



# Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The experience of First Nations People with Disability in Australia issues paper

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## Abbreviations

Aboriginal people	Aboriginal and Torres Strait Islander people
Aboriginal people with disability	Aboriginal and Torres Strait Islander people with disability
ACCO	Aboriginal Community Controlled Organisation
First Nations person	Aboriginal and Torres Strait Islander person
ITP	Independent Third Person
OPA	Office of the Public Advocate
VACCHO	Victorian Aboriginal Community Controlled Health Organisation

## Recommendations

### **Recommendation 1**

The National Disability Insurance Agency and Australian, state and territory governments should take a more active approach to market stewardship, ensuring that First Nations people with disability have access to services on country in their own communities.

### **Recommendation 2**

The National Disability Insurance Agency should advance as a matter of urgency its Maintaining Critical Supports and Immediate Support Response arrangements, and other market steward arrangements, to increase culturally safe and culturally appropriate services and accommodation options for First Nations people with disability, including options appropriate for both younger people and Aboriginal Elders.

### **Recommendation 3**

Current best-practice in supported decision making for First Nations people with disability should be developed, shared and improved through Aboriginal-controlled projects, as part of wider self-determination processes and initiatives, resourced by the National Disability Insurance Agency and Australian governments' justice departments.

### **Recommendation 4**

All services should adopt soundly-based Aboriginal inclusion plans to improve their service responses and cultural safety for First Nations people with disability.

### **Recommendation 5**

National Disability Insurance Scheme services should provide truly person-centred approaches by adopting a holistic practice model that incorporates the principles of the *Yana Djerring* framework.

### **Recommendation 6**

The five solutions proposed for the Victorian mental health system in the VACCHO *Ballit Durn Durn* report should be adopted more broadly by Australian governments as a key basis for reforms of the service systems that provide health care and disability support.

# 1. About our two organisations

## 1.1. About Connecting Home

Connecting Home is an independent Aboriginal Organisation supporting survivors of the Stolen Generations across South Eastern Australia. Connecting Home works collaboratively across the Aboriginal and broader mainstream service sectors, to respond to the varied needs of survivors and their families. Since Connecting Home was established in 2010, it has provided support to over 300 members of the Stolen Generations and their families in Victoria.

Today, Connecting Home provides a range of case management and disability support services to its clients as well as education programs to the broader community. The organisation continues to explore and seek opportunities to meet the emerging needs and aspirations of members of the Stolen Generations and their families.

In the last few years, Connecting Home has focused on ensuring its services meet international, national and state quality standards. Connecting Home has achieved a great deal in developing its practice to ensure it is able to deliver the best model of care it can for its clients.

Connecting Home recognises the heightened disadvantage for its clients as they age including the direct impacts of removal (trauma, grief, loss) and the implications for Stolen Generations survivors such as poor health, reliance on government payments, lack of housing security, discrimination and association with the justice system. For the children and grandchildren (and extended family) of members of the Stolen Generations the occurrence of inter-generational trauma is significant.

Connecting Home is determined to ensure it can grow in order to support more of the estimated 600 members of the Stolen Generations living throughout Victoria. Connecting Home will continue to improve its existing programs and expand the range of programs it offers to include aged care and disability as well as programs with a focus on inter-generational trauma, specific healing programs and cultural activities. Connecting Home will be seen as a leader in designing and delivering good practice models of care that promote healing for stolen generations and their families.

Connecting Home acknowledges that it cannot do this on its own. It will work with other Stolen Generations service agencies to ensure the system as a whole is responsive to its clients' needs and continue to be a strong advocate in Victoria and nationally to ensure members of the Stolen Generations and their families are recognised, heard and achieve justice.

## 1.2. About the Office of the Public Advocate

The Office of the Public Advocate (OPA) is a Victorian statutory office, independent of government and government services, that works to safeguard the rights and interests of people with disability. The Public Advocate is appointed by the Governor in Council and is answerable to the Victorian State Parliament.

The Public Advocate has seven functions under the *Guardianship and Administration Act 2019* (Vic), all of which relate to promoting the independence and human rights of people with disability and protecting people with disability from abuse, neglect and exploitation.

To this end, OPA provides a range of critical services for people with cognitive impairment or mental illness, including guardianship, advocacy, and investigation services. In 2019-20, OPA was involved in 1,792 guardianship matters (950 which were new), 430 investigations, and 284 cases requiring advocacy.

