Response to Yoorrook Justice Commission

Department of Health Statement

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VICTORIA State Government | Department of Health

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Contents

List of acronyms

Acronym	Definition or use in this Agency Response
AAG	Aboriginal Advisory Group
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
ACJP	Aboriginal Community Justice Panels
AHWBPF	Aboriginal Health and Wellbeing Partnership Forum
AOD	Alcohol and Other Drug
BADAC	Ballarat and District Aboriginal Cooperative
CCoV	Coroners Court of Victoria
EAG	Expert Advisory Group
ERG	Expert Reference Group
IMOG	Implementation Monitoring and Oversight Group
IRD	Central Intake Referral and Dispatch
NACCHO	National Aboriginal Community Controlled Health Organisation
RCVMHS	Royal Commission into Victoria's Mental Health System
SEWB	Social and Emotional Wellbeing
SPARO	Department's Suicide Prevention and Response Office
VACCHO	Victorian Aboriginal Community Controlled Health Organisation

Acknowledgement

1. The Department acknowledges the Traditional Owners of the lands on which we all work and live. It recognises that First Peoples in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections, and practices to land and water.
2. The Department is committed to a future based on equality, truth, and justice, and acknowledge that the entrenched systemic injustices experienced by First Peoples endure.
3. The Department pays its deepest respect and gratitude to ancestors, Elders, and leaders—past and present. They have paved the way, with strength and courage, for our future generations. Sovereignty has never been ceded.
4. The Government acknowledges that the principle and process of enabling self- determination involves more than consulting and partnering with First Peoples on policies and programs that affect their lives. The Department is committed to self-determination as a foundational and guiding principle. We acknowledge the extraordinary ongoing strength and resilience of First Peoples in the face of historical and ongoing injustices, and the survival of their living cultures, knowledge, and traditions.
5. First Peoples have the right to receive health services in an environment where there is positive recognition of Aboriginal culture, enabling people and communities to feel respected and safe.
6. As the Aboriginal and Torres Strait Islander Cultural Safety Framework states 'Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity and experience.'[1]
7. The Department also agrees with the World Health Organization's definition of health. That *health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*. This international definition is tightly aligned with the holistic definition of health as defined in the Constitution of the National Aboriginal Community Controlled Health Organisation (**NACCHO**), that *Aboriginal health means not just physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community.* The Department acknowledges and supports the inclusion of *Community* in the definition of health, recognising the central cultural connection of the individual with both Community and Country.
8. The Department acknowledges the First Peoples who have passed in custody or while in the care of the State and notes that the contribution that a lack of access to health services or services of inadequate quality may have impacted on community. The Department apologises to the families of people who did not receive a health-based response to public intoxication which is, at its core, a health issue.
9. With the State and First Peoples' Assembly of Victoria (Assembly) agreement to the Treaty Negotiation Framework in October 2022 and preparations beginning for negotiations beginning in late 2023. Treaty reform and readiness is at the forefront of the Department's treaty preparedness work. The Department is open to the changes that may be required to ways of

[1] Department of Health and Human Services, Aboriginal and Torres Strait Islander Cultural Safety Framework (2019), page 7.

work, and the structures in which the Department operates as recommended by the Yoorrook Justice Commission and pursuant to negotiated Treaty outcomes.

10. The Department provides this statement in response to Notice to Produce NTP-002-015 from the Commission dated 21 March 2023.
11. In this statement, the Department has responded to the questions that the Commission has asked it to address (**Attachment A**). It has also sought to expand upon the broader issues raised by the questions, to the extent that those issues fall within the Department's portfolio.
12. This statement contains themes of mental health, social and emotional wellbeing, the misuse of alcohol and other drugs, and public intoxication.
13. The opinions expressed in this statement are representative of the Department and in particular the Mental Health and Wellbeing Division. They have been informed by staff's firsthand professional experience and observations, and by data and information produced or provided by subject matter experts. In preparing this statement, consultation was undertaken with subject matter experts within the Department.
14. This statement has been prepared with the assistance of counsel and the Victorian Government Solicitor's Office.

Response to Questions from Commission

Aboriginal and Torres Strait Islander people should be aware be aware that this document contains names of deceased persons and may contain themes that could be distressing to some.

Question 28

What are some of the key characteristics of First Peoples families with CP System involvement? E.g., economic disadvantage, lack of affordable or stable housing, family violence, drugs, alcohol, mental health, family history of removals and separation (intergenerational trauma), loss of cultural identity and connection through Government interventions, employment, and education status – as well as resistance to Government intervention or contact.

15. The key characteristics of First Peoples' families' involvement with the Child Protection System are complex and varied. The Department tends to describe these characteristics as 'factors' that drive involvement. The Department acknowledges that there are significant areas of intersectionality with both the health and child protection systems, with alcohol and drug misuse, mental health, social and emotional wellbeing, and intergenerational trauma being some of the contributing factors. These contributing factors to First Peoples' involvement with the Child Protection system can create a cycle of connection whereby health related factors drive involvement with the Child Protection system but involvement itself negatively impacts on the health of families.
16. Ongoing systemic racism and discrimination and intergenerational trauma caused by colonisation and dispossession impacts significantly on First Peoples' health and wellbeing and are an intrinsic consequence of historic and ongoing government policies and practices.

17. The Department was heavily involved in the Royal Commission into Victoria's Mental Health System (**RCVMHS**), acknowledging the intersection of health to the key characteristics that contribute to First Peoples' involvement with the child protection system. Some recommendations from the RCVMHS specifically aim to address the accessibility of services for people accessing culturally safe mental health, and alcohol and other drug supports, in conjunction with social and emotional wellbeing supports. The RCVMHS follows royal commissions and inquiries spanning several decades, each highlighting the systemic failure of government agencies and social institutions to discharge their responsibilities to First Peoples and communities.[2] These recommendations, and the work to address them, are instrumental in providing culturally appropriate and safe programs for First Peoples. Programs that will address the key factors of their connection with the child protection system that intersect with health.

