

## **FOUNDATIONS FOR EFFECTIVE ABORIGINAL AND TORRES STRAIT ISLANDER CHILD AND FAMILY SUPPORT SERVICES**

**Presented by Paul Testro**

### **INTRODUCTION**

This paper

- examines the Aboriginal and Torres Strait Islander context for child and family support
- identifies the key themes that should underpin the development, organisation and delivery of child and family support services to Aboriginal and Torres Strait Islander children and families.

The paper draws on the findings of a project commissioned by the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited in 2008. The project was funded by the Department of Communities.

The project examined the provision of child and family support services to Aboriginal and Torres Strait Islander children, young people and families in South East Queensland and identified strategies to improve the delivery of these services.

The views and experience of Indigenous and non-Indigenous service providers and a review of the literature informed the findings.

### **THE ABORIGINAL AND TORRES STRAIT ISLANDER CONTEXT**

Consideration of the application of child and family support to Aboriginal and Torres Strait Islander children and families is strengthened by an examination of Aboriginal and Torres Strait Islander demographic, family, social, economic and cultural contexts.

#### **Demographics**

##### ***Population***

At 30 June 2006, the Aboriginal and Torres Strait Islander estimated population of Australia was 517,200 or 2.5% of the total population. Queensland had 28.3% of the estimated Aboriginal and Torres Strait Islander population – 146,400. This represents 3.6% of the total Queensland population.

In 2006, over half (61%) of Torres Strait Islander people lived in Queensland.

Between 2001 and 2006, the Aboriginal and Torres Strait Islander population increased by 58,700 or 13%. In Queensland the growth rate was 16%. (ABS 2006 – Cat: 4705.0)

## **Age**

In Queensland in 2006, 44.8% of the Aboriginal and Torres Strait Islander population were aged under 18 years compared to 24.4% of the non-Indigenous population. Aboriginal and Torres Strait Islander children made up 6.3% of the Queensland population aged under 18.

The Aboriginal and Torres Strait Islander population is younger than the non-Indigenous population because Aboriginal and Torres Strait Islander people tend to die at significantly younger ages and Aboriginal and Torres Strait Islander women have a slightly higher fertility rate than non-Indigenous women. Another contributing factor is the high proportion of Aboriginal and Torres Strait Islander children with one Indigenous parent. (CCYPCG, 2007)

## **Distribution**

In terms of the distribution of Aboriginal and Torres Strait Islander people in Queensland, 26% live in 'major cities', 20% live in 'inner regional' areas, 32% live in 'outer regional' areas and 22% live in 'remote' or 'very remote' areas.

Larger numbers of Aboriginal and Torres Strait Islander people live in urban and regional areas but make up smaller proportion of the population than those who live in remote or very remote areas. 41,369 Aboriginal and Torres Strait Islander people live in Brisbane (Indigenous regions - AIGC). In terms of Indigenous areas, the Gold Coast had the largest number of Aboriginal and Torres Strait Islander people with 5,675, followed by Townsville with 4,982 (Indigenous areas – AIGC). (ABS 2006 – Cat: 4705.0)

## **Family types**

In Queensland, in 2001

- Nearly half (47.5%) of all Aboriginal and Torres Strait Islander families were couple families with children, similar to all families (44.7%)
- About one in five (19.6%) Aboriginal and Torres Strait Islander families were couple families without children, whereas almost two in five (38.0%) of non-Indigenous families were in this category
- A much higher proportion of Aboriginal and Torres Strait Islander families were one-parent families (30.3%) compared with the non-Indigenous population (15.6%)
- Aboriginal and Torres Strait Islander families were more likely to be larger than other families (average 3.6% members per Aboriginal and Torres Strait Islander families compared with 2.9% members in other families)
- Couple families with children aged under 15 years comprised 40.5% of all Aboriginal and Torres Strait Islander families whereas only 32.1% of non-Indigenous families were couple families with children aged less than 15. (Department of Local Government, Planning, Sport and Recreation, 2007).

