

24th October 2024

Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation Submission to the Our Ways-Strong Ways-Our Voices: National Aboriginal and Torres Strait Islander Family Safety Plan Engagement

Introduction

Waminda- who we are and who we represent.

Waminda is a women-led Aboriginal Community Controlled Health Organisation for women and their Aboriginal families living on the South Coast of NSW, grounded in our Culture and prioritising self-determination and empowerment for our women and their families. Waminda is an outstanding exemplar of a genuinely 'decolonised' and community-driven Aboriginal Women's Health service. This organisation is founded on the philosophy of Aboriginal-controlled services '*for the community by the community*', ensuring that women's voices are at the centre of leadership while taking a whole of family approach to how we work through our model of care. Waminda's service delivery is strengths-based, and trauma-informed and aims to hand back life choices and control to women who have frequently suffered violence, disempowerment, prejudice, racism, discrimination, and loss of control over family.

Waminda provides culturally safe and holistic services to communities including Coomaditchie in the north, Gerringong, Nowra, Bomaderry, Jerrinja, Wreck Bay to Wallaga Lake in the south of the region. Waminda addresses the social determinants of health while providing a centre of excellence for women's health and is a leader in linking culture with education, health, and well-being. We provide multidisciplinary clinical services, led by Aboriginal Health practitioners; Midwifery and early childhood services; case management services; Intensive family support services focused on family preservation and restoration; a range of healing programs, including counsellors, cultural exchange and healing on Country, group programs and suicide prevention after hours support, primary health prevention- Dead or Deadly, integrated cancer care services, young women's and young men's programs; and social and cultural enterprise based initiatives including Decolonisation workshops and Cultural audits; Blak Cede Enterprise and our traditional foods and medicines garden- Kareela Ngura.

Waminda has experienced significant growth over the last 15 years, expanding into a diverse range of programs, and correspondingly increasing staffing levels from five to over 170 employees. We are guided by a dedicated group of seven strong Indigenous female board members who lobby and advocate on behalf of Indigenous women and their families in our area and prioritise strong governance throughout the organisation.

Our expertise & knowledge in this area

Waminda has a large membership base and a deep and intimate knowledge of our local Aboriginal and Torres Strait Islander communities that we represent and walk alongside. We have been delivering culturally safe health and wellbeing services and programs to our communities since 1984 and are known as an employer of choice and one of the largest employers of Aboriginal women in NSW. Waminda employs women from across the age spectrum and demonstrates leadership through mentoring women of all ages, sharing knowledge about who we are as Aboriginal women and working together and alongside our Aboriginal sisters and families.

Waminda has been working with families impacted by domestic and family violence for a long time and has developed expertise in this area, supporting women and their families through case management, referrals to crisis accommodation, transitional housing, employment, legal support, healing and counselling supports, and health and wellbeing. We run several programs including SHLV, Family Support, groups, and Justice Health. More recently our staff also include men, whose presence in our organisation is valued as they work alongside our boys and men to ensure their social and emotional well-being needs are met, and their role in families is supported. We have been working with our men to develop a model of care that centres on the health and well-being of our men and includes our own Men's Behavioural Change Program-Birrung Baabamarra.

We recognise that our staff commitments and responsibilities to family and community are unique and integral to their identity and cultural life. Many mainstream organisations fail to take this into account, and so for many Aboriginal and Torres Strait Islander people, the workplace can be experienced as unsupportive and culturally unsafe.

About our region

Demographic snapshot of Shoalhaven

The Shoalhaven region is home to many different Aboriginal and Torres Strait Islander communities making up 6.6% (7,212) of the Shoalhaven & Wreck Bay population. The Shoalhaven & Wreck Bay Koori population ratio increased almost 2% over the last 10 years from 4.8% (2011) to 6.6% (2021). Koori people between 0-14 years are making up a higher proportion of the total Koori population compared to their general population counterparts. Although they are a younger population, Koori people 65 years and over are growing at 18.8%, a rate over three times the 6% annual average. The Koori population is growing at a rate 3 times greater than the general population, 6%, compared to 1.7%. Koori people aged between 0-5, 15-20, and 50 years and over are the highest growing groups in the Shoalhaven.

Response to Family Safety Plan Submission Questions:

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?

