

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

Organisation: UnitingCare Burnside
Name: Ms Jane Woodruff
Position: Chief Executive Officer
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Inquiry into Closing the Gap - Overcoming Indigenous Disadvantage

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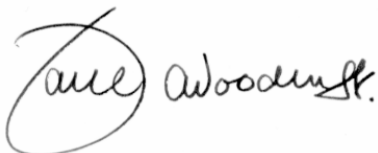
Dear Committee members,

UnitingCare Children, Young People and Families Services welcomes the opportunity to provide a submission to this critical Inquiry into overcoming the disadvantage experienced by Aboriginal and Torres Strait Islander (ATSI) people in New South Wales. The current life-expectancy gap between ATSI and non-ATSI people means that any government, organisation or citizen professing concern for social justice can no longer accept the status quo.

In framing our submission we have detailed the processes we have used and the effective programs and strategies we have developed to address the needs and concerns identified by the ATSI children, young people and families with whom we work. A pivotal part of developing and adapting programs - including our ATSI supported playgroups in Wyong, the DOORWAYS outreach program for homeless youth in Dubbo, and our work with ATSI families participating in the Brighter Futures program in Coffs Harbour - has been our commitment to consultation and partnerships with ATSI communities. While the Inquiry submission process represents a key avenue for consultation we hope that the Committee's recommendations pay due regard to the need for genuine consultation and partnerships with, and accountability to, ATSI people in the spheres of policy development and service delivery.

Please do not hesitate to contact Rita Perkons, Director of Social Justice, Partnerships and Communications on (02) 9407 3201 or via rperkons@burnside.org.au if we can provide any further information. UnitingCare Children, Young People and Families Services is willing to appear as a witness at the Inquiry's public hearings should the Committee wish to explore the contents of this submission in greater detail. We look forward to seeing the Committee's response to the ideas and examples put forward in the course of the Inquiry and to changes in public policy settings which generate improved outcomes for ATSI people and communities within New South Wales.

Yours sincerely,



Jane Woodruff
Director
UnitingCare Children, Young People and Families Services



About UnitingCare Children, Young People and Families Services

The Children, Young People and Families Services Group of UnitingCare NSW.ACT is part of the Community Services division of the Uniting Church in Australia. Our concerns for social justice and the needs of people who are disadvantaged are based on Christian values which inform the way we serve and represent people and communities. UnitingCare Burnside, UnitingCare Unifam, UnitingCare WESTS and UnitingCare Harris Community Centre are all members of UnitingCare Children, Young People and Families Services and, together, form what is arguably the largest provider of services to support children and families in NSW.

UnitingCare Burnside's services are inclusive and based on achieving just, safe and healthy life experiences for children, families and young people. We aim to protect children from abuse and neglect by breaking cycles of disadvantage and building on strengths. We achieve this by providing services across the continuum of care that support healthy family relationships, encourage positive change through education and learning, and build strong and connected communities. Our services range from preventative programs, early-intervention and child protection programs through to out-of-home care and after-care programs, such as our residential and foster care services. Burnside works very closely with Aboriginal communities, particularly those in the Orana Far West region, the Mid North Coast of rural NSW and across metropolitan Sydney including Mt Druitt.

Unifam provides community-based counselling, mediation and relationship education programs which aim to assist children, young people and adults at times of relational and personal difficulties; manage conflict and develop safe and supportive families within the community; and support the development of respectful relationships. In partnership with local Aboriginal people and organisations, Unifam has developed a detailed working plan to deliver effective and culturally relevant support programs to Aboriginal families and extended kinship networks.

The advocacy work of UnitingCare Children, Young People and Families Services is informed by research, evaluation and the voices and experiences of our service users. We aim to influence public and social policy in order to provide the best possible care, protection and opportunities for all vulnerable children, young people and their families.

Executive Summary

The following table sets out the **recommendations** made to the Inquiry into 'Closing the Gap - Overcoming Indigenous Disadvantage' by UnitingCare Children, Young People and Families Services. Recommendations are grouped under the relevant Term of Reference and the case for each is made in the body of our submission.

Reference 1(a)

- That the NSW government ensure access to community-based, collaborative, and culturally appropriate antenatal care and child and maternal health services for ATSI women in New South Wales.
- That NSW Departments, and statutory and community organisations, draw on the successful holistic support models for young ATSI people at risk operating in Central Australia to develop targeted youth service models which address problems at their root cause while providing leadership and employment opportunities for ATSI youth.
- That the NSW government provides more flexible funding arrangements for government programs servicing ATSI communities in order to facilitate more intensive support and a focus on capacity building. Funding models must provide for the training and employment of ATSI staff to engage community members in preventative programs and casework.

Reference 1(b) part (ii)

- That the NSW government provide all ATSI children from the age of 12 months with 15 hours of free or affordable quality early childhood education and care per week.
- That the NSW government establish and resource Integrated Child and Family Centres across NSW in consultation with ATSI communities.
- That the NSW government commits to an Out-of-Home Care Guarantee as a first step in addressing the long term disadvantage experienced by ATSI children and young people in out-of-home care.

Reference 1(b) part (iv)

- That the NSW public service - in partnership with community sector organisations and ATSI communities - establish employment, retention and career development strategies as a means to create stable jobs and apprenticeships for ATSI people in areas of identified employment growth.
- That the NSW government audit CDEP work being undertaken in NSW and convert any positions which involve public sector output available to all members of the NSW community into award wage public service positions.
- That the NSW government provides all employees working with ATSI families and communities with cross-cultural training to improve access to quality services.
- That the NSW government adopts the recommendations made in the ATSI Women's Taskforce on Violence Report (2000) with respect to meeting the skill development needs of ATSI people working as volunteers or community-based professionals.

Reference 1(c)

- That NSW government commitments developed in response to the Final Reports of Social Issues committee inquiries should be monitored and reported on through the *Two Ways Together* Strategy.
- That NSW Government commitments made to ATSI people and communities include specific target outcomes matched to resource allocations.
- That policy goals put forward under the *Two Ways Together Strategy - Regional Action Plans* be carried out through meaningful engagement in accordance with the processes outlined for the Strategy in “New Ways of Doing Business with Aboriginal People”, NSW Department of Aboriginal Affairs, 2003.
- That departmental policy commitments made under the *NSW Interagency Plan* be reviewed annually by the NSW Ombudsman, as recommended by the *Breaking the Silence* report.
- That administrative and accountability processes, which include formal consultation with the non-government sector, be set in place to ensure a true interagency approach to delivery of services for ATSI communities.

Reference 1(d)

- That the NSW Government work with the Commonwealth to jointly resource and implement a comprehensive, preventative strategy to reduce the risk of neglect and poor school attendance for ATSI children as a first alternative to income quarantining. This strategy should be characterised by the following features:
 - ✓ The use of trained, experienced and culturally appropriate counsellors and child and family support workers.
 - ✓ The involvement of local communities, ATSI communities and experienced service providers in the design, development and implementation of the strategy.
 - ✓ Increased resources for effective long term, sustainable programs and services that are proven to reduce child abuse and neglect with a particular emphasis on the provision of more child protection and early intervention services.
 - ✓ Increased resources for approaches that focus on the early years such as home visiting and early childhood education.
 - ✓ Support for the voluntary and individually tailored use of Centrepay.
- That the NSW Department of Health develop guidelines and training for primary health care providers in the sexual health care of children and all professions working within ATSI communities.
- That the NSW Government and the Commonwealth determine whether mandatory child health checks will be introduced in NSW and how the provision of follow-up support will be articulated with long-term planning for the development of service capacity.
- That the NSW Government considers the role of I-AEDI outcomes in the development of progress measures for the Council of Australian Governments (COAG) working

committee on Indigenous Affairs.