### **Age of parents**

In Queensland, in 2004

- Parents of Aboriginal and Torres Strait Islander babies tend to be younger with 55% of babies born to mothers aged 20-29 and 45% having fathers aged 20-29, compared to 45% and 33% for all births
- 18% of Indigenous babies were born to mothers aged under 20 years and 8% having fathers aged under 20 years, compared to 6% and 2% for all births. (CCYPCG, 2007).

### **Households**

In Queensland, in 2001

- There were more people living in Aboriginal and Torres Strait Islander one-family households (3.9 per household) than in non-Indigenous one-family households (3.1)
- There were more people living in Aboriginal and Torres Strait Islander multi family households (7.2%) than in non-Indigenous households (5.2%). (Department of Local Government, Planning, Sport and Recreation, 2007).

The demographic and family characteristics of Aboriginal and Torres Strait Islander peoples are different to that of the whole community. There are also differences between the demographic profiles of Aboriginal families and Torres Strait Islander families, and within the demographic profiles of Aboriginal families and Torres Strait Islander families across geographic locations. This information needs to be supplemented by linking with Aboriginal and Torres Strait Islander people in the community and seeking their knowledge and expertise.

### **Caring for children**

A review of the literature indicates significant cultural differences in the care of Aboriginal and Torres Strait Islander children (Penman, 2006; Walker and Shepherd, 2008). Areas highlighted include understandings of childhood, parenting and family. Family relationships and structures in Aboriginal and Torres Strait Islander families are different to those in non-Indigenous families

Childhood is described as part of a lifehood continuum; childhood is seen within the context of lifehood stages including conception, birth, babyhood, childhood, young adulthood, adulthood, elderly and death (Martin in SNAICC, 2005).

Penman (2006) identifies different stories of child rearing in which Aboriginal and Torres Strait Islander children are seen as more independent, self regulating and self reliant than non-Indigenous children. 'Indigenous childhood education is based on the notion that the need-satisfying, egocentric, self-centredness of infancy and early childhood is natural; young children freely express their needs and emotions. The child is nurtured to progress from self-centredness toward an increasing sense of relatedness to family, community and environmental resonance'

(Townsend-Cross, 2004). Children are seen as active participants in family and community life with obligations and responsibilities within the kinship system.

‘Aboriginal families are pivotal to the wellbeing of Aboriginal and Torres Strait Islander communities and their culture and survival. Families are also important in defining identity and a sense of connectedness to kinship and culture’ (Walker and Shepherd, 2008).

Daly and Smith (2005) stress the positive features of Aboriginal and Torres Strait Islander social structures that may help to protect children. They state ‘The complexity of Aboriginal and Torres Strait Islander extended family formations is matched by equally complex cultural practices surrounding parenting and childcare. Parenting responsibilities are socially and economically distributed beyond biological parents, to a wide range of relatives. This means that the primary care group for many Aboriginal and Torres Strait Islander children is the wider extended family, located across several different households.’

SNAICC (2004) highlights that the traditional family, kin and community responsibility for child rearing and teaching children still influences current practices within families, even when families and children face isolation from their own Aboriginal or Torres Strait Islander communities.

Approaches to parenting and childcare vary across and within cultures. ‘It is important not to view these differences as deficits in family functioning and family relationships or parenting styles, but rather as culturally specific issues that are influenced by history, geography and experiences’ (Kolar and Soriano, 2000 in Walker and Shepherd, 2008).

## **Family functioning**

Despite widespread recognition that strong family relationships and good family functioning are essential for individual, family and community wellbeing, there remains a limited evidence base to describe how well Aboriginal families function or the factors that support family harmony or contribute to dysfunction (Walker and Shepherd, 2008).

McMahon, Reck and Walker (2004) stress the importance of developing indicators that take account of Aboriginal and Torres Strait Islander identity and spirituality and build on the strengths of Aboriginal and Torres Strait Islander family and community life. These indicators need to consider wellbeing within an Indigenous framework of family, economic, social and cultural relations, which encompasses a model of strengths/assets rather than the current deficit framework. They identify three ‘headline’ indicators of well being – social, cultural and spiritual.

