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Indigenous services leading the way for Aboriginal and Torres Strait Islander children in out-of-home care

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ABSTRACT

Concern exists that the growing over-representation of Aboriginal and Torres Strait Islander children and young people in out-of-home care (OOHC) across Australia is perpetuating historical, discriminatory child removal policies and practices. The disproportionate number of Indigenous children in OOHC is increasing at the same time as growing multi-jurisdictional policy and legal mandate for Indigenous self-determination, leadership, and cultural connectedness in the OOHC space. This study aims to provide evidence and instruction to social work educators, policymakers and practitioners in Australia's complex child protection, wellbeing, and justice systems about why and how Aboriginal and Torres Strait Islander-controlled organizations are best placed to lead OOHC service delivery for Indigenous children, their family and community. The qualitative research, located in Queensland, engages the knowledge and experience of Elders, Indigenous child safety professionals and Aboriginal and Torres Strait Islander young adults who have recently exited OOHC to explore the importance of Indigenous-led OOHC service provision for generating genuine, intergenerational systemic change. Ten themes or authoritative Directives to non-Indigenous stakeholders are elicited and discussed. The paper concludes with three recommendations that press for a shift in the Western values and practices that underscore the monitoring and evaluation of Indigenous-led OOHC service providers by government.

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Out-of-home care; foster care; Aboriginal and Torres Strait Islander; Indigenous; first nations; Australia

Introduction

An increasing body of Australian child protection principle, policy and law is mandating that Aboriginal and Torres Strait Islander children and young peoples in out-of-home care (OOHC) receive Indigenous-led service provision, including in the Australian state of Queensland.¹ However, the growing mandate for Indigenous self-determination and cultural connectedness in OOHC is not comprehensively, consistently or transparently occurring in practice (Arney et al., 2015; Cripps & Laurens, 2015; Davis, 2019; Lindstedt et al., 2017; McDowall, 2016; Moss, 2009; Oates, 2020). Cultural connection is

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fundamental to Indigenous identity and wellbeing, as well as Indigenous child development—especially for Indigenous children in OOHC (Hunter et al., 2021; Krakouer et al., 2018). Australian Indigenous children removed from their families experience poorer psychological, physical and social outcomes than their non-Indigenous counterpart (Barber et al., 2000).

The purpose of this study is to provide vital evidence and directive to social work educators, policymakers and practitioners in Australia's complex child protection and justice systems about why and how Indigenous-controlled organizations are best placed to lead OOHC service delivery for Australian Indigenous children and their families. It remains imperative to underscore to non-Indigenous OOHC decision-makers the benefit and intergenerational wellbeing impacts of community-led service provision for Aboriginal and Torres Strait Islander children. Thus, this study explores the experience of Elders, Indigenous professionals working in OOHC (or related matters), as well as Aboriginal and Torres Strait Islander young adults who have recently exited OOHC on the importance of and for community controlled OOHC supports.

Background

Since European occupation, Indigenous children and young peoples have been forcibly separated from their families and communities. In 1997, the *Bringing them Home* report was released after an extensive National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Human Rights and Equal Opportunity Commission, 1997). This momentous report formally documented the truths, abuses and harms of discriminatory policies of forced removal between the late 1800s and early 1970s, and their ongoing complex ramification on Australian Indigenous peoples across the life course. To mark the report's 20-year anniversary in 2017, an *Action Plan for Healing* was issued (Anderson & Tilton, 2017). This plan reinforced that most of the *Bringing them Home* report's recommendations are without implementation, and how the failure to act has ongoing, harmful transgenerational and intergenerational impact. Together, Menzies (2019) and Atkinson et al. (2014) describe intergenerational trauma for Indigenous Australians stemming from ongoing colonization: the near and total loss of cultural identity (including cultural knowledge, pride and language), displacement from land, mob, community, and disconnection from intertwined healing and cultural practices like ritual, stories and medicines.

Surely, the decision to forcibly remove any child from their home is one of the most devastating and scarring life events. While government removal of children and placing them in OOHC should be an intervention of last resort (Sammut, 2010; UN Convention on the Rights of the Child, 1989), the concerning over-representation of Indigenous children and young peoples in OOHC throughout Australia continues (AIHW, 2019; Davis, 2019; Our Booris, Our Way Steering Committee, 2019; Segal et al., 2019). There is serious concern that this overrepresentation is creating another Stolen Generation (Funston & Herring, 2016; Krakouer et al., 2018; O'Donnell et al., 2019). When the *Bringing them Home* report's 20-year anniversary was marked, the rate of Aboriginal and Torres Strait Islander children receiving child protection services in 2017–2018 was 163.8 per 1,000 Indigenous children, or 8 times the rate for non-Indigenous children (19.7 per 1,000) (AIHW, 2019). The rates for Indigenous and non-Indigenous children

receiving child protection services rose between 2013–2014 and 2017–2018; from 140.1 to 163.8 per 1,000 Indigenous children (AIHW, 2019). This period saw a significantly larger rate of increase for Indigenous children compared to 19.0 to 19.7 per 1,000 non-Indigenous children (AIHW, 2019). Of relevance to this study is the growing overrepresentation of Indigenous children in the Queensland child protection system, seen in the number of child safety notifications and number subject to ongoing intervention from year ending June 2017 to June 2021 (Department of Children, Youth Justice and Multicultural Affairs, 2021). The disproportionate number of Aboriginal and Torres Strait Islander child removals has also created significant distrust of the child welfare system and fear of being ‘case managed’ and surveilled.

Ironically, the removal of Indigenous children has grown at the same time as the introduction of progressive Australian policies and laws (including Queensland-specific, see Department of Children, Youth Justice and Multicultural Affairs, 2021) to fundamentally shift the OOHC landscape to do the very opposite; to facilitate and prioritize Indigenous children’s cultural dignity, human rights (specific cultural rights²), and connection to family, kin, country, and culture. At the national level, for example, the National Framework for Protecting Australia’s Children 2009–2020 (*National Framework*) was introduced in April 2009 (COAG, 2009). In its Third Action Plan (2015–2018), Federal and State/Territory governments agreed to adopt a broader definition of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) to: ‘[R]ecogni[z]e[] the importance of connections to family, community, culture and country in child and family welfare legislation, policy and practice, and . . . that self-determining communities are central to supporting and maintaining those connections’ (SNAICC, 2017, p. 2). While an expanded definition is commended, it is the ATSICPP’s meaningful implementation and official monitoring of ATSICPP compliance that matters for every Indigenous child in care (Arney et al., 2015). Indeed, a 2013 survey of 296 Indigenous children in OOHC across Australia (between 10 and 17 years old) found 31% of survey participants did not feel connected to culture, while only 14% reported awareness of a personal cultural support plan, despite such a plan being a requirement of the National Standards in OOHC introduced in 2011 (McDowall, 2016).