18. The RCVMHS identified a broad range of factors contributing to First Peoples' involvement with the Child Protection System. Factors that go beyond the mental health and wellbeing system, including inter-generational involvement of child protection services. The RCVMHS also acknowledged that involvement in the Child Protection system is both driven by parental mental health issues and contributes further to mental illness, due to the impact of family separation and childhood trauma.

19. Parental mental illness is a contributing factor to children being placed in out of home care.[3] The *Always Was, Always Will Be Koori Children* report highlighted that more than 60% of the children reviewed as part of the report's Taskforce 1000 investigation 'came to the attention of child protection as a result of parental mental health issues in combination with other risk factors'.[4] Parental mental illness was also found to be a common reason why many children could not be returned.[5]

20. Balit Murrup, the Department of Health's Aboriginal social and emotional wellbeing framework, also emphasises that the experiences of Aboriginal children in out of home care are often stressful and traumatic. Social and economic disadvantage, often transgenerational, place First Peoples' children at greater risk of behavioural and environmental harm, including exposure to racism, family violence, or poor-quality parenting. The impact of this is an often undetected, underestimated and a misunderstood determinant of mental health.[6] And therefore of health, including that of Community.

21. The impacts of intergenerational trauma among First Peoples have been evident for many generations and continue to be seen today. They are expressed in many diverse ways. For example, First Peoples are three and a half times more likely to pass by suicide than non-Indigenous people, which has a flow on effect to family and friends.[7] Aboriginal children who have contact with the child protection system are at a higher risk of passing by suicide. Specifically, children who have contact with the child protection system are at an increased risk of suicide because, as a population, they are more likely to present with the risk factors associated with suicide.[8] The stressors are complex, including engagement with the police and justice system proximal to passing, relationship breakdown, insecure access to accommodation,

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[2] Royal Commission into Victoria's Mental Health System, Final Report, Volume 3, Chapter 20, page 143.

[3] Commission for Children and Young People, Lost not Forgotten, (2019), page 15.

[4] Royal Commission into Victoria's Mental Health System, Final Report, Volume 3, Chapter 20, page 152.

[5] Royal Commission into Victoria's Mental Health System, Final Report, Volume 3, Chapter 20, page 152.

[6] Balit Murrup Aboriginal social and emotional wellbeing framework (2017), page 19.

[7] Suicides of Aboriginal and Torres Strait Islander People, Victoria 2018–21 (2022), page 8.

[8] Commission for Children and Young People, Lost not Forgotten (2019), page 14.

family violence, and difficulties in accessing support services immediately prior to passing. The effects of colonisation and associated trauma contribute to First Peoples passing by suicide. Better understanding the origins of suicide, for First Peoples as individuals, family and as Community will be necessary to shift from a one-size-fits all approach for suicide prevention to targeted approaches. Such a shift could be expected to significantly reduce suicide attempts and deaths among our First Peoples.

Question 29

What are the key policies, programs, and other initiatives through which the State is seeking to:

a) Address those underlying characteristics,

b) Strengthen and support Victorian First Peoples children and families; and

c) Ensure that programs for First Peoples are culturally appropriate and effective, including through funding for Aboriginal Community Controlled Organisations (ACCOs)?

22. There are a range of policies, programs, and initiatives that the Department has and continues to implement. These seek to address, strengthen and support First Peoples children and families who have connected with the child protection system, and are summarised below. This response addresses the programs, initiatives and policies that support and strengthen Victorian First Peoples children and families, and how the Department is working to ensure that programs for First Peoples are culturally appropriate and effective, including through funding for Aboriginal Community Controlled Organisations (**ACCOs**).

23. This is a significant time for First Peoples communities in Victoria and the Victorian Government. The Victorian Government has committed to First Peoples' self-determination as the overarching policy and implementation driver to improve First Peoples' health, wellbeing, and safety. The Department prioritises engagement with ACCOs to support delivery of culturally appropriate health services. The Department acknowledges that the issues identified as factors contributing to First Peoples' interaction with the child protection system are multilayered and complex.

24. The Victorian Government has committed to Treaty, the legal framework through which First Peoples' self-determination can be realised, including in the health sector. The Department notes that the Treaty Negotiation Framework lists health and wellbeing, and child protection issues as potential subject matters for Treaty negotiations.

25. The Government acknowledges that the principle and process of enabling self- determination involves more than consulting and partnering with First Peoples on policies and programs that affect their lives. Self-determination must be driven by First Peoples.

26. The Victorian Government is responsible for transforming its systems, structures, and service delivery to better reflect and enable the aspirations of First Peoples' communities. The Victorian Government is committed to the transition of relevant decision-making control to First Peoples.

27. The fundamental importance of and respect for self-determination underpins the Government's commitment to Treaty.

Social and Emotional wellbeing

28. The RCVMHS final report in 2021 made 65 recommendations, adding to the nine recommendations in the interim report. Several recommendations were directed to the Department to address the poor social and emotional wellbeing outcomes for First Peoples. The Victorian Government has committed to implement all recommendations of the RCVMHS. Work to deliver the recommendations is underway and been the subject of significant new investment by Government. The Department leads implementation of most of the recommendations.

29. A part of the Department's implementation of RCVMHS recommendations is focussed on Aboriginal and Torres Strait Islander mental health and wellbeing. This includes the development of a suite of reforms to provide children and families with early, culturally safe, self-determined, and flexible support through Aboriginal-led organisations in partnership with mental health services.

30. A key recommendation from the RCVMHS is to embed self-determination as the critical underpinning in building a new mental health and wellbeing system, including appropriate services for children and youth. To deliver on this recommendation, the Department has begun a formal partnership with the Victorian Aboriginal Community Controlled Health Organisation (**VACCHO**) to improve First Peoples' social and emotional wellbeing across Victoria in a self-determined, culturally safe way.

