Nuther-mooyoop to Yoorrook Justice Commission on Health

Victorian Aboriginal Child and Community Agency

February 2024

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VACCA
Connected by culture

VICTORIAN ABORIGINAL CHILD CARE AGENCY

Acknowledgment

We acknowledge the Traditional Owners of the lands across Victoria that we work on, and pay our respects to their Elders, both past and present and to their children and young people, who are our future Elders and caretakers of this great land. We acknowledge the Stolen Generations, those who we have lost; those who generously share their stories with us; and those we are yet to bring home.

Note on Language

We use the term 'Aboriginal' to describe the many Aboriginal and Torres Strait Islander Peoples, Clans and Traditional Owner Groups whose traditional lands comprise what is now called Australia.

We use the term 'Indigenous' as it relates to Indigenous peoples globally as well as in the human rights context.

The terms 'First Peoples' and 'First Nations' are employed in the Australian context, by recognising that Aboriginal and Torres Strait Islander peoples are the First Peoples/First Nations of this land, it directly relates to their inherent un-ceded sovereignty.

Note on case stories shared

The names used in each case story are not the real names of the community members we support, all case stories shared have been de-identified, to protect their identity of community we provide services to.

Contact

We welcome the chance to discuss this submission in more detail. For further information, please contact Sarah Gafforini, Director, Office of the CEO via sarahg@vacca.org.

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About VACCA

The Victorian Aboriginal Child and Community Care Agency (VACCA) is the peak Voice for Aboriginal children in Victoria. We are the lead Aboriginal child and family support organisation in Australia and the largest provider of Aboriginal-led family violence, justice support and homelessness services in Victoria. We are an Aboriginal Community Controlled Organisation (ACCO) working holistically with children, young people, women, men, and families to ensure they have the necessary supports to heal and thrive. We do this by advocating for the rights of children and providing everyone who walks through our doors with services premised on human rights, self-determination, cultural respect and safety.

We provide support services to over 4,500 children and young people, and their families and carers each year. VACCA provides support services for Stolen Generations through Link-Up Victoria which has been in operation since 1990. Link-Up Victoria provides family research, family tracing and reunion services to the Stolen Generations survivors to reunite them with their families, communities, traditional country and culture.

VACCA shows respect for observance of and compliance with Aboriginal cultural protocols, practice and ceremony. VACCA was established in the 1976 and emerged from a long and determined Aboriginal Civil Rights movement in Victoria. Today, we continue to act, serve, and lobby for the rights of Aboriginal Victorians, especially children, women and families.

While VACCA is a Statewide service provider, we operate primarily in metropolitan Melbourne, Inner Gippsland and the ovens Murray regions. Across our six regions, VACCA has 27 offices delivering over 80 programs including child and family services, child protection, family violence and sexual assault supports, youth and adult justice supports, early years, education, homelessness, disability, AOD, cultural programs and supports for Stolen Generations. We employ over 1000 staff, making it one of Victoria's biggest employers of Aboriginal people. Our Aboriginality distinguishes us from mainstream services and enables us to deliver the positive outcomes we achieve for our people.

VACCA is guided by Cultural Therapeutic Ways, our whole of agency approach to our practice of healing for Aboriginal children, young people, families, Community members and Carers who use our services, and to ensure that VACCA is a safe and supportive workplace for staff. It is the intersection of cultural practice with trauma and self-determination theories. The aim of Cultural Therapeutic Ways is to integrate Aboriginal culture and healing practices with trauma theories to guide an approach that is healing, protective and connective.

Recommendations

1. **That, in relation to the Stolen Generations Reparations Scheme, the Yoorrook Justice Commission call upon the Victorian Government to:**
    a. Progress the establishment of the Return to Country program immediately, and that this includes funding for a coordinator position within an ACCO to oversee the delivery of the program.
    b. Resource a broader suite of Aboriginal-led cultural and therapeutic healing supports for Stolen Generations, their families, and communities.
    c. undertake a review of the financial counselling program to assess whether it is meeting the needs of recipients of the scheme.

2. **That the Yoorrook Justice Commission call upon the Victorian Government to fund the development of an Aboriginal-led therapeutic support service for Stolen Generations and their families.**

3. **That programs for Stolen Generations include a 20% evaluation levy with all program funding provided to ACCOs.**

4. **That the Yoorrook Justice Commission compel the Victorian Government to provide data on compliance with the *National Standards for Out-of-Home Care* requirement that children receive a health needs assessment within 30 days of entering care.**

5. **That the Yoorrook Justice Commission call upon the Victorian Government to develop a stand-alone, Aboriginal-led and coordinated response to unborn reports across health, and child and family services, including:**
    a. Building on the recommendations of the *Yoorrook for Justice* report, require DFFH to reconceptualise the risk threshold matrix that determines unborn reports to address racism and unconscious bias. This also includes a focus on contemporary risk factors and considers a family's network of supports.
    b. DFFH to provide data on the number of Aboriginal children in the last 10 years that have been removed without an ACASS consultation and placed in a non-Aboriginal placement and their outcomes including reunification and placement stability.
    c. Yoorrook Justice Commission to request data on processes around unborn reports and make this publicly available, including the number of mothers referred to voluntary services, the number of unborn reports undertaken without supports

provided to mothers, and the number of unborn reports for Aboriginal mothers made due to a failure to attend antenatal classes and whether this is the same for non-Aboriginal mothers.

6. **That the Yoorrook Justice Commission calls upon the Victorian Government to recognise ACCOs/ACCHOs as preferred providers for government funded services for Aboriginal peoples.**

7. **That the Yoorrook Justice Commission calls upon the Victorian Government to strengthen its commitments to improving the cultural safety of mainstream health care systems through:**
    a. The development of a workforce strategy to train and employ more Aboriginal health care workers, clinicians, and doctors, particularly those with expertise in trauma and healing.
    b. The implementation of cultural safety training and understanding trauma training for all health care workers across mainstream services.

8. **That the Yoorrook Justice Commission calls upon the Victorian Government to increase funding to ACCOs to enable them to provide holistic social and emotional wellbeing supports.**

9. **That the Yoorrook Justice Commission request a comprehensive update from the Victorian Government one the status of implementation of the recommendations of the Royal Commission into the Victorian Mental Health System as they relate to Aboriginal peoples.**

10. **That the Yoorrook Justice Commission call upon the Victorian Government to improve access to culturally safe disability assessments for Aboriginal children in care.**
    a. That an approach be developed to address the misdiagnosis of trauma and ADHD in the assessment process.

11. **That the Yoorrook Justice Commission consider the findings of the recent review National Disability Scheme (NDIS), and potential implications for the Victorian Government.**

12. **That the Yoorrook Justice Commission seek information from the Victorian Government on how it is working to address barriers to accessing NDIS for Aboriginal children and families.**

13. **That the Yoorrook Justice Commission seek data from DFFH and DH on the process by which rates of FASD are determined.**

14. **That the Yoorrook Justice Commission calls for a joint up approach to raising awareness of, and screening for FASD, inclusive of health, early education, school, and justice sectors, to enable earlier identification of FASD at pre-birth and early life stages.**

15. **That the Yoorrook Justice Commission call for funding of culturally safe Aboriginal-led FASD prevention and early intervention stages.**

16. **Funding for ACCOs to provide intensive mental health services for and by community must be prioritised, this includes the ability for ACCOs to access funding through the Mental Health Branch of the Department of Health.**
    a. With a focus on expansion, and greater funding, for the delivery of ACCO-led social and emotional wellbeing supports that intervene earlier, prior to children and young people reaching a crisis point and requiring an inpatient, hospital-based response.

17. **That the Yoorrook Justice Commission recommend funding to establish a network of Aboriginal Children's Healing Centres across the state, utilising the approach and model of care developed by VACCA's ACHT. This should include resourcing to build an evidence base on the impact of this model.**
    a. That this service be funded in a flexible, long-term way that enables the incorporation of Aboriginal understandings of health and traditional healing practices alongside mainstream therapeutic and mental health models of care.

18. **That as a matter of policy and practice, all children in out-of-home care and youth justice be required to receive a therapeutic mental health assessment to determine their social and emotional wellbeing needs, and that each child be provide with a healing plan designed specifically for their needs.**

a. As part of a healing plan, there must be long-term funding and brokerage attributed to programs and services that provide cultural support and trauma-informed care.

19. **That the Yoorrook Justice Commission ask the Victorian Government to provide detailed information to Yoorrook on its plans for fully implementing commitments under Closing the Gap, Balit Murrup, and Korin Korin Balit-Djak.**

Introduction

VACCA welcomes the opportunity to provide a *nuther-mooyoop* (submission) on Systemic Injustices in Health and Healthcare to the Yoorrook Justice Commission.

Our submission is based on our experiences in providing services across the state that support Aboriginal children, young people, families, and community members. It is well documented that Aboriginal peoples continue to face inequities in health outcomes, as well as in access to culturally safe, holistic healthcare.[1] We recognise that the theme of health and healthcare for First Peoples covers a broad array of important issues related to the wellbeing of Aboriginal peoples and communities. There will be a specific focus on the social and emotional wellbeing needs of the Stolen Generations and their families; and Aboriginal children and young people, particularly those involved with child protection and youth justice systems.

In conceptualising health, VACCA takes a holistic approach which encompasses mental, physical, cultural, and spiritual health. It understands wellbeing as being inclusive of connection to family, culture, Country and community, and the role these connections take in affecting individual and communal wellbeing.[2] In VACCA's experience, recognition of these broader elements within legislation, policy, and practice is particularly important for Aboriginal children and young people, whom through their involvement in out-of-home care and youth justice systems, experience disconnection from family, community, culture and Country.

Key issues in health and healthcare for Stolen Generations

Health and wellbeing for Stolen Generations

As we discussed in our previous submission to the Commission, since invasion, successive policies and government bodies sanctioned the systematic removal of Aboriginal children, and these children are referred to as the Stolen Generations. Currently in Victoria, Child Protection within the

[1] Australian Institute of Health and Welfare. (2022). *Indigenous health and wellbeing.* Retrieved from: Indigenous health and wellbeing - Australian Institute of Health and Welfare (aihw.gov.au)

[2] Gee, G., et al. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. *Working together: Aboriginal and Torres Strait Islander mental health wellbeing principles and practice.* Retrieved from: https://research.bond.edu.au/en/publications/aboriginal-and-torres-strait-islander-social-and-emotional-wellbe?msclkid=e8ecaf9cc50811ecba575f760388f1ce

Department of Families, Fairness and Housing holds the statutory powers that continue to see disproportionate numbers of Aboriginal children removed from their families and placed in 'care,' which many define as a continuation of the Stolen Generations.

