

Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

SAFeST Start

Is your organisation....?

- Research, academic or advocacy organisation

What type of service or support do you mostly provide?

- Prevention or early intervention services

What state or territory does your organisation deliver services and supports in?

- Victoria
- Western Australia

Where does your organisation deliver most of their services and supports?

Major city

1. Does the new vision reflect what we all want for children and families?

[Redacted]

Thank you for the opportunity to provide feedback on the proposed reforms to the Families and Children Activity. This submission responds to the Discussion Paper “A new approach to programs for families and children” and reflects extensive experience working alongside Aboriginal and Torres Strait Islander families, community-controlled organisations, and child protection systems nationally.

Aboriginal and Torres Strait Islander children continue to be significantly over-represented across child protection and out-of-home care systems. These outcomes are tied to ongoing impacts of colonisation, racism, systemic inequality, and intergenerational trauma. The proposed Department of Social Services (DSS) reforms present an important opportunity to shift from crisis-driven responses toward early, culturally grounded, community-led supports that strengthen families from conception through to young adulthood.

This submission is written by members of the Supporting Aboriginal Families to Stay Together from the Start (SAFeST Start) Coalition. Led by an Aboriginal and Torres Strait Islander Leadership Group – with key leadership personnel including [Redacted] – we are an advocacy and research group committed to ensuring that Aboriginal families are supported to stay together from the beginning of a child’s life. We are concerned about the rising number of Aboriginal and Torres Strait Islander newborns being removed from their families and placed into out-of-home-care. We work towards collaborative systems and practice that are rights-based, holistic, trauma-informed and culturally safe. You can find out more about the SAFeST Start Coalition [here](#).

This submission emphasises the centrality of Aboriginal Community Controlled Organisations (ACCOs) in leading early intervention, healing, family support and child wellbeing. It strongly supports reform directions that reduce administrative burden, streamline funding, and prioritise culturally safe, locally responsive service delivery.

Response to Question 1

The vision is broadly appropriate, however it does not sufficiently recognise that for Aboriginal and Torres Strait Islander children, wellbeing is inseparable from cultural connection, identity, kinship networks, connection to Country, and the strength of Aboriginal community-controlled systems. A vision centred on “strong families” must also recognise the impacts of colonisation, child removal, racism and intergenerational trauma, and the right of Aboriginal families to self-determination in how children are raised and supported. Without embedding culture, community leadership and trauma-aware practice, the vision risks reproducing system biases rather than transforming outcomes.

To be relevant for Aboriginal and Torres Strait Islander families, it is recommended that a standalone vision be adopted specifically for Aboriginal and Torres Strait Islander families. Such a vision should be co-designed, created and led by Aboriginal Community-Controlled Organisations and Aboriginal and Torres Strait Islander people and communities.

If a standalone vision for Aboriginal and Torres Strait Islander families is not adopted, we recommend that a more inclusive vision be adopted as a second preference. This broader focus should include culture, community support and wellbeing. A more inclusive vision could be - “All children and young people are supported by strong families and communities who are connected and have the infrastructure, culturally appropriate supports, skills, confidence and wellbeing to

nurture them.” This reflects the important role that extended family and community have in the lives of Aboriginal and Torres Strait Islander children and acknowledges that strong community connections are important for child health and wellbeing. Additionally, whilst skills and confidence are important for nurturing, caregiver wellbeing and connectedness are foundational to both (Chamberlain et al., 2021; DSS, 2014; Ponnappalli et al., 2024).

References

Chamberlain C, Clark Y, Hokke S, Hampton A, Atkinson C, Andrews S; HPNF investigator group. Healing the Past by Nurturing the Future: Aboriginal parents' views of what helps support recovery from complex trauma. *Prim Health Care Res Dev.* 2021 Sep 30;22:e47. doi: 10.1017/S1463423621000463. PMID: 34588088; PMCID: PMC8506449.

Department of Social Services. Footprints in Time: The Longitudinal Study of Indigenous Children—Report from Wave 5, 2014. Department of Social Services, Canberra.

Ponnappalli A, Fisher T, and Turner, K. M. T. Exploring Indigenous Community Conceptions of Parent Wellbeing: A Qualitative Analysis. *International Journal of Environmental Research and Public Health.* 2023 20(4): 3585. doi: 10.3390/ijerph20043585.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

The outcomes are necessary, but incomplete. Supporting parents and raising resilient children requires explicit commitment to cultural safety, self-determination, prevention-focused supports, and community conditions that enable families to thrive. For Aboriginal and Torres Strait Islander families, empowerment must include access to culturally led services, recognition of kinship systems, reduced surveillance-based approaches, and supports that begin in pregnancy to prevent unnecessary statutory intervention.