31. Community has told the Department that Aboriginal healing centres to acquire, restore, and retain cultural knowledge are key to First Peoples' healing and their overall social and emotional wellbeing. Through a co-design process, two Aboriginal healing centres are in planning. These centres will provide access to wellbeing supports, and the culturally appropriate and trauma-informed care that will 'help families stay safely together'.[9] The Healing Centre model of care is purposefully different from crisis driven individual care. This is more than an urgent response to acute illness or need in a single person. The Centres will provide a culturally safe space where Victorian First Peoples can connect or reconnect with culture, access traditional healing, share traditional knowledge, and embrace 'social, emotional, physical, cultural, and spiritual dimensions of health and wellbeing'.[10] Holistic health for individuals, families, Community.

The Balit Durn Durn Centre of Excellence in Social and Emotional Wellbeing

32. The Department worked in partnership with VACCHO to establish the Balit Durn Durn Centre of Excellence in Social and Emotional Wellbeing in 2020, and it is now auspiced by VACCHO. A Community engagement process in 2019 informed the Centre's core functions. The Balit Durn Durn Centre's vision is to "embed the Aboriginal and Torres Strait Islander wellbeing model within the mental health sector, services are culturally safe, ensuring that there isn't a wrong door for Aboriginal people to access support and services which will assist in their healing and recovery."[11]

33. The Balit Durn Durn Centre, in partnership with the Mental Health and Wellbeing Division within the Department of Health, are leading the co-design work for a service model that will inform the establishment of a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports.

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[9] Royal Commission into Victoria's Mental Health System, Final Report, Volume 3, page 175.

[10] Royal Commission into Victoria's Mental Health System, Final Report, Volume 3, page 163.

[11] Balit Durn Durn Centre Vision & Purpose, <https://www.balitdurndurncentre.org.au/vision-purpose/>

34. The co-design framework also includes key objectives and design methodologies agreed with VACCHO. The approach ensures that the voice of First Peoples and organisations representing Community are at the centre of this design work. VACCHO has established an Expert Advisory Group (**EAG**) to govern this work. The EAG includes members from diverse organisations that focus on supporting the wellbeing of First Peoples' children. The Department funds the EAG, ensuring that members are paid for their time. The Department also supports the capital planning and the design processes for the establishment of the Balit Durn Durn Centre's services.

35. The Balit Durn Durn Centre and ACCOs have advised that a separate First Peoples' suicide prevention and response strategy is needed. This strategy must be led, co-designed, and implemented by First Peoples' communities and organisations. In response to this self-determined advice, the Department's Suicide Prevention and Response Office (**SPARO**) is partnering with the Balit Durn Durn Centre and the Coroners' Court of Victoria's (**CCoV**) Aboriginal Engagement Unit. Together, we seek to develop prevention strategies informed by current gaps in the system, early identification of risk factors for suicide, and potential intervention opportunities in health services, education, child protection and justice settings.

Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework (2017-2027)

36. *The Balit Murrup: Aboriginal social and emotional wellbeing framework (2017-2027)* embeds First Peoples' self-determination as the core principle to drive actions to improve the social and emotional wellbeing, resilience and mental health of First Peoples' families, and communities.

37. In accordance with Balit Murrup, the Department is supporting three key programs to fund First Peoples' communities and organisations to lead the planning, delivery, and evaluation of health and wellbeing services delivered to First Peoples.

38. This Aboriginal-led service model supports Victorian First Peoples with moderate to severe mental illness, trauma and other complex health and social support needs who often fall through the gap between primary and tertiary mental health services. Each site will provide culturally responsive mental health care, treatment, counselling, and care coordination.[12]

Alcohol and other Drugs

39. There are a variety of culturally safe early interventions and preventions that the health system offers to people who misuse substances. These supports seek to restore the physical, social, and emotional wellbeing for individuals and their families.

40. The health system prioritises access to alcohol and other drug (**AOD**) services for those who are subject to a Family Reunification Order. Being able to access early intervention services such as AOD supports is pivotal in assisting to address key factors that contribute to a family's involvement in the child protection system.

41. The Victorian Government provides funding to Aboriginal-specific AOD treatment services provided to those affected, or at risk of being affected by AOD issues.[13] These services are provided by ACCOs across the state. Victorian First Peoples' AOD workers are based in a range of Aboriginal Community Controlled Health Organisations (**ACCHOs**) and ACCOs, and accept referrals from catchment-based intake services, as well as self-referrals and direct referrals from other services.

[12] Balit Murrup, Department of Health Social and emotional wellbeing framework (2017), page 13.

[13] 2022-23 State Budget - Budget Overview (2022), page 18.

Question 30

In the case of the key policies, programs and initiatives identified in response to paragraph (29):

(a) What is the current duration of their funding (and is it recurrent)?

(b) Explain any disparity in the various funding arrangements (particularly, as between ACCOs and other funding recipients).

42. The Department recognises that ACCOs have been historically funded by short term, project-specific funding agreements. ACCOs have found this funding approach challenging and have advocated for reform. In particular, the uncertainty of ongoing funding year-to-year has undermined employment confidence and contributed to workforce stress. It has also hampered proper service planning.

43. In response to the need for reform, the Department is currently pursuing options to transitioning ACCOs to longer term outcomes-based funding arrangements. This better aligns with their holistic service delivery and outcomes focus. The Aboriginal Health and Wellbeing Partnership Forum (**AHWBPF**), of which the Minister of Health is a co-chair, continues to work toward funding reform for First Peoples' health services that is not piecemeal and based on short term funding commitments. This responds to long-term advocacy for funding reform by ACCHOs.

44. The Victorian Government recognises the focus needs to move to a self-determined approach that includes greater Aboriginal-led decision making. The transition to longer term outcomes-based funding for ACCHOs aligns with the reform direction of embedding self-determination and assists the Department in preparing for Treaty reform. Since 2021, the Department has worked with VACCHO as the peak body for First Peoples' health and wellbeing in Victoria on its approach to outcomes-based funding. The Department will continue to work in partnership with ACCHOs so that outcomes are achievable, self-determined and meaningful to communities.

