VACCA Submission in response to the Royal Commission Inquiry into Victoria's Mental Health Services

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About VACCA

The Victorian Aboriginal Child Care Agency (VACCA) is the lead Aboriginal child welfare organisation and the largest providers of Aboriginal family violence services in Victoria.

As an Aboriginal Community Controlled Organisation (ACCO), VACCA provides services to vulnerable Aboriginal children, families and communities. VACCA's vision is Aboriginal self-determination- Live, Experience and Be. Our purpose is supporting culturally strong, safe and thriving Aboriginal communities. We believe in the principle of the right of Aboriginal people to self- determination and the rights of the child and we commit to uphold Victorian Aboriginal cultural protocols. Our values are: Best interests of the child, Aboriginal Cultural Observance, Respect, Self-determination, Healing and Empowerment and Excellence.

VACCA's key areas of work are in service delivery, advocacy and training. We work across the spectrum of early help, early intervention, targeted support and tertiary level services. We deliver programs across Victoria, offering a broad range of services that seek to:

- ensure child safety and community wellbeing;
- Support youth people to make positive life choices
- targeted support for Aboriginal people and families;
- maintain strong connections to Aboriginal culture, and
- promote culturally specific ways of growing up Aboriginal children.

Our services are underpinned by principles of prevention, early intervention and therapeutic healing. They are premised on human rights, self-determination, promoting client voice, cultural respect and safety. They include supported playgroups, education, cultural support activities, emergency relief, homelessness services, drug and alcohol support, family mental health, out-of-home care (OOHC), justice services, family services, youth services, clinical services and family violence services including an Aboriginal women and children's crisis service. We also deliver cultural training and develop resources for the Aboriginal community and to a range of organisations. We advocate at a policy level for better outcomes for Victorian Aboriginal children, families and community members for their right to be connected to culture and to ensure that their needs are represented in culturally appropriate ways through service delivery. A particular focus of our advocacy is for additional resources to be dedicated to early help, early intervention and prevention. Culturally based services that support the social and emotional wellbeing and safety of children, young people and adults can minimise involvement in tertiary systems such as child protection and justice.

Furthermore, VACCA has developed an evaluation and research unit to further develop our culturally based practice and contribute to the Aboriginal evidence base on the critical factors and practice interventions that enhance the social, emotional and physical wellbeing of Aboriginal children, young people and families.

Executive Summary

VACCA welcomes the opportunity to contribute to this important discussion on the challenges to the social and emotional wellbeing (mental health) of Aboriginal Victorians and the strategies, approaches and investments that will build and sustain the social and emotional wellbeing of our most vulnerable community members. We know, as also reflected by the inaugural Commissioner for Aboriginal Children and Young People in Victoria, Andrew Jackomos, that

> *Most Victorian Aboriginal children are cared for in loving families, where they are cherished, protected and nurtured, where their connection to community and culture is strong, their Koori identity is affirmed and they are thriving, empowered and safe (*Commission for Children and Young People, 2016).

VACCA's submission is based on our unique position as an ACCO providing a suite of services across the state supporting children, young people, families and community members. We have protected and promoted the rights of Aboriginal children and families for over 40 years. VACCA believes that all children have a right to feel and be safe and live in an environment that is free from abuse, neglect and violence. We are committed to promoting and upholding the rights of Aboriginal children to maintain and celebrate their identity and culture, recognising that connection to culture is critical for children's emotional, physical and spiritual wellbeing.

This submission includes case stories which highlight current challenges in supporting Aboriginal social and emotional wellbeing as well as practices and supports that hold promise for addressing those challenges.

We contend that the social and emotional wellbeing needs of our children, young people and families are not currently being met by the mental health service system, it is not responsive to the specific needs of the Victorian Aboriginal community. Aboriginal children and young people are vulnerable to a lifetime of social and emotional wellbeing concerns due to the early exposure to risk factors creating a pathway into poor mental health and mental illness. Over-representation of Aboriginal young people in out-of-home care and the criminal justice system as well experiences of childhood trauma and family violence can have a detrimental effect on their development and overall social and emotional wellbeing. Our young people are all too often leaving care and entering homelessness, there is a significant lack of appropriate housing, this lack of stability coupled with other risk factors such as drug and alcohol misuse, racism, family violence and education/employment barriers all denigrate the social and emotional wellbeing. We argue there needs to be a balanced investment from prevention and early intervention measures to enhanced capacity for ACCOs to deliver tertiary services to our community who are experiencing severe phycological distress.

We have identified a lack of culturally based mental health services, we believe that funding should be prioritised to 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. Our Aboriginal Children's Healing Team exemplifies the model of therapeutic care, that is family orientated, and trauma informed that is needed in our community. We see how our cultural camps and programs build resilience in our young people, they become proud of their identity and their culture, and feel connected to their community.

We believe a mental health service model needs to be developed to promote and protect the social and emotional wellbeing needs of our community, similar to what we have seen in the child and

family welfare sector, where Aboriginal ways of seeing and doing now inform best practice, and provide an alternative discourse and practice to mainstream services. We identify specific service characteristics and service enablers that we believe will support this reform that are based on the right to self-determination and protecting the rights of a child; these include Aboriginal governance and accountability and self-determination.

Recommendations

We seek the following recommendations to be considered by the Commission for the remainder of the Inquiry.

1. That the Royal Commission convene, in partnership with VACCA and other ACCOs, a roundtable focused on the SEWB of Aboriginal Children and Young People.
2. That the Royal Commission, consistent with the Victorian Aboriginal Affairs Framework (VAAF) Self Determination Principles, consult with the Aboriginal Community Controlled Sector (through the Aboriginal Executive Council) on its draft recommendations before they are finalised.

VACCA asks the Royal Commission to include the following recommendations;

Systemic Reform:

3. For a mental health system to be responsive to Victorian Aboriginal needs, that incorporates Aboriginal understandings of health, traditional healing practices and applying trauma informed therapeutic based model of care. This will require funding to be allocated to ACCOs to provide holistic mental health services across the state.
4. For VAAF principles and framework to be applied to mental health services, including the conduct and recommendations of the RCMHS.
5. For a comprehensive mapping of services to identify the SEWB needs of Victorian Aboriginal community and their access to mental health services
6. A compact to be developed between mainstream mental health services and ACCOs providing services to children, young people, families and community members that will embed Aboriginal oversight and governance to ensure that our communities' needs are served in a culturally and trauma informed, therapeutic based model that respects and acknowledges our right to self-determination.
7. Develop workforce strategies to train and employ more Aboriginal mental health workers, clinicians and psychologists, with expertise in trauma and healing within local Aboriginal health services and other ACCOs.
    a. Implement recognition of cultural expertise around therapeutic care and practices, along with mainstream therapeutic and mental health training
8. For Aboriginal services across Victoria to be funded to replicate VACCAs Aboriginal Children's Healing Team model
    a. With additional funding included to build an evidence base on the impact of this model. This will help to implement Aboriginal data sovereignty
9. Implementation of cultural safety training and understanding trauma training for all mental health workers across mainstream services.
10. For mental health assessments and plans to be developed alongside community members.

Stolen Generations:

11. VACCA asks the Victorian Government to establish a Victorian Stolen Generations Compensation Scheme.

OOHC:

12. For each child and young person in OOHC to have a tailored, flexible plan that are specific to their needs. This will require flexible, long term funding and brokerage attributed to programs and services. This includes individual mental health plans to be embedded in case planning for children and young people with SEWB concerns that incorporate cultural support and trauma informed care.

Funding:

13. Prioritise funding for ACCOs to provide intensive mental health services support for and by community. Where necessary to develop partnerships with mainstream services to support mental health diagnoses to ensure an accurate diagnosis inclusive of all SEWB concerns.
14. To implement long term, flexible funding arrangements for case management which is holistic and responsive to the client and their family's needs, including mental health services.
15. For funding in relation to SEWB of men to be allocated across Victoria for the establishment of men's support and mental health services such as Men's sheds.

Cultural Strengthening:

16. For investment to be provided to ACCOs to develop and implement community cultural advancement practices.

Introduction

Whilst the invasion of Aboriginal lands, of what we now know as Australia, occurred over 230 years ago, the impact has transcended generations, touching all aspects of Aboriginal people's lives.

Due to the ongoing effects of colonisation, Aboriginal people are faced with significant systemic and social disadvantage, impeding their ability to thrive within their communities. Traditional rituals, relationships, places and economies that created and maintained connectedness and cultural safety were dissipated by the forces of colonisation and invasion (Frankland, Bamblett, Lewis & Trotter, 2010).

A central strategy of the colonisers was to actively disrupt and break-up Aboriginal families so as to precipitate and accelerate the decline of the Aboriginal population. Disrupting traditional child rearing practices and family kinship systems, forcibly removing Aboriginal children from their families, communities and Country and denying to removed children their Aboriginal identity was a coordinated strategy applied in every part of the country. Over successive generations removed children, *the Stolen Generations*, lived in isolation from their families and culture.

The intergenerational impact of colonisation on the physical, social, spiritual and cultural wellbeing of over 500 Aboriginal clans across Australia is widely recognised (Frankland et al., 2010). Aboriginal people are almost three times as likely to experience high or very high levels of psychological distress (State of Victoria, 2017a) and suicide rates are twice as high within the Aboriginal population compared to the broader population (DHHS, 2016). We see our communities suffering because of disconnection from family, community, Country and culture with the intergenerational impacts. These experiences have been exacerbated by child removal and assimilation policies that were implemented by all Australian governments (Commonwealth of Australia, 1997).

Risk factors contributing to poor social and emotional wellbeing outcomes identified in research; include poverty, social disadvantage, abuse, life stress, violence, separation in childhood and family discord (Swan & Raphael, 1995). We see how these interplay in, and impact on the lives of the children, young people, families and community members we work with. Each of these risk factors increases the likelihood of developing poor mental health or a mental illness.

No single factor can account for the levels of trauma Aboriginal people experience. Instead it is the constellation of risk factors that operate at the individual, family, community and national level that give rise to poor SEWB of Aboriginal peoples (SHRG, 2017). In particular Aboriginal children and young people are vulnerable to a lifetime of social and emotional wellbeing concerns due to the early exposure to risk factors creating a pathway into poor mental health and mental illness. Over-representation of Aboriginal children and young people in OOHC and the criminal justice system as well as experiences of childhood trauma and family violence can have a detrimental effect on their development. These experiences can create challenging behaviours, making succeeding in education and employment difficult and therefore leading to poor social and emotional wellbeing outcomes in both the short and long term.

Nine specific risk factors for Aboriginal children, families and communities were identified in the literature; family violence, impacts of the Stolen Generations, lack of culturally safe services, trauma, harmful substance use, social exclusion and racism, OOHC, homelessness and over-representation in the criminal justice system (The Lowitja Institute, 2018; Atkinson, 2013; Libesman 2014; AIHW & The Healing Foundation, 2018; Stewart, 2008; SHRG, 2017; State of Victoria). Correspondingly, Aboriginal people experience significantly poorer social and emotional outcomes than the rest of the population, more likely to develop a mental illness and have higher rates of suicide (DHHS, 2016).

The negative repercussions of risk factors can be minimised through strengthening of protective factors (The Lowitja Institute, 2018). Protective factors identified in the literature as well as in practice include connection to family and kinship, community, culture and Country and access to culturally based programs focussed on healing.

It is evident changes need to be made regarding the approach to Aboriginal social and emotional wellbeing with Western approaches to mental health inadequate in recognising the ongoing impact of events specific to Aboriginal communities such as colonisation, racism and the removal of children. We now see through the literature and in-practice that programs which are designed, led and implemented by Aboriginal communities are reducing risk factors and strengthening protective ones. Mental health services and ACCOs that adopt promising practices and embed culture in their healing journeys are significantly more capable in creating a holistic and sustainable approach (VACCA, 2015; The Lowitja Institute, 2018; SNAICC, 2018).

More recently, research has been advocating for a dual approach, utilising western theory and methodologies through a cultural and therapeutic lens. It is crucial for all mental health and support services to inform their practice on the ongoing impacts of colonisation, racism and Stolen Generations and the beneficial practice of strengthening protective factors.

As an ACCO we have also witnessed the revitalisation of culture and language through community events and cultural activities, such as the National Aboriginal and Torres Strait Islander Children's Day, the Fitzroy Stars Football and Netball club and NAIDOC Week events. These have a positive impact on our collective and shared pride in our identity, and connection to our community and culture.

Culture is a protective factor and key in supporting positive social and emotional wellbeing. There is also a greater awareness in the broader Australian public about our history and culture through the commemoration of the National Apology to the Stolen Generations and Sorry Day. Each year hundreds of events are held across the state to celebrate National Reconciliation Week, and this year, 2019 is the International Year of Indigenous Languages. The Victorian government is making history in its commitment to enter into a Treaty/ies with us, as the First Peoples. Each of these events provide opportunities for us to have a voice, to come together and celebrate the fact we are the oldest continuing culture in the world, and to pay respect to our leaders and ancestors who fought so hard for us to be here. The positive representation of Aboriginal people and culture in public life through cultural, sporting and political events has a powerful influence on the identity and sense of wellbeing of Aboriginal people especially children.

Historical Context

Aboriginal peoples have demonstrated 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 not a single event. Intergenerational trauma, denial of cultural rights, social and economic disadvantage, lack of support for self-determination, racism and the imposition of program and service models that are not culturally safe are seen as an ongoing form of colonisation.

The impact of child removal policies severely impacted on Aboriginal people, families, nations and communities across Australia, in particular Victoria. For the Stolen Generations it created a sense of grief, loss and trauma that is still being faced today. The 1997 *Bringing them Home* report highlighted the destructive process of removing Aboriginal children from their families and communities, and how these experiences have led to the loss of identity, the loss of connection to

family and community and well as disconnection from Traditional culture and Country. "There is no Aboriginal family that is untouched by this policy." (Commonwealth of Australia, 1997).

The *Bringing them Home* Report estimates between 1 in 10 or as many as 1 in 3 Aboriginal children were removed from their families and communities in the period between 1910 and the 1970s (Commonwealth of Australia, 1997). Trauma related to removal from family and disconnection from their Traditional culture and Country is enhanced by experiences after removal with many Aboriginal children physically, sexually and psychologically abused while with their adoptive families or in care (State of Victoria, 2017a). These experiences have had a severe impact on the SEWB of not only those from the Stolen Generations but also on their descendants for generations after.

Policy context

Victoria's 10-year Mental Health Plan was developed and launched in 2015 by the Department of Health and Human Services (DHHS) (DHHS, 2016) to enable all Victorians to reach and sustain their best social and emotional wellbeing. The plan is scheduled to be independently reviewed in 2020 to assess progress against its goals and commitments.

The 10-year Mental Health Plan is not an Aboriginal specific policy, but it does include two broad commitments in relation to Aboriginal Victorians. Firstly, to ensure the health gap between Aboriginal Victorians and the general population attributable to suicide, mental illness and psychological distress is reduced, and secondly resilience-building activities, health promotion, treatment and support are culturally safe and responsive within six months of finalising the 10-year plan to develop an Aboriginal Social and Emotional Wellbeing Framework.

The overarching high-level framework for Aboriginal Affairs policy in Victoria is the '*Victorian Aboriginal Affairs Framework 2018-2023*' (VAAF). The VAAF was finalised in 2018 and brings together government and Aboriginal community commitments to improving the lives and health outcomes of Aboriginal Victorians (State of Victoria, 2018b).

'*Balit Marrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027*', was developed in 2016 to fulfil the commitment outlined in the 10-year Mental Health Plan. It incorporates six principles aimed at working towards four key domains of; improving accessing to culturally responsive services, supporting resilience, healing and trauma recovery, building a strong, skilled and supported workforce and integrated and seamless service delivery (State of Victoria, 2017a)

'*Korin Korin Balit-Djak: Aboriginal Health Wellbeing and Safety Strategic Plan 2017-2027*' was developed a year later in 2017 and established a framework for improving the health, wellbeing and safety of Aboriginal Victorians with a purpose of creating 'self-determining, health and safe Aboriginal people and communities in Victoria' (State of Victoria, 2017b, p.9). Balit Marrup and Korin Korin Balit-Djak operate alongside one another with the purpose of improving health and life outcomes of Aboriginal peoples in a culturally safe way. The DHHS have committed to developing an integrated implementation strategy for Balit Marrup and Korin Korn Balit-Djak.

More recently, *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreements and Strategic Action Plan* and *Dhelk Dja: Safe Our Way* have been developed in 2018 forming a partnership between the Aboriginal community, Aboriginal services and the Victorian Government. The purpose of *Wungurilwil Gapgapduir* is to create better outcomes for Aboriginal children and young people by addressing the over-representation in Child Protection and OOHC systems (State of Victoria, 2018c) and *Dhelk Dja* creates a commitment to work together and be accountable in ensuring Aboriginal people, families and communities are free from violence (State of Victoria, 2018a). Both these

policies have been developed to improve the lives of Aboriginal communities in Victoria and to support positive social and emotional wellbeing as a result.

At the national level the '*National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*' and the '*National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023*' have been developed to guide and inform Aboriginal SEWB reforms across Australia (SHRG, 2017).

VACCA's Approach to the Royal Commissions Terms of Reference

Our submission focuses on social and emotional wellbeing and argues for balanced investment and reforms across the continuum from prevention and early intervention to enhanced capacity for tertiary end service responses to mental illness and people experiencing severe distress. Rather than respond separately to each of the 10 questions provided by the Commission to guide submissions, we have developed our submission in two sections.

Section A – In Section A we have provided content relevant to questions 1 to 6 focusing on culturally specific risk factors affecting Aboriginal communities (Q1- Q3) and content on improving understandings of, and responses to, mental illness through as part of a broader commitment to social and emotional wellbeing.

