



ATTACHMENT THREE

KAMBARANG SERVICES

PO BOX 5511
Canning Vale South WA 6155
ABN 25 182 987 647

Aboriginal In-home Support Service (AISS) Consultations Report

Introduction

Over the past ten years the number of children in state care has more than doubled. Of this number, Aboriginal children now make up more than 54% of children in out of home care despite comprising only 6.3 per cent of the child population. This includes approximately one in ten Aboriginal children in the metropolitan area.

The Department has been funded by the State government to establish four geographically based Aboriginal In-home Support Services (AISS) in the metro area. This initiative is a key part of the *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (EIFSS)*. The AISS model of intensive family support will be based on similar programs in the NSW.

With a particular focus on Aboriginal children and families the EIFS Strategy aims to target services to divert families from the statutory child protection system and safely reduce the number of children entering OOHHC care.

The Department (DCPFS) contracted Kambarang Services to lead a series of consultations to engage the Aboriginal community, services users, Aboriginal Community Controlled Organisations (ACCO's), the community service sector, and other key stakeholders in the early part of 2017 to inform in the design and development including activities and outcomes of an Aboriginal In-Home Support Service(s) (AISS) pilot for the Perth metro area.

This report summarises the key points and findings from the consultations.

What is an AISS?

“The Aboriginal In-home Practical Support Service pilot will provide services that are targeted, accessible, and culturally responsive, and persevere with families who are reluctant to engage. The services will be designed and delivered by, or in partnership with, Aboriginal community members, service users and organisations.

The service will be provided by case workers and home visitors to develop skills including practical parenting, getting children to school, basic budgeting, meal planning, cleaning, establishing routines and home management skills.

The service will assist to address substance abuse, violence, mental and physical health issues, and anti-social and criminal behaviour of family members. A focus of the program is getting children to school which would involve a level of capacity of the family to achieve this.

During the intervention, case managers will work intensively with the family to stabilise the crisis and put in place structures to ensure the safety of the children or young people. Families will be encouraged to build on their strengths while also identifying issues and working to address them. Families will set specific goals around gaining new parenting skills to keep their children safe.

Target group: Aboriginal families with children at risk of entering out-of-home care; or with children currently in out-of-home care with a reunification plan in place. The model will be based on the Keep Them Safe program (NSW) and have the following features:

- Referrals to be received through the Department or one of the FSNs.
- Services delivered by, or in partnership with an Aboriginal community controlled organisation to increase engagement.
- Duration – 16 weeks of intensive support, with up to 6 months step-down (less intensive) service.
- Intensity – 5-20 hours face-to-face time with families per week, and then taper off to promote self-sufficiency and linking families in with community supports.
- Home based – support primarily delivered within the family home.”
 - from *Early Intervention and Family Support Strategy, Program Evaluation Plan* paper, 2016.

Process

A total of eight consultation forums were held: five in Perth metro regions with local Aboriginal community, one with Aboriginal DCPFS workers, one with ACCOs, and one with non-government mainstream organisations.

At each community consultation, a powerpoint presentation was used to provide background information which included the following questions to generate discussion and elicit responses from participants.

1. How do we get families to engage with the service?
2. Where do you think the services should be located in each corridor?
And, what do we need to consider?
3. What do you think the services should offer?
4. How do we decide who is referred to the service?
5. How will we get community support for this project?
6. How do we know we have done a good job?
7. Can this model work for the carers of Aboriginal children?

Carer of an Aboriginal child and the placement is at risk
 The questions were also basically used as discussion points for consultations with the ACCO's, the mainstream non-government sector, and the Aboriginal staff group.

All sessions were generally well attended and the facilitation process ensured all who attended had adequate opportunity to participate and contribute. Responses were recorded and the main themes and key points form the basis of this report.

AISS Consultations Schedule		
Wed 8 Feb	Champion Centre, Cannington/Armadale	Aboriginal Community Consultation
Thurs 16 Feb	Wadjuk Centre, Balga	Aboriginal Community Consultation
Fri 17 Feb	HO, East Perth	DCPFS Aboriginal Staff
Mon 27 Feb	Midland, Stratton	Aboriginal Community Consultation
Wed 8 March	MACC Centre, Kwinana	Aboriginal Community Consultation
Fri 10 March	East Perth	Mainstream organisations
Mon 27 March	Community Centre, Rockingham	Aboriginal Community Consultation
Thurs 30 March	HO, East Perth	ACCO's

Approximately 120 people attended the consultation forums, of which the majority were Aboriginal people. Several community elders attended the consultations also.