For parents and caregivers to be empowered to raise healthy, resilient children, appropriate infrastructure and culturally appropriate supports are required to ensure that families and communities thrive. This requires investment in poverty-reduction strategies, housing and Aboriginal Community-Controlled Organisations to the degree that is necessary to ensure that parents and caregivers are

appropriately supported and empowered to rear their children. This may require significant investment into poverty-reduction strategies in remote communities and other locations throughout Australia where there is a cost-of-living housing crisis and food insecurity.

The outcome for children to grow into healthy, resilient adults should also be broader to recognise the value of children in the here and now and not just as future adults. It is important to honour and value children in their own right, and their critical role in the wellbeing and functioning of our communities. Our project Healing the Past by Nurturing the Future which is a co-design Aboriginal-led project to implement culturally safe, trauma-integrated continuity of care in maternity services, is based on evidence showing that the transition to parenting is a time of optimism and hope and a unique lifecourse opportunity for healing (Jones et al., 2024), reflecting one of the many active contributions that infants and children make within our communities.

References

Jones KA, Henderson H, Bright T, et al. Healing the Past by Nurturing the Future: trauma-aware, healing-informed care to improve support for Aboriginal and Torres Strait Islander families – implementation and evaluation study protocol BMJ Open. 2024, 14:e085555. doi: 10.1136/bmjopen-2024-085555.

3. Will a single national program provide more flexibility for your organisation?

A single program may reduce administrative burden, but only if it actively protects the ability of Aboriginal Community-Controlled Organisations to design and deliver supports and services in culturally specific, place-based ways. Flexibility must not lead to homogenisation. Aboriginal organisations require dedicated program pathways, community governance, and ring-fenced funding to ensure cultural models are not lost within a consolidated structure.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

Most Aboriginal early-intervention, perinatal, healing and family-strengthening services fit within Stream 2 and Stream 3. However, for Aboriginal and Torres Strait Islander communities, prevention must start pre-birth. Current streams do not explicitly recognise antenatal cultural support, unborn child concerns, family

healing, cultural mentoring, or the unique workforce needs of ACCOs. These should be reflected more clearly.

5. Are there other changes we could make to the program to help your organisation or community overcome current challenges?

The following changes could be helpful for Aboriginal Community-Controlled Organisations involved in service delivery and research:

- Multi-year, secure funding for ACCOs. This is important to ensure service continuity to Aboriginal and Torres Strait Islander people.
- Reduced reporting burden for ACCOs through culturally relevant outcomes rather than compliance-heavy metrics.
- Funding for Aboriginal workforce development, cultural practitioners and Elders. This is applicable across organisations, including ACCOs and mainstream institutions, including maternity hospitals and the Early Childhood Education and Support (ECEC) sector.
- Requirements for mainstream organisations to demonstrate partnership with ACCOs, not merely consultation. This is paramount to achieving Indigenous self-determination and consequently, improving health and socioeconomic outcomes for Aboriginal and Torres Strait Islander people (Creamer et al., 2024).
- Dedicated investment in Aboriginal-led research, evaluation and data sovereignty frameworks. This is applicable to ACCOs and universities where Aboriginal-led research takes place.

References

Creamer S, Blair S, Toombs M, Brolan, C E. Indigenous services leading the way for Aboriginal and Torres Strait Islander children in out-of-home care. *Social Work Education*. 2024, 43(4): 913–937. doi: 10.1080/02615479.2022.2155129

6. Do you agree that the four priorities listed on Page 4 are right areas for investment to improve outcomes for children and families?

Yes, broadly; however, the priority to “improve outcomes for First Nations children” must go beyond increasing ACCO involvement — it must centre ACCO leadership, redirect resources to community control, and shift power away from statutory systems towards cultural authority. This is made explicit in existing agreements such as the First Action Plan of the

Prevention from pregnancy should be explicitly included as a priority.

7. Are there any other priorities or issues you think the department should be focusing on?

Yes. We believe that the following issues require priority attention:

- Address early surveillance, including unborn notifications, by providing antenatal cultural support instead of investigative pathways (e.g., O'Dea et al., 2024).
- Embed trauma-aware, healing-oriented, culturally grounded practice (Jones et al., 2024).
- Strengthen cultural connection as a prevention factor (not an afterthought once children are removed) (Krakouer et al., 2018).
- Invest in community-based systems transformation, not just programs.