A measure of Aboriginal family functioning was developed and implemented in the West Australian Aboriginal Health Survey (WAACHS). The WAACHS measure was based on McCubbin and McCubbin’s conceptual model of family protective factors in the face of stress and crises (Silburn et al, 2006). A nine-item scale of family protective factors was developed in collaboration with a panel of Aboriginal health professionals to ensure that they were culturally relevant and applicable. The majority of the 2,400 primary carers surveyed responded positively to each of the nine items in the scale. This reinforces the notion that the majority of Aboriginal families generally function very well (Walker and Shepherd, 2008).

The following table identifies the family protective factors measured by the WAACHS family functioning scale and the proportion of families that responded ‘Quite a lot’ or ‘Very much’.

<b>Family protective factor</b>	<b>WAACHS family functioning scale item</b>	<b>% of families</b>
<b>Accord:</b> Balanced interrelationships among family members that allow them to resolve conflicts and reduce chronic strain	The way we get on together helps us cope with hard times	81
<b>Celebrations:</b> Acknowledging birthdays, religious occasions, and other special events	We like to remember people's birthdays and celebrate other special events	77
<b>Communication:</b> Sharing beliefs and emotions with one another. Emphasis on how family members exchange information and caring with each other	We find it easy to talk with each other about the things that really matter	74
<b>Hardiness:</b> Family members' sense of control over their lives, commitment to the family, confidence that the family will survive no matter what	We are always there for each other and know that the family will survive no matter what	91
<b>Financial management:</b> Sound decision-making skills or money management and satisfaction with economic status	When it comes to managing money we are careful and make good decisions	63
<b>Leisure activities and interests:</b> Similarities and differences of family member preferences for ways to spend free time	Our family has a lot in common in the interests we share and the things we do	78
<b>Acceptance:</b> Tolerance of family member traits, behaviour and general outlook and dependability	People in our family are accepted for who they are	92
<b>Support network:</b> Positive aspects of relationships with in-laws, relatives and friends	We have good support from our in-laws, relatives and friends	73
<b>Traditions:</b> Honouring holidays and important family experiences carried across generations	We have family traditions and customs we would like to pass on to our children	68

Prior to the WAACHS, there was little evidence about the relative importance of the factors that impact on Aboriginal family functioning and therefore a lack of information about the levers for change (Walker and Shepherd, 2008). Ten factors were found to be independently associated with family functioning:

- Family financial well being
- Quality of children's diet
- Level of educational attainment of the primary carer
- Importance of religion/spirituality
- Whether overuse of alcohol causes problems in the household
- Parenting quality
- Whether children were at high risk of clinically significant emotional and behavioural difficulties
- Age of the primary carer
- Whether the carer has had a limiting medical condition.

Walker and Shepherd (2008) state 'While these associations do not imply causality, they highlight the complex interplay of factors that impact on family functioning. Likewise, they underscore the fact that there are both resiliency factors that contribute to very good family functioning and others that pose considerable risks and contribute to poor outcomes.'

### **Disadvantage**

The safety, well being and life chances of Aboriginal and Torres Strait Islander children also need to be considered in the broader social and economic context.

The social and economic disadvantage faced by Aboriginal and Torres Strait Islander Australians is well documented (AIHW, 2005) and acknowledged by Australian governments who have committed to improving outcomes and regular reporting against key indicators of Aboriginal and Torres Strait Islander disadvantage to gauge progress (SCRGSP, 2007).

Daly and Smith (2005) examined key indicators of children well being and found that children in Aboriginal and Torres Strait Islander households are at a substantial disadvantage compared with those in other Australian households on all the indicators. Indicators of exclusion from mainstream social and economic opportunities were chosen that correlate strongly with outcomes for children. The indicators were:

- Absence of a parent
- Household income
- Parental and other adult employment status
- Welfare reliance
- Parental and other adult educational status

- Health status.

Daly and Smith (2005) state ‘... children living in Aboriginal and Torres Strait Islander households are less likely to be living with a parent than other children, have lower weekly household income, are more reliant on income support, and have parents who are less likely to be in paid employment. The schooling level of their parents is likely to be lower, and the health status of Aboriginal and Torres Strait Islander adults and children remains below that of other Australians.