1. *What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other*

2. *What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?*

3. *What are the needs of family members and carers and what can be done better to support them?*

4. *What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?*

5. *What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?*

6. *What is already working well and what can be done better to prevent suicide?*

Section B- provides material relevant to questions 7-10 for the Commission's consideration on system reform, workforce capabilities and promising practice currently implemented at VACCA

7. *What can be done to attract, retain and better support the mental health workforce, including peer support workers?*

8. *What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?*

9. *Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?*

10. *What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?*

We have identified two key issues, that have framed our response to the Commission's Inquiry weaving in case stories to illustrate our findings and recommendations.
   1. How Victorian Aboriginal communities interact with the mental health system and current Western understandings of approaches to mental health
   2. The impact of the Child Protection System on Aboriginal children, young people and their family's social and emotional wellbeing

Definitions

Aboriginal and Torres Strait Islander

For the purpose of this literature review, the term Aboriginal is used to refer to Aboriginal and Torres Strait Islander people in Australia. When referring to official data sets or legislation, the use of Indigenous is used to maintain consistency with these sources.

Mental health

There is not one agreed upon definition of mental health. According to the World Health Organisation (2014), mental health is a state of wellbeing in which an individual has the capacity to realise their own potential, are able to work productively and fruitfully, can manage normal stresses of life and are able to make a contribution to their community. Aboriginal peoples have commonly articulated that the mental health of Aboriginal people must be understood in a broader historical and cultural context and encompass social and emotional wellbeing. This enables mental health to be recognised as part of an all-inclusive view of health including physical, social, emotional, cultural and spiritual dimensions (SHRG, 2017).

Social and Emotional Well Being (SEWB)

Social and emotional wellbeing (SEWB) is defined as the 'foundation for physical and mental health of Aboriginal and Torres Strait Islander peoples. It is a holistic concept arising from a network of relationships between individuals, family, kin and community. It recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual' (SHRG, 2017, p.6). Incorporating this definition of mental health creates an emphasis on the importance of community, family and individual strengths, whilst also recognising the beneficial influence of resilience, feelings of cultural safety and connection to culture (SHRG, 2017). Pat Dudgeon (2017) identified the "groundbreaking" report - *Ways Forward* (Swan & Raphael, 1995) as being a turning point in the reclamation of an "Indigenous discourse of wellbeing". The *Ways Forward* report describes the nature of Aboriginal SEWB as;

> 'Holistic, encompassing mental, physical, cultural and spiritual health. Land is central to wellbeing. This holistic concept does not merely refer to the "whole body" but in fact is steeped in the harmonised inter-relations which constitute cultural well-being. These inter-relating factors can be categorised as largely spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.'

To remain consistent with Aboriginal views of mental health, the term 'social and emotional wellbeing' (SEWB) will be used to refer to the mental health of Aboriginal Australians and mental illness will refer to a diagnosed condition (WHO, 2014; SHRG, 2017).

Case Stories Methodology/Submission Development

Using the terminology 'case stories' rather than case studies is intentional. Referring to each case as a story recognises that those being referred to are not being studied, and their experiences form part of their life story.

The case stories for this submission have been prepared and developed based on the experiences of VACCA workers. The case stories provided throughout our submission are based on case practice and scenarios that reflect individual cases. They have been de-identified to protect the privacy and confidentiality of clients and to enable the submission to be treated as a public submission without creating the risk of negatively impacting any of the children, young people or families that we support. The case stories highlight current challenges in supporting Aboriginal SEWB as well as practices and supports that hold promise for addressing those challenges.

Issues

Aboriginal and Torres Strait Islander interaction with the mental health system.

- Relevant questions answered: 1,2,3,5,9,10

The SEWB of Aboriginal people is impacted by the historical, intergenerational and contemporary manifestations of colonisation. The ongoing impact is evident in the structural disadvantage Aboriginal people face, including access to safe and appropriate housing, secure employment and lifelong education.

Aboriginal and Torres Strait Islander peoples experience higher rates of stressful events than the general population, which can, in part, be attributed to the lasting impact of colonisation, intergenerational trauma and ongoing experiences of disadvantage and exclusion (Askew et al., 2013). The Kessler 10 (K10) psychological distress scale is often used as a method for assessing mental health. Studies have found an association between high scores on the K10 scale and a number of categories of mental illness (Andrews & Slade, 2001). The 2014-15 National Health Survey found, Aboriginal and Torres Strait Islander people were over twice as likely to experience high or very high levels of psychological distress than non-Indigenous people (SCRGSP, 2018). While having a higher level of need as shown by recording higher rates on the K10 scale, studies also show that Aboriginal people more commonly report barriers in accessing effective and culturally safe mental health services (AIFS, 2014).

Family Violence

Family violence is a key contributor to poor SEWB and mental illness and is having a major and disproportionate impact on the SEWB of Aboriginal peoples (State of Victoria, 2017a). Based on the 2014-15 National Aboriginal and Torres Strait Islander Social Survey, 22 per cent of Indigenous Australians aged 15 years and over recorded being a victim of threatened or physical violence within the past 12 months, 2.8 times the rate of non-Indigenous Australians (ABS, 2016). Hospital admissions data also highlights that Aboriginal people are more likely to be impacted by family violence and more likely to self-harm. Compared to non-Aboriginal people in Victoria Aboriginal peoples are 2.7 times as likely to be admitted for intentional self-harm (AHMAC, 2017). It has been estimated that over 5,000 Aboriginal people currently require family violence support services in Victoria with the Mallee region having by far the highest demand (SVA, 2019).

The Royal Commission into Family Violence's final report found family violence to have serious long-lasting effects on a person's SEWB and that it commonly takes years to recover after being denigrated and physically abused (State of Victoria). Trauma from family violence was also found to be linked with a greater risk of poor physical health outcomes, PTSD, increased risk of clinically significant depression and anxiety disorders, isolation, misuse of drugs and alcohol and loss of self-confidence (State of Victoria).

Victim submissions to the Royal Commission, described their experiences and the psychological impacts including PTSD symptoms, self-harming behaviours, psychological breakdowns, changes in eating and sleeping patterns as well as anxiety and depression (State of Victoria). Symptoms that did not subside such as chronic stress were found to develop into neuro-biological impacts, producing mental and physical illness over a long period.

Specifically, Aboriginal women are 25 times more likely to be injured or killed as a result of family violence than non-Aboriginal women (State of Victoria, 2017a). This leads Aboriginal and Torres Strait Islander children to be especially vulnerable to the indirect and direct impacts of family violence. Children and young people experience family violence in a number of ways including being

present or witnessing family violence in the home. Taskforce 1000 identified that 88% of Aboriginal children in OOHC were impacted by family violence and 87% were affected by a parent with substance or alcohol abuse (Commission for Children and Young People, 2016). Family violence is particularly damaging for infants, children and young people but it is only in recent years that children have been acknowledged as victims where the violence occurs in their home but is not directed towards them. A meta-analysis of 118 studies found that 67% of children exposed to family and domestic violence were at risk of a number of adjustment or developmental problems and performed worse than other children in not only SEWB but also academic success and cognitive ability (Kitzmann et al., 2003). Children's SEWB can be undermined in the short- and long-term and can lead to behavioural problems and disrupted schooling setting children up for an intergenerational cycle of poverty, homelessness and family violence (State of Victoria).

Victoria's Family Violence Risk Assessment and Risk Management Framework identifies that having a mental illness such as depression or anxiety increases the likelihood of a person experiencing family violence (State of Victoria). This may be due to earlier experiences of violence contributing to vulnerability. Research findings clearly identify that poor SEWB and mental illness is among the impacts of family violence, increases the likelihood of being a family violence perpetrator and increases the likelihood of being a victim of family violence (State of Victoria).

SEWB of Aboriginal children and young people

The disparity in SEWB between Aboriginal people and non-Aboriginal people is even higher for children and young people. Before colonisation, Aboriginal children and young people lived in settings that were physically, emotionally, spiritually and culturally safe (Frankland et al., 2010). Although there may have been disputes or disruptions between nation groups, Aboriginal children were cared for, protected and nurtured for by family, clan and nation.

Today, Aboriginal children and young people are at greater risk of environmental and behavioural harms such as exposure to racism, family violence or poor-quality parenting (State of Victoria, 2016a). The 2016 State of Victoria's Children Report found Aboriginal students to be less likely to perceive their neighbourhood as safe and more likely to report being bullied. These harms, along with poor SEWB of carers, compounded by substance misuse, speech, hearing and vision impairments in children, low socio-economic status, poor family functioning, exposure to racism and poor-quality parenting impair the SEWB of children (Atkinson, 2013). Each of these experiences increase the likelihood of experiencing distressing life events as a child and into adulthood.

The prevalence of these experiences is often underestimated and the impacts on children and young people are not detected or understood within service systems. Where opportunities for early intervention are missed there is a likelihood that Aboriginal children will experience more significant harm including violence, neglect and abuse.

Early experiences of trauma and poor SEWB can trigger a negative chain of events, decreasing the likelihood of children and young people participating successfully in many areas of life. Such as capacity to form relationships, develop self-worth and have positive identity, capacity to maintain community relationships and participate in community events. Their employment and education opportunities can be adversely affected as well as increasing prevalence of both physical and mental health problems (Cummins, Scott & Scales, 2012).

Trauma impacts on a child and young person's ability to manage and cope with stress (Bollinger, Scott-Smith & Mendes, 2017). In response to complex trauma the human brain develops as acutely susceptible to stress such that a person will be more threat aware as a way of surviving (Teicher, 2016). According to Dr Bruce Perry (2009), a child's brain begins to reflect their environment and

when that involves conflict, danger and chaos, the threat to survival increases and a child or young responds in this way. Where children do not receive the support and opportunity to heal there is a likelihood of sustained risk-taking behaviours and increased likelihood of involvement with police and the justice system. Perry has suggested the Indigenous healing rituals are capable of promoting healing and recovery in child neurodevelopment (Perry, 2009) due to the focused repetition as they

> *assuredly provide the patterned, repetitive stimuli—such as words, dance or song— required to specifically influence and modify the impact of trauma, neglect, and maltreatment on key neural systems (Perry 2008).*

Perry's research speaks to merging of disciplines; between western understandings of neurodevelopment and traditional healing practices, (Perry 2009, Atkinson, J., 2013). There is a relational aspect to traditional healing practices, which promotes healing and recovery, this is where working with the family, not just the child can effect positive change in regard to SEWB.

Parental mental illness, especially when untreated, can have adverse impacts on the consistency and quality of care parents are able to provide to children (AIFS, 2010). The poor SEWB of parents can influence a parent's capacity to parent, in particular when a child or young person may present with challenging behaviours. Taskforce 1000 found that more than 60 per cent of the Aboriginal children reviewed came to the attention of DHHS due to parental mental health in combination with other risk factors. This was also seen as a barrier to family reunification (Commission for Children and Young People, 2016). As Aboriginal children and young people are more likely to experience trauma and have a parent experiencing mental illness, they are more likely to be faced with these challenges. For parents who have experienced trauma and have their own SEWB issues; holistic, culturally safe, trauma informed therapeutic care for the whole family is necessary. With effective supports they will be in a better position to continue to care for their children. See the Cradle to Kinder Case Story for further discussion.

Involvement with child protection

A report by the AIHW and Aboriginal and Torres Strait Islander Healing Foundation (2018) indicates that the social, economic and health outcomes of the Stolen Generations and their descendants are substantially worse than for Indigenous peoples who were not directly impacted. The Stolen Generations were found to be 1.5 times as likely to have poor SEWB than those not removed and 1.5 times as likely to have experienced discrimination in the previous 12 months (AIHW & The Healing Foundation, 2018). Descendants were found to be twice as likely to experience discrimination and 1.9 times as likely to experience violence in the past 12 months (AIHW & The Healing Foundation, 2018). Descendants are also 1.3 times as likely to have poor mental health and 1.4 times as likely to have a low level of satisfaction with their lives. This is an example of intergenerational trauma, impacting Aboriginal people's lives directly, as well as their children, grandchildren and beyond.

There is still a disproportionate number of Aboriginal children and young people in the Child Protection system and OOHC in Victoria (Libesman 2014). Aboriginal children and young people suffer disproportionately from policies of child removal in comparison to other states and territories, reporting the second highest rate of removal (14.5 times) after Western Australia (17.5 times) (Lewis et al., 2018). Although we understand there are circumstances in which a child must be removed in their best interest, we must also recognise that taking a child away from their family does create trauma for children, young people and their families, but it also results in loss of parenting skills, exposure to increased social disadvantage and stress and disrupted attachment (Gee, 2016). These actions create a flow on impact and a failure to recognise or understand intergenerational trauma related to the Stolen Generations leads to social and environmental disadvantage, manifesting into

anger, violence, depression, anxiety, substance abuse, harm to other family members and self-harm (Libesman 2014). While VACCA recognises that statutory child protection interventions, including child removal and placement, are required in certain circumstances; the SEWB impacts of any child's removal from their family are not well recognised or addressed. Acting in children's best interests has to extend repairing and restoring the SEWB of children and their families who have been subject to child protection interventions.

Stolen Generations

Link-Up Victoria has been a program of VACCA since 1990 and supports the Stolen Generations – that is Aboriginal and Torres Strait Islander people separated from family who were fostered, adopted or placed in an institution to access their records, find and reunite them with their family, Traditional culture and country. Aboriginal people staff the Link Up Victoria program because it is of critical importance that this work is undertaken by Aboriginal people to ensure the cultural safety of our clients. Our Link-Up service has supported hundreds of clients to know their connections and reconnect them back to their family, community, traditional culture and country. Link-Up Victoria also supports Aboriginal and Torres Strait Islander people looking for family who were fostered, adopted or placed in an institution.

> *"So many clients tell us they feel like they're the only ones in their situation. They feel so isolated and alone. They don't feel confident seeking help, and as they weren't brought up Aboriginal and find it difficult to connect with their community."* (Ange, Link Up worker).

Link-Up services include:
1. Accessing records about separation from family including adoption files, records from children's homes or other institutions
2. Researching family and cultural connections – liaising with Traditional owner groups, interstate Link Up services, record holders all over Australia
3. Tracing and locating family members
4. Initiating contact with family members
5. Reunions
6. Family research advice and cultural information
7. Yarning Up (Counselling)
8. Referrals to appropriate services
9. Advocacy

As an Aboriginal community organisation that provides support services and a Link Up service for the Stolen Generations, we are very familiar with the grief, loss and trauma of Stolen Generations and their families. We see on a daily basis the need for healing at the individual, family and community level and the lasting benefit when healing can and does occur.

Case Story One - Tracy

"Tracy" was adopted into a non- Aboriginal family at a young age. At the age of 22, her birth father contacted Tracy via email. Tracy found out her father was Aboriginal, but she was not in a place where she was ready to learn about her culture or Aboriginal family. Tracy's adoptive parents had never tried to immerse her in her culture or encourage her to engage with her Aboriginal identity. Tracy knew nothing of her family's history or where her traditional country was and there was no

further contact with her father. Many years later, Tracy contacted Link Up as she was ready to learn about her Aboriginal family and contact her father again. Her adoptive parents remained unsupportive and did not encourage her to pursue this process.

Link Up supported Tracy to apply for her adoption records through the Family Information Networks and Discovery (FIND). As per the *Adoption Act 1984* (Vic), records would only be released to the individual or to an 'approved agency', and VACCA's Link Up program is not an approved agency. Tracy's records were sent by post to her home, with no support provided. Link Up were not informed that her records had been sent to her. The trauma she experienced in having these records available to her for the first time in her life in an unsupportive and isolating environment caused her to have a breakdown and she ended up being admitted to a Psychiatric ward. It appears that FIND's own 'Access to Information' process was not sufficient to meet the specific support needs of Aboriginal people. Whilst a telephone interview session may have taken place prior to the release of information, the lack of cultural knowledge, lack of understanding about Aboriginal identity and ways of providing support meant that Link-Up was excluded from the process and Tracy did not have access to staff with these specialised skills and knowledges and she was alone during this process.

Link Up were able to locate Tracy and once she was well enough and was ready to reconnect with her father they began working together again. Link-Up found and contacted Tracy's father, Pat and supported them to have phone contact and Tracy also reconnected to her sisters. Pat had his own trauma and mental health issues and did not want Link Up involved but wanted to take Tracy back to his traditional country. Link Up continued to provide support as requested by Tracy including the opportunity for a reunion and return to country. Tracy's sister told her about another sister who had been adopted out and Link-Up applied for those records and found her to be living interstate.

A Family and Return to Country Reunion was organised for the siblings but had to be postponed due to sorry business. The impact of this cancellation was devastating for their sister, who was excited to learn that she had sisters and was looking forward to meeting them. Similar to the beginning of Tracy's journey, her sister did not understand culture or Sorry Business and she stopped responding to Link Up's attempts to arrange another reunion for several months.

Ten years after Tracy first made contact, Link-Up conducted a reunion in 2017 for Tracy and her sisters. Sadly, their father Pat was not in a position to join them due to his own trauma however the three sisters were able to get together in a supportive, safe space.

What have we learnt?

Lack of culturally based services
The Stolen Generations in Victoria have never received adequate support and assistance or access to culturally based healing and treatment to overcome trauma. Current services are restricted in what they can provide and for how long. For the Stolen Generations healing is associated with re-establishing family, community and cultural ties and enabling them to claim their Aboriginal heritage and identity. Often healing assistance is restricted to Western models of counselling and support for justice and reparations being dealt with in a bureaucratic matter.

Culturally based healing and treatments need to be available specifically for the Stolen Generations. Link Up Victoria refers clients onto counselling services within their local area. The main issues about this process is that they are mainstream services, and they do not have the knowledge, expertise or resources to support the Stolen Generations in a holistic way.

Need to increase Aboriginal mental health workforce

A shortage of Aboriginal mental health workers and non-Aboriginal workers who understand factors impacting Aboriginal peoples SEWB, particularly for the Stolen Generations creates ineffective treatments and solutions. Stolen Generations survivors and their families need to have access to staff who are capable of supporting them in their healing journey with a focus on a return to wholeness and recognition of the impact of colonisation.

