



Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An Indigenous Practitioners' Cooperative Inquiry

**Report of the Ministerial Advisory Council on
Child Protection (WA) and Aboriginal Studies,
Social Work & Social Policy, Nursing &
Midwifery, Psychology and Human Rights of
Curtin University of Technology**

December 2007

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Curtin 
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**Ministerial Advisory Council
on Child Protection Child**

**with support from the Telethon Institute for Child Health Research and Kulunga
Research Network**

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ACKNOWLEDGEMENTS

The success of the Gathering was dependent on the generous input of a number of people and the authors wish to acknowledge the particular contributions of:

- All of the Indigenous practitioners who participated in the three days, and gave of their time and expertise so willingly and purposively – we hope we have listened carefully. For ethical reasons these participants will remain anonymous, however a broad profile of Summit attendees is located on the Ministerial Advisory Council on Child Protection website at www.childprotectioncouncil.com.au.
- Members of government and non-government agencies who attended day three of the Summit, to hear key messages from Indigenous front-line practitioners and to engage in a dialogue about ways of taking action for the wellbeing and safety of Indigenous children, families and communities.
- Presenters and Panel members who shared knowledge and expertise with all participants in order to enrich discussion:
 - Dr Dawn Bessarab, Social Worker and Summit facilitator on legal frameworks for Indigenous therapeutic services
 - Ross Councillor, Indigenous community counsellor.
 - Darrell Henry, Indigenous psychologist, Deputy Chairperson MACCP¹,
 - Dr Cheryl Kickett-Tucker, Principal, Koya Indigenous Research Group & Post Doctoral Research Fellow at University of WA Telethon Institute of Child Health Research
 - Hannah McGlade, Indigenous human rights lawyer and doctoral student, Curtin University,

¹ Darrell Henry's presentation *Layers of Therapeutic Work: Aboriginal community healing and helping initiatives* is located on the MACCP website at <http://www.childprotectioncouncil.com.au/>

- Dr Helen Milroy, Indigenous psychiatrist from the University of Western Australia²,
- Julie Potter, Indigenous counsellor from the Yorgum Aboriginal Counselling Services
- Facilitators who undertook the difficult task of keeping the Gathering on time and 'on track'; helping the Gathering to be highly productive and clear about the messages for government and other agencies. Thank you to Professor Lance Twomey, the former Vice-Chancellor of Curtin University of Technology, Dr Joan Winch, Curtin University, Glenn Pearson, Kulunga Research Network, Hal Jackson, Chair of MACCP, Darrell Henry, Vice-Chair of MACCP and Mary Cowley, member of MACCP.
- Various MACCP members who participated in project planning and who assisted in the realization of many good ideas; Hal Jackson, Chair of MACCP, Darrell Henry, Vice-Chair of MACCP and Mary Cowley, member of MACCP. Also MACCP member Ms Ruth Sims who attended on day three, to hear key messages from the Summit, and Pat Wynne and Susan Diamond, Senior Project Officers of the MACCP, who provided organisational support to the whole project.
- The extended Curtin Team which was very active from inception, in the development and realization of this participatory action research project. Our thanks to:
 - Rose Chapman, lecturer in the School of Nursing & Midwifery, who worked hard during the Summit to accurately record enormous amounts of data. These data are evident in Section Three of this report.
 - Professor Clare Pollock, Head of the School of Psychology, for her efforts with the ethics approval process.

² Notes from Dr Helen Milroy's presentation are located on the MACCP website at <http://www.childprotectioncouncil.com.au/>

- Anita Lee Hong, Head of the Centre for Aboriginal Studies, for her participation in early planning and ongoing sponsorship.
- Associate Professor Brian Bishop, School of Psychology, for assistance in obtaining student-researcher participation, and most importantly
- Nursing, Psychology and Social Work student-researcher volunteers who helped record the three days of proceedings.

This project was made possible by a Curtin Strategic Linkage Grant.

TABLE OF CONTENTS

<u>ACKNOWLEDGEMENTS</u>	III
<u>TABLE OF CONTENTS</u>	1
<u>EXECUTIVE SUMMARY</u>	3
<u>LIVING PARTNERSHIPS</u>	3
<u>BALANCING APPROACHES</u>	5
<u>ENGAGING CULTURAL LITERACY</u>	6
<u>ABORIGINAL EMPLOYMENT</u>	7
<u>VALUING LEARNING</u>	8
<u>SECTION ONE INTRODUCTION</u>	11
<u>INDIGENOUS POPULATION</u>	18
<u>RELATIVE YOUTH OF THE INDIGENOUS POPULATION</u>	19
<u>INDIGENOUS INFANT MORTALITY</u>	20
<u>SECTION TWO HOW IT HAPPENED</u>	23
<u>PROJECT TIME-TABLE</u>	27
<u>INVITATIONS TO PARTICIPATE</u>	28
<u>RESEARCH FACILITATION AND SUPPORT</u>	28
<u>Researchers</u>	28
<u>Facilitation and support</u>	30
<u>Presentations</u>	30
<u>Student Volunteer Scribes</u>	31
<u>THE GATHERING</u>	32
<u>DATA ANALYSIS</u>	35
<u>SECTION THREE WHAT EMERGED</u>	37
<u>WHO WAS THERE</u>	37
<u>HOW ARE THINGS? - PRACTITIONERS' PERSPECTIVES</u>	38
<u>What people wanted to get out of the three days</u>	38
<u>What Works</u>	42
<u>What is Needed?</u>	45
<u>CONSIDERING THE THEMES ONE AT A TIME:</u>	46

Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An
Indigenous Practitioners' Cooperative Inquiry

<i>Theme One</i>	<i>Living Partnerships</i>	46
<i>Theme Two</i>	<i>Balancing Approaches</i>	56
<i>Theme Three</i>	<i>Engaging Cultural Literacy</i>	66
<i>Theme Four</i>	<i>Employing Aboriginal People</i>	73
<i>Theme Five</i>	<i>Valuing Learning</i>	75
	<i>How Should the Work of Addressing the Above Themes Be Done?</i>	80
	<i>Who Can Do It?</i>	85
PRESENTATIONS ON MODELS OF HEALING		85
	<i>Feedback on Models Session</i>	92
SECTION FOUR	LINKING TO THE LITERATURE	95
SECTION FIVE	DISCUSSION AND RECOMMENDATIONS	109
RECOMMENDATIONS		110
	<i>Living Partnerships</i>	110
	<i>Balancing Approaches</i>	112
	<i>Engaging cultural literacy</i>	113
	<i>Aboriginal employment</i>	114
	<i>Valuing Learning</i>	114
REFERENCES		117

EXECUTIVE SUMMARY

In May 2007 more than 50 Aboriginal frontline community practitioners gathered from across the State to address the question: How can therapeutic communities for abused Aboriginal children and their families in Western Australia (WA) be developed in a climate of despair?

The three day Summit was planned in partnership between the Ministerial Advisory Council on Child Protection and a Curtin research team with the support of the Kulunga Research Network of the Telethon Institute for Child Health Research. The project was generated from a shared knowledge of the wealth of understanding on the research question held by front line Indigenous practitioners and yet generally missing from public discourse.

A cooperative inquiry was designed to ensure that a diversity of Aboriginal voices be both represented and heard. Aboriginal members of the partnership took a lead role in facilitating the description of Indigenous realities and priorities. The Summit has been an instance of collaboration involving Indigenous direction and participation throughout. How the Summit was conducted was integral to the outcomes achieved.

The substance of the discussion arising from the Summit is captured in *Section 5* of this document. The Five Key Themes that emerged were:

Living Partnerships

Building therapeutic communities for Aboriginal children and their families requires active commitment of a range of partners dedicated to creating 'what works' through consultative, collaborative, transparent and inclusive processes with expectations of accountability clearly defined at all levels.

- 1.0 Developing consultative, creative and accountable partnerships between Aboriginal communities, government departments (whole of

government approach *including State, federal and local levels*) and other service providers to work collaboratively in providing short, medium and long term solutions with evaluation feedback loops to local communities for change input and management.

- 2.0 Establishing structures that work effectively to foster collaboration and participation between all those concerned about Aboriginal children and families. In particular, designing ways of employing, supporting and paying local community members to develop their expertise in supporting children and families to both recover from and stay safe from abuse (drawing on models such as Darrell Henry's Therapeutic Communities, the Hollow Water programme and former WA Homemaker Service).

One particular sub-recommendation arising from this is for:

- providing immediate mentoring and support as a matter of urgency for foster carers and others who are supporting and caring for victims of child abuse and neglect and their families, without which burn-out and carer fatigue will continue to escalate.
- 3.0 Raising the profile of Aboriginal child and family issues on the Commissioner for Children and Young People's agenda by appointing an Aboriginal senior level advisor to her Office with responsibility for developing a set of reporting indicators to address Aboriginal child welfare issues.
- 4.0 Fostering collaboration between local communities and researchers in designing and mapping action research approaches that incorporate ethnographic, community based understandings in developing therapeutic communities for Aboriginal children and their families.

Balancing Approaches

Creating a balance between the application of law and healing is complex and involves a tension between short term and long-term strategies. Although seemingly contradictory this tension can be overcome through the type of partnership arrangements referred to above and through open, transparent and clear communication between those planning and delivering services at all levels.

Because of the long-standing infrastructure problems in so many communities, it was believed that a reconciliation gesture from government, including financial resources towards Aboriginal designed and implemented healing programmes to restore families and rebuild communities was necessary. Supplementary programmes that enhance parenting, give support to victims, are preventative, and include the provision of safe houses for children could be among those introduced, with government held accountable for providing basic living services to Aboriginal people.

- 5.0 Establishing bipartisan commitment at all levels of government to ensure funding and partnership with Aboriginal communities for the development and state-wide implementation of civil society and governance structures. *Bottom-up* and *top-down* approaches need to connect..

In particular,

- ensuring the basic environmental necessities of civil society (from power and water provision and rubbish collection, to housing and effective schooling) for the development of Aboriginal children and their families.

- 6.0 Recognising Aboriginal knowledge and strengths through allocating resources to communities to support short, medium and long term

strategies for development, wellbeing and healing for children and families in culturally appropriate ways, including:

- immediate funding for the expansion of community development approaches which strengthen the role of 'natural healers/helpers' in communities, including evaluation and possible expansion of the SafeCare³ model: the only therapeutic model currently in some rural and remote areas (and provision should be made for long term, recurrent funding for sustainability purposes).
- urgent development of Aboriginal preventive, and secondary and tertiary therapeutic services in mental health, justice, child protection and education.
- direct resourcing to assist men recover from trauma and to assist in the prevention of violent offences by them, on themselves, their families and other community members.
- regional Aboriginal Men's Gatherings to facilitate effective engagement with men on issues of their own roles, responsibilities and wellbeing and the care, safety and wellbeing of children and women in their community.

Engaging cultural literacy

To achieve change, Aboriginal cultural values have to be at the forefront of all stages from problem identification to implementing and evaluating solutions. Funding bodies need to understand the importance of both cultural values and Aboriginal capacity in fostering a culturally literate approach. The way

³ SafeCare Inc. is an independent, community-based organisation that provides confidential counselling, treatment, and support services to families where child sexual abuse is an issue. They utilise a specialist intervention model. See <http://www.safecare.com.au/>

Aboriginal people value children requires a sensitive understanding by non-Aboriginal people wishing to work for stronger Aboriginal families.

7.0 Providing cultural literacy education to non-Indigenous practitioners, trainers and educators (including cultural valuing of gender roles in Aboriginal communities) and encourage the cross-disciplinary transfer of cultural knowledge developed through Native Title process.

8.0 In consultation with Aboriginal stakeholders, routinely assess policy and programme development and service delivery for cultural relevance and 'fit'.

9.0 Reconvening the Summit on a regular basis as a strategy for participative development and to evaluate progress on developing therapeutic communities for abused Aboriginal children and their families,

In particular:

- Providing for an additional capacity to adapt the Summit process at a regional level, with local community and gender-based workshops.

Aboriginal employment

The work of promoting children's welfare at the grass roots level should be supported by adequate pay and training.

Aboriginal poverty is a significant problem that can be partially addressed through sound employment strategies and through Aboriginal owned enterprise development in all communities.

10.0 Revisiting and revitalizing strategies developed by the Office of Equal Employment Opportunity on valuing difference and recruiting and retaining Indigenous employees.

11.0 Providing sound employment support and development strategies for those Indigenous workers at the front-line of practice including wherever possible, the employment, training and support of locally based individuals through the use of traineeships, apprenticeships, education scholarships and in-house training and professional development opportunities, including:

- Providing support, mentoring and guidance for Aboriginal people in preparing job applications for positions advertised by government and non-government agencies to ensure equity of local access to advertised vacancies, and
- Providing effective ongoing mentoring and/or supervision via formally supported 'buddy' systems or other suitable means for those successful in gaining positions to ensure a positive outcome for both the applicant and the organisation or department.

Valuing Learning

One participant captured a strong theme arising from the Summit: *'Education has the power to enable people to take power over their lives and deal with issues'*

Education was seen as multi-faceted and needed for both Aboriginal and non-Aboriginal participants in building Western Australia.

For Aboriginal people a range of learning strategies were suggested beginning in early childhood for a good start. In this, parents should be involved.

At a later stage, specific education and training should be provided to skill Aboriginal people at a range of levels and in a range of activities. Flexible delivery methods are needed for education to be effective for regional and

remote Aboriginal communities. This includes block release funded by employers for intensive programmes.

12.0 Development and articulation of, and training in, Aboriginal approaches to learning be reflected in education and training programmes in government and tertiary institutions. This needs to be supported in research.

Children

13.0 Engaging with Indigenous educators and communities for the development and delivery of primary and secondary education which utilize Indigenous learning strategies and are of value and relevance to Indigenous communities and children.

Community

14.0 Appropriate packaging and delivery of information to community members on a wide range of issues of concern such as: public health matters, how to grow up children, how to assist children to heal, negotiating forensic processes and accessing complaint processes where forensic systems are not working and/or are harming children.

Community frontline practitioners

15.0 Initiatives be supported to take Indigenous-specific information and learning to professionals working in human welfare services and into rural and remote Aboriginal communities (for example Dr Helen Milroy's work on trauma and abuse).

16.0 Developing a focus on educating communities about the issues of child protection, particularly by sharing Aboriginal resources.

17.0 Providing educational opportunities from introductory to professionally accredited levels to Aboriginal practitioners and more generally to meet the service needs of communities.

- 18.0 Encouraging formal education providers to develop and deliver flexible, culturally appropriate training in consultation with communities.

Formal post-secondary

- 19.0 Negotiating and dialoguing with post-secondary and tertiary institutions to develop ways of delivering accredited courses and training to rural and remote communities via better and more effective use of technology and regionally based block training opportunities.
- 20.0 Commencing work urgently with post-secondary and tertiary institutions to develop mechanisms for assessment of prior learning for accreditation towards recognised courses, qualifications/certificates.

SECTION ONE INTRODUCTION

The question driving this project is: How can therapeutic communities for abused Aboriginal children and their families in Western Australia (WA) be developed in a climate of despair? The Gordon Inquiry (2002) identified that high levels of violence and child abuse are endemic in many WA Aboriginal communities across urban, rural, regional and remote sites. As part of an ongoing response to the findings of this report, the WA Ministerial Advisory Council on Child Protection (MACCP), provided for a three day Summit inquiry into the proposition that "in the 21st Century Aboriginal children and their families in WA have a right to equitable access to a full range of therapeutic services to deal with trauma and *sequelae* of intergenerational violence and sexual abuse". (MACCP, 2006)

The Curtin University partners in this project from the disciplines of Aboriginal Studies, Social Work & Social Policy, Nursing & Midwifery, Psychology and Human Rights started meeting in 2005 to explore how universities could better prepare practitioners for the broad field of protecting children. Connecting the Curtin research team with the MACCP project was an awareness of the rich knowledge among Aboriginal people seeking better lives for Aboriginal children and their families and that this knowledge was not always part of our curricula. A participant in the subsequent Research Summit held in May 2007 clearly expressed our beginning point:

There needs to be an honouring of those who, in spite of all that craziness, get up and do it every day.

In media discussion around child abuse, the voice of Aboriginal front-line child and family practitioners in community is muted and often missing. Yet there is a wealth of knowledge among such practitioners. Aboriginal nurses, social workers, psychologists, community workers, activists, 'grannies' and foster parents are actively involved in mediating child protection systems of care and

control. Such practitioners were clearly saying there need to be a focus on therapeutic as well as forensic interventions and that increasing the rule of law and police presence in response to the Gordon Inquiry, while appreciated, would not be sufficient to ensure wellbeing for children and their families. In making for safer environments from which each child could move forward in health and hope, it seemed a way to begin might be with listening to Aboriginal practitioners.

MACCP and the Curtin consortium in consultation with Kulunga⁴ designed a three-day research Summit in which more than 50 Aboriginal practitioners from across the State were invited to pool their knowing from diverse settings to identify effective ways of developing therapeutic communities for abused Aboriginal children and their families. The design and conduct of the Summit are detailed in **Section Two: How It Happened**. The focus of the research –the issues and concerns discussed by practitioners– is covered in **Section Three: What Emerged**. At all stages the research was informed by a consideration of both Australian and international research literature on Indigenous child abuse and therapeutic interventions and related material. This material is covered in **Section Four: Linking to the Literature**. **Section Five: Discussion and Recommendations** details participants' recommendations for action.

The core objectives of this research are to be able to offer both short-term and longer-term recommendations for connecting, modifying and enhancing existing:

1. Aboriginal initiatives;
2. State and federal policy; and
3. preparation of practitioners in this area.

⁴ The Kulunga Research Network is part of the Telethon Institute for Child Health Research

Beginning in Indigenous knowledge (Smith, 2005) the focus in the area of child protection at the Summit was on the interrelated issues of:

Establishing what interventions and resources can be identified as effective.

Identifying challenges to providing safety for children across the diversity of Aboriginal communities.

Exploring how families and care practitioners/ service providers can best interact collaboratively to protect children.

The research topic was identified by MACCP on finding that since the Gordon Inquiry in 2002 'there has been an increase in disclosures of child sexual abuse. There has been no concomitant increase in accessible, culturally appropriate; community based therapeutic services and responses' (MACCP, 2006:1). Aware of the 'innumerable local level initiatives, developed and implemented by local Indigenous people, which are making a real difference to the lives of Indigenous people in communities' (DIA, 2005:21) both the Council and Curtin researchers identified the need to facilitate working with this Indigenous knowledge in planning for effective therapeutic communities. Widespread harms demonstrate a systemic failure in WA and elsewhere to ensure children's rights to protection (United Nations, 1989).

The research method foreshadowed the outcomes intended – solution focused cooperative inquiry processes bringing together partners/peers with the aim of producing sustainable, long-term strategies (Reason & Heron, 1997, Reason & Bradbury, 2006). The quantity and quality of material generated by participants more than fulfilled the intent of the design. The participants were able to identify a number of dimensions to good practices and interventions; 'what is working' included:

culturally framed practice,

appropriate resources,

partnerships and strategies, together with

safe spaces and environments.