- That the NSW Government, in consultation with ATSI people and communities, specify targets and benchmarks for each intervention designed to close the life expectancy gap between ATSI and non-ATSI people in NSW.
- That the NSW Government collects outcomes data for each region and ATSI community to allow for the development of a meaningful set of impact indicators.

Reference 1(e)

- That NSW Government programs for ATSI families and communities create a knowledge of, and connection to, ATSI culture and ways of communicating in order to foster increased participation and a greater sense and understanding of self.
- That Family Group Conferencing approaches be integrated and trialed within a number of service models relevant to ATSI people in domains including justice, family relationships services and education.
- That the NSW Government provide all foster carers (both ATSI and non-ATSI) with training in traditional child-rearing practices, culturally appropriate communication styles and identifying physical environment issues.
- That government departments, and statutory and community sector agencies in NSW be supported to gather and apply Indigenous knowledge to health policy, programs and services.
- That closing the gap requires the NSW government to work with ATSI communities and community sector service providers at a holistic level in order to effectively address critical and inter-related issues such as environmental health, health and wellbeing, education, employment, housing, incarceration and other infrastructure concerns.

Responses to Inquiry Terms of Reference:

1. That the Standing Committee on Social Issues inquire into and report on:

- a. Policies and programs being implemented both within Australia (States/Territories/Federal) and internationally aimed at closing the gap between the lifetime expectancy between Aboriginal people and non-Aboriginal people (currently estimated at 17 years), with the assessment of policies and programs including but not limited to: New Zealand, Canada, North America, South America, and also considering available reports and information from key NGOs and community organisations.**

In this section we cite examples of domestic programs - including programs which have been implemented by UnitingCare Children, Young People and Families Services - that are serving to improve health and broader well-being outcomes for Aboriginal and Torres Strait Islander (hereafter ATSI) people.

- **Queensland**

A presentation to the 2007 National Symposium on Workforce Development in Indigenous Maternal and Child Health (Institute of Child Health Research, 2007) by Dr Kathryn Panaretto looked at the effectiveness of a sustained community-based collaborative approach to shared antenatal care services for ATSI women in Townsville. When Dr Panaretto started at the Townsville Aboriginal and Islander Health Service in 1997 the quality of antenatal care services in Townsville was poor. Among ATSI women who were pregnant, there was a poor rate of attendance before 28 weeks, long waiting times at the clinic, a non-child friendly waiting area, a lack of protocols in working with ATSI women, and no outreach services. Perinatal health statistics remained extremely high with immediate change required in terms of the service and its programs for ATSI mums and babies.

A forum was hosted inviting everyone with a role in maternal and child health service delivery in the area to establish a collaborative approach to change. The outcome included a new Mums and Babies Centre adjacent to the main medical service which now runs a clinic every morning on a no appointment system. The maternal and child health program is aimed at young families and pregnant women and provides a family friendly environment. There are two health workers and a midwife who work as an integrated team providing comprehensive primary health care services. Outcomes have included an increase in the average number of antenatal visits to seven with women attending earlier in their pregnancy at 10 weeks and more than half the women making more than eight antenatal visits. The number of women accessing the service is increasing every year. The rates of perinatal death have decreased significantly and rates of pre-term and low birth weight babies have been reduced, although there has been little impact on the rates of maternal smoking.

The keys to the success of the model include:

- Providing a one stop shop primary healthcare service.
- A collaborative approach between health services.
- Developing good relationships with mums and family members.

- ATSI health workers being empowered by the process, provided with good training and being able to lead the program.
- Staff remaining consistent over time.
- Provision of a culturally appropriate and family friendly environment.
- Inclusion of community women in the program including a breastfeeding peer support program.

- **Central Australia**

Ray (2007) examines three programs in Central Australia - the Mt Theo Program, the Docker River Youth Program and Caylus - which have achieved tangible improvements to the health and well-being of young ATSI people. Each program has been based on needs identified by the community and has prioritised community ownership and involvement in order to: (1) prevent substance misuse and make families and communities safer; (2) improve health outcomes; and (3) improve the engagement of young people in education and training. Ray identifies the Mt Theo Yuendumu Substance Misuse Aboriginal Corporation (the Mt Theo Program) as the “stand out model in the region” (2007: 196). The program has moved from successfully addressing petrol sniffing to providing holistic development support to young people of all ages in Yuendumu and other Warlpiri communities. The program’s services as described by Ray consist of three basic projects:

- A basic program of recreational activities.
- A development and leadership program for young adults; and
- Mt Theo Outstation which provides respite care for youth at risk.

The common issues for these services revolve around substance misuse, suicide and domestic violence interventions, cultural activities, project work, peer mentoring and supporting young adults to gain and remain in full-time work. The program currently employs 53 local youth as casual workers in addition to seven full-time local staff, two of whom are young local Jaru Pirrjirdi members. Over fifteen graduates now work for various agencies in Yuendumu including the school, police and health and have been trained for positions such as police aides and health workers.

- **Examples of effective practice by UnitingCare Children, Young People and Families Services**

For UnitingCare Children, Young People and Families Services, NSW government programs such as Brighter Futures and Communities for Children - and activities such as supported playgroups - have been important to increasing the number of ATSI children who participate in early childhood activities designed to support their growth and development and to foster resilience. Brighter Futures has proved to be very successful in engaging families and community members as demonstrated by the very high acceptance rate of referrals. For example, 41 per cent of families engaged in our Brighter Futures programs in Coffs Harbour identify as ATSI. This is almost double our target goal.

The UnitingCare Children, Young People and Families Services approach of asking family members to identify their highest priorities in life and the changes they wish to make has allowed a focus on capacity building as opposed to crisis intervention. Intensive Support Service (ISS) funding has been important to enabling intensive work with and advocacy for ATSI children and young people with high needs, challenging

behaviours and social or emotional difficulties. These include experiences of abuse, self harm, drug and alcohol use and criminal activity. The better funding ratios available under ISS have enabled UnitingCare Children, Young People and Families Services staff to help these young people to stay at school, improving the likelihood of sustainable and healthy outcomes later in life.

Under the Term of Reference b (iv) we discuss the key role of ATSI workers in our services on the Mid North Coast of NSW in developing programs which are tailored to meet ATSI family and community needs. Similarly, the extensive involvement in programs and casework by our ATSI staff in the Far West of NSW has been critical to engaging with young parents and developing their knowledge and skills about child health, learning and development needs. Forty per cent of the young people we work with in the Far West region have children and past research shows that measures which significantly improve the quality of parenting that young ATSI children receive can be expected to improve health outcomes.

Recommendations

- That the NSW government ensures access to community-based, collaborative, and culturally appropriate antenatal care and child and maternal health services for ATSI women in New South Wales.
- That NSW Departments, and statutory and community organisations, draw on the successful holistic support models for young ATSI people at risk operating in Central Australia to develop targeted youth service models which address problems at their root cause while providing leadership and employment opportunities for ATSI youth.
- That the NSW government provides more flexible funding arrangements for government programs servicing ATSI communities in order to facilitate more intensive support and a focus on capacity building. Funding models must provide for the training and employment of ATSI staff to engage community members in preventative programs and casework.

b. The impact of factors on the current lifetime expectancy gap

In responding to Term of Reference (b) we have restricted our comments to the two spheres in which UnitingCare Children, Young People and Families has specific expertise. These are education (part ii) and employment (part iv). However we wish to note the importance we ascribe to all seven factors listed under this Term of Reference to overcoming the relative disadvantage experienced by ATSI communities across the full sweep of socio-economic, health and well-being indicators.

ii. The impact of education on the current life expectancy gap

• Early Childhood Education

In recent years governments have shown a renewed interest in the early childhood period. This interest has been stimulated by a growing body of evidence, from a diverse range of disciplines, which shows that the period of early childhood is critical to a child's development and has a decisive impact on their later life. Both research and clinical work have found that the experiences of the infant and young child provide the foundation for long-term physical and mental health as well as cognitive development (Karoly et al., 1998). Indeed, neurological research underlines the significance of a child's early years in laying the foundation for almost every aspect of human development. This includes not only cognitive and linguistic capabilities but also a child's social and emotional capabilities and capacity for self regulation (McCain and Mustard, 1999).