As previously noted in this section, Aboriginal and Torres Strait Islander child care practices, family relationships and kinship/social structures may promote child development and therefore may assist to mitigate the impact of broader social and economic disadvantage. However, Daly and Smith (2005) question whether the exclusion for Aboriginal and Torres Strait Islander children documented within their research has long-term implications for the ability of Aboriginal and Torres Strait Islander communities to provide the safety net associated with more traditional social and economic structures.

Two other factors impacting on the functioning and capacity of Aboriginal and Torres Strait Islander families and communities that require particular consideration are the impact of forced separation and the carer burden.

### **Impact of forced separation**

The forced separation of Aboriginal and Torres Strait Islander children from their families and communities is well documented through the stories of individuals, the conduct of inquiries (HREOC, 1997) and population based surveys (NATSSIS, 2002).

More recently, the WACCH survey assessed the impact of past policies and practices of forced separations on the social and emotional wellbeing of Aboriginal carers and their children (De Maio et al, 2005).

The study found that those carers who were forcibly separated from their natural families were:

- About twice as likely to have been arrested or charged with an offence
- About one and a half times more likely to report that the overuse of alcohol caused problems in their household
- A little over twice as likely to report that betting or gambling caused problems in the household
- About half as likely to have someone they could talk to about their problems
- One and half times more likely to have had contact with Mental Health Services.

In terms of the intergenerational effects caused by forced separation the study found that children who are cared for by a primary carer who was forcibly separated from their natural family were ‘Over twice as likely to be at high risk of clinically significant emotional or behavioural difficulties when compared with children whose Aboriginal primary carers were not forcibly separated.’ Specifically,

- 'A higher proportion of those children whose primary carer had been forcibly separated from their natural family were at high risk of clinically significant emotional or behavioural difficulties (almost one third) compared with those children whose primary carer was not forcibly separated (about one fifth).'
- 'Moreover, these children had levels of both alcohol and other drug use that were approximately twice as high as those children whose primary carer had not been forcibly separated from their natural family.'

Further, De Maio et al state 'When a range of indicators relating to social and emotional well being are analysed, we find that children whose primary carers were forcibly separated experience many negative life outcomes when compared with children whose carers were not forcibly separated.'

### **Carer burden**

The WAACHS survey found that 24% of Aboriginal children aged 4-17 were assessed from questionnaires completed by their carers as being at high risk of clinically significant emotional or behavioural difficulties. This compares with 15% of the non-Indigenous population.

Further analysis of the proportion of children with emotional and behavioural problems and the number of carers available to provide care indicate that the burden of child emotional and behavioural problems for Aboriginal families is 3.9 times higher than in the majority population. Therefore, there are a smaller number of carers available for a larger proportion of children with significant problems. (Silburn et al, 2005)

### **Over representation in the child protection system**

Aboriginal and Torres Strait Islander children are significantly over represented in the Queensland child protection system. The most recent child protection data (AIHW, 2008) showed that in Queensland, Aboriginal and Torres Strait Islander children were:

- Three times more likely than non-Indigenous children to be the subject of a substantiated case of abuse or neglect
- Nearly six times more likely to be on care and protection orders
- Six times as likely to be placed in out of home care.

This data also indicates that when Aboriginal or Torres Strait Islander children are reported to the child protection system they proceed further in the system than non-Indigenous children.

Moreover, the rate of over representation is increasing. *Child protection data from the previous year (AIHW, 2007) showed that Aboriginal and Torres Strait Islander children were:*

- *2.3 times more likely than non-Indigenous children to be the subject of a substantiated case of abuse or neglect*

- 5.1 times more likely to be on care and protection orders
- 5.1 times as likely to be placed in out of home care.

The reasons for the over-representation of Aboriginal and Torres Strait Islander children in the child protection system are complex. Some of the factors contributing to over-representation have been outlined above including:

- Understanding of cultural differences in caring for children
- Social and economic disadvantage
- Forcible separation of children from their families and communities
- Negative social and economic outcomes for children whose parents have been forcibly separated.

