



Inquiry into the application of the Aboriginal and Torres Strait Islander Child Placement Principle in removals and placements of Aboriginal children in South Australia

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Executive summary

Relationships Australia South Australia (RASA) has been providing highly-regarded human services that operate within public health principles, to individuals, their families and communities across South Australia for more than 70 years. We recognise that effective client outcomes are only achieved through integrated multiagency and cross-discipline service responses, combined with effective public policy.

RASA is committed to enabling recovery and healing for Aboriginal families and regard their needs as a central priority across all services. We recognize that this is a matter of urgency because the multiple layers of trauma and harm experienced by Aboriginal people personally, in their families, and in their communities, demands a service that works respectfully and effectively across all these realms of life. To close the gap in the inequality experienced by Aboriginal families compared to the general community requires the collective effort of all services, not just Aboriginal-specific services.

The Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) represents a comprehensive safeguard to promote the rights, interests and lifelong wellbeing of Aboriginal children affected by child protection systems. Unfortunately, there is limited understanding of its breadth, (prevention, partnership, connection, placement, and participation) and a failure to apply it holistically. When this important child placement principle is reduced to a simple placement hierarchy, and the other four elements are not meaningfully woven into the placement of children, Aboriginal children and their families are at risk of being further disadvantaged. Agreement to the Principle but failure to measure the effectiveness of its implementation needs to be urgently addressed.

Effective partnerships with Aboriginal community representatives are needed to ensure valid decisions are made that reflect the best interests of Aboriginal children, as understood by their families and communities. Similarly, children and families must be actively involved in decision-making, shaping family supports that are tailored to their needs, and identifying opportunities for ongoing relational permanence that is essential to wellbeing, including family supports, cultural connections and, if necessary, placement options. Such placements are not synonymous with cultural connection, and should only occur in the context of meaningful efforts towards prevention in the first instance, providing supports to parents and extended families.

Through this submission RASA offers the following recommendations:

- Increase funding for intensive family support prevention programs appreciative of the broader context/ community in which Aboriginal children live, rather than pathologising individual families.
- Establish transparent and accountable frameworks for ensuring genuine consultation of Principle Aboriginal Consultants. Recognise the diversity of Aboriginal communities and be sure not to generalise understanding about one by assuming it is true of others.
- Further increase resourcing and payment of kinship carers to ensure they meet the additional and ongoing needs of the Aboriginal children in their care.
- Build capacity of professionals to work with Aboriginal families in supporting Aboriginal children (e.g. credentialling in facilitating family group conferences), and be mindful that well-coordinated approaches are time and resource intensive (but imperative!).
- Consider measures used to evaluate the quality and effectiveness of the implementation of the Principle, and ensure accurate and appropriate reporting by governments on their progress.

Introduction

Relationships Australia South Australia (RASA) has been providing highly-regarded human services to individuals, their families and communities across South Australia for more than 70 years. We assist over 30,000 people each year throughout regional and metropolitan South Australia. Our programs operate within public health principles central to RASA's overall theory of change. RASA is committed to partnership and collaborative approaches with clients, government, and health and community sector organisations. We recognise effective client outcomes are only achieved through integrated multiagency and cross-discipline service responses, combined with effective public policy.

At the heart of all RASA services lies a commitment to 'think children and young people'. An understanding of the significance of childhood and the need for all our services to consider parenting and children's wellbeing has been standard procedure for over 10 years. We adopt this approach even when parenting and children are not the central focus of the service being provided. We understand families engaged with the child protection system are dealing with a constellation of problems that tend to be linked to early relational and even intergenerational trauma. Our established methodology for working with vulnerable parents does not isolate or judge them, but instead works *with* them to build and strengthen positive parenting and help-seeking behaviours.

