

Inquiry into the Removal and Placement of Aboriginal Children in Out-of-Home Care in South Australia

I'm 25 and I don't see an end to the trauma from my care experience. You could give me a compensation payment and it wouldn't be enough, I want my childhood. I would've been safer being in my family, I wouldn't have been abused and moved to over 180 homes. My spirit was dampened and it will always be trapped; I will always have the mentality of a 16 year old but that's the trauma in it all, we will always carry it with us. You never have the answers, your family can't give you that, DCP wont, health workers cant, who can? Where's the beacon of hope? Position of power needs to be focussed back onto the best interests of the kids.

It's so different to see kids who have opportunity to go back and connect with country; it's a different lens, it's organic and beautiful, and you can see it change kids. We don't see it happen in care. There shouldn't be any difference; if we can celebrate it at home with our families why can't we do it in care?

I was never allocated a Nunga worker, it was only ever the luck of the draw or if you had someone to advocate strongly to have a Nunga worker for you.

(Young People with a Care Experience)

November 2022

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Introduction

CREATE thanks April Lawrie, the South Australian Commissioner for Aboriginal Children and Young People (CACYP), for the opportunity to take part in this important conversation regarding the removal and placement of First Nations young people in out-of-home care (OOHC) in South Australia. CREATE unequivocally supports compliance with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), in which all First Nations Children are to be culturally supported, culturally safe, and culturally empowered according to the five core elements of prevention, partnership, placement, participation, and connection (SNAICC, 2017; 2019).

CREATE also acknowledges the historical and ongoing injustice that underpins this discussion; a product of systemic colonial abuse and intergeneration trauma stemming from the government-issued child removal practices of the Stolen Generations Era (Lawrie, 2022a; Campbell et al., 2020; CREATE, 2022; SNAICC, 2019). As one young person consulted for this submission put it, *“Removals in care are literally another stolen generation; it’s the forget generation. It’s the way we live now, and the economy really benefits from it. If our parents aren’t capable then help them get capable...”* (Young Person with a Care Experience).

In response to this, CREATE welcomes the role that Aboriginal and Community Controlled Organisations (ACCOs) can play in reclaiming sovereignty and authority over child welfare decision making for First Nations children and young people (Liddle et al., 2021). However, in situations where the state continues to assume parental responsibility (such as out-of-home care), or where ACCOs are under-resourced, more work needs to be done to ensure individuals in these spaces are culturally supported, culturally safe, and placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.

Making Time for Cultural Safety and Cultural Connectivity

Aboriginal children and young people must be kept physically, psychologically, emotionally, spiritually, and culturally safe at all times. While statutory authorities may believe they are acting in the best interest of a child at risk, not acknowledging or properly supporting a child’s fundamental cultural needs can have devastating effects on their identity formation, sense of stability, and Kinship connections.

As highlighted in the Background Paper for this Inquiry (Lawrie, 2022a), best practice does not always take place; South Australia has the second highest national rate of Aboriginal entry into to out-of-home care, and the lowest rate of reunification of Aboriginal children. South Australia also has the second lowest funding record for family support services, and third lowest for Aboriginal Community Controlled Organisations nationally (Lawrie, 2022a). As stated in the Terms of Reference for this Inquiry (Lawrie, 2022b):

- Aboriginal children are now, and have historically, been over-represented as a group of those in Out of Home Care in South Australia;
- Reunification of Aboriginal children with their family or kin has declined in South Australia;
- The aspirations reflected in the five pillars of the Aboriginal and Torres Strait Islander Child Placement Principle are not being fulfilled nor applied to all decisions affecting Aboriginal children;
- At present only about three in ten Aboriginal children who are removed are placed with Aboriginal family or kin; and

- The rate of children being placed with Aboriginal family or kin has been decreasing.

As the national peak body and systemic advocate representing children and young people with an out-of-home care experience, CREATE believes these figures are not only alarming but gross violations of young peoples' human rights. They demonstrate disregard for both individual human rights and collective cultural rights outlined in the United Nations Convention on the Rights of the Child and the United Nations Declaration on the Rights of Indigenous Peoples respectively (SNAICC, 2019; UNCRC, 1989; UNDRIP, 2007). Young people frequently report to CREATE that they are not being placed in accordance with the ATSI CPP; they are not always being placed with First Nations carers; and they often do not have a cultural support plan, access to Aboriginal Community Controlled Services, cultural events, and/or community ties. Young people also report abuse within the system, racism, and culturally insensitive behaviours. Young people have also reported tokenism and piecemeal efforts to establish cultural connections. Making or maintaining vital connections with mob (siblings, parents, aunties/uncles, kin, Elders, and community) is often seen as optional extra, a process that requires time, patience, planning, and ongoing facilitation and healing, all of which is seen as time consuming in an overstretched and under-resourced child protection system geared towards immediate crisis intervention.

The CREATE Foundation however, supports young people with a care experience to have agency and speak up about all aspects of their life that matter to them; to feel empowered to use their voice and be heard by decision makers so they can affect change and shape better outcomes for all living in alternative care arrangements. Therefore, this submission draws directly from the testimonies of young Aboriginal people with a care experience in South Australia who gathered over three consultation sessions with CREATE staff to inform this paper.