Compensation scheme

A compensation scheme for Victorian Stolen Generations is, according to the Stolen Generations survivors we work with, the most legitimate and genuine way in which to acknowledge and respond to their pain and suffering. A scheme to provide compensations payments, enhance support for family tracing and reconnection, improve access to records and assist to regularly return to Country, are the missing element in Victoria's responses to the injustices endured by the Stolen Generations.

Receiving compensation and recognition of the devastating trauma the Stolen Generations endured is a key element of their healing journey. In the *Bringing them Home* report, a psychiatrist with the Victorian Aboriginal Mental Health Network states that having acknowledgement and compensation would allow people to feel that their suffering has been recognised as something that has been done to them (Commonwealth of Australia, 1997). Proper recognition requires some form of compensation and Aboriginal peoples cannot heal properly until they receive this.

It goes hand in hand with the public apologies from State and Federals governments, efforts towards public education on the history and impacts of forced removals and the establishment of services such as Link-Up Victoria and other specialist Stolen Generations services. Providing compensation as part of a broader reparations scheme would bring Victoria into line with the United Nation's Van Boven Principles, detailed and endorsed in the *Bringing them Home* Report, as the appropriate framework for responding to gross violations of human rights.

All other States and Territories have established Stolen Generations compensation schemes with NSW being the most recent to do so. Link-Up Victoria, Connecting Home and the Victorian Aboriginal Legal Service have long advocated for the establishment of such a scheme here in Victoria.

Case Story Two - Justine

A mother of four girls, Justine, made contact with VACCA's Link Up service to help find one of her daughters who was adopted out at a young age, Mandy. Sadly, at the time that her daughter was found, her own mother passed away suddenly from a terminal illness. Justine had endured a traumatic childhood herself and the death of her mother was a tragedy that took a couple of years for her to be ready to re-engage with Link Up. A reunion was arranged, and on the day, Mandy who now lived in Sydney and had been adopted into a non-Aboriginal family and had no connection to her family or culture, didn't get on her flight. Despite this, Justine and Mandy were able to stay in contact and had three brief meetings before Justine passed away suddenly.

Justine's third daughter, Ellie has a serious health condition, a history of drug use and she details a traumatic upbringing having been raised by Justine who was herself a trauma-affected young mother. Ellie contacted Link Up support for a reunion with her sister Mandy. They had not had any contact with each other until they met for the first time. They have stayed in touch and speak to one another on the phone sometimes.

This case highlights the intergenerational trauma, lack of support for family members who reside interstate and the multitude of traumas that can impact a client's wellbeing at any point and across their lifetime. She was supported by her local Aboriginal service, attended the women's group, had

regular access to her granddaughter and eventually met her daughter – all of which contribute to healing.

What have we learnt?

Supporting family members who reside interstate, off traditional Country

For Justine and her daughters, organising to meet one another was a scary and overwhelming decision. Each of the women had expressed their desire to meet but due to their own trauma, they were unsure how to connect. Justine had endured childhood abuse, forced adoption, rejection and substance abuse. All of which impacted on her ability to get in contact with Link Up. Experiencing complex trauma had severely impacted on her SEWB and created a challenge to overcome in order to be ready to meet Mandy.

Often when Aboriginal children are adopted, they are taken off their traditional Country, creating a physical barrier in trying to connect with their family, community and Country. This is particularly important in Victoria with more than half of Aboriginal people living in the state are not Traditional Owners. They cannot return to their country easily, or due to Stolen Generations, do not know their family, community and Country. This is still occurring today with majority of children in OOHC in metropolitan Melbourne not from Victoria. In order to be reunited, they need to have access to transportation and support throughout this process. Having the opportunity to meet relatives and participate in a Return to Country are all essential experiences for healing (SHRG, 2017; Gee, 2016).

Intergenerational trauma impacting on the SEWB of descendants

Sadly, this story highlights the intergenerational trauma many Aboriginal people from the Stolen Generations and their descendants experience. Justine had experienced her own trauma as a young girl and as an adult had to endure the devastating act of her daughter being taken away from her. There is no recognition for the ongoing, impact intergenerational trauma has on the descendants of Stolen Generations. Mental health services need to recognise how experiences of Aboriginal peoples family members such as Stolen Generations and family violence can impact on their own SEWB and how best to support them.

Impact of placing Aboriginal children in non-Aboriginal families

It is crucial for Aboriginal children to have the opportunity to be immersed in their culture. In this case, Mandy was placed in a non-Aboriginal family with no knowledge about her history, family, culture or traditional Country. This created a significant challenge for Mandy to overcome in order to be ready to connect with her mother and the rest of her family. She had not developed a sense of identity and struggled to identify with a family or culture she knew nothing about.

If Mandy had been raised in an Aboriginal family or knowing about her culture, she may have been ready to connect with her culture and family at a sooner date and may have had the opportunity to spend more time with Justine before she passed away. Ensuring Aboriginal children are aware of their culture from a young age can help reduce the trauma associated with finding out about your culture as an adult. As other case stories have highlighted, there is a desperate need for Aboriginal children to be placed in Aboriginal families whenever possible. Contemporary child welfare policy recognises that only as a last resort should a child or young person be placed in a foster care placement with a non-Aboriginal family, however there is significant gap between this policy intent and practice (Commission for Children and Young People, 2016).

In order to reduce this, it is critical for the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) to be implemented correctly (Commission for Children and Young People, 2015).

ATSICPP recognises the importance of ensuring that Aboriginal children placed in OOHC do not endure the same sense of loss of identity and dislocation from family and community as the Stolen Generations. Placement should therefore be prioritised in the following way;

1. With Aboriginal relatives or extended family members, or other relatives or extended family members
2. With Aboriginal members of the child's community
3. With Aboriginal family-based carers, especially with siblings
4. With non-Aboriginal family based carers
5. With Aboriginal agency providing a residential setting
6. With non- Aboriginal agency proving residential settings (SNAICC, 2017)

This was included in the Royal Commission into Institutional Response to Child Sexual Abuse (2017), with Recommendation 12.20 asking for;

> "state and territory government, in consultation with appropriate Aboriginal and Torres Strait Islander organisations and community representatives, should develop and implement plans to:
>
> a. fully implement the Aboriginal and Torres Strait Islander Child Placement Principle" (p. 40).

VACCA strongly supports this recommendation and believes it is pivotal in ensuring the safety and SEWB of Aboriginal children in OOHC.

Lack of culturally safe services

Cultural safety refers to the attitudes, behaviours and policies that enable services, systems and professionals to offer and deliver effective health services (The Lowitja Institute, 2018). It is often used in referring to the promotion of cultural competency by mainstream environments and the promotion of culture strengthening in Aboriginal community environments (Frankland et al., 2010). A lack of culturally safe mainstream mental health services is an identified barrier to improving Aboriginal people's SEWB with 23 per cent of Aboriginal people with a mental illness reporting difficulties in accessing health services (The Lowitja Institute, 2018).

Aboriginal cultural understandings of mental health, SEWB and healing are different from Western cultural traditions and approaches that contrast with an Aboriginal worldview (Stewart, 2008). Services and programs designed for the general population are often not culturally safe or appropriate within the broader context of Aboriginal SEWB (National Mental Health Commission, 2014). This results in Aboriginal peoples being disadvantaged in receiving mental health support and treatment that is suitable to their symptoms and concerns.

Without recognising the importance of strong identity and culture and what it means for Aboriginal peoples, mental health services are unable to offer adequate and supportive services (The Lowitja Institute, 2018). Providing counselling to Aboriginal people from within a Western model of SEWB, with no recognition of their culture can be considered a form of continued oppression and colonisation as it does not validate Aboriginal cultural views (Stewart, 2008).

Victoria's *Mental Health Act 2014* acknowledges the importance of recognising Aboriginal identity and culture but does so in a very 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

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

Case Story Three- Ngarra Jarra Noun
This case story highlights the need for a culturally grounded healing approach rather than mainstream mental health services for Aboriginal survivors of institutional childhood sexual abuse.

VACCA ran the Royal Commission Support Service for five years and as part of this (and as a result of one-off government funding) provided a range of cultural healing programs for survivors. VACCA now runs Ngarra Jarra Noun, a Redress Support Service supporting Aboriginal survivors of institutional child sexual abuse through the journey of applying for redress through the National Redress Scheme and will be able to provide similar cultural healing programs for clients that receive a successful determination from the National Redress Scheme and choose to take up the counselling and psychological care component.

The cultural healing programs were established in recognition that survivors had untreated healing needs as a result of the traumas of childhood institutional sexual abuse and cultural abuse occurring due to the lifelong and intergenerational impacts of the Stolen Generations' policies and practices of forced removal of children from their families. (See Appendix One for more detail on the program). The cultural healing programs offered are healing programs, cultural healing camps where survivors stay on Country and community healing gatherings, which are placed-based, and survivors attend each day.

Three women attended the women's day program and also attended a five-day cultural camp. Each of the three women, called Pam, Edith and Beth, experienced institutional child sexual abuse, are Stolen Generations and have been victims of family violence in adulthood. All were mothers and two were grandmothers. The women also experienced significant family stressors and cultural load including caring for grandchildren and their extended family and broader community, obligations of being part of community, regular attendance at funerals and sorry business, and the daily experiences of casual and systemic racism. That these were experiences shared by the women clearly provide comfort.

After conducting an evaluation with these women, each of them described significant impacts, including how their growth, empowerment and hope has changed. All three women stated that being with women who have shared experience was the most beneficial aspect of the program. There was a clear comradery among the women. When women asked for support or advice from others in the group, this was provided willingly and thoughtfully. This was a space for these women to connect and feel supported and this was what the women reported was achieved.

Hopes were discussed, including hopes for the future, with examples of these being lived out as the program rolled out. Edith enrolled in a course as part of her desire to be a natural therapist. There was clear pride in this. She now believes education is the way forward for her, having previously believed this was not possible for her due to lack of opportunities in her youth. Other examples included: Pam's art being exhibited at a local exhibition and the pride this created and for Beth being asked to speak at a community-organised Sorry Day event about her experiences as Stolen

Generations and this being considered an honour. Pam spoke of accessing mainstream counselling, and that in contrast to the women's program, she did not feel safe sharing her story:

> *"I had no safety net, you can you tell your story and then it's like the Pandora's box*
> *you open and you don't know how to control your feelings"*

Edith and Beth both reflected on the role of cultural connection and increased cultural knowledge resulting in healing and increased inner strength*:*

> *"Connecting to culture is the best way to heal, needing to feel safe to identify,*
> *needing to know your culture to identify, acknowledge and having that idea of those*
> *in the group having each other as a support by the end of the program." (Edith)*

> *"Knowing culture is powerful, it helps you know your strength" (Beth)*

Facilitators of the cultural healing camps reflected that the liberation of being able to share one's stories safely was a noted powerful indicator of improved wellbeing, and is exemplified in this reflection by one of the facilitators:

> *Yes, well you could see the changes. Seeing that… being able to share their stories*
> *on a personal level – you see a change in that because you know for years survivors*
> *have kept of lot of that stuff to themselves and their talking to us as the workers,*
> *but they actually divulge that to other supports as well, which is… very powerful in*
> *itself.*

During the course of engaging in art activities Pam was advising one of the facilitators in art technique. Reflecting on this it was commented on by both facilitators that prior to the program the participant would have either escalated to frustration quickly or not bothered to engage and offer assistance. This example illustrates the growth and empowerment that is achieved when survivors embark on a journey of healing. The facilitators noted that Pam has developed leadership within the group and supports other woman. One of the facilitators reflected:

> *"[Pam] is one of our participants who is very willing to share her story with the group*
> *whenever we are having a yarn while doing art activities. It has been a privilege to*
> *witness her healing journey, and she sheds many tears as she unpacks the intense*
> *trauma that she has endured from the abuse... Her cultural strength continues to*
> *grow throughout the cultural healing programs offered to her."*

Several other examples were evident. One facilitator spoke about Beth, who she saw as having made the most significant changes in her life since attending the Cultural Healing Programs. The Support Service had been supporting the participant for two years prior to her attendance at the program. When the Pam first became a client she was very reluctant to talk about her story to anyone other than her support worker, but since spending time with Edith and Pam and the other women that have had similar experiences she now feels comfortable talking to the other women one-on-one or in a group setting.

In relation to Edith, facilitators noted that since attending the program she has spoken up about issues concerning her children and grandchildren in a way that she would not have felt empowered to do prior to participating in the cultural healing program. Edith initially struggled to get a taxi to the venue due to her intense levels of anxiety from trauma. By the mid-point through the sessions she reported being excited to attend each session.

Beth reported feeling very comfortable in the group and having a really good time. This was a woman who the facilitators described as previously not coping well in a group setting and they were not expecting her to attend the program.

What have we learnt?

Flexibility of mental health and support services
Often people suffering with a mental illness or poor SEWB, are not always in a place that enables them to stick to a strict routine. Mental health services need to recognise this and offer flexibility of services regarding timing, outreach access, wait periods and continuing care. Western methodologies of responding to mental illness are not of themselves sufficient.

In this case story survivors could access one or more of the cultural healing programs. This is important as survivors' healing journey is ongoing and the fixed-session approach attached to many mental health services funding arrangements is inappropriate for this client group. For many and especially this group, short-term therapeutic intervention is not sufficient to address a stolen childhood, childhood abuses, a lifetime of betrayals and the intergenerational impacts of disconnection from family, community, culture and country.

Aboriginal Agency First Principle
This case story explicitly identifies the beneficial practice of providing culturally safe mental health services inclusive of traditional forms of healing from an Aboriginal agency. Aboriginal people should have the choice to be able to access mental health services from their community agencies. The program was designed, developed and delivered by an ACCO; providing an Aboriginal-lead healing and a culturally safe service. Western approaches that fail to take into account Aboriginal knowledge are not the solution to healing the unresolved traumas with Aboriginal individuals, families and communities.

A range of cultural activities and practices were included and at times divided into separate men's and women's business. Each cultural healing program included ceremonies, cultural practices, exploring and strengthening identity and connection to community through tracing family history and cultural tours; self-care and wellbeing activities; sharing of knowledge of past policies, laws and history of removal, impact of removal and losses; storytelling and yarning; sharing of meals and transport where required.

The facilitators of the cultural healing program were the ongoing support workers for participants. This meant the participants were already well known to at least one of the facilitators and engagement had been established and trust secured. This gave the participants the confidence to attend the programs and once participating, to get the most out of the programs.

All three women had identified the motivation for participating in the cultural healing programs was due to the need for a healing service. Pam had previously accessed mainstream counselling and had found it a negative experience where she did not feel safe or understood and that it did not lead improve wellbeing. Edith and Beth had not accessed mainstream therapeutic services having heard from other community members that it did not meet their needs.

Long term, individualised support

Each of the women expressed a need for this connection and group support to be provided on an ongoing basis. Many case stories highlighted the inconsistent care they had received prior to linking

in with an ACCO or a culturally safe service. Many Aboriginal peoples experience complex trauma that requires individualised care, capable of adhering to specific experiences, symptoms and needs. Having a reliable care team or key worker was found to be essential on their healing journey as they were able to feel understood and continued to engage them in the service and conduct follow up assessments.

Trauma

One of the most crucial risk factors of Aboriginal SEWB is the impact of historical and contemporary trauma and its ability to have a compounding effect (The Lowitja Institute, 2018). According to Atkinson (2013) trauma is an event that is psychologically overwhelming, involving a threat (perceived or real) to the individuals emotional and physical wellbeing. The response may involve intense fear, horror or helplessness, agitation or disorganised behaviour.

Aboriginal peoples conceptualise 'trauma' as a way of understanding and describing the effects of interpersonal and collective forms of violence on their peoples (Gee, 2016). The term collective trauma considers the incidence and effects of individual traumatic events as well as the social and psychological trajectories in which the consequences of colonisation are aligned with the deterioration of social norms, values and cultural practices of a community (Gee, 2016). Aboriginal community members often share experiences of trauma, resulting in entire communities managing symptoms simultaneously, shifting cultural norms and breaking down social relations and traditional roles within families and communities. Research undertaken by the Victorian Aboriginal Health Service examined the extent of trauma exposure among Aboriginal clients accessing family counseling services. The number of traumatic events experienced in a lifetime were extremely high, with levels of trauma comparable to that of refugee populations who had experienced large-scale collective trauma (Mollica, et al. 2014). This is linked to the intergenerational trauma felt by many Aboriginal communities.

Intergenerational trauma refers to the effects of traumatic experiences being transmitted from adults to children in cyclic processes (The Lowitja Institute, 2018; Gee, 2016). Experiences of trauma become embedded in the collective, cultural memory and passed down through generations by the same mechanisms in which culture is transferred (Atkinson, 2013). Almost all research on Aboriginal peoples pertains to intergenerational trauma due to the extensive effect of colonisation and the Stolen Generations on all Aboriginal communities (Gee, 2016).

Experiences of trauma and intergenerational trauma significantly increase the likelihood of Aboriginal peoples developing a mental illness such as Post-Traumatic Stress Disorder (PTSD (Atkinson et al., 2014). Whilst there is no data recording prevalence of PTSD among Aboriginal peoples in Victoria, they are more susceptible to developing the condition due to continuous levels of stress, disadvantage and exposure to multiple traumatic events. Furthermore, Atkinson et al., (2014) argue recorded statistics of PTSD in Aboriginal peoples would be inadequate in representing the extent of trauma as it is a construct that does not capture the experiences of historical and cultural loss resulting from intergenerational trauma. Symptoms such as cultural identity issues, loss of identity, cultural dislocation and interpersonal difficulties are not incorporated into the diagnosis of PTSD and therefore do not reflect the impact of these on SEWB.

