



RCVMHS AND ALLIANCE MEETING SUMMARY REPORT

28 APRIL 2020



Victorian Aboriginal Children
& Young People's Alliance

Acknowledgement

The Victorian Aboriginal Children and Young People's Alliance (the Alliance) wishes to acknowledge the Traditional Owners of Australia, and pay respects to Elders, past, present and emerging.

The Alliance wishes to acknowledge that Aboriginal people in Australia are the oldest continuing culture in the world and for more than 60,000 years they have flourished in strong families and communities. At the core of Aboriginal cultures is holistic understanding and way of life that saw our people live in harmony with each other and the land. This wisdom has been passed down from our ancestors and through their continued, enduring resilience.

It is our hope that Aboriginal knowledge systems and ways of being continue to be recovered, reaffirmed, and celebrated in the wider Australian society.



The Alliance Member Organisations



Opening Address: Raylene Harradine

Chairperson of Victorian Aboriginal Children & Young People's Alliance

"I would like to thank Commissioner and chair Penny Armytage and Commissioner Alex Cockram, and the Royal Commission team for your time and the opportunity to share with the Commission the stories, challenges and successes of 14 Aboriginal communities across Victoria.

The welfare and future of Aboriginal children in Victoria is what we are here to speak about today and what we as an Alliance of 14 ACCOs delivering child and family services are doing about it.

We work alongside VACCA, the statewide Aboriginal child welfare agency, our work is similar- under the principle of community control and self-determination we are delivering child and family services to our local communities.

Bendigo and District Aboriginal Corporation, have taken on the legal guardianship of Aboriginal children in out of home care- also known as the program Aboriginal children in Aboriginal care - and Ballarat and District Aboriginal Co-operative and Njernda Aboriginal Co-operative are preparing to do so.

In the near future- all Aboriginal children in out of home care will be case managed by Aboriginal organisations. (1)

This is complex, challenging and highly rewarding work- we do it not only because self-determination is our right as Aboriginal people, but because we know it will achieve the best outcomes for Aboriginal children.

As the Uluru Statement from the heart put so eloquently our children are our future- and when they thrive- Aboriginal communities will thrive.

Uluru Statement from the Heart (2)

"Our children are alienated from their families at unprecedented rates, this cannot be because we have no love for them."

"And our youth languish in detention centers in obscene numbers. They should be our hope for the future."

"These dimensions of our crisis tell plainly the structural nature of our problem."

Opening Address: Raylene Harradine

Chairperson of Victorian Aboriginal Children & Young People's Alliance

"As we speak, one in ten Aboriginal children in Victoria will be away from their homes and families tonight. By comparison- four in one thousand non-Aboriginal children will be in out of home care. (3)

The rate of Aboriginal child removal is the highest in the world. (4)

And the systems that are designed to protect them- often do far more harm than good.

Despite their severe overrepresentation, and the negative impact child removal has on the mental health of Aboriginal children, and our community on a whole- the majority of research (5), strategies to improve the system, and investment continues to focus on the general population (6) and go towards mainstream organisations - with Aboriginal communities being an afterthought.

In Victoria, we have made significant movement towards Aboriginal self-determination, in legislation and in government commitments (7) - but we still have a long way to go.

Throughout this document you will read stories of our communities, shared by our member organisations. We want to show you what can be achieved when we work with Community- in our way- and show you the many challenges we continue to face in doing this."



Current over-representation (8)



Opening Address: Raylene Harradine

Chairperson of Victorian Aboriginal Children & Young People's Alliance

"At the core of all these stories is the intergenerational trauma from colonisation that remains today- it manifests itself in a number of ways- and it is the reason behind the overrepresentation of Aboriginal children removed from their homes.

Our work is holistic. The removal of an Aboriginal child from their home, community and culture affects the whole community- and without allowing us to do the work our community needs, the approach of the current system is inflicting further harm on families, children, carers and our workforce.

If this status quo continues the number of Aboriginal children in OOHC will double in the next five years (9) - and this trauma will continue through to the next generation.

In sharing these stories- it is our hope that we can work with the Commission to see that the mental health and well-being of the one in ten Aboriginal children in care - and by extension- the whole Aboriginal community- are a priority."

Victorian Aboriginal children's over-representation in OOHC:

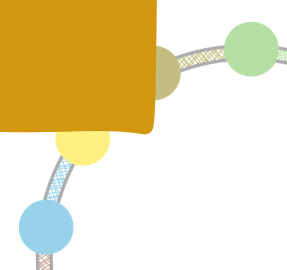
The rate of Aboriginal children removed from their homes is the second highest in the country.

It is double the rate of Indigenous children in Canada and more than 10 times the rate of Maori children in New Zealand. (10)

RCVMHS Chair Penny Armtage's update of Commission

The Commission is interested in looking at:

trauma and the impacts of trauma, in particular inter-generational trauma

- Intersection of the mental health system and other systems such as child protection
 - Designing a system that is fit for purpose
 - Focusing on SEWB as demonstrated in interim report
- 



Early Intervention and Family Preservation

Presented by Ballarat and District Aboriginal Co-operative

Karen Heap and Peter Treloar

Case Study: Keela Borron

See Appendix 3 for full report

Keela Borron in Wathaurong language means ‘speak children’ and is an innovative demonstration project which is designed to work with parents of Aboriginal and Torres Strait Islander children, where moderate to severe parental mental illness puts the child at risk of entering the child protection system.