Aboriginal Young People in Care: South Australia Profile

In South Australia, the Australian Institute of Health and Welfare (AIHW, 2022) reports that there were 4,366 children and young people in care as of 30 June 2021. Of those, 37.5% (1,637) identified as Aboriginal and were placed under the guardianship or custody of the Chief Executive of the Department for Child Protection (DCP, 2022). The degree to which the government has provided adequate cultural safety and connection opportunities for these young people entering its care has been assessed through a series of Building Blocks created by Family Matters. Out of the four building blocks, South Australia is listed as performing "Poorly" on three (Services; Participation and Self-determination; and Cultural Safety), and "Promising/Improving" on one (Accountability). Those building blocks include (as detailed in Family Matters, 2021):

Building Block 1: Universal and Targeted Services

- Second highest Aboriginal entry to OOHC rate
- Engaging two ACCOs to deliver intensive family support and working towards 30% funding commitment.
- Second lowest proportion of expenditure on family support services (8.8%)

Building Block 2: Participation, Control, and Self-determination

- Community voices identify continued government control over decisions for Aboriginal families.
- Family group conferences for Aboriginal families promising but lack of ACCO resourcing and roles.

- Third lowest reported proportion of expenditure on ACCO services (3.4%)

Building Block 3: Culturally Safe and Responsive Systems

- Highest long-term guardianship orders for Aboriginal children.
- Lowest reunification rate for Aboriginal children (7%)
- ACCO kinship care support program delivered by three ACCOs
- High increase in cultural identity support tool completion rate from 20.2% to 92.7% in two years.

Building Block 4: Accountability

- Process commenced for Aboriginal-led design of Aboriginal children and families peak.
- Legislation passed to elevate the powers of the Aboriginal commissioner for children and young people.
- Lack of a dedicated plan to address over-representation overseen by Aboriginal people.

Of particular concern, South Australia has the lowest reunification rate of Aboriginal children with their families (7%), and the lowest placement of Aboriginal children with kin or Aboriginal carers (34.4%) (Family Matters, 2022). The last point demonstrates a failure to recognise the importance of Kinship and the interconnected Kinship System despite the Department website claiming it is a priority (DCP, 2022):


Kinship care is the preferred out-of-home care placement option for Aboriginal children and young people to ensure the best opportunity to maintain connections to family and culture. Kinship carers of Aboriginal children and young people will receive culturally responsive support services to enable them to best support the child or young person in their care.

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)

Ensuring cultural safety, healing, and connectivity for all Aboriginal children and young people in care is at the heart of the Aboriginal and Torres Strait Islander Child Placement Principle. This Principle *is* the benchmark for all decisions regarding child welfare decisions for Aboriginal children and young people and is grouped into five core areas of compliance: prevention, partnership, placement, participation, and connection (SNAICC, 2017; 2019).

Prevention and early intervention is the most important core element as it mitigates the need for children to come into state care in the first place (*Protecting children’s rights to grow up in family, community and culture by redressing the causes of child protection intervention*) (SNAICC, 2017, p. 3). In the advent that prevention does not work, *Partnership* is promoted to centre the voices of Aboriginal authorities in decision making about the young person (*Ensuring the participation of community representatives in service design, delivery and individual case decisions*). The decision to place a young person in an alternative care arrangement is never an easy one, but if it is deemed appropriate by relevant cultural authorities then *Placement* is to be undertaken in a culturally sensitive manner (*Placing children in out-of-home care in accordance with the placement hierarchy*). Best practice requires following a placement hierarchy whereby placement should first be attempted with family before working through a list of other options (from most to least desirable):

1. Placement with Aboriginal and/or Torres Strait Islander relatives or extended family;

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2. Placement with members of the child's community;
 3. Placement with Aboriginal and/or Torres Strait Islander family-based carers; and
 4. Placement with a non-Indigenous carer or in a residential setting.

A further stipulation to the Principle requires that if a young person cannot be placed with their extended Aboriginal and/or Torres Strait Islander family, then they must be placed within close geographic proximity to the child's family (SNAICC, 2017, p. 5).

Participation also drives best practice in this space, enabling the voices of all parties close to the child (and including the child) to be heard and included in decision-making (*Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children*). Underpinning all actions in this process is *Connection* (*Maintaining and supporting connections to family, community, culture and country for children in out-of-home care*), whereby young people are to have continuous access to cultural services, ceremonies, events, kin, and Aboriginal educators and knowledge holders such as teachers, community members, and Elders. In the event that a child or young person does not have a connection to culture already, every effort must be made to ensure they have on-country access and the opportunity to learn about their history, their mob, their language, and their country.

Cultural Support: What Young People Have Said In The Past

In CREATE's 2018 report, *Out-of-home care in Australia: Views of children and young people after five Years of National Standards*, 30% of First Nations respondents felt disconnected from culture and only 18% were aware of a cultural plan (CREATE, 2022; McDowall, 2018). More recently, CREATE's 2020 national report, *Transitioning from Care: Independence or Interdependence?* found that young people who wanted to return home were often seen as absconding or running away from their care placement, therefore attracting the attention of police and child protection services:


They took my phone off me and I couldn't contact family, so I ran away back to my family kind of like the Rabbit Proof Fence. (Female, 19 years; McDowall, 2020)

This same report also found that First Nations children and young people were more likely to have contact with the youth justice system and were less likely to finish their high school education than non-Indigenous young people. Of equal concern was the fact that 80% of First Nations respondents hadn't accessed available cultural support services when transitioning from care (McDowall, 2020). Three possible reasons for this include young people not knowing about them; services being too difficult to access (i.e., lengthy wait time or multiple layers of applications); or not targeted enough to meet the needs of young First Nations people transitioning from OOHC. All of these questions remain unanswered and highlight an urgent need for further research into this issue.