Aboriginal children and young people were also found to experience poorer SEWB outcomes due to multiple traumatic experiences through their own trauma and secondary exposure (Atkinson, 2013). Events may be ongoing or from a onetime event, heightening their risk of complex trauma. Complex trauma occurs as the result of exposure to multiple or prolonged traumatic events that do not categorically fit psychiatric criteria for PTSD (Atkinson, 2013). Direct experiences might include

exposure to violence, child abuse or neglect. Childhood symptoms of trauma can be similar to those of adults, including triggering emotional distress, unmodulated aggression, violation of a sense of trust, safety and self-worth, disrupted attachment styles, adoption of risky behaviours such as alcohol and drug misuse, physical inactivity, smoking and sexual promiscuity (Atkinson, 2013).

However as is well established, the impact of trauma on brain development during childhood means exposure to trauma can be significantly more harmful for children (Atkinson, 2013). For an adult, trauma effects a mature brain in which neurological connections have already been made and reorganisation can be difficult. However, the impact on a child can be more dangerous as their brain is more malleable and changes to the brain architecture occur more quickly and more intensely (Atkinson, 2013). The severity and nature of the impact depends on the stage of brain development at the time of exposure to trauma, with some children developing the dominance of 'survival mechanisms' rather than 'learning mechanisms.' Children who experience trauma are also more likely to be involved with the adult criminal justice system, have poor physical health and require housing and health services.

Harmful substance use

Another consistent finding throughout the literature is the impact of drug and alcohol misuse on SEWB outcomes and involvement with the justice system (DHHS, 2017; Atkinson, 2013; Jackson et al., 2013). Whilst studies found consumption of alcohol and drugs to be similar amongst Aboriginal and non-Aboriginal peoples (AIHW, 2015), harmful consumption at a risky level was higher for Aboriginal populations (ABS & AIHW, 2008). Atkinson (2013) argues these findings are interrelated with experiences of trauma and PTSD increasing the likelihood of adopting behaviours destructive to themselves and others. This may be an attempt to numb memories and feelings of trauma or self-medicate to find relief from physiological problems such as anxiety and sleep (Jackson et al., 2013). These behaviours can lead to unhealthy coping mechanisms and create patterns of drinking or using drugs without addressing underlying SEWB concerns or mental illness.

The impact of harmful substance misuse should not be underestimated, leading to short term and long-term consequences such as violence, relationship difficulties, deterioration of physical health and homelessness (Jackson et al, 2013). It also simultaneously increases the likelihood of involvement with the justice system (Indig et al. 2016). Indig et al., (2016) found drug and alcohol misuse to be the strongest predictor of incarceration and re-incarceration with young people who consumed alcohol at a harmful level becoming seven times more likely to be incarcerated within 18 months (Indig et al., 2016). This creates a cycle of disadvantage with involvement in the justice system interrelated with poor SEWB and as a result harmful substance misuse becomes both the result of and cause of mental illness and SEWB concerns.

Case Story Four- Nugel

In November 2017, The Victorian Government with Aboriginal community representatives launched VACCA's Nugel Program as part of the Aboriginal Children in Aboriginal Care (ACAC) Program. Nugel became the first of its kind in Australia. "Nugel" the Wurundjeri word for "Belong" supports children in OOHC to be safe and to connect to their culture or to stay connected. Made possible through the landmark transfer of guardianship of Aboriginal children on Children's Court Orders to ACCOs, the program is authorised under s18 of the *Children Youth and Families Act* 2005. This enables the Secretary of DHHS to authorise the principal officer of an Aboriginal agency, in VACCA's circumstance, our CEO Adjunct Prof Muriel Bamblett AO, to undertake specific functions and powers in relation to a Children's Court protection order for an Aboriginal child or young person. Nugel has led the way in developing a new model of child protection practice which is premised on Aboriginal

organisations working in partnership with Aboriginal families to achieve better outcomes for Aboriginal children and young people.

This case study explores the need for a holistic approach to addressing complex SEWB needs. Ash is a 16-year-old Aboriginal girl who was transferred to VACCA's Nugel program in 2017. She has been diagnosed with Autism, she has not been formally diagnosed but presents as depressed, experiencing voices in her head which lead to suicidal ideations and self harm. Ash currently receives inadequate support from mainstream health services, due to her dual disability diagnosis, neither system is taking responsibility. Recently her foster placement broke down, leading to her therapeutic and cultural support ending and being placed in a contingency placement at the Lighthouse Foundation due to residential care not being a suitable option.

Ash has had four placements since she entered care at age five. The most recent placement break down was due to Ash's severe mental health issues, and the failure of the mental health system to provide adequate support, diagnosis and care. Ash became both a risk to herself and others, and at the moment requires more intensive care and support than was possible living in a foster care placement with two other young people.

Ash has a history of childhood trauma as a result of exposure to her mother's substance misuse and father's domestic violence. Ash's father has not been in contact with her since she was seven years old, but he has recently returned to Melbourne. Ash was originally placed in a foster home with her two older sisters but eight years ago, this placement broke down and the foster family moved to Western Australia, taking Ash's sisters with them. It had been agreed Ash's sisters would visit regularly; they have not been back since. Growing up, Ash has had no connection to her culture, with a worker from her first placement identifying her Aboriginality as a trigger.

Ash regularly hears voices that can tell her to hurt people, or herself. Ash has remarkable self-awareness as she is able to identify when she hears the voices and is in danger or other people are in danger of being hurt. Ash exhibits depressive symptoms, has suicidal ideations and regularly speaks about death.

There has been a lack of support and access to mental health services. Ash's school is unable to manage her behaviours and often call for her to be picked up before the school day is complete. Ash's care team have tried to have her admitted to the Royal Children's Hospital Banksia Ward, however they often deny she needs to be admitted. Alternatively, they suggest it is her autism causing the attributing behaviours and voices in her head, not an indication of mental illness. Previously, Ash's support worker has detailed that she has traits of PTSD and ADHD however due to not meeting all the criteria, she has not been diagnosed.

Staff at the Royal Children's Hospital (RCH) have minimized her mental health issues and have alternatively proposed that she be placed in secure welfare. No direction or support is provided by the RCH and no recognition of childhood trauma or SEWB contributing factors. In order to overcome this, VACCA is seeking a referral for the Neuro Development team. This would allow for Ash to be reassessed and have her medication reviewed. Services have also previously refused to take on Ash due to her challenging behaviours.

Ash was engaged with therapeutic programs such as cultural camps and art therapy, however her recent placement breakdown has meant she is no longer participating in any of these programs-I would delete this sentence. Her involvement with a cultural mentor has also recently stopped due to funding.

Ash's mother has two siblings living in Melbourne, though they are not in contact with one another. Whilst she has been working to have Ash returned to her, previous placements have discouraged reunification without recognising the benefit of connecting Ash with her family. Since returning to Melbourne, Ash's father is requesting for her to be returned to him. Ash is petrified of her father and does not want to see him. No contact visits have been arranged yet as her care team is monitoring and working on whether it is possible to progress and build a relationship.

Since Ash came across to Nugel, there has been a strong focus on reconnecting her with her family and culture. Her mother has been linked up with Cradle2Kinder, VAHS and ARBIAS (Acquired Brain Injury Service) in order to provide support to have Ash returned home. Ash and her mother now have contact twice a week and VACCA is advocating for a visit to be planned to Western Australia to visit her sisters. Ash is engaged with Rubix (behaviour support service), has an NDIS plan and attends speech and physical therapy.

Nugel has allowed for Ash's care team to advocate for her specific needs and best interests. They are able to provide ongoing support rather than only addressing the initial crisis and can have more one on one time with her. After review and consultation with the Aboriginal Children's Healing Team they have recommended for the same level of support Ash is receiving in her temporary placement to be provided in the family home in addition to support services to the mother. Having a holistic approach to addressing Ash's SEWB will allow for her mum to learn how to manage her behaviours and understand the impact her childhood trauma has on her behaviour.

Both Ash and her mum want to live together again. VACCA supports this, if appropriate and intensive supports can be arranged to help mum manage Ash's complex behaviours. This would be in line, and in adherence to the ATSICPP.

What have we learnt?

The strength of culture as a protective factor for SEWB
This case story reinforces the beneficial practice culture has on healing. Engaging Ash in culture through cultural programs such as dance and choir, bringing her family down from Queensland for NAIDOC week and organising a Return to country have all drastically improved her SEWB. It had the ability to distract Ash from the voices in her head and is something she can participate in with her mother.

Transferring Ash over to Nugel and being managed by an Aboriginal organisation, has allowed for greater advocacy by VACCA. We are able to play a bigger role in ensuring children and young people are linked up with the appropriate support and health services. Linking Aboriginal children and young people with ACCOs means they are more likely to have support from an organisation that recognises the devastating effect colonisation has had on the SEWB of Aboriginal people. It also means they are more capable of embedding culture into the child or young person's healing journey. Appropriate and individualised strategies that incorporate cultural support and trauma informed care must be used to strengthen connection to culture.

Role of mental health assessments
This case story highlights the important role mental health assessments have on the type of treatment people receive. Ash was diagnosed with autism and ADHD, with little to no recognition of the trauma she experienced as a child and how this could impact on her mental health. Rather than addressing her behaviours as the result of a mental illness or related to her trauma, it is attributed to her autism and no alternative recommendations are made. The repercussions this assessment means no other explanations are sought by health professions and Ash and her mother are not provided with any resources to manage this. Getting a referral for the Neuro Development team

could help identify other possible explanations for Ash hearing voices and ways to manage her self-harm.

As detailed in the VAGO Youth Mental Health Report (2019) "Caring for young people with complex needs where mental health problems coexist with intellectual disabilities and/or autism and challenging behaviours creates significant challenges for CYMHS." This report also highlighted that where there was 'dual disability' there could be additional conditions or 'risk factors' including; autism, anxiety disorder, depressive mood disorder, suicidal ideation, self-harm and homelessness which would leave the child or young person further at risk. This case study, along with OOHC and IFS case studies speak to the complexity of care required for children experiencing SEWB issues. It is clear that systemic change is needed to prioritise children in OOHC and in particular Aboriginal children and young peoples.

It can be assumed that if mental health staff did not attribute all of Ash's behaviours as symptoms of her autism, alternative solutions that were more individualised to Ash's behaviours could have been identified. Making an assessment should not rule out any other possible contributing factor to SEWB such as trauma.

Inadequate support from mainstream health services
Ash has the amazing ability of communicating when either herself or someone else is in danger. However, a combination of Ash experiencing inadequate support from mainstream health services and the deterioration of her mental health, her placement broke down. The progress VACCA was seeing through engaging her in culturally therapeutic programs, was disrupted and the beneficial tools used to manage the voices in her head were removed.

Based on previous experiences, VACCA practitioners identified that if mainstream health services recognised the protective factor culture and family has on SEWB these strengths could be used and developed as tools for Ash, her carer and her mother. Mainstream health services need to provide more individualised support to Aboriginal peoples that recognise protective factors and the impact on SEWB when they are weakened. Having a fractured connection to her family including her siblings severely impacted Ash and mainstream services failed to recognise this. These are key protective factors to improving SEWB and should be used to assist in treating mental illness (Commission for Children and Young People, 2016).

Case Story Five- Cradle to Kinder
This case story highlights the benefits and capacity of intensive family support services to SEWB at times of vulnerability. The Cradle to Kinder program provides vulnerable young mums and dads and their Boorai's (babies) intensive support on their journey from pregnancy to preschool. The case story below details how a mother of two boys was supported to access support services to ensure that her newborn could remain in her care, as well as providing an opportunity to reconnect with her eldest son. There were significant risk factors present including her trauma, family violence and involvement of DHHS. There were also issues around a lack of culturally safe services. VACCA was able to work with this young mother to strengthen her connection to family, community and culture, which helped build resilience and the mother's capacity to self-regulate her emotions and to heal from her past trauma.

Susie was referred to VACCA in 2016 for intensive family support after she advocated for an Aboriginal specific service, following DHHS requesting an in-home Parenting Assessment to be conducted on her and her newborn son. Susie, a mother of two, a newborn son and her eldest who was placed in OOHC when he was five years old. Susie struggled to attend arranged visitations with her son and often cancelled last minute as she had no way of travelling there and was suffering from

a mental illness. Susie wanted to be involved in her son's life but blamed herself for not being able to take better care of him.

VACCA's Cradle to Kinder program was able to provide support to Susie in order for her to feel safe enough to begin to process and express her own trauma whilst also raising her infant son. This allowed for her to work on increasing the meaningful contact with her other son who had been living in OOHC for seven years. A significant shift in the mental health support for Susie had been her beginning specialised counselling for childhood trauma at a culturally safe organisation. Susie had an ongoing need for therapeutic support but had previously not felt safe enough or supported by a care team to do this.

Cradle to Kinder was able to use responsive outreach during periods of crisis and further traumatic experiences for the family. This ensured supportive relationships were maintained and the family was able to continue drawing on their resilience and cultural identity to overcome any adverse events that may occur. This included working collaboratively with a culturally strong Care Team including the Victorian Aboriginal Health Service (VAHS), an Aboriginal worker funded through the mother's NDIS plan and the Neighborhood Justice Centre. The family was closely linked in with the local Aboriginal community and Child Protection are no longer involved with the baby.

What have we learnt?
Holistic, wrap around approach through integrating service systems
This case story highlights the promising practice of integrating service systems with a holistic approach to SEWB. Linking the family up with Cradle to Kinder allowed for intensive and holistic support to be provided to Susie whilst raising her newborn son. It was here VACCA staff were able to work collaboratively with other services such as counselling, VAHS, an Aboriginal worker and the Neighbourhood Justice Centre. Not only was parenting support provided, but other issues regarding the families SEWB, their physical health and how to manage the child protection system could all be provided.

For Susie to provide a safe and happy environment for her newborn baby and have more meaningful time with her eldest son, she needed to address her own trauma and continue her own healing journey. Through integrated and holistic supports provided by VACCA, Cradle to Kinder and the Care Team, the mother and her newborn son have been able to thrive and develop in all domains with no concerns for either of their SEWB.

Aboriginal Agency First Principle
This case story has demonstrated that when intensive family support services from ACCOs work with other community agencies, they are able to develop a network of trusting relationships and families feel safe on their healing journeys. Previously Susie had not felt safe enough to begin processing her own trauma and this was impacting on her own mental health.

It is essential for Aboriginal peoples to have access to ACCOs that recognise and incorporate traditional forms of healing. It is currently estimated that approximately 3,000 Aboriginal people in Victoria are in need of community mental health support services (SVA, 2019). ACCOs currently are unable to meet this demand and as a result Aboriginal peoples are often forced to access mainstream services that may or may not be culturally safe or trauma informed.

Importance of embedding mental health expertise in other services
Services that deal with high levels of vulnerability especially where mental health is likely to be an issue, require mental health expertise. Due to high rates of mental illness and risk factors amongst Aboriginal communities, having mental health workers in broader service responses across ACCOs

would increase availability of mental health support in times of crisis or when individuals may experience adverse life events. This would assist in reducing the demand for mental health specific services whilst also ensuring, they are receiving support.

Case Story Six - Intensive Family Support

This case story highlights the impact mental illness and SEWB has on not only the individual, but the entire family. Due to the lack of intervention regarding the mother's mental health and a lack of support, child protection received multiple notifications regarding the children's SEWB, their health and their education.

The Walter Family was referred to VACCA's Integrated Family Service (IFS) program three years ago by child protection due to a number of concerns arising from the deterioration of the mother's mental health and her SEWB. The mother began isolating herself from her family and community, her personal hygiene deteriorated, and the children began missing school. This began to have a significant impact on her ability to look after her children and their own SEWB began to suffer. The eldest son Tommy began to isolate himself and became dis-engaged from school. Tommy was referred to various mental health services but refused to attend or did not have transport to take him to and from his appointments. Two years ago, Tommy decided to move out of the house and move in with his uncle. This made a significant improvement in his mental health as he began to attend school regularly and became re-engaged with his local Aboriginal community.

The two youngest children, Kate and Alice also experienced environmental neglect due to their mother's deteriorating SEWB and lack of support from mental health and community services. The youngest daughter, Alice was nine, had not been toilet trained and still wet the bed. The house was unkept and in an un-hygienic condition. Many rooms were unliveable due to dirt, unwashed bedding, faeces and rodents. On inspection it appeared as though the house had been unattended for months and there was an unpleasant smell that permeated the house. Due to her mental health, the mother had neglected the basic needs of her children as well as being unable to maintain their family home.

Last year, IFS received a phone call from the children's school informing them the children had not been attending and their education would be jeopardised due to the low level of attendance. IFS attempted to contact the family but was unsuccessful and therefore decided to conduct a home visit to ensure the family was okay. On arrival, the mother was in a deep depression and unable to physically or mentally function. She was taken to hospital and admitted for monitoring and assessment.

IFS is expected ed to operate as a stabilising intervention and support families on a short-term basis often through one home visit each week. There is constant pressure to close cases due to high demand for these services. However due to the complex needs of the family and the lack of other appropriate services available, they decided to keep the case open and work intensively with the family.

IFS assisted in connecting the Walter family with their extended family members and organised a Return to Country where the family was able to go away together for five days to connect to Country and strengthen their cultural identity. They worked intensively with the whole family in order to build trust and relationships. This improved the mother's mental health as she had support from local community members who understood her trauma and the family were able to spend time together on Country where they felt safe a stronger sense of belonging.

The VACCA staff and practitioners involved in this case identified a number of challenges they faced in being able to adequately support the Walter family. In particular, staff turnover and a lack of mental health workers who are trauma informed and able to provide culturally safe support including staff involved in the NDIS plan. It is imperative for workers to understand transgenerational trauma and create a culturally safe space for Aboriginal clients to feel comfortable.

What have we learnt?

A need for more intensive, outreach mental health care
There is an identified need to have mental health workers who are able to provide outreach and regular support as well as the resources to transport clients to doctor, psychologist and psychiatrist appointments. This would ensure vulnerable people do not slip through the system. Family services need to be effectively resourced so they can be available around the clock, seven days a week, including an afterhours service to ensure they are contactable in times of crisis. Families in crisis need to be able to reach out to the services and supports they have existing relationships with and receive a response that can contain and manage a crisis, including where necessary facilitating access to a specialist mental health service.

