



Victorian Aboriginal  
Children & Young  
People's Alliance

## Alliance Submission to Productivity Commission into the Social and Economic Benefits of Improving Mental Health- 2019

8 April 2019

### **About Victorian Aboriginal Children and Young People's Alliance:**

In 2013, during the development of a submission (Koori Kids: Growing Strong in their Culture), it was recognised for the need for a strong, collective voice to drive better outcomes for Aboriginal \*children and young people. Therefore in 2014, an in-principle agreement was formed by 14 of the Victorian Aboriginal Community Controlled Organisations (ACCOs) involved in providing out of home care, child and family services to form an alliance to advocate for, and positively influence the future of, Aboriginal children and young people in Victoria, thus creating the Victorian Aboriginal Children and Young People's Alliance (The Alliance). The Alliance consists of 14 ACCOs and our purpose is to be the collective voice of Victorian Aboriginal communities working together to positively influence the future of Aboriginal children and young people. The 14 ACCOs are as follows:

- Ballarat and District Aboriginal Co-operative
- Bendigo and District Aboriginal Co-operative
- Dandenong & District Aboriginal Cooperative
- Gippsland & East Gippsland Aboriginal Cooperative
- Goolum Goolum Aboriginal Co-operative
- Gunditjmara Aboriginal Co-operative Ltd
- Mallee District Aboriginal Services
- Mungabareena Aboriginal Corporation
- Murray Valley Aboriginal Co-operative
- Njernda Aboriginal Corporation
- Ramahyuck District Aboriginal Corporation
- Rumbalara Aboriginal Co-operative Ltd
- Wathaurong Aboriginal Co-operative
- Winda-Mara Aboriginal Co-operative

As a dedicated widely represented statewide body, the Alliance is the only unified voice to support, advocate and influence the future of Aboriginal children and young people. The Alliance has a crucial role in driving change to achieve better outcomes for Aboriginal children and young people.

\*Where the term 'Aboriginal' is used it refers to both Aboriginal and/or Torres Strait Islander people.



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## Introduction

The Alliance welcomes the opportunity to submit to the Productivity Commission into the Social and Economic Benefits of Improving Mental Health (The Productivity Commission). The Alliance thanks the Commissioners for the work and efforts to find alternative solutions to improve the mental health of our people, and in turn to relieve the financial burden of poor mental health on the Australian economy.

It is with some reluctance that the Alliance pull together a submission to the Productivity Commission. While recognising the economic imperative of costing mental health on the Australian economy, and using such data to substantiate cost-effective alternatives, The Alliance wants to acknowledge the fraught nature of costing human lives, standards of living and wellbeing. At our core, we as Aboriginal community-controlled organisations, are people-centred, and believe that the economy is a construct to serve the people of Australia, not the other way around.

The Alliance also wants to acknowledge the multiple consultations, research and resulting reports, frameworks and strategies developed by commissions, government departments and universities into the mental health and wellbeing of Aboriginal. Over the duration of five years (2013-2018 there has been 16 policy documents with strategies to improve Aboriginal mental health, social and emotional wellbeing and suicide prevention, with little resulting action on excellent recommendations<sup>1</sup>.

In recognising the scope of the inquiry in the costs of mental health, the Alliance wants to acknowledge and thank the Commission for the inclusion of intangible costs of mental ill-health accounting for lower social participation, pain and suffering, and stigma and discrimination which disproportionately affects Aboriginal communities.

The Alliance on the onset would like to acknowledge that the intangible costs of poor mental health can never truly be measured. The lives lost on our youth, in particular, is a true tragedy. These lives cut short at such a young age represent loss of immeasurable potential not only lost from the families, and Aboriginal communities but also Australian society. These youth could have been the next generation of Aboriginal leaders, artists, scientists, athletes, academics, or writers- the loss of such potential will never be known.

Nevertheless, ACCOs have had to navigate dual worlds, serving and responding to the needs of their local Aboriginal communities. They have provided holistic support informed by Aboriginal knowledge while historically jumping through hoops to deliver clinical, social and wellbeing programs governed by standards developed to fit colonised constructs and secure funding and authority from governments to do so. On slim budgets, with little resources, ACCOs have proved not only that their service provision can achieve the best health outcomes for Aboriginal communities but it can deliver outcomes that are cost-effective. The current opportunity is for them to extend their service provision to provide for multi-faceted solutions for all Aboriginal communities.

Over time, Australian state and territory government have recognised these achievements, and to varying degrees, supported ACCOs to deliver these outcomes.