Leveraging the broader ATSICPP definition in the Third Action Plan (Department of Social Services, 2018), the objectives of the *National Framework’s* Fourth Action Plan (2018–2020) sought to acknowledge and strengthen the significant role Indigenous-led service providers must play in supporting children and families at risk of entering, or in contact with, government child safety systems. The revitalized Closing the Gap strategy (2020) solidified the important role Indigenous-led service providers must play if the new Close the Gap Targets are to be genuinely achieved.³

There remains piecemeal if not limited scientific evidence on Aboriginal and Torres Strait Islander children and OOHC to reiterate to government and non-Indigenous OOHC stakeholders the importance of Indigenous-led OOHC service provision. There are numerous reasons for this lack of data, including community reticence to participate in published research due to lack of research ownership and co-design, concerning consent processes and community benefit (AIATSIS, 2020; Guillemin et al., 2016; Quigley et al., 2021).

Notwithstanding the evidential limitations, it is painfully obvious to Aboriginal and Torres Strait Islander peoples and Indigenous communities worldwide (Bath & Seita,

2018) why OOHC for Indigenous children and young peoples must be led by Indigenous-controlled service providers (e.g. see Anaya, 2010; Perche, 2017). Considering the ad hoc scientific inquiry into Indigenous Australian children and OOHC (i.e. Lindstedt et al., 2017), it is also unsurprising there exists a further dearth of dedicated scientific inquiry examining why Indigenous-controlled organizations are best placed to lead OOHC service delivery for Australian Indigenous children and their families. However, insight can be gleaned from other Australian studies. For example, a Queensland study drew on the perspective of 13 Indigenous child protection practitioners to examine the barriers and solutions to address the disproportionate number of Indigenous Australian children in OOHC. That study identified four solutions: (1) increased recruitment of properly qualified Indigenous staff; (2) creation of specialist Indigenous practitioner-led practice units within statutory child protection agencies; (3) cultural supervision within agencies for non-Indigenous practitioners; and (4) Indigenous practitioner-led and developed staff training packages and professional development (Oates, 2020). Importantly, the urgent need for experienced Indigenous child protection practitioners in OOHC practice reform was seen as fundamental (Oates, 2020).

Researcher positionalities

The first author is a Waanyi/Kalkadoon woman, qualified lawyer, and the former CEO of the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA). The first author is an Adjunct Professor at The University of Queensland and is an advisor for the Seventh Generation Board Fund based in California, as well as sits on the Board of the International Indigenous Women's Forum and on the Advisory team for the Queensland Human Rights Commissioner. The first author lives on Durambal Country where the research takes place. The second author is a non-Indigenous researcher (and ally) who lives on Darumbal Country and works at Central Queensland Indigenous Development (CQID). The second author has comprehensive experience in supporting Indigenous led OOHC policy and practice. The third author is a Euralie and Kooma woman, with strong academic expertise in Indigenous mental health and wellbeing (including with Indigenous children and youth) and in exploring the interface between Indigenous and Western research methodologies. The third author is also the Associate Dean (Indigenous Engagement), Faculty of Medicine, The University of Queensland. The fourth author is non-Indigenous (and ally) and specializes in interdisciplinary research to improve equitable access to health and wellbeing services with and for underserved populations for health justice and the achievement of health and human rights. The fourth author sits on the Academic Advisory Group of the Queensland Human Rights Commission.

Only the second author presents with an applied background in the Indigenous OOHC space. Therefore, the interdisciplinary project team who specialize in research on the health and wellbeing of Aboriginal and Torres Strait Islander peoples respectfully acknowledge the extensive work on inclusive and culturally responsive practice in Australian social work education to date, which this research project seeks to build on and support (for example, see: Bennett, Ravulo, 2021; Fernando & Bennett, 2019; Riggs & Toone, 2017; Russell et al., 2020; Tilbury et al., 2017). In particular, we acknowledge the

leadership in Indigenous social work scholarship in Australia of Bennett (2022, 2021) and Bennett and Gates(2021, 2019).

Methods

Research design & setting

The need for this research was identified, and the study led and co-designed, by Indigenous social workers from CQID. CQID is an Aboriginal and Torres Strait Islander community-controlled organization with over 10 years' experience providing supports to adults and children who interface with the Queensland Government run child safety system on Darumbal lands and lands of the Wadja Wadja/Yungulu, Gooreng Gooreng, Byellee, Gurang, Taribeland Bunda, Gayiri (Kairi, Khararya), Iningai, Malintji, Kuunkari, Butchulla/Batjala peoples and nations in Central Queensland. With 103 staff members (96 staff identifying as Aboriginal and Torres Strait Islander, 93%) located in seven offices throughout Central Queensland, the research was borne out of CQID staff's collective concern over the persistent legal, policy and service provision gaps that make it difficult to ensure, *in practice*, that culture (through cultural case planning and well-resourced, stable longer-term case planning and implementation) is a protective factor for highly vulnerable Indigenous children and young peoples in OOHC in Queensland, as well as for their distraught parents, families, and communities.