With a core value of listening to the voices of the children, this project aims to support the healing of families and to strengthen cultural connections. The project also supports family reunification, where the parent’s mental illness has already resulted in child protective services involvement. A trauma informed view of the complexities faced by Aboriginal communities is at the forefront, with the aim to build resilience and self-determination.

Keela Borron recognizes the need to be flexible, innovative, culturally focused and safe. The service delivery model is based on an intensive case management and a ‘wrap around’ model of care. While the safety and protection of children is at the forefront of this program, the core functions of this project model include mental health assessment and commencement of treatment, care coordination, linking in to health and social support needs, advocacy and parental skills development.

Some of the group programs established under Keela Borron include psycho-education, circle of security, mental health self-management, parenting skills, mindfulness and stress reduction, communication skills and life skills programs. We have a cultural support worker who ensures the work we do is culturally appropriate, and links to community, family and culture are maintained and strengthened.



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Outcomes

Keela Borron has been actively seeing clients since July 2017. On 31 March 2020, there have been 103 referrals to the program, of which 85 have been registered, and 53 closures. The project has shown success in 18 children being returned to their parents over this time. There have been over 100 children in care of parents within the program, unfortunately 4 children have been placed in out of home care which highlights the complexities families' face where mental illness is present, even with intensive input from a program like this and support of the Koori family Services.

The ongoing mental health support has proved to be invaluable to the overall success of client participation. The flexibility of Keela Borron to deliver programs such as Circle of Security to meet the needs of individuals has been appreciated by clients. Outcome measures have also highlighted improvements in mental health of over a 12 month period, a reflection of how specialist mental health care and intense support can lower levels of depression, stress and anxiety.



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Barriers

The crisis response of the public mental health system means gaining early intervention access to their services is difficult, access to a psychiatrist for an urgent review and diagnostic clarification is impossible- which considerably delays the commencement of appropriate treatment.

Working within the Child protection system has been a challenge, with a lack of understanding of the complexities Aboriginal parents face and the culturally sensitivities that need to be considered. At times we feel that we are not considered important in the child protection system, and I think these are two areas that need attention. We are always aware the impact trans-generational trauma has on engagement and trust, thus highlighting the importance of the role that ACCOs have in this space.

RCVMHS Chair Penny Armtage's comments

Question: The Commission has heard that some parents are reluctant to come forward and access support through fear of child protection involvement. Is this something that you see in your program?

Answer: It is common that most referrals to child protection have an AOD or mental health component. Often clients are reluctant to engage due to fear of CP involvement. Staff encourage clients that their mental illness is treatable and they can recover, especially low prevalence diagnosis like anxiety and depression. Staff encourage clients to get onto their mental illness early, and access support to put appropriate measures in place.



Early Intervention and Family Preservation

Presented by Wathaurong Aboriginal Co-operative

Lisa Briggs and Shelly Strickland

Case Study: Supports for mum with mental health diagnosis

A 46-year-old mother who has four children, twins (11), a young boy (13) and a young girl (15) is experiencing enhanced mental health issues due to the COVID-19 pandemic. This mother has a mental health diagnosis of paranoia and schizophrenia and is currently linked in with Wathaurong's Stronger Families team.

There is also an NDIS package in place to support mum due to her mental health condition. This family has a history of child protection involvement having 16 notifications between May 2011 and July 2019, with one report proceeding to a protection order in 2015 until 2016.

The current mental health system is not responsive to the immediate needs of individual suffering from a mental health condition. This has been the case with this mother as when she decided she would like to see a psychiatrist there was a three-week waiting period. It is critical that these waiting times are reduced significantly as so much can change in three weeks. This puts the individual at immediate risk as their mental health can deteriorate rapidly. It is critical that ACCOs have access to funding to employ psych registers/mental health professionals to sit within their organisations to deal with crisis situations.

It can be difficult for ACCOs to respond to emergency situations when they do not have immediate access to appropriate medical professionals. In most cases ACCOs are required to access mainstream mental health services which may not be responsive to the cultural needs of the individual.



Early Intervention and Family Preservation

Presented by Wathaurong Aboriginal Co-operative

Lisa Briggs and Shelly Strickland

Case Study: Supports for mum with mental health diagnosis

Due to the pandemic mum's mental health issues are becoming overwhelming and she is wanting more emotional support from her case worker. She is not addressing her mental health at the moment and has previously disagreed with her schizophrenia diagnosis.

Due to COVID-19 restrictions and the significant impact this is having on her mental health, mum is feeling more pressure to provide homeschooling to the children especially those with an intellectual disability.

She is also experiencing psychotic episodes and having delusions about the coronavirus and is seeing Chinese writing on her security cameras. She is very paranoid that her and the children are going to contract the virus and is being strict on the isolation guidelines and is not even letting the children go outside to play in the backyard.

The four children are exposed to the mums deteriorating mental health condition 24/7 and given three have an intellectual disability they are not able to distinguish that mum is having delusions and what she is seeing isn't actually happening. If the kids were to be transitioned back into school this would have given them a break to mum's mental health.

Prior to COVID-19 the children were disengaged from school and were being homeschooled by mum. Three of the children suffer from an intellectual disability, and all children were in the process of transitioning back to school but COVID-19 has prevented this.



Early Intervention and Family Preservation

Presented by Wathaurong Aboriginal Co-operative
Lisa Briggs and Shelly Strickland

Case Study: Supports for mum with mental health diagnosis

This case study highlights the impacts COVID-19 can have on an individual's mental health, especially those who are already suffering from a diagnosis. It is critical that early intervention support services are put in place as soon as possible when individuals are experiencing a deterioration in their mental health condition.

