



Department of
Indigenous Affairs

EXECUTIVE SUMMARY

MAPPING AND GAP ANALYSIS OF HUMAN SERVICES FOR INDIGENOUS PEOPLE IN THE MURCHISON-GASCOYNE REGION

FOR

DEPARTMENT OF INDIGENOUS AFFAIRS

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FOREWORD

Undertaking a mapping and gap analysis of human services for Aboriginal people in the Murchison-Gascoyne region has been a major task. The region is both large and diverse.

We could not have fulfilled this task without the generous support and assistance of many people. We are grateful for this support.

The staff of the Department of Indigenous Affairs' Murchison-Gascoyne region were at all times extremely helpful and supportive, and the task would have been impossible without this support. We would particularly like to recognise the unstinting support of Mr Jamie Strickland. The Department of Indigenous Affairs provided the Murchison-Gascoyne Demographic Profile and we acknowledge the work of Stephen Jones, David Povah and Cherie Slater.

Staff of State and Commonwealth Government agencies, Local Government authorities, non-government agencies and Aboriginal controlled organisations gave generously of their time and knowledge and provided much information for the mapping and gap analysis. Those consulted are too numerous to name individually and we hope that they will accept this acknowledgement for their support.

In particular we were grateful for the support and information we received from Aboriginal community members with whom we consulted in the course of this project. We are well aware that Aboriginal people have been consulted ad infinitum, sometimes with little tangible benefit but those whom we met were unfailingly generous in sharing their knowledge, experience and ideas. We hope that we have reflected what we were told accurately and enabled their voices to be heard. Again those consulted were too many to name individually but we acknowledge the contribution of Aboriginal community members in Meekatharra, Cue, Mt Magnet, Yalgoo, Mullewa, Morawa, Carnamah, Geraldton, Northampton, Barrel Well, Carnarvon, Mungullah Aboriginal Community, Denham, Exmouth and Burringurrah Aboriginal Community.

We thank the Midwest Gascoyne Human Services Regional Managers Group for their time and support for this project. We hope that we have done justice to the task and to all who contributed and that our report will make a contribution to a better future for Aboriginal communities in the Murchison-Gascoyne region.

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EXECUTIVE SUMMARY

This analysis of human services currently provided and funded by government to Aboriginal communities across the Murchison-Gascoyne was initiated by the Department of Indigenous Affairs with the intent of improving the service environment and service delivery to Aboriginal people in the region.

In commissioning the Murchison-Gascoyne Mapping and Gap Analysis (MAGA), the Department of Indigenous Affairs recognised that although a range of policies are in place, and programs and services are being delivered, they are often failing to achieve required outcomes in Aboriginal communities.

The intention of the MAGA was to identify the total government investment in each sub-region and detail the gaps in available services. The information from the MAGA will be used as an input to create a cohesive whole of Government Regional Investment Strategy.

The three sub-regions assessed were:

- Midwest-North Midlands: City of Geraldton-Greenough, Shires of Northampton, Irwin, Chapman Valley, Three Springs, Perenjori, Carnamah, Morawa and Mingenew
- Carnarvon-Gascoyne: Shires of Carnarvon, Shark Bay, Upper Gascoyne and Exmouth
- Murchison: Shires of Mullewa, Murchison, Yalgoo, Mt Magnet, Cue, Meekatharra and Sandstone.

The MAGA drew on the knowledge and experience of regional managers, staff of State and Commonwealth Government agencies and Local Government authorities, non-government service providers and Aboriginal organisations to obtain a picture of service provision across the region.

Aboriginal community members in twelve towns and three Aboriginal communities were consulted about their views on services to their community and these are strongly reflected in the findings and recommended priorities for action.

The findings from research previously undertaken in the Murchison-Gascoyne, as well as the findings of academic literature, government reports and papers have also informed the MAGA.

The MAGA report is presented in four parts. Part A contains the regional overview, region-wide systemic issues and across region issues, needs and priorities. Parts B, C and D contain findings and priorities for action for each of the sub-regions that

¹ The terms 'Indigenous' and 'Aboriginal' are used interchangeably in this report. This is inevitable as authors and government departments use both terms. As far as possible we have tried to use 'Aboriginal' when referring to Aboriginal people in the Murchison-Gascoyne region as this is generally preferred, and 'Indigenous' when referring to national issues. Aboriginal includes Torres Strait Islanders if they are living in the Murchison-Gascoyne region.

make up the Murchison-Gascoyne region. Town by town service mapping is contained in three separate documents – one for sub-region.