The research project was co-designed by CQID and Indigenous and non-Indigenous researchers from The University of Queensland in 2020. To ensure that data collection, analysis, and presentation of data findings to non-Indigenous stakeholders resonated with such stakeholders for maximum impact, the Indigenous and non-Indigenous interdisciplinary research team strategically grounded the study in the third cultural space methodological approach. Thus, the research locates itself in the third cultural space, or at the middle ground or cultural interface of Australian Indigenous and non-Indigenous scholarship and knowledge systems. By grounding the research in the third cultural space, the researchers aim to accelerate truth-telling conversations among and across sectors and stakeholders engaged in social work and child protection. In so doing, Indigenous and non-Indigenous research team members aim to optimally ensure scientific research findings and study outcomes can be translated to have meaningful impact and resonance with and to non-Indigenous decision-makers and services providers who have disproportionately held power and authority in Indigenous child protection law, policy, and practice since 1788 (see Davis and colleagues in Department of Education and Training, 2011, p. 9; Nakata, 2002). By grounding the study in the third cultural space, the research also explores highly sensitive, nuanced, and complex issues relating to Indigenous peoples and communities subjugated by longstanding settler/colonial laws, policy and practice in child removal contexts; issues in which non-Indigenous OOHC stakeholders may 'authoritatively' approach unaware of their own power, cultural and political biases, and blind spots. To navigate the research team's engagement in a study grounded in the third cultural space, a novel blend of qualitative research investigative and analytic techniques were drawn from Indigenous Australian sociology for social

impact approaches (Butler-McIlwraith, 2006) and the Western public health sociological tradition (Baum, 1995).

Data collection

Given the vastness of Central Queensland—the region covers a total area of 117,300 square kilometres—researchers aimed to recruit participants beyond the major regional town of Rockhampton to reflect the region's geographic size and ensure a representative sample of Central Queensland Indigenous voice and OOHC experience. Study participants were recruited through the research team's Darumbal and broader Indigenous networks, or through snowball sampling. Data was collected from three Indigenous participant groups:

- (1) Elders
- (2) Social work professionals in OOHC or working on related matters in Central Queensland.
- (3) Young adults (19 years and over) who had transitioned out of OOHC at the age of 18 and within the last 10 years

The research team was committed to embed a consent process of meaning and cultural appeal to each study participant. Although a Participant Information Form and Consent Form were provided to all prospective participants, the researchers recognized that informed consent for this study is more than a signature on paper and an iterative process. Depending on the individual research participant and context, consent was obtained verbally (and audio-recorded with the participant's permission) or in writing, or through a combination of these methods. The participants were also informed of the content of the project's Cultural Resilience Distress Protocol, and how the research team could support them access mental health supports should the research process elicit distress. Participants received a gift voucher to compensate them for their time except for CQID staff who participated on a voluntary basis.

Data collection occurred from June to September 2021. A strengths-based yarning methodological approach was employed that especially drew on the guidance and wisdom of Barlo et al. (2020), Hughes and Barlo (2020), Coombes and Ryder (2019), and Shay (2019). Barlo's et al. (2020) six main protocols that researchers should observe to keep participants safe in yarning spaces, as well as to ensure equality along with shared responsibility, were particularly instructive (see Box 1).

Five domains of inquiry guided researcher-participant yarning (Box 2). The lines of questioning within the domains were adapted to reflect whether the participant was an Elder, OOHC professional or young adult. All yarning occurred face-to-face at a location of convenience to the participant, but for two participants which occurred by phone. Twenty-eight ($n = 28$) participants were interviewed. This included ten Elders (six female Elders, four male Elders); ten OOHC professionals (seven female workers, three male workers); and eight young adults (five female young adults, three male young adults). The average interview length varied among participant groups: 40 minutes for elders, 45 minutes for OOHC professionals, and 27 minutes for young adults. The young adult participants were between 19 years to 26 years old.

Data analysis

Guided by Attride-Stirling's (2001) approach to thematic analysis (notably applying thematic networks to organize the qualitative analysis), 554 pages of de-identified transcript were analyzed by two research team members (SC and CEB) and emerging themes iteratively identified, discussed and refined through regular online and face-to-face meetings. Draft findings were then presented to ten research participants at a meeting in early October 2021, where rich critical feedback on study findings was provided. Based on participant guidance, the researchers then finalized the study's themes.

In framing study findings for a non-Indigenous audience, the researchers renamed the themes 'Directives' to emphasize the instructive nature of study findings—respectfully grounded in Indigenous knowledge, voice and transgenerational experience—for non-Indigenous justice stakeholders and decision-makers in OOHC. Framing the thematic findings as authoritative Directives also aligns with Indigenous self-determination and Indigenous community participation in OOHC matters (Blackstock et al., 2020; McGlade, 2020).

Research ethics approval was obtained from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) (EO208–20200930) and ratified by The University of Queensland Human Research Ethics Committee (2021/HE001102) in late 2020 and 2021, respectively.

Results

Ten themes or Directives emerged from analysis of the 28 participant voices. Together, they instruct why it is important OOHC service provision for Aboriginal and Torres Strait Islander children in Central Queensland, and in Australia, be Indigenous-led and controlled on paper and in practice. The ten Directives are summarized in Table 1 and outlined below.






Directive 1. Indigenous-led service providers are best placed to strengthen the cultural identity of, for and with Indigenous children and young peoples in OOHC

Although the 'cultural baseline' for each child will differ, all participants emphasized prioritizing Indigenous cultural identity and spirit among OOHC children, and agreed Indigenous-led services should 'absolutely' [Elder 3] lead and imbue this among 'our children' [Worker 5]. Participants stressed that strengthening Indigenous identity among traumatized children—who they further acknowledged are likely to be from families experiencing trauma and displacement—is the most healing and strength-building intervention that can be given for OOHC children's short- and longer-term wellbeing. With knowledge of kin, country, and culture:

You can see a light that comes on in their life, [] they have this [cultural identity] . . . the spirit within them just grows. Suddenly they're alive where before they're just this dead person [Worker 10]





For one young adult, when OOHC children are with Indigenous-led services and community, 'There's this deadly, [] you feel the energy . . . you can just feel their vibes

Table 1. Ten Directives for non-indigenous stakeholders.

