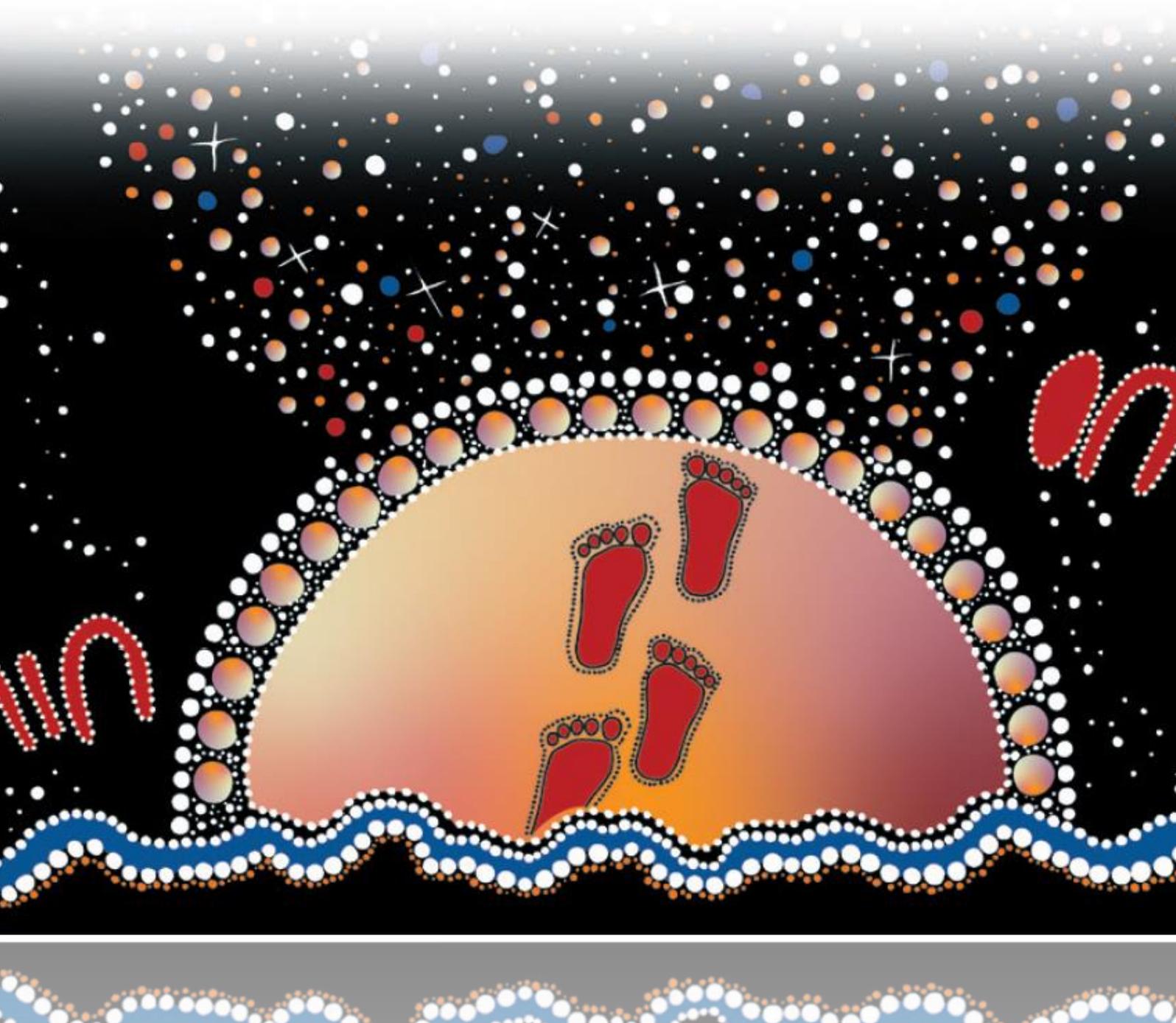




*Empowering Generations of
Culturally Strong, Thriving,
Aboriginal Children
Families and Communities*





Submission to
Domestic, Family & Sexual Violence Commission
SNAICC & DSS
FROM
Yerrabi Yurwang
Child & Family Aboriginal Corporation

November 2024

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Yerrabi Yurwang Submission to Consultation:

Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Family Safety Plan Engagement.

About Yerrabi Yurwang

Yerrabi Yurwang Child and Family Aboriginal Corporation (Yerrabi Yurwang) was established in 2019, due to the high unmet health and wellbeing needs of the local Aboriginal Community residing in the north of Canberra, part of the traditional lands of the Ngunnawal People.

Yerrabi Yurwang means to walk strong and was bestowed upon the organisation by esteemed and respected Ngunnawal Elder Aunty Agnes Shea OAM, who is also a Founding Board Member of Yerrabi and our Inaugural Patron. Yerrabi Yurwang works to empower generations of strong, thriving Aboriginal children, families and communities.

Yerrabi Yurwang is an Aboriginal Community Controlled Service, which means it is owned and operated by Aboriginal People, for Aboriginal People, and so, we are committed to the principle of self-determination, whereby we seek engage and empower the Aboriginal People and their Families who utilise Yerrabi Yurwang's services.

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?

Yerrabi Yurwang has developed its priorities from an evidence-based perspective, using our ongoing tracking of services access and outcomes data as well as survey our community members to develop key priorities that guide our work.