This is particularly important in this case as the young children are being exposed delusional behaviors and they have trouble recognizing what is the truth and what isn't. This can have long-term adverse effects on the children and can significantly impact on their mental health.

RCVMHS Chair Penny Armtage's comments

Question: The Commission is trying to look at how the mental health system copes with Covid crisis and use this to inform reform. What is the working relationship like with Wathaurong and Barwon Health?

Answer: Org has a great relationship, however community members do not trust Barwon Health at all and struggle to engage with them.

Comment: Further discussions to be had with Wathaurong and in general about building community trust with the hospital service and the fundamental role this plays in the provision of the service



Early Intervention and Family Preservation

Presented by Ramahyuck District Aboriginal Cooperation
Sharnah Burgess-Bock and Deborah Burke

Case Study: Wanjana Lidj

See Appendix 4 for Powerpoint presentation

The family we are talking about today is of an Aboriginal mum and 6 children
– 2 of which were born during our 29 month engagement.

What we learned about mum was that she had a history of significant disrupted attachment, limited role modelling, trauma and regular involvement with systems such as Child Protection. This pattern has continued into her adult life, with family violence relationships, poor mental health, poor and disrupted attachment with her own children, particularly her youngest son, and a severe lack of trust in support services among many other determinants.

When we first began working with this mum, engagement was mostly superficial and only occurred when she would benefit financially from our service, or when the family was in crisis or perceived crisis – this was a huge barrier for us to overcome, as a lot of work had to be completed to challenge mum's expectations of our service and to shift her focus towards that of her relationship with her children, and of fostering positive and healthy relationships, particularly with her son.

We approached Take 2 program through Berry Street to support this family with an intensive therapeutic intervention for mum and her son, mum was also linked in with a Maternal Child Health Nurse who played an incredibly important role within the care team.



Early Intervention and Family Preservation

Presented by Ramahyuck District Aboriginal Cooperation
Sharnah Burgess-Bock and Deborah Burke

Case Study: Wanjana Lidj

See Appendix 4 for Powerpoint presentation

Collaboration

There are 2 significant moments that we have identified throughout our intervention. The first was when we requested a case review of the family by Child Protection; their co-operation and collaboration with us during this review was pivotal in our understanding of mum's journey, and it had a major influence into the Care Team's approach to working with this mum.

The second was when an incident occurred and the son was ultimately removed. This was the first time any of her children had been removed and we believe this to be the catalyst for change in Mum's engagement with our services. It was from this point that we truly began to see a shift in mum's focus and saw her prioritising the children's needs over her own.

As a care team we developed well defined roles and plans to engage the family; building a rapport with this mum was imperative and it was only with that relationship between mum and her supports that change was able to happen.

To support mum's engagement, we developed a roster where we (Wanjana Lidj) would go into the home, pick up the older children and transport them to day-care/kindergarten, the MCHN would then come into the home and sit with the baby in another room, Take 2 would then come into the home and complete her therapeutic work with Mum and her son. We feel that this process that we had, truly provided mum with the best opportunity to engage with that Take 2 intervention.



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Outcomes (Family & Care Team)

After over 2 years of intervention we are proud to talk about the incredible journey that we have shared with this family. We're confident in saying that this family benefited from a well constructed and connected Care Team; at the end of service intervention Mum had;

- Increased bond and attachment with her son, and all children
- Increased understanding of family violence, and impacts of this on herself and her children
- Positive relationship and trust in support services
- Increased capacity to problem solve leading to a decrease in "crisis" related contacts with service
- Increased capacity to self reflect, with a better understanding of her own mental health and the impacts of her behaviours on the children.

The services involved also reported a positive experience working with the family and each other and identified;

- Increased knowledge in specialist intervention strategies
- Increased knowledge of trauma and therapeutic interventions
- Strengthened network and rapport with each service
- Increase in cultural knowledge and safe practices with Aboriginal children and their families

RCVMHS Chair Penny Armtage's comments

An important point to take away from the presentation is the length of time it takes to engage someone who is not trusting. Often for families who have experienced trauma, trust can be challenging and engagement can take a long time to build.



Early Intervention Key Messages

Gippsland and East Gippsland Aboriginal Co-Operative

Jamie Williamson

"As the case studies show, we see transformative change, and we are able to break the inter-generational cycle of child removal, when we are able to respond to the needs of families.

This work is intensive- and requires a multidisciplinary team to respond, support and work with families. But the benefit far outweighs the cost.

Instead of floating through the system, being separated from their siblings, and experiencing poor mental health, homelessness or potential incarceration later on in lives, as many of our children in out of home care have, through the work of ACCOs we see children remaining- and being reunified with their families.

It really does take a village to raise a child, and through building relationships with families we can see the ongoing protective role of culture and community that will continue throughout families lives.

Despite this- there is a significant lack of investment in early intervention- and very little of it goes to Aboriginal families and those that need it most.

Of the \$1.5 billion invested since 2014 to support families and keep children safe only 25 percent has been invested in early intervention (11)- and of that little has been invested in Aboriginal services receiving only six percent of funding in early help. (12)

Aboriginal and Torres Strait Islander Social Justice Commissioner June Oscar: (13)

Imagine if our systems where to wrap-around what our community knows best instead of increased law enforcement and intervention. Families know that to do this we need to flip the system from crisis to prevention investment. For this to happen, Governments at all levels must change ways of working so that processes, policies, programs and services are community-led, strengths-based and trauma-informed.