Sharing Lived Experiences

What does it mean to be separated from culture? How does it feel to be removed from family and community? How much of a say do young people get to have during their care journey? How supported do they feel?

Young people with a care history in South Australia were asked to share their experiences of placement in the OOHC system with the Commissioner over three consultation sessions with CREATE and Child and Family Focus South Australia (CAFFSA). Conversations focused on cultural identity, family



connections, decision-making and having a say, support avenues, and connection to culture. The overriding message was that the placement principles were not being adequately implemented for First Nations young people entering the system.

Placement Types

Young people were first asked to give an overview of their experience of being removed and placed into care. The following testimonies outline some of those lived experiences:

My sister was removed at 3 months old, I was removed at birth, [and] my Mum was a heroin addict. I was placed in a white home; emergency care. I had 8 workers in the first few weeks. I was placed in foster care and then my carer passed away. I was placed back with my Nan when I was 3 years old. I didn't know my culture until I was about ten years old. My mum didn't get the opportunity to be a Mum.


I was taken at 7 years old into an Aboriginal program with white carers. I only lived with them for a few months before I was placed in an Aboriginal carer's home. There were like 40 reports that were put in about me and my mum's drug addiction that she was going through. I only lived with one Aboriginal person for less than a year.

I was placed in care at the age of 7. I was placed with a teacher at the school that I attended; the placement was informal. My siblings came with me the following week.

My OOHC was shitty. My parents were drug addicts. It wasn't the best living at home with my family, but on my 10th birthday we got removed and placed into care. I watched my mum get tackled by police and restrained and goonyas fullas rocked up in white cars and took me and my younger siblings, my older sister walked out of school herself, DCP removed us at school. When we went into care we were split up from my older sister and [were] placed in Baptist Care; the DCP workers were mocking us and saying "they think they're going home." I've been about 5 different homes with my younger siblings; I've been threatened that I would be separated from them. I've witnessed a worker slap my little sister multiple times; she has ADHD and the workers just think she's bad. My youngest brother has also been abused, [and] my sister was taken out care by our GMO because she was raped by a male carer in 2017. I was mute for years; I would only communicate with my siblings. I get high anxiety when I'm around men; I'm trying to overcome it and I'm going to therapy. There are only about 2 good youth workers that you'll come in contact within the system and when you build a relationship with them, DCP moves the workers—it's hard. I'm still living with my 2 younger siblings; I'll be out of care soon and I want to get custody of my siblings. I do this because I don't want other kids to have to go through this; it can lead to suicidal children and really bad trauma, anxiety, depression and we don't want that to happen, especially to Aboriginal kids. I'm glad I came today. Our grandmother died 2 years ago; DCP didn't let us go to her funeral. I'm pissed off with them (DCP) because if stuff doesn't go well for me, think about other kids. My sister is now a drug addict and has a crack baby that she doesn't get to see; it messes kids heads up.

I was 9 years old in 2008, basically the removal was due to my Mum having the wrong environment around; all it took was one report. I had chosen not to be with my Mum – I went to my cousin's place down the street, but I didn't know her Mum was a DCP worker. Because I chose to not go back to my Mum, DCP made the decision to make me a Ward of the State. I was placed to GOM 18, then 45 homes later... Many of these homes were non-Aboriginal.

I was in care from 12/18 months old until 18, I had a rough upbringing. Before I met my maternal GMO I was in about 12 placements – all kind of placements, some goonyas, some Nunga, I had so many social workers I can't remember; I was abused, I drowned 2 times, I was thrown into a pool head first and could not swim, I was malnourished, abused, neglected, everything under the sun – recently I was contacted by SAPOL to let me know that my case file has been reopened and they made me aware of some sexual abuse that happened to me while I was in care - that is hard to process. When I was 16, I was a part of



a program through Anglicare – I got independent living support and care, they taught me everything DCP was supposed to teach me, DCP didn't teach me anything, DCP didn't check up on me. I'm still waiting for my case files. Anglicare workers cared about me, if it wasn't for them, I wouldn't have gone to school, they helped me pass year 12 – I am the first in my whole family that graduated high school, before Anglicare I didn't go to school. Anglicare did DCP's job and helped me become an adult, Anglicare gave me life skills that I should've been taught while I was in DCP's care. When I turned 18, I got an internship with the Anglicare program I was involved in – I want to amplify the voices of others and make sure their words are heard.

Resi care needs to be obsolete – it's traumatised kids traumatising others, traumatising each other more – we would rather live in the streets or in Cavan than in a resi house.

An old foster carer set his dog on me – I was removed from him and placed with Anglicare.

I grew up in a kinship care arrangement at first; after that placement broke down. I moved around a lot, I was moved to an AFSS house. I moved around so many times up until my teenage years, and when I ran away from DCP they still found me. I went across the border for 2.5 years, with my foster GMO. When I came back I had little communication with my social worker; she never helped me. I was also involved with the Anglicare program. Every time I contacted the social worker at DCP and I was upset, she [would] always say she had to go (and would hang up the phone) instead of helping calm me down. I didn't get taught how to do things; I was in and out of hospital and youth detention centre. I want other kids to know that programs like Anglicare are good, but you can't run away from it. I went into care with my Ngarrindjeri GMO; she was abusive towards me. I went into 4 different resi homes while I was in care.