One of the workers states;

> *"If there was more practical support with an ongoing mental health care team where [the mother] could receive ongoing culturally safe care that was outreach, Child Protection would not have had multiple notifications as [the mother] wouldn't have declined so far with her health and would have had the support to continue caring for her children. These Children are a HIGH risk for ending up in the out of home care system."*

This is another example of a lack of intensive, outreach care that significantly limits the ability to receive mental health services. Not only did Tommy miss out on support due to limited access to services but so did his mother.

Lack of support for children and young people with a parent/carer suffering mental illness
A critical issue in this case story is the limited support for children and young people who have a parent or carer with a mental illness. This can significantly impact on the child's development and their own SEWB if their role becomes parentified. If the Walter children had been provided with more intensive and holistic support, their SEWB and education would not have had to deteriorate due to caring for their mother.

Practical support needs to be available for families where a parent or guardian is struggling with mental illness. With flexible brokerage this could include services such as food delivery as a family version of meals on wheels, a cleaner, gardener and budgeting programs. These are all areas that if not considered in mental health and support services, can create long term consequences such as malnutrition, loss of housing and health concerns.

A demand for family-oriented approaches
Linking the family with support services oriented at the whole family has been able to create a positive connection between family, culture and Country. Services such as Emergency Relief and family services provided a break for the mother to manage her own mental health whilst also ensuring the needs of the children were being met. Both the children and parents have been linked in with cultural activities in order to strengthen connection to culture and utilise it as a protective factor. Cultural family camps can create a culturally safe space for women and men's business.

IFS supported the mother with her mental health by attending appointments whilst also linking the family with family services and respite through VACCA's out of home care services. They adopted a holistic, integrated approach by networking with the school staff and developing an intervention program around school attendance as well as implementing a life skills program.

Access to respite care
If respite had been made available for this family, it could have made a difference on the whole families SEWB and the mother's mental health may not have deteriorated to such a degree. From the children's perspective, Tommy's experience highlights that once he moved in with uncle, this enabled him to reduce risk factors contributing to his deteriorating SEWB and he was able to re-engage with school.

Respite care must include both placement options as well as utilising cultural camps and support groups to support all members of the family. These opportunities will allow for the family to remain engaged in their culture and receive support in a culturally safe way without feeling judged. Services need to work together, not separately to support the family as a whole in order to reduce SEWB concerns.

Protective factors
Protective factors act and strengthen to overcome adverse life events that undermine SEWB in times of adversity (The Lowitja Institute, 2018). The National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing identifies seven protective factors that when strengthened, can improve SEWB (SHRG, 2017). Whilst each protective factor may also act as a risk factor, promoting SEWB maximises the benefits of protective factors and minimises the harms of risk factors.

Connection to Body

Connection to body refers to an individual's physical wellbeing and biological markers that reflect the physical health of a person including; age, weight, nutrition, disability, illness and mortality (SHRG, 2017). It is embedded in bodily, individual or intra-personal experiences (Gee, 2016). Having access to healthy foods, regular exercise and culturally safe health services can help SEWB through maintaining physical health and reducing the risk of communicable and chronic diseases and poor diet

Connection to Mind and Emotions

Connection to mind and emotions incorporates not only the mental health and mental illness aspects of SEWB (SHRG, 2017) but also the whole spectrum of psychological, emotional and cognitive human experiences (Gee, 2016). Being connected to mind and emotions considers an individual's ability to manage their feelings and thoughts. It includes fundamental human needs such as a sense of secure belonging, feelings of safety and security, control or mastery, meaning making, values, motivation and self-esteem (Gee, 2016). It is within this connection that education can create a strong identity and facilitate feelings of control and confidence.

Connection to Family and Kinship

Connection to family and kinship systems are core to the functioning of Aboriginal communities and positive SEWB (SHRG, 2017). Creating strong kinship systems supports Aboriginal peoples in times of trouble and assists in overcoming challenges in a culturally specific way. Having this stability can counteract risk factors and provide a network of support. For Aboriginal peoples with SEWB issues or

a mental illness, knowing who your mob and family are is crucial to undertaking their healing journey.

Connection to Community

Connection to community creates opportunities for families and individuals to connect and support one another and work together (SHRG, 2017). When an Aboriginal person is connected to their community, they have more power and self-governance. This is essential to achieving self-determination, a key objective of Korin Korin Balit-Djak (2017b) and Balit Marrup (2017a).

Connection to Culture

Being connected to culture provides a sense of continuity with the past and assists in creating a strong sense of identity (SHRG, 2017). When connection to culture is broken, families and communities are weakened and Aboriginal people are at threat of being lost not only to their culture but also themselves (SNAICC, 2012). Having the opportunity to be immersed in one's culture equips people with the confidence and knowledge to develop and function within their culture; drawing strength from their culture and contributing to the survival and development of their culture. For Aboriginal children separated from their family and culture, the opportunity to participate in local cultural events and learn of their culture by being immersed within it is a critical step in their lifelong cultural development. Some Aboriginal people, children and young people may be unaware of their cultural identity and can use connection to culture and Country to identify family lines and start the healing process (SNAICC, 2012). Kenn Richard identifies that cultural immersion is a vehicle for 'acculturation', but for Aboriginal children and young people who are placed with non-Indigenous families, and aren't in a position to participate with and connect to their community and culture they will acculturate to a foreign cultural context which will exasperate identity problems, rather than build resilience and a sense of belonging, (Richard, 2004).

Connection to Country

Connection to Country helps to underpin identity and establish a sense of belonging (SHRG, 2017). Country refers to the land in which people have a spiritual or traditional link, extending beyond traditional cultural contexts (Gee, 2016). For Aboriginal people who have been forcibly removed from their Country as children or displaced through colonisation, spending time on Country is restorative, builds SEWB and helps the healing process in learning about where they have come from, their identity and their history. It is a fundamental right of Aboriginal peoples to have access to their Country and reconnecting Aboriginal children in OOHC gives them access to their Native Title rights.

Connection to Spirituality and Ancestors

Spirituality has been commonly translated as 'The Dreaming' or 'Dreamtime' (Gee, 2016) and offers a sense of meaning and purpose (SHRG, 2017). It refers to the traditional systems of knowledge left by ancestors that include stories, rituals, cultural praxis and ceremonies. For many this spirituality is closely tied to connection to Country and is related to a holistic philosophy of care underpinning ACCOs (Gee, 2016). This connection is essential to positive self-healing and is crucial to culturally safe mental health services (Swan & Raphael, 1995).

Having these protective factors creates resilience and the ability to reduce risk factors affecting Aboriginal SEWB. When Aboriginal people are immersed in their family, culture, community and Country, they feel supported and capable of overcoming the impacts of colonisation, invasion, the Stolen Generations and family violence (SNAICC, 2012). Western approaches are limited in their

definition of mental illness and interventions thus creating a demand for mental health services to be delivered by ACCOs.

Case Story Seven– Possum Skin Cloaks

This case story highlights how culture is a protective factor for children and young people who have experienced trauma and how loss impacts on their SEWB. VACCA has been running cultural programs for many years. We see culture as instrumental to the rights of all Aboriginal children. In particular it plays a significant role in healing and supporting children to feel strong and proud in their identity and knowing how they belong. This remains a critical protective factor in supporting the mental health of our children and young people.

VACCA's Possum skin cloak work has been instrumental in our work to link children to Elders and other community members and family. The children and young people involved are able to share stories and document their own history in a practice that goes back thousands of years.

In 2013 we ran a 6-month project in which we worked with 40 children in OOHC and made two cloaks. The children each created a design on a possum skin and then were taught how to cut the skins and sew them together to complete the cloaks. Caroline Martin, Manager of Bunjilaka Aboriginal Cultural Centre at Melbourne Museum reflected at the time that,

> "*Possum-skin cloaks were traditional made by Koorie people, both as a significant article of clothing and a marker of personal identity and status. A cloak was first made for the wearer after birth, and more pelts were added as the person grew to adulthood. Today, possum skin cloaks are made as a way to reconnect with culture. For the children involved in this project, the opportunity to learn the skill so f cloak-making is hugely important. It gives them a sense of who they are and grounds them in their heritage.*" (VACCA, 2015, p. 32)

The impact at the time was not lost on the children and they were able to draw strength and pride through participating in the project. It also gave them the opportunity to proudly talk about their families and stories that they knew or learnt throughout the project.

One young participant reflected;
> "*this project has helped me grow as a person actually. I've learnt more about my culture, and I've done it with my sister, so we learnt together.*"

Another participant stated;
> "*we can learn about our culture and our Koorie history. And our ancestors – what did they do, what did they use.*"

They could see the connection between the past and the present,
> "*They wear these [cloaks] a long time ago and when we saw the pictures some of them looked like our uncles, dads and aunties.*"

The project culminated in an exhibition of the children's artwork, the two cloaks and a short documentary about their journey through the project.

Six years on we use the cloaks to support children and young people in our programs in both therapeutic and celebratory ways. Young people have worn a cloak to their school graduation ceremonies; cloaks have been worn at the Koorie Debutante Ball; cloaks are taken on VACCA's cultural camps. Cloaks have also been used in counselling sessions where young people wrap

themselves in them to feel calm. They can be utilised as a coping mechanism to improve SEWB and reduce anxiety.

<u>What have we learnt?</u>

Improving SEWB through connection to culture
This case story reinforces the beneficial practice of embedding culture into Aboriginal children and young people's lives as both a means to minimise mental illness and as a strategy to improve SEWB in a safe way. Teaching them about their history and culture creates a sense of belonging and helps develop their identity, to be proud of who they are. For children and young people, it supports them to be culturally strong and build their resilience. Many Aboriginal children and young people have experienced significant trauma prior to and after entering OOHC and culture can support this healing process.

Aboriginal children and young people in OOHC need to be better supported and encouraged to be involved in their Aboriginal culture. Cultural programs such as the Possum Skin Cloak need to be expanded across Victoria as they recognise the protective factors that can be strengthened to support SEWB. Unfortunately, VACCA only has the capacity to deliver and support a small range and number of activities.

Connection to community

Strengthening connections to community have been identified as a strong protective factor for Aboriginal peoples, in particular Aboriginal young people who have been removed from their family or traditional Country. The possum skin project works to build respectful relationships with local Aboriginal Elders, community members and artists who can act as positive role models and mentors to the young participants. It creates networks and pathways into their local community that can extend past the project's duration.

Case story eight– Cultural Camps
This case story highlights the ongoing impact of trauma on SEWB. Connecting Aboriginal young peoples to their culture, community and Country through holistic forms of healing such as yarning circles, can provide support and reinforce resilience, reduce mental illness and promote SEWB.

David's mother passed away when he was a newborn and was raised by his father until the age of 10 when his father passed away suddenly. His mother was Aboriginal, but David grew up without any engagement with his Aboriginal culture, community or family. He went to live with a relative on his paternal side of his family where he was sexually and physically abused. David was exposed to severe domestic violence, creating a pathway to isolation, the development of SEWB issues including drug misuse and anxiety and a loss of connection to family.

David became engaged with VACCA when he was 16 but would only contact his case worker when he was in crisis and needed help. When David attended his first cultural camp he was struggling with suicidal ideations, homelessness and drug dependence. He struggled to engage with staff and other young people at the camp and would speak very little.

In 2018 when David was 17, he was assigned a new case worker who was able to build trust and encourage David to attend another cultural camp. David did not want to go but his case worker assured him he would be there for support. David agreed to attend, though he still struggled to engage with staff and young people, always keeping his head down and avoiding eye contact.

At the second cultural camp, David became a mentor having had attended one previously. Younger kids began to look up to him, seeking his support. This made David feel as though he should step up and be worthy of being a role model. Whilst on camp, David sat down with his case worker and chatted about all the great things he had achieved whilst on the cultural camp and since they began working together.

Later that night, they held a yarning circle around a campfire and young people and staff were given a message stick to take in turns telling their story. David opened up about the loss of his parents and his journey so far. Everyone sat and listened, showing their support and providing comforting words. After the yarning circle David showed the younger kids how to draw with ochre and chatted to them about their mobs.

After the cultural camp, David's case worker identified a significant shift in his behaviour and attitude. She said, 'David appeared like a new man'. He felt more comfortable around VACCA staff and would speak positively about himself and others. He no longer walked around hiding his face and would always greet VACCA staff when he came in for a visit. David's suicidal ideations were significantly reduced and appeared more relaxed around his peers and VACCA staff.

Since the second cultural camp, David started a traineeship and feels comfortable sharing his story and experiences as he knows this is important to his healing journey. Each experience at camp has boosted his self-esteem and given him more confidence and a stronger cultural connection, so his dependence on drugs is not as severe. Sharing his story made David proud and helped him to connect with his family, community and Country. This method of healing was more effective in boosting David's confidence and self-identity than any other method previously and is crucial in David's healing journey.

What have we learnt?
Improving SEWB through connection to family, culture and Country
What is evident from this case story is the beneficial impact on the young person's SEWB through use of protective factors imbued through connection to family, culture and Country and their positive impact on healing. The cultural camps provide an opportunity for Aboriginal young people to participate and learn about their history and culture in a safe space. Being proud and developing a strong sense of identity are essential components of traditional healing models. It helps build resilience in order to overcome adverse life events. This is something Aboriginal children and young people may never have experienced before and allows for them to grow up proud of their identity and culture and (re)connect with their community.

Previously David had not had the opportunity to deal with the loss of his parents. His grief was consuming all aspects of his life and his SEWB was suffering. Attending the cultural camps and being on Country helped support David to be proud of his culture and connect to his parents in the Dreamtime. These are essential components of traditional healing models that if David hadn't had the opportunity and support to attend, may not have been able to continue his healing.

Participating in cultural camps has been shown to be a positive experience for David and his sense of SEWB. While we do not have the long-term evidence of it, strengthening these connections could help to build an individual's resilience. Aboriginal peoples are resilient people and when they are surrounded by protective factors, they are better prepared to manage in the future. VACCA staff found that by taking Aboriginal children and young people away on cultural camps, they could build a strong sense of identity and overcome challenges they may face in the future.

Better protection and standard of practice for children in OOHC
Since the *Bringing Them Home* Report there have been numerous reports both at a state and national level of children in OOHC placements being exposed to severe sexual and physical abuse. Exposure to this trauma remains with the child or young person, with often very little or no mental health support provided. This has detrimental impacts on their immediate SEWB as well as carrying through into adulthood.

David was sexually abused and exposed to family violence whilst in kinship care. He never received counselling to support his healing journey and subsequently started using harmful drugs. If a more appropriate placement had been sought such as with a local Aboriginal community member or more intensive mechanisms were in place to ensure David was placed in a safe placement, his mental health and SEWB may not have suffered to such an extent. He would have had the ability to grieve the loss of his parents in a supporting, loving, safe environment.

Impact of Child Protection system on Aboriginal children, young people and their family's social and emotional wellbeing.

- Relevant questions answered: 1, 2, 3, 9, 10

In the section above we have focused largely on the SEWB needs of children, young people, families and community members and their engagement with the mental health system in Victoria. We will now turn our focus to the impact of the Child Protection system on Aboriginal children, young people and their family's SEWB. We strongly believe that there is a correlation between entering the Child Protection system and the fragmentation of a family unit, as a whole's SEWB. The case stories included in this section will detail the impact on Aboriginal children and young people's SEWB being removed from their parent's care, separated from their siblings and placed in foster care, kinship care or residential care units. For their parents, if intensive and supportive interventions are not implemented then their SEWB issues will only deepen. These case stories also identify the support structures that need to be in place to enable family reunification.

Case story nine- Out-of-home care
Three siblings were removed from their parents care and are now living in separate OOHC arrangements. The mother, Nicole (34), experienced severe family violence from multiple previous partners (including the children's father, who she is separated from). Nicole has experienced significant trauma in her life. Her grandmother was part of the Stolen Generations and Nicole herself abused in her family home from when she was four years old by her uncle. Nicole self-medicated, suffering from alcohol and drug misuse and dependency. Nicole's SEWB continues to suffer, she has worked hard to become sober. She misses her children greatly, and she has been committed to being involved in her children's lives through attending regular supervision and care team planning sessions for each of her children.

Each child while they were in Nicole's care was exposed to extreme family violence, and substance misuse (some in utero) and neglect. They all present with a range of SEWB issues. They all however have strong, positive relationships with their parents, siblings and carers. The siblings have fortnightly visits together, but separately with each of their parents due to their complex family relationship.

Naomi, 17-year-old young Aboriginal woman who has been involved with VACCA for 8 years, currently in her 4th placement. Naomi has been in a kinship care placement for nearly three years with her older brother Scott (18). In a previous placement there was alleged family violence and

physical abuse experienced by Naomi. Naomi thinks she's responsible for what happened to her and her younger siblings when they were growing up. She self-harms as a way of punishing herself. Naomi has suicidal ideations. Naomi regularly sees a counsellor and has completed a mental health assessment which recommended family and therapeutic supports including cultural activities. She has not been formally diagnosed with any mental health illness. Naomi is engaged with VACCA's Cultural programs and participated in a Return to Country with her siblings three years ago, another one is being planned for next year.

Deanne, 11-year-old Aboriginal girl has been involved with VACCA for almost a decade and has been in the current Foster Care placement since 2016. The stability of her placement has been a strength for Deanne, particularly given her SEWB needs. Deanne is supported by a number of VACCA programs, including the ACHT. Deanna hasn't formally been diagnosed with ADHD; she does not meet the threshold but is on medication for hyperactivity. Deanne's upbringing has left her with a sense of abandonment, loneliness, fear, non-attachment to primary carers, frustration, rage, grief and loss. She can become violent when heightened. Therapeutic interventions like art therapy are helping provide her with the skills to regulate her emotions.