Key findings

A reasonable estimate of the Aboriginal population in the Murchison-Gascoyne region is around 6,808 people.² Aboriginal people are 11.5% of residents in the region. The Murchison sub-region has the highest proportion of Aboriginal residents (39%) but Geraldton has the largest number of Aboriginal residents (2,934 people).

Based on Australian Bureau of Statistics 2006 Census data and other data, Aboriginal people in the Murchison-Gascoyne region tend to be slightly worse off than Aboriginal people State-wide in terms of labour market participation, education and home ownership. However, data for Geraldton residents were very close to State-wide figures for Aboriginal people, whereas data for Murchison sub-region residents showed them to be doing poorly on most measures.

When data for Aboriginal residents in the Murchison-Gascoyne region are compared with those for non-Aboriginal residents the extent of their disadvantage becomes obvious. Aboriginal people are doing less well on all measures.

The City of Geraldton-Greenough and the towns of Carnarvon and Meekatharra are relatively well served in terms of mainstream human services. Smaller towns across the region are less well served and distances between towns make both supplying and accessing services difficult.

A number of systemic issues are impeding effective service delivery to Aboriginal people in the Murchison-Gascoyne. These include the siloed nature of service delivery by government agencies, lack of information about services, problems with visiting services and over-reliance on mainstream providers, both government and non-government, to deliver services to Aboriginal people. Aboriginal people consulted for the MAGA were concerned about the cultural security and appropriateness of mainstream services and on the whole would like to see more services delivered by Aboriginal agencies.

The Murchison Health Service Delivery Plan, which involves a major partnership between WA Country Health Services, Geraldton Regional Aboriginal Medical Service and the Royal Flying Doctor Service, is a notable attempt to address some of these systemic issues.

The current approach to public funding of human services is not helpful. Much funding is short-term, limited, fragmented and single purpose; whereas it is generally acknowledged that programs and services to address Aboriginal disadvantage need to be sustained, comprehensive and holistic. Worse, the competitive nature of funding processes is pitting agencies against one another, causing tension and resentment. This was particularly noticeable in Carnarvon but present elsewhere as

² Source: ABS Census of Population and Housing and ABS Regional Population Growth 3218.0. Population counts have been adjusted by reallocating the not stated responses into Indigenous and non-Indigenous based on the observed ratio of Indigenous to non-Indigenous people.

well. The emerging preference of government to deal with a small number of larger agencies rather than a large number of small agencies will tend to disadvantage Aboriginal agencies as they are likely to have less capacity to prepare contract-winning funding submissions than some of the big non-government agencies.

Staffing of human services is a major concern for service providers and Aboriginal community members alike. Most agencies, whether government or non-government experience problems recruiting and retaining suitably qualified and experienced staff, particularly away from Geraldton. High staff turnover is a region-wide problem.

Aboriginal community members are frustrated with the high staff turnover and its impact on service provision. They would like to see more local people employed by mainstream agencies because they have a better understanding of local community needs and have a commitment to their community. Employing local people would also create employment for Aboriginal people in a town.

The main human service needs and issues identified in consultations are presented as key themes at both region and sub-region level. The themes are:

- Pathways to prosperity – education, training, employment and income support.
- Pathways to health and wellbeing – health, housing, early childhood development, child protection, youth and seniors.
- Pathways to justice – Aboriginal involvement with the criminal justice system, community and family violence.

For Aboriginal community members consulted not enough housing was generally the major concern. For agencies, and also for community people, alcohol and drug misuse were a major problem. The importance of early childhood development was fully recognized by service providers but less so by community people. The extent of Aboriginal over-representation in the juvenile and adult justice systems is very high as is the over-representation of Aboriginal children in out of home care.

A range of priorities for action are proposed in response to these issues. It is not expected that all priorities can be addressed immediately or region-wide. Rather we suggest town specific and/or whole of community human service plans be developed and implemented in partnership with the relevant Aboriginal communities to ensure that on the ground human services are integrated, holistic and comprehensive.

The priorities for action are aspirational because going beyond a 'business as usual' approach is essential to overcome the level of Aboriginal disadvantage revealed in the MAGA, but most are within the purview of regional managers. A few require regional managers and others to lobby for change within their departments or with central agencies.

