not fit with the SCO criteria of an established relationship (the potential SCO household had not met one of the siblings at all and only briefly met the other on two occasions).
- A lack of understanding developmental trauma and impacts on attachment; and
- An inability to work effectively within a Care Team, as demonstrated by the applicant yelling at the Senior Assessment Officer on the phone, as well as hanging up on people during conversation and abrupt and terse language in emails.

Centacare had the difficult and robust conversations with the SCO applicants and advised them that the agency would not be progressing with a SCO assessment, given it did not fit the SCO criteria, in addition to the agency being unable to evidence key competency areas of the assessment, based on observations and interactions. The agency shared this information with the DCP.

Noting the above evidence, the DCP decided to go against Centacare's recommendation and placed the Aboriginal siblings as a SCO temporary placement, which caused confusion for the Care Team. This was despite the non-SCO recommendation and Centacare had identified two suitable non-Aboriginal long-term options for the siblings.

The children, who were of an age to have their views considered in decision-making, had voiced to the carers that they wanted to be with them for Christmas (as they developed a strong attachment and relationship after 18 months) and the carer's advocated for this to occur, for closure for all. DCP disregarded the view of the children and planned the transition a few days prior to Christmas Day, as the SCO temporary placement household had voiced, they would not proceed with the placement, if it occurred a few days post-Christmas. At their respective transition meetings, CH1 and CH2 appropriately advocated the children's views, as well as their own, which were dismissed and once the transition, occurred a no contact determination was made against CH1 and CH2. It was the view of DCP that the contact could 'destabilise' the unstable new placement.

Within three months the SCO Temporary placement broke down, had many Care Concerns raised and the children experienced significant adversities and trauma within the placement, exhibiting new trauma-based behaviours that had not been observed previously. After significant advocacy, both siblings were returned to CH1, and they have been able to implement repair work with the children.

This poor transition planning, misuse of the SCO Temporary Placements process, the disregarding of the child's voice, resulted in the children experiencing additional stress and trauma, in addition to 3 carer households experiencing unnecessary trauma, stress, grief and loss.

RECOMMENDATIONS:

6. Child's best interest, community connections and pre-existing relationships to be considered with the ATSI CPP hierarchy.
7. DCP to refine the SCO temporary placement clause in the Child and Young Person's Safety Act 2017, to ensure it cannot be misused and create further harm for Aboriginal children and young people.

8. Aboriginal children and Young People's voices to be included in transition planning.
9. Robust transition planning and support required for kinship placements, for stability and longevity.

PARTNERSHIP

Centacare Foster Care have had some very positive experiences within Care Team Meetings, where the DCP PAC has been present and involved. Unfortunately, this has not been consistent and there have been other instances with very little DCP PAC involvement (refer to Case Study 4). Centacare acknowledge that resources are limited, however believe that the DCP PAC should be present at significant Care Team Meetings and transition planning.

Case Study 4:

Centacare Foster Care were supporting a transition of an Aboriginal child into a long-term placement with non-Aboriginal carers and this was fully supported by the DCP worker, however the DCP PAC was not present. It was 4 months later, when the agency was submitting the B5 'Aboriginal Cultural Responsiveness' for the household, DCP disclosed that the Aboriginal Controlled Organisation's Recognised Organisation Consultation assessment did not recommend the placement long-term.

Whilst the agency acknowledges the placement was required and the household has been providing culturally responsive care, the agency required this information at the earliest stages for best practice in matching, preparing, and supporting the carer household.

RECOMMENDATION:

10. DCP PACS to be present and involved in significant Care Team Meetings and transition planning for Aboriginal children and young people in placement.

CONNECTION

Centacare Foster Care acknowledges the importance of sibling connection and how this forms an integral part of connection to culture for Aboriginal children and young people. Centacare Foster Care's previous Aboriginal Cultural Consultant educated the program on Aboriginal kinship relations and how they reflect a complex and dynamic system that is not captured by non-Aboriginal definitions of family. (The term 'sibling' refers to brothers and sisters, half brothers and sisters, step siblings and children who have no biological connection but have been raised within a relationship where they identify as brothers and sisters). The program is aware, through these learnings that the Aboriginal kinship system identifies non-blood related siblings (e.g., stepsiblings) as kin and therefore related, within an Aboriginal context. However, this is not always in line with how the DCP view families and some decisions are based through an Anglo-Saxon systems lens (refer to Case Study 5).