Early Intervention Key Messages

Gippsland and East Gippsland Aboriginal Co-Operative

Jamie Williamson

A 2015 Victorian Auditor General's report into early intervention, found that cases are increasingly becoming more complex with families presenting with multiple risk factors. (14)

The report also concluded that early intervention services- despite a stated commitment to prioritising high risk families employed the following strategies to keep up with demand:

- a) Prioritised families with no or few risk factors
- b) Frequently froze all new referrals
- c) Closed a case after two failed attempts at contact

This kind of strategy won't engage or support the families we work with and it means that our families are coming in contact with the system at the tertiary end- and what should be the last resort- child removal- under this system- is the only resort.

One of the most devastating things we have seen is the lack of communication between simultaneous systems- they just aren't talking to one another and despite the early warning signs, families continue to slip through the gaps due to poor information sharing."

Aboriginal and Torres Strait Islander Social Justice Commissioner June Oscar: (15)

"A system that is siloed, operating free of our lived realities and contexts, segments our families across service sectors and institutions. When it comes to the protection, care and support of our children this approach is disastrous as there is limited focus on the systemic interconnected issues that need to be resolved for children to remain at home, and the vital supports that our parents and families need to keep children with them."

(November 2019)



Early Intervention Key Messages

Gippsland and East Gippsland Aboriginal Co-Operative

Jamie Williamson

"As you have seen from the case studies; this is not how we work with our mob, we engage and continue to engage, whether that be dozens and dozens of phone calls or door knocks, whatever it takes. It takes time to build trust and a relationship.

And the talking doesn't stop- we talk to other service providers and systems including education, housing, police and legal centres to advocate on behalf of our clients to ensure they are getting fair treatment and proper access.

If we are making progress with our families- we don't close the case- this was the case for the Ramahyuck family.

It took two years of intensive work to get that family where they are today- but it kept seven children out of the system, and it is our hope that it broke the cycle.

I can tell you as a CEO, it is an uphill battle balancing the funds with the work required. Activity-based funding doesn't cut it, and the casework quota for building relationships- we do what we can but it means we too have to prioritise families.

We don't have the right kind of evidence base required to get the funding we need- and our programs are frequently run on minimal year to year funding, and are defunded.

But early intervention is an investment- socially and economically- not only for child protection and out of home care, but mental health, drug and alcohol, welfare, housing and homeless- as well as criminal justice systems."



Early Intervention Recommendations

1. For a dedicated Aboriginal child and family services early intervention investment model that is long-term, outcomes-based and commensurate to the overrepresentation of Aboriginal children in OOHC
2. For resources to help build an Aboriginal evidence base for a cultural model of care, so that our work can be captured, understood and shared amongst other Aboriginal communities
3. Information sharing across systems, organisations and sectors to the benefit of providing holistic care, ensuring access and fair treatment.



Supporting Carers

Presented by Goolum Goolum District Aboriginal Co-Operative
Renee Secombe

Case Study: Failure of mental health, child protection and housing to intersect

James* a young man from Horsham was left homeless after his father was placed in an incongruous position to choose between his grandchildren who were at risk of being removed from the community and his unwell son who has a history of mental health issues. Although James had never posed a threat to the children in care, child protection placed an order on him that prevented him from being able to stay at his father's house, which was often a bed in the shed. James was not allocated a case worker or coordinated supports to link him in with mental health services or find him alternate housing options, even though his homelessness was a direct result of a child protection placement.

James struggled to comprehend the order and would turn up to the house to seek shelter. This would leave his father with no options but to call the police to have James removed. An L17 was reported after James was found sleeping in the shed. This caused an enormous amount of stress for the father as he was constantly worrying about his son's mental health and wellbeing. Although James was not a client of Goolum's family services, the staff took on the role of being a support person to advocate for his needs. Goolum had been trying to get James access to a psychiatric bed but had no response.

After a long waiting period James was placed in accommodation through SalvoConnect but was then evicted from the crisis accommodation because he had been there too long. There was longer term housing on offer, but James was refused this due to his mental health condition. Goolum outlined James's situation to SalvoConnect but this fell on deaf ears. This left James homeless again with nowhere to stay. James started turning up to his father's place again to seek shelter, in which the father allowed him due to the concerns for his safety. This resulted in James being incarcerated for breaching the order against him which is a severe penalty for a young man who struggles to understand the situation. The pressure faced on his father was beginning to become too much to bear and started significantly impacting his mental health and wellbeing.



Supporting Carers

Presented by Goolum Goolum District Aboriginal Co-Operative
Renee Secombe

Case Study: Failure of mental health, child protection and housing to intersect

At the end of his sentence the corrections system released James to no fixed address placing everyone concerned back under extreme pressure. Upon his release Goolum played a strong role in ensuring James would not be left homeless again had better supports in place. He has now been placed in THM housing with the hope that he gets placed in permanent housing with the ongoing supports he requires.

This case study highlights how two conflicting systems can cause serious social and emotional wellbeing issues for families. Currently there is no mechanism within a multi-agency system for full consideration of individual situations to be undertaken. Without the tireless support and advocacy for James on behalf of Goolum it is scary to think what situation James could still be facing. The emotional stress placed on James's father by constantly worrying about where his son is sleeping or if his mental health condition is deteriorating can have long-term adverse health effects. Each system has a duty of care to ensure everyone is safe and placed away from harm, but it seems that was dismissed in this case. Anything short of intensive case management of complex using a multi agency approach and collaboration is always going to end up failing the individual and society as such cases result in imprisonment being the final answer which is a horrible outcome for all.