I had to leave my grandmother's care and was in AFSS for a time – AFSS is just a word – there are no Aboriginal people at AFSS – I was abused while I was with AFSS.

While experiences show reoccurring themes such as multiple placement changes and instability; abuse; lack of opportunity to connect with culture and Kin, limited support from workers, and lack of agency and decision making, one young person wanted to remind decision-makers that each young person is an individual and should not be typecast into a category of experience:

You can't compare experiences between kids in care - each wound is still a wound.

Cultural Identity


Culture is a central aspect of identity for First Nations children; one young person proclaiming *"It's not a want it's a need – it's our culture!"*

Every kid in care should know their language, their culture, know where they're from, practice our grieving protocols – when it comes to supervision, all Aboriginal kids should have Nunga workers.

It's so different to see kids who have opportunity to go back and connect with country; it's a different lens, it's organic and beautiful, and you can see it change kids. We don't see it happen in care. There shouldn't be any difference; if we can celebrate it at home with our families, why can't we do it in care?

If it's not set up for us, we won't know what we don't know.

However, despite having cultural rights enshrined in international human rights law (United Nations Declaration of Indigenous Peoples) and in the National Aboriginal and Torres Strait Islander Child Placement Principle, many young Aboriginal people in care in South Australia feel their culture has been forgotten and/or devalued in the OOHC space. Some young people identified feeling shame about their culture within the system and unsupported in trying to learn more about culture:



Aboriginal culture is dying out because we are prevented from learning. Aboriginal kids in care should be connected to their communities interstate, not limited to SA.

I had zero Aboriginal workers and Aboriginal teachers. [The] only Aboriginal connection I had was my Elders... I knew white people wouldn't understand me; it's never the workers who do the job, it's our nannas and pappas. We find it outside of care because there are too many hoops to jump through while we're in care. I [had] no Aboriginal presence in my corner.

Up until 16 I wasn't confident to identify; I was in certain situations but to other people I was shy/shame. I have lighter skin, so I have privilege in that.

When you yarn to other blackfullas at school, it's so different, it's very open-door policy and everyone yarns about everything— in DCP its too shame to be black, it's in the too hard basket, too complicated, DCP's mentality is "lets link you in with services and hope they do it for us" —I still see it now in the work I do.

We mostly try to find connections outside of care, and connect with programs, I learn all of my culture through other people, and connections I've made—DCP just say you're an Aboriginal kid and that's all you need to know.

Young people also shared experiences of their culture and family history not being included in Life Story Books; not having a cultural plan; or access to Nunga workers and other services and community members:

So many programs don't have Nunga workers – our favourite workers are the Nunga workers, they could be partnering with the white worker, Nunga workers can only do so much because they don't want to step out of line too.

I was never allocated a Nunga worker, it was only ever the luck of the draw or if you had someone to advocate strongly to have a Nunga worker for you.

I spent 15 years in the system, never went to an Aboriginal home and never had an Aboriginal worker.

I would have been lucky to take part in any cultural events when I was in the system. I rarely had any contact with Aboriginal Medical Services, community-based centres or community members.


Life story book, what is it exactly and what do you do with it? It about who we are, photos of us as a baby, I was given mine back blank, it's the responsibility of the social worker, it's supposed to be your input, your own information in the scrap books, it about your identity - it's useless, it looks cool but I chucked it away it was a reminder of a horrible experience.

Who should have responsibility over the life story books? A Nunga worker or our family members, the person helping us needs to have a black connection.

One young person reported not being able to attend Black Lives Matter marches; they were quickly returned to their residential care placement upon attending the march and were then marked by police:

We couldn't go to the marches, or the BLM protest, DCP did give approval to go out, they would lock us down, threaten to detain us if we left. I remember in 2014 I asked for approval to go to the march; they said "if you leave, we'll put you on missing person report (MPR)". It's opening us up to misbehave more because we want to learn and connect—it needs to be in our lives, and they have control to prevent that.

Two young people reported limited opportunities to engage with their Aboriginal heritage in an ongoing capacity in other cultural events:



In my time in resi, there was no cultural events, they didn't take me to community events. I did go to one healing camp down at Camp Coorong but that was all. We didn't get to go to events or marches; I wasn't allowed to go the Pride March. I wasn't allowed to go the Nunga March on Survival Day.

I only went to one NAIDOC Week March in my entire life, and that was this year. For the ten years that I was in care, I never got to go to any events or cultural things. They put me in to a lot of white kid camps such as the CYC camps. I went to church and scouts, but nothing culturally specific.

In terms of cultural education, some felt like they had good education about culture in primary school; others felt like they only started their education process when they turned 18. One young person focused on their immediate needs being met first before finally getting the opportunity to connect to culture later in life. Others expressed inadequate education (or access to education) around their language, totems, and grieving processes. Sorry business was not acknowledged for one young person and there were multiple instances where they could not attend family funerals:

It wasn't DCP who helped me, it was all my nanna's job. She's the one who taught me culture.

I found out about my Aboriginal heritage when I met my Dad when I was 10. Nan didn't listen to DCP, she just did it (got me in contact with my Dad), she wanted me to know my culture.

The last time I was taught culture, is in primary school, 12 years old, Ocean View primary school. Now I'm trying to influence my church to include culture, I'm the only blackfulla at my church.