There were five broad areas identified as needing development. These themes subsume the majority of material canvassed by practitioners over the three days: **Living Partnerships** between all players in the field but particularly between Aboriginal people and governments; and between Aboriginal people to address a lack of government and civil society in many of the settings in which Aboriginal children live.

Balancing Approaches particularly between forensic and therapeutic responses to child abuse, but more broadly, in moving away from seeking to find one-size fits all answers. Rather there should be a commitment to child safety and wellbeing happening in all the ways it might take.

Engaging Cultural Literacy⁵ was a major theme named in diverse ways across the three days. The term refers to culture being dynamic and learned. The concept needs to be used in doing, interaction and reflection. No individual - Aboriginal, westerner, man, woman, child - is a puppet on the string of their culture. Participants wanted to have all parties engage with how culture plays out in any particular setting. This refers to both cultures of Aboriginal and non-Indigenous people and requires more engagement than occasional cross-cultural workshops. Competence in using the concept of culture as well as competence in professional/clinical skills was identified as required.

Employing Aboriginal People Increasing the number of Aboriginal people paid to support and develop Aboriginal children, their families and communities would partially address all the above themes. Aboriginal people were culturally literate in ways that balanced the professional literacy of outside experts and these knowledges working together made for better outcomes. In addition to expanding Aboriginal representation at the front-line practice level, many expressed the view that increasing Aboriginal employment at all levels across many areas would have a positive impact on the care and safety of children.

⁵ Cultural literacy is the ability to converse fluently in the idioms, allusions and informal content which creates and constitutes a culture.

Valuing Learning was something that the participants expressed for themselves and wished to see more of in the way services were designed and delivered for Aboriginal communities. More organised and accredited learning opportunities were required. Within many workplaces there was little chance for reflective dialogue on how things were done and whether guidelines and protocols for practice were working. In addition, many participants had no access to relevant and recognised education and training because of where they lived.

How these areas should be developed and who should do it was also addressed during the Summit and outcomes are detailed in **Section Three**.

Five cameos from participants give an introductory flavour as to how participants reported on some of the issues they deal with on a daily basis.

It has taken six years for one person to get taken to court for sexual assault. This young man had been going round and round looking for help without success because of things like high turnover of staff in agencies. I picked him up somehow. Me just supporting him has meant it has been able to come to a head and the case has gone to court. No-one was listening to him – police just choofed him off because they thought he was crazy but he was crazy because he had this issue.

DCD was a brick wall with the whole process. I don't know why. They just sent me off to the police. We were just going round and round in circles. I just happened to pick him up because he came into the office in a depressed state. It came up (topic of sex abuse). I could have choofed him off too because they tell me not to work with men and boys. But just with my little bit of counselling I could see he was depressed.. . . I screamed a

long time for a male counsellor and there is one on board now. (Female regional practitioner)⁶

We got a community we built to get kids away from sniffing. There was this 17 year old boy Welfare gives us some money to look after because he was in so much trouble. As he is getting stronger, Welfare says 'You are big now and you can do what you want'. In the end it put too much pressure on me – if kid is going to go then let him go. Now I see him in town back on sniffing again and Welfare never even seen him once since he left here. (Male remote practitioner)

The most common denominator why children become abused is because they miss out on the family strengthening. They don't even have a voice inside themselves that says "no." They don't know that they can say no, they don't know that they can talk about things and still be loved and cherished. They don't know these things, and this is what we really need to do to make children safe, is to build them up and to give them the tools, the knowledge and the living skills that empower them to know when they don't feel safe they have a voice to say "no, that is unacceptable, you cannot do that". (Female urban practitioner)

I am actually a foster parent myself. I've tried to work with the family but David's⁷ mother was very young and had five kids. She was addicted to drugs and alcohol and all that and she died. David has been with us now for the last three years and we had to keep him in touch with his family but this is hard because of alcohol and other problems. This is one of the biggest problems. There is a whole range of reasons why Aboriginal kids

⁶ Except where an identified Panel member, or an unidentified speaker is quoted, speakers are identified only by gender and broad regional context).

⁷ Pseudonyms used throughout

can't go to Aboriginal families – there's police clearances, grandmother's health, these sorts of reasons. There are young mothers and parents having kids and getting welfare money – they are prepared to give up their kids but not the money. So grandmothers are left with kids but not the money to care for them. So it is a big battle for the family. It's just the chaos this creates in the household. (Male regional practitioner)

Our Community has lost the capacity to function because (service provider) responses are seen as (needing to be targeted at the) individual rather than as a group. Furthermore, alcohol, drugs and abuse affect this. Aboriginal issues must not be sidelined. An Aboriginal person has the personal and cultural knowledge, knowledge that a western society individual usually doesn't. Organisations need to be more flexible with getting community Aboriginal individuals into retained government positions. (Female regional practitioner)

Participants were well aware of the demographic patterns behind who they worked with on a daily basis. There is a growing population of young children, but a shortage of older Aboriginal people to take on caring responsibilities. As one participant described it, there is a 'coming tsunami' of human trauma that needs to be addressed on a long-term and committed basis by all of us.

The following statistics have been obtained directly from *Overview of Australian Indigenous Health Status* (2007), HealthInfoNet;

http://www.healthinfonet.ecu.edu.au/html/html_overviews/overviews_our_index.htm.

Except for minor modifications for formatting and referencing, the sections on *Indigenous population* through to *Indigenous infant mortality* are quoted verbatim. The statistics highlight the relative youth of the Indigenous minority in Australia, their reduced life expectancy and the high levels of infant mortality with which they cope.

Indigenous population

Table 1 Estimated Indigenous population, Australia, by jurisdiction, 30 June 2006

Jurisdiction	Indigenous population	Proportion of Australian Indigenous population (%)	Proportion of jurisdiction population (%)
New South Wales	146,159	29.2	2.1
Victoria	30,988	6.2	0.6
Queensland	139,527	27.8	3.5
Western Australia	72,243	14.4	3.5
South Australia	28,105	5.6	1.8
Tasmania	18,586	3.7	3.8
Australian Capital Territory	4,396	0.9	1.3
Northern Territory	61,232	12.2	29.7
Australia	501,236	100.0	2.4

Source: Derived from Australian Bureau of Statistics, 2004 and Australian Bureau of Statistics, 2006 a

Notes:

- o The projections of the resident Indigenous population, based on the 2001 Census counts, (a) make allowances for unknown Indigenous status and for net under-enumeration; (b) make a back adjustment for natural increases between 30 June 2001 and 7 August 2001 (the date of the census); and (c) assume that there is no 'unexplained growth' in the Indigenous population

Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An Indigenous Practitioners' Cooperative Inquiry

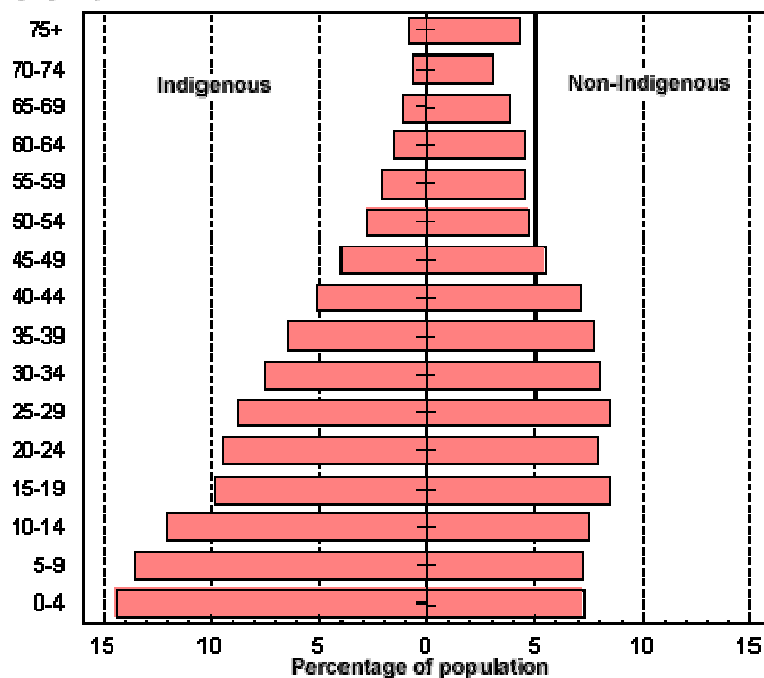
- Proportions of jurisdiction populations use estimates of the jurisdiction-specific total populations for 30 June 2006 that were derived by extrapolation of the total jurisdiction populations for 31 December 2005
- Australian population includes Jervis Bay Territory, the Cocos (Keeling) Islands, and Christmas Island

Relative youth of the Indigenous population

The Indigenous population is markedly younger than the non-Indigenous population – 40% of Indigenous people are aged less than 15 years, compared with 21% of non-Indigenous people. Only 2.6% of the Indigenous population is aged 65 years or over, compared with 12% of the non-Indigenous population (see Figure below).

Figure Population pyramid of Indigenous non-Indigenous populations, 2001

Age group



Indigenous infant mortality

The infant mortality rate is the number of deaths of children under one year of age in a calendar year per 1,000 live births in the same calendar year. For those jurisdictions with reasonable information about Indigenous deaths in 2002-2004, the highest Indigenous infant mortality rate was in the NT (15.6) and the lowest in SA (7.7) (Table 3) ABS (2006 b). These rates are considerably higher than those for the total population in these jurisdictions, which range from the NT (9.5) to SA (4.0).

Table 3: Infant mortality rates, Indigenous and total populations and rate ratios, selected jurisdictions, 2003-2005

Jurisdiction	Indigenous	Total population	Rate ratio
New South Wales	8.4	4.7	1.8
Queensland	10.9	5.0	2.2
Western Australia	12.8	4.2	3.0
South Australia	7.7	4.0	1.9
Northern Territory	15.6	9.5	1.6

Source: ABS (2006 b)

Notes:

The standardised mortality ratio (SMR) is the ratio of the number of Indigenous deaths occurring to the number expected if the age, sex and cause-specific rates of the Australian total population applied to the Indigenous population

Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An Indigenous Practitioners' Cooperative Inquiry

Due to under-identification of Indigenous deaths, these numbers and SMRs are likely to underestimate the true differences between the Indigenous and non-Indigenous populations by around 30%

**Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An
Indigenous Practitioners' Cooperative Inquiry**

SECTION TWO HOW IT HAPPENED

This section of the report details the planning and conduct of the three day Summit. Though methodology and methods are not usually central in such a report, there has been widespread questioning as to how the success of the Summit was achieved. While the research partners do not claim any fixed recipe for good outcomes, clearly how the Summit happened was important to the what emerged. Trust and relationship were integral components to the listening process. Engendering trust was a multi-step process starting with Aboriginal involvement in the planning process. Sharing what happened is offered not as a guide to certainty but as a template of the importance of collaboratively planning process and being prepared to sit with uncertainty.

The research brought together more than fifty front-line Aboriginal practitioners from across the State to meet from the 14th to the 16th May 2007 in an open-plan conference room in Fremantle. Over these three days participants engaged in a cooperative inquiry process into how to develop culturally relevant, practical and long-term therapeutic communities for Aboriginal children and their families. The focus of a cooperative inquiry is on naming the experiences of participants around a particular shared topic. In this case the shared topic was being an Aboriginal practitioner engaged at the front line of child protection work in Western Australia. The inquiry was organised around four open-ended questions as to participants' reflected experience of:

what is happening in the field

what supports effective practice

what hinders this

what can be identified as missing in achieving good outcomes for children and their families/communities?

The planning for the Summit and this subsequent Report was considerable. After several months of pre-Summit preparation, there were some months of post-

Summit analysis and documentation. The draft report was returned to participants for their comment prior to finalisation and release by the MACCP.

One intended result of the Summit was the development of strategies for the use of the Ministerial Advisory Council on Child Protection, Aboriginal communities and others, to progress an agenda of healing and wellbeing for Aboriginal children and families. It was envisaged that the actions resulting from this could be twofold: pilot implementation of results at local levels and feeding into a longer term action research project that will involve a wider group of stakeholders including universities and government policy makers.

The principles underlying the development of the Summit programme were based on social justice and inclusion; social justice not just as an abstract idea but a real issue that is enacted in all aspects of the planning, delivery, recording analysis and writing up of the project. Social justice in this context means that the past history of our nation is recognized and, within this, the political and cultural oppression of Indigenous people is acknowledged.

The empowerment of Indigenous people needs to be a priority in any work undertaken about Indigenous people and issues. Inclusion, as an extension of social justice and as part of an empowering process means that Indigenous people have the leading voice in describing and determining Indigenous realities and priorities (Dudgeon, Garvey & Pickett, 2000). The Summit has been an instance of collaboration involving Indigenous direction and participation throughout. The project was guided by the ethical considerations as described by the National Health Medical Research Council (NHMRC) for working with Aboriginal and Torres Strait Islander peoples (http://www.nhmrc.gov.au/publications/synopses/_files/e72.pdf). The core ethical considerations in the project can be mapped as follows:

Justice

Respectful partnerships were developed between both Indigenous and non-Indigenous professionals to plan the Summit and the delivery of the project ensured that the experiences and voices of Indigenous participants took priority.

Beneficence

The benefits of this research are potentially of value to Indigenous people and wider society in a range of ways. During the process, Indigenous organisers, speakers and facilitators were supported to develop their capabilities further. The practitioners were an integral part of the project. As well as their key role in generating the knowledge content that emerged from experience, checks were in place where the final document was approved by practitioners.

Respect

Indigenous professionals from the MACCP and Curtin consortium led the planning about the workshop programme and determined who would be appropriate participants. Participants were purposively chosen as able to mutually share ideas: picking up on, responding to and expanding on each other's ideas in the Summit forum. Recognition of Indigenous diversity and facilitating representation from all regions was an ongoing consideration.

With these principles and considerations informing the early discussions, both the MACCP and the Curtin consortium committed to the process of an interactive and reflective practice research approach, using the methods of cooperative inquiry and participative action research (Reason & Heron, 1997, Reason & Bradbury, 2006). In the planning process, a conscious attempt was made by the research partners to allow for the emergence of the multi-dimensional and context-specific knowledge of participants. In designing the research, MACCP and Curtin team were mindful of enabling equitable patterns of communication and space for local knowledges and languages to speak. Though this meant that participants had much more room to share experiences with fellow practitioners

than is often the case at conferences, feedback to date nevertheless suggests that practitioners felt there should have been even more space dedicated to this interactive circulation of local knowledge.

The goal of the Summit was to enable practitioners in the area of child protection and safety to network and share information. During the planning process, involving all participants was a key consideration. A small group structure was chosen as enabling maximum opportunity for individual expression. Group dynamics was also a factor with acknowledgement that some individuals were more 'shy' than others. Facilitators were assigned to each group to ensure that each person had an opportunity to speak. Scribes were also assigned to each group to record all discussions.

The programme was structured so that there was minimum of 'talking heads', that is, presentations being made to the practitioners. However, part of the Summit objectives was to provide information to the practitioners as well as enabling their voices. This was undertaken by having guest speakers who joined the small discussion groups afterwards to further discuss the material they had presented. This was a unique and rewarding exercise as it allowed a dialogue between the presenters and individuals in the group setting. Each group discussed each topic and nominated a member to present their discussions back to the whole Summit. This process maximised participants' engagement; they were not 'talked to' excessively and were able to express themselves in safe environments. A set of ground rules were proposed and adhered to during the three days. It was important that the timekeeping and topic focus were maintained.

Break-Out Topics

Indigenous matters are such that many different issues are inter-related, and often one issue cannot be held easily in isolation. This is a reflection of how Indigenous people deal with issues at pragmatic levels. For instance, we cannot

address issues to do with Indigenous education without considering other inter-related factors such as health, housing, the justice system, government policy and importantly culture and the history of colonisation and racism. For the purposes of the Summit, it was agreed that the facilitators would keep the discussions on topic. However, it was agreed that if other pressing but not directly related issues emerged, that these would be written up and a group would be convened at a suitable time (lunch or after the day's programme) to discuss and resolve the matter. This agreement allowed the Summit to stay with the programme but respected and gave place to other presenting issues. We named these 'Breakout Topics'.

Breakout Topics were identified as not directly related to the discussion by the main facilitator and practitioners. These were followed up separately with nominated people to meet for discussion and resolution if necessary. Two of the breakout topics so identified during the three days were 'effective forensic interviewing procedures for children' and 'appropriate cultural support for outside Aboriginal people coming to Perth which is Noongar country'.

The planning process and delivery for the Summit and this subsequent Report was undertaken in the following sequence:

Project time-table

October/November 2006 Partners draft proposal for project and obtain support

from Curtin University and Minister for Department of Community Development

February/May 2007 Project planning completed, ethics approval obtained.

Invitations issued and Summit organised

May 2007 Summit held with key proceedings and outcomes recorded

July/September Data thematically analysed with draft report to MACCP and participants.

October/November Final draft report completed.

December Final edit

January 2008

Report printed

Invitations to participate

The invitations to attend the Summit were finalised by the MACCP in consultation with the Curtin Research Team.

While participants were not expected to directly speak for their communities, the criteria guiding their purposive selection were that they be:

Indigenous

front-line community practitioners working with abused children and their families

from a wide range of ages and of both genders.

Research facilitation and support

Researchers

The Curtin research team obtained ethics approval for the proposed research in accord with the national guidelines⁸ applying to any research conducted with Indigenous people. Indigenous people were involved in the research from the beginning and responsible for a major part of the planning and delivery of the Summit. The procedures were summarised on the ethics application as follows: 'Hands-on' practitioners in the field of protecting children will be invited to attend the three-day workshop by the Ministerial Advisory Council.

If consenting, participants' exploratory discussions on factors that promote therapeutic communities will be recorded in a variety of ways (scribed, taped, butcher's paper, artwork).

⁸ See Australian Code for the Responsible Conduct of Research at www.nhmrc.gov.au/funding/policy/code.htm

The data collected would undergo qualitative thematic analysis by the Curtin Research Team before being returned in report form to participants and the MACCP for feedback, prior to the final version being released.

The key objective driving procedures was that the views of diverse Aboriginal practitioners on protecting children be foregrounded and rendered with due recognition of complexity.

The final report would be made available to all participants and the MACCP, and will fully acknowledge the participants' contribution to the report.

The names and experience of the Curtin research team documented on the Ethics Application was as follows:

Associate Professor Fran Crawford has 35 years of experience in working with child protection workers, agencies and in particular with Aboriginal communities. She has extensive experience conducting qualitative research on this and related topics.

Associate Professor Pat Dudgeon is an Indigenous psychologist and was Head of the Centre for Aboriginal Studies for 19 years. She has extensive links with Western Australian Aboriginal communities and is presently completing doctoral research on the lived experience of Aboriginal women as regards sexuality.

Professor Linda Briskman has 25 years experience working with Indigenous community organizations in social work practice, policy, programme planning and research. The focus has been on Aboriginal child and family wellbeing.