These factors were identified in the report *Bringing them home (National inquiry into the separation of Aboriginal and Torres Strait Islander children from their families)* (HREOC, 1997) as underlying causes of over-representation. The fact that over ten years on from the report of the Inquiry Aboriginal and Torres Strait Islander children continue to be over-represented in the child protection system and at an increasing rate is alarming and a call to action.

This section has identified a range of demographic, family, cultural and socio-economic factors that should be considered in the application of early intervention to Aboriginal and Torres Strait Islander children and families. These factors include the younger age of people in general and parents in particular, kinship structures, child rearing practices, family functioning, disadvantage, impact of past removal policies, carer burden and over-representation in the child protection service system.

Consideration of these factors should inform the targeting of services, the engagement of families and communities, who services need to work with, the range of services required, the way in which services are provided, the length of service required and follow up supports.

These factors are relevant at both the local and whole of service system levels. They should therefore be considered by local organisations involved in delivering child and family support services, as well as larger non-government organisations and government departments.

## **KEY THEMES**

Seven key themes are identified that should underpin the development, organisation and delivery of child and family support services to Aboriginal and Torres Strait Islander children and families at both the local and whole of service system levels.

- Culture as protection
- Cultural safety and respect
- Community development
- Community control
- Holistic approach
- Partnership, and
- Sustainability.

### **Culture as protection**

In discussing the future of Aboriginal and Torres Strait Islander children, Bamblett (2007) refers to 'culture as protection':

- '**Culture defines** who we are, how we think, how we communicate, what we value and what is important. Aboriginal children require cultural knowledge and cultural information that relates to their own community.
- The **protective and resilient qualities of a strong cultural identity** and involvement in cultural life.
- Adherence to **cultural traditions and participation** in cultural activities enhance child wellbeing and contributes to the child's resilience.
- The **dynamics of power** between cultures. Racism and dealing with underlying issues which lead to disempowerment and dysfunction.

### **Cultural safety and respect**

The concepts of 'cultural safety' and 'cultural respect' are used to denote the importance of acknowledging cultural diversity and promoting Aboriginal and Torres Strait Islander cultures and traditions.

Cultural safety is defined as 'more or less – an environment, which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what, they need. It is about shared respect, shared meaning, shared knowledge and experience, learning together with dignity, and truly listening.' (Williams, 2003)

The report of the Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (2004) defines cultural respect as the

'... recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples'.

In keeping with this definition and applying it to the delivery of child protection services, the Queensland Aboriginal and Islander Health Council (2008) (QAIHC) suggests that 'cultural respect can be seen as comprising the following elements:

- Cultural respect is about shared respect.
- Cultural respect is achieved when the child protection services provided by all parties from both Government and non-Government sectors aspire to achieve a safe environment for Aboriginal and Torres Strait Islander children, young people and families, where cultural differences are respected.
- Cultural respect is a demonstrated commitment to the provision of child protection services that do not compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples.
- Cultural respect upholds the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture, whilst achieving equitable outcomes in regard to the safety, well-being and life opportunities of their children and young people'.

Further, QAIHC argues that aspiring to always demonstrate cultural respect as defined above, does not, in and of itself, necessarily guarantee the 'cultural competence' of either government or non-government policy-makers or service-providers.

'Rather, the framework promotes the notions that:

- cultural competence represents a goal and a set of values that can only ever be aspired to, as organisations and their personnel continuously seek to improve the services being provided to Aboriginal and Torres Strait islander children, young people and families in ways that honour and respect their culture
- it is more respectful to acknowledge what is not known or understood about Indigenous cultures and to courteously seek advice and assistance, than it is to claim competence, awareness or understanding that may not be well-founded, and
- the journey in seeking cultural competence with all of the meanderings and discoveries that this may entail, is inherently of greater value and more akin to Indigenous custom than alternatively treating it as a product that can ever be achieved as an absolute or in a finite manner.'

### **Community development**

Community development from an Indigenous perspective '... implies an awareness of exploitation and oppression. It is based primarily on the notion that people are capable of finding their own solutions to their problems. Experts can best contribute by supporting initiatives decided collectively by people who have joined together to address their community needs.' (Burchill et al, 2006).