Indigenous-led service providers are best placed to –			
No.	Directive	Description	Illustrative Quote
Directive 1 	Build cultural identity	Build & strengthen cultural identity, spirit & pride, which is the core protective factor of & for Indigenous children & young peoples in OOH, & their families	<i>It's identity. Without identity you've got nothing. You've got to know who you are and where you come from. Once you know that you've got a starting point We have to start with their identity and move that forward [Elder 6]</i>
Directive 2 	Build identity, self-respect and self-worth for positive behaviors, well-functioning & fulfilling lives	Build & strengthen strong cultural identity & connection to culture, family, kin & community that will impact the child's self-worth & mental health, engagement in positive behaviors while in OOH, & ability to go onto live healthy, well-functioning, fulfilling & happy lives	<i>It's the knowledge of where they come from. It's teaching them respect . . . because they're put in the 'too hard basket', some of these kids [Worker 9]</i>
Directive 3 	Manage deep, longstanding mistrust & fear of child 'protection' services	Navigate & support children & families manage their deep mistrust & fear of non-Indigenous controlled government agencies & child safety service providers, who have both subjugated & oppressed Indigenous identity & connection, & dominated child protection policy & practice since occupation and ongoing colonization	<i>Child Safety have got a lot to answer for [Elder 2]</i>
Directive 4 	Empower identification, prevention & combating of unlawful racism	Strengthen cultural identity & connection among children in OOH for empowering the preventing and combating of unlawful racism for inter-generational individual & community health & wellbeing	<i>Racism is still very much a thing []. You need to be proud in the color that you're in . . . How are you supposed to do that by yourself [if you're in OOH] and don't know? You've got to have someone there . . . that [cultural] dignity . . . could be the only strength [you] have [Worker 7]</i>
Directive 5 	Empower identification, prevention & combating of intersectional shame, stigma & unlawful discrimination	Strengthen cultural identity & connection among children & young people in OOH for empowered preventing & combating of intersectional shame, stigma & discrimination on account of Indigenous status, LGBTQI status, &/or disability status for individual & community health & wellbeing	<i>We need to find a way to make sure that if a young First Nation person is in care . . . that we've put things in place to make sure that they can access culturally safe ways to affirm themselves and have support [24-year-old Young Adult transgender participant]</i>


(Continued)

Table 1. (Continued).

Indigenous-led service providers are best placed to –			
No.	Directive	Description	Illustrative Quote
Directive 6 	Lead & control the Indigenous child safety space—look to the many positive examples & evidence	Establish, lead & support connection to family, services & supports, as well as kin & community for children & young peoples in OOHC, considering the many positive examples of the children, young people & adults who are/were in OOHC that received support from Elders, Indigenous workers & Indigenous-led community development agencies, which led to formative health & wellbeing outcomes across the life course	<i>We had one boy that couldn't even mention his father [] because [he'd] passed away. I did activities with him . . . he was having behavioral issues. He kept saying, 'I'm angry' [] he'd say he's angry about everything. I'm like, 'no, you're actually feeling [] sad'. I re-identified feelings and connected them and then eventually . . . there were good changes there. Yeah. There were good changes [Worker 1]</i>
Directive 7 	Build genuine trust & connection between the child and multiple stakeholders	Build trust & rapport (connection) between the child safety worker & child that will impact child & family wellbeing due to Indigenous-led service providers awareness of the acute & multidimensional strengths and vulnerability of Indigenous children & young people in OOHC, as well as their repeated observation & their workers' lived experiences of the harmful practices by non-Indigenous service providers, the Child Safety Department & equivalent government agencies in the OOHC space	<i>There's no feeling like that feeling of isolation and not knowing who you can go to talk to or where to go, especially if they're not feeling safe in [their] environment [Worker 6]</i>
Directive 8 	Respectfully connect, listen, communicate & respond	Connect, listen, & respond to, with & for Indigenous children & young people in OOHC – & their families—to facilitate & maintain culturally safe OOHC placements & practices with both Indigenous and non-Indigenous carers	<i>You sit there, and you listen. You let them tell their story. Don't try and give them advice around what's [right] – because you've never done that. I say to them too, I'm learning every and each day [Worker 4]</i>
Directive 9 	Respectfully reassure the child, family, kin & community	Reassure distraught & (re)traumatized Indigenous parents, grandparents, family, kin & community that they are in the lead & will meaningfully & actively work to connect the removed child or young person to culture, family & kin to reestablish & uphold the child's cultural identity, as well as family & mob connection & connection to country	<i>There were several times where I would hear . . . which is good, 'you'll go back to her [my mum]'. Then I would hear again, 'Two more years and you'll go back to your mum'. There was only so many times I heard this as a young person before I gave up, and that twisted my own views of my mum. Only weeks before she passed away I [was] overwhelmed with the amount of anger I held . . . I don't feel when I was in care there was enough focus on reestablishing my household with my mum. There wasn't enough focus on getting my mum better' [Young Adult 4]</i>

(Continued)

Table 1. (Continued).

Indigenous-led service providers are best placed to –			
No.	Directive	Description	Illustrative Quote
Directive 10 	Build & promote special Indigenous child rights, family rights & cultural rights	Establish & build the full spectrum of human rights & cultural dignity of Indigenous children & their families involved in the child safety system to genuinely break the deeply embedded intergenerational colonial/settler & Stolen Generation cycle of Indigenous child removal, rights violation & displacement	<i>It's their right. Children have the right</i> [Worker 6]

and it's just good energy' [Young Adult 5]. Others highlighted how strengthening cultural identity among OOHC children builds self-empowerment.

A 100% ... The self-growth that [Indigenous-led organizations] do, it really does help. It's a big help ... [G]row[s] the child into their own person [Young Adult 2]

Many OOHC professionals discussed how children enjoyed engaging with them in cultural identity building activities: 'They love it because it gives them a sense of belonging' [Worker 9]. While cultural identity 'definitely' builds resiliency, several highlighted 'It needs to be all the time and not just tokenistic conversations and support' [Worker 6]: 'It's [consistently] empowering them to take pride [in] where they come from, who they are in their culture' [Worker 2].

The Elders were especially instructive about why it is vital Indigenous-led OOHC services build cultural knowledge and identity. They gave diverse reasons including imparting a sense of care and hope for the future, safety and security, as well as inclusion and belonging.

To bring the children back to their identity. . . Without having [] Indigenous people around them, even though they may not see their kinship [or] families [], these kids [] feel that sense of belonging ... knowing their identity ... It's 100%, it's positive, the outcomes are positive because [the service is] working with that child. . . When the kids touch culture, you see them change ... a light comes on in them and they've got that support [Elder 3]

Even when non-Indigenous OOHC workers engaged in cultural awareness training, many participants viewed they remained inappropriate or unequipped to lead and impart knowledge to build cultural identity of 'our children'.