The trauma inflicted upon families from children being removed is multifaceted. In the assimilation era, children were removed and placed into institutions, foster or adoptive families. In many cases they were told that their families did not want them, or that they were dead. They were denied access to their culture and community, many growing up not knowing about their Aboriginal identity. In some cases, the children were taught to fear Aboriginal people,[3] or were discouraged from expressing their Aboriginality, as explained by Colin Walker "if you started doing anything in the Aboriginal way they'd say the Devil would get you."[4]

Invasion had and continues to have a direct impact on the health of the Aboriginal population. An example of the direct health consequences is outlined in a study that compared the frequency of defects of the dental enamel (DDE) prior to and following invasion.[5] The study used DDEs as a measure as they are an indicator of general physiological disruption, particularly during childhood[6]. The DDEs of Warlpiri children increased as colonisers invaded their territory, suggesting that childhood morbidity worsened with increasing contact. Despite assertions that European colonisers were attempting to "protect" Aboriginal people, this study states that "it is the government's attempt at amelioration that is marked by the greatest increase in DDEs" and that "effectively, the settlement created the conditions for childhood morbidity".[7] Given the rarity of intact health data prior to and following European invasion, this study provides a useful insight into the negative health effects on Aboriginal health from colonisation, and must be considered when understanding the health impacts on Stolen Generations.

In addition to the health impacts of colonisation experienced by all Aboriginal peoples, experiences of sexual, emotional, physical, and racial abuse perpetrated by carers and institutions was not uncommon for members of the Stolen Generations. The Stolen children were also systemically traumatised through being deprived of their culture, community, and Country, which are each

[3] Campbell, L. V. (2012). *'It's been a long hard fight for me': The Stolen Generations and Narratives of Poor Health in Australia 1883-2009* (Doctoral dissertation, University of Waikato).
[4] Walker, C. (1991). 'An Old Trapper without a Trail' in Jackomos, A., & Fowell, D & Museum of Victoria. (1991). *Living Aboriginal history of Victoria: stories in the oral tradition.* Aboriginal Cultural Heritage Advisory Committee, p.198.
[5] Littleton, J. (2005). Invisible impacts but long-term consequences: hypoplasia and contact in central Australia. *American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists*, *126*(3), 295-304.
[6] Sarnat, B. G., & Schour, I. (1941). Enamel hypoplasia (chronologic enamel aplasia) in relation to systemic disease: a chronologic, morphologic and etiologic classification. *The Journal of the American Dental Association*, *28*(12), 1989-2000.
[7] Littleton, J. (2005). Invisible impacts but long-term consequences: hypoplasia and contact in central Australia. *American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists*, *126*(3), 295-304, p.302

integral to Aboriginal conceptualisations of health.[8] They did not experience growing up in an Aboriginal kinship system where many members of the family perform care-taking roles, they did not get to learn from Elders about Country and about healing and they were not able to be immersed in Aboriginal culture and spirituality. The trauma of removal, subsequent placement and the denial of culture has been well-documented to lead to a variety of negative health outcomes for the Aboriginal community, and specifically the members of the Stolen Generations.

This trauma may manifest as mental health challenges, risky health behaviours, and physical health impacts. A report from the Australian Institute of Health and Welfare (AIHW) found that compared to the non-Aboriginal population, for members of the Stolen Generations over the age of 50, rates of kidney disease are 4.6 times higher, diabetes rates are 3.1 times higher, 3 times higher for chronic pulmonary disease, 2.7 times higher for heart, stroke, or vascular diseases and 2.3 times higher rates of asthma.[9] When this same population is compared to Aboriginal people aged 50 and over who were not removed from their families, the Stolen Generations experienced mental health conditions at a statistically significantly higher rate and exhibited higher levels of health risk factors such as substance use and smoking, suggesting that those who were stolen experienced more adverse health outcomes than others in the Aboriginal community.[10]

The AIHW Stolen Generations report found that 1 in 5 of the Aboriginal population over 50 was removed from their families, though actual rates of removal are likely to be higher given many members of the Stolen Generations have passed away. Given the close kinship systems within Aboriginal families, the removal of (at least) 1 in 5 children impacts siblings, parents, cousins, aunties, uncles, and the community at large.[11] It also has a dramatic impact on descendants called intergenerational trauma. Intergenerational trauma refers to the impacts of traumatic experiences and stress being passed on through generations, from parent to child to grandchild. It can be passed on through several mechanisms. For example, a child who was stolen from their family and abused in care, is more likely to use violence against their own children, often referred to as the cycle of abuse. Intergenerational trauma can also be passed on through genes when a gene's expression is changed in response to its environment, an area of study referred to as epigenetics.[12] Stressors and traumatic experiences have been shown to result in such changes.[13] Research indicates that the Aboriginal population have a higher burden of chronic, physiological stress[14] which can lead to

[8] McKendrick, J. H. (2000). The legacy of the 'Stolen Generations': chronic depression, cultural alienation, incarceration and disruption of individuals, families and communities. *The Mental Health of Indigenous Peoples*, 69-80.
[9] Australian Institute of Health and Welfare. (2021). *Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: Updated analyses for 2018-19.* Retrieved from: https://www.aihw.gov.au/getmedia/d7a0f2d9-c965-471c-86a7-919edcb3458f/aihw-ihw 257.pdf.aspx?inline=true
[10]Ibid.
[11] Ibid.
[12] Weinhold B. (2006). Epigenetics: the science of change. *Environmental Health Perspectives. 114*(3).
[13] Bezo, B., & Maggi, S. (2015). Living in "survival mode:" Intergenerational transmission of trauma from the Holodomor genocide of 1932–1933 in Ukraine. *Social Science & Medicine*, *134*, 87-94.
[14] Sarnyai Z, Berger M, Jawan I. (2016). Allostatic load mediates the impact of stress and trauma on physical and mental health in Indigenous Australians. *Australasian Psychiatry*. *24*(1):72-75. doi:10.1177/1039856215620025

higher rates of various diseases such as cardiovascular disease.[15] Through epigenetic changes, the physiological impacts of trauma from being stolen may be passed on through generations, contributing to higher burdens of disease for the Aboriginal population.

In relation to the health and wellbeing of Stolen Generations, research produced to date has focused on understanding the health impacts of forcible removal. For example, the AIHW report referred to above is one of the only examples of research looking at the health of the Stolen Generations. Whilst this work is crucially important, VACCA also contends that there must be greater attention on understanding how we can best support Stolen Generations and their families in healing from trauma, and building stronger connections to family, community, culture, and Country. After identifying a lack of data, VACCA is commencing research with Stolen Generations to ensure our programs can best meet their unique needs. However, VACCA was not specifically resourced for this. In line with the principles of Aboriginal data-sovereignty and Aboriginal self-determination, governments must adequately fund ACCOs that work with Stolen Generations to ensure they can carry out research and evaluation to build the Aboriginal evidence base and demonstrate the strength of Aboriginal -led responses to support healing for Stolen Generations and their families.

The Stolen Generations are now entering their later years, and for many that will include spending a period of their lives in aged care. Given the complex physical, social, and emotional needs of the Stolen Generations, ACCOs are best placed to provide aged care. Although cultural safety training in mainstream services is valuable and essential, it does not and cannot replicate the importance of Aboriginal community-controlled aged care which views ageing with a fundamentally different lens, and which deeply understands the importance of connecting to community and culture. From our perspective, aged care policy has failed to adequately consider the unique needs of Stolen Generations. Given that the trauma inflicted upon Stolen Generations was enacted by government, government has a duty of care to ensure that they have access to Aboriginal-led, culturally connected aged care supports. The Stolen Generations have a right to spend their later years surrounded by community and culture, a right which has previously been stolen from them.

Accessing Redress and other culturally safe supports

Stolen Generations have a right to access to services and supports that enable them to heal and recognise the harm and loss experienced by themselves and their families. Currently, VACCA provides support services for Stolen Generations through Link-Up Victoria, which has been in operation since 1990. Up until recently, we also had Ngarra Jarra Noun (NJN) which was specifically for survivors of institutional sexual abuse, however this service was defunded by the Commonwealth Government mid last year. As articulated in the section above, Stolen Generations experience ongoing challenges related to their physical, and social and emotional wellbeing due to the negative impacts that forcible removal, time in care, and institutionalisation have on children and young people. All of which can, in turn, make accessing redress challenging and potentially retraumatising for survivors.

[15] McEwen, B. S. (2012). Brain on stress: how the social environment gets under the skin. *Proceedings of the National Academy of Sciences*, *109*(supplement_2), 17180-17185.

It is VACCA's contention that the Victorian Government is not investing adequately in services to supports Stolen Generations, and has predominantly left this responsibility to the Commonwealth. Whilst the recent apology by the Victorian Government, and redress schemes, are an important step forward, the ongoing loss and grief experienced by Stolen Generations and their families requires a much broader suite of cultural and therapeutic supports. In particular, we believe that there needs to be a culturally-based, trauma-informed therapeutic service for Stolen Generations and their direct families. This service could help address the gap left by the defunding of the NJN program. Furthermore, given VACCA's expertise in providing culturally-led, trauma-informed supports to Aboriginal children and families through our *Aboriginal Children's Healing Team,* and our extensive experience in provide supports to Stolen Generations and their families, we are well placed to design and deliver it.

Access to Redress is fundamentally about access to justice and compensation for Aboriginal peoples who have been harmed by past and present government policies and laws that sought to assimilate Aboriginal children into settler society, and permanently separate them from their families, community, culture, and Country. Redress clearly has an important role to play in supporting survivors, as well as their family and community, in their healing journey. We offer the following comments related to the *National Redress Scheme,* which was established in 2018 in response to the *Royal Commission into Institutional Sexual Abuse* by the Commonwealth Government*,* and the Victorian Government's *Stolen Generations Reparations Package,* which opened in 2022.