We understand Aboriginal people have a complex system of family relations. Relationships within Aboriginal families are understood as a way of including people in 'parenting' of a child or young person rather than distinct roles. Throughout the twentieth century, Aboriginal children have been removed from their family and cultural networks under a range of government policies that have professed to be 'in their best interests'. The impact of these policies on the Aboriginal community reverberate over generations and, as they were reinforced by child welfare practices as late as the 1970s, they are not simply mistakes of a distant past. And this is the case despite regular inquiries such as this one examining child protection systems and their effects on Aboriginal children, with resultant reports and recommendations that gather dust. Children removed have suffered from identity and mental health problems as adults, often leading to substance abuse as a way of coping, which, in turn, has led to poor parenting, as well as social and financial problems. This cycle has allowed the child welfare system to justify its intervention to protect children from harm.

RASA recognises the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) aims to keep children connected to their families, communities, cultures and country, and ensure participation of Aboriginal people in decisions about their children's care and protection. The Principle has been accepted as policy in all States and Territories of Australia for more than 20 years, and is embedded in the new child welfare legislations of all States and Territories except Western Australia. While we understand the Principle provides an important acknowledgement that previous policies caused suffering to Aboriginal people, in our experience, there is poor understanding of the Principle and inadequate commitment to the efforts necessary for its realisation.

Understanding of child abuse and neglect in Aboriginal communities should be linked to economic deprivation, dispossession and the breaking-down of culture. Holistic solutions are required by considering the individual in the context of the family, the family in the context of the community and the community in the context of the larger society. Structural change through community solutions is also relevant to non-Indigenous communities in preference to the problem being considered as simply one of deviant individuals who require personal change. This submission will address the ways in which the Principle is not being taught and lived out in the system, in relation to its five key elements (including prevention, partnership, participation, placement, and connection), and make recommendations as to its implementation.

1. Prevention.

RASA understands the prevention element of the Principle seeks to protect each child's right to grow up in family, community, and culture by redressing causes of child protection intervention. In our experience, however, the child protection system is too narrowly focused on legislative requirements to stop child abuse, rather than focusing on overall outcomes for children and the child's best interests. This risk-averse approach to child protection, favouring reporting before supporting, sets Aboriginal families up for failure. Over-zealous child protection workers are misinterpreting Aboriginal culture, and Aboriginal children are being removed from their families unnecessarily - because it is easier and less work than keeping them with their families.

The desire to blame the Department - when children have been removed and are negatively impacted by their experiences in care, as well as when they are not removed and have sustained injury or death at the hands of their family - is concerning. While it would be convenient if simple solutions were available, we cannot lose sight of the complexities inherent in all situations in which children require alternative care arrangements. What we need is to avoid blame and, instead, create a web of integrated responses to support parents and their children, and to ensure as many children as possible remain safe.

Double standards exist wherein interventions are offered to white children earlier, while Aboriginal children sit in risk for longer. Without better systems to support families to function effectively, we risk creating another 'Stolen Generation'. Stabilisation and provisional safety are not well developed and need to be strengthened. Robust culturally appropriate assessment processes are needed to identify Aboriginal children and families as early as possible in their engagement in the continuum of support, allowing the relevant safeguards to be applied. Distrust of this process derives from its political nature as a means of social and cultural control, historically deeply rooted in the power differential (of coloniser and colonised) between Aboriginal people and other Australians.

Lack of truth telling, that is, information and communication with families, underpins misconceptions about legislative requirements around child safety, leading to removals and deepening distrust. This calls for abandonment of authoritarian professionally driven services in favour of relationship-based practices, adopting a restorative approach through a range of formal and informal processes that enable workers and families to communicate effectively, sharing with vulnerable families what constitutes safety, as well as opportunities to function effectively with support. Any plan to improve adherence to the Principle will not be effective without immediate improvements in funding to timely support, including early-intervention and intensive family programs, and infrastructure in remote communities that can really support families in crisis.