Australian and international research provides evidence to demonstrate that socio-economic disadvantage has a profound and negative impact on the wellbeing and development of children and that these effects persist into adulthood. Poor social and economic circumstances are the greatest threat to children's growth in the absence of substantial and sustained intervention (Flood, 2004).

Given the predictive relationship between the early childhood years and long term health and social outcomes, investment in early years programs for ATSI children is critical if we are to reduce the current lifetime expectancy gap.

UnitingCare Children Young People and Family Services currently provides a range of services which aim to engage with ATSI families and communities, and to provide pathways for ATSI children into formal experiences in early childhood education. Through these programs we assist ATSI children to gain the social, emotional and educational skills that will assist with improving later educational outcomes

One program provided by UnitingCare Children Young People and Family Services in the Far West of NSW highlights the importance of the early engagement of families in programs that facilitate access to early learning experiences. Orana Supported Playgroups (funded by UnitingCare Burnside with some contribution from the Department of Community Services 'Brighter Futures' program) is working with families in Dubbo, Narromine, Trangie and Warren to conduct supported playgroups and parenting education programs. These programs have had significant success in engaging ATSI parents and providing them with opportunities to:

- Interact and play with their children;
- Learn important information about child development;
- Meet other parents and develop social networks;

- Access other health services, such as early childhood nurses, child immunisation, speech pathology and occupational therapy; and to
- Gain feedback about their child's progress and development.

These playgroups are supported by ATSI and non-ATSI early childhood professionals who have a strong understanding of the early childhood, cultural, social and other issues impacting on ATSI families living in rural NSW.

For many families Supported Playgroups provide a 'soft' entry point for children's pathways into formal early childhood services. For children, these playgroups are an important first experience of structured learning environments that offer opportunities to practice skills and have fun in a safe environment. The services also point to the importance of providing early childhood options that are integrated into local communities and provide a range of access points for families to the spectrum of social, health and other services which are pivotal to positive child development.

While supported playgroups provide an important basis for sound early learning experiences, it is critical that we improve the access of ATSI children to early childhood education services if we are to close the life expectancy gap between ATSI and non-ATSI people. UnitingCare Children Young People and Family Services recommend that all ATSI children have access to a minimum of 15 hours per week of formal early childhood services. Given that the current cost of child care and pre-school services often serves to preclude ATSI families, it is critical that children have access to quality no-cost and low-cost services.

UnitingCare Burnside has developed a model of Integrated Child and Family Services which can be accessed at:

<http://www.burnside.org.au/content/Integrated%20child%20and%20family%20services%20%2D%20an%20innovative%20approach%20to%20early%20intervention%2Epdf>

This model has the potential to be developed - in consultation with ATSI communities - to provide for a suite of child and family services which are relevant and accessible to ATSI families. We strongly recommend the development of Integrated Child and Family Centres across NSW so that ATSI families can access early childhood services in a safe environment that facilitates interaction with the spectrum of services that foster improved health and well-being.

- **Education for Children in Out-of-Home Care**

ATSI children are overrepresented in child protection proceedings and out-of-home care (OOHC) across Australia, and particularly in NSW. In 2006-07, the number of ATSI children in OOHC in NSW was 44.5 per 1000 compared to a rate of 6 per 1000 for all children (Australian Institute of Health and Welfare, 2008: 50). Cashmore and Paxman (1987) show that young people who have been resident in out-of-home care, experience significant lifetime disadvantage, particularly in relation to health, education and social outcomes. The experience of UnitingCare Children Young People and Family Services in working with ATSI children and young people confirms that the experiences which result in children being placed in care; the experience of the care system itself; and the lack of after-care services have profound and negative effects on their life chances. Promoting access to education, and to opportunities to attain educational qualifications, is a critical protective factor for children and young people who are in or exiting OOHC and represents a vital means of assisting them to navigate pathways out of disadvantage.

Again we stress that access to education is critical to improving the life chances of ATSI children and young people.

The Community Placements Program (CPP) in Dubbo provides high intensity out-of-home care for young people aged 11-17 years. CPP provides long term and crisis/short term care placements for young people who are in the care of the Department of Community Services and are unable to live with their families. The young people in the program have experienced major disruption to their lives, rejection, and loss of contact with family and friends. The program works to provide young people with a sense of connection and belonging by placing them with local families in areas as close as possible to the young person's own community.

In 2006-07, 74 per cent (37/50) of the children and young people participating in the program identified as ATSI. As highlighted elsewhere in this submission, a focus on recruiting ATSI staff and foster carers assists us to provide high quality, culturally appropriate placements and support to ATSI children and their families.

CPP staff have consistently raised concerns about access to education for children and young people in the program. Of particular concern is the exclusion from mainstream schools - or effective exclusion through long term suspension or partial attendance - of children and young people in OOHC. In recent times this problem has become more pronounced, with a number of children and young people in CPP excluded from Behavior Schools. These are the schools which are specifically designed to work with children and young people who have significant behavioral difficulties. The children and young people subject to these forms of exclusion have limited options for alternative education such as enrolment in private schools and distance education. Exclusion from school not only prevents children and young people from meeting critical educational milestones with long term impacts, but also disrupts or threatens the stability of foster care and other out-of-home care placements.

This example highlights the difficulties experienced by many ATSI children and young people in out-of-home care. Given the high rate of entry into care of ATSI children in NSW, there is a need for a greater emphasis on, and resources for, educational services for ATSI children who are unable to live with family. UnitingCare Burnside, in partnership with other non government organisations, has called on the NSW Government to implement an Out-of-Home Care Guarantee in order to ensure access to education, health, recreation and support services for children and young people in care. A copy of the Guarantee is available at:

<http://www.burnside.org.au/content/A%20Guarantee%20for%20all%20kids%20in%20care%20in%20NSW%2Epdf>

A commitment to an OOHC Guarantee is a critical first step in ameliorating the long term disadvantage experienced these children and young people.

Recommendations

- That the NSW government provide all ATSI children from the age of 12 months with 15 hours of free or affordable quality early childhood education and care per week.
- That the NSW government establish and resource Integrated Child and Family Centres across NSW in consultation with ATSI communities.
- That the NSW government commits to an Out-of-Home Care (OOHC) Guarantee as a first step in addressing the long term disadvantage experienced by ATSI children

and young people in out-of-home care.

iv. The impact of employment on the current life expectancy gap

As with other key socio-economic indicators, the burden of unemployment is not shared evenly across the NSW community or between ATSI and non-ATSI communities within the state. In 2006, 8,300 ATSI persons aged 15 years and above were unemployed in NSW which equates to an unemployment rate of 16.2 per cent or more than three times the average state unemployment rate of 5.1 per cent. The 2006 labour force participation rate of ATSI people in NSW (55.6 per cent) was also notably lower than the state average of 63 per cent (Australian Bureau of Statistics, 2007a and 2007b).