45. The Department also intends for the outcomes to align with the principles and priorities of the AHWBPF, the Victorian Government's *Self-Determination Reform Framework*, the Victorian Government's outcomes reform approach, and the basis of truth, understanding and transformation that underpins the Yoorrook Justice Commission.

Social and Emotional Wellbeing

46. The RCVMHS set out a 10-year plan to transform the mental health and wellbeing services in Victoria, with recommendations focused on many of the issues highlighted in response to question 29. The Government invested $3.8 billion in the 2021-22 State Budget to start rebuilding the mental health system. A further $1.3 billion was provided through the 2022-23 State Budget.

47. An investment of $116 million over four years, and $32 million ongoing, was committed by the Victorian Government in the 2021-22 State Budget to deliver the First Peoples' social and emotional wellbeing recommendations of the RCVMHS.[14] Of the $32 million in recurrent funding, $25.7 million is committed for ACCHOs to establish and expand multidisciplinary social

[14] Victorian State Budget 2021-22 Service Delivery Budget Paper, page 9.

and emotional wellbeing teams and commission services for First Peoples' children and young people, with state-wide coverage anticipated by 2025.[15]

48. $1.2 million over two years, 2021-22 and 2022-23, was provided to VACCHO to co-design with First Peoples' communities the establishment of two Aboriginal healing centres, previously mentioned.[16] This builds on previous funding provided and will be used to continue the co-design process, identify the workforce required to be employed within the healing centres, and engage with local mainstream health services to determine the best approaches for integrated models of care as part of the healing centres design. This initiative contributes to the Department of Health's Mental Health Community Support Services output.[17]

49. The Victorian Government has committed ongoing funding for the phased recruitment of 10 Koori Mental Health Liaison Officers. These will be employed within selected Infant, Child, and Family Mental Health and Wellbeing Services to support ACCOs from 2022-23.[18]

50. In the 2021-22 Budget, $1 million was committed to VACCHO to lead the co-design of a service model to inform the establishment of a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports.[19]

The Balit Durn Durn Centre of Excellence in Social and Emotional Wellbeing

51. The 2022-23 Budget provided $3.5 million over two years to support First Peoples' community-led suicide prevention and response efforts. This includes allocation of some funding to the Balit Durn Durn Centre to coordinate and lead the co-design of suicide prevention and response initiatives with First Peoples' communities, and to establish an Aboriginal-led suicide and self-harm prevention advisory panel that will advise on targeted efforts for First Peoples' clients and families and areas of most need. [20] The Department's SPARO has supported this work by mapping the existing suicide prevention and social and emotional wellbeing services across Victoria. This mapping will now inform a co-design process for the development of a self-determined, culturally appropriate suicide prevention and response initiative, led by the Balit Durn Durn Centre.

Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework (2017-2027)

52. Funding was provided for the Balit Murrup framework to test new service models for Victorian First Peoples with moderate to severe mental illness, trauma and other complex health and social support needs who often fall through the gap between primary and tertiary mental health services.[21] This funding has now been consolidated as recurrent funding for Social and Emotional Wellbeing (SEWB) teams committed by the Victorian Government in the 2021-22 state budget.

53. Ballarat and District Aboriginal Cooperative (**BADAC**) received $1.16 million in 2021-22 and $1.35 million from the Victorian State Budget 2022-23 to focus on reducing the impact of parental mental illness for children engaged with child protection, supporting family reunification

[15] Victorian State Budget 2021-22 Service Delivery Budget Paper, page 9.

[16] Victorian State Budget 2022-23 Service Delivery Budget Paper, page 3.

[17] Victorian State Budget 2022-23 Service Delivery Budget Paper, page 4.

[18] Victorian State Budget 2021-22 Service Delivery Budget Paper, page 15.

[19] Victorian State Budget 2021-22 Service Delivery Budget Paper, page 9.

[20] Commission for Children and Young People, Lost, not forgotten, Inquiry into children who died by suicide and were known to Child Protection (2019), pages 14-16.

[21] Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027, page 47.

(in response to Taskforce 1000).[22] This was initially funded under Balit Murrup but has since been consolidated as the SEWB team expansion budget.

Alcohol and Other Drugs

54. In 2022-23, the Victorian Government is investing $11.5 million for First Peoples-specific AOD services delivered through approximately 30 ACCOs.[23]

Question 31

What are the key challenges and opportunities in respect of the programs identified in response to paragraph (29)?

55. There are a range of challenges and opportunities in relation to overall mental health and wellbeing system reform, and the programs, policies and initiatives that support First Peoples.

56. In response to the recommendations of the RCVMHS, mental health and wellbeing services in Victoria are undergoing transformative reform and growth with significant investment in improving the system. The RCVMHS provided clear recommendations on actions required to support First Peoples' social and emotional wellbeing.

57. This focus on system improvement presents a significant opportunity to improve the mental health and wellbeing of First Peoples. However, the scale and pace of this reform also presents some challenges. There are very high expectations of delivery of improved services and these changes need to occur within an existing system already facing substantial challenges.

58. There are challenges in relation to service readiness to implement change and, in particular, the need to build the workforce required to deliver the reformed system. Modelling suggests that 2,500 more workers in the public mental health system will be needed over the next three and a half years, just to stabilise the system and implement currently funded reforms. [24]

59. This additional recruitment must occur in a system where there are already widespread workforce vacancies. There are shortages of mental health workers across most occupations and professional groups. Service expansion, an ageing workforce, and enduring impacts of the COVID-19 pandemic are adding further challenges.[25] Similar recruitment and retention challenges exist across the AOD sector.