*changed name to maintain confidentiality

RCVMHS Chair Penny Armtage's comments

We need to look at how can we better support agencies such as ACCOs and secondary consultation providers to better support people in their own homes or communities - recognising Goolum's point about the distances people need to travel to access services.

(Note: psychiatric support is 2 hours away so taking someone away from Country to access services, which can be much more traumatic)



RUMBALARA
ABORIGINAL CO-OPERATIVE LTD.

Supporting Carers Key Messages

Presented by Rumbalara Aboriginal Co-operative Ltd
Laurie Sevil

"It can be challenging placing Aboriginal children with their family or the right foster carers, and in addition finding the right balance of supports to carers in caring for Aboriginal children.

As recognised by the Aboriginal Child Placement Principle, Aboriginal children are best placed with Aboriginal carers preferably with other family members- to ensure their ongoing connection to family, community, culture and Country. Vital protective factors in their social and emotional wellbeing.

Despite this legislative requirement, there is no definition of what compliance looks like, and for Alliance members who aren't taking on direct child protection duties through the Aboriginal Children in Aboriginal Care program, the decision is made by child protection, sometimes regardless of what the ACCO has advised.

Lack of consultation with the ACCO, has resulted in extremely harmful practices to Aboriginal family members- who haven't been consulted, deemed less suitable compared to a non-Aboriginal family member, or ineligible due to a rudimentary set of policies.

The denial of a family member's will or capacity to take on the care of a child within their family can have a devastating impact on their wellbeing and can create further mistrust and a sense of disempowerment.

We have seen grandparents, other family members and potential Aboriginal carers deemed ineligible due to a set of policies designed to keep the child's best interests and safety in mind. While we agree with the intent of the policies we have seen them have a devastating impact on community.

For example, the lack of a spent convictions scheme in Victoria has seen willing and able Aboriginal carers disqualified from taking on the care of children due to a petty and irrelevant crime they committed 20 years ago.

"The requirement for everyone who regularly stays at a household to have a working with childrens check has stopped potential carers from applying- not wanting to police or humiliate their own friends and family to disclose a past and irrelevant criminal offence.



RUMBALARA
ABORIGINAL CO-OPERATIVE LTD.

Supporting Carers Key Messages

Presented by Rumbalara Aboriginal Co-operative Ltd

Laurie Sevil

We have also seen significant social and emotional harm caused to carers who have not received the right supports to care for children.

Kinship carers are not receiving the same level of support as foster carers- there is no moral rationale for this. We have heard many stories that when children have moved from kinship to foster care the carer payments based on the child's need have increased only to decrease again when returning to kinship care.

This is particularly pertinent when you look at the demographic of Aboriginal kinship carers. Aboriginal kinship carers are frequently single, female, over 50 and already living in overcrowded premises (16). This additional financial stress has affected wellbeing or confidence in caring for children.

Aboriginal children who enter care have experienced separation, trauma and, as a result, can exhibit learning and behavioural difficulties. Yet there is little to no training or support for carers - particularly kinship carers - to respond to the needs of children in their care. In addition to caring for children, they have also had to navigate a highly complex and siloed mental health, disability and education system and advocate on behalf of the children.

Another concern of our members is the lack of culturally-safe support for Aboriginal carers. Encountering the child protection system, especially when it is not the first time- can re-traumatise or bring up various trauma. We have grandparents who had their own children removed from them now caring for their grandchildren. No general non-Aboriginal carer support group can sufficiently care or support their needs."

RCVMHS Chair Penny Armtage's comments

This is a good reminder about carer payment policies and how they work - always shocking disparity in payments despite the growth of kinship care.

Question: Carer support groups and yarning circles, can these groups be available for all people irrespective of their carer roles, e.g. mental health carers and kinship carers

Answer: While yarning circles and support groups would be beneficial for all carers, navigating the OOHC system for carers is quite a unique experience and often comes with its own support needs



Supporting Carers Recommendations

4. That the CEO of the relevant ACCO has discretionary powers to override piecemeal policy around carer suitability when absolutely appropriate

5. For an increase in carer payments to ease financial stress, and that reasonable steps are taken to ensure parity between kinship and foster care payments in line with the carer and child's needs, particularly in regards to mental health supports

6. That funding for kinship care support programs, and carer yarning circles, is increased to ensure regular contact, support and debriefing of carers to support their emotional wellbeing

7. That culturally appropriate, trauma-informed training programs by an ACCO are developed and delivered



BDAC
BENDIGO & DISTRICT
ABORIGINAL CO-OPERATIVE

Supporting Workforce

Presented by Bendigo and District Aboriginal Co-Operative

Jodie Kinsmore, Scott Cross and Annette Shue

Case Study: Mutjang bupwingarrak mukman

See Appendix 6 for Powerpoint Presentation

The Mutjang bupwingarrak mukman program started at BDAC in 2016 as a pilot program known as Section 18. It has been operating just over a year with a team of 15 staff and in May 2020 will have 72 Aboriginal children authorised to its care.

There are additional challenges to the Mutjang bupwingarrak mukman staff that affect their social and emotional well-being. Using an Aboriginal Framework within a colonialist Child Protection system is challenging, yet Mutjang bupwingarrak mukman still achieve a high reunification rate and positive outcomes for children and families. Staff intentionally work alongside children and families, always working towards building stronger connections to culture, community and Country. Aboriginal staff working within the program deal with feeling a loss of agency and being torn working within two worlds.

This can take a considerable toll on their emotional, social and spiritual wellbeing which then impacts on their work with community. Aboriginal staff emotional and social wellbeing can be considerably impacted by working with their community, as they are also part of community.