The Stolen Generations Reparations Scheme

The Victorian Government's Stolen Generations Reparations Scheme opened in March 2022 and is designed to help address the harms experienced by Stolen Generations. It consists of three main components, which Aboriginal peoples who were removed in Victoria prior to 1977, have a right to access:

- a payment of $100,000
- a personal apology from the Victorian Government
- a Return to Country reunion
- access to support services, including trauma-informed therapeutic counselling and financial counselling.[16]

The scheme was welcomed by VACCA as we had long advocated for and worked toward its establishment. Notably, we supported the decision to include Stolen Generations who had been removed by mainstream child welfare agencies, whereas the scheme in NSW only includes Aboriginal peoples removed through the Aborigines Protection Board. However, given the magnitude of trauma

[16] Victorian Government. (2024). *Stolen Generations Reparations Package.* Retrieved from: Stolen Generations Reparations Package | vic.gov.au (www.vic.gov.au)

and suffering experienced by Stolen Generations, their families, and communities, we are still of the position that a payment of $100,000 is too low.

Although the scheme opened in 2022, the Return to Country program has yet to be established. Designing and delivering a program that is culturally safe, strongly connected to the Aboriginal community, and provides the best possible opportunities for healing is highly complex and specialised work. The emphasis must be on building a program that suits the needs of Stolen Generations and their families, rather than cost effectiveness. Given that many Stolen Generations are elderly and have complex health needs, VACCA believes that this needs to be treated with urgency. In our discussions with the Victorian Government, we have recommended that funding be provided to an ACCO for a coordinator position to oversee establishment and delivery of the Return to Country program. It is essential that this program is Aboriginal-led and delivered, and it would be culturally inappropriate for it to be delivered through government. There is also a need to consider how the scheme's Return to Country program would intersect with reunions offered to Stolen Generations through Link-Up. Whereas Link-Up reunions focus more on building familial and kinship ties, the scheme's Return to Country program, which will be offered in partnership with Traditional Owner groups, is an opportunity for Stolen Generations to strengthen connection to land and Country.

In relation to the financial and therapeutic counselling offered through the scheme, VACCA is concerned that the financial counselling component is not meeting the needs of Stolen Generations. We know that the reparations payment makes Elders vulnerable to exploitation, particularly in light of the broader disadvantage within community, and we have heard of instances of Stolen Generations experiencing Elder abuse. Whilst financial counselling is important, there needs to be other avenues for engaging scheme recipients in discussions around managing the payment. For example, Stolen Generations might feel more comfortable discussing these matters with support services they are already engaged with, and in our experience are more likely to disclose any abuse to Aboriginal services. We recommend that the functioning of the financial counselling component of the scheme be looked at in more detail to evaluate whether it is meeting the needs of Aboriginal peoples accessing it.

Finally, VACCA believes there needs to be a greater emphasis on ensuring that Stolen Generations can access supports that are delivered by mob. For instance, because there is a shortage of Aboriginal psychologists, Stolen Generations are often having to access services through non-Aboriginal psychologists. In addition to highlighting the importance of building the Aboriginal health workforce, this also showcases the need for Stolen Generations to have access to cultural healing supports. As part of the scheme VACCA will be offering a cultural healing camp, however this is a one-off and what is needed is a suite of supports of supports that are ongoing, and tailored to diverse needs of Stolen Generations, including for different age groups and genders.

Recommendation:

1. **That, in relation to the Stolen Generations Reparations Scheme, the Yoorrook Justice Commission call upon the Victorian Government to:**
    a. **progress the establishment of the Return to Country program immediately, and that this includes funding for a coordinator position within an ACCO to oversee the delivery of the program.**
    b. **Resource a broader suite of Aboriginal-led cultural and therapeutic healing supports for Stolen Generations, their families, and communities.**
    c. **undertake a review of the financial counselling program to assess whether it is meeting the needs of recipients of the scheme.**
2. **That the Yoorrook Justice Commission call upon the Victorian Government to fund the development of an Aboriginal-led therapeutic support service for Stolen Generations and their families.**
3. **That programs for Stolen Generations include a 20% evaluation levy with all program funding provided to ACCOs.**

The National Redress Scheme

The National Redress Scheme was established by the Commonwealth Government to provide reparations to survivors of institutional sexual abuse and ensure that institutions are held accountable for this abuse. The long-term outcomes of institutional childhood abuse and neglect are well established, including physical and mental problems, psychosocial adjustment difficulties and educational and employment challenges.[17] Whilst Aboriginal and non-Indigenous children would have faced many similar forms of abuse and neglect within institutions, the experiences of Aboriginal children living in institutions had some distinctions in that the purpose of this practice was cultural assimilation, not education.[18] The fact that these institutions did little to prepare Aboriginal children for the transition into adulthood, and to provide them with the skills and tools necessary for navigating the bureaucracy, finding information, and accessing the appropriate supports to apply for redress, highlight the importance of survivors having access to trauma-informed culturally safe supports.

As part of the National Redress Scheme, Redress Support Services (RSS) were established to provide practical and emotional support to survivors in applying for redress through the scheme. VACCA's NJN program was Victoria and the nation as the only Aboriginal-led RSS from the scheme's inception until December 2022. NJN provided a holistic, trauma-informed culturally safe service to Aboriginal

[17] Blakemore, T., Herbert., J., Arney, F., & Parkinson, S. (2017). The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child Abuse & Neglect, 74.* 35-48.
[18] Parry, S. (1995). Identifying the process: The removal of 'half-caste' children from Aboriginal mothers. *Aboriginal History, 19,* 141-153.

people, supporting survivors of institutional child sexual abuse to access the National Redress Scheme and through their journey of healing. When NJN was defunded, it had successfully connected 67 survivors to the scheme. VACCA sought data from the Department of Social Services (DSS), which showed that over 96 per cent of all Aboriginal applicants in Victoria to the National Redress Scheme used the support of an RSS.

VACCA operated the NJN redress support service from July 2018 and it formally closed in December 2022, after receiving notification that funding would not be continued in March 2022; causing considerable distress to the community. We were informed we were defunded due to a technicality, because a case study that was included in the Royal Commission into Institutional Responses to Child Sexual Abuse named VACCA and the Victorian Government as responsible for the abuse they suffered in 2016. It is a harrowing case, the experiences of abuse when the survivor was under the care of Government and the case management of VACCA were extremely traumatic and should never have occurred. VACCA actually tabled the case study as why change was necessary, responded to the nature of the survivor's story and abuse suffered, as well as VACCA's role and how practices had changed prior to the Royal Commission's Inquiry, these are all publicly available. VACCA was funded to provide a Redress Support Service after the completion of the inquiry.

While we supported Connecting Home to became the new Victorian Aboriginal provider of supports, it quickly became evident that the national scheme was seeking a cheaper, one size fits all support model and not the NJN approach that was Aboriginal lead and focused on Aboriginal healing approaches. The new model prioritised phone and online supports which is not our way. They even funded mainstream providers to employ Aboriginal staff through Relationships Australia as defunding VACCA created a huge gap in trusted, Aboriginal led, culturally safe service delivery. Even now we hear of survivors preferring to access supports from other ACCOs that offer face to face therapeutic supports than online, phone or mainstream NRS providers. This identifies the need for a culturally safe Aboriginal led Redress Support Service in Victoria.

The legal service funded to provide support to those accessing redress, knowmore legal service, are not Aboriginal owned or controlled. VACCA holds some concerns around whether their practice and engagement with Aboriginal survivors is culturally safe. They have invested in building Aboriginal and Torres Strait Islander engagement teams across the country, though this does not make their service Aboriginal-led. This will have significant implications on both current and future Aboriginal applicants of the scheme, as we already know the numbers of Aboriginal applicants in Victoria are lower than anticipated, survivors require intensive case management support throughout their engagement with, and post determination of the Scheme.

Access to justice, including culturally appropriate, competent, and safe avenues to access justice, is a fundamental right for Aboriginal people. This is of particular importance when viewed within the lens of intergenerational trauma caused by past and present government policies and laws that have had a significant impact on Aboriginal people. VACCA holds concerns about the wellbeing of Aboriginal survivors of sexual abuse suffered while in out of home care, who were in the process of,

or preparing to apply to the National Redress Scheme. Feedback from our NJN staff relayed that they believed all survivors engaged with the program suffered from PTSD, and intergenerational trauma, many had suicidal ideations. The NJN team were experienced practitioners with a sound understanding of trauma, grief, loss, and sexual abuse. The impact of the closing of NJN will have a profound impact on survivors' ability to continue on their path to redress, to trust the Scheme while navigating their trauma and healing process.

Key issues in health and healthcare for Aboriginal children and young people

Health and wellbeing for Aboriginal children and young people

Aboriginal children and their families have shown remarkable strength, resilience, and courage in surviving over 230 years of colonisation that sought to drive our people out of existence. Colonisation is not something that happened in the past, it is perpetuated through contemporary economic, social, and political structures. Intergenerational trauma, denial of cultural rights, social and economic disadvantage, lack of support for self-determination, racism, and the imposition of western models of care are ongoing forms of colonisation. Western approaches are inadequate in recognising the ways in which such experiences impact upon the health and wellbeing of Aboriginal children and young people.

It is well established that Aboriginal children experience poorer physical and mental health, exposure to adverse childhood experiences, and a gap in developmental outcomes when compared to their non-Indigenous peers.[19] This is particularly true for Aboriginal children who have experiences of out-of-home care and youth justice. The *National Standards for Out of Home Care* recommends that all Aboriginal children who are entering out of home care, must undergo a health needs assessment with a GP within 30 days of coming into care. However, research shows that out of 6000 children entering out of home care, only 159 had undergone a health assessment within 12 months.[20] The failures of governments who hold the duty of care for Aboriginal children in child protection, is indicative of a system which actively neglects the health and wellbeing of children and young people. VACCA routinely sees cases in which health issues are missed, suggesting that health checks are not happening as they should. One common example is in relation to eye and ear problems. In VACCA's experience, too often these issues are simply attributed to bad behaviour and rather than addressing the cause of the problem, ear and eye problems are not picked up until a child enters the education system, where they are dealt with as a behavioural rather than health problem, through punishment

[19] Dunstan, L. (2021). *Indigenous relations of health: How Indigenous family life is associated with Indigenous child health and wellbeing in Australia.* [Doctoral dissertation, University of Melbourne]. Retrieved from: https://rest.neptune-prod.its.unimelb.edu.au/server/api/core/bitstreams/8cf20c5b-a145-4ecc-9abe-6ecad81681f2/content

[20] K, McLean, J, Clarke, D, Scott, H, Hiscock, S, Goldfeld, Foster and kinship carer experiences of accessing healthcare: A qualitative study of barriers, enablers and potential solutions, Children and Youth Services Review. Vol. 113, 2020,

and exclusion.[21] VACCA urges the Yoorrook Justice Commission to compel the Victorian Government to provide data on compliance with the health needs assessment standard.