60. These challenges are amplified when considering the employment of First Peoples across the mental health and wellbeing and the AOD sector. The Department believes that the knowledge, skills, and experience First Peoples bring to a service indispensably contribute to an environment of cultural safety. However, the comparatively small population of First Peoples in Victoria means recruiting enough people to these important workforces is challenging. And, once employed, the burden on this workforce can be significant. Many First Peoples working in mental health and AOD services will have their own lived and living experience of the legacy of intergenerational trauma, systemic racism, and discrimination. This impacts on their, and their families, own health and wellbeing, only to be added to be vicarious workplace trauma. In short,

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[22] Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027, page 47.

[23] 2022-23 State Budget - Budget Overview (2022), page 18.

[24] Modelling undertaken to inform Victoria's mental health and wellbeing workforce strategy 2021–2024 December 2021, page 21.

[25] Victoria's mental health and wellbeing workforce strategy 2021–2024 December 2021, pages 18-19, 21, 23.

this workforce is asked to carry a significant cultural and emotional load that may be personally harmful. Ways to better support this workforce – for their health and the health of the communities they serve – must be found.

61. Another challenge associated with the rapid pace of reform is the constraints on the time available to work with lived experience partners and communities. The Department is striving to work in partnership and, wherever possible, to co-design or co-produce programs and service responses with those who are most impacted by them. This work necessarily takes time. But delays to implementation of service improvement prolongs avoidable harm. There is a need to balance meaningful engagement and partnership with delivering urgently needed responses to the health issues facing Community now.
62. The Department is committed to continuing to strive towards all services, including all universal services, being culturally safe and welcoming for First Peoples. We know that there is a long way to go to achieve this.
63. There is also a need to better address some of the contributing factors identified in this response through investment in prevention. Current services are heavily focussed on treatment. Treatment is important and there remains a need to improve and expand access to treatment service. However, as community has been telling the Department for some time, there is a pressing and concurrent need to invest in prevention with a focus on developing First Peoples' leadership, promoting healing, and building on strengths within community. These challenges will best be met by listening to and learning directly from community.
64. The Department acknowledges and welcomes the firsthand community voices and lived experience that is being shared via the Commission. This is an opportunity for the Department to hear of the opportunities for change that are being shared.
65. The Department is also grateful for the work of the Balit Durn Durn Centre and the leadership it offers, alongside other ACCOs, as we all work towards culturally safe and accessible services.
66. Improving the social and emotional wellbeing of First Peoples' children and young people requires genuine acknowledgement and engagement with the legacy of trauma that continues to negatively affect families and communities. This includes recognising that experiences of mental illness in children and young people cannot be considered in isolation from the social and emotional wellbeing of parents and families, and that solutions must focus on children and young people and their families and communities.

Question 131

The Department of Health website notes that "Localised and culturally safe health-based models will instead assist people with their immediate health and safety and connect them to long-term wraparound services to address their more complex needs". Provide an overview of:

a) The status of design and implementation,

b) The involvement of ACCOs and other First Peoples stakeholders; and

c) How accountability over localised responses is intended to work in practice

67. The *"localised and culturally safe health-based models will instead assist people with their immediate health and safety and connect them to long-term wraparound services to address their more complex needs"* is text from the Department's website regarding public drunkenness and intoxication reforms being led by the Department.

68. By way of background:

    a) '*Public Drunkenness'* is a term that has been used in this statement to refer to the offences under the *Summary Offences Act 1986* that will be repealed when decriminalisation takes effect on 7 November 2023, and

    b) The term '*public intoxication'* is used when describing the broader reforms and establishment of a health-based response. In line with the intent of the reforms, the focus of the health response will be those who are intoxicated (both alcohol and other drugs) and at risk of engaging with police.

69. In 2019, the Victorian Government undertook to remove current laws that mean being drunk in public is a criminal offence. A commitment was also made to put in place a health-based response to public intoxication that prioritises the safety and wellbeing of people who appear intoxicated in public. These are changes that both First Peoples' community members and health experts have been calling for.

70. The Victorian Government committed $16 million in the 2021-22 State Budget and a further $50 million over two years in the 2022-23 Budget to implement public intoxication reforms. These reforms will replace the current criminal justice response with a health-based response, providing access for people who are intoxicated in public to safe and culturally appropriate support and care.[26] This health-based response is being progressively put in place ahead of when decriminalisation of public drunkenness comes come into effect on 7 November 2023 with the commencement of the *Summary Offences Amendment (Decriminalisation of Public Drunkenness) Act 2021*.

71. The response will deliver localised and culturally safe health-based services that aim to reduce the contact intoxicated people have with the criminal justice system. In doing so, the response aims to minimise the risk of arrest, incarceration, injuries, and deaths in custody solely arising from being intoxicated in public. The response's approach will assist intoxicated people who might otherwise be diverted to a hospital emergency department or custodial setting and support them to sober up in a safe place. The service will offer pathways to longer term health and social services for people if they need or want them.

a) The status of design and implementation

72. First Peoples are disproportionately impacted and over-represented amongst people charged with public drunkenness offences under the current laws. As a direct response to this, dedicated First Peoples' services are the mainstay of the health-led reforms. Specifically, a health-based response that prioritises a self-determined approach is being developed and trialled, by providing funding to Aboriginal-led organisations to deliver the outreach services, sobering up centres and places of safety. With Aboriginal-led organisations providing the services, it is

[26] 2021-22 State Budget - Budget Overview (2021) and 2022-23 State Budget – Budget Overview (2022)

envisioned that they will provide a culturally safe wrap-around service to First Peoples who need assistance or support because of public intoxication.

73. The health-based response to public intoxication will consist of three core elements:

    a) First and foremost, dedicated First Peoples' Public Intoxication Services. These will provide support for intoxicated First Peoples across both metropolitan and regional Victoria. Care will be provided by a combination of services, including outreach, places of safety, sobering centres, and transport assistance.

    b) A General Metropolitan Melbourne Public Intoxication Service. This will provide a combination of on-demand and assertive outreach, transport, and a sobering centre in metropolitan Melbourne.

    c) Centralised functions, including call triaging and dispatch to coordinate in-bound requests for support from outreach teams, and to provide secondary consults and clinical advice to staff in outreach, places of safety or sobering centres.

