

Aboriginal Peak Organisations Northern Territory

An alliance of the CLC, NLC, CAALAS, NAAJA and AMSANT

APO NT Submission to the Northern Territory Department of Children and Families

Discussion Paper

Through the Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect

23 November 2015

Introduction

Aboriginal Peak Organisations Northern Territory (“APO NT”) welcomes the opportunity to provide a response to the Department of Children and Families’ discussion paper on Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect.

Formed in 2010, APO NT is an alliance of the North Australian Aboriginal Justice Agency, Central Australian Aboriginal Legal Aid Service, Aboriginal Medical Services Alliance NT, Central Land Council and the Northern Land Council.¹

We wish to acknowledge the complex and challenging nature of developing effective policies for children and in particular vulnerable children. Successful policies in this area must address the particular needs of Aboriginal children. In order to achieve this, it is imperative that Government engage with Aboriginal people and organisations.

We note that the discussion paper invites comment specifically on a proposed redesigned service model, but that this conversation is part of a much bigger picture. Whilst there is scope for a Child Advocacy Centre to positively promote a child-centred approach and the best interests of the child, it would not address many concerns that we hold about the care and protection system. In our view, the child protection system in the NT is in crisis and requires a thorough and independent review so that broader systemic issues can be addressed, in consultation with Aboriginal communities. The Board of Inquiry into Child Protection undertook a major review in 2010 and made wide ranging recommendations. We believe if these recommendations had been fully implemented, we would be in a much better situation than we are now.

In the Northern Territory, Aboriginal Children make up 86% of the number of children in the care of the Department. For this reason it’s imperative that an Aboriginal child safety peak body be re-established.

Achieving effective outcomes will also require collaboration between relevant agencies and sectors. Government must ensure meaningful collaborations between Government Departments, Aboriginal Community Controlled organisations and other NGOs to ensure the best decisions and outcomes are reached for children in the Northern Territory.

Importantly, it must be acknowledged, and we would like to emphasise, that the ongoing experiences of trauma (abuse, violence and neglect) for Aboriginal children and their families is best understood and contextualised in terms of the ongoing legacy of intergenerational trauma that has been experienced and continues to be experienced by the Indigenous people of Australia through the traumatic experiences of colonisation.

‘the problems prevalent in Aboriginal and Torres Strait Islander communities today – alcohol abuse, mental illness and family violence ... have their roots in the failure of

¹ See Attachment 1.



Australian governments and society to acknowledge and address the legacy of unresolved trauma still inherent in Aboriginal and Torres Strait Islander communities.²

1. What should the objectives of the redesigned service model be?

The overarching and most significant objective for any service model should be to ensure that all aspects of the model are trauma informed. Sexual abuse and criminal neglect in childhood are traumatic experiences, we understand that the effects of exposure to traumatic experiences in childhood can be severe and long lasting.

‘Brain development can be impaired, insecure attachments can result and self-destructive behaviours can develop. Consequently, trauma-informed policies and services are needed along with trauma-specific care.’³

Recovery from traumatic experiences in childhood is possible with well informed therapeutic approaches and appropriately framed service systems. There is a growing and compelling body of evidence that supports the need for services designed for population groups who are affected by trauma to be ‘trauma-informed’. Trauma-informed services look at all aspects of their operations through a ‘trauma-lens’, their primary mission is underpinned by knowledge of trauma and the impact it has on the lives of clients receiving services.⁴ Trauma-informed services for children avoid the risk of exacerbating the impact of traumatic experiences and/or re-traumatising children, as well as being designed to enhance the chances of children recovering from these experiences.

We welcome an opportunity to genuinely improve responses for victims of child sexual abuse and criminal neglect, by ensuring that these responses are trauma-informed in every detail.

In summary, the core principles of trauma-informed services include:⁵

- **Understanding trauma and its impact on individuals, families and communal groups.** This expertise is critical to avoid misunderstandings between the system, staff and clients that can result in children being re-traumatised and disengaging. There is a need for trauma-informed policies and high quality training for all staff. This principle highlights the significance of well informed, well supported staff, who have access to ongoing avenues for training and support in this challenging area. Well informed, well supported staff are integral to well supported children and families.

² Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009. Voices from the campfires: establishing the Aboriginal and Torres Strait Islander Healing Foundation. Canberra: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

³ Atkinson, A. 2013. Trauma-informed services and trauma-specific care for Indigenous Australian children. Closing the gap Clearinghouse. Australian Institute of Health and Welfare, Australian Institute of Family Studies., p.6

⁴ Harris, 2004 in Atkinson, 2013.

⁵ Atkinson, 2013



- **Promoting safety**

Children and families who have experienced trauma will require that services give careful consideration to what these clients need in order to feel physically and emotionally safe. Children need to be involved in advising what makes them feel safe and their identified measures need to be consistently, predictably and respectfully provided.

All care must be taken to ensure that children are not re-traumatised or further traumatised by processes of investigation.

- **Ensuring cultural competence**

Culture plays a central role in how survivors of trauma manage and express their traumatic life experiences and in how they identify the supports and therapeutic interventions that are most effective. Valuing Aboriginal knowledge and belief systems is central to effective services for Aboriginal children.

We note that the de-valuing of Aboriginal knowledge and wisdom and the destruction of connections to culture through colonisation is central to the trauma that has been experienced within Aboriginal communities. This trauma is connected to the ongoing transgenerational trauma, which underlies risk factors for child sexual abuse and criminal neglect. Contemporary services and policies must avoid perpetuating the trauma to culture which in turn perpetuates these issues.

Every response to an incident involving a child should be carefully crafted to that child, considering their needs and family situation, and the response must be culturally appropriate. This is particularly important in the NT where sadly, 86% of children in the child protection system are Aboriginal.

- **Supporting clients' control**

Survivors of childhood sexual abuse or criminal neglect must be supported by services that help them to regain a sense of control over their daily lives and help them to build the competencies that they need to strengthen their sense of autonomy. In keeping with this principle, children and families accessing services for those who have experienced sexual abuse and neglect will benefit from being well informed about all aspects of their treatment and being given genuine opportunities to actively participate in the healing process. Services that maintain control and do not actively engage and involve children and families risk further traumatising or re-traumatising children and families.

- **Sharing power and governance**

This is particularly pertinent to Aboriginal communities, where disempowerment has been central to much of the trauma that has been and continues to be experienced. Aboriginal community controlled organisations are examples of organisations where the power and governance sits with the communities for which they provide services.

- **Integrating care**

Children and families who have experienced sexual abuse or neglect benefit from accessing services where all aspects of their needs are understood and integrated approaches can be



facilitated, in keeping with an Indigenous holistic understanding of wellbeing. There is a recognised need for better co-ordination and information sharing between departments and agencies to limit the need for the child to re-tell their story and be exposed to possible re-traumatisation.

- **Supporting relationship building**

Safe, authentic and positive relationships assist healing and recovery. Services must be designed with an understanding of this principle so that they support staff to develop these, often long term, supportive relationships with children and families. It is often the case that the best staff to develop these long term relationships for children and families within Aboriginal communities will be Aboriginal staff. Ongoing opportunities for staff training and meaningful support are integral to the capacity of services to retain staff long term, which is in the best interests of children, families and communities.

- **Enabling recovery**

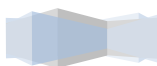
Children can and do recover from the impacts of sexual abuse and neglect with appropriately and thoughtfully designed, trauma informed, culturally informed services. Knowledge and belief in recovery must be explicit at all levels of services for children who have experienced sexual abuse and neglect.

Enabling recovery relies on the appropriate positioning, resourcing and supporting of culturally appropriate, stable, long term, therapeutic services for children who have experienced sexual abuse and neglect and their families. Our understanding is that these services rely on a mix of culturally informed and psychotherapeutically informed practices, with the accordingly qualified, remunerated and adequately supported staffing mix. At present there is significant unmet need for such services throughout the NT.

Aboriginal community controlled organisations have been born out of the recognition for the need of the above principles. Services for Aboriginal children who have been victim to sexual abuse or criminal neglect will be significantly enhanced and more effective, by being community controlled, or in circumstances where this is not possible, by services partnering with, and being informed by, community controlled organisations. The absolute need for Aboriginal community control over programs for Aboriginal children who have experienced trauma, is supported by the literature that outlines the importance of the above trauma informed principles.