To date, both research and policy efforts have predominantly been oriented around a deficit-focused approach to understanding Aboriginal children's health and wellbeing. This is done by conceptualising the 'problem' of Aboriginal health as the failure of Aboriginal peoples to meet a threshold of wellbeing set by dominant, white society and where the only available solutions are further state intervention in Aboriginal family life.

This is not to deny the importance of understanding how Aboriginal children are faring in comparison to their non-Indigenous peers. These are the markers of disadvantage, racism, and social exclusion which VACCA practitioners see in their work with Aboriginal children and their families. However, a deficit-based approach has failed to achieve meaningful change in the health and wellbeing of Aboriginal peoples. Aboriginal peoples, communities, and organisations have worked to shift this narrative, focusing instead on how the policies and practices of government and mainstream health institutions have failed in their duty to create the conditions which promote positive health and wellbeing for Aboriginal peoples. Researchers and advocates have sought to promote a more complex and nuanced picture of health and wellbeing for Aboriginal children, which emphasises the factors which support children to grow up safe, well, and happy.[2223] In particular, this work highlights how Aboriginal family life is a site where health and wellbeing is strengthened and supported for children and young people; when parental wellbeing, socio-economic security, and cultural and community connection, are supported, children thrive.[24] The information contained herein, and VACCA's point of view, reflects this perspective.

Research has continuously shown that experiences in the first 1000 days of a child's life, from conception to the end of their second year, can have life-long consequences for health and wellbeing, with positive experiences during this time setting children up to thrive later in life.[25] Stressors during the first 1000 days, such as trauma, poverty, violence and premature or underweight birth can create disparities in children's functioning which can lead to long-term adverse effects when

[21] Ibid.

[22] Chamberlain, C., Gee, G., Brown, S. J., Atkinson, J., Herrman, H., Gartland, D., ... & Nicholson, J. (2019). Healing the Past by Nurturing the Future—co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study. *BMJ open*, *9*(6), e028397.

[23] Gee, G., Lesniowska, R., Santhanam-Martin, R., & Chamberlain, C. (2020). Breaking the Cycle of Trauma–Koori Parenting, What Works for Us. *First Peoples Child & Family Review*, *15*(2), 45-66.

[24] Dunstan, L. (2021). *Indigenous relations of health: How Indigenous family life is associated with Indigenous child health and wellbeing in Australia.* [Doctoral dissertation, University of Melbourne]. Retrieved from: https://rest.neptune-prod.its.unimelb.edu.au/server/api/core/bitstreams/8cf20c5b-a145-4ecc-9abe-6ecad81681f2/content

[25] Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute. Retrieved from: Weblink.

accessing future education and employment opportunities.[26] Aboriginal babies are more likely to be born prematurely and with low birth weight, which can result in an increased chance of health problems, including illness, poor development, perinatal death, and poorer health in adulthood.[27] Nationally in 2020, 12 per cent of liveborn Aboriginal babies of Aboriginal mothers were of low birthweight and 14 per cent were born prematurely, compared to 6.2 per cent and 8.1 in the general population respectively.[28]

Research has found that services for Aboriginal mothers which are developed in partnership with community have higher rates of attendance by Aboriginal women, and therefore are associated with a decrease in premature birth.[29] Similarly, Aboriginal babies are more likely to have a healthy birthweight when they are born to mothers who have access to culturally safe antenatal care at all stages of pregnancy, including early, throughout and postnatal.[30] When mothers and children do not have access to culturally safe services Aboriginal children often miss out on essential health tests and check-ups, which can severely impact their experiences later in life. For example, in 2018-2019 the *National Aboriginal and Torres Strait Islander Health Survey* estimated that 43 per cent of Aboriginal people aged 7 and over nationally were found to have hearing loss in one or both ears, and there was a 30 per cent increase in ear-related hospitalisations for Aboriginal children aged 0-12 and a 70 per cent increase for those aged 15 and over.[31] Children affected by these types of health issues can often experience difficulties learning at school, and express this as hyperactivity or disruptive behaviour which is interpreted as learning issues or learning disabilities.[32]

Another challenge in relation to health and wellbeing for Aboriginal children in care is that we often lack access to their parent's medical history. For example, there have been instances in which children in VACCA's care have been diagnosed with congenital heart conditions. However, because we lacked knowledge of their parent's medical history, we were unable to undertake preventative measures for the child's health earlier. It is essential that parental medical history be included in every child's intake. Correct assessment and diagnosis of health issues is essential to addressing the disparities between Aboriginal children and the broader population.

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[26] Brinkman, S., Gregory, T., Harris, J., Hart, B., Blackmore, S. & Janus, M. (2013). Associations between the Early Development Instrument at age 5, and reading and numeracy skills at ages 8, 10 and 12: a prospective linked data study. Child Indicators Research, 6 (4), 695-708. DOI: 10.1007/s12187-013-9189-3.

[27] Australian Government, Australian Institute of Health and Welfare (2023), *Aboriginal and Torres Strait Islander mothers and babies,* accessed from: weblink.

[28] Ibid.

[29] Kildea S, Gao Y, Hickey S, Kruske S, Nelson C, Blackman R, Tracy S, Husrt C, Williamson D and Roe Y (2019).'Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia', *Eclinical Medicine* 12, doi: 10.1016/j.eclinm.2019.06.001.

[30] Ibid.

[31] Australian Government, Australian Institute of Health and Welfare, National Indigenous Australians Agency, *Ear Health,* accessed from: weblink.

[32] Calmer, Tom (2008), Australian Human Rights Commission *Preventing Crime and Promoting Rights for Indigenous Young People with Cognitive Disabilities and Mental Health Issues,* accessed from: weblink.

Recommendation:

4. **That the Yoorrook Justice Commission compel the Victorian Government to provide data on compliance with the *National Standards for Out-of-Home Care* requirement that children receive a health needs assessment within 30 days of entering care.**

Racism and lack of cultural safety with mainstream health services

Racism and a lack of cultural safety within mainstream health services are major issues that impact both access to and quality of care for Aboriginal peoples. Cultural safety refers to the attitudes, behaviours and policies that enable services, systems, and professionals to offer and deliver effective health services.[33] As argued by the Lowitja Institute, cultural safety relates not only to interactions with health professionals, but "to the design and implementation of health policies, structures and programs that affect Aboriginal peoples."[34]

Aboriginal understandings of health, social and emotional wellbeing, and healing are different from Western cultural traditions and approaches, which in many cases contradict an Aboriginal worldview.[35] When health services and programs are not designed and delivered in ways which reflect Aboriginal conceptualisations of health and wellbeing, Aboriginal people do not receive supports that are suitable to their needs or concerns. Providing interventions from a Western model of care, without any recognition of culture, can be considered a continued form of oppression and injustice because it does not validate and uphold Aboriginal worldviews and rights.[36]

A lack of cultural safety and recognition of Aboriginal health and healing practices runs through all aspects of the mainstream health care system from legislation to practice. For example, whilst Victoria's *Mental Health Act 2014* acknowledges the importance of recognising Aboriginal identity and culture, this is only in a limited manner. Section 11 (h) states 'Aboriginal persons receiving mental health services should have their distinct culture and identity recognised and responded to'. However, it does not provide any grounds for or validate the use of Aboriginal healing practices as a foundation of mental health services. Alternatively, the Act gives specific authorisation for the use of 22 particular treatments from a Western approach. Section 6 of the *Mental Health Act 2014* states for the purpose of the Act that, treatment is (a) 'a person receives treatment for mental illness if things are done to the person in the course of the exercise of professional skills- (i) to remedy the mental illness or (ii) to alleviate the symptoms and reduce the ill effects of the mental illness and (b) treatment includes electroconvulsive treatment and neurosurgery for mental illness. The Act makes

[33] The Lowitja Institute. (2023). *Cultural determinants, cultural safety, and cultural governance: Policy brief.*
[34] Ibid, p. 5.
[35] Bond, C., & Brough, M. (2007). The meaning of culture within public health practice – Implications for Aboriginal and Torres Strait Islander health. In F. Baum., M. Bentley., & I. Anderson (Eds.), *Beyond bandaids: Exploring the underlying social determinants of Aboriginal health* (pp. 229-238). Darwin, NT: The Cooperative Centre for Aboriginal Health.
[36] Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, *46*(2), 49-56.

recognition of electroconvulsive treatment and neurosurgery for mental illness but does not acknowledge Aboriginal healing methods.