A results based accountability approach is proposed to monitor what has changed for people in the community as a result of human service initiatives in the region. This

involves selecting indicators of success in achieving results at a population level³ and determining what data is available, or could/should be available, to support the measurement of those indicators.

Regional priorities for action are outlined below. Sub-regional priorities are contained in the body of the report.

Region-wide priorities for action

SYSTEMIC ISSUES

1. DIA to take a lead role in implementing the findings of the MAGA and ensuring more collaborative human service delivery across the three levels of government and the non-government sector.
2. The Human Services Regional Managers Group to develop a series of strategies to overcome the systemic barriers identified in Chapter A 2.
3. Human services for Aboriginal people in the region are siloed. There are excellent strategic plans in certain areas and on specific issues (e.g. Health, Alcohol and Drugs, Education) but the plans are not integrated with one another, or with the diverse range of resources and services in the region delivered at the local level. Town specific and/or whole of community human service plans should be developed and implemented in partnership with the relevant Aboriginal communities to ensure that on the ground human services are integrated, holistic and comprehensive. A mosaic approach to developing such plans would make the task manageable.
4. Using the Plans mentioned above, the Human Services Regional Managers Group to identify a number of 'place based projects' in selected towns or locations to make a major difference on key social and community indicators for Aboriginal people in those places. These projects would need to:
 - bring together all resources and strategies across government and non-government agencies to improve service delivery
 - be targeted at those places with the greatest need, but not ignore those places where need may not be as obvious
 - be driven by an authentic partnership with the Aboriginal community, Aboriginal leaders and elders and Aboriginal organisations in that place
 - address underlying causes of problems, not just symptoms
 - ensure the involvement of all family and extended family groupings and clan and kin groups
 - address the systemic barriers identified in Chapter A 2

³ Population could be a community or town, a sub-region or the whole region.

- be linked formally to the business of the Regional Human Services Managers Group and the priority setting of individual agencies.
5. The preference of the Aboriginal people consulted is for Aboriginal agencies to deliver human services whenever possible. Often these agencies are relatively small and must compete against large state-wide or national organisations. Where services are to be provided to Aboriginal people, the Human Services Regional Management Group should take active steps to expand the delivery of human services by Aboriginal agencies in the Region. This could include:
 - lobbying for increased funding for Aboriginal agencies
 - lobbying central bodies making funding decisions to ensure that their funding and contractual decisions are consistent with local needs and local circumstances
 - preferential 'buy local policy' to benefit Aboriginal agencies
 - developing the capacity of aspirational Aboriginal agencies so that they are in a position to compete for service delivery
 - supporting alliances and partnerships between Aboriginal agencies and mainstream agencies, e.g. through the co-location of mainstream staff in Aboriginal agencies
 6. Where services to Aboriginal people are to be delivered through a mainstream non-Aboriginal agency, that agency should be required to demonstrate how it will ensure that services are delivered in a culturally secure way. This should include such measures as having significant Aboriginal involvement in governance, particularly on boards or management committees; Aboriginal involvement in agency management; Aboriginal staffing and cultural security strategies.
 7. Despite their heavy reliance on government funded and provided human services Aboriginal people have no real way to provide feedback on their service delivery experience, raise concerns and make complaints about service. The lack of a rights-based, consumer participation process enshrined in agency practice severely disadvantages Aboriginal people. It deprives services of information about problems and concerns that, if identified earlier, could prevent major problems from occurring. To assist Aboriginal people comment on their service delivery experience and raise concerns, the Regional Human Services Managers Group should establish and secure funding for rights-based approach which provides Aboriginal people with an independent vehicle through which they can speak up and raise concerns about human service issues. This could take a number of forms and should be linked with current initiatives including the Health Consumers Council Aboriginal Consumers Participation Project (which is currently establishing a Health Consumers Group in Geraldton), the Equal Opportunity Commission's

Substantive Equality Framework and agencies such as the Ombudsman, State Coroner and the Commissioner for Children and Young People.