Professor Rose Chapman is a lecturer in the School of Nursing & Midwifery and has conducted research into clinical practice, community mental health and gender issues.

Professor Clare Pollock is the Head of the School of Psychology and has substantial research experience in the areas of safety and children.

Facilitation and support

MACCP team members assisted throughout the Summit. These were the Chair of MACCP, Hal Jackson, the Vice-Chair of MACCP, Darrell Henry and Member Mary Cowley. Pat Wynne and Susan Diamond, Senior Project Officers of the MACCP, provided organisational support. On the final day the team was joined by Professor Lance Twomey, the former vice-chancellor of Curtin University of Technology.

The Indigenous members of the organising group from MACCP and Curtin teamed up with non-Indigenous team members to chair each day. On day one, Associate Professor Pat Dudgeon and Dr Joan Winch were the chairs, on day two, Darrell Henry and Hal Jackson chaired and on day three, Mary Cowley and Professor Lance Twomey were the chairpersons.

Key support roles were also filled by three Indigenous researchers who took group facilitation roles during the Summit. These Indigenous professionals were experienced and well known as practitioners in the field. These team members were Dr Joan Winch and Dr Dawn Bessarab, both at Curtin University and Glenn Pearson of Kulunga Research Network.

Presentations

Presentations during the Summit, designed as discussion starters, were given by a range of invited Indigenous experts including:

- Dr Helen Milroy, Indigenous psychiatrist from the University of Western Australia⁹,
- Hannah McGlade, Indigenous human rights lawyer and doctoral student, Curtin University,

⁹ Notes from Dr Helen Milroy's presentation are located on the MACCP website at <http://www.childprotectioncouncil.com.au/>

- Dr Cheryl Kickett-Tucker, Indigenous researcher and post doctoral fellow from the Kulunga Institute,
- Julie Potter, Indigenous counsellor from the Yorgum Aboriginal Counselling Services
- Ross Councillor, Indigenous community counsellor.
- Darrell Henry, Indigenous psychologist, Deputy Chairperson MACCP¹⁰,
- Mary Cowley, MACCP member and Senior Policy Officer in the Department of Indigenous Affairs with Yintjurru Margaret Anjule Napurrula, Payi Payi Sunfly Napangarti and Eva Joan Wumali Napanangka from the Kapululangu Women's Centre at Balgo.
- Dr Dawn Bessarab, Social Worker and Summit facilitator on legal frameworks for Indigenous therapeutic services

Student Volunteer Scribes

Finally and importantly, fourteen Curtin students from the practice disciplines represented on the Curtin research team volunteered to be the scribes and recorders of proceedings across the three days. Their feedback suggested they gained more than they gave. 'Having the chance to hear the words, hear the language people were using in addressing the issue was so powerful'. 'Enormous insights gained through being actively involved in the project through acting as scribes'. 'Learning to sit with uncertainty, confusion and let trust in the process carry us through'. 'Learned from participating that what was involved was actually far bigger than child protection'.

¹⁰ Darrell Henry's presentation *Layers of Therapeutic Work: Aboriginal community healing and helping initiatives* is located on the MACCP website at <http://www.childprotectioncouncil.com.au/>

The Gathering

With this cast of research support characters in place, MACCP issued the invitations and waited to see how the idea of the Summit would be received. Acceptances were high with some who were unable to gain support from their employer taking leave in order to attend. On a cold May morning in Fremantle, after much detailed organizing by MACCP on travel and accommodation, some eighty of us gathered.

Noongar Elder Mr Ben Taylor gave a welcome to country to open the Summit. After which, Dr Joan Winch and Associate Professor Pat Dudgeon began proceedings. The following presentation was given to set the scene for the Summit, provide the ground rules and articulate each person's role(s):

All delegates have the letter of invitation that explains the objectives of the next three days but I will go over these again, and also introduce all the organisers in the room to each other and the delegates.

Basically the aim of this Summit is to bring as many practitioners in Indigenous child safety and protection together as possible from all over the State and OUR job over the next three days will be to facilitate the process, so that there is opportunity for each of you to reflect on your own wisdom and to share with each other. If this networking is the very least of what comes out of the next three days, we will be satisfied. However I am hoping we can get to some recommendations and strategies as well. Then we can take these to people and places where your information will make a difference.

The only thing we insist on is that we stay with the programme set for the next three days. People have expressed that this is how we should go and all practitioners have come down on the understanding that this is what we will be doing over the next three days.

Ground Rules

In the process of this Summit:

- Respect each other's voices. Make sure everyone is heard and has an opportunity to speak. Some of us (me!) can hog the limelight sometimes, so we just need to make sure all the people have space to talk.
- Respect the voices of the organisers, facilitators and presenters. We all have roles and jobs to do.
- Facilitators are there to encourage discussions, to ensure that everyone has an opportunity to talk, to keep us on topic and to keep us to time.
- Organisers have the role to do administrative activities to make this Summit happen.
- Presenters are coming here to share their ideas with us so that we can get some new ideas and/or become better informed. Or not! We might find some things not useful for our situations but we will discuss this in the workshops after each presentation.
- Students are here to scribe and help facilitators.
- Roamers (Non-Indigenous members of Curtin Research Team) will be timekeeping and roaming to provide any assistance.
- Confidentiality - Important unless individuals tell us differently, all names of practitioners are to remain anonymous with regard to what is said. We will be producing a report of the discussions but people will not be identified. It would be great to acknowledge

peoples' contributions by adding their name to the authorship list but we also need to retain confidentiality. If people want to be named as part of the report authorship please approach Joan or myself. If you want a statement or quote acknowledged as yours please indicate so to the facilitators or myself. Otherwise all information will be anonymous.

- Also individual names and communities might be mentioned during the process. These will be edited for anonymity.

Emotional Wellbeing Support

Because the nature of our topic is very intense people might feel emotional. If you feel emotional, there are onsite counsellors available to you at any time.

Process

The process of the three days is around you the practitioner. We believe that you have an important role and information and need to be part of decision making. You are the ones at the grass roots level working with the issues. Often we get government people (both white and indigenous) or Indigenous spokespeople participating in the dialogue but we thought that the people working at the coal face needed to have a forum to have a say and network.

We are not promising that we can make all your recommendations into realities, and we are not the government but we are committed to taking forward whatever comes out of these three days.

The Summit will be interactive and focussed on hearing from you.

The Summit seeks to:

- Provide opportunities to reflect on what we know and to collaborate with others
- Identify and honour Indigenous ways of healing in communities
- Make a difference for health and safety for Aboriginal peoples
- Help heal the children, youth, men, women and communities.

The programme will be:

- Day One: Have your say on what is happening at the local level; what supports effective practice; what gets in the way and what else is needed to get good results for children and families.
- Day Two: Short presentations on current research. Breakout sessions for reflection, discussion and input.
- Day Three: Opportunity for agencies and their senior Aboriginal staff to hear the story as told by the group with chance for dialogue and discussion. There will be a 'Where to From Here?' finish.

Data Analysis

The scribes' notes, participants' butchers' paper notes and audio recordings of presenters were transcribed. The many resulting pages of notes were then searched by several researchers and cross-referenced for themes. Some of this work, such as the What Works themes were completed overnight between the first and second day of the Summit. The rest has taken longer especially searching for quotes to fit themes and themes to fit quotes. Because the quality of note taking was variable, where possible quotes have been inset and ascribed to the

practitioner responsible without breaking confidentiality e.g. Female urban practitioner. Otherwise, quotes are given within single quotation marks in run on form.

Overall, the planning and delivery process of the Summit was successful. During the three days the practitioners felt that their participation was the primary focus and valued. There was a sense of satisfaction about the use of their time and energy. Indigenous people are often required to attend forums where there is little space for their individual voices and often only the more assertive individuals access speaking space. There is also a feeling that sometimes the topics discussed at all the forums do not bring about social change. This can lead to feelings of frustration and anger or apathy. It was the intention of the Summit organisers to ensure that every practitioner's experience was valued, given opportunity to be reciprocally shared and that the work undertaken would go towards making real change. The last day of the Summit was different as it required the programme to 'change gears'; new people entered the process representing policy makers from government and non-government services and universities. This change was managed carefully so that any frustrations were not vented but respectful dialogue took place. It was important for practitioners to speak with policy makers but equally as important for policy makers to meet and hear from the people who were working in the field.

In the next section, Section Three what emerged across the three days is documented. In Section Four this material is linked to a literature review. The usual order of literature review and findings emerging has been reversed to keep the prime focus on the knowledge generated by Indigenous practitioners. Section Five covers conclusions and recommendations.

SECTION THREE WHAT EMERGED

Who Was There

On Day One of the Summit all participants introduced themselves as practitioners. People came from urban, regional, rural and remote settings. There were men and women, people from practice backgrounds of nursing, psychology, teaching and social work and people working for uncertainly funded CDEP programmes without access to relevant training. There were Aboriginal government workers and there were Noongar to Kukaja elders. There were people who only spoke English and people for whom English was their third or fourth language. There were those working primarily with written texts and those using oral traditions; there were artists and artisans. 'We are listeners and comforters who are wives, mothers, great grandparents, fathers, elders, aunties, brothers, sisters trying to make our community safe.' In short the group reflected the diversity of Aboriginal¹¹ people to be found across WA except for the South-West¹² of the State that was under-represented. All shared an inquiring stance and a passion and commitment to building better futures for those they worked within various caring capacities.¹³

¹¹ There was a strong expression of preference for the term 'Aboriginal' over 'Indigenous'. The term Indigenous was used by participants in certain contexts throughout the Summit. The NHMRC *Guidelines for Ethical Conduct in Aboriginal & Torres Strait Islander Health Research* state: 'This document does not use the term Indigenous. While this term has been used recently, most Aboriginal and Torres Strait Islander Peoples prefer terms that better reflect their cultural identity such as Nyoongar, Koori, Murri, Ngaanyatjarra, Nunga and Palawa. This is about more than just language. It is a reflection of real cultural diversity (2003, p.2).

¹² Under-representation of the South-West occurred despite attempts to achieve state-wide coverage amongst Summit participants. With the South-West of the State so under-represented, the single participant from the Wheatbelt stressed how this region lacked access to employment and education for Aboriginal care practitioners and missed out on many services that did not extend past Northam.

¹³ See a broad overview of participants on the MACCP website at <http://www.childprotectioncouncil.com.au/>.

On Day One practitioners named what they saw as the priority issues of practice. This section starts with that material and links the data from participants' discussion on the following two days back to the issues they named on the first day. While invited presenters had an impact on proceedings, the focus in this section remains on the data generated by participants. So Dr Helen Milroy's presentation clearly marked a shift in the mood of the Summit through her powerful detailing of just what can be involved for children in being traumatised. This and the other presentations generated considerable response from participants. Where possible, the material presented by invited experts has been loaded onto the Ministerial Council on Child Protection website at <http://www.childprotectioncouncil.com.au/>. It is referred to in summarising references in the body of the report along with quotes from that material and responses to it.

How are Things? - Practitioners' Perspectives

What people wanted to get out of the three days

Practitioners stated that they were interested in gaining the following from participating in the Summit:

A chance to renew acquaintance, meet new people and work together on getting to understand the issue and inquire together on what works, what we need to do differently in making for healthy and safe communities. 'We want to help make a genuine "whole of life, whole of government" approach that attends to the basic human rights of our children and families'. There were many comments about the power of listening, sharing and learning as well as about moving to action and not letting the Summit become another talkfest.

In particular people said:

I would like others to listen and I would like to listen to others. (Female remote practitioner)

There is confusion over the law and excuses are being made. We are talking about kids of eighteen months with STIs¹⁴ and twelve year olds having babies.(Female urban practitioner)

One of the big aims in coming here is to find out who do you report to? The young ones coming on board need to be able to recognise the abuse in the community, different forms of abuse and who to report to without possible conflict. You can report but there are other people that prevent you. They'll kick you out of the community. (Female regional practitioner)

I am concerned about issues in my community such as drugs and alcohol. I am trying to encourage people to put up a conference when we have problems to try to get a whole town perspective rather than only one or two people being consulted. (Female regional practitioner)

We are here trying to get a women's organisation going. We are aiming to get officials to come to our organisation to have meetings because women do not get enough services around safety for them and their kids. Women can't use services in the nearest town because it is a miner's town. We want to work towards a women's refuge and other things. (Female remote practitioner)

Hunting has changed to hunting for Hungry Jacks. You have to get to the root of the problem. (Male urban practitioner)

¹⁴ sexually transmitted infection

Trying to get voices out from people working on the ground. Trying to change the way government consults with managers only. (Female remote practitioner)

Look at what is impacting on our children. What are we dealing with? What are the enablers to best protect our children? (Male urban practitioner)

A good outcome would be less talk, more action. (Female regional practitioner)

I am enthusiastic about making changes but there have been a lot of talkfests and reports – the Gordon Inquiry, Deaths in Custody etc. There are still drive-in/drive-out agency workers. Red-tape agency workers don't always take notice of what our issues are. They don't take notice of what we say and the resources keep going to the bureaucrats. (Male remote practitioner)

60% of Indigenous people are under 25 and many people are dying needlessly. We need to address the healing process. (Female urban practitioner)

Lt General John Sanderson's Input

After the introductory session, Lt General John Sanderson, Special Advisor on Indigenous Affairs to the West Australian Government, reported on his work in recommending economic sustainability innovations. His presentation and naming the hurdles he confronted in addressing economic development for Aboriginal people resonated with many of the issues participants were identifying. When he asked the group whether in their experience things were getting better or worse for Aboriginal people, almost all raised their hands to

worse¹⁵. It was a recurring theme throughout the three days that many Aboriginal children, families and communities cannot simply 'be' without a high level of insecurity about life. This chronic state of uncertainty and lack of control over safety and meeting basic needs differs from the civil society in which many Australians live. Neglect and alienation was experienced by Aboriginal people across many areas of life.

General Sanderson said:

(Issues) are different everywhere but there is the same fundamental underlying cause and this is the disinheritance of Aboriginal people. Things that have happened in the past have caused Indigenous communities to be in a state where it is difficult to deal with the complexity of rapid change. This expresses itself in family breakdown, abuse, substance abuse of various forms, loss of identity, a loss of hope for the future, an inability of young people to see a future for themselves, suicide and anti- social behaviour that contributes to these sorts of things.

The State Governments from my perspective are responsible for building community and the Federal Government is supposed to be about building nation. Now for a large part of the last half century the State Government has been able to avoid its responsibilities for building Aboriginal community because in the post 1967 environment with the initiatives taken by the Federal Government, the State was able to say OK and wash their hands of it

¹⁵ Facts supporting this assessment include the falling lifespan for Aboriginal men in WA: from 51 in 2001 to 47.9 in 2006 compared with a rise from 75.4 to 76.9 for non-Indigenous men in WA over the same time (Wright, 2007). While the Hope Inquiry into Aboriginal Suicides in the Kimberley is currently occurring evidence shows up until the mid-eighties the Aboriginal suicide rate in the Kimberley was negligible (Hunter, 1991)

I get out into the countryside of WA and I find that there is no Government. How do we develop a Government strategy? The fact of the matter is we can't develop a game strategy unless Aboriginal people participate in finding that strategy so there has to be partnerships develop. It's more than just working together; partnership develops where Aboriginal people participate in development of policy that impacts on them. (from address to Summit on 14th May 2007)

This lack of coordination between State and federal governments and services, lack of services in remote and fringe dweller communities that are taken for granted elsewhere, and especially the lack of legally and practically ensured safety for children and families and follow up support services, confusion and the cross-generational trauma of loss were all issues named on the first day and amplified across the Summit. Multiple additional issues on what is happening in practice, emerged from this first day of discussion. All identified issues have been grouped into key themes with a summarising approach taken to the 'What Works' list and more detail and quotes given to convey 'What Is Needed, How Should This Be Done And Who Can Do It?'

What Works

Culturally Framed Practice

Community specific

- Community ownership
- Community involvement
- Interactive partnerships with relevant responsive agencies/authorities eg multi-function police station as at Balgo.

Aboriginal specific across diversity of settings and languages

In particular it was mentioned that intellectual models that work are culturally aware, responsive at multiple levels and mindful of how history, place and differing age-groups and generations connect.

Resources

Human

- Aboriginal (especially locally knowledgeable) staff
- Healing circles/ stairways/ triangles-working 'joined-up' systems
- Supportive people
- Community and family partnerships
- Participative people – individuals, family, community and de-desked bureaucrats who seek to understand and be educated in working with us.
- Relational knowing drawn from personal interactive contact and providing practical hands-on support
- Love and a valuing of care work

Service Support

- women's refuges
- sobering up shelters
- child protection services
- domestic violence groups
- police Aboriginal liaison officers and Aboriginal police
- legal services

- Aboriginal Medical Services & regional dialysis
- child safety team

Partnerships

Responsible agencies required to work with communities. Equal partnership in practice and decision-making

Involve people in all aspects of decision making

Working with the whole community at differing levels of engagement

Structure and systems working together

Linking up with similar groups – listening & learning from each other

Building relationships

Safe Spaces & Environment

Protective behaviours taught in ways to suit community

Safety for children

Making sure kids are home

Working with parents

Police are in communities

Women have a voice

Men have access to support

Programmes building better relationships between parents and child

Healing places where people could live as a family to heal issues like alcohol abuse

Places/spaces (at a range of levels) where practitioners can debrief about their work in trust and link up with others doing similar work for a seeding of ideas

Strategies

Access to resources including sufficient funding

Development of community plans specific to local and regional areas. E.g. Balgo Justice Agreement

Involve people

Clarify roles

Coordinators

Short process from decision to action

Using visual literacy eg comic developed in the Kimberley by AMS on Protective Boundaries with versions for men, women and children

Ability to pull in 'big guys' when needed

Get agencies as learners into the community

What is Needed?

Besides a wider occurrence of all the above, there were five main themes identified in what was needed. All five were seen to be equally important in protecting and growing children and their families across the diversity of WA. The first was a living partnership between Aboriginal people, governments and civil society to maximise the potential of all our children. The second was balancing approaches by moving to *both/and* approaches; avoiding the traps of just the usual *either/or* thinking such as mainstream **OR** specifically Aboriginal services. The strong message from participants was that there was need for **BOTH**. So there was extensive discussion on the need for a better balance between forensic/legalistic and therapeutic/supportive approaches to abuse, between working with individuals/ and working with the community on change and between top-down and bottom-up approaches in structuring this.