Unborn child protection reports in antenatal, and maternal and child health services

Whilst racism and a lack of cultural safety is an issue across mainstream health services, from VACCA's perspective, there needs to be an immediate and sustained focus on addressing racism in Victoria's antenatal, and maternal and child service systems. Victoria has the second highest removal rate for Aboriginal children aged under two in the country, in 2021-22, 50.5 per 1,000 Aboriginal babies were removed before their second birthday.[37] This is 15 times the rate for non-Aboriginal babies, who were removed at a rate of 3.3 per 1,000.[38] Unpublished data from DFFH, indicates that there were 728 unborn reports for Aboriginal babies between February 2021 and 2023, with only 20 per cent entering care within 12 months of birth.[39] 21 per cent of unborn reports were for Aboriginal babies, despite Aboriginal children aged 4 and under representing only 2 per cent of Victoria's child population in 2021.[40][41]

Racism within both antenatal and maternal and child health services contributes to the overrepresentation of Aboriginal babies in unborn reports to child protection. Whilst data specifically on the source of unborn reports is not available, health professionals were responsible for almost 11 per cent of notifications in 2021-22, coming after the police (27 per cent) and school professionals (19.5 per cent).[42] The perception of antenatal and maternity services being culturally unsafe, and a fear of being reported to child protection, has an impact on whether Aboriginal women access care during their pregnancy. Research exploring factors that enhance antenatal and maternity care for Aboriginal women in Victoria found that trust, privacy, family-centred, and culturally safe services were important elements.[43]

Unfortunately, the current approach to unborn reports in Victoria is not set up in a way that is culturally safe for Aboriginal mothers or babies. Currently, when an unborn report is made to Child Protection and the child is believed to be Aboriginal, Child Protection must contact Aboriginal Child Specialist Advice and Support Service (ACSASS) for consultation. The role of ACSASS in consultations is to assist with assessing the need and risk or determining the most suitable response to ensure planning and assistance is provided to the mother, as well as promoting culturally appropriate and

[37] Australian Institute of Health and Welfare. (2023). *Data tables: Child Protection Australia 2021-22.* Table S5.5. Retrieved from: Child protection Data - Australian Institute of Health and Welfare (aihw.gov.au)
[38] Ibid.
[39] Department of Families, Fairness and Housing. (2023). ACF Data Pack. [Unpublished data].
[40] Ibid
[41] Australian Institute of Health and Welfare. (2023). *Data tables: Child Protection Australia 2021-22.* Table P3. Retrieved from: Child protection Data - Australian Institute of Health and Welfare (aihw.gov.au)
[42] Australian Institute of Health and Welfare. (2023). *Data tables: Child Protection Australia 2021-22.* Table S3.2. Retrieved from: Child protection Data - Australian Institute of Health and Welfare (aihw.gov.au)
[43] McCalman, P., McLardie-Hore, F., Newton, M., McLachlan, H., & Forster, D. (2023). Trust, privacy, community, and culture: Important elements of maternity care for Aboriginal and Torres Strait Islander women giving birth in Victoria. *Women and Birth*, *36*(1), e150-e160.

effective decisions around the best interests of Aboriginal children. Actions that may be taken include:

- Provide advice to Child Protection regarding the report including whether the report should be closed or remain open for some investigation/work to be undertaken
- Suggest to Child Protection appropriate referral to a community-based child and family service.

Despite the requirement for an ACSASS consultation when an unborn report is made, the *Yoorrook for Justice* report found that this is not occurring consistently, where during the investigation phase, ACASS was only consulted in 63 per cent of relevant cases.[44] Any response to an unborn report from Child Protection and ACSASS focuses on facilitating effective engagement, support, and assistance to the mother and is voluntary. As with any Child Protection report, the aim of an unborn report is for concerns to be addressed and the report closed. A key consideration when the baby is born is whether the mother and/or family are willing to be actively involved in support services if required. Some unborn reports are closed prior to birth due to pre-birth risks being addressed or are closed when there is an inability to engage directly with the mother. Where such unborn reports are closed and there are still outstanding concerns, a proposed action plan should be developed and if possible, discussed with the mother. If the concerns are significant, at birth it is likely that a report will be reactivated, and the plan of action considered. Where possible the plans are made clear to the mother and family.

Given 80 per cent of unborn reports for Aboriginal children do not result in a child entering care within their first 12 months suggests that the process for assessing risk is discriminatory. This is supported by research on risk factors associated with Aboriginal over-representation in Child Protection which found that 65 percent of the difference in rates of entry into care between Aboriginal and non-Aboriginal children and not associated with known risk factors.[45] The research indicates that both Aboriginal and non-Aboriginal families are experiencing risk factors at the same rate, yet Aboriginal families are overrepresented in the system. This further suggests that the risk threshold matrix that determines reports is biased and driven by racial assumptions about the ability and capacity of Aboriginal families to care for their children.

In our work with expectant mothers, VACCA has found that services engaged with Aboriginal women are making assumptions about their capacity to parent based on their age or race. Furthermore, if a family has a history of involvement with Child Protection, they are much more likely to be viewed as a risk to their baby's safety and wellbeing, a factor which the Department's own Child Protection Manual acknowledges.[46] Whilst these factors matter in some cases, practice does not always reflect

[44] Yoorrook Justice Commission (2023). Yoorrook for Justice: Report into Victoria's Child Protection and Criminal Justice Systems. Weblink

[45] DFFH (2023). Risk factors leading to Aboriginal over-representation in Child Protection. Paper presented to the Aboriginal Children's Forum – June 2023. [unpublished internal DFFH research].

[46] Department of Families, Fairness and Housing. (2023). *Unborn reports – advice*. Retrieved from: Unborn child reports - advice | Child Protection Manual | CP Manual Victoria

the nuance required to infer current risk levels. Previous risk factors or involvement with Child Protection does not necessarily indicate the existence of current risk. A young, Aboriginal pregnant woman does not automatically present as vulnerable as there could be significant family support available to the young mother. It is critical that such factors are explored as part of the assessment process. However, the capacity of Child Protection to do so is often limited for a variety of reasons, including the mother's willingness to engage with a service that is highly mistrusted by within the Aboriginal community, but also because Child Protection is not making contact with ACSASS until much too late. We also find that many mothers have not been well informed about the process of an unborn report, including the possible outcomes, timelines and what they can expect when their baby is born.

A crucial part of the unborn planning process is that the mother is engaged as far as possible and directly pre and post birth. Having someone to support the mother during this process would be critical if concerns exist. Antenatal, and maternal and child health services have an important role to play in this process, and their needs to be linkage and coordination between Child Protection, ACCOs and the health care system to manage unborn reports, as well as reduce the number of reports being made. Examples in Victoria include:

- **The Koori Maternity Service** (KMS) which provides access to holistic, culturally appropriate care for Aboriginal women and their families during pregnancy. It is a state-wide program delivered across 14 sites by midwives, Aboriginal Health Workers and Aboriginal Hospital Liaison Officers. Each KMS is tailored to their local community and improves pregnancy journeys by increasing access to and participation in, antenatal services and post-natal support and facilitates relationships between women and birthing hospitals.[16]
- **The Bringing up Aboriginal Babies at Home** program which is run by VACCA and delivered predominantly by a Koori Pregnancy and Baby Practitioner (the 'BUABAH Worker') who aims to engage and build trust with pregnant mothers of Aboriginal babies and their partners during the vulnerable stages of their pregnancy, so they feel safe attending appointments and addressing the needs of their baby. This approach recognises the intensive case management support required to support vulnerable and at risk mothers, who have experienced high levels of trauma and may also be experiencing issues around family violence and AOD. The BUABAH Worker is based in the Family Services Team at Southern VACCA and co-located at a maternity hospital in Frankston.
- **The Garinga Bupup Trial** undertaken by Bendigo and District Aboriginal Cooperative in the Central Goldfields, Greater Bendigo, Loddon, Macedon Ranges and Mt Alexander localities. Its purpose was to receive referrals where there were concerns about an unborn Aboriginal child related to their safety and wellbeing after birth early in pregnancy and ideally before Child Protection had opened a case. The aim was for a specialist Case Manager to engage

the mother and develop a strategy that would prevent or minimise the need for Child Protection intervention after the baby was born.[47]

Recommendation:

5. **That the Yoorrook Justice Commission call upon the Victorian Government to develop a stand-alone, Aboriginal-led and coordinated response to unborn reports across health, and child and family services, including:**
    a. **Building on the recommendations of the *Yoorrook for Justice* report, require DFFH to reconceptualise the risk threshold matrix that determines unborn reports to address racism and unconscious bias. This also includes a focus on contemporary risk factors and considers a family's network of supports.**
    b. **DFFH to provide data on the number of Aboriginal children in the last 10 years that have been removed without an ACASS consultation and placed in a non-Aboriginal placement and their outcomes including reunification and placement stability.**
    c. **Yoorrook Justice Commission to request data on processes around unborn reports and make this publicly available, including the number of mothers referred to voluntary services, the number of unborn reports undertaken without supports provided to mothers, and the number of unborn reports for Aboriginal mothers made due to a failure to attend antenatal classes and whether this is the same for non-Aboriginal mothers.**

Responses to trauma in mainstream healthcare settings

Whilst the majority of Aboriginal children grow up within safe and stable home environments, we know that many of those involved in child protection and youth justice systems have had adverse childhood experiences, including exposure to poverty, family violence, parental incarceration, and substance misuse.[48] Often, exposure to abuse and neglect continue through their interactions with child protection and youth justice systems. Of the 1312 children across the country who were found to have been abused in care, 44% were Aboriginal.[49] This raises important questions about the health and wellbeing of children in care and contradicts widespread assumptions we hold about the safety

[47] Wise, S., and Brewster, G. (2022). Seeking Safety: Aboriginal Child Protection Diversion Trials Evaluation Final Report. The University of Melbourne: Parkville. Weblink

[48] Commission for Children and Young People. (2016). Always was, always will be Koori children: Investigations into the circumstance of Aboriginal children and young people in out-of-home care in Victoria. Available at: https://ccyp.vic.gov.au/inquiries/systemic-inquiries/always-was-always-will-be-koorichildren/#:~:text=Always%20was%2C%20always%20will%20be%20Koori%20children%20is%20the%20report,of%2D h ome%20care%20in%20Victoria.

[49] Australian Institute of Health and Welfare. (2021). *Safety of children in care 2020-21*. Retrieved from: https://www.aihw.gov.au/reports/child-protection/safety-of-children-in-care-2020-21/data

of our child protection systems. An area of particular concern for VACCA is how the mainstream service system understands and responds to the effects of trauma for Aboriginal peoples, particularly children and young people. Aboriginal understandings of health and wellbeing link poor physical and mental health, addiction, incarceration, family violence, self-harm, and suicide to experiences of trauma, particularly those enacted through state intervention. Yet, Western approaches remain inadequate and insufficient in recognising the ongoing impacts that colonisation, racism, intergenerational trauma, and child removal have on the health and wellbeing of Aboriginal children, families, and communities. This means that a failure to respond appropriately to trauma occurs at two levels. First, there is the intergenerational trauma that children and families experience as a result of colonisation, and which makes them more likely to experience oppression and disadvantage that lead to further trauma through interactions with the child protection and youth justice systems.