In recent years, the profile of those clients has begun to change. Like in previous years, the complexity in cases remains a key feature of guardianship matters, each of which has multiple dimensions ranging from complex disability presentations and service provision arrangements to complex family dynamics. A key contributor to this increasing complexity is the introduction of the National Disability Insurance Scheme, and the interface with the justice system, in addition to the lack of appropriate and accessible housing for people with complex and challenging support needs.

Approximately 2 per cent of guardianship clients are Aboriginal or Torres Strait Islander. OPA's *Walk with Me, Talk with Me: An Aboriginal practice guide* is intended for use by all OPA staff providing services to Aboriginal people and their communities in Victoria. It was developed to provide staff with Aboriginal history information and guidance about how best to work in collaboration and partnership with Aboriginal communities in Victoria.

A key function of the Public Advocate is to promote and facilitate public awareness and understanding about the *Guardianship and Administration Act 2019* (Vic) and any other legislation affecting persons with disability or persons who may not have decision-making capacity. To do so, OPA runs a telephone advice service, which answered 12,624 calls in 2019-20. OPA also coordinates a community education program for professional and community audiences across Victoria to engage on a range of topics such as the role of OPA, guardianship and administration, and enduring powers of attorney. In 2017, OPA partnered with the Victorian Aboriginal Legal Service (VALS) for the *Your Life, Your Choice* project which delivered a range of legal education activities to Aboriginal communities, focusing on substitute and supported decision-making laws in Victoria.

OPA is supported by more than 700 volunteers across four volunteer programs: The Community Visitors Program, the Community Guardian Program, the Independent Third Person Program (ITP Program) and the Corrections Independent Support Officer (CISO) Program. The ITP Program is an on-call state-wide volunteer service operating in all police stations in Victoria. ITPs assist persons with cognitive impairment when making formal statements to Victoria Police. In 2019-20, ITPs attended a total of 3718 interviews, 663 of which were supporting Aboriginal clients. CISOs are experienced ITPs who support prisoners who have an intellectual disability at Governor's disciplinary hearings at Victorian prisons and/or remand centres. Between July 2017 to March 2020, CISOs attended 254 hearings, supporting 73 Indigenous clients at seven Victorian prisons.

Community Visitors are independent volunteers empowered by law to visit Victorian accommodation facilities for people with disability or mental illness. They monitor and report on the adequacy of services provided in the interests of residents and patients. They ensure that the human rights of residents or patients are being upheld and that they are not subject to abuse, neglect or exploitation. In their annual report, Community Visitors relate their observations on the quality and safety of the services they visit and make recommendations to the Victorian State Government. More than 400 Community Visitors visit across three streams: disability services, supported residential services (SRS), and mental health services. In 2018-19, Community Visitors made 4142 statutory visits, including to sites of criminal and civil detention.

### **1.3. Black Lives Matter**

Truth telling is a significant part of the Black Lives Matter movement. The Royal Commission should be seen as an extension of this. This situation cannot change without truth telling. This can only happen from the testimonies of Aboriginal people and their experience being heard. OPA and Connecting Home see an opportunity for the Royal Commission to act on the truths it hears.

## 2. About this submission

This submission is a collaboration between Connecting Home and the Victorian Office of the Public Advocate (OPA). The Public Advocate, Dr Colleen Pearce AM, is a member of the Connecting Home Board.

Throughout the submission, we present responses that have been provided by individuals to some of the questions posed by the Royal Commission in its First Nations Issues Paper. The answers share some similarities. The individuals who participated are survivors or descendants of the Stolen Generation. All but one are NDIS participants, and for some, this is the first time they are in receipt of disability services.

The submission begins by describing the experiences and challenges faced by Aboriginal and Torres Strait Islander people with disability, followed by a proposal for a holistic and person-centred practice framework. We see this as the key to creating better outcomes; to develop an understanding that is flexible and responsive and therefore allows for services and supports to be easily moulded to individual circumstances.

## 3. Key issues and solutions

### 3.1. Compounding disadvantage and isolation

**As a First Nations person, what are your experiences of disability? How does it affect you, your family and your community?**

"[I] feel more isolated, [I] communicate mostly with [my] two younger daughters however, ... they are embarrassed of her due to her disability. [I] tried to avoid going out to the shops as a result. ... School [is] difficult since [I] found it hard to understand the lessons. [I] experience depression, PTSD, and trauma. [I am] quieter these days and hiccups when [I am] nervous, but also when happy which leads to confusion for others. ... When [I] hiccup at the supermarket it gathers attention which embarrasses [my] daughters. [My] trauma history has passed on to [my] children (one of them has an eating disorder) and [I do] not have contact with [my] family interstate."