There's a lot of cases where we'll know more when we're out of the system, you have the better mindset and confidence to ask questions. With my cultural identity plan, the OGCYP are supposed to help you plan with DCP; I didn't know they could help me with that. I built a good relationship with a worker at OGCYP and she helped me. If you have that one person in the system that you can build rapport with that will be so good for you.

Another issue raised was the importance of recognising cultural diversity and identifying the right cultural group for the young person to connect with; one young person identified that Aboriginal staff provided for them were not from the same cultural group, leading the young person to feel the effort to connect was tokenistic and left them feeling isolated from their mob:

DCP drown me with information, not related to my mob, they tell me about every other mob besides my own mob, it annoys me, they think they're connecting me to my culture but they're not – good intention, wrong execution.

What would it look like to be connected to culture? I want DCP workers to be educated about different mobs and for more Nunga workers that are related to your own mob, so you aren't out of place.

If implemented meaningfully, cultural support can change lives. One young person highlighted the positive impact of a support worker and the role they played in transforming their care experience:

One social worker that helped me, she grew up in Aboriginal community so she was connected, she advocated for me more than a social worker should, she maintained regular contact with my grandmother. I was 7 or 8 years old the first time I stepped foot on country at Raukkan; the first step I felt so relaxed and then I met about 30 aunties who knew me. I'm not ashamed to be black, I'm proud. I was harassed and bullied at school, I was the only blackfulla at my school. The day I went back to country I was at peace, I felt I knew who I was, where I belong. A couple of years ago I learnt of my responsibility for my land that I will have to maintain and care for when I'm old enough; my Pappa taught me how spear fish, build pulgi (house), and taught me about animals. It's relaxing to be there on country.

Family Connection

The young people felt that having a stable figure in their lives, such as a constant family member to care for them or someone to speak up for them, was vital. Therefore the effects of removal are devastating and multilayered affecting both the individual and the whole family and community dynamics. Relationships and bonds that are established through the Kinship System, are all of a sudden reduced to access visits or nothing at all. While one young person felt traumatised seeing their parent during access visits, the majority noted that removal strained relationships, led to drug usage, limited normal experiences, and made young people feel alone and anxious to grow up quickly. Other challenges included inconsistent sibling contact; having no support for family access after 15 years of age; negative language used when reporting family visits (such as “kids were running amok” instead of “the kids were excited to see each other”); lack of planning towards reunification; and limited family access time:

Access is difficult as a kid trying to get to know your parent in one hour – if the social worker makes you late, you get about 15 minutes quality time—with siblings, my nan sent me to WA to see them, not DCP – it’s the kids responsibility for access – it’s easier for the parent to see a reward in access because they get to see their kids, and its re-traumatizing because you keep getting removed from them, every time you have to do access it’s not safeguarded, it’s not on the choice of the kid—Riley Foundation are helping these days—I was never asked if I wanted to see them, where, what time etc. Getting pulled out of school is shame, “going to see mum at Maccas”—when I got my FOI, I saw that my social worker described us as run amoks but we were just excited to see mum for one hour—access is not about working with a plan to go back home, there was no agenda.

It took years to be able to have access at my mum’s house, even though I grew up there – if you got removed from there it like it becomes a danger and yes, they have to put safety plans in place, but it should not have taken years for that to happen.

Frequently, sibling connections become the greatest casualty, with two young people unaware they even had siblings:

I didn’t know I had a brother until I was 18, I got told I had a brother and two other sisters – I thought I was the only male in the family, I definitely wanted to meet him while I was in care.


When DCP ask me if I wanna see my mum, I say no but they keep asking - but when I wasn’t living with my dad they never asked if I wanted to see him (participant’s bio mother non-Aboriginal, father Aboriginal). I don’t see my other siblings, I didn’t know about them until my step-mother told me, I always wanted an older sibling and would’ve been good to know but now I don’t really care.

Other young people noted the significant negative impact of seeing a parent again without proper planning and culturally aligned therapeutic intervention:

It’s unfortunate that it takes more than us as kids, it’s the parents who need to meet their obligations, if they don’t, it affects us and our placements—I didn’t understand my mother’s situation as a young person, there’s layers to it—I wanted communication with my mum regardless – as much as things go wrong in the system.

My connection with my mother is strained, she was on drugs the whole time, we had access once a month for a hour, we’d have fun for an hour, when she would leave I would be so traumatised—access stopped at 15 and it was left up to me to go visit her if I want to, but I can’t have contact with her now she triggers me to the point where ill end up in the psych ward.

My mum is still addicted to opioids, her body is breaking down, when I go see her she can’t speak, she’s going to die soon, I can see it - she should be looking after me not me looking after her, she wasn’t there



for me – that’s what breaks us down as kids in care, we have to be the parent—we can’t make memories like other kids, have holidays, go fishing, go 4WDing, we have to be adults, we don’t have a childhood, we skip it—the horrible thing is having to be so mature at such a young age, it shouldn’t happen—it’s hard having the worst parents, they were both as bad each other but the one left reminds me of the one that’s gone—I learnt about the relationship they had, very violent both ways.

Disconcertingly, young people reported multiple instances where they felt at risk of losing their own children while in care:

DCP have given me 3 options with my son: be around to support, be in the background, or removal. 3 months until I give birth. They want to remove my son on the grounds of high risk pregnancy and the fact that I have been in care. Being in care does not define you and does not mean you won’t be a phenomenal parent. They make you prove yourself that you’re capable and can move past the trauma you’ve experienced, the trauma they’ve inflicted. We’re set up for failure from the moment we go into care; you can do all the right things, they can still use your experience against you when you have your own kids.