74. Services will be consent-based and voluntary, provided with a human rights lens. In respecting dignity and care, the support provided through the public intoxication response will aim to reduce the harms associated with intoxication, without judgement or an expectation of reduction or cessation of alcohol or drug use. The service does not replace emergency First responders where they would attend in response to significant community safety concerns or emergency health issues.

Access and referrals

75. For both the dedicated First Peoples' Public Intoxication Services and the General Metropolitan Melbourne Public Intoxication Service, intoxicated people in need of support will access services through:

    a) Central Intake Referral and Dispatch (**IRD**): operating 24/7, IRD will receive notifications if someone appears to be intoxicated and in need of support or assistance. Notifications may come from Victoria Police, Ambulance Victoria, other service providers, or licensed premises. In response to notifications, IRD will determine if it is appropriate to dispatch on-demand outreach services. Outreach services will be able to provide timely, culturally appropriate assistance and support through administering First aid, providing water or food, phone charging or access to a phone to contact family. IRD may also, where appropriate, make a referral to another service.

    b) Assertive outreach teams are scheduled to be present in high demand areas during peak times to identify and respond to people who are presenting intoxicated and need assistance. A key aim of assertive outreach is to have a health-based response to public intoxication accessible and available to reduce alternative systemic interventions. Similarly, to on-demand outreach services, these teams will be able to provide immediate assistance and support; and

    c) In-person presentation at sobering up centres in relevant locations.

76. A key feature of the system is providing a safe place for intoxicated people to sober up while they recover from the effects of intoxication. The preference is always for a person to sober up at home if it is safe to do so, but this may also include the home of a nominated friend or family

member or, if required, a supervised sobering centre or a place of safety. Outreach teams will be able to provide transportation to a safe place.

Sobering centres and places of safety

77. The Expert Reference Group's (**ERG**) report 'Seeing the Clear Light of Day' identified places of safety as essential to ensuring that the health and wellbeing needs of intoxicated people can be met.[27]

78. The Victorian Government has determined that there will be no use of police cells to respond to public intoxication once decriminalisation occurs. This stance reflects the aim of minimising criminal justice impacts on people who have been disproportionately impacted by public drunkenness laws.[28]

79. Sobering centres and other places of safety are, therefore, integral to the health-based response to public intoxication. Sobering centres will operate in metropolitan Melbourne offering 24/7 dedicated places for people to safely sober up under the supervision and monitoring of dedicated staff. In other areas, on-demand places of safety will be available for people to sober up under the supervision of outreach staff.

80. Sobering centres and on-demand places of safety are intended to be welcoming and accessible, safe, and secure, offering a dignified environment to help reduce the risk of harm to the intoxicated person. The sobering centres will be trauma informed and include culturally safe and gender sensitive environments. People using the service will be able to access private bathrooms, cleaning facilities, and safe keeping for belongings.

81. On-demand places of safety will be selected on the basis that there are clearly delineated spaces for sobering up that offers privacy from others that may be accessing the same premises for other purposes. There will be access to bathroom and cleaning facilities and, to the extent possible, services will present as home-like rather than clinical.

Follow-ups and referrals

82. While outreach support, sobering centres, and places of safety provide immediate, short term, intervention the response is also an opportunity to connect people to other support services that may be beneficial. Through the model, additional support services are available to assist in people's alcohol and/or other drugs usage, and for other complex needs. With consent, referrals may be made to other health, mental health, community, and wellbeing resources. The intention is to assist people to connect with future recovery services that could reduce the risk of future harm. This will include linking people in with First Peoples' organisations that are well-equipped to provide community led, holistic, wrap-around supports.

83. Sobering centre staff or outreach teams may follow up with a person after an episode of care if they have agreed to be contacted. This can include checking on a person's health and wellbeing, identifying and discussing any health or social concerns they may require access to other supports and services and making referrals to such services.

[27] Expert Reference Group on Decriminalising Public Drunkenness *Seeing the Clear Light of Day; Report to the Victorian Attorney-General* August 2020

[28] *Historic Laws Passed to Decriminalise Public Drunkenness*, 19th February 2021, <https://www.premier.vic.gov.au/historic-laws-passed-decriminalise-public-drunkenness>

Centralised support and consultation

84. Central clinical support and consultation will be available on a 24/7 basis to support IRD services, as well as all outreach teams, sobering centre staff and service providers. This support will provide secondary clinical advice to staff operating the outreach and sobering services and will help the public intoxication response to work effectively within the broader health and social support system. Clinical advice will seek to ensure that individuals receive the right level of service to meet their needs and that appropriate support is available to ensure that individual's health needs are met in a culturally safe way.

85. Service locations have been identified, as recommended by the ERG, with reference to data on the rates of public drunkenness offences and population size. The locations selected provide coverage for approximately 82% of Victoria's First Peoples population and 98% of the regions where First Peoples' public drunkenness offences have been recorded in previous years.[29]

86. The model for the dedicated First Peoples' Public Intoxication Services response includes:

    a) 24/7 outreach and sobering service in Metropolitan Melbourne

    b) outreach and transport services in two outer metropolitan locations (Frankston and Wyndham)

    c) 24/7 on-demand outreach and access to places of safety in eight regional locations (East Gippsland, Bendigo, Greater Shepparton, Swan Hill, Ballarat, Geelong, Latrobe, and Mildura).