"Can't do anything, can't read. [It] has affected [my] ability to understand others, so [it is] difficult to communicate."

"[I] was told not to think as a child. People silence you. [I was] silenced by [my] foster parents as a child, [they] had control over [me] and now [I] don't have a voice. As a result of this, [I] keep [my] distance from others."

"[I was] treated harshly by others due to being Aboriginal and having a disability. [I] can't leave the house without [my] carer and so day to day life is difficult. [My] disability is not visible for most of the time and so people often doubt [my] disability. [My] disability affects [my] mental health since [I] must stay at home a lot of the time."

"Not having my voice heard. [I feel] like organisations don't want to spend money on their clients. [I have] experienced long waiting lists for disability services which exacerbates [my] experience of having a disability and takes away [my] autonomy. [I am] asthmatic, diabetic, and has arthritis. As a result, [I] cannot walk and am reliant on a wheelchair. Spend majority of [my] time at home as a result, so [I] find it difficult to connect with the community and feel isolated at home."

“Disables your life. Life will never be the same, [I] feel useless. Can’t see family, everything is a lot harder and difficult to travel.”

### 3.2. Reluctance for supports

Aboriginal and Torres Strait Islander communities and individuals, by way of the ongoing effects of colonisation, are too often familiar with violence, abuse, neglect and exploitation, both at the individual and structural levels. As mentioned in the introduction, the sampled group of individuals are survivors or descendants of the Stolen Generation.

There are services available to people with disability, including the National Disability Insurance Scheme (NDIS). With First Nations clients, however, the very first step of engaging with services can be a difficult. There are two key interacting barriers arising from colonisation and the impact of the Stolen Generation. Firstly, because of the history of First Nations communities with government intervention, as further described below, there can be a reluctance to seek or engage with supports. Secondly, it can be especially important for services to intervene on the social determinants of health, rather than solely focus on disability, to create long-lasting positive outcomes for with First Nations people. The correlation between these other elements of a person’s life is in some ways accentuated or heightened for First Nations, with a real need to be trauma informed.

“Mums are reluctant to reach out to services such as child protection due to fears of their **child**/children being removed. As a result, the issues at home worsen.”

“As a result of their previous experience with police/child protection, Aboriginal people are less likely to reach out for help. They believe that those services will not help them so it is best to not communicate with them.”

“[I am] against child protection and would not want to communicate with them. [My] daughter’s children had been taken by child protection which was very hard.”

“Experiences with children services have not been positive and so people are less likely to reach out to these services for support.”

“Some services have been abusive to families or torn families apart (child protection) but the services are required as they help some families and need to be there to separate families who are abusive towards each other. Treated worse as an Aboriginal. [My] father was removed from his parents as a child and later developed an alcohol use disorder which led to domestic violence towards [my] mother. [My] father moved to Tasmania and later died there.”

The negative experience of those survivors of the Stolen Generations has led to a sense of fear or mistrust around government and other services, as those institutions have historically been oppressive, both for First Nations persons and people with disability (for example, institutionalisation).

For Stolen Generations members, the settings in which disability and mental health services are delivered can ignite past trauma and lead to a feeling of being re-institutionalised. The same is true in other settings where First Nations persons may be moved from their community to a place where they can receive care. OPA was appointed guardian for one older First Nation person, where consideration was given to taking the person off country to be placed into a residential aged care facility. So-called thin markets make the situation

even worse. A dearth of available services, especially in rural and regional areas, means that options may be too limited within one area to enable a person to remain there.

OPA Advocate Guardians do sometimes observe similar (and well founded) anger and frustration from Aboriginal represented persons towards systems that remove decision-making from Aboriginal people. Although an independent statutory authority, OPA is a part of government. Consequently, OPA may be viewed with mistrust by First Nations persons, which can result in a rejection of another form of government intervention. Despite this potential avoidance, First Nations people are slightly over-represented in guardianship orders; that is, the number of First Nations persons having a guardianship order is higher than would be expected on a population basis.