We also believe that the following objectives need to be implemented into a re-designed model, in order to ensure that children receive appropriate support and protection and are not re-traumatised by services:

- A child-centred approach – this includes ensuring that at every stage the needs of the child are at the fore and that red tape and Government policies do not interfere with those needs. It also includes making sure that every child has access to the mechanisms and services for their recovery, mentally and physically.
- In addition to the child having access to services, it is important that the family of the child also have access to services, as events of criminal neglect or sexual abuse of a child



often have a traumatising flow on effect to members of the child's family. This will also help to ensure the family does not re-traumatise the child unknowingly.

- The above can be achieved by having an independent child advocate or case worker whose primary role is to track the needs of the child and to ensure all agencies are acting in the interest of the child.

2. What should a child-centered service model look like?

It is essential that any service model developed has the interests of the child as paramount and should provide for a holistic approach to the child and any ongoing processes and prosecution.

APO NT suggests looking at previous models and programs which have demonstrated some success. For example, the Family Group Conferencing model which was implemented in Alice Springs in 2009.⁶

It is imperative that the model prioritises a trauma-informed response to the child. APO NT proposes that a more child-centred model that is potentially trauma-informed could be achieved by having a child advocate/representative that is independent of the Department of Children and Families and any other Government department.

A child advocate/representative should be a highly skilled, culturally competent professional who understands the complexities of child protection cases and works to the needs of the child. These professionals would need to understand child development and the impact of trauma on children. It would be ideal for these advocates to be Aboriginal when working with Aboriginal children, but if this was not possible, they need to be culturally competent and preferably, to work with an Aboriginal colleague.

Such a position would provide a wrap-around service to the child and their family. The position would ensure the relevant agencies are working together for the benefit of the child and would act as an important intermediary between the child and family and the relevant agencies. They would also ensure that the child and their family are receiving all the necessary therapeutic needs required, as well as ensuring that government agencies are acting in the best interests of the child and their family.

The Family Group Conferencing model was inclusive and holistic, and provided an opportunity for maternal and paternal sides of the family to engage with key agencies about the best interests of the child. The defunding of this model has impacted negatively on levels of family engagement with the care and protection system, to the detriment of the child. We understand that an independent evaluation of the Family Group Conferencing model was undertaken, which should be considered by the Department when developing this service model.

⁶Arney, F., McGuiness, K and Westby, M, 'Report on the Implementation of Family Group Conferencing with Aboriginal Families in Alice Springs', Centre for Child Development and Education, Menzies School of Health Research, June 2012 <https://www.dss.gov.au/sites/default/files/files/about-fahcsia/publication-articles/foi/Document%201.PDF> Retrieved 18 November 2015.



3. How could services be more cooperative and coordinated to respond to a child in situations of sexual abuse or criminal neglect?

Each Government department should ensure that the relevant staff are highly trained in the area of cultural safety, child protection and trauma, as well as childhood development. Ensuring that staff understand the complexities of the system and the complexities of the needs of the child will encourage greater cooperation and coordination and will allow for better outcomes. In order to achieve such high quality staffing the Government must adequately train and resource their staff. It is also critical to support and empower Aboriginal staff and to ensure that Aboriginal staff have quality training opportunities, mentoring and support. Aboriginal staff working within DCF including at senior levels will assist greatly with cultural safety and incorporating Aboriginal perspectives.

The importance of the NGO sector cannot be ignored in this space. To ensure that mental and physical wellbeing services are accessible to each child and their families, Government must also ensure that these services are adequately and appropriately funded and resourced. As set out above, we believe that Aboriginal organisations should be the preferred provider of support for Aboriginal children experiencing complex trauma.

The Government should consider effective models and processes established in other jurisdictions, for example, in Western Australia staff work in pairs.⁷ This helps to ensure that when one staff member is away the child's case is not put aside waiting for the case worker to return or alternatively left for someone who has not been involved in the case to handle, which can cause an array of problems.

Again, the child advocate/representative could play a pivotal role in helping to maintain communication and coordination between the various stakeholders.