Directive 2: Indigenous-led service providers are best placed to build self-respect and model respectful relationships to support OOHC children live healthy lives

Participants from all groups observed that Indigenous children listened and responded better to guidance and authority administered by respected professionals in Indigenous-led OOHC providers. The importance of generating respect among children in OOHC—respect for themselves and their Indigenous culture and spirit, their family, mob, culture, and the broader community—was viewed as part of a continuum and key to best

equipping these children to enjoy healthy, positive lives. Participants vocalized that Indigenous-led providers are best placed to build this sense of identity and respect, to help generate self-determination, responsibility, and accountability among OOHC children. Several professionals highlighted how they reinforced the importance of respect among young peoples they support:

I tell them . . . [it] didn't matter where we're from . . . It comes down to respect. If you don't respect others, then you don't expect them to respect you back [Worker 4].

In addition to Indigenous role models available to OOHC children among their families, kinship groups and community, many participants considered Indigenous-controlled services and their staff are complementary role models who emulate strength-based behaviors. Several young adult participants confirmed how positive interaction with Indigenous workers impacted on their own lives and inspired them.

It feels good, it feels empowering . . . [when] you have these role models around you and it makes you [] think, 'yeah, I can do that, I can be just like them and they're doing good for themselves . . . I just really want to succeed in life' [Young Adult 1]

In building cultural identity, spirit, and respect among Indigenous children in OOHC, all participants strongly encouraged services and government to actively connect them to the Elders. Connection to country is also strenuously encouraged by participants to build self-esteem, self-respect and healing among OOHC children. As put by Young Adult 1: *'just being on your home, on your land, makes you feel safe and connected'*.

Directive 3: Indigenous-led service providers are best placed to support OOHC children and families manage mistrust/fear of non-Indigenous services and government

Participants were adamant that Indigenous-led services are most appropriate to support *'our children'* and their families liaise with government agencies on OOHC, wellbeing, justice, and safety issues. This is due to the deeply embedded fear and mistrust young peoples and families carry toward non-Indigenous and government services who have dominated and controlled the child protection and child removal landscape in Queensland since colonization.

When I was younger, I had this mind-set of not trusting people because when we got taken into care, I didn't want to trust anyone, I just wanted to look after me and my siblings because I thought we'd be all separated . . . I just couldn't believe a whitefella [Young Adult 1]

Elders and OOHC professionals described how mistrust is transgenerational.

There's no trust because the parents and [child in OOHC] or the grandparents or the great grandparents have had the experience of being disconnected, isolated, or have been treated badly by the government that they don't trust. It's always been the government—white men [Elder 3]

When we're not involved, [] families communicate differently; they don't open up as much, or they just refuse because they don't trust the [child protection] system . . . [Worker 1]

Adding to widespread mistrust is the collective sense that OOHC families and children are judged constantly. For participants, this sense of judgment is a barrier to children and their families accessing or maintaining timely and safe OOHC services.

Directive 4: Indigenous-led service providers are best placed to empower OOHC children to respond to unlawful racism for enhanced justice, health and wellbeing

Many participants raised the truth of racism in contemporary Australia, and how they had observed OOHC children experience racism. They agreed that by safely building self-esteem, cultural identity and pride among OOHC children, Indigenous-led services could significantly build ‘our children’s’ empowerment and resilience against unlawful behavior.

You could see that [children with cultural knowledge and pride] would have a bit more resilience around it [racism], whereas the young ones who didn’t would just snap . . . That’s my observation from working with kids for 10, 15 years, and the kids that are in care too . . . [and those children] are yearning [for cultural identity and cultural pride]. Yearning. To the untrained eye, you’d never see it [Worker 2]

Several participants spoke about how non-Indigenous workers in child protection cannot truly understand racism and its spiritual, physical, and psychological impacts because it is not part of their, or their families, lived experience: ‘Whitefellas can say to me as much as they like, “Oh, we understand what you’re going through” [They can’t] . . . I said, “You’re not this color”’ [Elder 2].

Directive 5: Indigenous-led service providers are best placed to empower children in OOHC combat shame, stigma, and unlawful discrimination

All groups of participants highlighted the shame among OOHC young peoples who had little to no knowledge or meaningful connection to Indigenous culture or to their family and kin.

For many participants, shame is a key barrier to empowering OOHC children to self-advocate for their safety, health, and wellbeing. The inability or unwillingness to speak up and out is especially concerning given the highly disenfranchised position OOHC children are in when removed from their families, coupled with a lack of Indigenous-led services and supports. It can also study Indigenous worker’s ability to locate timely family reunification and kinship care.

Several young adult participants who identified as LGBTQI further described the shame, stigma and discrimination they experienced in OOHC, and why and how the receipt of OOHC services from affirming Indigenous-led organizations would have been crucial to their physical, spiritual, psychological, and cultural health and development. A transgender young adult participant considered there are ‘so many’ Indigenous LGBTQI youth in OOHC. They discussed their failed attempts to support the Child Safety Department (CSD) improve government resources and non-Indigenous workforce practice around Indigenous LGBTQI young peoples.

I really tried doing some stuff with them around LGBTI kids in care and the resources that they have []. They were like – ‘no, they’re fine, they’re great’. In the meantime, I’m still being fully

misgendered . . . They're literally booking a name and gender of someone that doesn't actually exist, none of my ID binds up to that. I just refused it and they're like, 'that's just the system' . . .

The same adult explained that because the CSD refused to acknowledge their different gender from that at birth, it became problematic for other government and non-government services to officially recognize their gender identity. This became an acute problem when the participant exited the government controlled OOHC system at age 18.

We also interviewed a young adult with disability who had been in kinship care with grandparents. Like the transgender participants, they raised how government child protection, disability and health care services were unable to reconcile and support their identities, and how this resulted in their feeling stigmatized. As with the transgender participants, this participant explained their experience of exclusion continued into their adulthood.

When I was going through the hospital, it made me feel like I was either one or the other. I couldn't be a disabled Aboriginal. I was either disabled or Aboriginal . . . Looking back and realizing how different things were for my life in comparison to other people, it would have made a big difference [with Indigenous-led service supports]. I reckon I would have been a lot happier as a child, not felt so outcast

Directive 6: the positive stories and anecdotal wellbeing outcomes for Indigenous peoples confirm important leadership role of Indigenous-led services in OOHC

Elders and OOHC professionals gave many positive stories and wellbeing outcomes they had heard, witnessed or facilitated with Indigenous children in OOHC and their families—whether as foster parents or kin carers themselves, informally in community, or as part of their professional activities. They spoke about their ability to build rapport and trustful relationships and connection with children, partly because of their shared Indigeneity and cultural heritage, and insight into the impacts of intergenerational trauma.