Protecting Aboriginal children is not an issue for black or white answers. Moving beyond such unhelpful 'binaries' means an engagement with the complexities involved and a commitment to multi-perspective approaches. Going past *either/or* thinking connects to the third theme of all parties engaging with cultural literacy. A wealth of detail was provided by participants on this including the need for child protection systems to recognise the child safety that comes with supporting cultural healing activities within communities. All the first three

themes connect to the fourth theme of more, and more strategic, employment of Aboriginal people as both paid and skilled in the wide field of child protection work. Supporting this theme is the final theme of valuing learning through ongoing education and training for both Aboriginal and non-Indigenous practitioners:

THEME ONE	LIVING PARTNERSHIPS
THEME TWO	BALANCING APPROACHES
THEME THREE	ENGAGING CULTURAL LITERACY
THEME FOUR	EMPLOYING ABORIGINAL PEOPLE
THEME FIVE	VALUING LEARNING

Considering the themes one at a time:

Theme One Living Partnerships

Partnerships are not just about throwing models at a problem. (Male urban practitioner)

People were clear that they saw themselves and other Aboriginal people as citizens of Australia entitled to and responsible for the same level of services, support and protection as other Australians. They were also clear that for equal outcomes to be achieved differential paths would often need to be taken. This is what was meant by Living Partnerships – dynamic, interactive, responsive, contextual and contingent. The concept operated at a number of levels and between a shifting range of partners. The purpose of such partnerships was for the betterment of the lives of Aboriginal children and their families and of the West Australian community more generally.

Partnerships and State/Federal Coordination

A continuing theme was bipartisanship and better coordination between State and Federal discharge of responsibilities particularly in building community outside the metropolitan area. Currently there was felt to be a lot of 'buck passing'.

I am looking at myself and saying 'Am I a federal Aboriginal or State Aboriginal?' We just don't know where to go. I know it is a political thing but when are they going to grow up because it is a brick wall? We are in Catch 22. (Male remote practitioner)

Whatever comes out of this report today, can we get bi-partisan support for saving a generation of kids? So it doesn't matter who is in power, we have all sides of government on side. (Female urban practitioner)

Some of the federal policies undermine the good work this Government is doing. An example is not funding communities with less than 100 people. There are 45 communities in the Fitzroy Valley and five of these are bigger than 100 people with the other forty being less than 100. The reason those people moved out in the first place was to get away from grog and violence. Now they are coming into town. Changes to CDEP¹⁶ have taken away community capacity to run programmes in their community e.g. school lunch programmes, women's programmes. Now the community doesn't have any influence or capacity to provide programmes. (Female regional practitioner)

¹⁶ The Community Development Employment Projects (CDEP) programme has been an Australian Government funded initiative for unemployed Indigenous people in selected locations. Recent changes to this programme are discussed at:
[http://www.workplace.gov.au/workplace/Programmes/IndigenousProgs/Community+Development+Employment+Projects+\(CDEP\)+Programme/ChangestotheCDEPprogramme.htm](http://www.workplace.gov.au/workplace/Programmes/IndigenousProgs/Community+Development+Employment+Projects+(CDEP)+Programme/ChangestotheCDEPprogramme.htm)

While some experienced ATSIC as a longwinded process controlled by bureaucrats, several commented that it had been a mistake dismantling ATSIC as whatever the issues at a national level, the organisation had worked at a local level where elected representatives were able to facilitate needed developments and resolve community issues in partnership with other players. With an imminent dismantling of the Federal CDEP programme, there was widespread fear that many areas had not planned for the impending community harms – especially since several of the participants were supported largely by CDEP funding in their community and child protection practice. There was a perceived lack of channels through which to communicate disquiet at this.

In addition to the lack of coordination between State and federal levels of government there was also concern at a lack of coordination between and within government departments.

Feuding between government departments is a big problem. If people heading up government departments are not getting on, important information does not get passed on to the workers. (Female regional practitioner)

Partnerships with Agencies

There was a strong sense that many service providers arrived with the service already decided, not seeing a need to check that this pre-packaged 'product' was responsive to community needs. A common process was described as follows:

Service providers 'groom' Aboriginal communities. They then 'take control' of the community and impose their programme, 'tick the box' and then leave. (Female regional practitioner)

Clarity was sought so that what resources are available became a matter of transparent policy and guidelines or else the issue was marked as up for negotiation and discussion by all parties. Participants described how they felt

they had to 'suck up to workers to get resources' and 'sleep with the enemy to get what you want'. Participants wanted 'access to resources without government officials acting like it's their own money'.

'Programmes that work are fenced from funding' was just one comment made about the plethora of 'pilot' programmes that come and go seemingly with no reference to what works or not.

At the same time when the local community reports to an agency as to 'a problem with worker eg sergeant, they are removed and sent to another site with largely Aboriginal people where they are likely to do the same'. Nothing seems to happen on a systems basis to ensure workers are prepared and effective in their work.

We've had a lot of reports eg RCADIC¹⁷, Bringing Them Home¹⁸ but have people read these? When communities and governments sit down both sides have to understand meaning of words such as 'community based' vs 'community generated.' The last is about community determining and government coming on board to support.

So take the multi-function police service. The community has no control of what they do when they arrived. It's all imposed. Government and community need to sit down and work out together, rather than coming in and arresting people. Community police won't work until it becomes problem oriented. Police and community have to identify first priorities.

¹⁷ The Royal Commission into Aboriginal Deaths in Custody was established in October 1987 in order to discover why so many Aboriginal people were dying in prison. Findings and recommendations were released in May 1991. In July 1991, there was agreement by the Commonwealth, States and Territories to develop a National Response to the Commission's recommendations. The Commissioners found that system failures or lack of due care were contributory factors to many cases of Aboriginal death in custody.

¹⁸ Human Rights and Equal Opportunity Commission (HREOC) (1997), *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, April, Sydney NSW Australia

Not other stuff that communities don't have capacity to deal with. (Male regional practitioner)

'The past focus on native title has taken focus away from individual/families/ communities as change agents who need to work in partnership with all tiers of government'. (Male regional practitioner)

Partnerships among the Diversity of Aboriginal People Themselves

Don't shoot the messenger. It takes courage to stand up and be counted and to maintain a cause and continue to fight takes huge courage. A lot of people in the community knew about S.T.D¹⁹ in children but no-one spoke up. But one of us carried her voice on. Not enough of us do that. There is not enough support for the messenger. When two families opened up on abuse there were three men charged and now 8 to 10 people have been charged. Unfortunately some of those people who took action have had to be relocated as the community has turned on them. People need to understand that people trying to protect the next generation by disclosing are pulling the community back together not ripping them apart. (Male regional practitioner)

Community needs to champion and recognise diversity of leaders in communities – get over our jealousy. This includes welcoming and accepting their people who have a western education.

Irony of going to police and DCD to help better protect our kids. We are giving power away by going to the government for everything. (Male urban practitioner)

¹⁹ sexually transmitted disease

Recognise that individual families are an asset to the community. Get people to think about problems in the community and get them to think about solutions. (Female regional practitioner)

Need to look at an Aboriginal Advisory group in child protection. (Male urban practitioner)

41% of kids in foster care being Aboriginal takes the wind out of your sails doesn't it? (Male urban practitioner)

You have to look at your dreams and aspirations. The way other groups who come to this country aspire. Can be done without giving up culture. A lot of our community have lost our culture. We are in transition. We don't understand a lot about white man's culture. (Male regional practitioner)

Feuding is bullshit. Stop glamorising it. It's nothing but terrorism. Police put too much back onto Aboriginal services but they should be taking the responsibility. There is also jealousy over Native Title – we don't know how to live with each other because everyone is jealousing. (Male regional practitioner)

One practitioner spoke of the need to re-establish the social fabric of the communities into which Aboriginal children are born²⁰:

Aboriginal people, we have been brainwashed and it somehow made it into our psyche that violence is how our traditional people lived, and it is not so. We lived with good and bad, we had right and wrong, and we had measures in our community to take care of every person in that place,

²⁰ This statement is a good description of 'civil society' referring to the relationships and associations that make for a good life in families and neighbourhoods at grass-roots levels of society, independent of government.

in that home, in that land. No person was uncared for, every person had a place and was valued accordingly. And that's what we've got to get back. Our children were stolen, our children were taken, our children were abused. We've got to start with our children and we've got to pick up all the others along the way and start loving people. (Female urban practitioner)

Partnerships of Collaboration

Agencies at all levels need to work in partnership with Aboriginal people and become skilled at 'using Aboriginal ways of talking including yarning, dialoguing and open discussion that involve listening and telling by all parties'. Aboriginal participation also needs to be at multiple levels from national, State, regional and community leadership to family involvement. Families need to be involved and included in intervention plans that impact on their wellbeing and future. 'Plans be made available to people who are faced with the issues and consequences'. 'Done well the process of strategic planning can motivate people with action plans specific to local area'. 'We need to get into the deeper issues to figure out what we want to do differently'.

Partnerships need good relationships internal and external to agencies. Partnerships are what we need to do collectively and locally. Partnerships are not just about throwing models at the problem. With the child at the centre, we need to be talking with government and non-government agencies and with everyone with a vested interest in making things better for children. For instance the mining companies have been providing leverage in putting pressure on government for proper health services in the Pilbara. (Male urban practitioner)

Local communities are seeking partnership with government and non-government agencies. A participant from a remote small regional town described how, prior to development of a healing strategies, a cycle of

disempowerment had begun in her town as a way of helping people forget their problems. From heavy involvement in alcohol/drugs/gambling came dysfunction in families where the kids are neglected and abused and in turn, begin using alcohol and drugs. The community had seen that the main problem facing them was to break this cycle. From this they had developed a plan which radiated around a healing centre.

Initial funding would largely need to come from government until self sufficiency becomes possible from funds generated through tourism enterprises and the proposed Arts Centre. (Female regional practitioner)

This plan tied in with the widely expressed feeling of participants that economic development and employment generation were crucial to the success of any intervention but would not happen without being integrated on a long term basis with healing approaches. Many participants came with well-developed plans generated at the local level for caring for children and families.

Ongoing Funding to ensure stability in service provision.

'They fund a programme, the government changes and they cut the funding. It is frustrating.' 'Good programmes are often run by non-government agencies but they need funding security. They are often the first to lose funding from government.'

Hard for government to fund long-term plans. Need to give them short term plans along the way so that they can see that it is working and is justifiable. (Female urban practitioner)

Partnerships around the Judicial Process: Scrutiny and the need for changes

'No more government negligence'. 'There is a lot of legislation and rules out there but these aren't addressed when dealing with Aboriginal people'. This

perceived absence of governance generally is compounded by the difficulties of effectively addressing child protection issues through the legal system.

It is the hardest day of my life when I make a recommendation to remove a child. But I have accountability not just to kids but to the community and society as a whole. (But to get the system moving on a case) I have to shout really loud. The laws of evidence don't work in child protection. There is criminal law but it is too hard for the cops. They try but they say: It's too hard, we can't do anything, we can't find the evidence or we're not being given enough by the family to be able to do anything. (Female regional practitioner)

It has been an issue for a long time not being able to tell a community that the person has AIDS and has no intention of telling anyone. Something has to be done like a creation of a register for AIDS and Hep A, B, C. (Female regional practitioner)

Aboriginal people need information on how to address situations when police and legal representatives don't act properly and/or effectively. For instance there can be a lack of rigour around forensic and other processes. Setting up better child interviewing services around cases of sexual abuse was a particular issue as currently many cases fail for lack of admissible evidence. This often results in a doubly traumatised child.

Improved legislative response to dangerous repeat offenders was identified as a major issue.

What is needed is more safety for the community from dangerous people. It is about people being safe. I've heard people are going into refuges to get away from one particular dangerous serial offender released from prison. They are scared of him. Legislation needs to be improved. There needs to be a legal response to protect the community. The healing

lodges in Canada are good. The perpetrator is confronted with what they have done by their elders and they are worked with intensively. (Female urban practitioner)

Comments in a conversation were as follows:

A: I find it interesting that in the Gordon Report there was no mention of the judiciary. Since that report feuding is getting worse. (Female urban practitioner)

B: How should it be done? There needs to be specialist judges and courts to work with Aboriginal people. (Female regional practitioner)

C: I like the idea of a floating circuit court dealing with perpetrators and other family violence charges. (Female regional practitioner)

D: But we need Aboriginal people to be in on planning it from the beginning. (Male urban practitioner)

E: It needs to strengthen and provide recognition to legitimate cultural authority. (Male regional practitioner)

Better Partnerships between School and Families

A need was strongly identified for school environments that affirm the value of children and parents and the value of learning for all parties. Neglect at home too often is compounded by neglect by the school system. Both need to be challenged and changed if cycles of withdrawal and alienation are to be broken for children and families. Dr Cheryl Kickett-Tucker said in her presentation regarding the need to develop self-esteem among Aboriginal children:

At around ten years of age is when our kids start to seriously disengage from school and they have completely withdrawn by the time they are in Year 7. What are the stressors upon them, how does it effect them in

school to get to the point where it makes them not want to go. In most cases this is the case because they are not accepted in school. And we have teachers who have no idea how to teach our kids. Sometimes I wonder what the universities are actually doing in teacher training.

Theme Two Balancing Approaches

This theme started out being expressed through participants' focus on the need for balance between forensic and therapeutic approaches in addressing issues of child protection with Aboriginal children and their families. Over the life of the Summit it extended to a range of issues and highlighted practitioners' concerns that child protection systems like many statutory systems can default to a search for certainty and *either/or* in thinking. The widely prevalent approach of *either/or* is predicated on the generally false assumption that there is one fixed answer to a problem. 'You can't have it both ways' is a common expression that captures this logic in lay terms. 'Either you demand justice for these crimes or you are letting them get away with it' is another phrase often used in regard to the abuse of children.

The case was made very strongly over the three days that *both/and* thinking had to be added to *either/or* systems. Simply put, the intrafamilial neglect of children had to be addressed alongside the neglect of the systems in which families were immersed. Much careful work needed to be done by a wide range of people in spaces where there was a failure of social systems, including educational, health and legal systems, to provide a safe environment for the development of children. The aim of *both/and* thinking is to open up to options and opportunities. Participants had a range of suggestions on how such holistic practice systems could be developed in effectively helping children.

Both/And Thinking

When you're growing up in Aboriginal families you are governed by two systems – the physical and spiritual. The physical is sometimes what we see most of but the spiritual is the one that puts everything in place We have to understand that the two go together and they don't go without one another. You have to find a balance and that's the hardest part. But we are Aboriginal people, we should know. And if we don't let's research it. We have research, we should be using it, we shouldn't just keep the facility for government to use and research us. Because we're a part of our own solutions when it comes to family and the safety and trauma of our kids. (Ross Councillor on Panel)

Healing cannot be sole way of dealing with offenders. We must be committed to working with healers and realise there is no healing without justice. (Female urban practitioner)

Counselling and Both/And

'Counsellors can be talented and wise community people as well as qualified professionals'. 'Children need to understand western law as well as cultural law'.

There is a lack of professionally trained and culturally aware people. (Male urban practitioner)

'Carers need to be cared for. Workers need to debrief. Carers are burning out after being exposed to trauma cases. The community is in denial with child abuse and trauma'.

Need powerful counselling services so that victims can help themselves and stop the cycle.

Counselling alone does not empower. (Male urban practitioner)

Alongside the need for more local knowledge there was a recognised need for outside expertise. These specialists needed to be able to work in context. For example, in some sites there is a great need for counsellors able to work with children under the age of 13 years with knowledge of the intersection between cultural, family dynamics and child development issues.

Forensic Approaches as Both Inadequate and Not Enough

Forensic is often not done very well and it goes against the woman if not done well because the perpetrator will walk. (Female urban practitioner)

There was a need for more complementary support services before and after forensic interventions.

What happens in the smaller centres when children disclose? Who protects them and the family when they talk about abuse especially when it [the claim] is against an elder? Support is needed before, during and after the court process and support is needed if it doesn't go to court as well. The alleged offender can get bail or remand and go back into the community. It might be two years until the trial and if the (alleged offender) is well liked or connected there can be intimidation involved for the child and family. (Female regional practitioner)

Family Issues

'Aboriginal children will keep misbehaving until someone listens.' (Dr Helen Milroy)

Comments here ranged from 'Children look to their grandparents for help but sometimes even the grandparents are traumatised by the drug users/perpetrators whatever you like to call them' through to 'There is an enormous amount of stress, chaos and trauma in our communities and families but within our communities there is also strengths – wisdom, knowledge and

experience.' The difficulty lay in making available a wider system of support to those children unable to find help within the immediate family. While Aboriginal people often have the strength of an extended family available to them, child protection systems are not always designed to make the best use of this potential support. In other cases it is not just the child but the family that needs support. Dr Helen Milroy suggested in her presentation that there should be fostering systems for families not just children. There was a strong resonance with the idea and connections made to the recurring theme of structuring support services delivered by local Aboriginal people.

As Dr Helen Milroy said in a small group discussion after her presentation:

All children need a good start in life. If you start off on the back foot it is hard to reach your true potential and resources need to be put into this area. All children react differently to similar traumatic situations yet there is a lack of follow up to trauma. This becomes a big issue from the mental health aspect. There is a need to help children make sense of their lives. When I talk with some of the kids we talk history so that they have a broader sense of what is going on.

Practitioners responded from their own experience:

It is important to listen to every child's report. When you see that dull eye, start to think about really what that's telling you. That started when their lights went out, when the abuse started. (Female regional practitioner)

Like Helen says, we've got an asset full of children and every child, I believe has potential to do so much. I know there is a lot of bad out there but we also need to look at the good things and what families and kids are doing well. What enables them to be the way they are and we can learn from them instead of always looking at the deficits. As a people we

need that positive vibe. We've got fantastic role models in this room, it's been wonderful to be here. (Female urban practitioner)

You remember 'Malcolm X'. Just before he died he said, Men can have a child, women can have a child but it takes responsibility to parent. (Male regional practitioner)

Addressing Gender Dynamics

In an era when mainstream services have been shaped in response to feminist critiques of the power of men over women, the dynamics between men and women in the Aboriginal population have often followed differing trajectories. Aboriginal men have not experienced the same economic and social privileging as non-Indigenous men in terms of the wider society.

Overall, however men are identified as responsible for much of the abuse, especially sexual abuse, current in Aboriginal communities. At the same time men must be an integral part of building safer communities. Addressing this problematic was a continuing theme with recognition that any intervention that did not consider the part played by men in making for strong families and communities was missing out on a key part of the issue.

More Widespread Services and Safe Spaces for Women - While some women's organisations were working effectively in giving voice to women's issues this was often against considerable barriers. Several of the participants came to the Summit with community generated plans for healing cultural spaces that included the provision of safe housing for women and children within the community when needed. Some of these are detailed later in this report.

More Widespread and Accessible Services for Men including outreach programmes. Many of the children most directly impacted by sex abuse and other forms of trauma grew up to be men. 'Who looks after the men?' 'There needs to be a safe entry point for men to talk about relationships and related

issues'. 'Men and women need equal help with counselling – men are needed to support women in making family life better, therefore, need more help with men.' 'In the country there is nowhere for the men to go and get the help they need in time of crisis.'