Mutjang bupwingarrak mukman has developed a culturally safe working environment and a support system as the Employee Assistance Program is not always culturally safe.

BDAC supports staff's social and emotional wellbeing through:

- Recruiting the right people
- A Positive workplace culture
- Regular yarning times
- Regular supervisee led supervision
- Cultural connections



BDAC
BENDIGO & DISTRICT
ABORIGINAL CO-OPERATIVE

Supporting Workforce

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Case Study: Mutjang bupuwingarrak mukman

See Appendix 6 for Powerpoint Presentation

As the Mutjang bupuwingarrak mukman team grows, the leadership team in collaboration with the staff are always looking for creative ways to keep culture permeated in all aspects of the program. Mutjang bupuwingarrak mukman have been able to manage the social and emotional well-being of their workforce with positive outcomes for staff retention, lower stress leave, stronger relationships with families which ripple out to better outcomes for our children and families.

RCVMHS Chair Penny Armtage's comments

Really admired the four ways approach and was shocked by the lack of pay parity with child protection



Supporting Workforce Key Messages

Presented by Mallee District Aboriginal Services

Andy Charles

"The work our staff do with families goes to the heart of trauma experienced in Aboriginal communities. A western and clinical concept of mental health, does not adequately understand or adequately address this trauma- and this is why so many Aboriginal families fall through the gaps.

But our workforce does understand. They see the whole person and see the cultural, social and historic impact of this trauma on their lives. They often understand it because they are part of the Community and they are best placed to work with our families.

This cultural knowledge and understandings are invaluable. However, within the current model it appears the Aboriginal workforce within ACCOs (but not by ACCOs or community) are underpaid, under supported and undervalued in comparison to other workforces doing similar work.

For us to do the work with Community- we need to attract and retain the best staff possible, and we have a duty of care to ensure their health and wellbeing is protected. This is particularly pertinent for our staff who are undertaking the program Aboriginal Children in Aboriginal Care."

Who our workforce is:

- Majority Aboriginal- some of our members have an Aboriginal workforce exceeding more than 80 percent
- The largest employer of Aboriginal people in their region

YET..

- We cannot offer them competitive salaries- some positions receive a much lower salary compared to their counterparts at other organisations
- There is no culturally-safe Employee Assistance Program for Aboriginal staff
- It is exceedingly difficult to attract specialist staff to the regions - especially for part time roles with no relocation allowance



Supporting Workforce Recommendations

8. The establishment of a Communities of Practice for ACCO child and family services staff- which focuses on the social and emotional wellbeing of staff - the design and delivery of this must be run by an Aboriginal organisation

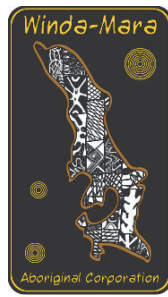
9. A comprehensive review led by an Aboriginal organisation into cultural loading and to adopt the recommendations resulting from this review

10. Comparative resourcing to ACCOs to ensure equity and recognition of similar work for Aboriginal workforces to those of government services

11. Consideration of the cultural and rural load child and family staff to undertake to meet the needs of their clients and necessary alterations to be made to caseloads

12. Recognition that the development and support of an Aboriginal workforce in ACCOs is crucial to providing a cultural model of care * including traditional medicine, healing, returning to Country and cultural identity

*For an example of a cultural model of care refer to the Baroona Healing Centre (Appendix 5)



Culture as a Protective Factor

Presented by Winda-Mara Aboriginal Corporation
Shae Ailey and Kelly Gannon

Case Study: Cultural Healing and Family Reunification

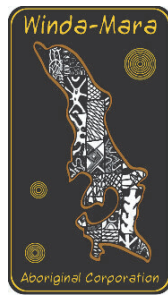
Charlie is 15 years old and lives with his father and three siblings. Charlie's family has a history of trauma, drug abuse and family violence. They had been well known to the ACCO and DHHS for a number of years and the children have had multiple placements in care over the years.

In 2017 Charlie was in Grade 6 and his absenteeism rate was high due to insecure attachment and social anxiety and mild depression. At this time, the family was supported by our Intensive IFS worker. The family trauma was compounded further by his mother passing away in December 2017 very suddenly. This exacerbated his anxiety and depression and he failed to transition to Year 7 in 2018 and both Charlie and his younger brother were beginning to exhibit anti-social behaviours towards neighbours.

As a result, Charlie was at risk of entering residential care and was placed on a Family Strengthening Order. To prevent Charlie from entering out-of-home-care, the ACCO worked alongside the family to design a Targeted Care Package in mid 2018 that offered a range of in home and therapeutic supports within a cultural healing framework. Charlie and his family decided that through the Targeted Care Package they wanted to increase Charlie's father's parenting skills, re-engage Charlie with school, address his anxiety and depression, address grief and loss within the family, build prosocial behaviours and strengthen intra-family relationships.

The practical ways that they decided to do this included:

- Home schooling and a tutor to prepare Charlie to return to school in 2019
- Art Therapy, Equine Therapy and Counselling for the children
- In-home support to help dad with routine, structure and to role model parenting, as well as a cleaner 4 hours a week
- A smoking ceremony to cleanse the house and create a fresh start
- Arranging a plaque and an unveiling ceremony for their mother's grave



Culture as a Protective Factor

Presented by Winda-Mara Aboriginal Corporation

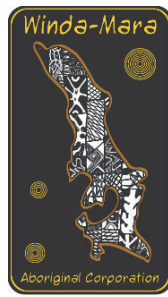
Shae Ailey and Kelly Gannon

Case Study: Cultural Healing and Family Reunification

- Supporting life story work and family history research.
- Family Therapy for dad to unpack his history of trauma and how it affects his ability to parent
- Assessments for Dad re NDIS eligibility to support family ongoing.