It is important to note that ATSI people participating in the Community Development Employment Projects (CDEP) program are counted as employed despite receiving a notional welfare equivalents payment. In the absence of CDEP employment, the ATSI unemployment rate would be significantly higher. For this reason, the Federal Government's intention to restore the CDEP program (abolished as part of the NT Emergency Legislation) is an important development. That said, measures to improve ATSI employment opportunities need to extend beyond CDEP positions in order to ameliorate the adverse health impacts which flow from high and sustained unemployment. Professor Peter Saunders of the Social Policy Research Centre, UNSW outlines the way in which unemployment serves to damage health and well-being at an individual and social level:

While the initial consequences of unemployment are restricted to reduced income and increased risk of poverty, over time these give rise to other effects such as depression and poor health that reinforce their initial cause. These in turn flow on to affect families and communities in ways that are socially disruptive and self-reinforcing. Areas of high unemployment become increasingly prone to crime and this drives potential businesses and key local services away, further entrenching their isolation and unemployment. As families struggle to cope with the personal crises associated with unemployment, they withdraw from social life, disrupting the normal channels of community interaction that constitute public life. Communities are sent into a tailspin of decline as the adverse effects of unemployment reverberate and multiply (Saunders, 2002: 5).

Improving the access of ATSI people to education, training, employment services and social supports is clearly important and there is a key leadership role for both the NSW public service and the community sector in creating stable jobs and apprenticeships for a growing ATSI labour force. It is critical that the educational methods used to train staff are culturally appropriate and integrate Indigenous knowledge and understanding. This is essential if service provision is to embrace ATSI understanding of the meaning and import of health and education in order to provide motivation for engagement or change (Trudgen, 2003: Part 2). The 2007 DEWR Job Outlook indicates strong employment prospects for welfare and community workers, allied health workers and carers. The success of UnitingCare Children, Young People and Families Services in recruiting and retaining much-needed ATSI staff is instructive. For example, while the proportion of the NSW Far West population who identify as ATSI ranges from 10 per cent in Dubbo and Cobar to nearly 60 per cent in Walgett, 65 per cent of UnitingCare Children, Young People and Families Services service users in the region are Aboriginal and Torres Strait Islander. The percentage of ATSI staff in our programs in the Orana Far West region exceeds 50 per cent and in some programs more than 60 per cent of staff are ATSI.

The research and practice experience of UnitingCare Children, Young People and Families Services has established that modelling diversity within our staff profiles is essential if we are to work effectively with ATSI service users and partners. We have therefore established partnerships and program-based action plans with local ATSI communities and organisations and with the ATSI Child, Family Community Care State Secretariat NSW (AbSec). We provide cross cultural training for our staff and as a 'Corporate Leader in Indigenous Employment' we are working with the Commonwealth Department of Employment and Workplace Relations to advance our recruitment and retention practices for ATSI employees. In addition, UnitingCare NSW.ACT has appointed an Indigenous Employment Consultant to research and develop an ATSI employment, retention and career development strategy.

The emphasis given by UnitingCare Children, Young People and Families Services to employing and training ATSI staff and building connections with local ATSI organisations is evidence-based. For example, the Indigenous Community Governance Project has confirmed that a 'one size fits all' approach to Indigenous governance and partnerships will generate sub-optimal outcomes (Hunt and Smith, 2007). We thus aim to devise programs and build relationships which respond to different local and cultural conditions. We have also responded to the ATSI Women's Taskforce on Violence Report (2000) which identified the need to provide ATSI people already working as volunteers or community-based professionals with: (a) broad-based education around children's health and development, educational needs, the prevention of violence and the provision of family support; and (b) specific education on alcohol and drugs and offender rehabilitation. Skill development on these fronts form part of our staff training process and professional development courses.

Finally, our Manning Communities for Children program has developed a mentoring scheme which involves ATSI men in providing support to ATSI fathers including participation in ATSI antenatal classes. After consultation with local ATSI organisations on their training needs we ran Core of Life Facilitator Training in October 2007. This is a unique life education program which addresses emerging attitudes to pregnancy, birth, breastfeeding and early parenting. Twenty-four health workers - including fourteen ATSI health workers - participated and this will serve to build the region's capacity to provide professional services which focus on children's health and development and family support.

Recommendations

- That the NSW public service - in partnership with community sector organisations and ATSI communities - establish employment, retention and career development strategies as a means to create stable jobs and apprenticeships for ATSI people in areas of identified employment growth.
- That the NSW government audit CDEP work being undertaken in NSW and convert any positions which involve public sector output available to all members of the NSW community into award wage public service positions.
- That the NSW government provides all employees working with ATSI families and communities with cross-cultural training to improve access to quality services.
- That the NSW government adopts the recommendations made in the ATSI Women's Taskforce on Violence Report (2000) with respect to meeting the skill development needs of ATSI people working as volunteers or community-based professionals.

c. Previous Social Issues Committee reports containing reference to Aboriginal people and assess the progress of government in implementing adopted report recommendations.

Previous reports by the Social Issues Committee that contain references to ATSI people which are relevant to the services and supports provided by UnitingCare Children, Young People & Families Services service include:

- Dental Services in NSW (2007);
- Public Disturbances at Macquarie Fields (2005);
- Child Protection Services (2002); and
- Youth Violence in NSW (1993).

The final reports of these Inquiries made a number of recommendations with the potential to ameliorate the disadvantage experienced by ATSI people and communities in NSW and were warmly welcomed by UnitingCare Children, Young People and Families Services. The following recommendations were of particular import:

- The 2007 *Inquiry into Dental Services in NSW* saw a commitment - following full consultation with recipient communities - to an oral health strategic plan and associated framework for action, and the Aboriginal and Torres Strait Islander Plan. Implementation was to be facilitated by the Statewide Aboriginal Oral Health Coordinator and funding was made available until 2010 for this to occur.
- The *Inquiry into Child Protection Services* (2002) recommended research and evaluation of effective frameworks for implementing kinship care by the Department of Community Services.
- The *Inquiry into Child Protection Services* (2002) recommended investment of \$3 million in early intervention strategies for overcoming child protection issues in ATSI communities as part of the Aboriginal Child, Youth and Family Strategy of the NSW Department of Community Services.
- Commitments made by various NSW Government departments following the 1993 *Inquiry into Youth Violence in NSW*. These included \$5.7 million towards the 1996 Aboriginal Education Policy; the commitment by the Ombudsman's Office to a twelve-month research and evaluation of the Police Service Aboriginal Strategic Plan; and the establishment of additional Aboriginal Community Liaison Officer positions throughout NSW with a particular emphasis on the recruitment of Indigenous women.

• **Implementation and accountability**

UnitingCare Children, Young People and Families Services is concerned with the cyclical tendency for commitments made by the NSW government - such as those listed above - to be simply re-affirmed when issues gain the 'spotlight' for a second or third time. For example, commitments made by the NSW Government in response to recommendations made in the Final Report of the 1996 *Inquiry into Youth Violence in NSW* were again recommended in the Final Report of the 2006 *Inquiry into Public Disturbances at Macquarie Fields*. This indicates a need for transparent monitoring of implementation processes and resource commitments, and for this to occur independently of changes in government and administration.

In order to improve the effectiveness of policy implementation in ATSI communities, UnitingCare Children, Young People and Families Services urges that greater attention be directed to:

- An increasing recognition of the role of the community sector in service delivery; and
- Improving the collaboration between Federal and State agencies, ATSI organisations and non-government organisations to share understanding and eliminate duplication of effort.

At the present time, the lack of integrated program funding arrangements and collaborative implementation processes on the ground; poor engagement at the community level; and the failure to sustain policy and program coordination across agencies and jurisdictions (Hunt and Smith, 2007) all serve to frustrate effective and efficient service delivery.

Case studies from the Indigenous Community Governance Project have found that for Indigenous organisations, program and policy 'territorialism' by government departments remains entrenched and organisations are required to grapple with several whole-of-government approaches and to patch together funds from a range of programs and sources in order to maintain core functions (Hunt and Smith, 2007). Our experience working in, and with, ATSI communities indicates that these findings are similarly applicable to community sector providers.