2. Partnership.

RASA understands the partnership element of the Principle seeks to ensure Aboriginal family and community representatives actively participate in service design, delivery, and individual case decisions. However, despite the Principle rhetoric about consultation and partnerships, in practice consultation is inadequate, and Aboriginal community representatives have very limited powers in relation to decision-making. This is especially true of Principal Aboriginal Consultants whose role in the Department is of an advisory nature, with any decision to seek and follow them at the discretion of social workers. This bureaucratic approach demonstrates a lack of respect from the Department who pretends to listen but excludes Aboriginal community representatives from any real consultation or conversation. And ultimately, failure to genuinely hear Aboriginal voices within the child protection system prevents communities tackling the disproportionate rate of Aboriginal children in out-of-home care.

The concept of intergenerational resilience is important as, in the face of trauma and adversity, Aboriginal family and community representatives have been able to repair, grow, and have capacity to pass down their adaptive capacities to the next generation. Partnering with them to advocate for change, and collaboratively shape new systems and processes that elevate Aboriginal voices and better centre the interests and wellbeing of Aboriginal children is a core part of practice. This may also, but not always, include working alongside representatives to accurately identify and provide localised oversight of/input into support for, Aboriginal children and families. A system resourced to engage in culturally appropriate support will support positive engagement with families, increasing trust they are helping rather than harming, and ultimately achieving better outcomes for, Aboriginal children.

Although Aboriginal people should be allowed to participate in the protection and care of their children with as much self-determination as possible, the continuing tendency to identify issues and solution in terms of Western social norms and frameworks corrodes the foundations for improving such outcomes. Despite funding to various programs to help Aboriginal families, Aboriginal people haven't been consulted about their effectiveness, nor whether they are needed at all. And the question remains as to what outcomes this has produced for Aboriginal children, and their families and communities. Reversing this trend requires genuine partnerships with Aboriginal organisations/community representatives, increasing trust and confidence Aboriginal children and families are being supported in culturally safe ways. Enabling community referrals into support systems, for example, is vital.

Self-determination is a concept bearing little relationship to Department social worker behaviour. While conceived as if Aboriginal people are allowed to have a choice, in practice, the social work relationship occurs within a structure of authority, ignoring cases where direction is legitimate or desirable. Rather than putting the onus on Aboriginal consultants to articulate solutions, investment into programs which genuinely provide opportunities for their input to strengthen the family and community's capacity to offer the best care for their children mobilises broader networks of informal supports that contribute to children remaining within their family structures. This is important as the intergenerational effects of child removal and experiences of dispossession impact the ability of families to engage with, that is, seek or accept help from, a system perceived to have caused or contributed to their problems in the first place. This affects people's choice to become carers for Aboriginal children in their communities, limiting the effectiveness of the Principle.

3. Placement

RASA understands the placement element of the Principle seeks to ensure Aboriginal children out-of-home-care are placed in accordance with the established hierarchy, that is, with Aboriginal and Torres Strait Islander; relatives or extended family members, or; members of the child's community, or; family-based carers. And if these preferred options are not available, the child may be placed with a non-Indigenous carer or in a residential setting. In such instances, the placement must be within close geographic proximity to the child's family. In our experience, however, decisions are made by individual caseworkers with no consistency, favouring removal because it is easier. It is wrongly believed trying to keep children in their families may leave them at risk. While this calls for better resourcing and more effective work in locating, placing children with, and supporting, kinship carers, there are limitations of the Principle as it operates within a broader context of government welfare activities that do not meet the needs of Aboriginal people.

The shortage of Aboriginal carers is not due to a lack of willingness to care, but because they are not "white documented". When prospective kinship carers are identified, mainstream approaches to assessing kinship placements are not suitable. Existing methods are designed to assess non-Aboriginal foster carers, and therefore are not considered suitable to the unique needs of kinship carers who may have different characteristics. High rates of criminal offending among the Aboriginal population also means many potential kinship carers are viewed unfavourably and, as offenders are precluded from obtaining the necessary working with children check, family reunification in child protection matters is not possible. Children removed then really remain removed. Collaborative development and training in the use of culturally sensitive tools, blending research and sector knowledge with Aboriginal cultural insights and wisdom in a way that is respectful of carer skills and knowledge, that engage with families may be useful in mitigating some of these barriers.