Process of TCP:

1. Charlie started back at school Term 1 in 2019 in re-engagement school with a modified program. Showed a sense of pride but still needed support to maintain regular attendance. Younger children had a high attendance rate as well.
2. Second eldest child (sister) started to school refuse without giving a clear answer why.
3. Systemic Family therapy view of situation was that all children had a fear of dad dying re triggers from past trauma (all children are assessed as having insecure attachment disorder and anxiety). When one child returns to the school system then another child needs to fill the void of staying home with dad.
4. All children linked in with child psychologist and Art Therapy had begun.
5. Sister resumed school attendance with support of family support worker and in consultation with DHHS.
6. Charlie continued attending school regularly but the family had a number of disruptions during the 2nd TCP when the children were removed and placed in kinship care. Proper Aboriginal placement principles were not followed re an AFLDM or consult prior to removal and we are still waiting for an AFLDM to be scheduled. Children removed due to sister school refusing and 'unsuitable people' frequenting or staying at the house and all children sleeping in same room.
7. Between May 2019 and December 2019, the children had 3 placements (1 kinship placement and then two OoHC placements)
8. Charlie became angry and had outbursts at school. Children's attendance with counselors was disrupted by carers and children were becoming resistive and WMAC access to children was hindered.

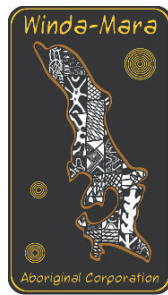


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9. Children attended a VACCA OoHC camp and an Indigenous sporting carnival and enjoyed reconnecting with cultural activities, dad and WMAC staff.
10. Intensive support of dad and reinstating therapeutic contact for children resulted in children reunified to dad with Charlie returning in December 2019 after a placement breakdown and other children at beginning of school term in January 2020 following a smoking ceremony to cleanse the home.
11. Children have been reconnected with cultural mentors within community
12. Family moved to emergency accommodation for a few weeks in February following washing machine flooding the house and insurance works needing to be completed by family. Father was able to support the children in this transition and did not show any anxiety or frustration during this process and was able to allay any fears of the children having another disruption.
13. Art Therapy has been a consistent therapy that the whole family have participated in and been important for expressing individual and combined sorrow for mum's passing and has helped the grieving process and define what it means to be a family with and without mum. (This has include visits to the grave and letter writing to mum.)
14. Funding for healing camp had to be redirected due to constant changes in placements and supporting carers and children to maintain connection with community and purchase a second hand car for dad when kids returned to his care to reduce dependency on WMAC services and promote Independence.
15. Children are now attending school as identified vulnerable family under Covid 19 restrictions and attend 3 x ½ days per week. WMAC continue to offer contact by setting children up with IT for individual telehealth appointments, connection with workers and ability to access online learning.
16. TCP is able to be flexible and we are allowed to vary funding to address changes in circumstances through the period of our support.



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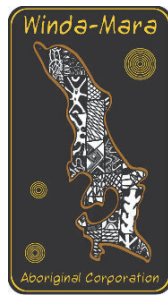
Case Study: Cultural Healing and Family Reunification

Concerns for current TCP

- Restrictions re home visits as personal face to face is vital with this family.
- Lack of cultural understanding by educational providers and DHHS staff increasing shaming and avoidance by family and creating barriers attending school.
- Roll back by DHHS of funding to TCPs for core components only.
- Decisions for TCP approval being made by divisional teams now and not local regions so less knowledge of family and their complexity and less likely to support cultural healing practices. Standardising what cultural supports might look like rather than individualising to a 'mob'/family

Third TCP to bring closure for family

1. Requesting reinstatement of funding to conduct the healing camp. Using narrative therapy, possum skin cloak making, smoking ceremonies, elders, dance and cultural tours on Country to rewrite a positive history for the family grounded in a story of survival and connection to culture and land as closure for the TCP and a celebration of their achievements.
2. Work placement with WMAC land management team caring for Country and supervised by cultural mentor who is Lead Ranger.
3. Transition to independent living skills and increase work readiness towards end of TCP for Charlie.
4. Tutoring to maintain educational standards and help repair deficits from missed schooling.
5. Supporting transition to NDIS for Dad to build skills and transition him to part time employment and Integrated Family Service for ongoing support for family from WMAC.



Culture as a Protective Factor

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Case Study: Cultural Healing and Family Reunification

6. Awaiting grant approval (submitted 16th April) to provide localised cultural awareness for all CP and school staff in region re impacts of colonisation & trans-generational trauma has on children's learning and parents capacity to parent to aide best practice interventions, reduce shaming and increase potential for stronger partnering with ACCOs.

As a result of the Targeted Care Package and the ongoing support provided by the ACCO, Charlie and his family have come a long way. Charlie is regularly attending school, which, in the most, he enjoys and walks himself there most days. He has grown from being very quiet and depressed to feeling more confident and more involved in family and community and willing to try new things. He is appreciative of workers support (even when it means being 'growled') and is happy to have the whole family together again. The family remains engaged with the family therapist and child psychologist and the father continues to address his own trauma and healing. The therapies, supports and cultural healing that was included in the Targeted Care Package has been pivotal in preserving the family unit and preventing Charlie and his siblings from entering Residential Care.