It is critical that Indigenous organisations and local service providers are genuine partners in the policy development process and that the programs which they deliver are flexible enough to meet evolving community needs (Calma, 2007: 278).

- **The NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities**

UnitingCare Children, Young People and Families Services aims to protect children from abuse and neglect by providing services across the continuum of care. Our services range from preventative programs, early-intervention and child protection programs through to out-of-home care services. In particular, UnitingCare Burnside works very closely with ATSI communities, particularly those in the Orana Far West region, the Mid North Coast of rural NSW and across metropolitan Sydney including Mt Druitt. UnitingCare Children, Young People and Families Services continues to strengthen its working relationship with the NSW Government, increasing funding to meet shared responsibilities and to implement innovative programs.

In order to facilitate sophisticated assessment of the NSW Government's record - and capacity to implement effective programs which ameliorate ATSI disadvantage - it was imperative that the Term of Reference 1 (c) attached to this Inquiry included consideration of the *NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011*. The Government will not be able to make an impact on Indigenous disadvantage in this state without addressing the pervasive and intergenerational experience of child sexual assault in ATSI communities. The Aboriginal Child Sexual Assault Taskforce (2006: 4) clarified community concern that:

...child sexual assault is one of the key, underlying factors in the high levels of violence, substance abuse, criminally offending behaviour and mental health issues that many Aboriginal communities are grappling with today. Research supports these links.

UnitingCare Children, Young People and Families Services has worked hard to embed the recommendations of the Final Report of the Aboriginal Child Sexual Assault Task Force (ACSAT) Inquiry titled *Breaking the Silence: Creating the Future* (2006). For example, we have identified areas for further engagement within our services such as the inclusion of culturally appropriate awareness-raising courses targeted to ATSI children and young people participating in education-based services in Mt Druitt. Cultural awareness training is a key component of the professional development of our staff.

The recommendations of the ACSAT Report confirmed the importance of strategic directions supporting both the self-determination of ATSI service users and better consultation with ATSI communities in the development of service provision initiatives across the continuum of care to reduce the rate of child sexual assault. The consultative process needs to engender partnerships between ATSI communities, service providers from the community sector, and various levels of government.

The program for action stipulated in the *Interagency Plan to Tackle Child Sexual Assault* is welcomed by UnitingCare Children, Young People and Families Services. Our services are working closely to support the attainment of the Plan's goals. However, concerns have again emerged regarding the nature of the Government's engagement and the lack of accountability for implementation and outcomes:

Communities expressed concern that the findings of ACSAT won't be published and that the recommendations won't be implemented. They felt that they had contributed to many government inquiries in the past that had not been acted on (Aboriginal Child Sexual Assault Taskforce, 2006: 6).

The failure of the NSW government to allocate new and specific funding to meet the objectives of the *Interagency Plan* is to be decried and has occurred despite a June 2006 commitment by the Federal Government to match any State or Territory commitment to improve social problems in remote areas (up to \$130 million over 4 years).

The NSW Police remain the only government department to have developed a formal policy framework to specifically address the actions required by the *Interagency Plan*.

- **Strategies for implementation**

UnitingCare Children, Young People and Families Services recommends that the Social Issues Committee defines a role for the NSW Ombudsman in reviewing departmental engagement with the *Interagency Plan*, as is recommended by ACSAT in the *Breaking the Silence* report and as is current practice with NSW Police. It is only through a genuine commitment of time and money that detailed and accountable implementation processes such as those profiled in the *NSW Interagency Plan* and the *Two Ways Together* strategy may take effect.

The policy document, *Two Ways Together: New South Wales Aboriginal Affairs Plan 2003-2012* is a ten-year strategy that utilises seven cluster groups which are responsible for developing actions in seven priority outcome areas. A lead government agency has been designated to each cluster group. This framework is accountable to a range of government committees, groups, and frameworks including the *NSW State Plan*. However, these committees and groups do not have strong representation from non-government agencies and consequently encourage whole-of-government practice without properly utilising non-government services and informed consultation processes.

Similarly, the *NSW Interagency Plan* will rely on Local Reference Groups and a separate Advisory Panel who report to the Aboriginal Affairs CEOs Group. This framework is accountable to the *NSW State Plan* through the *Two Ways Together* reporting strategies.

UnitingCare Children, Young People and Families Services is concerned that the accountability process attached to the *NSW Interagency Plan* reduce it to 'a report within the State Plan report' and lessens the likelihood that *Two Ways Together* will evolve as an effective framework for overcoming ATSI disadvantage. We also register our concern at the non-publication of annual audit reports from each of the cluster groups responsible for developing an action plan for the *Two Ways Together* Strategy.

Finally, UnitingCare Children, Young People and Families Services again stresses the importance for the Social Issues Committee to outline a way to link recommendations made to target outcomes and resource commitments. In the absence of this linkage there will remain a lack of both transparency and accountability when it comes to the benchmarks against which the NSW government monitors progress in 'closing the gap'. It is also important that program evaluation gives due regard to issues of process, governance, community involvement and funding.

Recommendations

- That NSW government commitments developed in response to the Final Reports of Social Issues committee inquiries should be monitored and reported on through the *Two Ways Together* strategy.
- That NSW Government commitments made to ATSI people and communities include specific target outcomes matched to resource allocations.
- That policy goals put forward under the *Two Ways Together Strategy - Regional Action Plans* be carried out through meaningful engagement in accordance with the processes outlined for the Strategy in "New Ways of Doing Business with Aboriginal People", NSW Department of Aboriginal Affairs, 2003.
- That departmental policy commitments made under the *NSW Interagency Plan* be reviewed annually by the NSW Ombudsman, as recommended by the *Breaking the Silence* report.
- That administrative and accountability processes, which include formal consultation with the non-government sector, be set in place to ensure a true interagency approach to delivery of services for ATSI communities.

d. The Federal Government intervention in the Northern Territory and advise on potential programs/initiatives that may or may not have relevance in terms of their application in New South Wales.

• **Welfare Quarantining**

At the present time most social security payments are 'inalienable'. However, the NT legislation incorporates 'Income Management Regime' (IMR) provisions to create circumstances where an individual qualified to receive a payment will not be provided with that payment, in whole or in part. While IMR will apply to specified communities in both the Northern Territory and Cape York the provisions will apply to all persons in NSW under the following circumstances. In both cases, ATSI welfare recipients are likely to be over-represented:

1. For the protection of a child of the person: The child protection IMR provisions will require a State or Territory child protection officer to request the IMR provisions to be applied subject to principles to be set out in a Legislative Instrument to be made by the Minister. In child protection cases, 100 per cent of the payment may be withheld.
2. Child attendance: The IMR provisions can be applied - subject to a Legislative Instrument to be made by the Minister - where it is considered there is unsatisfactory school attendance situation. The Secretary will also be able to issue to a parent a requirement to provide documentary evidence about the child's attendance at school. Where the notice is not complied with, the Secretary can determine the child has not been attending school. Where the provision is applied 50 per cent of the payment will be deducted or a different deduction amount which will again be described in a Legislative Instrument by the Minister

In both instances there is no set period ascribed in the Bill as to how long an IMR is to apply to an individual.

In terms of the impact of these arrangements on the health and well-being of ATSI people in NSW it is critical for the state government to recognise that causes of child abuse and neglect and poor school attendance are complex and multi-dimensional. In these circumstances, single interventions will be ineffective and interventions such as quarantining welfare payments, which do not address causal factors, are the wrong place to start. It will be important for the NSW Government to seek details of the legislative instruments and to determine the reporting relationships between state government departments (principally the Department of Community Services and the Department of Education and Training) and the Commonwealth.