It is also important not to exploit already vulnerable kinship carers. There is a tendency to regard kinship care placements as "cost free", but cutting costs in this area can lead to longer term problems. This also reflects the need for particular attention to the process of supporting kinship placements for Aboriginal children. Notably, kinship carers are not only more likely to be more disadvantaged than other guardianship arrangements, but they receive lower rates of financial reimbursement. Until Aboriginal families are given the power and resources to resolve problems on their own within their own networks, the reliance on white professionals who retain their power is another means of disempowering them.

And, unlike other arrangements, kinship care does not necessarily deal with the issues children need protection from. It is not possible to avoid contact with the birth families. Kinship care thus needs financial and family assistance to develop child plans/agreements that allow the family to be safety organised. Kinship carers need to be included in the annual reviews of children's wellbeing.

4. Participation

RASA understands the participation element of the Principle seeks to ensure children, parents, and family members can participate in, and have the opportunity to lead, decision-making regarding the care and protection of their children. Aboriginal people are not a homogeneous group, but many nations with many different views, it is important to recognise this is not a search for unanimity. And thus, although Aboriginal organisations or committees can be consulted as they have the required expertise, experience, and intergenerational resilience to find suitable carers and to act as a check on government services, there can be limitations when the organisations do not represent the views of different groups within their community, and in turn what may support healing and wellbeing. As the raising of Aboriginal children commonly involves the extended family taking responsibility, they should be considered as a resource to support.

Family-led decision-making processes help families put children's needs at the centre and engage in processes that enable them to be safety organised. Families become engaged when they believe their involvement is valued and respectfully focused on their potential to keep their child safe. This involves considering and incorporating their views and wishes, and building on family strengths and resources. Aboriginal family-led decision-making ensures the lived experience of families, their resilience, and skills are central to engagement in their family journey. Rather than deceiving vulnerable families it enables them to 'organise' their own state of mind and clarify understanding of their situation, including participation in and responsibility for the steps needed to create realistic change. Family group conferences in particular use the strengths of Aboriginal extended family networks to plan for the safety and wellbeing of children at risk of removal.

The family group conference is a meeting held by parents and their extended family and community members following a crisis regarding a child of that kin network. Service providers involved with child protection also attend to inform the family network of their legal mandate, assessments and potential resources to resolve the issue at hand. Prior to the meeting itself, the independent facilitator spends considerable time preparing all parties for the event, both through face-to-face and phone contact. The meeting is chaired by an independent co-ordinator, who ensures the family are treated with respect by reinforcing their ownership of the process. The actual decision-makers are the extended families, who have a period of time on their own, after they have received all of the information from professional services, to discuss the information and devise a future plan. The meetings are held at venues and times determined as much as possible by the family, and information is given in a manner that the family can fully comprehend so that they can make informed decisions. Once the family has reached a decision, they reconvene with the professional services to discuss the implementation of their plan.

Focusing on family decision making through family group conferences must be considered more comprehensively as a strategy in relation to the participation element of the Principle. The intention of this process is to transfer the power and authority of decision-making for children into the hands of the people who have a life-long connection with them and who must live with the outcome of the decisions made. It is important to not too readily embrace this practice without realising the inherent power statutory child protection workers still hold over Aboriginal families. There is often a token acknowledgement of Aboriginal culture and a continued imposition of dominant Western perspectives being overlaid with the rhetoric of caring and altruism. Work with families is not just about engaging them in conversations about what supports they will need without compromising the safety of the child. There needs to be greater family control over both the process and outcomes of family group conferences. The key issue is the extent to which, however enabled the families are to make their decisions, those decisions are respected and supported by the professionals.

Families, not systems, should make decisions about how to keep their children safe. Active efforts to increase family participation in decision-making are vital. Children should have the opportunity to decide who participates in the family group conferences, and should themselves be able to participate if they choose. And, as child wellbeing and family safety requires a service response to all members of the family, it may also be important to include those who may be using violence. When excluded from services, these dynamics are not well understood and tend to become the responsibility of the family to manage. Work with those who may be using violence must be based on a commitment to support relationship repair and recovery. Restorative practice creates the context for taking cultural and parenting responsibility, and reunifying families.