The Alliance's submission will outline developments in Victoria, particularly focusing on the child protection, youth and families service sector, where the Victorian government has recognised the primary importance of Aboriginal self-determination to achieving better health outcomes for Aboriginal communities.

The submission will illustrate that the Alliance's vision that every Aboriginal child and young person has the opportunity to thrive and be raised safely in Aboriginal families and communities, provides cost-effective best outcomes for the mental health, and social and emotional wellbeing, for a particularly vulnerable and at risk-population.



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## **Mental health outcomes for Aboriginal Children and Young People in Out of Home Care (OOHC)**

Much research and data points to the poorer mental health outcomes of Aboriginal peoples compared to the non-Aboriginal people. As recognised by the current inquiry Aboriginal people are three times more likely to suffer from a long term mental-illness than the non-Aboriginal population.

According to the latest national census, Aboriginals aged 14 years and under are 8 times more likely to suicide than non-Aboriginal children. Overall, suicide is the leading cause of death of Aboriginal young people aged 15-24 years.

According to data captured by the 2014-15 National Aboriginal and Torres Strait Islander Social Survey, 50 percent of Aboriginal people with a mental health condition had been removed, or have had their relatives removed, from their natural family.

These figures alone indicate the correlation between out-of-home care and poor mental health outcomes, and the Alliance is uniquely positioned to design and deliver reform for Aboriginal children and young people.

The impact of colonisation, intergenerational and transgenerational trauma, systemic disadvantage and discrimination and ongoing racism are undisputed and well documented<sup>2</sup> as influencing factors on the mental health and wellbeing of Australia's Aboriginal populations, and the Alliance endorses such findings.

There is however, little specific research into the short and long-term impact of removal on Aboriginal children and young people's mental health and wellbeing. Anecdotal evidence- drawing together the lifetime economic and social costs of child maltreatment<sup>3</sup> and the impact of removal on long-term life outcomes suggest that Aboriginal children and young people are at a significantly higher risk of poor mental health outcomes and self-harm than their peers<sup>4</sup>.

A conservative estimate places the cost of child protection (including costs associated with child protection, health, education, criminal justice, housing and homelessness services as well as lost productivity) at \$180,000 per child<sup>5</sup>. Accounting for the significant overrepresentation of Aboriginal people involved in the criminal justice system and homelessness including the transition of many Aboriginal young people with experience in OOHC into the criminal justice system<sup>6</sup> and into homelessness, this cost will be significantly higher for Aboriginal children and young people.

The non-financial costs, including loss of quality of life and lifespan related to mental health and suicide and self-harm, estimated by the same inquiry are estimated to cost the Australian economy are \$314,417 per child.<sup>7</sup>

The Alliance takes view that the non-financial costs are significantly underestimated. Leaving the issue of costing a human life and pain and suffering aside, the above estimate treats individuals as single economic units and fails to account for the interdependence of individuals on their carers, families and communities. The poor mental health or loss of life of an individual, has a significant effect on surrounding family members and community and nowhere is this interdependence more relevant, and felt than in Aboriginal communities.

As the National Aboriginal Health Strategy notes, health is not individualistic, rather it is communal:

"Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community."<sup>8</sup>

There is also irrefutable evidence that the impact of child maltreatment- which includes physical abuse, sexual abuse, emotional abuse (including witnessing family violence) or neglect- significantly increases the likelihood of experiencing mental disorders and substance abuse in adult life<sup>9</sup>.

Taskforce 1000<sup>10</sup> found that experiencing family violence was the leading factor leading to the removal of Aboriginal children, present in 88 percent of cases. The following were by substance abuse 87 per cent, parental mental illness 60 percent, neglect 50 percent, physical abuse 35 percent and sexual abuse 13 percent.



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While it is important to acknowledge that not all children who have suffered abuse and neglect go on to develop these problems, alarming data indicates its significant impact on the mental health outcomes. According to the lifetime economic and social costs of child maltreatment in Australia <sup>11</sup>, childhood maltreatment was present in:

- 23.5 % of males who self-harm
- 20.9 % of males with anxiety disorders,
- 15.7 % of males with depression
- 33% of females who self-harm
- 30.6 % of females with anxiety disorders
- 22.8% of females with depression

The risk factors of child maltreatment, out-of-home care and being separated from family, community, culture, Country and community, and being Aboriginal in the current socio-political environment on mental health and wellbeing, mean that Aboriginal children and young people with experiences of out of home care are one of most vulnerable populations in Australia.

Providing prevention and protective factors for this at-risk population, requires a two-tiered response: prevention of childhood maltreatment and other reasons for removal and the provision of protective factors that mitigate against further harm caused by the impact of removal.