Sadly, I don't think they were getting that cultural richness from the carers, because they weren't Indigenous . . . I just got [] back to basics . . . It was just more of what that little person could share with me, and all I did were activities to draw that out and explain that you're part of the longest living culture on this earth. So, you're a part of something, and you'll always be part of that. It runs in your blood . . . It's time. If I show them that I'm giving my time, they'll engage [Worker 2]

For these participants, it was those connected relationships filled with respect, trust and rapport that ultimately led to the positive wellbeing and behavioral outcomes they witnessed as children grew in self-worth and became young adults.

He [the Indigenous worker] made a few phone calls and the family [] agreed that a connection was there. They ended up flying over to meet the girls [in OOHC], and the connection that happened was really powerful. The girls broke down—they've finally found out who they are and where they're from and who they belong to . . . The story he tells me is that from that day on they were just different girls . . . because they knew who they were and were more comfortable in their own skin knowing who they were. That's why they did it [sought out kin], because they were struggling with the girls and their behavior [Elder 4]

There are poor choices that they've made, or they're acting out. There's heaps of kids in Child Safety . . . and they're punching holes in the walls, or they're angry with people. But when the

[Indigenous] workers come in, that changed because we didn't take the crap, we'd talk with them. And they have that connection . . . For us, it's an investment, it's our family [Worker 10]

A retired Elder reflected on the positive outcomes of their involvement with OOHC children, especially those living with non-Indigenous families.

I was at the [name removed] as a [] worker, and she knew that I was there. For her, having that connection with me every day would brighten her, there was a light shining in her. When she went home [to non-Indigenous OOHC family], we don't know what went on. I'd ask and Child Safety wouldn't give me a report . . . But one particular day, something must have happened, and this little girl was on top of the roof. She wanted to jump off it. And I came out and I happened to see this, they had the psychologist there, the [] nurse there, the [] all trying to get her down. And I just had to raise my voice and [] she came down straightaway. And that was because of the influence of an Indigenous person . . . And I've still got that contact with her . . . [Elder 3]

Directive 7: Indigenous-led service providers are best placed to build trust with OOHC children due to their cultural empathy into 'our children's' acute vulnerability

Participants emphasized that when children engage with Indigenous OOHC services, there is a greater likelihood that not only will their cultural identity, pride and respect for self and community be strengthened, but so too will there be more chance of genuine trust and rapport—connection – built between the child and the OOHC professional for enabling child safety and wellbeing outcomes. For many participants, this is because Indigenous-led services have knowing and insight into the vulnerability of OOHC children, including vulnerability in kinship care arrangements that do not best promote the child's wellbeing or cultural interests. All participants reinforced the heightened vulnerability of OOHC children due to their Indigeneity. When reflecting on their own experience of family removal and being in the child protection system, the voices of the young adults were especially powerful.

I got touched when I was in care. They [CSD] found out about it, but they just moved me . . . They didn't act on it or anything, they still let kids still live there . . . they just called me a liar []. So yeah, it's very hard. Still is . . . [Young Adult 5]

OOHC professionals and Elder participants similarly reiterated the isolation, vulnerability, and lack of cultural belonging of Indigenous children because 'they just don't feel wanted by anyone' [Worker 5]. In turn, all three participant groups gave diverse examples of contemporary poor practices of non-Indigenous and governmental child safety organizations with Indigenous children. The accounts of the young adults are, again, particularly harrowing—they repeatedly link their ongoing poor mental health, journeys of cultural dysphoria and family dysfunction directly to their OOHC experience.

Directive 8: Indigenous-led service providers are best placed to listen to and work with Indigenous children and families to facilitate and maintain safe OOHC placements

Building on Directives 1, 3 and 7, all the young adults highlighted the importance of children being listened to and genuinely heard—and those voices meaningfully acted

upon—by the Queensland Government’s child safety agency and all service providers, regardless of whether the service was Indigenous-led. For these participants, trust and rapport could only be positively built if the service demonstrated they are seriously listening and actively responding to what the child is communicating to them both verbally and non-verbally.

Because half these kids don’t know how to talk to [CSD]. It’s—and then when you have someone like that [Indigenous-led service] who can really get their message and [] tell them what they’re supposed to do and how they’re supposed to do it, because they’re understanding how that child’s feeling as a person, and not just hearing what they’re saying over the phone or in a meeting [Young Adult 1]

There was resolute agreement among all participant groups that Indigenous-led services could—and would—genuinely listen to the child, engage the child and their family in decision-making (where possible) and sincerely advocate for the child’s interests, including connecting them to family, kin, and culture.

It’s really important [] just having that [Indigenous] person. A young person could walk in and see a representation of themselves in that person and that’s helping them [generate] life-saving changes [Young Adult 3]

Listening to the lived experiences, wishes and needs of the child’s parents and family was also emphasized, and this is time intensive. Grandparents also need to be actively sought out and listened to because of their wisdom, knowledge of their own child and family dynamics (and the impact transgenerational trauma has had on this), and deep love for their grandchildren.

The OOHC professionals and Elders particularly emphasized the need for government to listen to them, as well as the child and family, not only in individual case contexts but at a systems, policy, and planning level. OOHC professionals gave repeated examples of how their voices were not being respectfully listened to and acted upon by non-Indigenous workers in Queensland’s child protection and justice system. To improve listening, case-work, and cultural connectivity skills, several OOHC professionals suggested non-Indigenous decision-makers and service providers be mentored by Indigenous workers, or partner, shadow and observe an Indigenous professional’s applied approach. In partnering with Indigenous OOHC professionals, the non-Indigenous worker needs reflexivity and cultural humility. This includes ‘*these new workers that are coming straight out of uni*’ [Worker 4] and more experienced Child Safety officers:

Even the ignorance [] of the Child Safety officers, of not knowing what we were talking about when it came to that cultural connection. I had a CSO one time try and turn around and tell me that the baby [and siblings] were born in [de-identified], so that’s their connection to country. And that was an interesting discussion to say the least . . . And she just didn’t have—she didn’t really even want to learn . . . [that’s] the vibe that I got off her [Worker 7]

Directive 9: Indigenous-led service providers are best placed to reassure families that they are actively connected with the child and are working to reestablish and uphold the child's cultural identity and family connection

Following on from Directive 8, all study participants emphasized that where there is an Indigenous-led service actively engaged that this is reassuring for distraught parents, siblings, grandparents, kin, and community. As part of this reassurance, participants reinforced that where OOHC-related decision-making and service provision is Indigenous-led, Indigenous service providers will work hard to place a child with family or kin in the first instance, and work toward supported family and child reunification.