The Explanatory Memorandum accompanying the NT Bill (Parliament of Australia, 2007) sets out that the application of IMR provisions to communities in the Northern Territory and Cape York will be underpinned by community-based services which help families deal with issues such as protection and care of children, alcohol and gambling problems, and employment. However, in cases where an IMR is triggered by a child protection or school attendance issue - principally state service jurisdictions - it is unclear whether NSW Departments and service providers will be involved in case management and the delivery of tailored support services which (1) address causal factors; and (2) assist parents to build their capacity to manage payments in a manner consistent with healthy outcomes for all family members.

The concerns of UnitingCare Children, Young People and Families Services about the emphasis given to IMR as a 'silver bullet strategy' relates to a point made by Professors Fiona Stanley, Margot Prior and Sue Richardson in their book 'Children of the Lucky

Country?' (2005). Stanley, Prior and Richardson stress the importance of providing tailored services in "ways that those needing them can trust" in order to foster social connection and improve the conditions for healthy child development. For this reason it is imperative to consult with ATSI and non-ATSI communities and experienced service providers in the design, development and implementation of a broad support strategy.

We would urge the Committee to use the Inquiry's public hearings to seek advice from NSW Government departments on resource commitments - and the interface between the Commonwealth and the State - to reduce the incidence of child abuse and neglect via the implementation of preventative strategies, and a focus on addressing structural problems within the community services and health workforce. This is critical to ensure on-going access to the specialist support that children, young people and families in high-risk situations need.

The practice experience of, and evaluative research undertaken by, UnitingCare Children, Young People and Families Services suggest that key elements of an effective support strategy will include:

- The use of trained, experienced and culturally appropriate counsellors and child and family support workers to address the immediate and long term needs of those children experiencing the impact of abuse and neglect.
- Involving local communities, ATSI communities and experienced service providers in the design, development and implementation of a broad support strategy.
- Increased resources for effective long term, sustainable programs and services that are proven to reduce child abuse and neglect with a particular emphasis on the provision of more child protection and early intervention services. Parenting and family support programs can reduce the incidence of child abuse and neglect, and the establishment of integrated family centres are equally successful in strengthening families. Further, they can provide places of safety for children and women experiencing abuse.
- Approaches that focus on the early years - such as home visiting and early childhood education - have been shown to significantly decrease the likelihood of child abuse, but also juvenile crime, reliance on government support and substance abuse later in life.
- Supporting the voluntary and individually tailored use of Centrepay.

- **Child Health Checks**

A key measure in the NT Emergency legislation was the introduction of compulsory health checks for all ATSI children to identify and treat health problems and any effects of abuse. It is not clear what the medium and long-term strategies that will follow this short-term response are or whether mandatory child health checks will follow in other states.

UnitingCare Children, Young People and Families Services supports the call made in the Little Children are Sacred Report (Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007) for the development of guidelines and training for primary health care providers in the sexual health care of children to facilitate improved crisis interventions and the provision of better access to comprehensive child and adolescent mental health services, home visitation and pre-natal services. Indeed such training should be extended to all professions working with ATSI communities.

Professor Ian Anderson, Director of the Centre for Health and Society and the Onemda VicHealth Koori Health Unit at the University of Melbourne makes the important point that the health checks currently being rolled out in the Northern Territory are unlikely to be effective in the identification of cases of abuse:

Disclosure of sexual abuse is a complex process that requires trust. This is unlikely to develop through short-term encounters with 'fly in, fly out' teams of professionals who do not speak local languages and who do not understand many of the cultural complexities, including customary kinship structures (Anderson, 2007: 138).

Should compulsory health checks on ATSI children be extended to NSW, the Committee should note another key point made by Anderson (2007: 139) regarding the capacity to provide follow up services which will need to be addressed, often over a long period, after screening teams have departed. The NSW Government and the Commonwealth will need to determine how the provision of follow up support will be articulated with long-term planning for the development of service capacity. This may be an appropriate issue for the recently established Council of Australian Governments (COAG) working groups on (1) Health and Ageing; and (2) Indigenous Reforms to consider.

The Committee might also note that Commonwealth funding has been recently allocated to rolling out the Indigenous Australian Early Development Index (I-AEDI) to establish a culturally appropriate and nationally consistent means of assessing key aspects of Indigenous children's early child development which are central to their readiness for learning at school.

I-AEDI is a community based population measure of young children's development in physical health and wellbeing, social competence, emotional maturity, language, cognitive and communication skills and general knowledge based on a teacher-completed checklist of over 100 questions. The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) argues that the application of the Index will facilitate accurate assessment of interventions that improve the development outcomes of Indigenous children while taking into account cultural and language differences (Gillard and Macklin, 2008). The NSW Government should also consider the role of I-AEDI outcomes in the development of progress measures for the COAG working committee on Indigenous Affairs.

Again we stress that genuine impact analysis of interventions designed to close the life expectancy gap between ATSI and non-ATSI people in NSW requires the specification of appropriate targets or benchmarks that are negotiated by governments and ATSI people, and are linked to resource commitments and timeframes (Calma, 2005 cited in Taylor, 2006). This would serve to make the state government accountable for whether there is improvement on some or all indicators and, where there is improvement, whether the progress achieved is at a sufficient rate (Taylor, 2006: 11).

Developing a meaningful set of indicators will also require the state to collect outcomes data for each region and ATSI community. This is critical to understanding how policy fits with specific community needs and the adjustments or adaptations required to ensure the success of programs across the full range of ATSI communities in NSW. At the present time most data is classified at a state level or by broad remoteness region.

Recommendations

- That the NSW Government work with the Commonwealth to jointly resource and implement a comprehensive, preventative strategy to reduce the risk of neglect and poor school attendance for ATSI children as a first alternative to income quarantining. This strategy should be characterised by the following features:
 - ✓ The use of trained, experienced and culturally appropriate counselors and child and family support workers.
 - ✓ The involvement of local communities, ATSI communities and experienced service providers in the design, development and implementation of the strategy.
 - ✓ Increased resources for effective long term, sustainable programs and services that are proven to reduce child abuse and neglect with a particular emphasis on the provision of more child protection and early intervention services.
 - ✓ Increased resources for approaches that focus on the early years such as home visiting and early childhood education.
 - ✓ Support for the voluntary and individually tailored use of Centrepay.
- That the NSW Department of Health develop guidelines and training for primary health care providers in the sexual health care of children and all professions working within ATSI communities.
- That the NSW Government and the Commonwealth determine whether mandatory child health checks will be introduced in NSW and how the provision of follow-up support will be articulated with long-term planning for the development of service capacity.
- That the NSW Government considers the role of I-AEDI outcomes in the development of progress measures for the Council of Australian Governments (COAG) working committee on Indigenous Affairs.
- That the NSW Government, in consultation with ATSI people and communities, specify targets and benchmarks for each intervention designed to close the life expectancy gap between ATSI and non-ATSI people in NSW.
- That the NSW Government collects outcomes data for each region and ATSI community to allow for the development of a meaningful set of impact indicators.

e. Opportunities for strengthening cultural resilience within Aboriginal communities in NSW with a focus on language, cultural identity, economic development and self determination

Aboriginal and Torres Strait Islander (ATSI) communities are already very resilient communities. For thousands of years their unique diverse cultures, beliefs and traditions have survived. The cultures have endured the recent historical policies of moving communities from their homelands, removing children from their families and placing ATSI people into environments and lifestyles that are unnatural. As a result:

Today, most geographically discrete Indigenous communities are a combination of different families, clans, language and ceremonial groups, some of whom have an historical attachment to the place, while others have land-owning rights to the same area. So there are often different communities within a community (Indigenous Community Governance Project, 2007: 4).

Most ATSI children go to non-Aboriginal schools where lessons are taught in English and most subjects are about the western, Anglo-Saxon way of life. Over time, communities, particularly in urban areas, have lost their language and strong connection to their specific traditions.