Approximately 30 organisations were represented and these organisations included the majority of Aboriginal community controlled organisations in the Perth metropolitan area.

Each consultation commenced with general discussion focusing on knowledge or experience of the "old homemaker program" that was in place in and around the 1970's. Whilst many of the younger people had no knowledge of the homemakers, many participants did know someone who was a homemaker or had contact with homemaker services. Many recalled the program warmly but were aware that there were elements of it being paternal and patronising.

There were comments that it was a mistake to cease the program and that it should have been improved. It seemed to be that the success of the program and its ability to engage positively with the family depended on the skill and attitude of the homemaker.

Common themes and key comments

Most of the consultations commenced with participants taking the opportunity to make comments and statements. Many of the comments were also

repeated during responding to the powerpoint questions. The following is a summary of key comments.

There was a level of distrust and cynicism of government that many government agencies have let Aboriginal people down. Despite this opinion, the need to keep families together and children out of the statutory system was agreed by all. An AISS type service that worked towards keeping children in their families would be fully supported and welcomed.

The families contact with government and agencies may have contributed to a feeling of distrust. The building of trust and rapport will be crucial with the families to enable good communication and relationship building. Change is more likely to occur once trust is established between the family and the worker.

Families needed to be treated with respect and honesty. The need to be clear and up front with the family must be articulated very early on why they have been referred and engaged by the AISS. The AISS was there to work closely with the family and do what ever it can but the adults of the family need to know that the onus is on them to work with the AISS to ensure their children remain with them.

At one of the sessions the human rights of the child was emphasised as well as the self-determination rights of Aboriginal people must not be forgotten in the delivery of an AISS type service. The families need to be involved in the decision making which will lead to better engagement, ownership of planning, and achievement of outcomes.

Throughout the consultations the need for the AISS to be managed and operated by an Aboriginal controlled organisation was expressed repeatedly. It was felt that an Aboriginal organisation would be far more effective in engaging at risk Aboriginal families than a non-Aboriginal managed service.

It was also expressed that workers in the AISS need to be highly skilled and capable given the nature of the families the service will be working with. Many people said that the staff need to be Aboriginal but at the same time the Aboriginal family that will be engaged should also have the right to a non-Aboriginal worker should they wish.

Concern was expressed that the proposed 16 week time frame of initial intensive support was not long enough given the high level of trauma that some of the families may have experienced. Addressing issues such as addictions, violence and deep seated trauma may need to be longer than 16 weeks. However it was stated in one of the sessions that the average case work time for addressing addictions in the alcohol and drug sector is three months. The people who felt the time frame was not long enough did agree that the service would need to operate for a time to determine if the 16 week time frame was adequate or need to be reviewed.

Every family that is engaged by the AISS will be unique and will have individual needs. Services provided or coordinated by the AISS will need to be tailored to those families. The concept of holistic wrap around services may also involve specialists such as doctors and psychologists as well as funding to enable the children to participate in sport and other activities outside of school. It was also stated that some families will need social and emotional wellbeing services, and healing based approaches that take into account cultural and spiritual wellbeing.

The need for the AISS to be flexible and adaptable in providing services to individual families was necessary however there was also concern expressed that a case load of 10 to 15 families was too high given that these families will have high needs and will need intensive interventions. Will each AISS cope with such a large number of high need families? Some people also felt that each region would have many more than 15 families needing the AISS and that the number was too low.

Some of the consultation sessions stated the AISS will need to coordinate a range of services given the many needs of the families involved. There is no one service that can deliver everything so the need for services to be coordinated is critical. The various Aboriginal agencies must also be a part of the provision of services given their individual areas of expertise as well as the Family Support Network.

The session with ACCO's lead to a conversation that no one Aboriginal agency in Perth has the expertise and services within its current repertoire of services. Whilst there is expertise to establish and operate an AISS, there is no agency that does completely what an AISS will be required to do at this point in time. It was expressed that there are currently five or six ACCO's in Perth that could provide most of what an AISS will do. It was at this stage that the concept of a consortia approach could be considered especially given the tender process will be restricted.