These early experiences increase the likelihood of experiencing poor physical health and social and emotional wellbeing both in childhood and adulthood.[5051] However, VACCA practitioners find that the prevalence of these experiences is often underestimated or not considered in health decision-making. This means that the impact of trauma upon children and young people is not detected or well understood. VACCA contends that childhood trauma should not only be treated as behavioural response but should also have a framework for diagnosis around it. Reconceptualising experiences of trauma as a disabling factor and through a disability lens and implementing relevant assessments for children and young people can ensure that they have access to the appropriate interventions and supports that are catered to their needs and strengthen their social and emotional wellbeing.

Whilst best practice is to utilise early intervention and preventative supports to address health and wellbeing needs of individuals and communities, many of the children and young people VACCA works with come into contact with tertiary healthcare at some stage. For this reason, there is a significant need for more culturally appropriate services within the existing hospital system. There are several key strategies that will support this:

1) Increasing the Aboriginal health workforce within the mainstream hospital system to ensure there is the capacity to understand factors impacting health and wellbeing for Aboriginal people
2) Implementation of cultural safety training and understanding trauma training for all workers across mainstream services
3) Incorporating Aboriginal understandings of health and traditional healing practices

The role of ACCOs in delivering culturally safe services

We note, however, that cultural safety is not only about ensuring that mainstream services are free from racism. Rather, it is about building a strong Aboriginal-led health and social and emotional

[50] Liming, K. W., & Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child and Adolescent Social Work Journal*, *35*, 317-335.
[51] Monnat, S. M., & Chandler, R. F. (2015). Long-term physical health consequences of adverse childhood experiences. *The Sociological Quarterly*, *56*(4), 723-752.

wellbeing sector which has a model of care that is designed by Aboriginal people, for Aboriginal people; and seeks to address the specific healing needs of Aboriginal communities. Whilst we support the development of culturally safe, mainstream service providers, this cannot be utilised as an alternative to funding Aboriginal Community-Controlled Organisations to deliver health services to community. VACCA would like to see ACCOs recognised as preferred providers for primary care and a range of secondary care services including mental health, even when a mainstream service is seen to be culturally safe.

In its recommendations, the Commission should call upon the Victorian Government to strengthen its commitments to building Aboriginal-led services to support health and wellbeing for Aboriginal peoples. This includes by recognising ACCOs as the preferred providers for government funding services for Aboriginal peoples. VACCA acknowledges the important role that ACCHOs play in delivering services to Aboriginal families. However, ACCOs are not the only organisations engaged with individuals requiring supports, particularly in relation to their social and emotional wellbeing.

For example, our Youth Throughcare Program (YTC) is a cultural strengthening and mentoring program which supports young people in detention to prepare for release and provides post release support in the form of intensive, assertive outreach. As identified in the section above, this is a time of significant vulnerability for our young people, and having access to the appropriate, culturally safe supports helps in navigating challenges for young people following their release from detention and provides a network of care that can support in identifying and responding to any mental health concerns. This is also true of many other ACCOs, and VACCA believes that ACCOs should have access to funding to provide mental health services, recognising that in many cases we are delivering social and emotional wellbeing, and therapeutic supports to community. One example is VACCA's Aboriginal Children's Healing Team program, which we discuss in more detail under the section on Mental Health.

Recommendation:

6. **That the Yoorrook Justice Commission calls upon the Victorian Government to recognise ACCOs/ACCHOs as preferred providers for government funded services for Aboriginal peoples.**
7. **That the Yoorrook Justice Commission calls upon the Victorian Government to strengthen its commitments to improving the cultural safety of mainstream health care systems through:**
    a. **The development of a workforce strategy to train and employ more Aboriginal health care workers, clinicians, and doctors, particularly those with expertise in trauma and healing.**
    b. **The implementation of cultural safety training and understanding trauma training for all health care workers across mainstream services.**
8. **That the Yoorrook Justice Commission calls upon the Victorian Government to increase funding to ACCOs to enable them to provide holistic social and emotional wellbeing supports.**

Mental health and wellbeing, including strategies and actions to reduce suicide rates

Given the Aboriginal community's collective experience of intergenerational trauma and the ongoing experiences of systemic and structural inequalities, resulting poor social and emotional wellbeing leads to higher rates of suicide for Aboriginal peoples. A 2022 report by the Coroner's Court of Victoria found that the suicide rate for Aboriginal people rose by 75% in 2021.[52] In addition, young people aged 24 and under make up a significant proportion of the people who have passed away by suicide – representing 30% of suicides between 2018 and 2021.[53] In 2019, the Commissioner for Children and Young People (CCYP) conducted an inquiry into children with a history of child protection involvement who died by suicide titled *Lost, not forgotten*. The inquiry found that Aboriginal children were overrepresented amongst the cohort of reviewed cases, representing 17% of children with a history of child protection involvement who died by suicide.[54] A greater focus on Aboriginal-led suicide prevention and response within Victoria is needed, including a specific approach for supporting the social and emotional wellbeing of Aboriginal children and young people.

[52] Coroners Court of Victoria. (2022). Suicides of Aboriginal and Torres Strait Islander peoples: Victoria, 2018-2021. Retrieved from: https://www.coronerscourt.vic.gov.au/sites/default/files/2022-01/Victorian%20suicides%20of%20Aboriginal%20and%20Torres%20Strait%20Islander%20people%20-%20Victoria%20-%202018-2021%20-%2020Jan2022.pdf

[53] Ibid, 4.

[54] Commission for Children and Young People. (2019). Lost, not forgotten: Inquiry into children who died by suicide and were known to child protection. Melbourne, VIC: Author. Retrieved from: https://ccyp.vic.gov.au/assets/Publications-inquiries/CCYP-Lost-not-forgotten-web-final.PDF

The Victorian Government committed itself to a substantive reform agenda in response to the release of final report of the Royal Commission into Victoria's Mental Health System in February 2021. The final report outlined a series of changes to create a mental health and wellbeing system which would provide holistic treatment, care, and support. The findings of the commission identified the urgent need to address mental illness in Aboriginal communities, as well as the central role of self-determined Aboriginal services in promoting Aboriginal social and emotional wellbeing.[55] The final report recommended the expansion of the delivery of multi-disciplinary social and emotional wellbeing teams across Aboriginal community-controlled health organisations, noting that many Aboriginal people access mainstream mental health services that do not provide culturally safe and inclusive care, treatment, and support.[56] Recommendations resulted in $116 million in funding from the 2021-2022 Victorian State Budget for the establishment of social and emotional wellbeing initiatives that are Aboriginal-led and ensure safe and respectful care in both mainstream and ACCO settings.[57] This included the establishment of Aboriginal-led healing centres run by ACCHOs.[58]

VACCA understands that the co-design process for development of the healing centres is ongoing. However, there is still a significant and immediate need for accessing to therapeutic, trauma-informed healing supports within community. It is well documented through research and VACCA's own practice experience, that there is currently a significant lack of culturally safe health, mental health, and wellbeing services, particularly for our children and young people. The co-design process for the healing centres does not offset the responsibility of the Victorian Government to fund specialised therapeutic and clinical supports for Aboriginal peoples, such as through our Aboriginal Children's Healing Team program, or through NJN, as we know there is still an ongoing need for these services. VACCA is also part of a consortium that is seeking funding to establish a state-wide trauma service, which will include an Aboriginal-specific state-wide trauma response. This was another key recommendation of the Royal Commission.

The Royal Commission into Mental Health found that in 2019, 77 per cent of Aboriginal people aged 18-24 who had experienced very high psychological distress had not seen a health professional, and the rate of mental health presentations for Aboriginal people was four times that of the broader population.[59] In VACCA's experience, a lack of access to culturally safe health and mental health services that recognise the importance of culture in providing care is often a barrier to improving health and wellbeing outcomes of our communities. This is particularly pertinent for Aboriginal children and young people in out-of-home care. It is essential that an accountability mechanism is

[55] Royal Commission into Victoria's Mental Health System, *Fact Sheet, Aboriginal Social and Emotional Wellbeing,* retrieved from: weblink.
[56] Royal Commission into Victoria's Mental Health System, *Fact Sheet, Aboriginal Social and Emotional Wellbeing,* retrieved from: weblink.
[57] The Victorian Government Department of Health, *A shared vision for Aboriginal social and emotional wellbeing in Victoria,* retrieved from: weblink.
[58] Ibid.
[59] The Royal Commission into Mental Health (2021), *Final Report.* Retrieved from: weblink.

put in place to monitor the progress of the Mental Health Royal Commission commitments, and that a timeline is provided for implementation of all recommendations that pertain to Aboriginal peoples.

Recommendation:

9. **That the Yoorrook Justice Commission request a comprehensive update from the Victorian Government one the status of implementation of the recommendations of the Royal Commission into the Victorian Mental Health System as they relate to Aboriginal peoples.**

Addressing trauma

Trauma is a significant contributor to poor wellbeing and has been shown to be directly related to nearly all risk factors for suicide, such as psychiatric disorders and self-harm[60]. Intergenerational trauma is experienced by Aboriginal peoples as a consequence of colonisation, racism and policies of exclusion, child removal and dispossession from Country. In our experience, all Aboriginal children and young people involved with the child protection and youth justice systems each have experiences of trauma, and a significant number have comorbid mental health conditions or disabilities. *Lost, Not Forgotten* details the complexities and hardships faced by Aboriginal children and young people, illustrating the experiences of the six children who died by suicide:

> *"Half of the Aboriginal children were recorded as having disability. Five of the six children were recorded to have a diagnosed mental illness. All had a history of self-harming behaviours and reported sexual abuse in early childhood. All of the Aboriginal families had experienced intergenerational trauma – five of the six children were raised by mothers who had spent time in care as children. Five of the six children had a parent with severe mental illness and of these, all had made attempts to take their own life. In two cases, these attempts were made in the presence of their children."*[61]

Despite higher levels of need, Aboriginal children and young people face significant barriers in accessing services, these include:

- Lack of support for complex needs, such as for children with experiences in out-of-home care or youth justice
- A lack of youth-focused mental health services, particularly Aboriginal-led services
- Lack of assertive outreach supports as opposed to inpatient services
- Poor cultural safety within mainstream mental health system, which may reduce likelihood of young people reaching out for support in future.