The MCEETYA discussion paper (2001) on early learning for Indigenous children highlights that 'Self-determination and empowerment are the cornerstones of Indigenous community development and capacity building approaches'.

The paper suggests that 'Supporting these processes are likely to be more effective in the longer term in promoting positive social and emotional wellbeing and resilience. Promotion of well-being and resilience in such a framework thus requires community-centred early intervention across the whole ecological context in which Indigenous children live and grow. From an Indigenous perspective, such interventions are necessary to ensure the maintenance of strong and resilient communities, which support families in the task of growing up solid kids.'

## **Community control**

Community controlled services are initiated, planned, delivered and managed by Aboriginal and Torres Strait Islander peoples and communities.

In exploring what community control means in a health setting, Best (2003) suggests 'that the significance of community control is constructed differently from an Indigenous perspective as opposed to a non-Indigenous perspective'. The two perspectives are presented as:

'Within the non-Indigenous viewpoint community control is seen as an inessential element of primary health care. This therefore means that primary health care services are delivered in a particular community (not necessarily Indigenous) but that the service is not defined by that community and these services are not necessarily answerable to the community. Within this context community control is .... Placed as an offshoot of primary health care and viewed as irrelevant or even hindering health service delivery'.

'The Indigenous context is that community control is the essential element of all service provision to the community including health. Community control is seen as central to the service provision. Within this account, primary health care is delivered to a community by a community and the works to redresses institutional racism structured into most health service delivery.'

Councillor (2003) identified some of the benefits that properly resourced Aboriginal community controlled health services can deliver including:

- 'Better access – because the local community has ownership and control of the service, and because service delivery is flexible and responsive, Aboriginal people are more likely to access the care they need;
- The full range of primary health care services is available in one place – service delivery is integrated and holistic, rather than being built around different specialities or 'body parts';
- The care provided is culturally appropriate – the organisation is run by Aboriginal people, employs Aboriginal or culturally aware non-Aboriginal people, and delivers care in a sensitive and inclusive way;
- The sector delivers value for money – based on local knowledge, services are targeted at areas of local need;

- The sector represents a major source of education and training, and ultimately of empowerment and cultural pride, for Aboriginal people; and
- The knowledge required to improve Aboriginal health is not innate; it must be acquired. The ACCHS (Aboriginal Community Controlled Health Services) sector has developed a large pool of knowledge and expertise about Aboriginal Health issues, which enables it not only to deliver appropriate care, but also to advocate effectively for Aboriginal people in health.'

More recently Fiona Stanley (2008 Annual Hawke Lecture), when referring to the importance of an effective Aboriginal workforce, stated 'The excitement comes from the realisation that there are so many benefits both individual and collective, from Aboriginal control, ownership and employment in the provision of their own services. How stupid of us not to have realised this and made this the cornerstone of our implementations! There is now clear evidence that Aboriginal controlled services with proper support and particularly in partnership with competent and committed government and non-government services are much more likely to succeed because Aboriginal people trust them and use them more effectively.'

### **Holistic approach**

The term 'holistic' is used in different ways including:

- understanding the range of dimensions of wellbeing – physical, spiritual, cultural, emotional and social
- acknowledging the range of social and economic factors impacting on child development, family functioning and community functioning
- addressing a range of child, family and community needs simultaneously
- using a 'one stop shop' or child and family centre from which a range of services can be provided and through which children and families can be linked to other services
- working at individual, organisational, community and societal levels simultaneously.

Libesman (2004) suggests that 'Community satisfaction with service delivery will be increased by a holistic approach to healing, autonomy and flexibility in service provision, and the capacity to respond or tailor services to meet local needs.'

### **Partnership**

Partnerships between government and non-government organisations and between Aboriginal and Torres Strait Islander and non-Indigenous organisations are necessary for effective service delivery of child and family support services to Aboriginal and Torres Strait Islander children and families.

Libesman (2004) suggests that 'Good partnerships and meaningful collaboration ..... must be founded upon inclusiveness and empowerment strategies. They will usually require government agencies to relinquish some power and to recognise the authority of the Indigenous community or organisation'.