Nathan a 7-year-old, young Aboriginal boy. Nathan is the youngest sibling. He is currently placed in a hotel as a contingency placement as his previous placement broke down due to his complex needs. VACCA is currently seeking alternative placement options but due to his complex needs, they are having difficulty. Nathan's SEWB has been negatively impacted by the breakdown of so many placements. Both his parents have expressed concern as he is not in a stable placement and his mother wants him returned to her care; this may not be possible due to the care-based order Nathan is on. Nathan can articulate that he misses his mum. Nathan has been involved with the ACHT and has been diagnosed with ADHD. When he becomes heightened, he can become violent, both physically and verbally. For a long period of time due to VACCA not being able to secure funding through DHHS for therapeutic interventions, education support services and cultural mentoring, Nathan missed out on these critical intensive support programs.

Nathan attends art therapy regularly and wishes to engage in more cultural activities, as his previous placement didn't support his engagement in cultural activities, or community events. He was able to participate in a return to country with his siblings a couple of years ago, and there is another one planned for next year.

What have we learnt?
Systemic barriers disrupting therapeutic care
Barriers to accessing services and long wait times for therapeutic support has been incredibly detrimental on the SEWB of the siblings. VACCA support workers have identified that there are too many departmental regulations and processes, with long delays in responses from DHHS to requests for services and support. This impedes on staff's ability to arrange therapeutic support programs and cultural activities that are holistic, build resilience and help to address their SEWB.

The system needs a greater emphasis on family reunification
Each of the siblings has articulated they want to live with their mother but there has been limited engagement from DHHS on working with their mum Nicole to enable their family reunification with the necessary support system implemented. If greater emphasis was to be placed on working towards the shared goal of returning the children to Nicole, care teams and support services could assist in preparation.

With the best interests at of the child at the centre of all care planning decision, the importance of adhering to and implementing the Aboriginal and Torres Strait Islander Child Placement Principle

(ATSICPP) cannot be overstated. Every Aboriginal child in OOHC, where possible, should be able to maintain safe and strong connections with their family and community; and reunification should be considered early, with appropriate planning and culturally safe measures implemented to support this in a timely manner. We know that the rate of reunification significants drops after children and young people have been in OOHC for more than 12 months. (SNAICC, University of Melbourne and Griffith University, 2018; SNAICC, 2017). We strongly believe that where family reunification is possible, there are significant benefits for not only the child or young person's SEWB but also for their family.

More intensive care for carers and foster parents
Deanne and Naomi's kinship carers and foster parents respectively have identified the need for additional support to ensure they can continue to care for the young people in their care as they have complex, intensive support needs. All siblings present with challenging and difficult behaviour stemming from trauma. Placement options for children presenting with complex trauma are limited. Constituency housing only enforces the instability of placements.

Homelessness
Another significant risk factor for poor SEWB outcomes is experiences of homelessness (Whitbeck, Crawford & Sittner Hartsborn, 2012). In Victoria, Aboriginal peoples make up 0.8 per cent of the population, but 9.5 per cent of all homelessness service users (State of Victoria, 2017a, p. 14). This is reported to be due to the over-representation of Aboriginal peoples in risk factors relating to homelessness such as leaving care/home, harmful substance misuse, sleeping rough, incarceration, use of crisis accommodation and family violence (State of Victoria, 2017c). However, UNNS (2001) argues that what may be considered personal factors contributing to homelessness amongst Aboriginal people are rooted in structural factors such as colonisation, discrimination, racism, unemployment, low wages or lack of income, loss of housing and cultural and geographic displacement. Whitbeck et al., (2012) reported on the correlates of homeless episodes among 873 Indigenous adults in Canada, finding respondents with a history of homelessness were significantly more likely to experience a lifetime of alcohol dependence, drug abuse, anxiety, and major depressive episodes than those who had never been homeless. Therefore, poor SEWB was found to be both a contributing factor and the result of homelessness (Whitbeck et al., 2012).

Research conducted by Baskin (2019) on Aboriginal youth asked what they perceived the cause of their homelessness to be. Many participants believed their poverty to be the direct result of colonisation as it destroyed the economic basis for their communities whilst others argued it was due to the large number of Aboriginal children taken away from their families by child welfare Often child welfare associate poverty with neglect, taking away Aboriginal children without considering the influence of poverty or how it can be addressed as alterative to removal (Baskin, 2019).

To understand and respond to the prevalence of Aboriginal homelessness, a cultural lens needs to be applied (State of Victoria, 2017c). Many Aboriginal people who may appear as 'place dwellers' may not consider themselves to be homeless and is doing it as an expression of connection to land (AHURI, 2004). However, the high proportion of Aboriginal people seeking support for homelessness services still suggests involuntary homelessness demands more effective support that meets their needs. In response, there needs to be an increase in access to culturally safe services and housing options. An example responding to the pervasiveness of homelessness in Aboriginal communities in a culturally informed manner is the 'Making Tracks: Trauma-Informed Framework for Supporting Aboriginal Young People Leaving Care' (Jackson et al., 2013). This framework assists workers to recognises and make sense of young people's responses, behaviours and attitudes towards leaving

care and demonstrates how trauma and attachment theory when combined with cultural, ecological and developmental systems perspective can contribute to creating culturally safe practice.

Case story ten: Leaving care and homelessness

This case story highlights some of the key risk factors experienced by young people in leaving care which can lead to them becoming homeless, and the negative impact this has on their SEWB. Due to the lack of safe and appropriate housing options for young people leaving care, they can too readily become homeless and enter a cycle of crisis accommodation.

Leanne is a 21-year-old Aboriginal young woman who has experienced high levels of trauma and loss throughout her life. She comes from a large family, she knows her cultural identity and who her mob is, but her parents could not provide a safe and nurturing home for her to live due to family violence. She was living with her Grandmother, until she asked Leanne to leave at age 15. Leanne was then placed with a VACCA foster carer, with whom she developed a strong relationship, someone she learnt she could rely on and who provided unconditional love and care. In spite of this, the placement broke down after a number of years due to her anger and aggression issues just prior to Leanne turning 18. She was then placed in one of VACCA's residential care units for a short period and became part of the Leaving Care team. This placement broke down very quickly, it did not provide a safe, supportive or nurturing environment for her.

Leanne became chronically homeless; she didn't know where she was going to sleep each night or how she could afford food. She was displaying self-sabotaging behaviour; by disengaging and not turning up to appointments which would inevitably lead to Centrelink payments getting cut off. She would return to VACCA's Emergency Relief team, as well as her former carer, when she was in crisis. Through VACCA's Emergency Relief team and then consequently the Wilam Support Homelessness Service, they were able to provide brokerage to help provide food, clothing and a safe place to stay. This would sometimes be hotels, or Marg Tucker hostel, or other crisis accommodation. The short-term crisis accommodation (6 -12-week cycles) when available were not culturally safe and too rigid in their rules and regulations so on every occasion these placements broke down. Her support workers would notice her anxiety levels would peak towards the end of a six-week cycle, as the uncertainty of her next placement would intensify. Leanne would use drugs to dull the pain.

Although Leanne could identify that she had issues with her SEWB, she was resistant to accessing counselling. After many years, with the support of her foster carer and support workers she agreed to get a mental health plan in anticipation of accessing some counselling. Her support worker attended the local GP with her at Leanne's request. The local GP was overtly racist and derogatory towards Leanne. After another appointment with a different GP she acquired a mental health plan only to find out that the mainstream counselling service had a twelve week waiting period.

Long Term housing was eventually secured after 2.5 years of Leanne being homeless. This was attained through Aboriginal Housing Victoria and her longtime partner Beth. VACCA's Wilam Homelessness Support program can provide ongoing support for a further period until the couple are settled into their property. A post care brokerage package was also secured, and it was used to provide white goods, furniture and groceries to help the young couple settle into their new home.

Leanne's support worker and foster carer both attest to the impact of the child protection system as well as becoming homeless has had on Leanne's SEWB. The stress of housing instability has affected her confidence and capacity to have agency in her life, where she doesn't have aspirations or a vision for where she would like to be, beyond navigating the immediate crisis. Becoming homeless has brought about feelings of shame and heightened her anxiety, it can be a very isolating experience. Homelessness is a disempowering space, there is a reliance on a system that cannot provide any certainty or safety.

What have we learnt?
Funding
Flexible brokerage funding has provided avenues of support that aligned with Leanne's need and ability to engage with the services at that point in time. This has been crucial in providing support and tangible necessities essential to maintaining a healthy life and creating an opportunity to continue her healing journey. Having access to funding is key and needs to be more accessible for vulnerable young people leaving care.

Barriers for young people accessing mental health services
There are complex reasons that can be attributed to barriers for young people to access mental health services and support. These can be systemic issues such as racism, lack of culturally safe services and long waiting times to access support services, as well as a lack of trust in mainstream services. The ongoing impact of trauma on young people, and the fear of being vulnerable and facing their past.

It is clear from Leanne that having a consistent person in life, like her foster carer and VACCA support staff has provided a level of stability that was otherwise missing from her life. Everyone deserves to have someone they can rely on in times of need, usually this is a parental figure, however for young people leaving care, and particularly for those who become homeless, these support figures can be former carers, and support works, and their role is equally as critical. It is essential to be able to provide flexible, consistent outreach support.

Lack of housing options
This case story highlights the lack of housing options available for at risk, Aboriginal young people. Not many ACCOs operate in the homelessness sector and many are only serviced by mainstream providers. VACCA offers three services across Victoria (Kurnai Youth Homelessness, William Support Services and Housing Establishment fund), however these are not enough to keep up with the demand. This results in Aboriginal young people being forced to use mainstream services or crisis accommodation, both of which pose risks and weaken protective factors such as connection to family, culture and community.

As was demonstrated in Leanne's story, mainstream services can often expose vulnerable young people to racism and discrimination, which for many who are already suffering from poor SEWB, can be triggering and further reduce their likelihood of finding a suitable placement. Other crisis accommodations such as hostels can be dangerous and further traumatise young people. There needs to be more culturally safe, homelessness services and providers available for Aboriginal young people leaving care.

Lack of culturally safe services
For years, due to her trauma and SEWB issues, Leanne had not been ready to continue her healing journey and engage with mental health services. After strengthening her connection to family and culture, Leanne decided she was ready and agreed to attend a GP appointment to get a mental health plan. Unfortunately, the GP was not culturally safe, and Leanne was confronted with racism and discriminatory treatment. This was extremely traumatising for Leanne and upset her deeply. She did not want to continue the meeting and was forced to seek an alternative GP. Leanne should not have had to face this type of treatment or be at risk of being triggered when attending a health service. In order to guarantee this treatment does not occur, Cultural Standards need to be developed and implemented by all mental health services. This will be discussed further in the 'Service Characteristics' of the paper.

Social exclusion and racism

Social exclusion and racism are also linked closely with poor SEWB outcomes (Nagel, Hinton & Griffin, 2012; SHRG, 2017). Aboriginal peoples believe social inclusion to be a function of being welcomed to country by the Traditional Owners of the lands and waters (Frankland et al., 2010). Poor treatment, racism and social exclusion limit the ability for Aboriginal peoples to have all their cultural and spiritual needs met. A study of 755 Aboriginal Victorians conducted in two rural and two metropolitan areas of Victoria, found that 97 per cent had experienced racism through verbal or physical abuse, or discriminatory behaviour in the past 12 months (Kelaher, Ferdinant & Paradies, 2014). The survey concluded people who experienced the most racism, recorded the most severe psychological distress and two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress, suggesting every act of racism that is stopped can help reduce the risk of a person developing a mental illness (Kelaher et al., 2014).

Experiences of racism are not only limited to individual interactions but also institutional racism in government policies and the mainstream health and human services system (DHHS, 2015). For generations, changes in legislation and policies that claimed to be in place to protect Aboriginal children and families, resulted in new mechanisms intentionally separating Aboriginal children from their home and families (Cummins et al., 2012). Whilst policy changes in the 1960's began to view the removal of Aboriginal children from their families as a last resort the over representation of Aboriginal children in child protection has become worse (Cummins et al., 2012).

Systemic racism in mainstream health services acts not only as a major barrier to accessing health care but is also related to the quality of care received (Lewis et al., 2018). The Australian Indigenous Doctors' Association (2017) found racism can lead to lower quality of care, poorer self-reported health status and interruptions to care. They also found that experiences of racism and a lack of cultural safety can result in Aboriginal people withdrawing from mainstream health services and leaving hospital against medical advice. Lack of cultural safety and experiences of racism have also been identified by the Victorian DHHS as a primary reason for Aboriginal people leaving tertiary health settings earlier than advised, avoiding treatment or seeking diagnoses late. In Victoria, this has resulted in Aboriginal patients being 5.9 times as likely to discharge against medical advice (DHHS, 2015). Regardless of whether a racist act occurs from an individual, a group of people or through institutional racism, each experience can have a detrimental impact on a person's SEWB; This is where opportunities for Aboriginal children, young people and their families to engage with cultural activities and events are so essential; where they can develop and strengthen their cultural knowledge, their pride in their identity and draw strength from their connection to community, Country and culture.

Over-representation in the criminal justice system

Since the Royal Commission into Aboriginal Deaths in Custody (1991), evidence has consistently shown Aboriginal people to be grossly over-represented in the criminal justice system. Between 2006-07 and 2015-16 Aboriginal over-representation in the youth justice system rose from 9.7 to 13.2 times the rate of non-Aboriginal young people (Armytage & Ogloff, 2017). Over-representation is a significant risk factor of considerable concern due to the association between involvement with the criminal justice system and poor SEWB outcomes and mental illness. The 'Koori Prisoner Mental Health and Cognitive Function Study' found Aboriginal people incarcerated experienced higher rates of diagnosed mental illness, dependence disorders, substance use in addition to life stressors than non-Aboriginal people in prison (DJR, 2017).

Furthermore, in Victoria, 33 per cent of young people in custody, inclusive of Aboriginal young people, presented with SEWB issues and 23 percent were found to have a history of suicidal ideation or self-harm (State of Victoria, 2017a). These outcomes have been linked to experiences prior to and after entering the criminal justice system such as being on a child protection order (19 per cent), being a victim of trauma, abuse of neglect (62 per cent) or having a history of drug and alcohol misuse (60 per cent) (State of Victoria, 2017a). As discussed previously, Aboriginal peoples are more likely to experience these risk factors and therefore more likely to be faced with these challenges.

Overarching framework

VACCA has been advocating for the rights of children for over 40 years. The case stories we have included in exemplify the barriers that many in our community face in accessing culturally safe MHS, as well as some promising practice. Below, we articulate the service characteristics and principles and system enables we believe are fundamental to providing holistic, trauma informed, therapeutically based MHS provision to our community.

Service characteristics and principles

Promotion of human rights

VACCA's service provision is based on promoting and upholding human rights. We advocate strongly around the rights of the child, as protected by the United Nations Convention on the Rights of the Child, particularly articles 19, 20 and 30. A key principle of this Convention is that children and young people's views should be taken into account in all decisions that affect their wellbeing (Delfabbro, Barber, & Bentham, 2002). Aboriginal and Torres Strait Islander peoples are further protected by international human rights through the promotion of their right to self-determination, as detailed in article 1 of both the International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social and Cultural Rights and article 3 of the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP). Self-determination principles complement best interest of the child principles when it comes to Aboriginal children in child protection. Article 24 of the UNDRIP articulates specifically about Indigenous peoples *'equal rights to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.'* Fulfilling and enabling the realisation of these rights should also ensure that the voice of the child is paramount in how we design, develop and implement services. The UNDRIP also identifies the rights of Aboriginal and Torres Strait Islander families and communities to be involved in the decision making, upbringing and wellbeing of their children, this directly relates to our responsibility to implement and adhere to the ATSICPP.

When people feel respected and heard, this strengthens their SEWB. Where they are dismissed, ignored, disempowered and have no agency in the decisions that affect their lives, the literature and our case stories clearly state that this has a negative effect on peoples SEWB. Our vision and principles attest to our determination to support the realisation of self-determination for all Aboriginal and Torres Strait Islander peoples that VACCA provides a service to.

Family oriented approach

Aboriginal communities operate as a collective, rather than on an individualistic approach (Dudgeon, Milroy & Walker, 2014). The family network dominates community and family life, governing social interactions. Aboriginal people are connected through kinship, possessing a shared sense of identity, care, responsibility and control. This inter-connectedness is applied to healing by adopting a whole family and community response to addressing SEWB. For example, Milroy, Dudgeon and Walker

(2014) identify the pathways to recovery from trans-generational trauma as an interrelated connection between self-determination and community governance, reconnection and community life and restoration and community resilience. If this does not happen, people with SEWB issues or mental illness can fall between the cracks of mental health services. Kenn Richard (2004) contends that the best interests of the child are "inexorably linked to the best interests of the community…as the child is seen as the embodiment of her culture she is as a result required to be nurtured within it." A family orientated approach is vital to promoting resilience and sustainable recovery.

Almost every case story highlights that a family-oriented approach is a crucial component to mental health services and improving SEWB. It is extremely difficult for individuals to improve their own SEWB without involving and consulting with their family and kinship ties. Connection to family, kinship and community are some of the strongest ties that support positive SEWB. Incorporating family into mental health services ensures each family members feel supported and have an understanding about what is going on. A wrap around approach with ensure connection to family is strong and can help reduce any possible risk factors.

An identified need: To work with men

VACCA identities the need for more work to be done with Aboriginal men to address their SEWB and mental health. Aboriginal men are more likely to be perpetrators of family violence (State of Victoria) and are 11 times more likely to be imprisoned than the general male population leading to over-represented in the criminal justice system (ABS, 2016). As evidence suggests (DJR, 2017) the mental health of people in the justice system deteriorates and upon returning to their homes, there are no services to address their SEWB. Anger issues spill out into the community with high levels of abuse and violence and a shortage of support services that are trauma informed to meet needs of the community. This has an impact on their children and families, contributing to family violence and involvement with Child Protection. There is an identified need for more to be done to involve Aboriginal men in therapeutic care and have access to cultural and healing programs with a space for men's business.