If they [Indigenous services] were doing [OOHC placement] assessments, we wouldn't have so many kids being stolen from their families . . . Maybe [they'd be placed] with other parts of their family, but still with family. Still learning their culture, and their history and everything like that [Elder 6]

Another reason separated families feel reassured is because they consider the service provider will go 'the extra mile' to ensure the child's carer is culturally responsive (or receives training and guidance) and that the carer will be subject to more accountable and transparent oversight to implement culturally responsive care and cultural connection. OOHC professionals and Elder participants who had previously worked in child protection reported mixed experiences of non-Indigenous carers supporting their Indigenous foster children access cultural activities and connection to Indigenous services, kin, or cultural supports. This ad hoc and inconsistent approach was considered not good enough for 'our children'.

Directive 10: Indigenous-led service providers are best placed to promote the rights and cultural dignity of OOHC children and their families to break the cycle

Several OOHC professionals noted that Indigenous services must lead engagement with and for 'our children' as a matter of human rights, self-determination, and cultural dignity. These professionals affirmed that Indigenous-led service provision is a matter of child rights including the child's complementary cultural right to maintain connection to kin, country, and culture. Where children in OOHC did not have Indigenous-led service provision, 'It's denying their rights to know who they are, their connection to their culture' [Worker 6]. Participants from all three groups echoed that, in their view and experience, the cultural and other intersecting rights of OOHC children are not widely upheld or adequately protected and promoted by Queensland government agencies. Another OOHC professional noted that Indigenous-led service provision is not only a matter of child rights, but the right of the Indigenous parents' and families' when their child is removed, and families need to be educated on this. Human rights dictate that not only should Indigenous organizations be leading OOHC, but rights-based approaches should in turn enable 'the [child safety] system to accommodate' Indigenous leadership:

You can chuck money wherever you want, and say you're support it, without actually proactively supporting it . . . Great, you've [government] given funding and great authority to this [Indigenous-led] organization to do great things. Are you going to collaborate with them? . . . That's where the issue is [Worker 1]

Discussion & conclusion

This study provides ten Directives for social work educators, policymakers and practitioners on why and how Indigenous-led service providers are best equipped to protect the cultural connection and safety of Indigenous children in OOHC in Queensland and broader Australia. The content of the ten Directives overlaps and are inter-connected by the central tenant that Indigenous-led services are best placed to strengthen cultural identity and spirit among children and young peoples (Directive 1), which is the core protective factor of and for Indigenous children in OOHC (Hunter et al., 2021; McDowall, 2016). The findings endorse Krakouer et al. (2018) call for service providers to focus on strengthening family relationships to foster cultural connection and for timely and sensitive exploration of family reunification opportunities. The findings also reinforce Riggs and Toone's (2017) research on sistergirls and the impact of LGBTQI+/brother boy/sister girl identity on culturally competent service provision and placement in child welfare. As with other studies in Australia and beyond (e.g. Bjorum, 2014), our findings speak to Indigenous-led services being motivated to generate the thriving of OOHC children because staff view them as *our* children; not 'clients' and caseload 'numbers' in reductionist or essentialist terms. This is because Indigenous-led service providers are part of the symbiotic child-community relationship, 'a fundamental point of Indigenous cultures' (see Guilfoyle et al., 2010). Indigenous-led services both facilitate and are part of the circle of connection: the 'interdependent and reciprocal relationships between Aboriginal peoples and country which is sustained through cultural knowledge and practices' (Davis, 2019). Participants also express how and why Indigenous-led services are trusted by community to privilege the strengths of Indigenous children in care, and strengths of their families. As evidenced in our study and again raised in other research, staff in Indigenous-led services have 'clear-eyed recognition' (Haight et al., 2018) of the impacts that discriminatory forced child removal policies, intergenerational trauma and ongoing racism have on children and families and their interaction with today's child protection system.

Study findings emphasize that when qualified Indigenous OOHC professionals are actively involved, they are more likely to holistically read and listen to (Directive 8), navigate and optimally respond to children and families' deep mistrust and fear of government or non-Indigenous run child 'protection' and 'justice' services (Directives 3 and 9), and in so doing meaningfully build cultural identity, self-respect, self-esteem and respectful relationships within and among OOHC children to unlock psychosocial benefits (Directives 1 and 2) (Hopkins et al., 2018). In turn, participants consider this will likely lead to the building of trust, connection and communication between the child and multiple stakeholders for effective safety, wellbeing and human rights outcomes of life-long consequence (Directives 6, 7 and 10). Drawing on their own knowledge and experience, staff in Indigenous-led services can also model positive behaviors to disenfranchised children (Directive 3) crucial for generating improved behaviors and psychosocial health of at-risk young peoples (Hopkins et al., 2018). They can support them identify and respond to unlawful racism, discrimination, stigma and shame when it emerges in different places and contexts, as well as empower them to connect with culture, family and country so they can go onto live healthy, positive lives for intergenerational wellbeing and systemic change (Directives 4 and 5).

Like all research, this study presents with limitations but two are of note. First, young peoples with experience of Queensland's OOHC system, as well as their parents or grandparents, are not included in our study. For feasibility purposes, we included three participant groups only. However, further qualitative research that involves parents and grandparents could triangulate study findings and identify whether there are additional Directives that did not emerge from our data. Certainly, in support of findings from other Australian studies (Busija et al., 2020; Gair et al., 2018), participants raised the vital role Elders should actively play in promoting the communication skills and self-esteem of Indigenous children in OOHC (Directive 2), and the importance of service providers meaningfully involving grandparents in OOHC processes (Directive 8).