[60] Trew, S., Russell, D., & Higgins, D. (2020). Effective interventions to reduce suicidal thoughts and behaviours among children in contact with child protection and out-of-home care systems: a rapid evidence review.
[61] Commission for Children and Young People. (2019)., p.54

- Long wait times in emergency room departments which may result in young people departing prior to mental health assessments being undertaken.
- Intervention at crisis rather than prevention, which can leave children and young people with suicidal ideation who have not attempted without supports

Trauma informed care and Aboriginal-led responses are critical to improve social and emotional wellbeing and ending suicide. Research on the social and emotional wellbeing of Indigenous people across Australia and internationally have long identified the benefits of maintaining connection to Country, culture, and community.[62] Strengthening connections is a protective factor that helps community to overcome adverse life events and build resilience.[63] As discussed, both the available evidence and VACCA's practice expertise have identified a lack of culturally safe mental health services for young people. We believe that funding should be prioritised for ACCOs to provide mental health services, alongside the development of an Aboriginal mental health workforce which reflects traditional ways of understanding trauma and culturally specific, holistic, therapeutic healing practices. There must be long term funding and brokerage for the delivery of ACCO-led social and emotional wellbeing supports that intervene earlier, prior to children and young people reaching a crisis point and requiring an inpatient, hospital-based response.

VACCA takes a trauma-informed approach in all aspects of our work. Our Cultural Therapeutic Ways framework has guided our understanding about how theories of trauma need to underpin educational approaches, because they facilitate understanding and culturally appropriate responses. A trauma-informed approach centralises intergenerational trauma in the context of the specific challenges faced by Aboriginal families, and how this can manifest in the behaviours and difficulties of children and young people. A trauma informed approach involves understanding, recognising and responding appropriately to the effects of all types of trauma, and celebrating the strength and resilience of Aboriginal people. Funding should be provided to ACCOs to develop trauma-informed modules and professional development opportunities for staff that focus on the needs of Aboriginal children and young people and intersections with experiences of out-of-home care, disability, justice, poverty, poor mental health, or who identify as members of the LGBTQIA+ community.

Based on our own experience, the following is a list of key characteristics and program elements that can be embedded in social and health workforces to ensure they are providing culturally safe, trauma-informed, and appropriate responses:

- Opportunities for cohesive and coordinated work with and within communities and across services to identify issues and solutions to support social and emotional wellbeing

[62] Stephen R. Zubrick et al. (2010). 'Social determinants of social and emotional wellbeing' in Nola Purdie, Pat Dudgeon and Roz Walker (eds), Working Together: Aboriginal and Torres Strait Islander Mental Health and Well-Being Principles and Practices. Barton, ACT: Commonwealth of Australia

[63] SNAICC. (2012). Healing in practice: Promising practices in healing programs for Aboriginal and Torres Strait Islander children and families. Fitzroy, Victoria: SNAICC.

- Flexible solutions to increase accessibility, including outreach, telehealth, and increased regional services
- Services, staff, and programs must have a trauma-informed lens and approach
- Access to timely and culturally safe secondary consultation for frontline staff
- Culturally safe training for responding to suicide, suicidal ideation and self-harm for all workers in out-of-home care, youth justice, and health and mental health settings
- Targeted funding for Aboriginal mental health workers in ACCOs
- Funding for cultural and social and emotional wellbeing programs such as Return to Country to enhance connections and cultural identity as protective factors for strong wellbeing
- Invest in the building of the Aboriginal evidence base to evaluate existing programs and develop new evidence-based solutions
- Family centred supports that help parents support their children with social and emotional wellbeing concerns, with a non-judgemental and strengths-based approach.

As articulated earlier, VACCA believes that trauma should be conceptualised as an experience that can inhibit functioning, as well as social and emotional wellbeing. This is not to say that trauma should automatically be treated as a form of disability, but that assessments to determine the impact of trauma, and whether further intervention and supports are required, should be the norm for Aboriginal children with experiences of out-of-home care and youth justice. Furthermore, the intersection of trauma with developmental delay, is a cultural safety element in the disability services and support that needs to be better addressed. As we discussed in more detail below, we are deeply concerned that specialists in the community are not skilled in understanding and being able to identify the impact of intergenerational trauma on Aboriginal children and young people; they are quick to misdiagnose, or attribute other factors to the presenting behavioural concerns.

An intersectional approach to social and emotional wellbeing

Furthermore, VACCA wishes to highlight the importance of taking an intersectional approach that recognises the diverse health and social and emotional wellbeing needs of Aboriginal children and young people. Within the cohort of Aboriginal children and young people, the specific needs of LGBTIQA+ community members, as well as young people living with a disability, fetal alcohol spectrum disorder (FASD) and mental health concerns must also receive targeted attention. At VACCA we are '*committed to Aboriginal self-determination and supporting strong, safe, thriving Aboriginal communities and aim to ensure every individual is treated with dignity, honouring all cultural backgrounds, abilities, ethnicities, sexual orientations, gender identities and spiritual beliefs*'.[64]

LGBTIQA+

Part of this commitment is understanding the intersectional experience many in our community face who also identify as LGBTIQA+. This includes experiencing multiple forms of disadvantage, through the interconnected nature of social experiences and categorisations such as race, class, gender, and identity. We know that LGBTIQA+ young people attempt suicide at twice the rate of other young

[64] Victorian Aboriginal Child Care Agency. (2020). Inclusivity statement. Melbourne, VIC: Author.

people, and they may experience harassment, isolation, rejection from family and community and marginalisation and violence.[65] Culturally safe services must incorporate an intersectional lens that meets LGBTIQA+ mob with respect and care.

Disability

In relation to the needs of Aboriginal children with disability, it is critical that the mental health sector has a better understanding of how Aboriginal people identify with disability and the role of culture within these beliefs. In a recent internal data review looking at the rates of diagnosed disability across 34 programs, VACCA found that the combined program areas of out-of-home care, leaving care and child protection diversion programs had the highest percentage of Aboriginal children with a disability, with 38 per cent of clients across these programs reporting to have a diagnosed disability. Amongst children whom VACCA identified as living with disability, 27% had a diagnosed mental health condition. Our internal review also found that 20 per cent of clients had a diagnosis of ADHD and a further 2 per cent were being assessed for AHDH.

VACCA asserts that if our review encompassed undiagnosed or unrecognised disabilities, including trauma, that these figures would have been much higher. Indeed, research by the Victorian Aboriginal Health Service (VAHS) showed even higher rates of mental health disability amongst Aboriginal children in out-of-home care – with 66% having a diagnosed disability. Both VACCA and VAHS data contrast sharply with information from the Department, which reported that only 14% of Aboriginal children in out-of-home care had a disability.[66]

The definition of disability, and the services included within the National Disability Insurance Scheme (NDIS) provide a very limited understanding of disability. The current medical model that the National Disability Insurance Agency (NDIA) has adopted requires a rigid assessment to obtain a diagnosis of a disability. This was not designed with Aboriginal people in mind. The medicalised model significantly lacks cultural safety elements and limits Aboriginal disabled people from accessing the supports they need early. We also know that much of the disability or impairment among Aboriginal children is invisible, particularly trauma. The medicalised model of diagnosis also lacks nuance. VACCA practitioners have indicated that experiences of trauma, ADHD, and autism can have similar behavioural presentations meaning they can be misdiagnosed for one another. Research has found that there are a number of overlapping symptoms between experiences of trauma and ADHD, including difficulty concentrating, disorganisation, hyperactivity, restlessness and difficulty sleeping.[67] In the US, the National Child and Traumatic Stress Network has developed a practitioner

[65] Australian Institute of Health and Welfare. (2022). Suicide & Indigenous Australians. Sydney, NSW: Author. Retrieved from:https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicideindigenous-australians

[66]Department of Social Services. (2024*). Darebin Location Profile: Closing the Gap Outcomes and Evidence Fund*. [Unpublished report].

[67] Siegfried, C. B., Blackshear, K., National Child Traumatic Stress Network, with assistance from the National Resource Center on ADHD: A Program of Children and Adults with AttentionDeficit/Hyperactivity Disorder (CHADD). (2016). Is it ADHD or child traumatic stress? A guide for Clinicians. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

guide to assist with identification of ADHD and trauma, ensure distinction between the two and thus prevent misdiagnosis.[68] Resources such as this must be widely available to practitioners as well as have a cultural and trauma lens placed over them to ensure they are appropriate when assessing and diagnosing Aboriginal children in care.

VACCA practitioners have reported that often Aboriginal families and carers find attaining disability and developmental assessments for the child in their care challenging and the system hard to navigate. This means that many Aboriginal children engaged with VACCA's programs cannot receive a diagnosis and thus lack eligibility for funded supports. The lack of support for carers to address the impacts of a disability experienced by a child or young person in care takes a significant toll on both the carers and child or young person and can lead to placement breakdown. It is crucial for Aboriginal families and carers to be supported to access important assessments including behavioural, psychologist and speech assessments. Better access to such assessments ensures that children in care can receive behavioural and emotional regulation supports essential for placement stability. We firmly believe that if access to assessments is not improved, this will continue to be a failure of the NDIS to understand and respond to the needs of Aboriginal people with a disability.

One of the most consistent issues experienced by the families we work with is the lack of culturally safe services, support, and group activities for disabled children and young people. Not all disability services are culturally safe or offer culturally appropriate services and this creates a barrier for and children and their parents and/or carers to access support. Instead, family and/or carers are taking the responsibility of caring upon themselves without the necessary supports. We would recommend that the Yoorrook Justice Commission look more closely at the findings of the recent review of the NDIS which highlighted significant issues in relation to cultural safety and access to the scheme for Aboriginal people.[69]

[68] Ibid.
[69] Australian Government. (2023). *NDIS Review*. Retrieved from: Working together to deliver the NDIS | NDIS Review

Recommendation:

10 **That the Yoorrook Justice Commission call upon the Victorian Government to improve access to culturally safe disability assessments for Aboriginal children in care.**
    a. **That an approach be developed to address the misdiagnosis of trauma and ADHD in the assessment process.**
11. **That the Yoorrook Justice Commission consider the findings of the recent review National Disability Scheme (NDIS), and potential implications for the Victorian Government.**
12. **That the Yoorrook Justice Commission seek information from the Victorian Government on how it is working to address barriers to accessing NDIS for Aboriginal children and families.**

Fetal alcohol spectrum disorder (FASD)

FASD is a diagnostic term for a range of neurodevelopmental conditions which can occur following exposure to alcohol while in utero. FASD is considered a lifelong disability that can affect a person in a number of ways including their motor skills, learning, attention, emotional regulation, social skills, and communication.[70] Alcohol-related harm such as prevalence of FASD among Aboriginal children and young people cannot be viewed in isolation from the process of colonisation and ongoing impacts of intergenerational trauma. FASD must further be considered within the context of past and current government policies that perpetuate entrenched poverty by preventing access to Country, culture, and language.

