

# **DEVELOPMENT OF A NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FAMILY SAFETY PLAN**

## **TAC SUBMISSION TO SNAICC**

### **About the Tasmanian Aboriginal Centre (TAC)**

The TAC was established in the 1970s and has a lengthy history of providing programs and services to the Tasmanian Aboriginal community, along with providing advocacy and representing the community in mainstream jurisdictional and national spaces, and leading actions and campaigns to improve cultural well-being for Aboriginal people across lutruwita/Tasmania. The organisation employs over 200 staff, including more than 60% who are Aboriginal.

In addition to the extensive medical health services provided through the clinics and outreach Aboriginal Health Service (AHS) sites across lutruwita/Tasmania, there are a number of key allied health, well-being and community programs operating across the State out of the AHS, including (of particular relevance to this submission): the Family and Children's Program; a Connected Beginnings Program; the Children's Centre; an Aged Care Program; a Social and Emotional Well-being Program (including counselling services and a "Strong in Country" program); an Alcohol and Other Drug Program; the Culture Care Connect Suicide Prevention Program; and disability support services. These programs and services all work with clients impacted by domestic, family and sexual violence (DFSV).

The TAC is currently undertaking an audit and review of our DFSV response, with a view to developing a strategic process to strengthen the organisation's approach across the program areas, across a number of DFSV domains.

### **General comments**

The Family Safety Plan should align with other DFSV processes currently in place or being developed by Aboriginal Community Controlled Organisations (ACCOs). It is especially important that there is not additional impost on organizations and staff regarding data collection and reporting requirements.

### **Response to guideline questions**

In response to the optional guideline questions outlined in the discussion paper for this submission process the TAC would like to provide the following.

**Question 1: What are the key priorities and actions the Family Safety Plan should focus on to create real and sustainable change for Aboriginal and Torres Strait Islander families?**

- Resourcing the ACCO sector

The ACCO sector should be adequately resourced to design, implement and deliver services that are appropriate to Aboriginal and Torres Strait Islander communities, including to develop and implement continuous quality improvement (CQI) initiatives to ensure that services are monitored and evaluated for effectiveness and cultural appropriateness.

- Uniqueness of communities

“One size fits all” frameworks are often not effective or appropriate. The Family Safety Plan does need to include key underpinning principles/understandings, as well as provide clear guidance on effective responses. This should not, however, be at the expense of flexibility that allows for application across different Aboriginal and Torres Strait Islander communities with their unique demographics and requirements.

- Supporting a “multi-pronged” approach.

There should be appropriate level and allocation of resourcing across all the domains of: prevention; early intervention; crisis response; and healing. While imperative that significant resourcing should continue, and be increased for crisis response initiatives, this should not be at the cost of resourcing to prevention, early intervention and healing programs and services.

- An understanding of intergenerational trauma in DFSV risk and response

All DFSV policy and service/program response needs to be underpinned by a clear understanding of the impact colonisation of Aboriginal communities, the consequential intergenerational trauma that has arisen from colonisation and the impact that this has on risk factors for Aboriginal people to be exposed to DFSV, and to be impacted by DFSV. This understanding needs to underpin how DFSV is responded to in Aboriginal communities and provides explanation for why it is essential that all DFSV services and service systems need to have a trauma-informed approach as a cornerstone of the approach.

- A whole of system approach

Specialist DFSV services should work alongside other “universal” services, such as (for example): health; housing; alcohol and other drug; social and emotional wellbeing; and family support services, to ensure consistent and wrap around response. Underpinning the need to ensure that pathways and partnerships across these services are developed and maintained, is the need to develop common understandings, with a DFSV lens, across the broader service landscape, and to build workforce skills and knowledge within the relevant non-DFSV specialist sectors. Building and maintaining this holistic response requires dedicated resourcing. It also requires monitoring and robust process evaluation at a systems level.

- The justice system as a component of DFSV response

There needs to be focussed and mindful consideration around how justice system responses to perpetrators are developed alongside initiatives to increase safety for Aboriginal women and children. This may include, for example, enhancing communication between the justice system and services working with and protecting victims to ensure that victims and their support networks are made aware of when perpetrators are released from prison. It may also include initiatives to enhance capacity of police to form an integrated part of the network to protect people fleeing from violence. Development of partnerships between these systems need to be underpinned by cultural competency.