In a focus on healing what we need to do is work with the men as well. We need to heal the men. If we only look at the one (women) that holds it together it doesn't work. (Female regional practitioner)

I want to acknowledge all the men who are here. Our sisters cannot do it alone – they need us! We need to work together. (Male urban practitioner)

Men used to be able to cry. Used to hit themselves (at funerals) to make themselves cry. Younger ones now are ashamed to cry. (Male regional practitioner)

Young men's voices need a place to be heard if they are to have the healing that they need. The impact of western style patriarchal culture on young men has meant a lack of connecting, close relationships with other men and a loss of spiritual, emotional and physical connections like knowing that it is OK to love and to recognise male pain. Talking and sharing is healing and everyone needs to heal to protect the children. (Female urban practitioner)

I come from a family where I don't know who my father is; I was physically abused when I was young, pretty badly by my uncles. But what I did find was that there were no services, there's nothing for Aboriginal males when we get into that sort of thing. The thing that spun me around was I went through ceremony which made me a man, and that's when I realised there was something else out there. (Male regional practitioner)

The gay community has suffered a lot in rural Indigenous community. There needs to be more acceptance of same sex relationships. The harshness towards gays is reflective of a general turning away from men expressing emotions. Paedophiles are trying to turn the spotlight away from them by passing the responsibility to the gay community for introducing their 'acts' to communities. (Female regional practitioner)

Young Aboriginal men come in and talk with me. We talked about men's issues and they said 'This is really good; we've never heard this before.' And they talked about relationships and said, 'You know, out there we're forced to beat our women because we don't know what else to do. We want to be able to hold their hands but as soon as we see someone looking over we chuck their hands'. For a number of years the women have been talking about 'We don't leave our men but we want them to stop hitting us.' The only thing we haven't done till today is stop the men from hitting the women. (Male urban practitioner)

Particular mention was made of the success of a re-entry programme for male prisoners on release in some areas and the fact that this facilitated some men becoming involved in counselling that enabled them to talk through their issues in a meaningful way. 'People who are in jail should not be treated in a punitive manner. Instead there should be therapeutic programmes set up that address issues like feuding'.

Addressing Family Dynamics Across the Lifespan

There was a need identified to address roles of men, women, youth and children and how they are interacting. There needed to be a focus on building better relationships between parents and their children. The lack of respect for culture and family modelled by service agencies exacerbated the cross-generational chaos and family breakdown.

Older kids protect the younger kids by hiding them in cupboards and stuff. Children in violent environments grow up thinking this is normal. (Female regional practitioner)

Some kids get scared to stay with their parents because of the arguments but there is really nowhere for kids to go and feel safe and calm down. (Female regional practitioner)

Need to start developmental strategies to deal with the age gap through loss of so many elders and middle-aged people compared with number of children being born. The tsunami is coming. If we wait until it happens it will be too late. (Male urban practitioner)

There are not enough adults and elders to support the younger generations coming on. (Female urban practitioner)

More Youth Services

The focus on children should not come at the expense of a focus on youth as they will soon be the parents of the next generation. It was felt that generally there needed to be more 'hanging about' services talking to youth and especially the marginalised – allowing them to engage and become aware of complex issues in their own way. The Broome HYPE programme was cited as working well. It was described as coming out of the Burdekin Report (1993) and working to coordinate resources from youth services in ways that met local needs. This was seen as a service that was appropriately resourced and coordinated by government across all levels: local, State and federal.

In contrast another programme in a Pilbara town was doing direct street work with youth late at night. This had developed from a women's group coming together to discuss how they could address local issues of concern. This service was under resourced and dependent on the goodwill of volunteers.

Integrated/Holistic Therapeutic Services

There was no shortage of active intellectual engagement by participants as to how services could be more effective through greater Aboriginal involvement in the design and delivery of services. On the first morning participants from several places put forward holistic health models to deal with the enmeshed issues of drinking, drugs, suicide and despair.

Below is an example of the sorts of models being discussed. In this diagram Aboriginal co-workers are able to both improve their own skills and act as consultants about Aboriginal understandings of distress, intervention and healing. The diagram attempts to illustrate how multiple pathways for intervention provide opportunities for engagement with distressed children and adults, at various stages of their experience. In addition it places the Aboriginal co-worker as central in the management of community problems for which there may be many possible solutions.

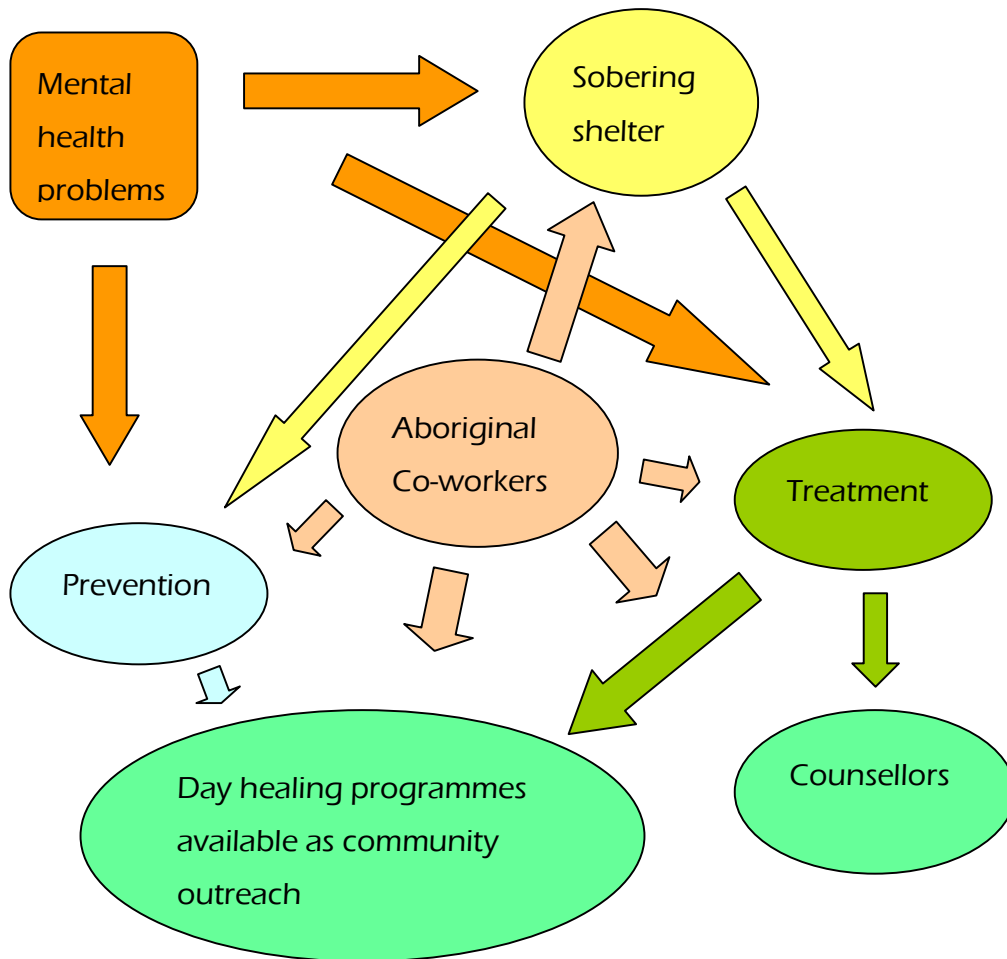


Figure 1 Model for multiple pathways for therapeutic intervention

Basic Infrastructure

Achieving a better balance between what Aboriginal families could expect in terms of basic infrastructure of services and what, in turn, could be expected of them in providing safe environments for children was a recurring theme throughout the Summit. Housing was the major deficit identified in this.

Housing

A need was strongly identified for more and more accessible housing across remote/regional and urban settings – the level of overcrowding in many homes makes protecting children difficult. The conversation in one group was as follows:

A: The main problem in our area is the lack of housing results in overcrowding with three families in one house. The perpetrator is always someone the children know. And there is no safety for women in such houses. The woman has no community there – their fight is seen as a wife/husband issue. How do we get the women and children away from violent husband/father when there are three families living in the house?

B: And when the wife finds that sexual assault is occurring – say an uncle is abusing her daughter – her husband says shut up or you'll cause an argument. (Two female regional practitioners)

There was also discussion of a lack of balance between housing and shelter services provided in communities. So in one town the sobering up shelter was seen to have become a bed and breakfast for drunks while there was no safe place for children to seek shelter from drunken people.

Theme Three Engaging Cultural Literacy

(With regard to abuse at missions and Children's Homes) In a way they're not taking the responsibility of their history of abuse has since spread into the rest of our communities. (Female urban practitioner)

Though culture has entered the lexicon of non-Indigenous human service providers in WA this is often at a relatively passive level. Culture can be used as a catch-all explanation without engaging practitioner curiosity as to how the concept plays out in this situation with these people. Many non-Indigenous

practitioners seem unaware that they too are cultural beings. Instead culture seemed to be what 'other' people had rather than being the filter of beliefs and perceptions through which all humans live and interact.

Cultural awareness meant little if it did not interactively flow through to cultural security and safety for children and families. Overall participants wanted more engagement by service providers and funders on the potential of working in culturally aware and culturally appropriate ways at a range of levels, including the local level. Historical understanding was seen as integral to cultural literacy.

Recognition of Aboriginal Diversity

The answer to what has so often been termed the 'Aboriginal problem' by non-Indigenous people was not given at the Summit. Rather participants mapped some of the complexity involved in gaining the understanding required for effective and coordinated action across WA. Differing as to their field experiences, participants differed on their consequent thinking on where change was needed. One practitioner said that 'Babies are being signed off from families before they are even born'²¹, (referring to drug affected mothers in maternity hospitals). In contrast another practitioner said that 'The focus is on not taking the children away even when there is a need. Getting a court order takes too long when children are being tortured mentally, physically and sexually. It's too hard!' (referring to her practice in a regional area).

While participants were able to accept these differences as reflecting the range of practice realities they highlighted a strong thread throughout the Summit. This was the frustration Aboriginal people felt at being expected to speak with one voice in response to the question 'What do Aboriginal people want?' Rather they wanted to be included in structured processes of negotiation and discussion like

²¹ This refers to current practice possibilities in maternity hospitals with regard to the birth of drug dependent babies.

the diversity of other West Australians citizens with a commitment to strong families and communities.

The Government tends to look at Aboriginals as a collective group but we aren't. We only would come together for ceremonies (Interjection – or funerals). There is within us people who want to be capitalists but the system doesn't allow people to buy a house. By keeping us as a collective it keeps us down. We have got to fix family and then society. (Male regional practitioner)

Noongar people are often marginalised in their own country. It easy to talk about communities in the north but harder when it comes to addressing issues in the metropolitan area. The Native title issue and government appeal against it is very disrespectful to Noongar people. (Urban female practitioner)

There needs to be a strategy for 'fringe dwellers'. They are the most disadvantaged, with no money and refusing to become mainstream. (Urban female practitioner)

For me it's developing the cultural identity of children so they know where they fit and value who they are. I work in schools where everywhere they have WELCOME in every language, a very multicultural school. And hello, where are all the Noongar words that say WELCOME? You have 20% of the school population are Noongar and there's no Noongar word there, there is no painting, there is nothing to say we exist in the whole school. What that leads to is children fight among themselves because they think skin colour is the important thing about being Aboriginal. It's a huge problem to the point where you have all this bullying going on, and then you get family feuding. Because kids don't get taught Aboriginal history at all, unless they go to an all Aboriginal school where that might happen.

There is a Noongar school that I work with where they teach Noongar language and culture. It was a tough school to start off with because it was like a dumping ground, if Aboriginal kids are playing up in the other schools, they just dump them in this school. It's now losing that role and it's actually becoming a school of excellence through its Noongar culture and language. (Dr Cheryl Kickett-Tucker in the Panel presentation)

Recognition of Aboriginal Belief Systems

There was dissatisfaction at the way non-Indigenous practitioners could use 'culture' as a catch all phrase to explain all sorts of difference in responding to Aboriginal child abuse compared to non-Indigenous cases yet there could be a lack of recognition of the particulars and the seriousness with which cultural beliefs were held.

There needs to be a strengthening of the recognition of traditional religion as living belief systems for many Aboriginal people. I call it religion quite intentionally because it is a religion to us. (Male regional practitioner)

After a death in the family many Kimberley individuals would go to a 'Sorry Camp' as suggested by an elder. The six to eight weeks spent there allows for mourning and grieving in an Aboriginal way that is different to the western context of grief. (Female regional practitioner)

A lot of our people have been brought up to think that Aboriginal culture is bad and is evil, a lot of Aboriginal people have lost their culture, I won't say lost their culture, but maybe misplaced it, think that traditional culture is bad, people have come and taken over our sites, people say to me, why don't you go back to your own country and go through your law, I turn around to them and say "You're a Christian, why don't you go back to Jerusalem." Don't come here because Australia is not a Christian country,

it's an Aboriginal country. We have our own laws, Christianity was brought to this country, it never came from it. (Male regional practitioner)

From many communities detailed plans were shared as to how their cultural belief systems could be meaningfully incorporated in plans for therapeutic interventions. (See full report from Balgo group on this '*Aboriginal Women Have Answers Themselves*' at:

<http://www.womenforwik.org/pdfs/BalgoWomensLawCamp100907.pdf>).

Cultural competencies

There was a need identified to recognise the cultural skills and knowledge that Aboriginal people bring to the workplace and to practice discussions and debriefs. This is both at a local cultural knowledge level and at a more pan-Aboriginal cultural knowledge level. Non-Indigenous people needed to continuously and reflectively develop a range of cultural competencies in working effectively as practitioners with Aboriginal children and their families. This was more than attending occasional cross-cultural workshops as passive participants and required the commitment of professional development resources from their employers.

'There are some good Aboriginal public servants but they don't do anything for us because they are controlled by government policies.' Many government officers are 'ignorant of culturally appropriate ways of working.' Positive reference was made to reports put out by the Office of Equal Employment Opportunity such as *Indigenous Employment in the WA Public Sector* (2002) and a previous collection of cross-cultural perspectives from Indigenous and non-Indigenous people working in the Western Australian public sector (2001). Appreciation was expressed at the existence of these resources guiding the achievement of inclusive and supportive workplaces that tackle attraction, retention, and development issues. At the same time dissatisfaction was expressed at the lack of implementation of these research based and documented ideas. Ideas of working

multiculturally and developmentally seemed to have become muted with regard to Aboriginal child protection.

Talking about culture, departments need to produce cultural sensitivity strategies or plans within organisations. There has been a break-down of this in regard to Aboriginal cultures. Geoff Gallop oversaw the development of a number of cultural strategies and commitment from the government. If we work with Aboriginal communities we need strategies into how it will be successful. We need principles and references that can be used to evaluate what is achieved. (Male urban practitioner)

Understanding how culture works in families

Cultures change across time and place but all human behaviour is cultural. An understanding of how life from birth is shaped by interaction between the environment and the cultural beliefs of carers was seen as important for all those involved in protecting children. This needs to begin at basic levels such as 'understanding the benefits of relationship to land and how if people are attached to land their health and well-being will be better'.

When cultural models of practice are recognised by government and other mainstream agencies as an alternative to Western ways of doing things, they can only work where involved families and communities have ownership of the approach and are taking responsibility in achieving healing outcomes. Family members teaching children how to use a crowbar, plant trees and collect wood can be therapeutic in context. Culturally aware models need to also have flexibility to work responsively with differing age groups/generations. (Female urban practitioner)

Language

In all front-line practice interpretation is crucial and the Aboriginal practitioner becomes the messenger/mediator between two very different languages: that of the service recipient and that of the service provider. Some of the participants needed interpretation as to their input at the Summit because English was their third or fourth language. Student volunteers were surprised at this because of a widespread assumption that all people born in WA speak English. As one student scribe noted, the very act of listening through an interpreter 'opens a gateway to very differing historical and personal experiences and differing belief systems'.

At the same time several of the participants from non-English speaking backgrounds wanted their children to speak English as a matter of priority.

There is a great need for our children to learn to speak English. Their own language is inside them already from their family but they need English to communicate and understand the wider world. (Female remote practitioner)

The power of language in shaping outcomes cannot be underestimated. To work across different languages in practice requires multi-lingual, multicultural skills. So one participant said in regard to mothers educating their daughters on protective behaviours:

In our community there is a problem with communicating about some issues to children. In my culture I couldn't talk to my mother about some things but I could talk to my grannie²². (Female remote practitioner)

Another participant from a different area said that being a good mother needed to come before anything without recognising that the idea of what makes for

²² Grannies refers to grandchildren and grandparents and their close reciprocal relationship within Aboriginal kinship systems that differs from nature of relationships between parent and child.

good mothering is culturally specific. This demonstrates how complex the territory of cultural literacy is even within the Aboriginal population. This complexity does not make it less important to incorporate in achieving good outcomes for children.

Some of the suggestions to get around this communication challenge were to use more culturally and locally specific Aboriginal media, such as the *MaryG* radio show, on raising awareness and teaching on such matters as child protection, protective behaviours, health and drugs. There was also the more extensive use of Aboriginal creative arts such as was already being used by many health agencies and especially the Aboriginal Medical Services.

I don't know if DCD have thought about using plays to highlight issues and educate children as to domestic violence and sexual abuse. (Female regional practitioner)

Theme Four Employing Aboriginal People

Employing more Aboriginal people in the field of child protection and more generally was expressed as both a matter of social justice and of being effective in protecting children. There was considerable discussion of the need for long-term planning in this with ongoing feedback and evaluation. To engage a majority of Aboriginal adults in economic employment would require considerable and continuing investment in social infrastructure 'over at least twenty years'.

In the meantime the chaos within which children lived would at least partially be addressed by the employment of local residents and other Aboriginal people in paid, trained and supervised positions making for safer and healthier communities for children. Such state-wide employment systems to address community wellbeing needs had been structured before by the State government as with the Homemaker Service. Such a system could be redesigned for current circumstances. The employment of more Aboriginal people across the

economy was also seen as making for a stronger social fabric for Aboriginal people. While employment in itself was not a panacea it was an integral part of both short-term and long-term making for healthier environments for Aboriginal children. In addressing this Living Partnerships as suggested under Theme One were crucial.

Aboriginal Recruitment

'The percentage of workers should be based on the percentage of Aboriginal clients in agencies'. 'The best counsellors are people in our own communities.'

Some of our mob don't want to talk to head people, they associate counselling with white culture. They say I don't have a head problem. They need to realise that Indigenous people can do that job too (in an Indigenous way). (Female regional practitioner)

'Need more Aboriginal employment opportunities'. 'There should be realistic employment levels with regard to this area of child and family wellbeing as a whole to match the gravity of the situation for the Aboriginal population. Too many agencies have a 1% target in terms of Aboriginal employment'. 'The training of Aboriginal police has improved – others could do similarly'.

Local Aboriginal people were described as playing a core role in the success of community-generated approaches. Yet government and other organisations needed to be flexible in making sure they involved and retained Aboriginal people with the personal and cultural knowledge integral to success. Instead participants found that too often agencies defaulted to recruiting a standard credentialed non-Indigenous worker. Recurring references were made to the Homemaker Service, a family and community support system designed to use peer as well as expert help. It started in 1968 for Aboriginal people and then spread to all West Australians through the Department of Community Welfare until it was disbanded in the early nineties. A connection was being made by

participants to the structuring of that service and the paid local employment of culturally skilled workers and how supportive/therapeutic services might be structured in future.