In general foster and resi care, at 14 you get the conversation that if you get pregnant or have kids, 100% your child will be taken away.

Decision-Making

Young People as Decision-Makers

Some young people felt empowered to speak up and be involved in decision-making about their care plans. One young person also highlighted the pivotal role young people can play in shaping both the policy development and the planning, delivery and evaluation of services. They saw this as an essential component of effective and good quality care:

More opportunities to hear from kids and learn what we need to change really matters

However, others spoke about incredibly poor transparency and communication between DCP and the young people and an inability for young people to have a voice. Some of the barriers to decision-making included not being allowed in meetings where child protection and OOHC decisions were made; and having limited access to lawyers or not knowing they had access to representation or lawyers; and difficulties accessing their personal records. They also raised the issue of adults not explaining what was going on in their life and not using young person friendly language. When asked what degree they were involved in decision-making about their care arrangements, the following responses were noted:


I wish I knew who was in the room when I was younger, why they were listening to me, what their role was.

A lot of things can be done outside of DCP to remove that perception of power and control, they need to share the power, there needs to be self-determination, focusing on what matters to the kids.

The annual reviews are always social workers and supervisors; DCP never thought to ask me to come to the meeting or to be involved in choices about my schooling. DCP always set these meetings in school times; they had meetings about me without telling me. You get placed into a new home but you never get told why. They never told me why they took me from my parents; it took me 12 months after I left care to get my case records, but it’s all redacted, three quarters of the case file is redacted.

My social worker currently knows everything that happened to me or the 10 years in care, but I don’t.

My sister got her case file when she left care, over 500 pages all redacted.



You can sit with the social worker and read maybe 2 – 5 pages of your case file, but you can't see anything else until after you're 18 to make an FOI application and they take 2 years to get back to you.

My social worker was really good and showed me some redacted pages. I wanted to know who I was and to learn about myself when I was 13; she brought me some pages, that's what started my legal proceedings that I'm going through to do.

As a kid, I was given the Implanon without my consent, I cut it out of my arm because I thought it was a tracking device – no one told me what it was for.

Young people also did not feel consulted regarding their care or placement:

My social worker was really old; her talking to me in the car was the only participation in decision making that I had.

I know that I was not involved or included in many of the decisions that were made about my placements. I don't remember much; when I got to a certain age I just stopped caring and stopped giving a shit about anything.

Kids in resi about to turn 18 are openly saying they're not ready but they get kicked out anyway.

There were also times when young people were placed with family against their own wishes, and perhaps in placements the broader Aboriginal community may not have supported:

I was moved with my grandparents at the age of 8 even though I told the worker and the psychologist that I didn't want to move. But once I was removed, I never got to see my Mum again. When the department found out about my grandparents I was forced to go and live with them even though I didn't want to. There were no investigations conducted; sometimes I wasn't at school because I was looking after my siblings.

Young people were also asked if they had access to lawyers and legal representation throughout their care experience and how well equipped they felt navigating the legalities of their care orders:

I had a couple of lawyers that were really, really good; they asked me what I wanted. The only thing that went wrong was the inconsistency ... I had the help but at the same time I didn't, and it wasn't consistent but at least I could speak up for myself too.


I don't think I had a lawyer. Lots of kids were not told they had a lawyer, but they had them in the background.

I had one when I was 7 but they didn't even explain what they did, and I was too young to understand it if they did try to explain.

I was removed at birth and because I wasn't identified as Aboriginal until I was 10 so I had lawyers from white mob. I remember going to court, they [were] always snickered at my mum trying to get us back. Mum was a heroin addict. It was horrible watching these people of power look down on her. Because of that experience, I associate the attire of social workers and lawyers as horrible people so I will never dress professionally in my work. Kids in care don't get the rundown of why a lawyer is appointed and what they are supposed to do for you, what their actual job is, and explaining it on our level so we understand. My mum got me back at 9, at no help of lawyers. That was all on my mum's work.

The role of Aboriginal families and communities in placement decision-making

The majority of participants did not feel their family and/or the broader Aboriginal community were involved in discussions and decisions about their care and placement either:



Soon as there is an 18-year order, it's so hard to get your babies back. Aboriginal families aren't told about their rights to revoke the orders—but how many win?

I don't think my Nan had much of a say. I ran amok whilst I was staying with her, and then I was removed from my Nan and placed into a foster placement and then in to a resi placement. The conversations about us would take place when I was at school. I would come home at 3.30 from school and then I would have to go and pack because there had been a decision made to place me somewhere else. The decisions were not made by us, by our family. The decisions were made by DCP.

When family were involved it was often because they felt they had to intervene; to override the system's inaction:

I found out about my Aboriginal heritage when I met my Dad when I was 10. Nan didn't listen to DCP, she just did it (got me in contact with my Dad.) She wanted me to know my culture. I only ever saw my social worker seven times.

None of the young people were aware of any mapping of family connections before coming into care or as they came into care and none felt that any meaningful cultural connections had been facilitated on their behalf. Nor had any of the participants taken part in a Family Group Conference. There were mixed views about whether Family Group Conferences are always effective:

The only Group Conferences I had were with the carer, police officer and me—no family or community.

Family Group Conferencing is not always good for young people.