- Long-term approaches and long-term commitments

Long-term engagement and service support, supported by long-term funding commitments, are essential to building effective and quality services (including a skilled workforce), to building client trust and to effecting sustainable change at individual and community levels. This is relevant for

mainstream DFSV response, but particularly important for services for Aboriginal individuals and communities where there has been a history of short-term funding and discontinued services.

#### Question 2: If there were no barriers, how would your community address FDSV?

Recent discussions with key TAC staff and community consultations on increasing and strengthening DFSV response to the lutruwita/Tasmania Aboriginal community have included the following, in addition to the above outlined priorities:

- There needs to be provision of wrap around services for Aboriginal people impacted by DFSV and developing robust processes for working together needs to be well resourced. This could include scaffolding existing services and should involve building pathways with a specific DFSV/family safety lens.
- There needs to be improved/enhanced interconnected systems for DFSV response – with pathways developed that are culturally appropriate – and increased dedicated funding to enhance/build/develop & sustain these.
- CQI needs to be embedded into DFSV services and systems, and this should include developing innovative outcome measures within a culturally appropriate and user-friendly evaluation framework, that don't create unnecessary and additional reporting burden.
- Specific focus areas should include (without being limiting to):
  - Children impacted by DFSV
  - Working with perpetrators
  - Family violence is a 'parenting decision'
  - Coercive control
  - Financial abuse
  - Harmful sexual behaviors in children/young people
  - Specific interventions for identified vulnerable groups (eg people with disability, LGBTIQ, etc)

#### Question 3: What does culturally appropriate and holistic service provision look and feel like?

Key features for culturally appropriate and holistic service provision include:

- Connection to country as a recognised healing strategy
- Culturally appropriate yarning in both in individual and group settings
- Consideration of appropriate community responses to gender-based violence in the Aboriginal community. Understanding that we are not one homogeneous group.
- Culturally appropriate case managing/planning and access to auxiliary services within the ACCO sector and mainstream services
- Expertise in theory and practice for working safely with those who use gender-based violence and partnering with victims and children in the Aboriginal community.

#### Question 4: How can governments and mainstream services best support Aboriginal and Torres Strait Islander people (including workforce and clients), services and solutions?

- There needs to be genuine consultation with the ACCO sector by government agencies developing DFSV policy frameworks and services, as well as relevant NGO-driven peak bodies responsible for sector advocacy. There needs to be accountability mechanisms put in place to indicate how discussions with the ACCO sector are translated into the solutions developed and followed through with delivery.
- Jurisdictional and national governments should work together to ensure alignment, to avoid duplicating (for example) contractual reporting requirements of funded services, as well as to identify gaps in services and other DFSV initiatives for Aboriginal people exposed to, or impacted by, violence.
- Priority government funding required is as follows:
  - Direct funding to the ACCO sector for design and delivery of prevention, early intervention and healing services
  - Dedicated funding to the ACCO sector for building and maintaining partnerships and pathways, with justice and other statutory bodies, to improve crisis intervention and ensure that crisis responses are culturally informed.
  - Funding that targets workforce development that includes analysis of DFSV skill/knowledge training needs across DFSV specialist services and across universal services, as well as increases the size and capability of DFSV specialist and relevant other wrap around services.
  - Targeted funding to increase the supports to ACCO and mainstream DFSV services, including for example: to embed CQI practice, data collection and usage; to enhance best practice knowledge transfer across services; and to increase cultural competency in mainstream DFSV services.
  - Funding for the development and maintenance of a national database of Aboriginal-led and developed DFSV programs and services. *'Don't reinvent the wheel'*.

#### Question 5: How should the service system respond to the intersectional needs of Aboriginal and Torres Strait Islander people and communities?

As mentioned in the Discussion Paper, it is imperative that the service systems reflects the voices of community with lived experience.

The intersectional needs of our people and communities of health, housing, or education etc are deeply connected to our histories, our cultures, and our ways of life. The system needs to be trauma informed and to integrate healing practices that make sense to the users – like connecting with land, using traditional healing methods, and involving our elders. Further, the system needs to address our holistic social needs – not just focus on single issues like health or housing.

We trust our people to understand our needs, so the system needs to invest in training and employing Aboriginal and Torres Strait Islander people to work and lead the change. It makes a huge difference when we see and hear our people in these roles – especially for victims and perpetrators.