However, the local worker was not always seen as the most appropriate for the task at hand. So:

Police officers should be Aboriginal. If possible the Aboriginal police in a particular town should be not from that community to avoid over-involvement and bias. (Female regional practitioner)

Theme Five Valuing Learning

This theme captures the strong opinion expressed at the Summit that all parties involved in making for safer and healthier communities for Aboriginal children and their families should be open to learning and committed to reflectively evaluating what works in practice. 'Government needs to support and be educated in supporting local community initiatives', 'Need to support Aboriginal workers generally and particularly in the field of supporting children and families'; 'Where is their supervision and from a cultural not just from a western perspective?'

Education and Training for Practitioners and Community

Urge tertiary institutions to send people to give appropriate training to the Indigenous agencies and community workers – training that will be recognised state-wide and nationally. (Female regional practitioner)

'There is a need for good Aboriginal people to be working in these areas of child abuse and family violence and they need training'. This is needed for Aboriginal people but also for non-Indigenous workers. Without preparation for how to work effectively and sensitively with Aboriginal people there is high staff turnover. When it comes to sex abuse this can mean that 'one child has to deal

with more than five staff, each time starting over with his story'. 'Local workers need training on things like confidentiality. There can be mistrust when local people think the workers will talk about their business'.

Train Aboriginal people in search conference approach²³⁻²⁴.

This [participating in the Summit] was a joyful experience over three days in my community. I would like more of this type of experience if other communities could achieve what we achieved. It was an action research model with a socio-ecological approach. It was a lot of people coming from chaotic backgrounds. When they involved themselves in planning a desirable future, they lit up with hope. This has got them working together to make the changes they have named. (Female regional practitioner)

Others in contrast noted the lack of such learning opportunities:

We don't get recognised/paid for what we do because we're not considered qualified. How do we get qualified when we are busy doing what we have to do to care for our community. Give us access to training in skills including counselling (Female regional practitioner)

I don't have time to run off and do a course. Why can't we get people trained in their area to come up to us? They can guide us. (Female regional practitioner)

There could be block release through a partnership between DCP and relevant teaching schools at universities. (Male urban practitioner)

²³ See Emery's *The Search Conference* (1996) on a style of community consultation for forward planning designed to be empowering of participants.

²⁴ Also see Huxworth's *The Use of (Future) Search Conferences as a Qualitative Improvement Tool* (2007).

Prisons as Places of Skill Development and Education

Connecting back to the input on more services for men there was a strong feeling that training and education is needed within prisons linked to what is available in the community. 'Aboriginal inmates are often short-term and miss out on prison programmes'. The need for more education and training in prisons also related to the increasing number of Aboriginal women in prison.

Schools as Places for an Aboriginal Love of Learning

Discussion also focused on the importance of schools in facilitating a love of learning among children. How schools needed to do this better connects back to material under each of the preceding themes. 'We need schools that understand Aboriginal children especially those with problems – they need to learn to value learning through school experience'.

There are almost three hundred remote communities in WA and we do not have high school facilities for our kids'. (Female remote practitioner)

Non-Indigenous Learning

Rounding off this section on Valuing Learning, input from the student volunteers has been included. Feedback from a male regional participant was to the effect that the most valuable part of a good Summit for him had been the participation of the student volunteers as scribes. This was because they came into each of the small round-table groups of practitioners as learners. The student task was to listen carefully to the discussion and record it accurately. He found the nature of the interaction between students and participants that evolved over the three days was a positive, respectful and personal one. In his experience this was rare in interactions between Indigenous and non-Indigenous people.

The feedback below from the students as to their experience of the Summit conveys a sense of what these non-Indigenous people preparing for practice learned.

You have these preconceived perceptions and when you come in the flesh and have a group discussion these perceptions are turned around. It makes you think twice about the steps you will take in the future. So this is definitely one of the greatest volunteering things I have done. (Female nursing student)

The outstanding thing for me today was the sense of the community wanting to take control of their own problems in a holistic, hands-on kind of way. I think I was overwhelmed at how that is something that is not out there in the general community as far as white people know. (Participants) are happy to be helped but they really want to do it themselves, their own way, using their own people and take pride in doing that. It was an overwhelmingly strong theme. (Female social work student)

I was reminded how important a grass roots approach to development is. What really struck me also was the importance placed on gender. All the women at my table said we have got to include the men. If focus is just on women and children it will probably fail. (Female psychology student)

The man who said it was Aboriginal religion. It was the first time I ever thought of it like that. I guess I missed a lot of the talk after that because I was trying to put it in context. I suppose it was when 'white man' came he didn't see Aboriginal culture as having a religion. And that's how we have thought about it ever since. So for me that was a big bolt! (Female nursing facilitator)

Comments after the final session were:

When people came to speak on behalf of their group the points made seemed very powerful. They seemed to have a great deal of passion behind what they were saying and it meant a great deal to them. The theme of recurring conferences/talkfests came up (in the sense of not leading to action). Then one of the last groups came up with the idea that this Summit should happen on a regular basis so there is a sort of accountability for what they have talked about already. So that in a year they can say this is what has been done. (Female psychology student)

Today points became more precise and they looked at what can be done rather than what the problems are. I really agree that they should get back together and have an accounting of what has been done. They don't want to wait twenty years - people can't wait twenty years. (Female nursing student)

I learned from my group that we (mainstream Australians) are not really talking about the bigger issue of where child abuse comes from. I hadn't really thought about it from that perspective. (Female psychology student)

Today I managed to break the brick wall and finally talked to people. Before I was told not to talk to them - that they were scary and trouble makers. I know it is horrifying to know that but today I managed to talk to them and I feel so good. They are actually beautiful people. I come from a third world country but it's supposed to be a third world country. This is a first world country and it's not supposed to be like that. It is supposed to be equal. (Female nursing student)

It's just so scary. We wouldn't let it happen to people we knew. (Female psychology student)

I don't think the majority of people know about it. I had no idea at all. It's such an eye opener to see there is another world outside my little scope. And it's so mad! They were here first! (Female nursing student)

One point that really came home to me was the actual horror that we face with losing so many of a complete generation of kids. (Male social work student)

The women are really strong. We learned how they run their safe houses and their night patrol programme. It was also a chance to confront some of our own assumptions and beliefs about Aboriginal people and realise how these can influence our practice. It is important to begin to acknowledge our own white privileging and learn how not to impose an expert way of knowing which has been integral to past oppression. (Female social work student)

Managerialism is infiltrating many areas of service delivery and the introduction of compulsory competitive tendering causes many meaningful agencies to shut down. (Male social work student)

There was a clear need expressed for collaboration and healing between Aboriginal men and women. (Female social work student)

How Should the Work of Addressing the Above Themes Be Done?

Working Together in using 'What Works'

Participants spoke at length of the importance of using fluid and responsive communication styles across diverse spaces of Aboriginal/non-Aboriginal and Aboriginal/Aboriginal interactions. This included differing agencies working collaboratively to common cause in partnership with Aboriginal people rather than each trying to mark out their own territory. Engage men's and women's

groups through bush meetings, have meetings in prisons, use local languages, target the marginalised. Government at all levels needs to become skilled at using Aboriginal ways of talking including yarning, dialoguing and open discussion that involve listening and telling by all parties. With technological innovations, it is possible to use more visual and interactive styles rather than overly rely on written text. This also makes it possible to use Aboriginal languages and regionally focused communication

Participants saw a strong need for presentations like that made by Dr Helen Milroy to be made out in the community and to go across other professional areas like school teachers and nurses so they have an appreciation of trauma and what it can do to children.

Relationships between mainstream service cultures and those of Aboriginal communities need to be consolidated and strengthened with skilled bi-cultural mediators providing crucial links in regard to common purposes such as child wellbeing.

There needs to be more longitudinal, ethnographic action research studies to map changes and differences achieved through planned partnership. Too many quantitative evaluative measures fail to measure what is important in the success of projects and what accounts for failures.

Support for Aboriginal Workers

'There is a need to reduce high turnover. Good Aboriginal workers can burn out when they are left to carry' the heavy responsibility of being the messenger between the bureaucracy and the grass roots community. (Male urban practitioner)

Aboriginal workers are criticised by the Aboriginal community. They are called coconuts when they try to help the children. Parents teach negative

values to their children in regard to 'welfare' workers. (Male urban practitioner)

In many cases workers are volunteers rather than being paid for their work supposedly because of the lack of resources. Many reported feeling exploited because they care.

There should be more commitment to achieving substantive equality through a focus on community understandings. 'External providers need to be respectful of local people, knowledge, plans and wisdom'. 'Build on acknowledged community leadership – support known community leaders'. For example the way selection criteria are written and couched often blocks people from applying for jobs in which they have competency.

Cultural Awareness Training

This training needs to work across time and place for both non-Indigenous and Aboriginal practitioners and include an understanding that culture is always dynamic. Such training needs to cover the importance of language use in shaping outcomes and cover shifts in styles of practice. Each worker in any agency needs orientation on how that agency fits into the history of protecting Aboriginal children in WA and orientation as to the specifics of the site of their practice and what is happening there now and in the past.

In this there needs to be a conscious 're-storying of families' place in community – culture, kinship and responsibility'.

Professional development and access to education and training.

This was strongly expressed as needed by practitioners to support their work and included the chance for supervised debriefing and for coordinated team development.

Decision-making

Governance generally was seen to be too remote and not responsive to and/or unaware of local conditions and realities. Decision-making needed to be 'closer to the coal-face'.

'More flexible and responsive financial resources to enable things that work to keep happening'. Decisions on what works should be more holistically based and locally responsive rather than based on 'one size fits all' criteria.

One participant suggested we learn from history on what to do when alcohol gets out of hand. 'The Romans cut out the vines when alcoholism got bad and then there was the Gin Act²⁵ in Britain'.

'Positiveness in moving forward is the real key for children and Aboriginal leaders'.

'Build on what works well elsewhere eg Canadian models of therapeutic healing'.

Legislative Scaffolding

During the three days many participants spoke of the need for culturally appropriate therapeutic models to be introduced into Western Australia with strong legislative backing. On the second day Dr Dawn Bessarab presented the range of options present in the literature. There are four major alternative approaches:

- i. Complete autonomy with the recognition of Indigenous jurisdiction over legislative, judicial and administrative matters pertaining to Indigenous children.
- ii. Shared jurisdiction with the transfer of some functions to Indigenous communities

²⁵ The Gin Act of 1751 was designed to reduce consumption of raw spirits, regarded by contemporaries as one of the main causes of crime and child abuse in London.

- iii. Delegated authority with jurisdiction over child protection matters retained by the State but delegation of some child protection functions to Indigenous communities and
- iv. Mainstream legislation which integrates Indigenous input into existing structures.

Discussion on Legislative Options

Discussion about the legislative options followed from Dr Bessarab's presentation.

I visited Canada last year and there's been a big healing movement for the last twenty or thirty years. It was interesting to see what they've been doing with the support of Government and with the support of many millions of dollars from the Aboriginal Healing Foundation and the many programmes that have been established there. I borrow from the Canadian Aboriginal people their phrase 'Justice as Healing' to support my understanding that we need to develop and incorporate an Indigenous healing response to the justice system, especially in relation to what has now been recognized as the epidemic of Aboriginal child sexual abuse. (Female urban practitioner)

Dawn spoke of Canadian experience. It took 30 years of talking to get there. We need to cut to the chase and get community empowerment and ownership as with Yorgum. (Male urban practitioner)

What was interesting for me is how much the successful Canadian programmes are embedded in culture. The three models I looked at are all from community based organisations. They're all set out on Reservations which are similar to our own community settings. Their philosophy is based on the spirituality of people for collective well-being. They use Aboriginal ways of knowing and each person is a teacher, learner and a healer. The healing of people contributes to the healing of family and

community. Programmes and resources are developed from within an Aboriginal worldview. (Female urban practitioner)

There have been a number of settlements, legal settlements around Australia with non-Indigenous lawyers representing former inmates of non-Indigenous people. I really believe it is imperative for our Aboriginal lawyers and our legal services to also look at settlements. I don't think they should be cold, hard cash settlements. I think they have got to be restorative processes that involve healing as well. (Male urban practitioner)

Who Can Do It?

In relation to the whole question of service provision and "who is in a position to *do it?*", there were the following comments:

'Everyone needs to be involved among Aboriginal people in setting up therapeutic communities – young people, women, men and elders'.

'Recognise that local community people can do this work'.

'Existing service providers – NGO's and government'.

'Need culturally sensitive public servants.'

'Educational institutions at all levels. Empowered communities are educated communities. Researchers also have an important role to play in documenting and evaluating what happens.'

Presentations on Models of Healing

All the above themes were first identified by the participants during the first half of Day One of the Summit. Darrell Henry, psychologist and co-researcher on the Gordon Inquiry, then presented a range of therapeutic approaches. Participants

had a chance to discuss how this might work in their own sites of practice²⁶. Darrell presented on an integrated, strategic response to issues of abuse, including sexual abuse. This model includes Aboriginal community people as service providers. The focus is on a whole of issue, whole of community, contextualized approach that builds around a central recognition by families and community that *these are your children*.

Grounded in a human rights perspective, the approach weaves together three layered approaches. Starting in the first layer of culture as healing, therapeutic communities are designed to be places where hurt children and adults can be placed and held through a formal community process with strong men and women for cultural, spiritual and personal healing and restorative justice processes. Surrounding and interacting with this layer would be paraprofessional community counsellors who would be of the community but also mediators in contact with mainstream professional services. This group would also have access to further education and training and a career path in the work of child and family protection and development. The final integral layer would be with professional mainstream helping services whose practitioners would be culturally literate and responsive.

²⁶ Darrell Henry's PowerPoint, '*Layers of Therapeutic Work: Aboriginal community healing and helping initiatives*' is located on the MACCP website at <http://www.childprotectioncouncil.com.au/>

The three circles of community support are:

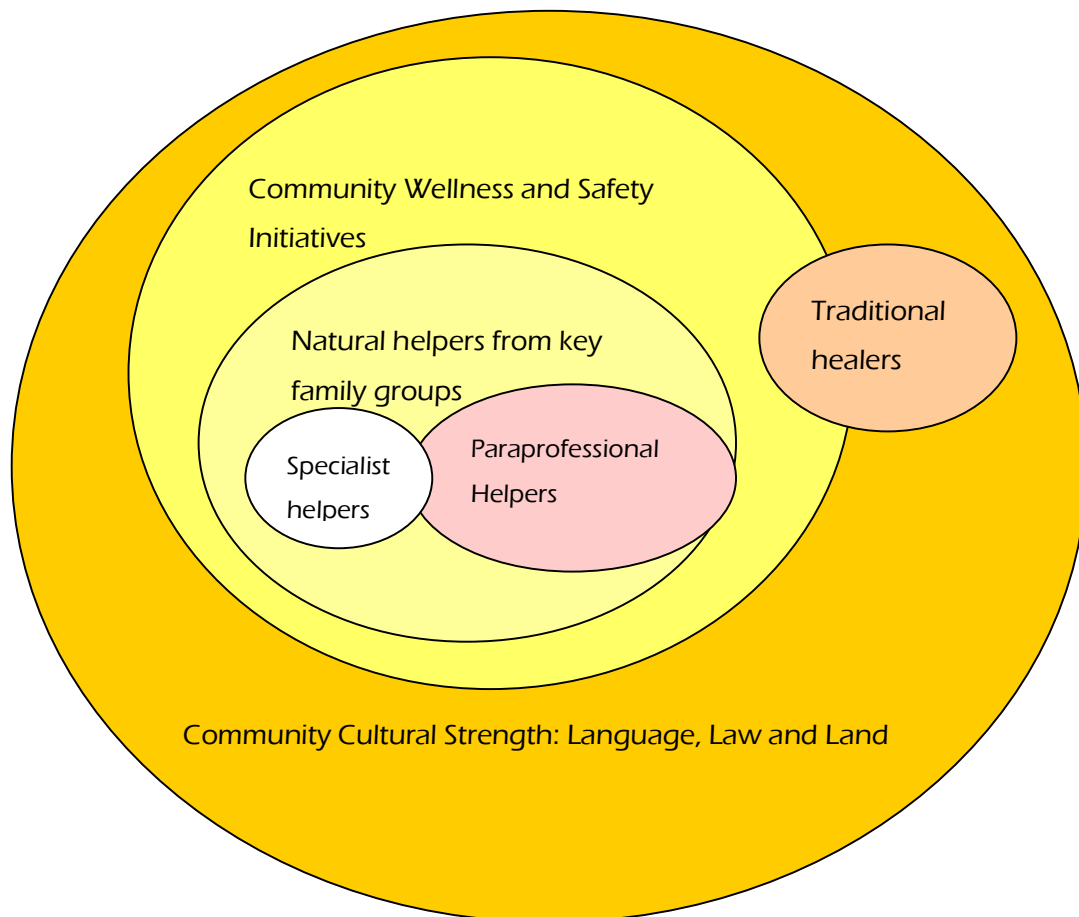


Figure 2 (from Darrell Henry's Powerpoint presentation)

An essential *Mosaic of Services and Initiatives* at the centre will include the following:

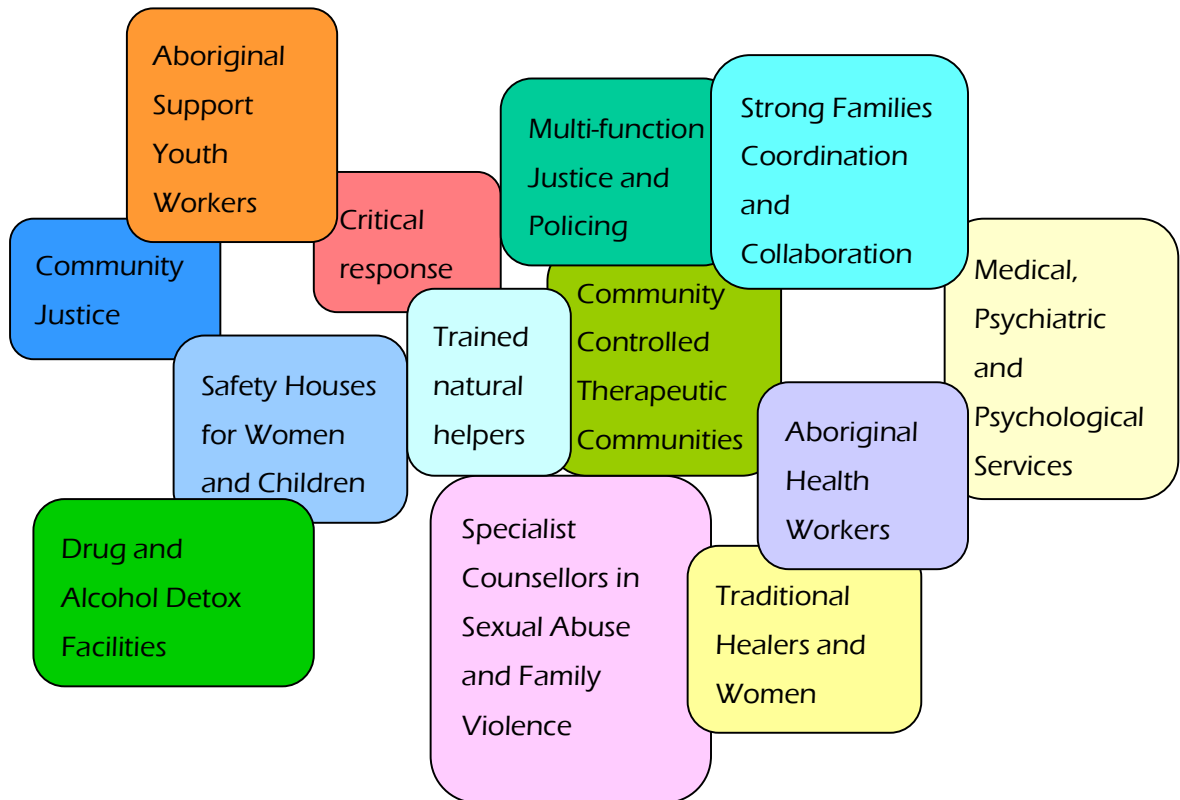


Figure 3 (from Darrell Henry's Powerpoint presentation)

The feedback from the group showed strong resonance and agreement with the ideas Darrell outlined.