The resilience of ATSI people shines through in the cultures that remain intact and some communities are now documenting their culture and sharing it through dance, music and resources used in schools and other organisations. One example of such a program is *Sistaspeak* developed by the Office for Women in the NSW Department of Premier and Cabinet. UnitingCare Children, Young People and Families Services presents *Sistaspeak* in Dubbo as part of our Reconnect program. We are interested in further promoting this program to high schools that have a proportion of ATSI young women as students.

***SistaSpeak** aims to inspire the girls to continue their education and look towards a future with a career and financial independence. It also aims to increase the girls' self-esteem, and strengthen their sense of identity, culture and connection to the community in which they live (Office for Women, 2007).*

This program was developed in consultation with local ATSI communities and helps the young women participants to reinforce their cultural background. Verbal reports from the Office for Women indicate that this program is very popular as demonstrated through high participation rates and positive feedback from participants. It is hoped that this program will also contribute to participants staying on in high school to complete Year 12.

Being connected and knowledgeable about one's culture contributes to a greater sense and understanding of self:

In order to have a positive future our children need to be resilient. Not only resilient to the past which is imprinted on their genes and the living memory of their parents, grand parents, families and communities, but also resilient to an (sic) colonised environment which denigrates their very sense of identity and being. So many Aboriginal child and family service practitioners seek to build on the one positive fact for today's Aboriginal and Islander communities - we have survived: we have proved resilient.

...In order to look at ways in which we can keep Indigenous kids resilient, we need to begin by understanding that for us colonised Australia is a toxic environment which talks down to our adults and our children and is built on

'doing' for Indigenous people as we are viewed as not able to self determine our own wellbeing (Hunter and Lewis, 2006:1).

Consultation with ATSI communities when developing programs that they will be using is imperative. In this way, what is important to them can be incorporated into the program design and implementation. Approaches to counseling and service delivery can be enhanced to work in ways that reflect their natural ways of communicating and dealing with problems in their communities.

UnitingCare Children, Young People and Families Services is looking at models such as Family Group Conferencing as an effective way to address family issues while simultaneously strengthening self determination and decision making.

Family Group Conferencing can also be utilised outside of the child protection/out of home care system. Family Group Conferencing has been used internationally (most particularly in New Zealand) in working with young offenders. It may also be appropriate in other environments where empowering families to make decisions in the best interests of children and young people is the goal (for example developing plans for children with disabilities, contact and residence matters in family law).

Family Group Conferencing has been seen as particularly useful in engaging with Indigenous communities. It emerged out of the New Zealand experience of working with Maori families and developing approaches to engage with and work with the strengths in these communities (UnitingCare Burnside, 2007).

These types of approaches need to be integrated within a number of service models used in the justice system, family relationships services, education and in other areas where there is involvement with ATSI families and communities.

As discussed under Term of Reference (b), UnitingCare Children, Young People and Families Services provides Out-of-Home Care (OOHC) across NSW. Alternative housing and care for children and young people is found with another family who are intensively trained and provided with ongoing support so that the child in care is exposed to the same types of opportunities as a child living in their own family. The consultation document for the Australian Attorney General's Department Indigenous Law and Justice Strategy (2007: 18) states that, nationally, the number of ATSI children in out-of-home care is increasing:

Indigenous children are significantly overrepresented in the care and protection systems of all jurisdictions. On 30 June 2005 there were 5,678 Indigenous children in out of home care, an increase of more than 600 since June 2004. This was over six times the rate for non-Indigenous children. Indigenous children comprise 2.7 per cent of children in Australia, yet constitute 20 per cent of those placed in out of home care.

As a major provider of out-of-home care, this situation creates challenges for UnitingCare Children, Young People and Families Services when placing ATSI children with foster families. Research and practice experience has highlighted the difficulty of finding families that are willing to foster a child and to then to match the child's background with an appropriate family given the limited number of placement options. Even if an ATSI child is placed with an ATSI family, there still can be cultural differences that need to be identified and worked through so that the child receives the appropriate care. When a child is placed with a non-ATSI family there can be other concerns as expressed by a participant in research conducted by Bromfield and Higgins (2006: Slide 20):

Even [Indigenous] foster carers need cultural sensitivity training because they can be a bit short about practices outside their connected community. Many foster parents have been foster children and lost their culture because they may have been fostered by non-[Indigenous] foster parents, so we need to help them re-connect with their culture and give them that strength that makes them stronger in doing the role of foster carer.

Bromfield and Higgins (2006) suggest that the training of foster carers should also include traditional child-rearing practices, culturally appropriate communication styles and identifying physical environment issues that would help the children feel more comfortable in their new home. For example, if the children have lived in one room, it would be appropriate to continue to place the children in the same room for comfort and familiarity. Learning about traditional child-rearing practices would help foster carers pass on the children's culture and maintain connections to their heritage.

International research reflects a similar concern form maintaining cultural connections. At the 2007 National Symposium on Workforce Development in Indigenous Maternal and Child Health (Institute for Child Health Research, 2007), Dr Janet Smylie provided examples of how the rich Indigenous knowledge that exists in the languages, experiences, oral histories, and ecological understandings of community members have been respectfully gathered and successfully applied to maternal child health policy, programs, and services in Canada.

Dr Smylie's research demonstrated the importance of working with Indigenous knowledge as the key to effective health policies and programs that:

- Support not only individual success but community, family, and national success.
- Value kinship and relationality.
- Recognise diversity of Indigenous contexts and successfully engage with multiple types of knowledge (including Indigenous knowledge and Western scientific knowledge); and
- Uncover, recognise, and support knowledge processes that contribute to Indigenous self determination.

Smylie's *Canoe Lake First Nation Oral History Project* utilised a range of methodological approaches to engage and gather the Indigenous health knowledge previously shared verbally and experientially among family and extended kin. These included:

- Participatory Action Research and community-based oral history work.
- Working with elders and those with extensive experience and established relationships in the community.
- Ensuring community ownership, control, access and possession of project data.
- Capacity building the research skills of the local community and engaging a community research assistant.
- Adhering to traditional protocols such as visiting/giving of tobacco combined with more formal individual and community level consent processes

- Using open-ended interview questions focused on historic descriptions of childbirth, infant care, and parenting; and
- Presenting research results back to community for feedback.

The results of the research showed that information gathered from the community had immediate relevance to current day health policy, programs, and services – for example infant care and parenting information and that the oral history and participatory action research approach were effective tools to access local Indigenous infant, child, and family health knowledge.

As mentioned under Term of Reference b (iv), UnitingCare Children, Young People and Families Services is developing an Indigenous Employment Strategy that will increase the number of ATSI staff. At the present time, approximately 8.4 per cent of our total staff identify as ATSI along with more than 50 per cent of our staff in the Orana Far West region. We hope to increase the number of ATSI staff over the next twelve months as the new Strategy is rolled out.

UnitingCare Children, Young People and Families Services is committed to improving the recruitment and retention of ATSI staff. This commitment will improve the cultural fit of our services with the local communities with whom we work while contributing to improving the life opportunities of the ATSI people we employ. As one of our ATSI staff said:

It's through employment that real change for Aboriginal people can be achieved. By having access to money that is a wage, they break ties with the government welfare system and can achieve true independence by providing for their families and communities as they decide.

Secure and permanent employment provides ATSI people with the capacity for self determination and contributes to the economic development of the local community.