The ACCO's also wished to dispel any possible thoughts about there being no expertise in the Aboriginal community to deliver such as service. The ACCO's believe that there is more than enough capacity to develop and operate the AISS. It was felt that under the premise of self determination and self management that they deserve the right to provide this service to their community. They were pleased to learn that the procurement process will be a restricted tender.

The model as presented

With respect to the service model that was outlined in the power point presentation (see below) there was some concern expressed but it wasn't presented as strong opposition of the model.

- *Establish 4 metro Aboriginal In-home Support Services*
- *The service designed and delivered by, or in partnership with, Aboriginal organisations*

- *Support primarily to be delivered in the home*
- *Up to 16 weeks of intensive support, with up to 20 hours a week of in-home support*
- *6 month step down service*
- *Case load of 10-15 families maximum per year in each area*

There was comment made that the 16 week of intensive support is not being long enough for the deep seated issues such as trauma.

The need for more than four services was stated however it was agreed that this initial AISS will be a pilot that would lead to more funding at a later stage.

The six month step down aspect of the AISS was also articulated as not being long enough especially if some families have long term and deeply embedded issues.

The maximum of 10 to 15 cases was challenged as it was believed that there are many more that require such services.

Overall it was mostly accepted that the model as expressed above was adequate as a commencement model and would likely alter over time.

Common issues

The following is a list of common issues that were expressed during all consultations.

- The need to address drug and alcohol addictions will be a critical aspect when working the families. Overcoming such addictions compounded by a myriad of other issues will place the family under enormous stress which will impair their ability to focus on and provide adequate care for their children. It was expressed that most families that are referred to the AISS will have drug and alcohol problems and if this was dealt with successfully then the circumstances of the family will improve dramatically.
- There would need to be a focus on children attending school as a key outcome of the AISS working with the family.
- A big issue that many of the families will be experiencing is housing. It is likely they will be on the verge of being evicted for a range of reasons such as rent arrears, complaints from neighbours and overcrowding or they could be homelessness and/or staying with another family. The need to have Homeswest onside and supportive of the AISS will be vital. Other housing services such Noongar Mia Mia and community housing must also play a role. Most participants in the consultations agreed that without the family having its own housing, the AISS will struggle to engage the family effectively.

- Given the family is being referred to the AISS it is likely that rebuilding parenting skills will be required.
- The notion of the families being potentially affected by deep trauma was expressed during the consultations of which it may be undiagnosed and would require specialist services.
- Domestic violence and exposure to violence would most likely also be an issue for the families.
- Families with children affected by FASD will require extra support. The behaviour of some of the children may see the need for respite for some of the parents.
- The building of self esteem and the re-empowerment for women in the families was mentioned during the consultations as a key issue.
- There may be a need to address transport issues if families are to get to appointments and other activities such as sports.

Summary of responses to consultation questions

1. How do we get families to engage?

- The AISS must be Aboriginal controlled and operated with Aboriginal workers mainly employed, maybe local people known to Aboriginal families. Culturally sensitive services and engagement is more likely to occur.
- There needs to be honesty and transparency about why the family is engaged and they need to be aware of the possible consequences.
- There also needs to be acknowledgment that there is a coercive element with a DCPFS referral.
- The services need to be wrap around and ongoing.
- There is a need to build trust with the families.
- Families need to have a choice and a say in the services that builds on their strengths and to empower them.

2. Where do you think services should be located in each corridor? And what do we need to consider?

- Most agreed that the services need to be in the four corridors but could be a mix of one, two or four locations.
- But exactly where should be based on highest need and high risk areas using statistics and also where the population is.
- It is expected that once the pilot phase is underway that the need for more AISS services in future will become clearer as four is probably not enough.
- Some also said that the actual location may not be an issue given the services provided in the home.
- It would be useful if the service is located near transport

- Funding for this initiative must not be consumed by admin and infrastructure. It should be about services for the families.

3. What do you think the services should offer?

Participants all agreed that the services must offer what was presented on the power point presentation as per below.