87. The General Metropolitan Melbourne Public Intoxication Service, comprising outreach and sobering services, is not cohort specific and will operate in Metropolitan Melbourne. An assertive outreach service function will operate in metropolitan Melbourne Thursday to Sunday at peak periods and on-demand outreach for the rest of the week. This General service response will be available for up to 62% of the total population and cover 66%of the regions where public drunkenness offences have occurred.[30]

Timeframes for implementation

88. Initially, decriminalisation of public drunkenness was due to come into effect in November 2022. However, the impacts the COVID-19 pandemic on the health system and challenges in stakeholder coordination resulted in significantly delayed the health-based service model design and establishment of trial sites. To ensure fit-for purposes models could be rolled out, commencement of the reforms was delayed until November 2023.

89. This has enabled additional time to work with First Peoples' communities to design and implement culturally safe services; to work with potential providers to ensure services will be able to operate effectively when stood up; and to trial and evaluate the proposed service elements.

90. Four trial sites have now been established. The detailed service framework is under development. This framework, which will be provided to prospective service providers as part of

[29] 2019 Law Enforcement Assistance Program (LEAP) offence data for offences '596A – Drunk in a public place' and '596B – Drunk and disorderly in a public place'

[30] 2019 Law Enforcement Assistance Program (LEAP) offence data for offences '596A – Drunk in a public place' and '596B – Drunk and disorderly in a public place'

service commissioning, is being developed and refined in consultation with potential providers and other key stakeholders, including trial site partners and other First Peoples' stakeholders. Data, trial site partner feedback, evaluation outcomes and other information from trial sites is also being used to test and refine the service model. It is anticipated that selection of and commissioning of providers will be completed mid-year, in advance of service commencement in November 2023.

b) The involvement of ACCOs and other First Peoples stakeholders

91. The planned repeal of public drunkenness as a criminal offence is a direct result of tireless advocacy from First Peoples' communities. Government is committed to the design, delivery and evaluation of public intoxication services being led by First Peoples' communities. This is acknowledged as critical in ensuring that the model promotes therapeutic and culturally safe pathways.

92. Following the decision to decriminalise public drunkenness, the Victorian Government appointed an ERG on Decriminalising Public Drunkenness to provide strategic advice and recommendations and an alternative health-based response. From late 2019 to early 2020, the ERG undertook extensive consultations across the state with a range of stakeholders, including with community and ACCOs.

93. On 19 August 2020, the ERG delivered its report, 'Seeing the Clear Light of Day,' to the Attorney-General. This report included 86 recommendations to the Victorian Government to guide legislative reform and the development of a culturally safe and appropriate health model to replace the criminal justice response to public intoxication.

94. An Aboriginal Advisory Group was established in mid-2021 by the Department of Health. The role of this group is to provide expert advice to ensure the model of care is culturally safe, advise on the creation of a public health model that is Aboriginal-led, and assist in the development of a culturally appropriate evaluation strategy.

95. The Aboriginal Advisory Group (**AAG**) includes membership from state-wide peak and advocacy organisations, First Peoples trial site providers and other First Peoples' organisations with expertise in alcohol and other drugs. The Day family is represented on the group along with the following organisations.

    a) Aboriginal Community Justice Panels
    b) Aboriginal Justice Caucus
    c) Bendigo & District Aboriginal Co-operative
    d) Bunjilwarra
    e) Dandenong & District Aborigines Co-Operative Limited
    f) Dardi Munwurro
    g) Djirra
    h) Ngwala Willumbong
    i) Rumbalara Aboriginal Co-Operative
    j) Victorian Aboriginal Community Controlled Health Organisation
    k) Victorian Aboriginal Legal Service

96. Continued refinements to the service model over coming months will be informed by ongoing discussions with the AAG and direct engagement (already commenced) with First Peoples' organisations.

c) How accountability over localised responses is intended to work in practice

97. The Department is committed to First Peoples' oversight, monitoring, and evaluation of both the trial sites and the state-wide service model. Evaluation will apply the principles of First Peoples' self-determination and capture First Peoples' ways of being, knowing and doing in continuous performance monitoring, data collection, and analysis. The AAG will assist in the development of a culturally appropriate evaluation strategy.

98. As recommended by the ERG in its report 'Seeing the Clear Light of Day', an Implementation Monitoring and Oversight Group (**IMOG**) is being established.[31] This group, comprising representatives from the First Peoples community, lived experience representatives and health and justice experts, will be tasked with advising the Government on the overall performance and outcomes of the state-wide model, from both the health and justice perspectives.

99. It is intended that the perspectives and voices of service users, particularly First Peoples, and people with lived experience of substance misuse, will be integrated across monitoring and evaluation activities by:

    a) embedding First Peoples' leadership and governance at all stages of evaluation.

    b) transferring decision-making control to First Peoples' and Aboriginal-led organisations.

    c) giving service users the opportunity to feed into future design and delivery of Public Intoxication Services.

    d) strengthening accountability to service users.

    e) respecting the richness, diversity, strength, and knowledge held by Victoria's First Peoples' communities.

100. This evaluation work will be supplemented by the Department's ongoing monitoring of service delivery by providers in accordance with their service agreements. This monitoring will seek to ensure that localised services are being delivered in a manner that is consistent with the framework and objectives of the service model and that localised approaches are consistently delivering a high-quality service response across the state.

101. As a condition of funding, providers will be obliged to report to the Department in relation to service usage, performance, and risks/challenges. This will include mandatory immediate reporting of significant defined incidents, including in relation to serious injury of client or staff, data, or privacy breaches.

102. The Service Framework (under development) will outline service level expectations and requirements in relation to matters such as risk management, information management, data collection and reporting and quality and safety frameworks. Providers will also be required to comply with a range of standards, policies, and guidelines, including, where relevant the Victorian Clinical Governance Framework (delivering high-quality healthcare) published by Safer Care Victoria. Service providers will be required to adhere to and have in place mechanisms and processes to ensure compliance with all relevant legislation.