A key finding of the Commission for Children and Young People (CCYP) systemic inquiry *Always was, always will be Koori children,* was that other than family violence, parental alcohol and/or substance abuse was a leading risk factor contributing to the removal of Aboriginal children and placement into out-of-home care.[71] Anecdotal evidence provided to CCYP in addition to VACCA's experience suggests that Aboriginal children living in, or at risk of entering out-of-home care with either diagnosed or undiagnosed FASD are not highly visible.

Research also shows that FASD among Aboriginal young people in contact with the justice system is a significant issue,[72] yet due to poor screening and data collection, it often remains underreported

[70] Bower C. & Elliott E.J. (2016). Australian Guide to the diagnosis of FASD. Weblink; CanFASD. (2018). What is FASD?, Canada FASD Research Network (CanFASD) Weblink

[71] Commission for Children and Young People, (2016). 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria (Melbourne: Commission for Children and Young People). Weblink

[72]McVilly, K., McCarthy, M., Day, A., Birgden, A. & Malvaso, C. (2023) Identifying and responding to young people with cognitive disability and neurodiversity in Australian and Aotearoa New Zealand youth justice systems, Psychiatry, Psychology and Law, 30:6, 789-811

as demonstrated by research from Western Australia.[73] This is also reflected in Victoria, where the Youth Parole Board does not include FASD in its annual report on the characteristics of young people in custody, and only lists "has an active cognitive difficulty diagnosed or documented by a professional" as the sole criteria which may indicate presence of FASD.[74] Figures from the Parole Board indicate that on 2 June 2023, 25 per cent of the 540 children and young people in custody had a 'cognitive difficulty'.

VACCA staff reported that early identification and response to FASD must be prioritised in Victoria. This includes a prevention approach to support mothers and families at risk, including better training for staff to identify key risk factors, as well as early assessments for children and young people who may presenting with FASD, so they are able to access appropriate supports. This requires extensive coordination between the health, early education, school, and justice sectors.

Recommendation:

13. **That the Yoorrook Justice Commission seek data from DFFH and DH on the process by which rates of FASD are determined.**
14. **That the Yoorrook Justice Commission calls for a joint up approach to raising awareness of, and screening for FASD, inclusive of health, early education, school, and justice sectors, to enable earlier identification of FASD at pre-birth and early life stages.**
15. **That the Yoorrook Justice Commission call for funding of culturally safe Aboriginal-led FASD prevention and early intervention stages.**

Mental health

Given the vulnerability of Aboriginal children in out-of-home care and youth justice systems, we believe that each of these children should receive a therapeutic mental health assessment to determine their social and emotional wellbeing needs. Each assessment should result in a healing plan tailored to their individual needs. Currently, our own data shows very low engagement with mental health supports and assessments. Across 34 programs[25] surveyed, 32 percent of children (96 out of 296) had a completed mental health assessment. A further 44 (15 percent) were having a mental health assessment arranged. This leaves 53 percent of children with a disability (n=156) who had not had a mental health assessment. The fact that over half of Aboriginal children with a disability did not have a completed mental health assessment indicates a need for improvement in referrals and screening to ensure that all children in our programs are receiving a mental health assessment at key points in their development. This is particularly crucial for an early intervention approach, given

[73] Bower, C., Watkins, R. E., Mutch, R. C., et al. (2018). Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia

[74] State of Victoria (2023). Youth Parole Board Annual Report 2022-23. Department of Justice and Community Safety. Weblink

what we know about the impacts of intergenerational trauma and its interrelationship with mental health outcomes for children.

Recommendations:

16. **Funding for ACCOs to provide intensive mental health services for and by community must be prioritised, this includes the ability for ACCOs to access funding through the Mental Health Branch of the Department of Health.**
    a. **With a focus on expansion, and greater funding, for the delivery of ACCO-led social and emotional wellbeing supports that intervene earlier, prior to children and young people reaching a crisis point and requiring an inpatient, hospital-based response.**

Investing in Aboriginal-led approaches to healing for children and young people

In supporting Aboriginal children to grow up safe and connected, with positive social and emotional wellbeing, we need to act early and invest in approaches and supports that can help address trauma and mental health challenges, particularly those faced by children and young people with experiences of out-of-home care and youth justice. There is an opportunity for the Victorian Government to build upon and strengthen existing programs so that more families have access to Aboriginal-led services, thus reducing interactions with tertiary and acute mental health supports. One example is VACCA's Aboriginal Children's Healing Team (ACHT), a model of family oriented, trauma informed and therapeutic care that supports the community.

Our model of care centers around the delivery of culturally led, trauma informed care to identify the mental health and social and emotional wellbeing needs for each child and create conditions for healing to occur. Our service is delivered by a multi-disciplinary team made up of specialist cultural and therapeutic practitioners covering cultural and healing leadership, psychiatry, paediatrics, mental health nursing, occupational therapy, speech pathology, social work, and family and art therapy. Currently, however, to access the service, children need to be living in out-of-home care in the Northern Region and case managed by VACCA.

VACCA believes there is an opportunity to expand on this innovative approach and establish a network of ACCO-led Aboriginal Children's Healing Centres throughout Victoria, that are centred on cultural healing for our children who have experienced trauma, mental health conditions or family violence, particularly those who have experienced out-of-home care. Drawing upon the approach developed by VACCA's ACHT, it could offer a broader suite of services and supports, including providing a drop-in function. The centres would provide a series of on-site services such as counselling, multi-disciplinary assessments for children, including health, psychological, behavioural and disability, linkages to NDIS services, and other necessary referrals. Such services would be centred on culture; holistic in considering both health and social and emotional wellbeing needs,

trauma-informed, therapeutic, and family-oriented. This will ensure our children and young people are supported to heal, be strong in their culture and their social and emotional wellbeing.

Recommendations:

17. **That the Yoorrook Justice Commission recommend funding to establish a network of Aboriginal Children's Healing Centres across the state, utilising the approach and model of care developed by VACCA's ACHT. This should include resourcing to build an evidence base on the impact of this model.**
    a. **That this service be funded in a flexible, long-term way that enables the incorporation of Aboriginal understandings of health and traditional healing practices alongside mainstream therapeutic and mental health models of care.**
18. **That as a matter of policy and practice, all children in out-of-home care and youth justice be required to receive a therapeutic mental health assessment to determine their social and emotional wellbeing needs, and that each child be provide with a healing plan designed specifically for their needs.**
    a. **As part of a healing plan, there must be long-term funding and brokerage attributed to programs and services that provide cultural support and trauma-informed care.**

Gaps in state oversight and accountability for policies, frameworks, and previous recommendations

There are a number of intersecting legislative, policies and frameworks which are intended to guide how the state government approaches delivering healthcare services to Aboriginal peoples. *Balit Murrup* and *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safet Strategic Plan 2017 -2027* were designed to operate alongside one another with the purpose of improving health and life outcomes of Aboriginal peoples in a culturally safe way. Furthermore, the *National Agreement on Closing the Gap* has a number of commitments that relate specifically to the health and wellbeing of Aboriginal children and young people. Whilst all of these policies have a stated commitment to increased Aboriginal governance and accountability, there are ongoing challenges in implementation. The healthcare system needs to be reoriented in order to recognise and be more support of Aboriginal social and emotional wellbeing and incorporate traditional forms of healing. There needs to be equity in access to culturally based service provision in metro and regional areas, and there is an identified need for Aboriginal practitioners to deliver social and emotional wellbeing supports.

There is an ongoing, enormous demand for system reform within Victoria, particularly in relation to the transfer of power and resources to the ACCO and ACCHO sectors to enable them to deliver culturally-based health and wellbeing services in a self-determined way. For example, a 2021 review

of *Korin Korin Balit-Djak* found that the strategy was not achieving its aim of systemic, sectoral reform to ensure that health and human services were designed and delivered in a way that supported Aboriginal self-determination. This review recommended that:

1. There be a recommitment by all Victorian Government agencies to operationalise self-determination;
2. The government develop a strategy to address gaps in data and data sovereignty, to ensure that health and wellbeing outcomes, as well as the impact of government actions, could be monitored; and
3. A commitment to a strategic investment and commissioning plan that actively supports initiatives which will increase Aboriginal self-determination across the health and human services sector.[75]

VACCA is observing a similar trend in relation to implementation of the *National Agreement on Closing the Gap*. Priority Reform 2 commits governments to strengthening the ACCO sector to ensure we have the necessary resources to deliver quality, holistic and culturally safe services to Aboriginal peoples. Yet, thus far we have failed to see meaningful whole-of-government action toward this commitment and we would agree with the draft report's finding that "current actions are not supporting ACCOs to thrive."[3]

The National Agreement is meant to support the transfer of resources from both mainstream community service organisations and governments to ACCOs delivering child and family services. However, we have failed to see significant change in this regard, which only further disadvantages Aboriginal children, young people and their families, and prevents VACCA from delivering the types of services that support social and emotional wellbeing, and healing.

VACCA recommends that rather than seeking new strategies, the Victorian Government should look to provide ongoing and effective investments to deliver upon commitments outlined in existing frameworks and strategies, and in ACCO and ACCHOs across the state.

Recommendations:

19. That the Yoorrook Justice Commission ask the Victorian Government to provide detailed information to Yoorrook on its plans for fully implementing commitments under Closing the Gap, Balit Murrup, and Korin Korin Balit-Djak.

[75] Inside Policy. (2021). *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety plan 2017 – 2027: A three-year review.* [Unpublished evaluation].

Conclusion

VACCA wishes to thank the Yoorrook Justice Commission for its work thus far in uncovering and documenting systemic injustices experienced by Aboriginal peoples in Victoria, and for the opportunity to provide guidance and advice on strategies to redress these injustices.

We welcome the chance to discussion the submission in more detail. For further information, please contact Sarah Gafforini, Director, Office of the CEO via sarahg@vacca.org.