#### **Aboriginal Understanding of Mental Health & Social and Emotional Wellbeing**

The Alliance notes that there is no one definition of Aboriginal mental health in the Australian health landscape, and will refer to [Balit Murrup](#) <sup>12</sup> as the Victorian Aboriginal communities definition of mental health and its relation to social and emotional wellbeing. *Balit Murrup*, meaning 'Strong Spirit' in the Woi-wurrung language, was developed by the Victorian government in partnership with Aboriginal leaders and communities. It recognises seven domains to social and emotional wellbeing (the inner circle) which include:

- Connection to body
- Connection to mind and emotions
- Connection to family and kinship
- Connection to community
- Connection to culture
- Connection country
- Connection to spirituality and ancestors

The outer circle includes outside factors that can influence an individual's wellbeing:

- Social determinants
- Political determinants
- Cultural determinants
- Historical determinants

The Alliance notes that while distinction between mental health and social and emotional health, the two are inextricably linked:

"Social and emotional wellbeing problems are distinct from mental health problems and mental illness, although they can interact with and influence each other. Even with good social and emotional wellbeing, people can still experience mental illness. Further, people with a mental health problem or mental health problem or illness can live and function at a higher level with adequate support and they continue to have social and emotional wellbeing needs. <sup>13</sup>"



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Framing mental health within the context above illustrates the complex nature for securing mental health within individuals and communities (inner circle) and the interplay of these individuals and communities with the wider socio-political-historical-cultural context (Australian society). Inevitably the ability of a family to provide adequate standards of living, have pride of Aboriginal history and culture within the wider society, and ability to interact with mainstream and non-Aboriginal society free from racism and discrimination will have positive impacts of mental health and social and emotional wellbeing. As such the Alliance would like to endorse the social sectors advocacy around welfare, raising standards of living and addressing other social determinants of health<sup>14</sup>.

The Alliance would also like to pay homage to the work being led by Aboriginal leaders in securing a Treaty for Aboriginal communities in Australia and acknowledge this will have significant influence of the political, historical and cultural determinants of health and wellbeing for present and future Aboriginal communities.

### The Victorian context

The Alliance wishes to commend the Victorian government in the advancement of self-determination and recognition that self-determination is a prerequisite in closing the gap for all health outcomes<sup>15</sup>. This recognition is supported by irrefutable evidence that Aboriginal self-determination delivers the best outcomes for Aboriginal people. Nowhere is this truer than in the child protection space, where Victoria is leading the way in self-determination, with Aboriginal communities taking legal guardianship of Aboriginal children and young people in out of home care.

One of the major milestones for Aboriginal self-determination was in 2005, when the Victorian government passed Section 18 of the Children and Families Act, legislating that ACCOs could see legal guardianship of Aboriginal children and young people in out of home care. The move recognised that Aboriginal communities were best placed to look after Aboriginal children and that ACCOs could provide many protective factors to achieve the best life outcomes for at risk Aboriginal children and young people.

Yet the [\*Always Was, Always will be Koori Children\*](#)<sup>16</sup> inquiry, led by the first dedicated Aboriginal Commissioner for Aboriginal Children and Young People in Australia, gave a damning report into the overrepresentation of Aboriginal children and young people, the severe lack of adherence to the requirements to promote and preserve a child's best interests, cultural rights, and a failure to abide by the Aboriginal Child Placement Principle.

Andrew Jackomos PSM, found that almost 20 percent of children in out of home care were Aboriginal, despite the Aboriginal population in Victoria being less than 1 percent<sup>17</sup>.

Of the inquiries many findings and recommendations, the Commission reinforced the role of ACCOs to protecting and nurturing the cultural identity of Aboriginal children and young people. The inquiry also recommended the investment in ACCOs from the DHHS to provide holistic supports, early intervention and prevention and become "a multi-disciplinary, one-stop community hub for Aboriginal children and families in their community<sup>18</sup>."

The limited number of Aboriginal children being cared for and case managed by ACCOs was not through a lack of will on Aboriginal communities, rather severe lack of resources and funding to provide for the holistic care Aboriginal children and young people required.

Building on the initial findings of Taskforce 1000 and the abysmal uptake of the Victorian government's commitment to Aboriginal Children in Aboriginal Care and upkeep of Aboriginal cultural rights, Victorian Community Sector Organisations in partnership with Victorian ACCOs, sought to systematically account for, and address, the structural barriers to realising self-determination and recognising the inalienable right of Aboriginal communities to make decisions, care and support for Aboriginal children and young people.