Services to be provided by case workers and home visitors to develop skills including;

- *Practical parenting*
- *Basic budgeting*
- *Meal planning*
- *Cleaning*
- *Preparing children for school*
- *Establish routines and home management skills*

Services will also assist to address;

- *Substance abuse*
- *Violence in the home*
- *Mental and physical health issues*
- *Anti social and criminal behaviour by family members*
- *Sustainable Housing focus*

Working with parents to ensure children attended school was consistently stated as a highly important outcome of the service.

Another consistent issue is that families will most likely need assistance accessing housing due to possible imminent eviction, overcrowding or homelessness. Once housing is stabilised, families may need support in maintaining that housing.

Some community feedback was that a Liquor Restricted Premises may work in some cases. A liquor restricted premises could assist individuals and families receiving AISS support to say no to families because a liquor restricted premises can be enforced by the police. In this way a family could "blame" a legal process for not being able to honour their cultural obligations to family.

The building of resilience and capacity of the family was critical for long term change.

Other points that were added include:

- strength based
- cultural needs
- parenting skills
- access to sports, recreation and arts
- trauma support, also explain certain behaviours
- mistakes help learning, “failing forward”
- flexible and adaptable services
- understanding of intergenerational and transgenerational trauma, grief counselling
- how to deal with racism.
- Other life skills such as drivers licence, identification, legal issues
- Transport
- Men need to be involved

4. How do we decide who is referred?

Initially there were many options offered as to referrals ranging from police to Department of Housing but discussion then mostly focussed on the fact that the families where apprehension of children is imminent it is likely that referrals would come from DCPFS. This would target the families who need it most. It was felt that APL’s must be involved in the decisions about which families are referred.

Some people thought that a self referral or a concerned family member could make a referral.

5. How will we get community support for this project.

All accepted that there should be a general community awareness strategy to let community know about the service however expectations on how to access the service would need to be managed especially if referrals will only be by DCPFS and that the limit of 10 to 15 cases will more than likely fill quickly.

6. How do we know we have done a good job?

Most people believed that you know its working by how people talk about it. There would be anecdotal successes that could be floating in the Aboriginal community that would indicate that its working or not.

Other ways people felt that could indicate that its working is by how many families are involved, increasing of children’s school attendance, and the reduction of Aboriginal children coming into care.

The other subtle indicators of success are happier families and children, improved independence and capacity, and healthier families and children. However when families begin to achieve their goals and plans, when the families let you in the door, when other families seek out the service, and

positive feedback from the families themselves will be signs the AISS is having a positive impact.

Continual reviews would also be needed.

7. Can this model work for carers of Aboriginal children?

- **Carer of an Aboriginal child and the placement at risk?**

All consulted said yes the AISS can work with carers and also be relevant immediately after children have been removed to enable quick reunification. It would certainly assist with grandparents and kinship carers. "Family caring for family"

Summary

The AISS will be warmly welcomed by the Aboriginal community of Perth. Some people said it's about time. The service is greatly needed and will have a very positive impact on eventually reducing the numbers of Aboriginal children in out of care. It is an issue that significantly concerns the Aboriginal community. Despite some concern expressed about the model and timeframes within that, the AISS initiative was roundly applauded.

The key issues when working with the families that will be referred to the AISS of parenting skills and safety for the children, getting children to school as well as addressing the alcohol and drug issue of the parents was outlined at every consultation. Housing was also outlined as a crucial aspect of the AISS's ability to stabilise the families.

With respect to a child attending school, in 2017 it could be argued that a family not being able to send their child to school could be regarded as a form of neglect. A child not receiving an appropriate education will mean that child will have difficulty engaging the workforce later in life.

In addition, the decision to restrict this tender to Aboriginal organisations was also commended across the board. The need for Aboriginal people and Aboriginal agencies to develop and deliver the AISS will provide an effective service to the families as well as continue to build the capacity of the Aboriginal non-government sector.

Given the above it is suggested that the key outcomes of the AISS should focus on:

- * Families develop skills to get their children to school
- * Families are supported to address their Alcohol/Drug Issues
- * Families develop parenting skills to keep their children safe

* Families were supported to address their issues through their Aboriginal community

For your consideration

Danny Ford
Director
KAMBARANG SERVICES
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