Support Measures Valued by Young People

All participants talked about CREATE's impact on their lives and how it had helped them to tell their story and tell it safely. Also, those workers that were able to help the young people feel that they mattered outside of the 9-5 business day were extremely validating (workers that *let you into their world*). Some talked about past flexibility within DCP offices:

In Woodville, I used to sleep on their couch when things were not going well for me. That would never happen now.

Despite some difficulties experienced in the Residential Care sector, some of the young people felt their experience with “good workers” had made a real difference in their lives:


Some understood that resi care was institutional and would make a cup of coffee for me from their machine, drop me off at the bus for school and have normal conversations with me.

Some of the young people mentioned teachers who cared for them, while another felt that workers who allowed them to make decisions and “let them be” helped immensely.

Yarrow Place Outreach Services were really important (*they never gave up on me, didn't listen to my bullshit and challenged me in the best ways*). The Intensive Therapeutic program run by Yarrow House was mentioned by a number of the young people as a lifeline for them when they were in care. However, participants advised the particular service they were referring to has since been de-funded.

Schools were also seen as a place that could be very enriching culturally, where students could complete SACE subjects and VET Courses through a culturally tailored program:

The cultural appropriateness at Ocean View (College) was great but as soon as we left we had nothing cultural.



Participants highly valued the presence of South Australian Aboriginal Secondary Training Academy (SAASTA), where students develop the academic and personal skills required to achieve in the areas of sport, education, health and culture through support from specialist SAASTA teachers:

SAASTA was great – it was Nunga based and it did provide connections.

Participants also highly valued the presence of the Ice Factor program which uses ice hockey activities to increase student engagement, offering students the opportunity to learn new vocational and life skills in an unfamiliar environment:

Marie Shaw made that program for kids in care plus a focus on disadvantaged kids. At Findon High School, they made everything work for me—got me a job in government.

The importance of having a consistent advocate for young people was also mentioned (either social workers or case workers):

I had a social worker from 10 years old for 3 years—goonya worker and we stay in contact to this day, she actually made time to make a connection and kept that connection not a 9-5, I have dinner at her house, some workers don't open space to build relationship.

All 3 of us had a worker at Yarrow Place – if it wasn't for her and her input and care factor with fighting the system, we wouldn't be here, she helped me get the opportunities to find my voice and advocate for change – she helped me get out of the spiral I was in.

I had one access worker at Woodville office who took me to see my mother, she's known me since I was 7 until the day I left care, she was consistent and the only person I trust in the system, she's helping me with my son, she's the one person I can count on and talk to. When I was in care, the only way to get in contact with my social worker was to steal a car and drive to WA, then they called me.

The System

Key Issues

Young people spoke about the OOHC system in largely negative terms overall:

You never hear positive stories of kids in care, we need to change that.

DCP needs to be shut down.


Kids still suffer after you remove them.

You get whitewashed in the system.

Things aren't happening because of the authority of DCP; kids are just a case number to them.

Key issues associated with their experience of the care system and DCP staff included racism; staff snickering and mocking kids/parents; not feeling listened to (unless bad behaviour used to get attention); impersonal and lack of genuine relationship building/rapport with young people; poor information sharing and freedom of information (young people having limited/no access to personal files); lack of communication and contact; staff unsupportive in helping young people develop transition skills (left to NGOs instead); the system as controlling and authoritarian; and the stigma of being in the system (seen as a red flag when applying for government jobs):

The amount of power DCP has over how many kids—why can't the same principles of government be applied to DCP, everyone shares the responsibilities—share the power with other organisations, DCP not the head honcho, they have 100% control, more partnerships with other organisations.



Why do we (Aboriginal kids) have to go through this? Other kids don't have to, other families don't have to.

You have to be an issue to get something done in resi care—if you want to speak to your social worker, you smash a window and they're there in 5 minutes —you learn that negative behaviour is the only way that gets you heard.

They will answer calls to white kids but not Nungas—white kids needs are all attended to.

Our families would fight so hard to get us back, my nan would write letters every week and go into the office and crack up—we see our actual blood fight so hard but the people in power do nothing.

Share your care for both cultures, make us feel like we're not alone. Lead by example, be what you needed as a kid, be that connection and consistent support. We need someone that will shift mountains within the legal constraints.

We were just yarning about Zhane Chilcott (the young people in the forum were friends/related to ZC) - he had to take his life before anyone cared and wanted to change anything—at what point will DCP understand? What is happening because nothing has changed in Resi care? Where is Grandmother's law and the safeguarding?—when you're a kid in care and you're black, you don't matter, you go through so much trauma, we're the highest percentage of vulnerable people—as much as DCP say they can help, they can, but they don't actually do it—we are troubled children but don't give up on us—it seems like you're automatically profiled as hard and difficult.

I remember waiting 8 weeks to get in contact with my social worker, I had no contact with them - communication is one of the biggest keys and not having such a big case load where one social worker is looking after 30+ kids—DCP are understaffed and that needs to change. The workers need to make a relationship with the kids—building relationship is not a policy, its human. When I was 13, I attempted suicide, I tried to contact with my social worker while I was in psych ward, and they wouldn't return my calls - Anglicare had to pass messages on to get DCP to contact me; they weren't there for me in my time of need, and they're supposed to be the guardian.

I came out of care without learning any life skills.

Being removed because they're not safe and then kids killing themselves. How unsafe is that?

Participants were also dismayed that cultural supervision for Aboriginal workers is often absent and felt that the government wants to employ Aboriginal workers but often this isn't possible because they don't have the required qualifications and they don't want to invest in training them or they are considered to not have the right professional boundaries:

DCP does not employ Aboriginal people because of their backgrounds in care and some have a criminal history as a result. It also seems as though they are scared of our knowledge.