5. Connection.

RASA understands the connection element of the Principle seeks to support Aboriginal children in out-of-home-care to maintain strong links to family, community, culture, and country. Indigenous cultures are fundamental to individual and community health and wellbeing. Cultural connection concerns the maintenance or re-establishment of Aboriginal children's connections to family, community, culture and Country in out-of-home-care. By equating cultural connection with compliance with the Principle in contemporary practice, however, the complexity of cultural connection risks being overlooked. This remains a key issue within child protection systems, particularly in the context of increasing placements with non-Aboriginal family members. Aboriginal kids in white care need to be entitled to cultural connections. This presents a challenge for Australian out-of-home-care systems: how to foster and protect cultural connection in a context where out-of-home-care risks cultural disconnection.

A strengthened understanding of cultural connection is one that makes visible the continued risk of cultural disconnection in out-of-home-care while being attentive to the complexity of cultural connection as a process. Cultural connection is a term used to refer to children's rights to culture, highlighted in the United Nations (UN) Convention on the Rights of the Child (UNCRC) and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), to which Australia is a signatory. Aboriginal children have the right to preserve their identity, learn about – and enjoy - their cultures, especially when growing up in care displaced from their families. Diverse understandings of cultural connection exist within out-of-home-care systems where cultural considerations compete with other factors, such as safety. But Aboriginal children deserve both (safety and connection to culture).

Cultural connections can be achieved through several mechanisms such as holding carers to account to support cultural connection and early reunification. In this context, cultural plans have become one of the main mechanisms for supporting cultural connection in out-of-home-care. They articulate information designed to foster cultural connection, including ancestry information (i.e. the child's mob, family/kin relations and Country) and cultural activities. While individual detail is necessary in cultural support plans given the heterogeneity of Aboriginal people (e.g. there are over 250 language groups throughout Australia), they are not always given the full attention they deserve.

The disconnect between well-intentioned policy and practice designed to foster cultural connection is, in part, due to a lack of conceptual clarity outlining what cultural connection specifically entails in out-of-home-care contexts, from the perspectives of Aboriginal people. Resistance to placement in non-Indigenous care was underscored by the necessity to resist the assimilationist efforts of the government. Aboriginal people worked deliberately and actively to ensure the survival of future generations. With survival as the driver behind resistance, it was thought that if Aboriginal children were raised with Aboriginal families, culture could be successfully transmitted and subsequently, assimilation could be prevented. Cultural connection was thus, and remains, imperative in ensuring Aboriginal survival. Within the child protection sphere, the Principle is one example of how government policy has responded to these ongoing efforts from within the Aboriginal community.

The case study provided in this submission (see page 8) taught NFGC a critical lesson: that while 'on the ground' DCP teams may start with an intention to use family-led decision-making processes, they are too easily usurped by the conventional risk averse system. On balance, incoming legislation and processes need to hold space for family-led decisions and give power to these plans. There also needs to be greater accountability to services to demonstrate what *active efforts* are being undertaken to proactively progress (not just 'in principle support for') the principles of family led decision making, particularly in the prevention of Aboriginal children entering or at risk of the State care system.

Case study

CHILD is a nine-year-old Aboriginal girl removed by DCP following escalating concerns about her MOTHER's ability to care for her.

CHILD has family across South Australia and also interstate. Her MOTHER, who was adopted as a child and identified as Aboriginal, is separated from CHILD's father, who is deceased. CHILD has three older half siblings, all of whom are on long-term guardianship orders. CHILD also has a maternal grandmother who identifies as European, and cultural grandmother who identifies as Aboriginal. Other family members included CHILD's maternal aunty and cousin who identifies as European, and her other maternal aunty who identifies as both European and Aboriginal. CHILD's family had a fragmented relationship, with MOTHER involved in a number of assaults with family.