We believe the key priorities at the core of the Family Action Plan should include local community-led designed approaches to addressing family violence issues/concerns. It is important that key community leaders, stakeholders – individuals and organisations, FDV specialists etc need to be at the centre of the design, implementation, delivery, and evaluation of culturally safe strategies and programs to address family violence in their community. This needs to be resourced and facilitated and provide an accountability framework for action. Mainstream organisations and institutions need to be invited in and listen to Aboriginal and Torres Strait Islander voices about what works and then to be held accountable for supporting and collaborating alongside Aboriginal led solutions.

The following points summarise our key responses to this question:

- Safety needs to include all-of-community; and strategies need to reflect family concerns/issues/needs, victim survivor concerns/issues and needs and perpetrator (often men) concerns/issues and needs; and community concerns/issues and needs.
- Building a Model of Care that is locally situated and considers the complex nature of family violence within Indigenous communities. It needs to have at its core- a system redesign focus, strengths based, trauma informed and accountability that does not blame and use a deficit approach.
- Long term commitment of funding, not pilots and innovation that are short term and can have negative impacts. Funding models need to facilitate long term approaches that prioritise coordinated and collaborative work and work against fragmented short term, disparate funding streams.
- There is a critical place for holistic men's behaviour change programs for men who use violence that support men with co-existing drug and alcohol use and mental health challenges, facilitated by local Aboriginal men in partnership with specialists and accountable to Aboriginal women. Men's behaviour change programs need to recognise intergenerational trauma and support people to break cycles of violence
- We need more safe spaces for men – short term accommodation and behaviour change programs so mothers and kids can stay home while their men get help. Keeping families together. Don't give up on men.
- Early intervention strategies are vital and need to target all members of the community, programs that support young people such as healthy relationship programs that are culturally informed and rolled out to primary and high schools are important.

- The Safety Plan needs to include support and resourcing capacity building within the Aboriginal community – including training in mental health and suicide prevention to support mob in a culturally safe way. Value life experience of Koori workers and their ability to support people experiencing mental health challenges. Koori peer workers to work alongside non-Koori clinicians. Build communities capacity to run programs, employ Koori staff, facilitate change, show our families different ways. Could consider funding Community response teams for DV and mental health crisis – support community to lead the work themselves. Build the community up and educate them on how to respond to these situations.

Question 2

If there were no barriers, how would your community address FDSV?

If there were no barriers, we would provide fully funded trauma-informed programs and services based on cultural healing frameworks that centre Aboriginal ways of knowing being and doing. These programs would foster intergenerational healing and wellness, caring for Aboriginal people from conception until death with wrap-around, holistic support and wellbeing programs to encourage and enable healing. Programs would be free of charge for all community members and include free transport to and from services. Such programs would include:

- Aboriginal-led pre-schools, primary schools, high schools and universities so that Aboriginal and Torres Strait Islander people can access education that is free from institutional racism, honours truth telling, and is grounded in Aboriginal ways of knowing, being and doing. This system would also help students to develop the skills necessary to thrive, including emotional regulation, healing from intergenerational trauma, and navigating healthy relationships. Protecting children from the racist education system would assist them to grow up strong and proud in culture and identity.
- Free temporary accommodation and safe housing for men who are recovering from addiction and violence to enable them time to work on behaviour change, allowing the women and children to stay in their homes while men heal.
- Meaningful employment opportunities for Aboriginal men that draw on their strengths, build their knowledge and skills and improve their self-confidence and enable them to provide for their families.
- Family yarning circles to support men to identify trauma causing violence
- Family healing retreats

In addition to the above, mainstream services would be **required** to address the key barriers to access identified by Aboriginal people. Currently, institutionalised racism is reflected in the attitudes and practices of the health and education systems, policing and correctional services,

child protection, legal and court systems. These services are fragmented, reactive, punitive and failing our communities. To address these issues, we recommend:

- Funding of mainstream services should be dependent on the establishment of robust systems to ensure decolonisation training is attended by staff at all levels of the organisation and that all policies and practices relating to Aboriginal people require feedback and input from the community. Community members should be paid for their contribution of time and knowledge.
- All mainstream services should be required to collaborate and communicate effectively with ACCHO's and other NGOs to avoid working in silo's and ensure the sharing of knowledge and resources to better assist community members.
- The police and criminal justice system should be required to incorporate Aboriginal ways of Knowing, Being and Doing by supporting alternative justice pathways, such as Circle Sentencing programs, Family Yarns and Care Circles as a priority when working with Aboriginal people who have come into contact with the police system.