Three women from Balgo, Yintjurru Margaret Anjule Napurrula, Payi Payi Sunfly Napangarti and Eva Joan Wumali Napanangka²⁷, then presented a community generated plan for a circle of healing already in operation in their community. As Mary Cowley from the Department of Indigenous Affairs, said in introducing them: 'This is their plan. The beauty is how the women did it. They looked at the

²⁷ The Balgo women wished for their names to be used and the reference given to their report 'Women Have Answers Themselves', Kapululangu (2007)

Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An Indigenous Practitioners' Cooperative Inquiry

assets in their community. They didn't just look at material assets like housing; they looked at human assets. The decision-makers are yet to grasp it as a blueprint for action because more than one term of government is required. You need to look at least at twenty years to get this going

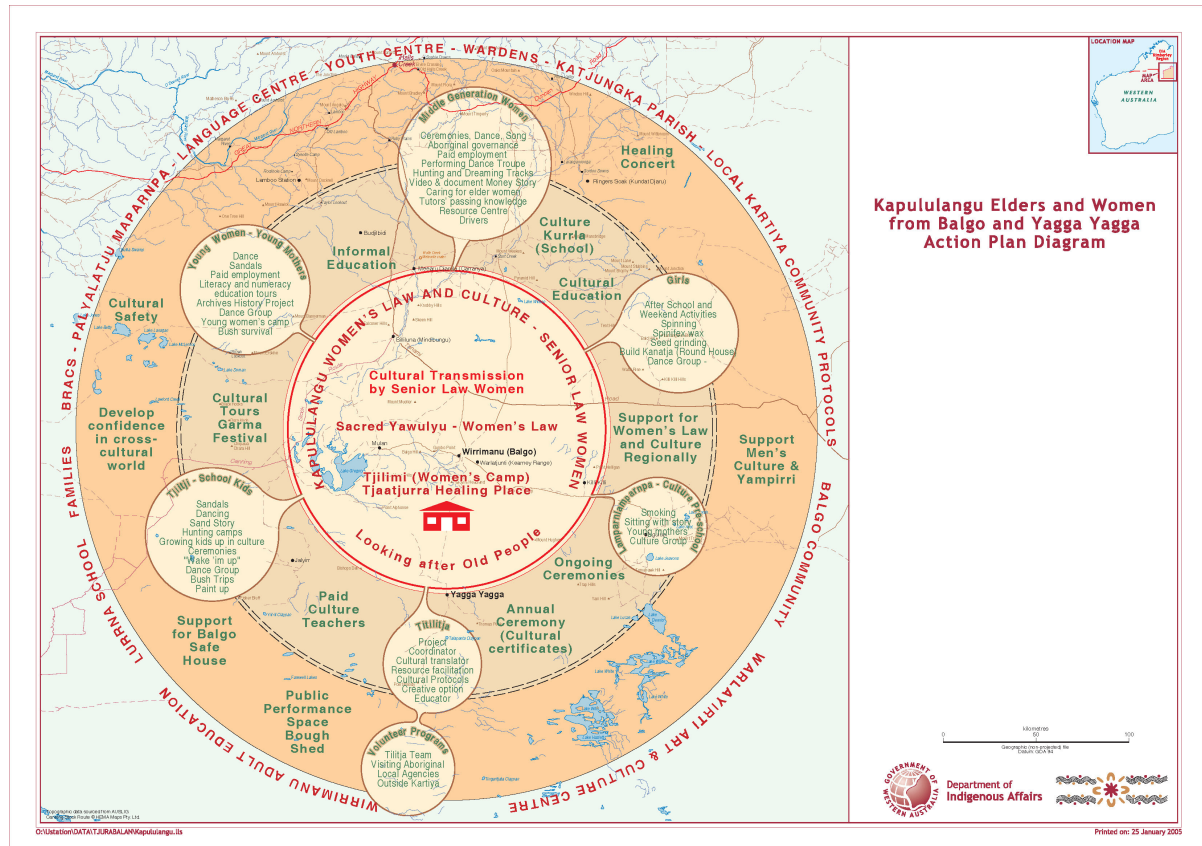


Figure 4 – from the Circle of Healing presentation by Yintjurr Margaret Anjule Napurrula, Payi Payi Sunfly Napangarti and Eva Joan Wumali Napanangka²⁸

As Margaret explained the system through her interpreter Eva, the community has designed an orientation programme for all outside practitioners such as

²⁸ This diagram and the intellectual property it encompasses are the property of the Kapululangu elders and women from Balgo and Yagga Yagga, and used with the permission of Yintjurr Margaret Anjule Napurrula, Payi Payi Sunfly Napangarti and Eva Joan Wumali Napanangka who presented at the Summit. A copy of this diagramme is also located in on the MACCP website at <http://www.childprotectioncouncil.com.au/>

teachers, nurses and police. Upon moving to the community, all the gardias²⁹ are taken through an induction session where the community explains the different laws about where people can go, where they can hunt and where they can go swimming. Gardias are given a skin³⁰ name and the classificatory relationship system is explained so newcomers can understand how most interactions within the community are shaped by relationships of kinship – ranging from close blood ties through to those westerners would view as fictive. So while gardia children often learn to call their parent's friends 'uncle' and 'aunty', in this community there are eight different skin groups and when people are married the 'right way' everybody belongs to an all encompassing system where you call your biological mother and all those with the same skin name 'mother'. So everybody is in a particular family relationship with you – brother, mother's brother, grannie – and you know what this is once you know how the skin system works³¹. The aim is to educate visiting gardia workers – longer term visitors such as teachers, nurses, retailers, social workers, police and church workers – on how the nature of relationships within the community is based on kinship ties and how the sort of relationship associated with each different tie shapes the nature of interaction.

As the women explained to the Summit, they sought to make the community stronger by regarding traditional ways of relating to each other across the gender divide and intergenerationally as assets. Safe spaces for women and children threatened with or recovering from sexual abuse and violence were identified as particular needs. Resonating with General Sanderson's comment as

²⁹ Refers to whitefellas and other outsiders.

³⁰ For an explanation of skin system see <http://www.ausanthrop.net/phorum/read.php?1,444,712> which starts: The 'skin' system is still very much a part of daily life in many parts of central and northern Australia. Where a skin system is used everyone in the community is a member of one of the skin groups.

³¹ As a result of the Summit one of us was later invited to this community to learn more about these ideas. Also invited was a woman policewoman who had to change her skin name when people realised her husband already had been given his skin name by the community. If the name had not been changed to be 'right way' with her husband's skin group, they would have been a 'wrong way' couple in their work with community.

to the lack of government outside Perth, the community practitioners reported that the nature of their community as it was currently operating, made it difficult to ensure such safe places without an effective partnership with government. Their plan was holistic and addressed all the social issues being experienced by the community including alcohol abuse, violence, mental health issues, truancy and child protection issues.

The plan evidenced initiative from the community and in its complexity and local knowledge aspects well illustrated a constant theme of the Summit: That one size fits all policies often are not effective across the complexity and diversity of Aboriginal actualities throughout the State. While the women were keen to have the backing of government services in working towards wellbeing for their community, they were also keenly aware of how those services could be delivered in ways that undercut the capacity of the community to heal.

At this point one of the participants expressed dismay and distress that it was too hard to get bipartisan support on this issue – both across national and State governments and across time. Then another participant raised the merit of community action in making the importance of local cultural factors 'heard' by government.

There is a cultural framework for how we deal with social issues but funding providers won't change their funding guidelines to be responsive at the local level. We went without funding for six months in order to get agency understanding that they needed to do it our way. Because some of the stuff you are putting in place are cultural measures and government doesn't have a clue as to how to put that in place. (Female regional practitioner)

Feedback on Models Session

In resonating with the presented holistically connected cultural models of thinking an urban based participant offered a narrative as to how this approach works in practice.

I was working in the metro area with a 13 year old suicidal girl. Her grandmother was drinking too much; her grandfather was a perpetrator of domestic violence. Trying to assess whether it was a case of mental illness or sexual abuse for this girl I tracked her down from one end of the metro area to the other. Separately I sat down with Grandfather and talked with him around issues of abuse – he was glad to have someone listen to him and eventually I was able to link him into alternative services. Grandmother stopped her drinking, the granddaughter was linked into mental health services and is becoming a lot more stable. It was a success story that could be replicated if enough Indigenous workers with enough time were available. I in fact got rapped over the knuckles for what was seen as 'wasting time' with this family. I went with what the family wanted and the outcome for this family was positive over time. The Noongar way takes time; you need to prove yourself to people. (Female urban practitioner)

Another took a more pragmatic stance.

The Canadian therapeutic model is resourced through compensation – where does our government stand on this? (Male urban practitioner)

Overall there was consensus that Indigenous therapeutic models could work and worked in other countries. The next step here in WA was to engage support from the child protection system and more broadly for their implementation and evaluation.

The Final Day

The morning of the third day of the Summit started with a speech from the Minister for Child Protection, the Hon. Sue Ellery, who assured the group that. 'What you say is important and I will make sure I listen to it'. She then outlined plans to better engage with Aboriginal people on how child protection services are delivered, to integrate cultural appropriateness in all aspects of this, to develop better cross-government policy at all levels and not assume a one-size fits all approach to Aboriginal issues. After stating her commitment to the Department working with the Secretariat of the National Aboriginal and Islander Child Care Committee (SNAICC) on the development of national minimum standards of child care, she invited Aboriginal communities to be part of the much greater role being planned for the non-government sector in child protection. Participants took the opportunity to ask questions on a number of issues. The Minister's frankness as to the limits on her powers to ensure bipartisan approaches between the differing levels of government reinforced the message that making for therapeutic communities was an ongoing task for all.

On the final day invited representatives from a number of government and non-government agencies attended. They participated in round table discussions with participants. As described in Section 2 of this Report, the intent was to provide a space for agency representatives to listen to the concerns of the practitioners and answer some of their particular queries. Overall this worked well with lively discussion around the room. Just three of the issues emerging from the invited guests perspectives were as follows:

My agency doesn't have an Aboriginal consultation process in place. I will take that back to our agency. We don't feel it is our right to discuss these issues only from a white perspective.

We want to make sure that the people in the community know what we are doing as now with our new powers we will be able to review any agency and their part in contributing to a child's death.

Treasury needs to empower people to be able to win tenders.

In keeping with the focus on input from practitioners themselves this Section closes here. The recommendations for action practitioners made on the final afternoon are in Section 5. In Section 4 links are made to relevant literature on child protection systems and Indigenous healing approaches.

SECTION FOUR LINKING TO THE LITERATURE

The Summit was held in May 2007. In June "Ampe Akelyernemane Meke Mekarle Little Children Are Sacred": the Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse³² (Wild and Anderson, 2007) was released. Though much more extensive, the report resonated with what was covered at the Summit. On the 16th June, journalist Nicholas Rothwell wrote:

A taboo, long and artfully maintained, stands broken. From this day on, no one can say they do not know how deep the nightmare is in remote Aboriginal Australia, or how urgent the need. Inquiry co-chairs Rex Wild and Pat Anderson, respectively a QC and a pioneering Indigenous public servant, have crafted a document that will stand alongside the Gordon³³ and Robertson³⁴ reports as an account of the hidden crisis within Australian life. They have found the poison destroying indigenous Australia: it is alcohol, which lowers inhibitions, and which combines with low self-esteem, boredom, cultural anomie and lack of education to produce the toxic levels of sexual abuse now seen in the bush.

³² The *Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse* was established on 8 August 2006 and reported in May 2007. It was co-Chaired by Ms Patricia Anderson and Rex Wild QC. The purpose of the Inquiry was to find better ways to protect Aboriginal children from sexual abuse.

³³ Following a Coroner's report in November 2001, into the death of a 15 year old Aboriginal teenage girl the Government of Western Australia establish a formal inquiry. The inquiry headed by Magistrate Sue Gordon provided advice on how best the Government should deal with widespread sexual abuse and violence within Western Australia's Aboriginal community. See Gordon et al (2002).

³⁴ The *Aboriginal and Torres Strait Islander Women's Task Force on Violence Report* was tabled in Queensland Parliament on the 2 December 1999. The Report considers strategies for violence reduction in Aboriginal and Torres Strait Islander communities and suggests ways to address underlying social, spiritual and economic disadvantage. See Robertson (1999).

Wild and Anderson's report resonated with an overall message from practitioners at the Summit that drink, drugs, gambling and pornography had a greater impact in Aboriginal communities than in the wider community. Both this report and Summit practitioners argued that this was because of a disproportionate lack of civil society³⁵ and governance in many sites, from remote settlements through to marginalised populations in urban areas. The practitioners were very clear that they looked to government to stand with them in addressing these issues, hence their emphasis on living partnerships. Practitioners at the Summit were taking it for granted that they were citizens building services they had a part in planning for their communities.

On the 21st June Prime Minister John Howard announced a plan to address the crisis Wild and Anderson identified. Involving unilateral government action, this plan involved little consultation with the people of the Northern Territory. In terms of setting the scene for this report, this is a timely reminder that addressing issues involving Aboriginal people has long been a highly politicised activity that results in "stop-start" policy making and frequent changes of direction' (ANOT, 2007, see also Goot and Rowse, 2007). The findings of the Summit now stand as a snapshot of Aboriginal practitioners' considered views prior to a watershed change in federal thinking on intervention. Yet much of the responsibility for intervention in West Australia on the issue of child protection remains a State responsibility, while payment for social support is largely a federal responsibility.

The practitioners' focus on partnerships and moving beyond *either/or* and *us/them* thinking stands in marked contrast to the logic most have experienced from government.

It was the considered view of many at the Summit that too often Aboriginal communities are victim to a lack of coordination between State, federal and local

³⁵ See footnote #14

levels of government and an excess of politicking. The history of policy for Aboriginal people in Western Australia, prior to the assumption of federal responsibility for Aboriginal Affairs in 1968, was primarily one of exclusion from the mainstream and second-class services. For example subsidies for Aboriginal children under the Native Welfare Department were less than those provided by the Child Welfare Department (Crawford, 1989).

From the late sixties federal responsibility for Aboriginal issues was added to existing state responsibilities. Yet a gauge of West Australian attitudes to Aboriginal people dating from this time shows that West Australians generally preferred that Aboriginal people not intermarry with them, live separately from them and not work alongside them (Taft, 1970). One positive attribute of Aboriginal people identified by non-Aboriginal West Australians in Taft's study was that they were good parents. Adding federal to State responsibility for Aboriginal issues did not result in a strengthening of Aboriginal parenting skills with regard to their children.

The taken-for-granted 'othering' of Aboriginal people had not changed by the time of a major Western Australian Welfare Review in 1984, when it was argued:

The classic dilemma of how far a Government should pursue the interests of one group against the perceived interests of others, has developed into a major problem of welfare policy. The legitimacy of claims of one group as opposed to others is the difficulty surrounding questions of services for Aboriginal people (Carter, 1984, p. 7).

Almost twenty-five years after this Review, many at the Summit felt a similar hesitancy, in treating Aboriginal claims as legitimate, persisted in shaping decisions such as that of the State government in 2006 to appeal the federal court recognition of a Noongar native title claim. Being recognized as part of the diversity of Western Australia/Australia and being included in the demos on

equitable terms with other citizens were seen by participants as integral to building therapeutic communities for abused children.

The practitioners' views on the need for local input into decision-making also stand in marked contrast to the current federal move to control social support services for Aboriginal people from the centre through regulations. This centralizing move can be connected to the current literature on child protection, both generally and with particular regard to Indigenous populations.

Within the human services a language of managerial enterprise has come to dominate older value-based and therapeutic/clinical modes of practice. A market economy of care has been built on a culture of commercialism, credentialism and enterprise (Malin, 2000). British researcher Nigel Parton shows how the language of risk has come to shape child protection practice through the proliferation of standardised protocols, forms and assessment tools (1998, see also 2006).

An ethos of marketisation, bureaucratisation and managerialism has served to downgrade the status of holistic models of ethical caring with their attendant focus on interactive practice and context in shaping outcomes with children and their families. These latter models see language and communication as core to a therapeutic or helpful dialogue in which family/children's stories and interpretations of their situation becomes the basis for solutions. In the practice uncertainty of child protection work, ambiguity and fallibility are inevitably involved. Recent research has found that such interpretive/narrative/linguistic skilled practitioner approaches need to be deployed together with rational/big picture/standardised assessment-based approaches if children are to be protected in a meaningful way (Gillingham, 2006; Munroe, 2002; Zinn, 2006).

Though it is important for children that their welfare is maximised while dangers to them are minimised, the importance of relationships and relational knowing in this has fallen from favour in post-industrial societies. 'The dominant view is that progress can be achieved by a more formalised and prescriptive approach'

(Munroe, 2002, p. 2). With a faith that child abuse is preventable by rational, evidence-based approaches has come what Parton (1991) describes as a move from socio-medical models to socio-legal approaches. Thorpe (1994) describes the shift as the 'forensic gaze' replacing a therapeutic orientation to child protection. A tangible outcome is that in jurisdictions throughout the western world, investigations now consume most resources within child protection systems.

Wild and Anderson (2007) similarly report that child protection systems around the English speaking world have become entrenched in a forensic/legalistic focus and risk assessment. This takes away from traditions of a social focus and working the social by starting where the child and family 'are at'. Munroe (2002) argues that while it is important to have a forensic approach, practitioners need to be open to new evidence, rival views and different explanations. They need to be able to research and interpret through the family's frame of reference in order to have a common starting point of intervention and they need to be able to speak the language of the child and family. In this being undecided and looking to the strengths operating in the setting become an important part of effective intervention (Crawford, 2006, Briskman, 2007). In such learning other languages and adopting a different way of seeing there have been Indigenous publications offering ways of working with cultural awareness (see Dudgeon, Pickett & Garvey, 2000, Trudgen, 2000). Such resources are perhaps neglected in a managerial age where the image of a practitioner following a centrally decided procedure prevails. This means less emphasis on the initial and on-going development of front-line practice knowledge and skills.