The service landscape is slowly evolving towards a more empowering model. There is a movement in the design of social services to enable individuals, their families and their communities to have a greater say in the way in which they are supported by services. In the First Nations sector, efforts for self-determination are increasing. In the disability sector, the NDIS's principle of 'choice and control' aims to give people with disability more power over decisions that affect their lives.

For OPA, an important step was taken in this direction with the commencement of the new *Guardianship and Administration Act 2019 (Vic)* which brought a shift in the substitute decision-making paradigm. Substitute decision-makers must now make decisions that align with the will and preference of represented persons unless there is a risk of serious harm.

The Act also makes new provisions for a supported decision-maker (supportive guardian or supportive administrator) to be appointed, as a less restrictive measure where possible. These provisions, of course, apply equally to all represented persons, no matter if they are a First Nations person or not. However, it is also true that the experience of going through the Tribunal system (in Victoria, the Victorian Civil and Administrative Tribunal (VCAT)) can and often is very different for Aboriginal people.

It is true that the above shifts are in their infancy, in that neither self-determination nor choice and control have yet been fully realised, but these concepts are now part of the discourse. We must work to accelerate these efforts and to recognise the ways in which decision-making (and decision-making support) can be adapted for Aboriginal people.

### 3.3. Limited disability supports

#### **Case story: Trevor**

Trevor is a middle-aged Aboriginal man with a mild intellectual disability and an acquired brain injury. He grew up in regional Victoria, where there was no appropriate disability support or housing available to him. Accordingly, he lives in aged care in Melbourne.

Trevor is prone to violent outbursts often against his mother and siblings and has been under guardianship a number of times but with limited success.

Some years ago, following a hospital admission, Trevor's guardian met with the local hospital, members of the Aboriginal Cooperative, police and ambulance officers and was told that he had "burnt all his bridges" in his region, and had to find accommodation in Melbourne.

The guardian asked that Trevor's Disability Support Package fund an external support provider so he would have access to the community while living in aged care. However, the service refused to work with Trevor after a violent outburst, without a comprehensive behaviour management plan.

The guardian requested NDIS support so he could return to Country and be near his mother.

Trevor's first NDIS planning meeting took place several months later. The guardian requested age and culturally appropriate support.

A few weeks later, the guardian asked in vain for a copy of Trevor's NDIS plan. Nearly a year later, he still did not have it.

When the second planning meeting took place, a specialist Acquired Brain Injury unit recommended that Trevor have funding for a specialist behavioural assessment and management plan, and their report and recommendations were provided to the planner. When Trevor's plan eventually arrived, it did not include funding for this.

The guardian contacted the NDIA and was advised it did not have the necessary medical report to include funding for it in the plan. A request would have to be lodged for an internal review within the three-month period, about to expire.

After several emails and complaints spanning several months, advising the report had been handed to the planner at the second planning meeting, the review was finally completed with funding for the specialist behavioural management included. A support coordinator was engaged, and plans were made for a specialist behaviour practitioner.

Shortly after, Trevor's mother became terminally ill, asking to see her son. No disability services had begun work with Trevor, as they first required a comprehensive behaviour management plan. No services would accommodate him for a short stay in his hometown and no disability service was prepared to transport him there because of his behaviours.

Trevor's mother passed away a few weeks later, without seeing her son. The guardian was told that Trevor would need to fund his own suitable, supported transport, which was limited to a private ambulance service, to attend the funeral on Country as the NDIA refused to fund disability transport.

However, due the guardian's intervention, the NDIA eventually agreed to fund the transport and Trevor was able to attend his mother's funeral but not to see her before she passed.

The case story highlights the following key issues:

- There is no Aboriginal specific program within the NDIA
- There is no 'Sorry Business' consideration for flexible funding within the NDIS
- The lack of flexibility of funds, even when there have been major underspends due to system design and delays
- Requests for follow up and complaints had gone unanswered for approximately eighteen months, in which time Trevor should have been living close to his mother and community
- Delays for a middle-aged Aboriginal man with a disability, living in aged care did not trigger any apparent response
- NDIS managers rigid application of the NDIS Act prevents any immediate capacity to respond to crisis situations within the NDIA. Lower-level managers will not deviate from the business-as-usual approach, without offering a pathway to apply for special

circumstances. Only very senior managers appear to have the authority to make a sensible decision in this case.

Limited availability of appropriate services and supports is an issue for all people with complex and challenging support needs. However, this is particularly acute for Aboriginal people, and even more so for those living in regional and remote areas. Greater flexibility and a more responsive approach are urgently required to meet the needs of Aboriginal people with disability.