Question 3

What does culturally appropriate and holistic service provision look and feel like?

Culturally appropriate, holistic service provision involves:

- Aboriginal-governed and designed programs based on unique Community needs. Ongoing community consultation, collaboration and evaluation as necessary steps for program development, implementation and review.
- Delivered by Aboriginal women-led services, such as Waminda, working in partnership with men to address family violence, honouring matriarchal cultural values.
- Incorporating male workers and understanding the value and expertise of those with lived experience.
- Services that are culturally grounded, holistic, wrap-around programs supporting men to heal and change by reconnecting to culture and self.
- Alternative justice pathways, for example, Circle Sentencing, Family Yarning, Care Circles, and Rehab programs appropriate for families and where corresponding issues of drug and alcohol use can be addressed alongside patterns of violence.
- Programs that engage young people of all ages, from primary to high school, that lay key cultural values such as healthy relationships, emotional regulation and respect for women and Elders.
- Programs need to be across the spectrum of prevention and early intervention and consider incarceration as a final recourse.

Question 4

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

- Governments and mainstream services to implement anti-racism and decolonisation practices for safer collaboration and support for Aboriginal and Torres Strait Islander peoples. Also, recognising and honouring the unique attributes and needs of each Aboriginal community and therefore, engaging with local Elders and financially reimbursing them for sharing their time and knowledge.
- Address systemic racism in policies and individuals for more appropriate, non-hierarchical, interdisciplinary collaboration and respectful communication between ACCHOs, mainstream healthcare services and the justice system. Provide accountability measures and a trauma-informed supervision approach for workers.
- Support and resource communities to lead the work themselves through accessible capacity-building and education to sustain a DV and mental health crisis community response team.
- Centre the voices of Elders, community leaders, women, key organisations and strong men to ensure community-led solutions. It's not about risk management, but rather safety planning. Therefore, reform risk policy from a stereotypical, deficit lens to a decolonising, strengths-based approach.

Question 5

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

All services must seek to understand and address the social and cultural determinants of health. Men who use violence have often experienced childhood trauma and may have unresolved grief. They also commonly experience co-morbidities with mental ill health and drug and alcohol addiction. To address these intersectional needs, Aboriginal and Torres Strait Islander people need access to safe, affordable services that address their health and wellbeing needs holistically.

At present, there is a critical lack of access to mental health services for people facing acute and long-term mental health challenges. Mental health services need to be affordable, accessible, highly responsive and culturally safe. When ACCHOs refer clients into inpatient services, we need to ensure the services are listening to the voices of families and community about what the individual needs. It's critically important that they listen to workers who are supporting the

families on the ground and understand their history and context of their social and emotional wellbeing.

We recommend the following approach:

- Focus on harm minimisation strategies for substance use and address normalisation of drug and alcohol use within Australian culture more broadly. Bring attention to society's reinforcement of alcohol use across all walks of life, and how this is a driver in the use of violence.
- Offer support rather than looking for deficits and focus on healing, rather than punishment. Programs need to look at the whole person and treatment must incorporate addressing issues of separation, loss and intergenerational trauma face by many Aboriginal and Torres Strait Islander people.
- As previously described, it is essential to invest in Aboriginal youth in order to improve their social and emotional wellbeing, prevent and reduce trauma, addiction and crime. Address attitudes towards women and teach communication skills to foster healthy relationships.
- Heavily invest in prevention of incarceration – evidence shows it causes significant harm and leads to long term recidivism. When incarceration does occur, provide comprehensive support for behaviour change whilst incarcerated. Then support an individual's transition out of incarceration and back into the community to give them the best chance of effective reintegration into society. Provide support with finances, transport, accommodation and connection with employment opportunities.
- As previously described, we would like to see greater collaboration between mainstream services and ACHHOs. Agencies that deliver programs on FDV, should be mandated to collaborate with ACCHO's – funding agreement should include the need to demonstrate a reciprocal relationship with local community.

Thank you for the opportunity to provide input on behalf of Waminda to the National Aboriginal and Torres Strait Islander Safety Plan. If you wish to consult with us further on this matter, please contact Chief Executive Leader, Lisa Wellington Lisa.Wellington@waminda.org.au