Our second commitment is to enhance service delivery to ATSI people by improving the accessibility of existing services and carefully designing new services to match local community needs and cultural norms. The beginnings of this work has been documented in a UnitingCare Children, Young People and Families Services research report titled *Dreaming as One* (2007). The report - which explores the needs of our current ATSI staff and what is required for culturally appropriate organisational development - is available at:

<http://www.burnside.org.au//content/ATSI%20ONLINE%2Epdf>

Through these deliberations and planning, it must be remembered that ATSI communities and individuals represent complexity and interconnectivity of issues, cultures and opportunities. To be able to close the gap once and for all, we need to work with ATSI communities at a holistic level. Issues such as environmental health, health and wellbeing, education, employment, housing, incarceration and other infrastructure concerns are inter-related and cannot be addressed effectively if they are conceived as isolated, individual issues.

While whole-of-government approaches are to be commended, ATSI communities and major community sector providers such as UnitingCare Children, Young People and Families Services must also be involved in their development and implementation. This is essential if we are to provide experiential and evidence-based input into planning and service delivery for ATSI communities in New South Wales.

Recommendations

- That NSW Government programs for ATSI families and communities create a knowledge of, and connection to, ATSI culture and ways of communicating in order to foster increased participation and a greater sense and understanding of self.
- That Family Group Conferencing approaches be integrated and trialed within a number of service models relevant to ATSI people in domains including justice, family relationships services and education.
- That the NSW Government provide all foster carers (both ATSI and non-ATSI) with training in traditional child-rearing practices, culturally appropriate communication styles and identifying physical environment issues.
- That government departments, and statutory and community sector agencies in NSW be supported to gather and apply Indigenous knowledge to health policy, programs and services.
- That closing the gap requires the NSW government to work with ATSI communities and community sector service providers at a holistic level in order to effectively address critical and inter-related issues such as environmental health, health and wellbeing, education, employment, housing, incarceration and other infrastructure concerns.

- f. The experiences of the outcomes of the COAG Murdi Paaki trial but also take into account the other COAG trials occurring across Australia and their outcomes/ lessons learned.**

UnitingCare Children, Young People and Families Services has not been involved in the listed trials and is not in a position to comment on this Term of Reference.

References

1. Anderson, I. (2007) 'Health Policy for a Crisis or a Crisis in Policy' in Altman, J. and Hinkson, M. (eds.) *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*, Arena Publications: Melbourne.
2. Attorney General's Department (2007) *Consultative Draft National Indigenous Law and Justice Strategy*, Canberra.
3. Australian Bureau of Statistics (2007a) 'Labour Force Characteristics of ATSI and Torres Strait Islander Australians, Experimental Estimates from the Labour Force Survey 2006', *Catalogue No. 6287.0*, June.
4. Australian Bureau of Statistics (2007b) 'Labour Force, Australia', *Catalogue No. 6202.0.55.001*, Time Series Spreadsheet, December.
5. Australian Child Sexual Assault Taskforce (2006) *Breaking the Silence: Creating the Future*. Report published by the Attorney General's Department of NSW.
6. Australian Institute of Health and Welfare (2008) 'Child Protection Australia 2006–07', *Child Welfare Series No. 43*, Cat. No. CWS 31, Canberra.
7. Bromfield, L. and Higgins, J. (2006) 'Carers of Indigenous Children: Findings From a National Study', Paper presented at Families SA, Australian Institute of Family Studies National Child Protection Clearinghouse, September.
8. Calma, T. (2007) 'Tackling Child Abuse and Inequality' in Altman, J. and Hinkinson, M. (eds) *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*, Arena Publications: Melbourne.
9. Cashmore, J. and Paxman, M. (1996) *Wards Leaving Care: A Longitudinal Study*, NSW Department of Community Services, Sydney.
10. Flood, M. (2004) 'Lost Children: Condemning Children to Long-term Disadvantage', *The Australia Institute Discussion Paper No. 64*, May.
11. Gillard, J. and Macklin, J. (2008) 'Investing In The Early Development Needs Of Our Indigenous Children', *Joint Media Release*, January 20.
12. Hunt, J. and Smith, D.E. (2007) 'Indigenous Community Governance Project: Year Two Research Findings', *CAEPR Working Paper No. 36/2007*, Centre for Aboriginal Economic Policy Research, ANU.
13. Hunter, S. and Lewis, P. (2006) 'Embedding Culture for a Positive Future for Koorie Kids'. Paper presented to ACWA Conference, Victorian Aboriginal Child Care Agency.
14. Indigenous Community Governance Project (2007) 'The Who, What, Where and How of Indigenous Governance', *Indigenous Governance Brief No. 1*, Australian National University: Canberra.
15. Institute for Child Health Research (2007) 'Enhancing Indigenous Capacity: Building a Sustainable Future', *National Symposium Report on Workforce Development in Indigenous Maternal and Child Health*, June.

16. Karoly, L., Greenwood, P., Everingham, S., Hoube, J., Kilburn, R., Rydell, C., Sanders, M. and Chiesa, J. (1998) *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*, Rand Corporation: Washington D.C.
17. McCain, M. N. and Mustard, J. F. (1999) *Reversing the Real Brain Drain: The Early Years Study Final Report*, Government of Ontario: Toronto.
18. NSW Department of Aboriginal Affairs (2003) 'Two Ways Together', *NSW Aboriginal Affairs Plan 2003 - 2012*: Sydney.
19. NSW Government (2006a) *NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities*, Sydney, January.
20. NSW Government (2006b) *The State Plan, A New Direction for NSW*, Sydney, November 14.
21. Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (2007) *Ampe Akelyernemane Meke Mekarle 'Little Children are Sacred'*, Northern Territory Government: Darwin.
22. Office For Women (2007) "SistaSpeak - a program for young ATSI girls", Article for Country Web, NSW Department of Premier and Cabinet, June.
23. Parliament of Australia (2007) 'Families, Community Services and Indigenous Affairs and Other Legislation Amendment (Northern Territory National Emergency Response and Other Measures) Bill 2007', *Explanatory Memorandum*, October.
24. Ray, T. (2007) 'Youth Well-being in Central Australia' in Altman, J. and Hinkson, M. (eds.) *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*, Arena Publications: Melbourne.
25. Robertson, B. (2000) *The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland Government.
26. Saunders, P. (2002) 'The Reality and Costs of Unemployment' in Saunders, P. and Taylor, R. (eds.) *The Price of Prosperity - The Economic and Social Costs of Unemployment*, UNSW Press, Sydney, 1-12.
27. Standing Committee on Social Issues (2006a) *Final Report of the Inquiry into Public Disturbances at Macquarie Fields*, Parliament of NSW, June.
28. Standing Committee on Social Issues (2006b) *Final Report of the Inquiry into Dental Services in NSW*, Parliament of NSW, March.
29. Standing Committee on Social Issues (2006b) *Final Report of the Inquiry into Dental Services in NSW*, Parliament of NSW, March.
30. Standing Committee on Social Issues (2002) *Final Report of the Inquiry into Child Protection Services*, Parliament of NSW, December.
31. Standing Committee on Social Issues (1993) *Final Report of the Inquiry into Youth Violence in NSW*, Parliament of NSW, September.

32. Stanley, F., Richardson, S. and Prior, M. (2005) *Children of the Lucky Country?* Pan MacMillan: Sydney.
33. Taylor, J. (2006) 'Indigenous Peoples and Indicators of Well-being: An Australian Perspective on UN Permanent Forum on Indigenous Issues Global Framework', *CAEPR Working Paper No. 33/2006*, Centre for ATSI Economic Policy Research, ANU.
34. Trudgen, R. (2003) *Why Warriors Lie Down and Die: Towards an Understanding of Why the Aboriginal People of Arnhem Land Face the Greatest Crisis in Health and Education Since European Contact*, 5th Edition, Aboriginal Resource and Development Services, Darwin.
35. UnitingCare Burnside (2007) 'Family Group Conferencing and Child Protection in NSW', *Burnside Briefing Paper*, Sydney.