The [\*Beyond Good Intentions\*](#)<sup>19</sup> (BGI) statement acknowledged community sector organisations (CSOs)- through decades of access to government funding, reach and influence- had created a "competitive advantage" and without redress, aspirations of self-determination and rightful authority of Aboriginal communities to care and support their



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children and families voiced unanimously across the sector would be no more than “good intentions”. The pioneering statement called for a restorative approach, required to reinstate Aboriginal communities with the resources and authority that colonisation had swept away.

Building on the momentum of the commitment of BGI, and later commitment of the Victorian government in 2015, much has happened to date to “transfer and transform” the care of Aboriginal children and young people from government and mainstream CSOs to ACCOs, and for ACCOs to lead way.

In 2018 [\*Wunguriliwil Gapgapduir\*](#)<sup>20</sup>, meaning “strong families” in Latji Latji, formalised this commitment and became the first tripartite agreement of its kind in Australia.

The guiding principle of *Wunguriliwil Gapgapduir*, recognises that Aboriginal self-determination delivers better health, safety and wellbeing outcomes for Aboriginal communities. It also recognises that Aboriginal children who are cared for by an Aboriginal community-controlled organisation, have a greater connection to culture and community, which can lead to better health and wellbeing outcomes.

This is reinforced by the Domains of Social and Emotional Wellbeing with Risk and Protective Factors<sup>21</sup> which places ACCOs at the centre of being able to provide protective factors for at risk communities.

**Case Study: Launch of Mutjang Bupuwingarrak Mukman ‘Keeping Kids Safe’ at BDAC**

On 21 January 2019, after a successful 18 month pilot program, Bendigo and District Aboriginal Co-Operative (BDAC) legally took control of the future of Aboriginal children in out-of-home care within the region.

The launch of *Mutjang Bupuwingarrak Mukman*, meaning ‘keeping kids safe’ in Dja Dja Wurrung language, was history in the making as BDAC became the first regional Aboriginal organisation in the state to receive full authorisation under Section 18 of the Children, Youth and Families Act (2005).

Section 18 gives the Department of Health and Human Services power to authorise an Aboriginal agency to make decisions for Aboriginal children on child protection court orders.

During the pilot program all children remained connected to their culture and communities, were placed into kinship care and half were reunified with their parents.

BDAC Chief Executive Officer, Raylene Harradine said that during the pilot she and her team had witnessed “transformational changes” for the families.

“Since we’ve taken on the pilot... we’ve seen a massive change in our Community where our children aren’t in limbo in the child protection space, because we’re working with our families to put supports around them,” she said.

“This is about families taking back the power.

Minister for Child Protection Luke Donnellan officially launched the full authorisation of Mutjang Bupuwingarrak Mukman, saying that the Section 18 was a vital step in Aboriginal self-determination.

Donnellan said the Section 18 marked many “firsts” for Aboriginal and/or Torres Strait families.

“For the first time communities and families will lead the discussions and make the decisions.

“(Section 18) is the first of its kind in Australia at addressing the overrepresentation of Aboriginal children in out-of-home care,” he said.

*Mutjang Bupuwingarrak Mukman* currently has 36 Aboriginal children within the program, which will increase to 72 in 2020 and 110 in 2021.





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From 2001 where the organisation had “no money” aside from a \$10,000 grant in seed funding, BDAC now welcomes eight cases workers who ensure that Aboriginal children are with kin and engulfed in culture, and wherever possible, be reunified with their families.

“The future of our children is filled with possibilities,” Harradine said.

Raylene Harradine said she hoped Section 18 would be rolled out nationally.

**Conclusion: Self-determination as an ongoing progress**

The path to self-determination is not without its challenges and as the journey in Victoria illustrates is still an ongoing progress.

Beyond the commitments and best intentions of the Victorian government, there are still fundamental flaws in the provision of long-term and equitable funding needed to secure the sustainability of ACCOs to provide fundamental supports to at risk children and families.

As stated earlier in Victoria 20 percent of children in out of home care are Aboriginal, despite the Aboriginal population in Victoria being less than 1 percent<sup>22</sup>. Addressing the alarming overrepresentation of Aboriginal children and young people in out of home care requires an urgent review and reconfiguration of funding arrangements- so that funding is not allocated per population but rather in-line with Community need.

At this stage, funding agreements are short-term, and the Alliance calls for all funding agreements to be a minimum of five years so that ACCOs can plan for the necessary growth to assume legal guardianship and care and support under Section 18 and provide holistic supports for children and families to prevent child protection measures.