OPA and Connecting Homes make the following recommendations:

#### **Recommendation 1**

**The National Disability Insurance Agency and Australian, state and territory governments should take a more active approach to market stewardship, ensuring that First Nations people have access to services on country in their own communities.**

#### **Recommendation 2**

**The National Disability Insurance Agency should advance as a matter of urgency its Maintaining Critical Supports and Immediate Support Response arrangements, and other market steward arrangements, to increase culturally safe and culturally appropriate services and accommodation options for First Nations people with disability, including options appropriate for both younger people and Aboriginal Elders.**

#### **Recommendation 3**

**That current best-practice in supported decision making for First Nations people should be developed, shared and improved through Aboriginal-controlled projects, as part of wider self-determination processes and initiatives, resourced by the National Disability Insurance Agency and Australian governments' justice departments.**

### **3.4. Role of culture**

Below are answers from Connecting Home clients on the role culture and their communities play in their lives, as First Nations people with disability.

"[I] don't like to tell people within community as they all have their own trauma. Everyone from community is trying to survive and deal with their underlying issues. Community [is] sometimes reluctant to seek help from others. Every day is a struggle, but [I] would feel embarrassed to talk about [my] issues with people from community."

"People respond respectfully and good within the community to people with disabilities. Culture has helped [me] cope with [my] disability."

"People within the community don't seek out help for their disabilities. If people understood disability better, people within the community would be more likely to seek out help."

"People in the community try to accept [me] disability but sometimes think [I am] making it up. Hard to be recognised when others can't see it."

“Most people are respectful, that they try to get out of my way when they see the wheelchair. People within the community are respectful of [my] disability.”

“Community looks after their elders. Some people within the community are accepting of people with a disability, while others are not. For example, [my] cousin was born with a disability and was abandoned by her family as a result.”

Some of the answers demonstrate that culture can serve as a source of strength if it can be recognised accordingly. Advocate Guardians observe many services make little effort to get this right, perhaps because they are unsure where to begin or weary of a misstep. Across our two organisations, there was a sense that these important conversations between a service provider and an Aboriginal client do not often occur and yet, could lead to simple and powerful improvements in service delivery.

#### **Recommendation 4**

**All services should adopt soundly-based Aboriginal inclusion plans to improve their service responses and cultural safety for First Nations persons.**

### **3.5. Holistic practice framework**

The Royal Commission has already heard from various testimonies that a person with disability can be asked to repeat their story multiple times because they are constantly engaging with new professionals. This is despite best practice identifying that services should be person-centred.

Unfortunately, the way our systems are designed sometimes prevent services from being built around the individual. While the advent of the NDIS brought with it the promise that the participant would be at the centre of their care and would have ‘choice and control’ over the services they would receive, the architecture of the NDIS seems to have instead strengthened a further silo-ing of services. This is observed where there are funding disputes at the interface of the NDIS with another service sector. Participants can be left without services in the wait for resolution. To compartmentalise services in this way is mostly ineffective for the simple reason that we, as humans, are complex beings. Our needs intersect with and compound one another, making it nearly impossible to so easily separate them into distinct compartments.

Rather than have a person who is in need of services travel from one service to another in a linear trajectory, supports should instead be built around the individual in order to address all areas of their life and bring them into a state of wellbeing. This is holistic practice.

This submission seeks to put individuals and communities at the centre. Rather than focusing on the direct work of our two organisations, we have chosen to take the viewpoint of a person with disability who may interact with either or both of our two services. In this way, we seek to make explicit that the services a person may receive should not define them.

Connecting Home have defined holistic practice in an NDIS context, through the Balit Narrum best-practice model for Aboriginal support coordination.<sup>1</sup> The *Yana Djerring* framework for holistic practice is based on six principles:

- Grow cultural knowledge
- Build community connections

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<sup>1</sup> Balit Narrum. 2020. *Yana Djerring: Aboriginal Support Coordination, Northern Metropolitan Area Best Practice Model*

- Create cultural safety
- Build respectful relationships
- Communicate for independence, choice and control
- Apply technical knowledge.