References

Jones KA, Henderson H, Bright T, et al. Healing the Past by Nurturing the Future: trauma-aware, healing-informed care to improve support for Aboriginal and Torres Strait Islander families – implementation and evaluation study protocol. *BMJ Open* 2024;14:e085555. doi: 10.1136/bmjopen-2024-085555

Krakouer J, Wise S, Connolly M. “We Live and Breathe Through Culture”: Conceptualising Cultural Connection for Indigenous Australian Children in Out-of-home Care. *Australian Social Work*. 2018 Jul 3;71(3):265-276. doi: 10.1080/0312407X.2018.1454485

O'Dea B, Roe Y, Gao Y, Kruske S, Nelson C, Hickey S, Carson A, Watego K, Currie J, Blackman R, Reynolds M, Wilson K, Costello J, Kildea S. Breaking the cycle: Effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: A prospective, non-randomised, intervention study in urban Australia. *Child Abuse Negl*. 2024 Mar;149:106664. doi: 10.1016/j.chiabu.2024.106664. Epub 2024 Feb 13. PMID: 38354600.

8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

While the proposed focus areas, particularly for families at risk of child protection involvement, match community needs, they must explicitly include a broader focus on population sub-groups, including: (1) Pregnant Aboriginal and Torres Strait Islander parents facing pre-birth child protection involvement (unborn or

prenatal reports); (2) Young Aboriginal and Torres Strait Islander parents who require intensive supports (e.g., healing or culturally-specific supports); (3) Families navigating child protection systems who experience racism and fear of child removal; and, (4) Grandparents and kin who carry cultural child-rearing responsibilities.

The proposed focus on investing early to improve family wellbeing, break cycles of disadvantage and reduce the need for child protection is important for Aboriginal and Torres Strait Islander families. Reducing the rate of over-representation of Aboriginal and Torres Strait Islander families in out of home care is a key Closing the Gap target (45% reduction by 2031), which Australia is not meeting. The rate of Aboriginal and Torres Strait Islander children in out of home care in 2024 (50.3 per 1000) is higher than the 2019 baseline rate (47.3 per 1000; Productivity Commission, 2024). Investing early in life is particularly important given that infants (children aged <1 year) are now the age group with the highest rate of notification to child protection services, substantiated maltreatment and entry into out-of-home care (O'Donnell et al., 2023).

Prevention -the first Aboriginal and Torres Strait Islander Child Placement Principle - (ATSICPP) is not adequately addressed in mainstream maternity services.

Pregnancy, birth, and the transition to parenthood is a critical time when both risk and protective factors for trauma-related distress, healing recovery intersect. For many families, this is their first regular healthcare contact. There is an opportunity to transform cycles of trauma to cycles of nurturing and recovery through culturally safe, continuity of care maternity models, which research shows can reduce the number of infant removals into out of home care (O'Dea et al., 2024). However, fear of child protection involvement remains a significant barrier to families accessing supports. Compounding this, 43% of service providers do not feel satisfied that their organisation can provide adequate support to families experiencing trauma (Highet & Goddard, 2014). There is also an urgent need to increase transparency of child protection practices and access to usable data to drive quality improvement in maternal and child healthcare service strategies and support Aboriginal families to stay together from the start. Targeted investment is needed to support maternity services to provide culturally responsive trauma-integrated continuity of care. To achieve this, strong partnerships between ACCOs and maternity services are essential, along with greater transparency and clarity regarding the roles of maternity services and Child Protection in supporting families. This must be underpinned by improved access to data systems that can monitor how families are being supported and inform continuous quality improvement.

References

Highet N and Goddard A (2014) Aboriginal and Torres Strait Islander Perinatal Mental Health Mapping Project: A scoping of current practice surrounding the screening, assessment and management of perinatal mental health across Australia's New Directions: Mothers and Baby Service program: Centre of Perinatal Excellence. COPE_Mapping-Project_WEB.pdf

O'Dea B, Roe Y, Gao Y, Kruske S, Nelson C, Hickey S, Carson A, Watego K, Currie J, Blackman R, Reynolds M, Wilson K, Costello J, Kildea S. Breaking the cycle: Effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: A prospective, non-randomised, intervention study in urban Australia. *Child Abuse Negl.* 2024 Mar;149:106664. doi: 10.1016/j.chiabu.2024.106664. Epub 2024 Feb 13. PMID: 38354600.

9. Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

- Fathers, uncles, aunties, and extended kin who are often excluded from supports
- On-Country programs, cultural camps, and community-led healing
- Services that integrate cultural practice workers, Elders and community navigators
- Community-designed early-childhood and perinatal models, including integrated models of care
- Connected, co-located and integrated services

10. What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

There is evidence to support the following strategies for connecting and coordinating care for families:

- ‘No wrong door’ open referral pathways, which may include self-referral and warm referral pathways delivered through trusted Aboriginal staff (e.g., SNAICC, 2021).
- Shared case planning led by ACCOs- for example Victorian Aboriginal Child and Community Care Agency (VACCA) have developed a pre-birth response model, including Aboriginal-led Case Conferencing (ALCC) program and Bringing Up Aboriginal Babies at Home (BUABAH). These programs have been shown to be successful in diverting Aboriginal families from Child Protection (Wise & Brewster,

2022).