Closing Remarks: Raylene Harradine

Chairperson of Victorian Aboriginal Children & Young People's Alliance

"Child removal is a result of ongoing, inter-generational trauma. The only way this trauma can be acknowledged, addressed and stopped is when Aboriginal people are empowered to embark on their own journey of healing. It is our hope that you can listen to these stories today and see that their impact ripples through our communities.

Healing for us is collective and when our children thrive Aboriginal communities will thrive- this takes work and as we have shown today despite commitments to Aboriginal self-determination in words we are yet to see the transfer of power, control and resources that **true self-determination** requires.

We are still coming up against a system that isn't designed for us, where investments and policies trickle down to Aboriginal communities as an afterthought.

I was touched when reading the Commission's interim report of the acknowledgement that ACCOs are leading the way, I quote:

"Aboriginal social and emotional wellbeing approaches exemplify a comprehensive, person centred, trauma-informed model that could benefit all Victorians with mental illness". (17)

"ACCHOs, which offer many different programs and services under one umbrella and often form strong partnerships with other local organisations, represent an approach that avoids the service fragmentation and poor continuity of care characterising mainstream mental health services." (18)

With this acknowledgment, and having heard the many obstacles we face in delivering services our way- today we ask how will the RCVMHS will transform the system to empower and enable us to do the work our community needs?"

Next Steps

We believe that inter-generational trauma and the impact of child removal in Aboriginal communities needs to take a top priority in the Commissions final recommendations.

We ask you to engage with us - and support us to build, strengthen and invest in our model of care from the ground up.

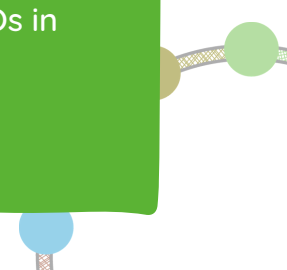


Response to Terms of Reference

How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services

- The impact of the removal of Aboriginal children from their homes- and the impact on families, carers, workforce and wider Aboriginal community and their mental health needs to be acknowledged
- ACCOs need to be funded to provide flexible and holistic support to address the intergenerational trauma contributing to the breakdown of families to intervene early and prevent the need for child protection
- This requires a long-term, flexible investment strategy commensurate to the overrepresentation of Aboriginal children in care to prevent the need for child removal, support the workforce, and carers in supporting Aboriginal children in OOHC

How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages

- A holistic definition of social and emotional wellbeing needs to be adopted, alongside a clinical definition of mental health
 - As acknowledged by the Royal Commission, ACCOs work in a culturally- and trauma-informed, people-centred way to provide wrap-around supports that meet all of their clients social and emotional wellbeing needs. This approach needs to be recognized, funded and respected in mainstream services. (Further research/ evidence, cultural safety training is required for this cultural shift)
 - In order to offer Aboriginal people universal access, the role of ACCOs in navigating the systems and advocating on their clients behalf for equitable and universal access free of discrimination needs to be acknowledged and funded
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Response to Terms of Reference

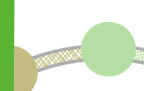
How to best support the needs of family members and carers of people living with mental illness

- Support ACCOs to provide culturally appropriate training and support for carers of traumatised Aboriginal children- this includes yarning circles, support workers, provisions for respite care and financial support in line with an Aboriginal child's need.
- In addition, CEOs of ACCOs need to have discretionary powers to ensure the best interests of Aboriginal children are made and existing policies and systems do not inflict further harm of Aboriginal communities.

How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health

- In recognition that Aboriginal organisation achieve the best outcomes for Community through holistic approaches to care - we need actions, resources and authority to deliver services in line with the Community's need.

How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches

- We recommend that drug and alcohol misuse in Aboriginal communities needs to be understood through a lens of social and emotional wellbeing and understood as a common symptom of inter-generational trauma
 - A regenerated mental health system will be key to reducing the over representation of Aboriginal children in care and supporting families to thrive
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 2. Uluru Statement from the Heart, 2017
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 16. Report of the Protecting Victoria's Vulnerable Children Inquiry Volume 2, Chapter 12: Meeting the needs of Aboriginal children and young people, State of Victoria.
 17. Royal Commission Into Victoria's Mental Health System- Interim Report, 2019, p. 478
 18. Royal Commission Into Victoria's Mental Health System- Interim Report, 2019, p. 477
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Appendices

1. RCVHMS and Alliance Meeting - List of attendees
2. Aboriginal Self-Determination in Victoria definitions and resources
3. Ballarat and District Aboriginal Co-operative (BADAC), Keela Borron May 2020 Report
4. Ramahyuck Aboriginal Cooperation, The Right Ingredients, Powerpoint presentation
5. Njernda Aboriginal Cooperation, Baroona Youth Healing Place- Model of Care, November 2015
6. Bendigo and District Aboriginal Cooperation, Mutjang bupuwingarrak mukman, Powerpoint presentation
7. Victorian Aboriginal Children and Young People's Alliance written submission to Royal Commission into Victoria's Mental Health System- July 2019
8. Victorian Aboriginal Children and Young People's Alliance media release: Siloed Child Protection and Mental Health Systems Fail to Protect State's Most Vulnerable- 14 November 2019
9. Victorian Aboriginal Children and Young People's Alliance media release: Calls for Children's Voices to Inform Child Protection System Overhaul- 24 November 2019
10. Victorian Aboriginal Children and Young People's Alliance written submission to Commission for Children and Young People's, Our Youth Our Way inquiry- October 2019

Contacts Details:

For more information please contact
Rachel McFadden
Senior Policy Officer
Email: rachelm@vaccho.org.au
Phone: 9411 9411