8. Linked to the above, the Regional Human Services Managers Group should make sure that an effective, funded region-wide representative structure is in place to ensure the full and continuous participation of Aboriginal people and Aboriginal communities in the design and delivery of human services, and that agencies make use of that structure. This should provide Aboriginal people with opportunities for community input and feedback to agencies which provide them with services. Any structure should:
 - have links with or build on existing structures (such as the AJA)
 - ensure dialogue between Regional Managers and Aboriginal people
 - include representatives from all extended family and clan groupings
 - provide a level of accountability for service delivery to local Aboriginal people.
9. An important aspect of accountability is answering the question 'What has changed for people in the community as a result of plans, strategies, programs and services put in place?' A results based accountability⁴ process should be implemented at local, sub-regional and regional levels.
10. In accounting for Aboriginal participation and service delivery, reliance on statistics and basic service information can be deceptive if they do not take into account family and clan groupings. Data about service need or service utilisation that neglects clan and family groupings does not capture the full experience of Aboriginal people. Consideration should be given to incorporating clan groupings into data collection processes where programs are specifically targeted to Aboriginal people.

KEY THEMES

EDUCATION

1. Districts and schools should continue to develop and extend initiatives that actively engage with Aboriginal families and communities and involve them in school governance, programs and activities. In some schools greater efforts are needed to ensure that schools are positive, welcoming environments for Aboriginal parents and families.
2. Culturally sensitive, high quality pre-compulsory programs for Aboriginal children should be supported or developed in order to enhance children's learning, engage and support parents and smooth the transition into schooling. Active steps should be taken to encourage Aboriginal parents to send their children to pre-compulsory programs at an early age.

⁴ Friedman, M., 2005, *Trying Hard Is Not Enough: How to Produce Measurable Improvements for Customers and Communities*, Trafford Publishing, Canada.

3. The Department of Education and schools should continue to prioritise and adequately resource strategies to bring school retention rates for Aboriginal students to a level comparable with non-Aboriginal students. Strategies are needed at both the school and District level. Targets should be set and monitored and remedial action taken as required.
4. Continue to build the Aboriginal workforce including Aboriginal teachers, Aboriginal and Islander Education Officers (AIEOs), and Aboriginal aides in line with ***Culture Strong, Career Proud: Aboriginal and Torres Strait Islander Employment Strategy 2008-2010*** recognizing that Aboriginal people make up a higher proportion of the Murchison-Gascoyne population and the workforce should reflect that.
5. The AIEOs are highly valued and by and large are seen to be having a positive impact in schools. However there is concern that AIEOs are limited in their capacity to work with Aboriginal families and communities. The presence and role of AIEOs should be expanded to enable them to establish strong relationships with families and the Aboriginal community. The hours allocated to some AIEOs appear inadequate, particularly in schools with a lower proportion of Aboriginal children, and need to be increased.

ECONOMIC PARTICIPATION

1. Establish a working group of State and Commonwealth Government agencies, the corporate sector, employment service providers and Indigenous representatives under the leadership of the Midwest and Gascoyne Development Commissions to develop a coordinated Aboriginal employment strategy for the Murchison-Gascoyne. This strategy should be linked with the work being undertaken by the Midwest Mining and Aboriginal Economic Partnership but should not be limited to mining. A useful starting point might be to focus on developing an Aboriginal human services workforce in the region.
2. Increase the employment of Aboriginal people in existing service delivery and front line reception positions in State Government agencies. Agencies should set employment targets and monitor their achievement. Where the agency's proportion of Aboriginal consumers is higher than in the general population, targets should relate to the proportion of consumers. Public sector traineeships, graduate development programs (placements) and scholarship programs are possible strategies to assist agencies to achieve (or exceed) targets. The feasibility of reclassifying some existing positions as 50D should be explored.
3. Explore possibilities for expanding scholarships for Aboriginal people seeking employment in government and non-government human service organizations in the region.
4. The Development Commissions to specifically prioritise, target and promote Aboriginal participation in the Tourism, Retail and Service industries over an extended period both with the industries and with Aboriginal youth and adults.

5. Explore ways to encourage and support the creation of more Aboriginal Businesses in the region, including greater access to Indigenous Business Australia and the Indigenous Land Corporation resources and the building of business alliances with successful non-Aboriginal organizations.

INCOME SUPPORT

1. Review current mechanisms, systems and processes for distribution of income support and emergency relief to ensure that Aboriginal people living outside of Geraldton are not disadvantaged.
2. Develop strategies to improve awareness of and access to income support and emergency relief for Aboriginal people in towns beyond Geraldton. In particular, explore ways that Aboriginal agencies and Aboriginal groups in local towns could be more involved in the distribution of emergency relief and income support.