MOTHER had demonstrated a pattern of engaging in unsafe behaviour and with unsafe people presenting at her house. She experienced domestic violence in many of her relationships which, particularly when combined with alcohol and drug use, escalated into dangerous situations that were hard to get away from. MOTHER reported gambling and offending were also issues for her, noting they co-occurred with a decline in her mental health. While MOTHER was intermittently engaged with some services, it was difficult to stabilise her situation. She was nonetheless determined to keep working on herself for CHILD's sake.

MOTHER also has a history of DCP involvement of her own. As a young child in the care of her grandparents, she experienced significant physical abuse. Allegations of sexual abuse emerged at 12 years of age, ensued by reports of suicidal ideation. Placed under long-term Orders when she was 16, MOTHER endured multiple residential care settings. Concerns regarding her self-harm, suicide attempts, substance use, and aggressive behaviours were raised throughout this time.

At the time of the CHILD's removal, CHILD was engaged with RASA's *Together4Kids* (T4K) service. As a specialist therapeutic service for children accompanying a parent into domestic violence or homeless services, T4K's therapeutic program responds to the child's experiences of trauma. Concerns for CHILD noted in the referral included an increase in emotional distress and challenging behaviours, and disengagement from school. On the day of the intended removal T4K had scheduled a session with CHILD. DCP informed another agency (who then informed T4K) of their intention for the removal of CHILD to take place at the CHILD's school.

Although DCP took urgent advice from RASA's Practice Manager Family-Led Decision Making to contact other family members to be present, so that CHILD would not associate a place for learning with removal, they could not be reached. The decision was then made to transport CHILD to a RASA office wherein she was given the information that she was not returning to her mother's care, and would instead be staying with foster carers temporarily until her family could be located. While this was not ideal, it did afford CHILD the opportunity to sit with the T4K worker, with whom she felt comfortable to ask questions. RASA also make it clear this support would continue, ensuring CHILD had someone trusted to talk to about this and a familiar routine within her therapeutic sessions.

While DCP attempted to identify a kinship placement, key family members were unable to take on kinship responsibilities as they felt the family conflict was too great, and said that MOTHER would need to identify new parties. Recognising family relationships are enduring and consequential for wellbeing across the life course, RASA's Ngartuitya Family Group Conference (NFGC) supports family members, services, and DCP to develop a plan that addresses concerns about harm to a child which could warrant statutory intervention. As conflicting information regarding CHILD and her family had been provided to DCP from multiple sources, a family group conference was identified as appropriate for CHILD and her family for the purpose of gathering clear information and ensuring CHILD was being provided stability and safe care from her family whilst DCP worked with MOTHER.

This was not the first time the family had been approached by DCP to participate. The previous year, DCP had placed a referral to RASA's NFGC service, and at the time the family openly shared that they are absolutely willing to try to come together for CHILD's sake. Due to extensive history of family conflict, trauma, and mistrust, NFGC requested additional time be given to family repair and healing. However, DCP's decision was to withdraw the referral due to internal agency pressure to close the case with a 'Refer to State Authority'. This experience left the family feeling distressed that nothing had changed for CHILD, and despondent about asking for help. Thus, when DCP reopened a year later, again asking for their involvement, the identified family members did not trust this process and refused their participation.

Following CHILD's removal, DCP placed her in a kinship placement, this time a more distant relationship nominated by MOTHER, without a formal DCP kinship assessment. This placement broke down, as CHILD disclosed emotional and verbal abuse from the carer. CHILD was then placed in residential care, by which time her routines had been severely disrupted and her behaviours escalating considerably, including extreme violence towards other children, sexualised behaviours, emotional dysregulation, and absconding behaviours. Without a secure base it was difficult for CHILD to learn to trust people to keep her safe (or even know who was trustworthy), and she developed unhealthy coping mechanisms as a means of exercising some control over the changes in her life. CHILD became dependent on self-harm as a way of regulating her intense emotions, with responses from staff that were experienced as intrusive and uncontainable or as insincere, motivated by organisational requirements rather than genuine care.