An example of this was flagged by one of our staff in the Gippsland region who has recently established a working group between the service delivery ACCOs in the region (VACCA, GEGAC and Ramahyuck) to develop a men's shed including cultural support and education programs (positive relationships, family violence, cultural healing etc).

> *"There's nothing around for men to do, they have nothing to look forward to. They need connection and purpose." Corey, VACCA Worker.*

If suitable funding were assigned to men's programs across Victoria, we know from similar preventative programs in other regions it would help decrease the rates of children entering OOHC due to family violence, as well as decreasing crime states. Informal support mechanisms can provide support and strengthen SEWB through building connections, supportive relationships and places where people feel like they belong. They also can provide support in times of crisis or in response to adverse life events when other mental health services may not be accessible. An example of this can be seen in the 2009 Victorian Bushfires Royal Commission (2010) where informal relief centres and community initiatives were established to meet the needs of those impacted by bushfires. Residents reflected on these centres as positive and beneficial in providing support in a time of crisis.

Culturally specific healing approaches

One of the most prevalent themes identified, both in the literature and in our practice, is the benefit of culturally specific, healing approaches (The Lowitja Institute, 2019; Gee, 2016). According to the

Healing Foundation (2019), healing 'enables people to address distress, overcome trauma and restore wellbeing'. It occurs at an individual, family and community level, through restoring safe and long-lasting relationships, reconnecting with culture, strengthening identity and supporting communities to understand how their experiences have impacted on their behaviour and create change. Healing continues throughout a person's lifetime and across generations, incorporating holistic and ongoing support embedded in culture, with the ability to address physical, mental, social, spiritual, emotional and environmental wellbeing (SHRG, 2017).

Prior to colonisation Aboriginal cultures and communities had well-established healing approaches and practices developed over countless generations to address and sustain a holistic SEWB (Australian Indigenous Health *Info Net, 2019).* Healing practices did not begin with the arrival of the first fleet. Across Australia, long held traditional healing practices are still used including traditional bush medicine and spiritual ceremonies (Australian Indigenous Health Info Net, 2019), however more recently parallels between traditional and more modern variations of healing have emerged advocating for collective healing (Healing Foundation, 2019). This approach advocates for a healing model that is individualised, where Aboriginal peoples develop their own skills to empower healing within themselves, their families and their communities. The Lowitja Institutes (2018) recommends for a 'best of both worlds' approach with a collaborative mapping process at regional levels to share and consider complementary strengths of Aboriginal and Torres Strait Islander services and mainstream services' (p.8). This helps combining traditional cultural healing practices with western methodologies (Healing Foundation, 2019).

Studies have also begun to advocate for culturally distinctive child welfare service practices (Bamblett et al., 2012, Simard, 2019). This involves ACCO's being able to apply a cultural lens to teaching and raising Aboriginal children according to their own traditions and customs. An example of this is highlighted in a study conducted in Canada on First Nations people and cultural attachment theory as a mechanism to culturally restorative child welfare practices. The study builds on a mainstream attachment theory and found cultural attachment nurtures and supports the wellbeing of children and their families, extended families, communities and nationhood. The systemic embracing of culture in order to meet the cultural needs of the First Nations child acts as an instrument for rebuilding the traditional nation of people (Simard, 2019). It is based on embedding the cultural teachings of a nation, incorporating ceremonial practices, defined by specific responsibilities and roles of a member of the nation and its consequent contribution to the development of the child's secure cultural attachment. Integrating these components will help build resilience and should be incorporated into children's mental health and child welfare service delivery systems.

A cultural healing approach to SEWB can bring about long-term change, addressing underlying causes of mental illness and minimising its effects through a culturally specific way. If healing is viewed from a perspective inclusive of Aboriginal social, economic and political environments, historic trauma and individual experiences, interventions and therapeutic approaches can be capable of addressing root causes (Aboriginal Healing Foundation, 2006). International studies from New Zealand, Canada, the United State as well as Australia identify several common factors that are crucial to the success of healing initiatives (Australian Indigenous Health Info Net, 2019).

Factors include:

- A clear and concise issue to be addressed and/or objective to be achieved
- awareness of and drawing from traditional Aboriginal healing practices and Aboriginal culture

- supporting people on their healing journey
- a focus on family and community engagement
- supporting people to understand problems relating to history
  life experiences and the socio-cultural context
- shared belief in increased cultural knowledge, self-esteem, connectedness and identity as
  crucial to wellbeing, and lastly
- appropriate and participatory evaluation methodologies (Australian Indigenous Health *Info
  Net, 2019).*

*An example of this is documented in a study conducted in Canada, involving Indigenous individuals
involved with domestic violence as perpetrators or victims, meeting with traditional health Elders as
part of their clinical care (Puchala, Paul, Kennedy & Mehl-Madrona, 2010). Of the 69 who met with
an Elder, 49 reported significant reductions in domestic violence during involvement with Elders.
Elders would listen to their stories and demonstrate kindness. Sweat lodge ceremonies were used
along with spiritual energy healing, with Elders able to involve the family of both sides in ways
mainstream medical professions do not (Puchala et al., 2010). Although this study was conducted in
Canada, similar healing methods, cultural values and principles are shared across Aboriginal and
Indigenous communities and cultures.*

*For children, the core of healing is strengthening the bonds of Aboriginal culture and where required,
re-connecting children with community and culture (SNAICC, 2012). Whilst Aboriginal culture is over
70,000 years old, some Aboriginal children, particularly those involved in the child protection system,
may be unaware of this part of their identity or be living in circumstances where their Aboriginal
identity is viewed negatively (SNAICC, 2012). Aboriginal children in these circumstances have a right
to and require the opportunity to learn about and from their Aboriginal culture. Aboriginal children
may not be aware of their connection to their own culture, family and/or country so while healing for
older generations may require getting back what they have lost and healing scars, for children and
younger generations, healing may require gaining cultural connection to begin with (SNAICC, 2012).
Aboriginal children need to be provided with the opportunity to heal, immersed in culture, taking
them to Country, storytelling and encouraging them to be proud of their identity.*

Culturally specific healing models are highlighted in VACCAs Aboriginal Children's Healing Team
(ACHT). It was funded in 2012 and involves a multi-disciplinary team of Therapeutic Practitioners
experienced in working with traumatised children and their families. It is the central point for the
development across VACCA of an integrated culturally grounded, trauma-informed and healing-
driven approach to working with Aboriginal children and families. This approach acknowledges
colonisation practices and how they have impacted on Aboriginal people. Theories of trauma,
neurobiology, attachment and resilience underpin the work of the ACHT as they facilitate
understanding and appropriate response to Aboriginal children's trauma.

A sophisticated understanding of the trauma of dispossession and loss of culture & Country is central
to the philosophy of ACHT. The Aboriginal Children's Healing Team operates from a basis that
acknowledges the long-term traumatic impacts of colonisation, genocide and dispossession as well
as the strength and resilience of the Aboriginal peoples.

There are four components to the work of the ACHT:

1. To undertake trauma-informed biopsychosocial assessments of identified children that the
   programs are responsible for and, from these, to develop a tailored therapeutic
   intervention plan for carers and other professionals to follow;

2. To promote trauma-informed approaches to understanding the needs of Aboriginal children in VACCA's care broadly across programs;

3. To undertake theoretical development work to integrate culturally apt Aboriginal Healing ways and existing theory regarding complex trauma and its developmental impacts;

4. To provide training to VACCA staff regarding culturally and trauma & attachment informed approaches and related theoretical understandings

By creating the Aboriginal Children's Healing Team VACCA has entered a new arena of practice where biopsychosocial, clinically oriented assessments are undertaken, therapeutic interventions are devised and implemented, and their success or otherwise reviewed and monitored.

Underpinned by a biopsychosocial framework, the ACHT applies an integrated culturally grounded, trauma-informed and healing-driven approach to working with Aboriginal children and families. This means that culture provides the foundation for the clinical work that we do. The ACHT acknowledges that cultural identity represents who we are and where we have come from, and that connection to people and to Country is central to Aboriginal culture. See diagram below.
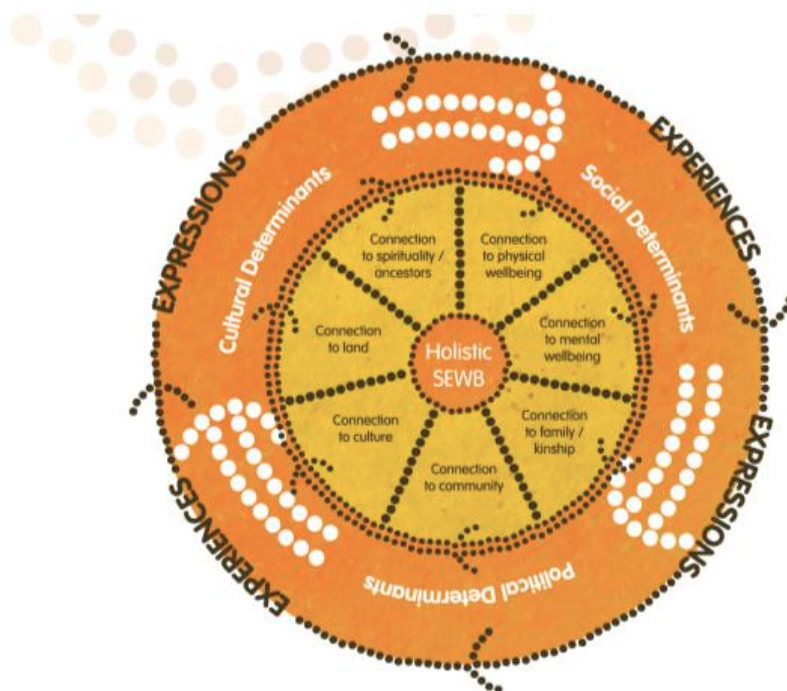

Diagram Copyright: Gee, Dudgeon, Hart, Shultz and Kelly, 2013.

Given VACCA is unable to provide ongoing therapeutic intervention, our clients rely on mainstream mental health and therapeutic services. Mainstream organisations are not always culturally informed or safe which can directly impact our client's willingness to engage on an ongoing basis and their ability to receive an appropriately tailored service.

Mainstream organisations have also proven to be rigid and inflexible in their referral criteria which may mean supports to a client cease or change if they move from a region. This proves particularly difficult for children in the out of home care space whose placements may change frequently and the regular change in supports can be detrimental to a child's wellbeing and stability.

Self-Determination

VACCA's Cultural Therapeutic Ways is a whole of agency approach to guide VACCA's practice of healing for Aboriginal children, young people, families, Community members and Carers who come into contact with our services, as well as creating 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 (trauma informed based on neurological care);
- protective (providing safe spaces and safe relationships); and
- connective (to culture).

The realisation of self-determination is about "enabling people to negotiate spaces and situations to survive and flourish". It will see the creation of frameworks that place culture and trauma-informed theory at the heart of VACCA's policy and practice. It enables an organisational model underpinned by principles of the rights of the child and self-determination, setting a completely new precedent across Australia for how ACCOs work within the sector, and with communities. All VACCA programs contribute to developing monitoring and evaluation plans, and staff are supported to plan, implement, evaluate and adapt throughout the program cycle. The primary toolkit for this implementation is a newly built database which allows each program to track how they are working towards self- determined goals.

As an ACCO, we believe that self-determination is about instilling behaviours, attitudes, skills and knowledge in our staff to recognise and support Aboriginal people's collective and individual rights to self-determination; where the lived experience of Aboriginal peoples is acknowledged and promoted in everyday practice and where our non-Indigenous staff are skilled in supporting Aboriginal people in a culturally informed practice. For the families we support we believe the pursuit of self-determination is about ensuring that they are provided with information, resources and supports to assist them in making an informed decision; that they know their rights and responsibilities and we ensure that their voices are heard and respected.

Culturally safe mental health care

Another theme identified in the literature is cultural safety, the development of culturally safe environments, institutions and practices (Frankland et al., 2010; The Lowitja Institute, 2018). Cultural safety involves mainstream services and employees being educated on Aboriginal culture as well as Aboriginal people being given equal power through equal strategic relationships, funding, policies, programs, joint decision making, procurement and evaluation (Phillips, 2019). It involves providing services that are responsive and consistent with Aboriginal beliefs, values and practices, as well as creating a physical environment that reinforces and reflects the culture and values of participants (Aboriginal Healing Foundation, 2006). The benefits of this is demonstrated in a study by Hallett, Chandler and Lalonde (2007) on culturally safe and effective practice. Their study focused on the correlation between suicide prevention and traditional language knowledge. Results found those with higher levels of language knowledge (i.e more than 50%) had lower suicide rates than those bands with lower levels. Specifically, high language bands averaged 13.00 suicides per 100,000, whilst the lower language knowledge had more than six times the number with 96.59 suicides per 100,000.

Chandler and Proulx (2006) also conducted a study on the prevalence of suicide among First Nations young people. Their study found that as measures for culturally based services and self-determination increases, suicide amongst young people dramatically decreases. The more tribal or Nation groups have cultural input and control over governance, policing, education, health, resources and seeking title to land, the lower the incidence of young people suicide.

Culturally safe services can be achieved by implementing a Cultural Safety Framework such as the one outlined in the 'This is Forever Business: A Framework for Maintaining and Restoring Cultural Safety in Aboriginal Communities' (Frankland et al., 2010). This framework promotes for a framework with two key aspects that diminish the influence of colonisation and promote cultural resilience and resistance. The first component is the implementation of the *Aboriginal Cultural Competence Framework* (2008) as a basis for action for non-Indigenous run organisation and governments. It creates cultural safety from the outside through;

- Cultural awareness (the journey of the develop of knowledge with understanding)
- Self-determination and respectful partnerships (the rules of engagement which are essentially concerned with agency/community/leadership and management)
- Cultural respect (attitudes and values)
- Cultural responsiveness (skills)
- Cultural safety (how a place/service/area of engagement is experienced by Aboriginal people) (p. 29).

The second component, is cultural safety from the inside, promoted by Aboriginal organisations, communities and services. It is concerned with the services and processes that promote Aboriginal children, young people, families and communities to transition from victim to survivor to achiever through;

- Re-membering – seeing the past as a means to Aboriginal people rejoining and becoming members of their own Aboriginal communities through storytelling and ensuring those stories that may have been formerly silenced, are re-membered in broader society
- Empowering voice- helping Aboriginal peoples access power and wealth in their cultural context and in the shape of the dominant culture and therefore empowered within broader society. In doing so, having a self-determining voice can counteract powerlessness
- Re-sourcing – creating a map to find situations, locations and relationships where Aboriginal people feel culturally secure within their communities through land and culture. In doing so, Aboriginal communities can build on their cultural strengths
- Re-creation – involves recreating cultural products through various forms of creative activity such as craft, music, theatre, film and art. New forms of cultural expression can enable Aboriginal peoples to navigate the dominant culture.

However, Professor Gregory Phillips (2019), a Waanyi and Jaru medical anthropologist argues cultural safety is not just about culture, but more importantly about racism and sovereignty. Public discourse and policy often refer to Aboriginal peoples as the cause of their own poor health and consequently has implications for what is taught to non-Aboriginal peoples (Phillips, 2019). Phillips (2019) states 'we must be clear that self-determination and social justice form the essential basis of cultural safety in Australia'. Instead of only teaching non-Aboriginal people about Aboriginal culture, they must also be trained and educated on unlearning unconscious bias and racism, white supremacy and white privilege.

Trauma informed care

As discussed earlier, trauma is a major barrier for Aboriginal people seeking help for SEWB issues and Aboriginal specific trauma-informed research, policy and practice is in its infancy (Atkinson, 2013). In order to reduce the impact of trauma on SEWB and ensure contact with services does not exacerbate trauma, mainstream and Aboriginal specific services must incorporate trauma informed care that is attuned to Aboriginal culture and constructs of SEWB.

According to the Lowitja Institute (2018) this refers to a systems ability to know, understand or respond to Aboriginal people's experiences of trauma. This is done through following the seven core values of trauma informed services; understanding trauma and its impact on individuals, families and communal groups, promote safety, enable recovery, ensure cultural competence, support relationship building, support client's control, integrate care and lastly share power and governance (Atkinson, 2013). Evidence shows service providers must follow these values and adapt their programs to account for the individual client's traumatic experiences (Atkinson, 2013).

Response to intergenerational trauma

Intergenerational trauma and present-day barriers create a combination of challenges that adversely affect the SEWB, opportunities and experiences of Aboriginal children and young people. The 2016 State of Victoria's Children Report highlighted the need for a holistic and coordinated response in order to improve outcomes. Each outcome was found to be interconnected with one another and determine how a young person is progressing in each area. Positive signs in education could not exist where good health and wellbeing and a safe environment do not.

The report identified that Victoria's Aboriginal children are tracking significantly behind in majority of area including education, youth justice, OOHC and safety. In the health area, there was a significant lower proportion of Aboriginal children attending visits with their maternal child health nurse and less likely to attend their final three-and-a-half-year check (DET, 2017). Aboriginal children were also were found to be less likely than other children to attend kindergarten, more likely to be bullied and less likely to attend school (DET, 2017). Experiences of racism can deter Aboriginal families from accessing maternal and child health and bullying has a significant impact on the mental health of Aboriginal children and young people and deters them from attending or participating in schooling (DET, 2017). This makes it difficult for positive outcomes in areas where Aboriginal children are significantly disadvantaged. Trauma, grief and loss can all be attributed to each of these outcomes though there has been no funding, programs or interventions implemented since the release of the report.

As discussed earlier, VACCA's organisational response to addressing intergenerational trauma is through a collective response. This is being done by designing and implementing cultural programs that are holistic and embed culture at the core. Cultural programs such as the possum skin cloak and culture camps reflect the beneficial impact this has on the SEWB of Aboriginal children, young people and their families.