HEALTH

1. The Department of Health, in conjunction with the Department of Indigenous Affairs to engage the respective Commonwealth agencies to advance issues raised in this Report that fall within the responsibility of the Commonwealth Government
2. Major health providers in the region should jointly undertake work force planning on Aboriginal staffing needs across the government including, but not limited to, Aboriginal Health Workers, doctors, therapists, registered and enrolled nurses, mental health workers, drug and alcohol counsellors, social and emotional wellbeing counsellors and customer service staff.
3. Drawing on the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Australian Government Implementation Plan 2007-2013*⁵, the Western Australian Department of Health (2008) *Aboriginal and Torres Strait Islander Employment Framework: Business Plan 2008-2013*⁶ and other Commonwealth and State Government initiatives (e.g. Australian Apprenticeships) and based on needs identified in the workforce plan put in place strategies to achieve and sustain a suitably trained Aboriginal health workforce in the short and longer term.
4. Explore, in conjunction with the GP Divisions, ways to encourage GP practices in with a sizable Aboriginal population to use the Practice Improvement Program to employ an Aboriginal Health Worker in their practice.

⁵ Department of Health and Ageing *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Australian Government Implementation Plan 2007-2013* [http://www.health.gov.au/internet/main/publishing.nsf/Content/6CA5DC4BF04D8F6ACA25735300807403/\\$File/nsfatsihimp2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/6CA5DC4BF04D8F6ACA25735300807403/$File/nsfatsihimp2.pdf)

⁶ Department of Health (2008) *Aboriginal and Torres Strait Islander Employment Framework: Business Plan 2008-2013* http://www.aboriginal.health.wa.gov.au/docs/HP010909_employment_framework.pdf

5. Explore the possibility of accessing the Primary Health Care Access Program⁷ to increase the availability of appropriate primary health care services outside of Geraldton and Carnarvon.
6. In consultation with AMSs and local Aboriginal communities continue to explore innovative ways of making health services in the areas of dental health, maternal and child health, mental health, chronic diseases and disease prevention more available, accessible and culturally appropriate for Aboriginal people.

ALCOHOL AND DRUGS

1. Review the *Midwest Gascoyne Murchison Alcohol Management Strategy Implementation Plan (2009)* with a view to strengthening treatment and support services in the sub-regions; increasing partnership with community people and enhancing interagency involvement.
2. Lobby the Drug and Alcohol Office of Health to develop in the Murchison-Gascoyne, an Aboriginal residential long term treatment facility such as that in Wyndham and available to mainstream clients at Palmerston Farm and Cyrenian House in WA.
3. Pursue opportunities with the Department of Families Housing Community Services and Indigenous Affairs (FAHCSIA) for a 'Kids in Focus' Family Drug Support Service in the region as part of the Commonwealth Government's Family Support Program. The proposed service model would need to include specialist intensive support services where children are affected by a parent or family member with a substance abuse problem.

SOCIAL AND EMOTIONAL WELLBEING

1. Human Services Regional Managers to work with a consortia of relevant stakeholders including the Aboriginal communities, Aboriginal organizations such as GRAMS, Bundiyarra, Geraldton Family Advocacy Service (GFAS), Geraldton Streetwork Aboriginal Corporation (including Gunnado Farm), Wila Gutharra and the Coalition of Aboriginal Agencies, as well as other key agencies such as St John of God, and CUCRH, to gain funding to host a major region wide forum on the therapeutic needs of Aboriginal families and communities, possible responses (including a regional Aboriginal Community Healing Fund) and treatment models and use this material to inform the priorities identified in this Report.
2. Establish links with the National Aboriginal and Torres Strait Islander Healing Foundation⁸ to access funding and resources to enable a region wide healing response. Human Services Regional Managers together with Aboriginal

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<http://www.health.gov.au/internet/main/publishing.nsf/Content/Primary+Health+Care+Access+Program-1>

⁸ Funding will be available from the National Aboriginal and Torres Strait Islander Healing Foundation in 2010. <http://www.fahcsia.gov.au> and <http://www.healthinonet.edu.edu.au>

bodies and government agencies could also lobby for a Regional Aboriginal Community Healing Fund drawn from the public and corporate sectors, modelled on the Canadian model⁹ and linked with community controlled medical services, to support projects and initiatives identified by the Aboriginal community

3. Develop and implement strategies to equip and support community people who are natural helpers to assist community members experiencing grief and loss and psychological distress or who are at risk of suicide.
4. Human Services Regional Managers Group work with Aboriginal organisations to prepare a business case to put to State and Federal Governments for a suite of initiatives that cover the mental, emotional and social malaise affecting Aboriginal people in the Murchison-Gascoyne. Ideally this would incorporate:
 - an expansion of the staffing and scope of the Social and Emotional Wellbeing Workers project beyond the Stolen Generation to provide for all Aboriginal people and age cohorts in the region
 - a suite of Aboriginal controlled family violence initiatives (mirroring initiatives in the East Kimberley)
 - developing an Aboriginal specific Child Sexual Abuse Treatment Service for the Midwest-North Midlands/Murchison along the lines of the Indigenous Child Sexual Abuse Response Service in Roebourne.