A key finding of the National Stronger Families and Communities Strategy was that '... an established auspice organisation with administrative capacity, relevant project expertise and connections, and an existing relationship with the target group can add considerable value to an Indigenous Strategy project. Where the auspice is a non-Indigenous body without existing relationships with the Indigenous community, difficulties are likely to be experienced in developing relationships within the limited lifespan of a project'. Further, the evaluation identified that 'A key strategic consideration for agencies investing in Indigenous capacity building is the balance between upstream institutional capacity building and downstream capacity building with families and communities.'

In the Queensland context, there are a number of examples of partnership and collaboration between non-Indigenous organisations and Indigenous organisations including:

- Nerang Early Years Centre: the Benevolent Society and Kalwun Development Corporation. An Indigenous family support worker position, funded by the Benevolent Society through the Early Years Centre initiative, is jointly managed by the two organisations and works as a member of the Early Years Centre team delivering services from both Kalwun and Early Years Centre sites. The initiative is supported by a service provision agreement and governance arrangements between the two agencies.
- Indigenous Training Centre: ACT for Children (Cairns) has developed an Indigenous Employment strategy and is moving toward developing an Indigenous Training Centre. In partnership with Aboriginal and Torres Strait Islander organisations, the community, and the Department of Child Safety, Contact House is seeking to increase organisational and community capacity by training Aboriginal and Torres Strait Islander workers.
- Child and family support: Save the Children (Qld) and the Larrakia Nation have developed an intensive supported playgroup for families in the inner Darwin area. The service is jointly managed and the arrangements between the agencies are set out in a partnership agreement. Save the Children (Qld) has a 'Working with Aboriginal and Torres Strait Islander Communities policy that guides the development of partnerships and are in the process of developing a governance strategy to increase the Aboriginal decision making processes within the organization in relation to its work with Aboriginal and Torres Strait Islander children, families and communities.

Further examination of these and other similar partnerships may be useful in identifying lessons learned.

*Walker (2007) provides a useful analysis of the partnership between a Maori organisation and non-Indigenous organisation and the strategies used by both organisations to develop trust, diminish risk and equalise control.*

The concept of 'two ways learning' or 'both ways learning' is useful in considering what partnership means in this context. 'Two-way learning is about ..... respecting the knowledge, learning processes and perspectives of another people and recognising that they are learning about another culture and knowledge system, at the same time as sharing their own knowledge. It is about working together to find the basis from which new knowledge can be developed in a way that is relevant to the learners concerned, and can be grasped by them.' (Gientzotis, J. downloaded 5<sup>th</sup> May, 2008)

[http://www.icvet.tafensw.edu.au/ezone/year\\_2006/feb\\_apr/thinkpiece\\_gientzotis.htm](http://www.icvet.tafensw.edu.au/ezone/year_2006/feb_apr/thinkpiece_gientzotis.htm) )

## **Sustainability**

Sustainability refers to building and maintaining service delivery and organisational capacity over time. It requires access to ongoing funding and effective governance.

At a community level, the evaluation of the National Stronger Families and Communities Strategy defines sustainability as ‘... the establishment and continuity of activities, structures, processes, ways of working and services that can persist and endure. It is about the ongoing application of knowledge, skills and understandings to family and community issues and the maintenance of positive patterns of behaviour.’ (Scougall, 2008). Lyons, Smuts and Stephens, 2001 in Scougall, 2008) define sustainable development as ‘.... the ability acquired and held by communities over time to initiate, and control development thus enabling communities to participate more effectively in their own destiny ...’.

## **Conclusion**

Protecting culture, providing culturally safe and respectful services, facilitating community ownership, supporting community development, using holistic approaches and effective partnerships are essential to building capacity and sustaining positive outcomes for Aboriginal and Torres Strait Islander children, families and communities.

These themes should underpin the development, management, coordination and delivery of child and family support services to Aboriginal and Torres Strait Islander children and families at both the local and whole of service system levels.

Collectively, they provide a foundation for effective child and family support for Aboriginal and Torres Strait Islander people.

Further work is required in identifying and documenting effective Aboriginal and Torres Strait Islander strategies, programs and models of service delivery that can be shared and considered in the local context