Aboriginal Agency First Principle

Aboriginal people should have the choice to be able to access mental health services from their community agencies. Mental Health Services funding should be prioritised for ACCOs to be able to provide this essential service to our community. We know that many mainstream services are not culturally safe, and that ACCOs can provide a more holistic and culturally embedded response to their SEWB needs. The Taskforce 1000 Inquiry argued for the expansion of Aboriginal-specific MHS, where children at risk of entering child protection would be prioritised. (Commission for Children and Young People, 2016). This priority is yet to be implemented, but we know the current system is failing our most vulnerable children, young people and their families. We strongly believe given our

holistic understanding and approach to SEWB, where we incorporate spiritual, environmental, ideological, social, economic, mental and physical factors into our trauma informed, therapeutic approach to practice, if ACCOs are adequately resourced to provide MHS for our community then we will have a positive impact.

Embedding mental health staff in programs

Services and programs that work with Aboriginal community members who have high levels of mental health and mental illness need to have a dedicated mental health worker(s). In order to embed a holistic approach to SEWB, support services such as housing, family and justice services, need to be able to respond efficiently and appropriately to clients who may be in crisis. Often when Aboriginal peoples are accessing these services, they are extremely vulnerable and may be experiencing trauma. Staff need to be able to recognise this and provide specialised mental health support to respond to their immediate needs and if required provide a referral to a mental health service. Not incorporating mental health staff into these services are missed opportunities for early intervention and can address any early SEWB concerns. This best practice has been demonstrated in the Aboriginal Children Healing team model. ACHT practitioners are involved in the young person's care team and able to offer guidance on how to provide the young person with culturally safe, therapeutic services.

Use of Aboriginal interventions that include western and cultural, traditional approaches

Evidence from the Healing Foundation (2018) identified a key domain to supporting positive and sustainable healing to be quality mental health programs and healing initiatives that combine western approaches with traditional Aboriginal culture. This means having access to culturally safe clinical services as well as recognition and appreciation of the traditional forms of healing and the role of culture. In doing so, this ensures the right balance of cultural and clinical approaches to healing for Aboriginal people.

An example of this is the introduction of a new screening tool to help Aboriginal people combat depression called 'aPHQ-9'. The screening tool has been adapted from a mainstream health questionnaire (PHQ-9) but asks questions in a culturally appropriate way (The Getting it Right Collaborative Group, 2019). A 'best of both worlds' approach helps combine traditional culture with western methodologies and supports a system that works effectively together.

Integrated service systems and holistic approaches to supporting SEWB

Aboriginal cultures adopt a holistic view of health and life, meaning spiritual, cultural and social wellbeing must be incorporated into addressing and treating SEWB issues and mental illness (AIHW, 2013). Mental health issues, substance misuse disorders, suicide, mental illnesses, homelessness and involvement with the criminal justice system are all interconnected with the ability to affect the occurrence of another (SHRG, 2017). Consistent with this, several studies identified the need for integrated and complimentary services that provide a coordinated response to healing (Kowanko, 2005; The Lowitja Institute, 2018; SHRG, 2017; AIHW, 2013). "The most promising evidence for improving outcomes for children and adolescents as well we as adults with complex needs and serious mental health problems appears when a 'systems of care' or 'wraparound' approach is used to improve the quality and consistency of service delivery. These approaches centre on integration or coordination of the multiple services involved in these complex young people's care. The approach has been shown to reduce the severity of mental health problems and decrease function impairment that results from mental health problems" (VAGO, 2019, p. 97).

Participants from a Canadian study proposed that a holistic approach to healing not be considered as an alternative to mainstream mental health services but become viewed by all service providers

as an integral part of maintaining SEWB (Stewart, 2008). Integrating Aboriginal approaches to healing and supporting SEWB across all service settings ensures Aboriginal clients can more readily access appropriate services and can be linked to other relevant services such as employment, education, housing or counselling. Common approaches to practice can assist in creating a smooth transition between services through referral protocols and information sharing systems (Kowanko, 2005). An integrated service system needs to encompass building common skills and knowledge of cultural safety and competence across all service settings in order to ensure fair and appropriate services are available to every client.

Increasing access to reduce inequalities

Research has shown there are significant barriers for Aboriginal people accessing mental health services across Victoria. This is largely due to the shortage of services available as well as limited access to culturally safe options (The Lowtija Institute, 2018). As a result, Aboriginal specific services are inundated with referrals and overflow into mainstream services that are not appropriately trained (SHRG, 2018; The Lowitja Institute, 2018). The 2014 VAGO report found Aboriginal peoples access mainstream services at lower rates than the rest of the population (Victorian Auditor General Report, 2014). Aboriginal peoples living outside of metropolitan Victoria face additional geographic barriers to accessing mental health services. This is of particular concern with over half (53.7%) of the Victorian Aboriginal population living in regional or rural Victoria (ABS, 2012).

A high demand for mental health services also creates problems regarding the development and retention of Aboriginal staff and mainstream staff who are skilled in the area (The Lowtija Institute, 2018). Furthermore, often-Aboriginal staff at ACCOs have also experienced the same issues of loss, trauma and grief that they are seeking to address (Frankland et al., 2010).

This highlights the need for increased access to mental health support for both clients and the Aboriginal staff involved. These challenges are intertwined as under-resourced services contribute to an imbalance in clinical and cultural mental health care and lack of support for Aboriginal mental health workers.

To increase access and guarantee all services offer culturally safe mental health care, all mental health workers and services need to have trauma-informed care and cultural training. Mental health training needs to be provided to direct practice staff and support services that regularly deal with vulnerable individuals who are at risk for poor mental health. Ensuring all services Aboriginal people access, in metropolitan or rural Victoria, are capable of providing individualized support to Aboriginal clients as well as supporting Aboriginal staff in their role and improving staff retention.

System Enablers

Aboriginal governance and accountability

*Not only is self-determination a right of Indigenous communities, but there is robust and consistent Australian and international evidence that self-determination and self-governance are critical to Indigenous communities achieving their economic, social and cultural goals (*Behrendt, L., Porter, A., and Vivian, A., 2018).

As a result of colonisation traditional Aboriginal governance structures have been destroyed, this has contributed to the breakdown of 'healthy patterns of individual, family and community life' (Salmon et al., 2019; Mowbray, M. 2007). Aboriginal self-governance is a key enabler to improve the SEWB of Victorian Aboriginal communities. As discussed above in the research of Chandler and Proulx (2006), we know that where there is community control over and cultural input into

governance, health, education, policing, resources and seeking title to land, the lower the incidence of youth suicide; which reflects improved SEWB.

There are some key priority areas have been identified regarding gaps in data and data sovereignty, geographic and service inequities in service access and the need for culturally safe service environments, programs and practice. Research shows agency and self-determination is an essential success factor in delivering social and health outcomes for many different populations all over the world (Ng et al., 2012). This means social and health services and policies are most influential and deliver more successful outcomes when the users of the services and policies contribute to their design delivery and evaluation (Hertzman & Siddiqi, 2009).

It should be noted that there is a lack of studies involving Aboriginal people in Victoria on the extent and nature of the impact of trauma on their SEWB. The impact of, and necessary measures required to address and support the Aboriginal population is poorly recognised, recorded and responded to across service systems. However, given Aboriginal peoples are more likely to experience complex and intergenerational trauma, and experiences of trauma are linked with poor SEWB, Aboriginal peoples are more susceptible to poor SEWB outcome.

Data Sovereignty

One way of advancing self-determination and community control is through data. Due to the rapid dispossession and profound loss of life that occurred in such a rapid time within Aboriginal communities, there is a shortage of evidence demonstrating the diminution of Aboriginal SEWB since colonisation and consequently, records are unable to make a direct comparison to the present day (Frankland et al., 2018; The Lowitja Institute, 2018; pink; Gee, 2016). Not only is retention of accurate data a challenge but also moving forward, when discussing data and SEWB records of Aboriginal peoples, data sovereignty is essential (Kukutai & Taylor, 2016). The rights and interests of Aboriginal peoples relating to the application, ownership and collection of data about their people, health, lifeways and territories have often been disregarded (Kukutai & Taylor, 2016). Kukutai and Taylor (2016) highlight the importance of data in advancing self-determination rather than primarily servicing government requirements. Moving research towards data sovereignty will help enhance awareness and understanding of SEWB patterns, risk factors and protective factors of Aboriginal peoples. This will reinforce the link between SEWB and over-representation in OOHC, the justice system, and homelessness. Although these experiences are all interrelated and overtly prevalent within Aboriginal communities, adequate data conducted and held by Aboriginal people will allow for culture to be embedded and continue to act as a protective factor.

Aboriginal workforce

VACCA strongly believes that workforce development is a critical issue that must be addressed. In the case stories we have seen detailed a lack of trust, and other barriers including racism, and lack of cultural safety in mainstream mental health services (Redress, Homelessness). Consultations with Aboriginal communities identified that for Aboriginal peoples to have improved SEWB and mental health, there needs to be 'Improved access to timely, integrated, local and culturally responsive mental health and alcohol and drug services with a skilled and expanded Aboriginal workforce across mainstream and (ACCOs) (State of Victoria, 2017a). To do so effectively there needs to be a reframing of the way we understand clinical practice and expertise. We must honour and respect Traditional Aboriginal practices and approaches to supporting the SEWB of the Aboriginal community. This in and of itself, is self-determination of what knowledge base informs best supports our communities' needs. The practice of making and wearing Possum Skin Cloaks provides that holistic and culturally embedded practice to therapeutic care.

Partnership and collaboration

Headspace Partnership with VACCA

An example of partnership is between Headspace and VACCA. Since 2017 VACCA has been collaborating with Headspace as part of the delivery of our youth programs. In 2017 we were successful in gaining funding through the government's Koolin Balut initiative which allowed us the opportunity to design a program with a focus on young people in out of home care; leaving care and/or engaged in at risk activities. A core feature of the program is running sessions on mental health issues and designed to minimise and prevent young people engaging in at risk activities and knowing about and find a connection to support services and strategies if they do.

VACCA has formed a partnership with Headspace in Collingwood, and their Aboriginal and Torres Strait Support Worker runs the sessions with the students covering topics such as anxiety; bullying; depression; healthy relationships and positive mental health. The young people are engaged in open discussions to talk safely and honestly about these issues and consider strategies and supports that they can use to help themselves or a friend if needed.

We believe we need to start working with young people earlier and run workshops and links to services on a regular basis so that we reduce the risks; inform and educate young people and offer and encourage access to services that can support and help young people before any of the abovementioned areas become an issue.

Cultural service standards

Cultural Standards need to be developed and implemented across all mental health services and audited by an independent Aboriginal auditor. Cultural Standards would enable mental health services to reflect on how culturally competent and culturally safe their practice is and how best to ensure it is embedded within their practice and services. Having it audited by an independent Aboriginal auditor would hold mainstream services accountable and would continue to progress Self-Determination within the mental health space.

DHHS currently have an Aboriginal culturally informed resource tool, however it is only inclusive of wellbeing and not mental health. Cultural Standards specific to the mental health service are essential as mainstream services and non-Aboriginal mental health workers need to be trained up on how to operate in a culturally safe way.

Recommendations

We are aware that the Commission will release an interim report later this year after targeted round tables and public hearings. We understand that issues papers will also be released next year for further opportunities to engage on this important issue. We will be reviewing other public submissions made to the Royal Commission, particularly those from ACCOs, we intend to make further written submissions following the release of the Commission's interim report and we are likely to include further recommendations in our response to the interim report.

We seek the following recommendations to be considered by the Commission for the remainder of the Inquiry.

1. That the Royal Commission convene, in partnership with VACCA and other ACCOs, a roundtable focused on the SEWB of Aboriginal Children and Young People.
2. That the Royal Commission, consistent with the Victorian Aboriginal Affairs Framework (VAAF) Self Determination Principles, consult with the Aboriginal Community Controlled

Sector (through the Aboriginal Executive Council) on its draft recommendations before they are finalised.

Whilst positive changes have been made in recognising the need for culturally specific approaches to improving SEWB, there is still an enormous demand for system reform within Victoria. We strongly believe, and the literature demonstrates, the benefit of increasing community control, yet there is still a significant gap, in particular regarding data sovereignty. The mental health system needs to be re-oriented in order to recognise and be more supportive of Aboriginal SEWB and incorporate traditional forms of healing. There needs to be equity in access to culturally informed service provision in both metro and regional areas, and there is an identified need for more trained Aboriginal mental health workers.

Our submission has highlighted the complex SEWB needs of Aboriginal children and young people. We believe the following recommendations will help to ensure our children grow up feeling safe, being nurtured and connected to their culture.

VACCA asks the Royal Commission to include the following recommendations;

Systemic Reform:

1. For a mental health system to be responsive to Victorian Aboriginal needs, that incorporates Aboriginal understandings of health, traditional healing practices and applying trauma informed therapeutic based model of care. This will require funding to be allocated to ACCOs to provide holistic mental health services across the state.
2. For VAAF principles and framework to be applied to mental health services, including the conduct and recommendations of the RCMHS.
3. For a comprehensive mapping of services to identify the SEWB needs of Victorian Aboriginal community and their access to mental health services
4. A compact to be developed between mainstream mental health services and ACCOs providing services to children, young people, families and community members that will embed Aboriginal oversight and governance to ensure that our communities' needs are served in a culturally and trauma informed, therapeutic based model that respects and acknowledges our right to self-determination.
5. Develop workforce strategies to train and employ more Aboriginal mental health workers, clinicians and psychologists, with expertise in trauma and healing within local Aboriginal health services and other ACCOs.
   a. Implement recognition of cultural expertise around therapeutic care and practices, along with mainstream therapeutic and mental health training
6. For Aboriginal services across Victoria to be funded to replicate VACCAs Aboriginal Children's Healing Team model
   a. With additional funding included to build an evidence base on the impact of this model. This will help to implement Aboriginal data sovereignty
7. Implementation of cultural safety training and understanding trauma training for all mental health workers across mainstream services.
8. For mental health assessments and plans to be developed alongside community members.

Stolen Generations:

9. VACCA asks the Victorian Government to establish a Victorian Stolen Generations Compensation Scheme.

OOHC:

10. For each child and young person in OOHC to have a tailored, flexible plan that are specific to their needs. This will require flexible, long term funding and brokerage attributed to programs and services. This includes individual mental health plans to be embedded in case planning for children and young people with SEWB concerns that incorporate cultural support and trauma informed care.

Funding:

11. Prioritise funding for ACCOs to provide intensive mental health services support for and by community. Where necessary to develop partnerships with mainstream services to support mental health diagnoses to ensure an accurate diagnosis inclusive of all SEWB concerns.
12. To implement long term, flexible funding arrangements for case management which is holistic and responsive to the client and their family's needs, including mental health services.
13. For funding in relation to SEWB of men to be allocated across Victoria for the establishment of men's support and mental health services such as Men's sheds.

Cultural Strengthening:

14. For investment to be provided to ACCOs to develop and implement community cultural advancement practices.

Conclusion

Many Aboriginal and Torres Strait Islander children and young people in Victoria grow up in safe homes and life in safe communities; they are strong in their identity and connected to their community and culture. There are, however, some children who are not. The Aboriginal and Torres Strait Islander communities in Victoria have been incredibly resilient in the face of great adversity.

The current mental health system is failing our most vulnerable children and families. The Victorian Government has provided great leadership and commitment to progressing Aboriginal self-determination, we believe this submission highlights that this right is yet to be reflected in the mental health system. Therefore, funding needs to be prioritized to ACCOS to deliver MHS to our community. It is all our responsibility to ensure that the SEWB needs of our community are nurtured and protected through a mental health service system that is culturally safe, trauma informed and therapeutically based. Aboriginal people should have a choice to access mental health services provided for and by community, where our culture is embedded into therapeutic practice.

We are concerned that the voices of our community are not been listened to and respected. There have been many significant inquiries and reports that speak to the need to reform the mental health system to better serve the Victorian Aboriginal community. Whether it be the groundbreaking Taskforce 1000's final report, '*Always Was Always Will Be Koori Children*', or the final reports from the Royal Commission into Family Violence and the Royal Commission into Institutional Responses to Child Sexual Abuse, have all identified reforms needed in the MHS, but are yet to be enacted.

We look forward to working with the Commission and the Victorian Government to bring about the necessary reform, at both a policy and program level. The realisation of self-determination in the

mental health sector, and Aboriginal affairs more broadly will require the development of a MHS that is responsive to the needs of the Victorian Aboriginal community, that incorporates Aboriginal ways of understanding and practice to support the SEWB of our community.

Appendix One: Description of the Victorian Aboriginal Child Care Agency's Cultural Healing Program (CHP) for Aboriginal survivors of institutional child sexual abuse

The Cultural Healing Program (CHP) is an Aboriginal community led initiative based on Aboriginal knowledge and culture and consisting of four sub-programs: a five-day cultural healing camp, a fortnightly women's healing program, a three-day cultural healing gathering, and a five-day women's cultural healing gathering (see Table 1). Participants attended one or more of the four sub-programs.

Table 1. Number of participants and facilitators for each sub-program of the Cultural Healing Program

Sub-program	Survivors	Family and Community	Facilitators
1: Yorta Yorta Cultural Healing Camp	12		4
2: Wurundjeri Women's Healing Program	6		2
3: Dja Dja Wurrong Community Healing Gathering	7	26	4
4: Dja Dja Wurrong Women's Cultural Healing Gathering	11		3

The program design ensured survivors were able to engage in a range of cultural activities and practices that were at times divided into separate men's and women's business. Each of these sub-programs included:

- Ceremonies
- Cultural practices: learning and creating a range of arts and crafts
- Exploring and strengthening identity and connection to community
- Self-care, healing and wellbeing activities
- Sharing of knowledge of past policies, laws and history of removal, impact of removal and losses
- Storytelling and yarning
- Sharing of meals
- Transport, where needed

Facilitators

Four facilitators were involved in delivering the CHP, three of whom were Aboriginal. The non-Aboriginal facilitator was strongly connected to Aboriginal community and has worked in community for over 35 years. Facilitators were either social work or family therapy trained.

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Ethics approval
Ethics approval was obtained from the La Trobe University Human Research Ethics Committee.

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