HOUSING

1. Lobby to ensure that the goal of increasing the amount of housing stock for Aboriginal people is a high priority in the roll out of the various State and Federal Government Stimulus package initiatives and other housing initiatives.
2. Continue to give high priority to supply side strategies to increase the availability of public housing and social housing stock for Aboriginal people in the region
3. Undertake work to translate local housing needs identified in this Report and through other information sources, into a specific set of regional options and strategies to improve Aboriginal housing to be actioned by the Department of Housing, the growth provider, MRAC and other housing providers (consistent with Recommendations 7,12, 13, 14 of the Social Housing Taskforce¹⁰)
4. Develop strategies to increase housing options for Aboriginal youth, including

⁹ The Canadian Healing Foundation is funded to the tune of \$390 million, is headed by Aboriginal staff and funds a range of activities to overcome trauma and grief. Fiona Stanley points out that the fund has reduced suicides markedly. see Stanley, F (2008) *The Greatest Injustice: Why we have failed to improve the health of Aboriginal people*, 2008 Annual Hawke Lecture, The Hawke Centre, University of South Australia.

¹⁰ Social Housing Taskforce (2009) *More Than a Roof and Four Walls*, Final Report of the Social Housing Taskforce, Perth, 30 June 2009.

singles, couples and young parents with children.

5. Explore options to improve Aboriginal people's access to the private rental market, in line with recommendations of the Social Housing Taskforce
6. Explore options to encourage and support increased home ownership by Aboriginal people in the region.

EARLY CHILDHOOD DEVELOPMENT

1. Develop a Murchison-Gascoyne early years strategy to guide the development of a comprehensive network of early childhood services and programs across the region.
2. Establish sustainable programs for children aged 0-4 years in each town to ensure that Aboriginal children commence school on par with non-Aboriginal children across the state. Lobby for the establishment of Best Start programs or other Early Years initiatives in towns with a high number of Aboriginal children aged 0-4 years.
3. Expand the capacity of Aboriginal agencies provide early childhood services to Aboriginal people. This will require additional funding, training, governance support and partnerships with mainstream agencies. Consideration should be given to increasing the capacity of Child Australia, which already has a limited regional presence, to support this work.
4. Recruit and train an Aboriginal trainer to deliver Aboriginal specific training programs to early years agencies and service providers providing established programs, school and community based programs. This training would include ways to ensure mainstream services are more culturally secure and to equip mainstream agencies to work in partnership with Aboriginal communities and agencies.

CHILD PROTECTION

1. The Departments for Child Protection and Communities and the Department of Indigenous Affairs together with the non-government sector to develop strategies to grow, support and develop community based and community owned Aboriginal Child Protection services in existing Aboriginal agencies. The Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited and its member agencies would provide a possible model. These services would complement, strengthen and extend the existing work of the DCP Community Child Protection Worker and increase the effectiveness of child safety initiatives, as well as provide an extra, critical, community tier to protecting children. Opportunities for volunteer Community Child and Family Protection workers should also be explored.

COMMUNITY AND FAMILY VIOLENCE

1. Establish a Regional Coordinated Response to family violence in the Murchison-Gascoyne. As an early task the group should seek to develop a coordinated and holistic Aboriginal specific approach in the region that meets

the needs of Aboriginal women, children and men. This work should be undertaken in partnership with the Aboriginal Community, possibly using the Aboriginal Justice Forums as the vehicle.

2. Develop a co-ordinated response (including an afterhours) capacity for situations involving Aboriginal feuding and community violence to respond to incidents across the region. This response capacity should not be limited to crisis responses, but should include strategies to investigate the underlying causes of the violence, and to work with the community and people involved to prevent and reduce ongoing incidents.
3. Explore the development of innovative local models of safe houses, time out spaces and/or shelters for people escaping violence that could serve Aboriginal people living in small towns and communities in the Murchison-Gascoyne.