While we did not include Indigenous children under the age of 18 years in our study, there is potential to qualitatively explore young people's experiences of Indigenous and non-Indigenous led OOHC service provision. Although such studies would require intensive multidisciplinary and multi-stakeholder preparation, we acknowledge the importance of including Indigenous young people's authoritative voices in OOHC research (see Finan et al., 2016; Grace et al., 2018); especially the voices of young peoples who experience racism and intersectional discrimination on account of their LGBTQI status, gender and disability (Directives 4 and 5). Indeed, all sets of participants in our study emphasized for the needs and wishes of Indigenous children in OOHC to be respectfully listened to and appropriately acted on by government decision-makers and service providers (Directive 8). However, literature from South Africa cautions how 'participatory' decision-making practices with Indigenous young peoples in certain OOHC contexts may inadvertently perpetuate inequalities because of the young person's lack of autonomy to speak freely due to power differentials between the young person and service provider, and socio-cultural contexts of the OOHC family (Schiller & de Wet, 2018, 2019). Hopkins et al. (2018) similarly caution that in certain contexts, cultural obligations may become a 'double-edged sword' for Aboriginal young peoples at risk of exposure to child protection systems and call for further research into 'what contexts and for whom cultural knowledge can be beneficial, and for whom and under which conditions this relationship carries a particular burden'.

The second study limitation is that we recruited less than ten young adults as planned. It was difficult to recruit young adults who had exited OOHC within the last 10 years. The young adults who agreed to participate did so with courage as they continue to be profoundly impacted by their OOHC experience. All young adult participants found it painful to discuss the topic of their removal from their parents and families, the multi-dimensional abuse they suffered in care, and the lack of connection they had with family and culture when removed. Many confirmed the reason they found the strength to speak is because they believe inclusion of their voice in this study is critical for guiding intergenerational change in Queensland's OOHC system. As Young Adult 2 stated, *'I really agree with what you're doing here'*. This confirms calls in complementary health and wellbeing literature for better engagement with Aboriginal and Torres Strait Islander 'clients' 'to ensure that services are culturally safe, holistic, integrate appropriate staffing, include culturally relevant activities and value patient/participant experiences' (Murrup-Stewart et al., 2019).

Based on this study's findings and discussion above, we strongly recommend our study's Directives are embedded into social work curricula in tertiary institutes across

Australia. Social work educators can use the Directives to review and revise a raft of Bachelor and Master of Social Work course content. For example, the ten Directives can inform social work courses that relate to working with Aboriginal and Torres Strait Islander peoples, social work field practice in child and youth, policy development and practice, working in human service organizations, and courses on social being and power, structure, and agency. To ensure this occurs among tertiary institutes, we recommend the Directives are uptaken by the Australian Association of Social Workers (AASW) in their Australian Social Work Education and Accreditation Standards. The AASW's leadership as the peak body that sets out (1) the standards, principles and graduate attributes for social work education and (2) the criteria for the accreditation of a professional social work courses, will be crucial (AASW, 2022). We acknowledge and commend the commitment to date of AASW to improve culturally responsive and inclusive social work practice in Australia with regard Aboriginal and Torres Strait Islander peoples (AASW, 2016). It is critically important for today's social work educators, and students, to reflexively understand and acknowledge that Australian social workers, enmeshed in social work's Euro-centric heritage that privileges Western knowledge and heritage (Young & Zubrzycki, 2011), have been complicit in past discrimination and harm toward Aboriginal and Torres Strait Islander peoples (Fejo-King, 2011; Yu, 2019).

Finally, based on our study findings, we recommend Australian Indigenous-led services strategically concentrate on three activities in the next 5 years. First, we recommend they seek to productively engage with government and appropriate partners for far more capacity building—underpinned by 'scientific' research—that empowers them to conduct culturally responsive service evaluations *on their terms* (Lawton et al., 2020). Second, we recommend Indigenous services and peak bodies leverage the evidence-base that scientific inquiry can elicit in support of capacity building and evaluation activities to advocate to, and hold accountable, non-Indigenous stakeholders and government power brokers who continue to dominate Australia's child protection governance landscape, and OOHC resourcing. Finally, we recommend Indigenous-led services together with their non-Indigenous allies and champions within government partner to challenge Federal and State/Territory government's misplaced onus on Western results-based management (RBM) and results-based budgeting (RBB) approaches to measure and monitor the success of (and thus ongoing funding and adequate resourcing for) Indigenous-led OOHC services.⁴

It is misguided, if not disrespectful to Aboriginal and Torres Strait Islander peoples and cultures in existence for more than sixty millennia, for RBM and RBB management strategies to be wholly deployed by government funders which value quantitative data, objective performance indicators (often prescribed by government), predefined targets and expected delivery of short-term 'results' to measure 'success' by OOHC Indigenous-led service providers. Not only do the RBM and RBB metrics and the funding structures, government expectations and power differentials they create (and perpetuate) undermine the self-determination of Indigenous-led service providers, but they cannot in any way meaningfully value, capture or support the time-intensive, longer-term complex task before OOHC Indigenous-led services connecting children to culture, family, kin and country. It will be these services, and their staff, who mop up the historical antecedents and traumas of discriminatory child removal policies for real intergenerational systemic

change, while also preventing and responding to the growing overrepresentation of Indigenous children in OOHC, and their highly complex and stressful cases. Looking forward, a shift in the values and ways of measuring and monitoring Aboriginal and Torres Strait Islander-led service provider ‘success’ and resource ‘use’ will be paramount.

Notes

1. ‘Aboriginal and Torres Strait Islander peoples’ and ‘Indigenous’ will be respectfully used throughout this paper. We acknowledge that not all Aboriginal and Torres Strait Islander peoples are comfortable being grouped together, nor are comfortable with being referred to as ‘Indigenous’. This is reflected by the participants in our study acknowledging their identity in different and unique ways, including through their culture and Country. While yarning took place on a particular Country, not all participants identified as being from or part of that Country. In respectfully using ‘Aboriginal and Torres Strait Islander peoples’ and ‘Indigenous’ interchangeably throughout this paper, we note Bennett’s (2022) guidance on use of language in academic scholarship ‘to reflect Indigenous cultural values and where possible respect customary laws . . . [and] to write and speak about Indigenous cultures in a manner preferred by those cultures’ (p.275).
2. In the case of Queensland, see Section 28 (Cultural rights—Aboriginal peoples and Torres Strait Islander peoples) of Queensland’s new *Human Rights Act 2019*, which entered into law on 1 January 2020.
3. Notably Target 12: By 2031, reduce the rate of over-representation of Indigenous children in OOHC by 45%.
4. For explanation of what constitutes RBM and RBB approaches, see UN Habitat (2017, page 2).

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