Beyond the increase and transfer of resources, ACCOs also need flexible funding agreements to transform the provision of care to one that is informed by Aboriginal knowledge and accommodates for the provision of holistic supports to prevent, intervene and heal the complex needs of at risk Aboriginal communities. There is no- one size fits all approach, and true self-determination will allow for Aboriginal communities to decide what supports are needed within the community.

A basic analysis of the Australian population is that the cost of child maltreatment and child protection and associated costs are a heavy burden on the Australian economy<sup>23</sup>. Time and time again we see a large proportion of these costs- up to 83 per cent- going into the upkeep of child protection and criminal justice systems<sup>24</sup>. What is needed in the general population, and even more so in Aboriginal communities is investment into prevention and early intervention, not only as a safeguard against the suffering of our people, but as a cost-effective mechanism for the Australian economy.

**Recommendations:**

The Alliance calls on the Federal Government to:

- Prioritise self-determination as the means to achieving better health and wellbeing outcomes for Aboriginal communities
- Advocate and create pathways for ACCOs nationally to assume legal responsibility of Aboriginal children and young people in out of home care
- Provide states and territories with adequate funding to resource ACCOs nationally with flexible and long-term funding agreements based on need to develop and deliver family strengthening, prevention and early intervention programs
- Provide ACCOs with the resources to connect Aboriginal children and young people with their cultural identity, Country and community.



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- Implement the recommendations of the numerous inquiries into Aboriginal mental health (appendix attached).
- Recommend that the Victorian Royal Commission into Mental Health implement a round-table and issues paper specifically looking at the mental health and social and emotional wellbeing of Aboriginal children and young people with experiences of out of home care.

For further information contact Dana Pyne on [danap@vaccho.org.au](mailto:danap@vaccho.org.au) or 03 9411 9411

<sup>1</sup> Lowitja Institute, 2018 *Journeys to Healing and Strong Wellbeing Final Report*, The Lowitja Institute, Melbourne, p.27

<sup>2</sup> Pat Dudgeon, Michael Wright, Yin Paradies, Darren Garvey and Iain Walker 2014, "Aboriginal Social, Cultural and Historical Contexts" in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Pat Dudgeon, Helen Milroy and Roz Walker (ed), pp- 3-25.

<sup>3</sup> McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016, 'The lifetime economic and social costs of child maltreatment in Australia', *Children and Youth Services Review*, vol. 71, pp. 217-226

<sup>4</sup> Australian Bureau of Statistics 2016, [National Aboriginal and Torres Strait Islander social survey, 2014-15](#).

<sup>5</sup> McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016.

<sup>6</sup> Victorian Government, 2018, *Inquiry into youth justice centres in Victoria: Final Report*. Melbourne

<sup>7</sup> McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016

<sup>8</sup> National Aboriginal Health Strategy Working Party, 1989, *A National Aboriginal Health Strategy*, Canberra.

<sup>9</sup> McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016

<sup>10</sup> 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*.

<sup>11</sup> McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016

<sup>12</sup> State of Victoria, Department of Health and Human Services, 2017, *Balit Murrup Aboriginal social and emotional wellbeing framework 2017-2027*. Melbourne.

<sup>13</sup> Commonwealth of Australia, 2017, *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*, Department of the Prime Minister and Cabinet, Canberra, pg.9

<sup>14</sup> The Alliance endorses The Centre for Excellence in Child and Family Welfare submission to the Productivity Commission into The social and economic benefits of improving mental health

<sup>15</sup> State of Victoria, Department of Health and Human Services, 2017, Korin Korin Balit-Djak – Aboriginal Health, Wellbeing and Safety Strategic Plan, Melbourne.

<sup>16</sup> 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*

<sup>17</sup> 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 p.3.

<sup>18</sup> 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 p.14.

<sup>19</sup> Centre of Excellence in Child and Family Welfare, 2014, *Beyond Good Intentions: Creating a fair, just and restorative Victorian child and family welfare service system for Aboriginal and Torres Strait Islander children*, Melbourne

<sup>20</sup> State of Victoria, Department of Health and Human Services, 2018 *Wungurilwil Gaggaduir: Aboriginal Children and Families Agreement*, Melbourne.

<sup>21</sup> Commonwealth of Australia 2017. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Canberra: Department of the Prime Minister and Cabinet.

<sup>22</sup> 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 p.3.

<sup>23</sup> McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C.

<sup>24</sup> SNAICC – National Voice for our Children, 2018, *Family Matters – Strong communities. Strong culture Report 2018*.