- Relational approaches to supporting families (Nathoo et al., 2013).
- Integrated models of care, such as wraparound programmes, including the integration of multifaceted support, cultural healing, mental health and other supports as needed by families (e.g., housing) (Hubberstey et al., 2022).
- Birthing in our Community type models of care (O'Dea et al., 2024).

References

Hubberstey C, Rutman D, Van Bibber M, Poole N. Wraparound programmes for pregnant and parenting women with substance use concerns in Canada: Partnerships are essential. *Health & Social Care in the Community*. 2022. 30:e2264 e2276. doi: 10.1111/hsc.13664

Nathoo T, Poole N, Bryans M, Dechief L, Hardeman S, Marcellus L, Poag E, Taylor M. Voices from the community: Developing effective community programs to support pregnant and early parenting women who use alcohol and other substances. *FPCFR* [Internet]. 2013 Oct.2 [cited 2025Dec.4];8(1):93-106. Available from: <https://fpcfr.com/index.php/FPCFR/article/view/203>

O'Dea B, Roe Y, Gao Y, Kruske S, Nelson C, Hickey S, Carson A, Watego K, Currie J, Blackman R, Reynolds M, Wilson K, Costello J, Kildea S. Breaking the cycle: Effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: A prospective, non-randomised, intervention study in urban Australia. *Child Abuse Negl*. 2024 Mar;149:106664. doi: 10.1016/j.chiabu.2024.106664. Epub 2024 Feb 13. PMID: 38354600.

SNAICC. Waminda - Nabu Aboriginal family preservation and restoration program. 2021. Accessed 26 March 2024, https://www.snaicc.org.au/wp-content/uploads/2023/09/220201_7_Early-Intervention-Profile-Waminda-1.pdf

Wise, S., & Brewster, G. (2022). Seeking Safety: Aboriginal Child Protection Diversion Trials Evaluation Final Report. In Seeking Safety: Aboriginal Child Protection Diversion Trials Evaluation Final Report. University of Melbourne.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

- Formal partnerships with ACCOs.
- Community governance structures.

- Employment of Aboriginal staff across all levels.
- Evidence of cultural safety and lived experience involvement.
- Demonstration of long-standing relationships, not last-minute partnerships for funding.

12. Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?

- Local histories of child removal and distrust of systems.
- Lack of transparency in child protection practices within maternal and child health services which does not drive best prevention practice and undermines any capacity for cultural safety within health services.
- Community-identified risks (e.g., racism in antenatal services).
- Strength of local ACCO infrastructure.
- Cultural obligations and kinship complexity.
- Housing precarity and poverty as systemic drivers, not parenting deficits.

13. What's the best way for organisations to show in grant applications, that their service is genuinely meeting the needs of the community?

Demonstrated incorporation of community consultation in development of program, partnerships (preferably longstanding) and support letters.

14. How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?

Community representation on grant funding panels.

15. What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?

- Cultural safety audits led by community.
- Mandatory partnership principles for non-Indigenous services.
- Support for cultural practitioners, Elders, and community navigators.
- On-Country and kinship-based models (e.g., Birthing on Country, BIOC).
- Aboriginal data sovereignty and community-led evaluation.
- Culturally safe, trauma integrated mainstream services for families.

16. What types of data would help your organisation better understand its impact and continuously improve its services?

- Reduction in unborn reports and child protection involvement.
- Family perceptions of safety, trust and empowerment.

- Healing outcomes, not just behavioural changes.
- Developmental improvements in babies and young children.
- Best practice guidelines for prevention of child removals, with indicators to monitor that these are being implemented.

17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

NA as research organisation

18. If your organisation currently reports in the Data Exchange (DEX), what SCORE Circumstances domain is most relevant to the service you deliver?

NA as research organisation

19. What kinds of templates or guidance would help you prepare strong case studies that show the impact of your service?

- Templates that allow for narrative, yarning and story-based reporting.
- Flexibility around Indigenous intellectual property.
- Guidance on protecting cultural knowledge.
- Capacity-building funding for Aboriginal research and evaluation staff.
- Templates for capturing the most significant change.

20. What does a relational contracting approach mean to you in practice? What criteria would you like to see included in a relational contract?

- Long-term funding (5–10 years).
- Indigenous self-determination, starting with shared governance between DSS and ACCOs.
- Respect for cultural authority.
- Flexibility for community-led decision-making.
- Requirements for mainstream organisations to demonstrate power-sharing, not token partnerships.

21. What's the best way for the department to decide which organisations should be offered a relational contract?

Long term funding and consolidation of funding streams to reduce the number of reporting agencies.

22. Is your organisation interested in a relational contracting approach? Why/why not?

NA

23. Is there anything else you think the department should understand or consider about this proposed approach?

NA