In the context of the Family Safety Plan, we believe the following focus areas should be centre:

- **Aboriginal Community Controlled Organisations as key safety enablers:** Supporting the Aboriginal Community Controlled Organisations Sector is paramount for safety. ACCOs are culturally safe spaces for our community members to seek support and healing, and ACCOs also lead the way in advocacy around Aboriginal community safety matters. This means that investing in a strong ACCO sector, which can also take lead in policy

development around safety matters, supports safer communities for Aboriginal people.

- **Wholistic approach to safety:** To ensure a high level of follow-through and improve overall accessibility, services need to be appropriately integrated, and accessible under a single roof. When community members need to start chasing the services they need across multiple agencies, and when these agencies don't communicate very well, we see significant lapses in follow-ups, and this poorer access to services is more likely to impact more marginalised clients.
- **Withdraw harmful policies:** Safety requires acting on policies that support and enable permanent placement of Aboriginal children with non-Aboriginal carers are inherently unsafe. In the ACT, this is enabled under the Enduring Parental Responsibility Orders (EPRO) and associated departmental policies. For more details on the ACT context, please see Yerrabi's Position Statement here.
- **Commitment to implementation:** When developing a new Aboriginal Family Safety Plan, please consider ways to support implementation and required advocacy from this earlier stage. Our shelves are already full of well-considered reports and plans with recommendations that never got properly implemented. Some of these have direct relevance to safety of our people and communities as well, including the National Aboriginal Health Strategy (1989) and the National Report of the Royal Commission into Aboriginal Deaths in Custody (1991).
- **Growing the workforce:** we need to see a substantial increased scale of health and human services supporting staff, working under the right culturally informed frameworks and under the leadership of ACCOs. In particular, focus on growing the Aboriginal and Torres Strait Islander workforce is strongly needed.

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

Our community is already proactive in taking steps to increase Aboriginal Community Control into the large array of areas that impact Aboriginal health and safety, including: child protection, housing, and health.

1. The ideal way to address FDSV on a community level is to address the root causes of trauma: the ongoing injustices from colonialism. Achieving justice,

framed with a historical treaty, which will also offer appropriate and agreed compensations and reparations, are necessary for our healing and for rebuilding a society based on justice and respect.

Alongside the pursuit of justice, our community requires the full range of health and social services at no cost to patient, without unnecessary wait, in a culturally safe and informed service, part of a well-integrated social and health services sector.

For acute response, we need to make sure that our community has all of the workforce and infrastructure required to offer the level, depth, and timeliness of response required.

The ideal we are currently building towards, following the guidance of our community-controlled board, is having the wide array of services, all run as community-controlled programs, full integration under our culturally appropriate, wholistic model working intersectorally with mainstream systems.

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

A culturally appropriate and wholistic service look and feel like a safe community space.

- Community Controlled service. Community members feeling safe walking in, knowing they will be supported, and knowing they won't have to deal with racist and other unsafe treatment from staff.
- Highest level of training and support for staff member, to develop and grow their skills and capacity.
- Well resourced – services that are appropriately funded under long-term arrangements out of a shared understanding with governments of the deep social benefit that these services bring.
- Wholistic and offering the wide array of services under one roof in a well coordinated and easily accessible way.
- Growing and developing along with best practice – and influencing best practice through active contributions to the research and policy environment.
- Ongoing continual learning and developing from best-practice and community feedback.
- Approach to health and social services as part of an overall commitment to justice, truth-telling, and anti-racism.

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

The evidence of over 50 years of Aboriginal Community Control shows that the best support can be through appropriate level of funding for our services with long-term security; it means following our guidance and leadership out of acceptance that we are the experts; and ensuring that government agencies and other government-funded organisations and agencies are appropriately collaborative and follow our leadership with regards to the needs and particular context of our community.

Collectively, we work under the National Agreement on Closing the Gap, which draws clear guidance to governments on how best to support Aboriginal and Torres Strait Islander people and services. Ensuring we adhere to these commitments and fully support and back the Aboriginal Community Controlled Services sector is an important commitment to maintain.

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

Intersectionality is at the core of any approach to ensure family safety. ACCOs are best-placed to work intersectionally within our communities, as we already have direct ongoing experience working with and for community members sitting on intersectional fault-lines, including women, people with disability, and people who identify as gender and/ or sexually diverse.

Accordingly, many ACCOs already champion high-level of compliance to standards that strengthen our ability to offer appropriate intersectional support (for example, 'Rainbow Tick'). We also maintain close working relationship with local organisations that offer more specialised support for different communities intersecting with ours, and having strong local links is key to offering intersectional support.

There needs to be a sustained and continuously improving standards within community organisations to ensure that there is an appropriate understanding of dealing with intersectional complexities. Ensuring that organisations work cooperatively is key to ensuring the right intersectional approach.

Conclusions

A plan that aims to address family safety for Aboriginal people must approach this topic in the most wholistic way possible, given the nature of the problem. We can't shy away from speaking the truth about the root causes for the lack of safety in our communities.

It also means learning from the mistakes of the past, including investment in unimplemented reports and recommendations, and centre building a sustainable and thriving ACCO sector as a key component in future plans to improve family safety in our communities.

Yours Sincerely



Professor Dea Delaney-Thiele

Chief Executive Officer

Company Secretary/Public Officer