CHILD was subsequently placed in another residential unit. This time, with additional support, things started to stabilise as CHILD had a set group of rotational carers who understood her triggers, began to attend school regularly, and engaged in counselling from a CAMHS specialist. Throughout this time, T4K was the only service that had maintained a stable relationship with CHILD. Her T4K worker had been given special permission to continue working beyond the funded scope of work and time. They held a more compassionate and nuanced understanding of CHILD's presentation, linking it to her traumatic history. They recognised the importance of understanding it relationally, and of her need to develop a secure relationship with her.

During this time, MOTHER worked towards reunification as the case proceeded through court. Supported by a robust care team, she attended counselling regularly, and was steadily making progress in addressing the challenges she faced. Hour long access visits occurring at a library weekly were going well. CHILD was sharing she wanted to return to her mum, and MOTHER echoed this sentiment, wanting more time with CHILD and in scenarios that were similar to being at home. However, high turnover of workers in the reunification service impacted the service's ability to assess and report progress to DCP.

DCP referred to NFGC again, with the view to support a family led plan to reunification. The NFGC process commenced with transparent information sharing, and a shared goal of reunification. Three conferences were set up, designed to support various stages of reunification. In the first, MOTHER was required to demonstrate she had addressed violence and drug use for a sustained period. The focus of the second was to develop a transition plan to support CHILD to return to MOTHER's care, including what resources would be required. In the third and final conference, and once back in MOTHER's care, a sustainable plan to keep CHILD safe from drugs and violence was to be developed.

The DCP social worker and supervisor aimed for reunification and openly communicated this to the family and care team. However, part way through the NFGC preparation process it was deemed by DCP, based on the recommendations from the DCP psychiatrist, that MOTHER did not have the capacity to make the sustained change required, and that it would cause more harm to take CHILD out of residential care, only to risk DCP getting involved again. While the concerns were warranted, the psychiatrist had not directly met MOTHER, and a clear report detailing her progress remained outstanding. Similarly, despite the involvement of numerous specialised agencies and services, only a handful had been involved for an extended period of time and had direct relationships with both MOTHER and CHILD. DCP workers were under extreme pressure by the court process, requiring concrete evidence about MOTHER's engagement with reunification. And separately, there was a more conservative risk averse assessment for reunification from DCP specialist workers who hadn't met the family but based their concerns on overall statistical likelihood of reunification failing.

There was little support from DCP internal seniors provided to DCP social worker and supervisor, and no resources available, to promote *active efforts* for attachment repair between CHILD and MOTHER. The originally nominated safe family members had been alienated from the process from the outset. The DCP social worker and supervisor thus faced an impossible position, that is, to proceed with reunification via an NFGC, overriding executive DCP staff and the court process. As there was clearly no room being made for family-led decisions about how reunification could occur, or *if* it would occur, the referring DCP team withdrew the referral to NFGC. The NFGC service had to inform the family about why decisions could no longer be made by way of family group conference. From the family's perspective, it was not clear why, when all the factors had remained unchanged, decisions were now not going to be made by family group conference.

Recommendations

Through this submission RASA offers the following recommendations:

- Increase funding for intensive family support prevention programs appreciative of the broader context/ community in which Aboriginal children live, rather than pathologising individual families.
- Establish transparent and accountable frameworks for ensuring genuine consultation of Principle Aboriginal Consultants. Recognise the diversity of Aboriginal communities and be sure not to generalise understanding about one by assuming it is true of others.
- Further increase resourcing and payment of kinship carers to ensure they meet the additional and ongoing needs of the Aboriginal children in their care.
- Build capacity of professionals to work with Aboriginal families in supporting Aboriginal children (e.g. credentialling in facilitating family group conferences), and be mindful that well-coordinated approaches are time and resource intensive (but imperative!).
- Consider measures used to evaluate the quality and effectiveness of the implementation of the Principle, and ensure accurate and appropriate reporting by governments on their progress.