The Balit Narrum to *Response to the NDIS Support Coordination Review* provides further guidance for the operation of 'holistic' practice.<sup>2</sup> These key points are:

1. A holistic practitioner does not look at a person only as an individual, but necessarily as part of the community they identify with. Participants are therefore always seen in their individual and collective identity.
2. Holistic practice is broader than the NDIS (or disability services) as it incorporates life outcomes for individuals, their families, and their communities.
3. Holistic practice is based on commitment to ongoing understanding of cultural safety practice.

To these, we add a fourth principle:

4. Holistic practice empowers a person to exercise individual authority over their life.

The person is at the centre. Surrounding them is their culture, which encompasses their families and communities and perhaps as well some of their past experiences. The services they may receive encircle both the person and their culture in recognition that every service must intervene in a way that acknowledges, recognises, and addresses culture in a safe and respectful way. In this model, the outcomes that are sought also go beyond the person.

A holistic practice model requires:

- Flexibility around the cultural needs of the person
- Acceptance of the social determinants of health
- An understanding of the best practice approach
- Services that work together, rather than in silos.

### **Recommendation 5**

**National Disability Insurance Scheme services should provide truly person-centred approaches by adopting a holistic practice model that incorporates the principles of the *Yana Djerring* framework.**

## **3.6. Implementation**

For Aboriginal and Torres Strait Islander people, reconciliation happens both at a systemic level and at a relational level, through supportive relationships on the ground in their interaction with social services. It is therefore crucial that all services recognise that they have a role to play. As one participant is quoted to say, culture can be incredibly healing, which is why it is so important to bolster and expand the Aboriginal service sector so that choice and control can be realised in this way.

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<sup>2</sup> Balit Narrum.2020. Response to NDIS Support Coordination Review. Discussion Paper. September 2020

Within disability and mental health services specifically, there may be scope to employ some type of cultural broker to recognise, protect, and enhance those aspects of Aboriginal culture in a way that is beneficial to the individual.

To implement the above Framework and to prevent further systemic violence, abuse, neglect and exploitation of Aboriginal and Torres Strait Islander people with disability, significant investment must be directed to grow and sustain human and social services to be provided by and for Aboriginal people in a way that is not only safe, but empowering.

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) produced a document for the Royal Commission into Victoria's mental health system and it complements the above framework. While it was developed in the context of the mental health sector, the proposed solutions are broad enough that they remain relevant to this Royal Commission, as they relate to the importance of healing.

VACCHO's report, entitled *Ballit Durn Durn*, "aims to provide an overview of Aboriginal Communities' experience with the current mental health system and offers innovative Aboriginal-led solutions."

The five proposed solutions are:

1. Establish five on-country healing centres (or camps) to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture.
2. Ensure long-term, sustainable, and flexible investment in Aboriginal social and emotional wellbeing to create generational change.
3. Invest in recurrent funding arrangements into multidisciplinary social and emotional wellbeing teams in ACCOs to secure long-term statewide coverage.
4. Critically invest in Aboriginal-led solutions to prevent suicide and self-harm.
5. Appropriately invest in Aboriginal leadership and culturally safe service delivery across mainstream primary, secondary and tertiary health services.

To this, our two organisations would add that there needs to be an analysis of the structural factors that may prevent Aboriginal people from entering the workforce. For instance, due to disproportionate rates of Aboriginal people being involved with the youth justice system, Aboriginal workers often cannot meet the requirement of many employers that candidates have a clean criminal record. In Victoria, recent legislative reform will absolve individuals of spent convictions and prevent discrimination on the basis of spent convictions. This type of initiative has flow on effects that will hopefully grow the Aboriginal workforce.

Data from OPA's Independent Third Person (ITP) Program confirms the overrepresentation of First Nations people in the criminal justice system. In 2019-2020, 17 per cent of ITP clients were Indigenous. A further look at the ITP data, however, shows that most of the ITP clients who are Indigenous are alleged offenders, with very few in the victims and witnesses of crime groups. There is a need to understand why Indigenous victims and witnesses of crimes with disability are not being directed towards the ITP Program. OPA would be happy to elaborate on this if the Royal Commission is interested in learning more about the program and the stories its data tells.

These are some examples that of structural inequities that if remedied can have flow on effects to not only growing the Aboriginal workforce but, more importantly, addressing systemic discrimination against Aboriginal people.

## **Recommendation 6**

**The five solutions proposed for the Victorian mental health system in the VACCHO *Ballit Durn Durn* report should be adopted more broadly by Australian governments as a key basis for reforms of the service systems that provide health care and disability support.**