Case Study 5:

The program supported a reunification placement of 3 children, 2 brothers and their stepsister. The reunification was unsuccessful and the DCP decided to transition the brothers together in a long-term placement and separate the stepsister, who was transitioned to an alternative placement. When Centacare's Aboriginal Cultural Consultant queried the separation of the siblings, they were informed that the decision was based on them not being 'related.' The children weren't provided with an appropriate narrative, were informed they were separated due to their 'fighting', which caused upset, shame and disconnection.

Centacare Foster Care and the DCP's Placement Service Unit, work in partnership to ensure information is shared regarding Aboriginal children's cultural needs, for the purpose of placement matching. The program receives comprehensive placement referrals from PSU, which often has a significant focus on parental, kin, and Aboriginal children's voices in terms of their views of siblings remaining together, and maintaining connection to culture, as recognised in the Charter of Rights, and as outlined in the ATSI CPP. Centacare Foster Care have experienced positive outcomes where Aboriginal children with strong sibling

connections have entered long term kinship placements together and this has been supported by a collaborative Care Team. However, Centacare Foster Care have also experienced cases where sibling connections have been negatively impacted, when placements for children with different Paternal Kin have been identified (refer to Case Study 6).

Case Study 6:

Centacare Foster Care received a referral for a sibling group of 4 Aboriginal brothers. The request was for a short-term placement with a plan of reunification with birth mother. Consideration had been given to placing 2 of the children with Kin in country SA, however this would have led to the children being separated by a significant distance and changing their schools, therefore Kin felt it best for the children to remain together given their strong relationship. It was clear the children all had a strong bond. The three oldest children (CH1, CH2, CH3) were placed with a non-Aboriginal carer and the younger child (CH4) was placement with the carers sister who was also an approved care with Centacare. During the early months of placement, despite the older children having their own rooms, the brothers insisted on sharing a room. All boys were hypervigilant regarding their sibling's whereabouts and worried about each other's emotional wellbeing. Whilst the anxiety regarding each other's safety lessened, their relationship remained strong. CH 3 was placed with Kin leaving CH 1 and CH 2 in placement. The carer reported a significant decline in CH1's behaviours, he began lashing out, and becoming verbally abusive towards adults and the other children in the family. CH2 became withdrawn. During virtual contact between the siblings, CH 1 refused to connect with her brother, despite stating he missed him. CH1 could not tolerate connection due to the overwhelming feelings of grief and loss. 4 months later, Kinship placements with paternal family were found for CH1 and CH2 and they were moved into separate kinship placements. CH 4 has remained in his short-term placement for 3 years with no permanency planning identified. More recently, CH1, CH2 and CH3's placements have broken down. The Department shared that CH3's placement has broken down due the child's need for being with his brothers.

Centacare Foster Care fully acknowledges the DCP decision making and practice in implementing the ATSI CPP hierarchy, however the experience of Aboriginal children being separated from the safety and cultural safety of their sibling relationship, resulting in accumulative harm and trauma (refer to Case Study 6).

RECOMMENDATION:

11. DCP to incorporate and prioritise the importance of sibling connection within decision making.
12. DCP to consider siblings within the Aboriginal kin context.
13. More comprehensive case management information sharing by the DCP Offices with the NGO's when siblings are being case managed by different DCP Offices.

AUTHORS AND CONTACT PEOPLE: Jennifer Boyle
Acting Manager
Centacare Foster Care

Amalie Mannik
Acting Executive Manager
Children's Services Unit

ENDORSED BY: Leanne Haddad
Deputy Director,
Centacare Catholic Family Services

Jonathon Louth
Executive Manager,
Strategy, Research and Evaluation

Brigitte Goepfert
Aboriginal Cultural Consultant
Centacare Foster Care