Services are overstretched and understaffed so needs are often not met. And then inappropriate white people are hired.

Social workers were noted as being inconsistent; most young people had few visits from their social worker. Some also felt that not enough attention was paid to whether the social worker was in fact a “good fit” for the young person:

I only ever saw my social worker seven times.

The social worker was so disrespectful to me. I was often triggered by her, which would then set off my self-harming.

They also felt there was very little understanding of the effects of trauma on some young people:



Challenging behaviours are often not addressed in terms of the ongoing issues.

The trauma and PTSD means some of us can't get work because of our mental health problems.

Stigma associated with being *in the system* was also a crippling issue for some, affecting how they were perceived by employers:

In my organisation, I've been working there for 4 years and only just recently got my FOB pass, it's like they don't trust me cos I was a kid in care—when does the narrative change for me?

Kids in care can't get jobs in government because we've been in care – due to incidents like when we're in resi care and get criminal records—when you apply for government positions, you're red flagged because of your past. Stop using care experiences as a red flag—it's more than not having a stigma around care - remove the stigma, educate staff; they need staff who have lived experiences in care.

A number of comments arose around the issue of racism with one young person explicitly stating “institutional racism is a big issue.”

Why are white kids in care thriving and able to get a job when they were troubled as well, yet Aboriginal kids aren't? White people get so many chances, there's no consequences, repercussions, no damage to their care. There's damage to Nunga kids just by being Nunga, it's always put back on us that it's our fault.

We're not the issue but we get told we are, we get blamed, and it effects your mentality like maybe it is my fault.

There's an obligation to meet all the needs and requirements for multicultural people but not Aboriginal – why?

Pathways to Improvement

More culture, more black workers ... [and we need to] be able to read more in our case files.

CREATE would like to highlight a few key areas of need for First Nations young people with a care experience based on what young people have shared with us. Seven key pathways towards improved outcomes for Aboriginal young people in alternative care arrangements include:

1. Prevention and Early Intervention (trauma-informed and strengths based). Community-driven solutions, intensive family support programs, trauma-informed mentorship, and on-country learning are all alternative programs that work and support children and young people.

Why doesn't the minister actually create change? All the money we get given when we go into the system, why can't it go to our families to help keep us together and to make things better for our families, they'd rather remove a kid, they know it's causing more trauma, but they still do it.

2. Increased cultural training and resources provided to workers and greater clarity regarding the roles and expectations of caregivers and professionals in culturally supporting young people in the OOHC system.

I think that workers need to have PD's that require them to engage better with Aboriginal young people and make an effort to connect them with their culture... It should be mandatory for workers to do cultural fitness training and it should always be done by an Aboriginal person.

It should be mandatory that foster carers take training that helps them better understand the cultural needs of the children that they are caring for. Foster carers should know what sorry business is, as well



as men's business and women's business. Learning totems and cultural practices should be mandatory for foster carers.

3. Supportive relationships, including young person having an individual cultural worker.
So many social workers, it's not personal so you can't build trust, you can outsource that to Metropolitan Youth Health/Second Story or Nunkuwarrin Yunti, people that have a cultural lens—it important to have one Nunga worker that is consistent throughout your care experience – social workers aren't helping – it could be implemented in school, Nunga classes.
4. Having family contact in the home where possible to encourage connection.
5. Exploring new ways to recruit staff that genuinely care and go above and beyond.
6. Handing child welfare authority over to adequately supported and resourced Aboriginal Community Controlled Organisations (ACCOs).
DCP need to be developing and working with us, not against. It's gotta go back to community, there is no trust with white people, with the white law, it harms us.
7. Decision-making and best-practice informed by young people with a care experience.
You should have a panel of young people who have exited care and speak to social workers in DCP so they can hear and understand our experiences and what DCP have done.
8. Address systemic and institutional racism at all levels and in all processes and policies within the child protection sector and OOHC system.

Above all, First Nations children belong with their mob. However, in instances where children may need to come into care, DCP workers have a fundamental responsibility to ensure they are culturally safe, supported, and able to thrive. Some young people in our consultations identified the potential lifeline DCP workers could provide if their support was consistent and culturally robust:

Workers have the potential to change people's lives. Some of us have no Mum or Dad to make proud – lots of us do it for the workers.

We need people to help us share our stories and share it in the right way.

Conclusion

Thank you again for the opportunity to respond to this inquiry into the Removal and Placement of Aboriginal Children in Out-of-home care. Should you have any questions or require additional information, please do not hesitate to contact Ashleigh Norton, CREATE's South Australia Coordinator on 08 8212 8898 or email ashleigh.norton@create.org.au.

Yours sincerely,

State Coordinator

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About CREATE

CREATE Foundation is the national peak consumer body for children and young people with an out-of-home care experience. We represent the voices of over 45,000 children and young people currently in care, and those who have transitioned from care up to the age of 25. Our vision is that all children and young people with a care experience reach their full potential. Our mission is to create a better life for children and young people in care.

To do this we:

- **CONNECT** children and young people to each other, CREATE and their community to
- **EMPOWER** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to
- **CHANGE** the care system, in consultation with children and young people, through advocacy to improve policies, practices and services and increase community awareness.

We achieve our mission by providing a variety of activities and programs for children and young people in care, and conducting research and developing policy to help us advocate for a better care system.