Aboriginal community controlled health organisations (ACCHSs), nearly always know the family and child well, as well as the wider family networks and the community. Often they may be the only local Aboriginal organisation that can advocate for the child and family. We suggest that the ACCHSs are resourced and supported in this role and that the family be allowed to nominate an Aboriginal staff member or board member to support them as part of this journey. The Department should assist with travel and accommodation costs for any local support person.

4. Does service duplication occur or are there gaps in current service delivery and if so how do you think this could be addressed?

What has been made clear to APO NT is that much of the crucial service delivery provided by NGOs is frustrated by the limitations of funding. This means that many NGOs are limited in what

⁷ This was mentioned at the NTCOSS community meeting about the drafting of this submission.



they can provide and the staff they can commit to cases. This is frustrating and disruptive to a child advocacy approach. It results in children and families having to jump from service provider to service provider to access essential services.

Providing greater funding to NGOs and allowing them greater control in the process would allow for more tailored and flexible responses for children and their families.

As over 80% of children in the system are Aboriginal, the involvement of Aboriginal community controlled organisations is pivotal and needs to be expanded. Already Aboriginal Community Controlled Health Services provide intensive family support services to Aboriginal families in urban areas and we believe this should be expanded to remote areas. These services work well in a very difficult area because of Aboriginal leadership and a strong Aboriginal workforce with every Aboriginal child /family being assigned an Aboriginal family support worker alongside a social worker or other professional with appropriate qualifications. As outlined above, Aboriginal community controlled organisations align with trauma informed principles and are well placed to provide the best possible therapeutic services and interventions for Aboriginal children and their families. At present there is a catastrophic gap in the lack of adequately resourced, long term, culturally and psychotherapeutically appropriate services to enable and facilitate the recovery of Aboriginal children who have experienced all forms of abuse and neglect. It must be emphasised that without such services, the impacts of intergenerational trauma within our communities will keep cycling, with devastating consequences.

In relation to care and protection proceedings, it is essential that appropriately qualified child representative lawyers are appointed to advocate for the needs of the young person and provide input into care plans and kinship placement options. There is a need for greater clarity around the appointment of child representative lawyers and for this to be recognised as a specialist area.

In relation to the care and protection system, we further note that the wellbeing of children can be compromised by other factors including delays regarding the assessment of proposed kinship placements, a lack of support for kinship carers and an absence of care plans.

5. What systems or process can you identify that would decrease the risk of further trauma to the child and their family?

Ensuring that all aspects of services are trauma informed is essential to decreasing the risk of further trauma to the child and their family. It is clear that Aboriginal community controlled organisations are best placed to provide trauma and culturally informed support and services for children and their families.

In relation to care and protection proceedings, it has been observed that in Central Australia the majority of care and protection applications proceed without a parent being present. This creates an information deficit for the court in determining applications by the Department. Barriers to engaging with the legal system should be acknowledged, and parents should receive

warm referrals for legal assistance as soon as possible and prior to matters being initiated in court. We believe that in the absence of parental and family involvement the court will not be afforded a full picture in terms of the child's life circumstances, to the detriment of the child. This can compromise decision making and make it difficult to ascertain what is in the best interests of the child.

For this reason, we would recommend the appointment of a child representative in all matters where the children are over 10 years of age (and are therefore able to instruct a child representative), regardless of whether the parents are represented.

6. Are there any other comments or information you would like to provide?

Considering the high number of Aboriginal children in care of the Department, the NT Government review the circumstances of the previous SAFE'T organisation with the aim of re-establishing an Aboriginal child safety peak body. Such a peak body will be essential in providing leadership and expertise in developing a more effective, culturally appropriate child-centred service model in a similar way that has occurred with Aboriginal community controlled comprehensive primary health care in the Northern Territory.

SAF'T was only established for about 18 months prior to its defunding by the current government. This is obviously a very complex area in which to establish a representative community based peak body. Furthermore, SAF'T was hampered by the change in direction caused by the change in government at a very early stage of the organisation's development

The continued ongoing growth in the numbers of children in the system and the consequent poor outcomes point to the need for a different approach with significantly more input from the Aboriginal community. There must be trust in Aboriginal communities' capacity to lead in this area – otherwise we will continue to tread the same path of rising rates of children in the system. APO NT is eager to continue this discussion with the NT Government.