As West Australian child protection practitioner and consultant Andrew Turnell argues:

We need to bring to the table the absolute best of our knowledges from higher order research and inquiries and rich data from on-the-ground

lived experience of those at the front-line: the recipients and deliverers of services. This is not an *either/or* option – It is both and and then a whole lot more We act in child protection as if the guidance, the big voices are it: as if procedure, guidance, abstract data will save the day and keep all children everywhere safe. We need to wake up. All of these things are crucial to good institutional practice of child protection. We need the best of all of this and we need the best of our knowledges from the front line.

I am going to suggest that we also need more the issue of vulnerable children being neglected and abused is as old as humanity. There is much ancient wisdom often summed up by the traditional African saying 'it takes a village to raise a child'. Traditional cultures have traditionally brought their best analytical and intuitive thinking, their best humanity and compassion, their best sense of solidarity and standing together to face ugly problems, their creativity and their spiritual acuity to these problems. Somehow in the west we act as if we are Robinson Crusoe facing the problem of child abuse for the first time, we even have the arrogance to talk about 'discoveries' and 'rediscoveries' of child abuse This is crazy and arrogant. Crazier still because our western, whitefella child protection organisations have been busily colonising the lives and children of traditional cultures all over the world while dismissing and ignoring the traditional knowledges and methods these cultures have for dealing with such problems (in press 2007)

In a similar vein but with particular regard to working with Aboriginal people, former Federal Minister for Aboriginal Affairs and social justice campaigner Fred Chaney argues in Wild and Anderson (2007) that effective interventions can't be just done top-down but need structures adequate to support civil society at the community level. It can be hard for bottom-up interventions to generate themselves from within chaotic situations. Without policing and governance at

the local level organic leaders struggle to assert authority in the midst of rapid and devastating social change.

Alexis Wright captures some of the dynamics at the heart of this lack of civil society in her description of 'the grog war' that took place in Tennant Creek in the mid-nineties in response to initiatives from elders of the community to protect their children from harm.

One of the meaner tactics used against the victims of grog has been to generate misinformation in town; particularly that everyone has the right to drink. The sad part about this simplistic notion of human rights is that it can drown out the rights of the silent majority who continue to suffer the effects of grog, non-stop, every day of their lives (1997, p. x)

This understanding of how whole communities are impacted across generations by the behaviour of individuals within them, in the face of an absence of places of safety and policing, is reflected in many recent reports on Aboriginal child protection (Gordon et al, 2002; Blagg, 2000; Chaney, 2007; CAONT, 2007; Dept of the Chief Minister, 2007; DIA, 2005; Govt of WA, 2002, Libesman, 2004; Westbury & Sanders, 2000). As Tomison summarises: 'Research needs to be conducted on how to provide child-centred and solution focused practice that generates safe spaces for children while recognising community strengths and prospects for beneficial alliances (1998, p.2).

An extensive social impact study done of the Kimberley more than twenty years ago, similar arguments are made (see Bolger, 1987). The suggestion is made that this logic of supporting community driven initiatives has failed because of the lack of measurable improvements among the Aboriginal population (Howard, 2007). Yet it is only in the last few years that many communities have gained a policing presence and others remain without that and many other community services taken-for-granted in the majority of West Australian communities (Education & Health Standing Committee, 2007). Lt General John Sanderson in his address to

the Summit argued forcefully that in the West Australian case a State government commitment to building community for all citizens has not yet happened. In this he suggests a history of 'us' against 'them' persists.

Fred Chaney details how the racism at the heart of such ethnocentrism has harmful consequences in the lives of Aboriginal children. From his extensive involvement in community discussions on reconciliation and other issues he has come to conclude that a mainstream view is 'that people must and will become like us and that it is the fact that they are not that is causing problems'³⁶ (2007). He argues that the trouble with such logic is 'that more often than not even if Aboriginal people wanted to become mainstream Australians they do not have the knowledge or resources to attain that end' (2007). His thinking echoed that of many at the Summit who saw engaging with cultural literacy³⁷ through education as something they wanted for themselves, their own children and their communities so they could be equipped to take up opportunities available and challenge mainstream blindness to their realities.

Much of the thinking around cultural literacy has been generated within Aboriginal communities because of the influence of the Native Title legal process on community and family dynamics over the last decade where there has been a requirement for claimants to establish a continuing link to land claimed. In the dominance of this process by mainstream positivistic legalistic thinking, the Native Title process has tended to push people back into an original version of culture rather than recognising that culture is always dynamic. Anthropologist Peter Sutton (2005) reflects on an unanticipated side effect of this. Disciplines such as history and anthropology have documented, for Native Title purposes, local cultural knowledge applicable to other purposes such as the current childcare

³⁶ Child protection history shows similar logic has previously prevailed though not around racial difference so much as class difference.

³⁷ Cultural literacy is the ability to converse fluently in the idioms, allusions and informal content which creates and constitutes a culture. It includes concepts of cultural sensitivity, security and responsiveness.

crisis. While awareness of such knowledge within the human services remains relatively under-developed, Aboriginal people themselves have become adept at articulating cultural complexities through involvement in Native Title. Sutton argues for a moving beyond simplistic binary understanding of what is and is not culture. He encourages a dialogue between Aboriginal and non-Indigenous people at all levels as to accommodating change in cultural practices in ways not harmful to families, mothers and children.

In her classic study of Aboriginal violence in the Northern Territory conducted seventeen years ago, Audrey Bolger found that her participants had sophisticated understandings on how culture worked in practice. As one women said to her:

There are now three kinds of violence in Aboriginal society. Alcoholic violence, traditional violence and bullshit traditional violence, which is an attempt to justify alcoholic violence. Women are the victims of all three. (1991, p.50)

Almost two decades on, psychiatrist Dr Helen Milroy reports that in a West Australian survey conducted by the Kulunga Research Network, 22% of children who were living in families had experienced something like seven or more major life stress events in the preceding twelve months. Events like:

Death, incarceration, poverty, abuse, all of those sorts of events, anything that's going to have a major impact on your life. And of course you have to be able to resolve your life stresses in order to cope well and be functional and if families are under that level of burden you can imagine how difficult it's going to be for children. And certainly in my work I see children who have been through the most extraordinary experiences, they have witnessed deaths, they have witnessed suicides, they've been exposed to violence and they're incredibly resilient I must say, and often do extremely well. But they've just seen far too much at such a young age

and my concern is that if we don't address it, if we only look at physical health, then we are actually missing a major component; physical health and mental health are linked. (Milroy, 2007)

Milroy and other researchers connected to the Kulunga Research Network are building up an evidentiary base for the magnitude of issues among West Australian Aboriginal children and their families together with the need for cultural considerations to be integral to effective interventions (see www.ichr.uwa.edu.au/kulunga).

A different stream of the research literature is to date largely international rather than Australian. This is the evaluative literature on the varying legislative frameworks that have been introduced in Canada, the US and New Zealand as a necessary infrastructure to the implementation of indigenous models of therapeutic intervention. Libesman (2004) provides a comprehensive and evaluative overview. This highlights that the resourcing attached to any model as is a major part of outcomes achieved. In their review of this literature Wild and Anderson (2007) note that effective intervention 'needs to address both the past traumas and present situational problems and health disadvantages of Indigenous communities. Almost without exception, the literature notes the need for inclusion/participation of the local community' (p. 275).

Canadian practice in particular has been able to access compensation monies in addressing the crisis need for effective therapeutic intervention with Indigenous children. These models of intervention were in fact addressed in various ways during the Summit and are clearly a key component of the thinking of Indigenous practitioners in moving forward in ways that will work.

In particular several references were made during the Summit to the Hollow Water approach developed as a way of dealing with sexual abuse cases in Manitoba. The approach began as a community workshops organised by a few community people who had survived lives of abuse. The Manitoba Government

has now contracted agreements with Aboriginal people that allow for the development and operation of child and family services by Aboriginal people.

The emphasis in these communities is on healing and restitution rather than on punishment. It uses the authority of the legal system when necessary but concentrates on restoring harmony and balance to the family and the community by healing both the victim and the offender (Chartrand and Whitecloud, 2001, Ch 13, p 10).

The Hollow Water model works so that when abuse occurs, the police are notified and attend an assessment meeting with a community team. Here the reported abuse is discussed and the protection of the involved child is arranged. The involvement of community members is designed to show the abuser that their behaviour is unacceptable and further to offer assistance if responsibility for child abuse is accepted. When the interests of both victim and abuser are processed to a satisfactory conclusion, the Hollow Water model finishes with a special ritual marking a new beginning and restoration of civil society. Funded in part by mining royalties, the approach was developed in remote and regional communities rather than urban contexts and has had positive evaluation (See Chartrand & Whitecloud, 2001).

In designing any effective service, Australian researcher Harry Blagg (2000) summarises the core tenets evident from the research literature as:

Participation

Ownership/self determination

Infrastructure (training and education)

Support services needed to support child protection function

Blagg further notes that the literature supports models of intervention that:

Are tailored to meet the needs of specific localities

Are based on community development principles of empowerment

Are linked to initiatives on health, alcohol abuse and similar problems in a holistic manner

Employ local people where feasible

Respect traditional law and custom where appropriate

Employ a multidisciplinary approach

Focus on partnerships between agencies and community groups

Add value to existing community structures where possible

Place greater stress on the need to work with men

Place more emphasis on intervention that maintains family relationship and healing (as cited in Anderson & Wild, 2007, p. 275)

All of the points Blagg lists are mirrored in the work of the Summit. A final literature that connects to the work of the Summit is the growing body of Aboriginal and Indigenous narratives drawn from experience. Summit participants drew on their embodied interactive knowing from experience together with their knowledge of the formal workings of the West Australian child protection system. Dawn Bessarab (2007) one of the Summit facilitators has completed 38 in-depth interviews with Aboriginal men and women in Perth and Broome as to their childhood experiences in becoming a man or woman. Her research provides texture as to how the interplay between family, housing, employment, government policy, embodied geography and gender along with other cultural practices play out in the lives of individuals. Her work also highlights the diversity of childhood experiences both in the past and currently for Aboriginal people.

A memoir by Sally bin Denim (2007) captures some of the joy and pleasure in the Aboriginal childhood that was hers in multicultural Broome, where indeed a whole village raised her. Glenyse Ward's narrative of her childhood at Wandering Mission as one of the Stolen Generation takes us to a different space. The biography of Rob Riley is a complex and dense text that documents how being removed from family did not stop his development as an effective activist but also

how the trauma of childhood prematurely killed him (Beresford, 2006). This growing literature is a rich source for developing understanding of some of the complexities in protecting Aboriginal children for both non-Indigenous and Aboriginal practitioners and a counterweight to any easy acceptance of the promise of rational certainty in how to care for our children (see Chi, 1991). They also highlight the importance of a historical understanding for any practitioner in working with community.

**Developing Therapeutic Communities for Abused Aboriginal Children and Their Families: An
Indigenous Practitioners' Cooperative Inquiry**

SECTION FIVE DISCUSSION AND RECOMMENDATIONS

From feedback received the Summit was a success in terms of both process and outcomes. At a time when communities felt despair at the lack of progress and the lack of acknowledgment of their own endeavours, this cooperative approach enabled the sharing by front-line practitioners of programmes, practices, wisdom and ideas. Through respectful listening and widespread participation, community-driven solutions were put on the table. The themes and ideas within them were consistent, thoughtful and achievable. While there was a high degree of consistency there was also diversity and the recommendations below acknowledge this and present a challenge for governments to cooperatively formulate creative and flexible policies for and in conjunction with Aboriginal communities throughout WA.

There was an imperative for action where destructive behaviours were occurring, particularly violence against women and children but also the self-violence of suicide. People needed to know children and their families did not have to live with abuse and trauma and action was needed to show this.

Given the toxic environments in which many were living there was agreement that that whatever immediate actions were taken to stop violence against individuals building therapeutic communities across the State for all children would need to be a deliberative and long-term priority. This would need to focus on effective partnerships that build on community responses and capacity and were driven by a whole of State/nation commitment to the importance of protecting all in our society.

It was evident that many communities are already attempting to address issues at the local level although lacking both recognition and resourcing from government. The strengths and capacities within communities need backing. If

there is a lack in some communities of both resilience and capacity to deal with issues within, appropriate supportive measures should be introduced, following consultation. Problems need to be seen as amenable to solution and not as intractable.

Because of the magnitude of many of the issues facing Aboriginal families and communities in WA and the fact that many problems were perceived as increasing, the urgency of 'action' and not just 'talking' was emphasised. Accountability for the actions could be vested in a further Summit so that a participatory mapping and report back loop might occur.

The creation of an appropriate Aboriginal reference body was seen by some as a structural support to dealing with issues of concern. One suggestion was for a State Aboriginal Council to provide a child protection reference group to ensure an appreciation of the diversity of communities' circumstances and to promote awareness and prepare campaign material.

Although long-term strategies – suggestions were as long as twenty years – were considered appropriate, these needed to have clear targets and milestones. To be effective, plans needed to be well resourced and ongoing with input from Aboriginal people and communities to the forefront.

Recommendations

The Ministerial Advisory Council on Child Protection and the Curtin Research Team recommend:

Living Partnerships

- 1.0 Developing consultative, creative and accountable partnerships between Aboriginal communities, government departments (whole of government approach *including State, federal and local levels*) and other service providers to work collaboratively in providing short,

medium and long term solutions with evaluation feedback loops to local communities for change input and management.

- 2.0 Establishing structures that work effectively to foster collaboration and participation between all those concerned about Aboriginal children and families. In particular, designing ways of employing, supporting and paying local community members to develop their expertise in supporting children and families to both recover from and stay safe from abuse (drawing on models such as Darrell Henry's Therapeutic Communities, the Hollow Water programme and former WA Homemaker Service).

One particular sub-recommendation arising from this is for:

- providing immediate mentoring and support as a matter of urgency for foster carers and others who are supporting and caring for victims of child abuse and neglect and their families, without which burn-out and carer fatigue will continue to escalate.
- 3.0 Raising the profile of Aboriginal child and family issues on the Commissioner for Children and Young People's agenda by appointing an Aboriginal senior level advisor to her Office with responsibility for developing a set of reporting indicators to address Aboriginal child welfare issues.
- 4.0 Fostering collaboration between local communities and researchers in designing and mapping action research approaches that incorporate ethnographic, community based understandings in developing therapeutic communities for Aboriginal children and their families.

Balancing Approaches

- 5.0 Establishing bipartisan commitment at all levels of government to ensure funding and partnership with Aboriginal communities for the development and state-wide implementation of civil society and governance structures. *Bottom-up* and *top-down* approaches need to connect..

In particular,

- ensuring the basic environmental necessities of civil society (from power and water provision and rubbish collection, to housing and effective schooling) for the development of Aboriginal children and their families.

- 6.0 Recognising Aboriginal knowledge and strengths through allocating resources to communities to support short, medium and long term strategies for development, wellbeing and healing for children and families in culturally appropriate ways, including:

- immediate funding for the expansion of community development approaches which strengthen the role of 'natural healers/helpers' in communities, including evaluation and possible expansion of the SafeCare³⁸ model: the only therapeutic model currently in some rural and remote areas (and provision should be made for long term, recurrent funding for sustainability purposes).
- urgent development of Aboriginal preventive, and secondary and tertiary therapeutic services in mental health, justice, child protection and education.

³⁸ SafeCare Inc. is an independent, community-based organisation that provides confidential counselling, treatment, and support services to families where child sexual abuse is an issue. They utilise a specialist intervention model. See <http://www.safecare.com.au/>

- direct resourcing to assist men recover from trauma and to assist in the prevention of violent offences by them, on themselves, their families and other community members.
- regional Aboriginal Men's Gatherings to facilitate effective engagement with men on issues of their own roles, responsibilities and wellbeing and the care, safety and wellbeing of children and women in their community.

Engaging cultural literacy

- 7.0 Providing cultural literacy education to non-Indigenous practitioners, trainers and educators (including cultural valuing of gender roles in Aboriginal communities) and encourage the cross-disciplinary transfer of cultural knowledge developed through Native Title process.
- 8.0 In consultation with Aboriginal stakeholders, routinely assess policy and programme development and service delivery for cultural relevance and 'fit'.
- 9.0 Reconvening the Summit on a regular basis as a strategy for participative development and to evaluate progress on developing therapeutic communities for abused Aboriginal children and their families,

In particular:

- Providing for an additional capacity to adapt the Summit process at a regional level, with local community and gender-based workshops.

Aboriginal employment

- 10.0 Revisiting and revitalizing strategies developed by the Office of Equal Employment Opportunity on valuing difference and recruiting and retaining Indigenous employees.
- 11.0 Providing sound employment support and development strategies for those Indigenous workers at the front-line of practice including wherever possible, the employment, training and support of locally based individuals through the use of traineeships, apprenticeships, education scholarships and in-house training and professional development opportunities, including:
- Providing support, mentoring and guidance for Aboriginal people in preparing job applications for positions advertised by government and non-government agencies to ensure equity of local access to advertised vacancies, and
 - Providing effective ongoing mentoring and/or supervision via formally supported 'buddy' systems or other suitable means for those successful in gaining positions to ensure a positive outcome for both the applicant and the organisation or department.

Valuing Learning

- 12.0 Development and articulation of, and training in, Aboriginal approaches to learning be reflected in education and training programmes in government and tertiary institutions. This needs to be supported in research.

Children

- 13.0 Engaging with Indigenous educators and communities for the development and delivery of primary and secondary education which

utilize Indigenous learning strategies and are of value and relevance to Indigenous communities and children.

Community

- 14.0 Appropriate packaging and delivery of information to community members on a wide range of issues of concern such as: public health matters, how to grow up children, how to assist children to heal, negotiating forensic processes and accessing complaint processes where forensic systems are not working and/or are harming children.

Community frontline practitioners

- 15.0 Initiatives be supported to take Indigenous-specific information and learning to professionals working in human welfare services and into rural and remote Aboriginal communities (for example Dr Helen Milroy's work on trauma and abuse).
- 16.0 Developing a focus on educating communities about the issues of child protection, particularly by sharing Aboriginal resources.
- 17.0 Providing educational opportunities from introductory to professionally accredited levels to Aboriginal practitioners and more generally to meet the service needs of communities.
- 18.0 Encouraging formal education providers to develop and deliver flexible, culturally appropriate training in consultation with communities.

Formal post-secondary

- 19.0 Negotiating and dialoguing with post-secondary and tertiary institutions to develop ways of delivering accredited courses and training to rural and remote communities via better and more effective use of technology and regionally based block training opportunities.

20.0 Commencing work urgently with post-secondary and tertiary institutions to develop mechanisms for assessment of prior learning for accreditation towards recognised courses, qualifications/certificates.

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