[31] Expert Reference Group on Decriminalising Public Drunkenness (August 2020) *Seeing the Clear Light of Day – Report to the Attorney General*

Question 132

The Department of Health website notes that "Trial sites in the City of Yarra, City of Greater Dandenong, City of Greater Shepparton and Mount Alexander Shire (Castlemaine) are being established to test and develop the new model, ahead of a state-wide rollout at the end of 2023". Provide an overview of:

a) The status of these trials (including service model, organisations involved),

b) Involvement of ACCHOs and other key First Peoples stakeholders in design and/or implementation,

c) The State's assessment of the success of the new model as operated in the trial sites referred to; and

d) The steps being taken to ensure that the trial sites (and broader roll-out) are culturally safe for First Peoples.

103. The "*Trial sites in the City of Yarra, City of Greater Dandenong, City of Greater Shepparton and Mount Alexander Shire (Castlemaine) are being established to test and develop the new model, ahead of a state-wide rollout at the end of 2023*" is text from the Department's website regarding the establishment of trial sites related to public intoxication reforms being led by the Department.

a) The status of these trials (including service model, organisations involved)

104. Four trial sites have been established to help inform the health-based response to public intoxication. Sites were selected to reflect a mix of high and low service demand and incorporate both metropolitan (City of Yarra and City of Greater Dandenong) and regional (Mount Alexander Shire and Shepparton) locations. The trial sites were planned and announced in December 2021 prior to the finalisation of the broader service model, and in particular the prioritisation of a First Peoples' service response. As a result, each of the four trial sites include a First Peoples and a General (non-cohort specific) service offering. Services at these trial sites are being delivered by non-government organisations, including First Peoples' organisations collaborating with Aboriginal Community Justice Panels (**ACJP**), to provide a First Peoples-specific service response at each of the four trial sites.

105. Due to delays, largely associated with the COVID-19 pandemic and associated service pressures, trials only commenced in August 2022 with services being introduced progressively across the sites. These sites are at various stages of commencement with some sites operating partial services only. In some trial sites, First Peoples specific components of the services are yet to begin operation. Where services have been unable to commence, this has largely been due to the inability to recruit and train the necessary staff. This both due to the enduring impact of the pandemic but also high demand for staff with the required skills and experience. However, these challenges have provided significant insights that will be provided to the organisations standing up locally appropriate services.

106. Formal police participation in the trials commenced in October 2022 with instruction issued by the Victorian Police Chief Commissioner. This has been important to test and refine referral pathways into a health-based response.

The City of Yarra

107. The Aboriginal-led response in the City of Yarra trial is being delivered by Dardi Munwurro, with delivery of the sobering centre and outreach services expected to be operational in March 2023. Outreach services are being delivered in partnership with the ACJP. Dardi Munwurro has established culturally specific models of care for their outreach service. This includes having a men's and women's sobering up service, community outreach activities, and referrals into culturally safe services.

108. Cohealth and the Salvation Army are delivering the City of Yarra trial General outreach and sobering services.

The City of Greater Dandenong

109. Ngwala Willumbong will deliver culturally safe outreach supports for First Peoples' communities in the City of Greater Dandenong trial. This Aboriginal-led response is yet to commence operation, both due to challenges with staff recruitment but also delays in the establishment of the mainstream response at this site. It is similarly envisioned to be a holistic and culturally safe service that leverages strong community relationships and engagement activities.

110. Monash Health is leading delivery of the General service response for the City of Greater Dandenong trial, including assertive and on-call outreach and sobering services.

Mount Alexander Shire (Castlemaine)

111. The Bendigo and District Aboriginal Cooperative has commenced a modified interim outreach service in partnership with Dhelkaya Health (formerly known as Castlemaine Health). This leverages existing local understanding of culturally safe AOD and social and emotional wellbeing care to support mainstream responses.

112. The Mount Alexander Shire General service trial response is being led by Dhelkaya Health.

Shepparton

113. The City of Greater Shepparton trial will have a standalone Aboriginal-led response delivered by Rumbalara Aboriginal Cooperative and ACJP. Rumbalara Aboriginal Corporation has commenced operations of its sobering up services, providing a home-like rather than clinical environment. This service also offers referral into culturally safe additional supports as needed. Shared outreach services are yet to commence.

114. The General service in the Shepparton trial is being delivered by Primary Care Connect and Goulburn Valley Health.

b) Involvement of ACCHOs and other key First Peoples stakeholders in design and/or implementation

115. The Aboriginal Advisory Group (**AAG**) has been closely involved in all stages of designing the model for the health-based response to public intoxication, meeting regularly since May 2022.

116. An interim evaluation of the trial sites from October 2022, conducted by the Department's own Centre for Evaluation and Research Evidence, found that the AAG is functioning well as an accountability mechanism, providing a high degree of transparency on process and progress to the First Peoples' community more broadly.

117. First Peoples' service providers have been key partners in each of the trial sites. The First Peoples-specific services are being established by local First Peoples organisations and these organisations have been working in partnership with the general service providers in each trial

site. This has been critical in supporting a shared vision and understanding of local needs and cultural safety across the sites whilst also providing an avenue to share information about progress and challenges.

c) The State's assessment of the success of the new model as operated in the trial sites referred to

118. With some trial sites still not operational and the trials still incomplete it is not yet possible to provide a full assessment of the success of the new model. However, early findings from an interim evaluation and ongoing monitoring of the trials indicate that the health-based response to public intoxication will improve outcomes for people who are intoxicated in public, as intended.

119. As of December 2022, after only a short period of operation across the trials, 76 First Peoples' clients had been assisted; people who, otherwise, without the operational trial sites may have been placed in custody. The number of assisted people across all cohorts is increasing as more services scale up their offerings and the impact of the Police Chief Commissioner's instruction is progressively realised.

120. To ensure a state-wide system is in place when decriminalisation takes effect on 7 November 2023, it was important to determine the state-wide service model and location. This meant that it was not possible to wait until trials were complete before doing so. An interim evaluation report was, therefore, prepared in October 2022, to inform design and implementation planning for the state-wide delivery.

121. This interim report covered only a relatively short period of operation with many service elements not operational at the time of the evaluation. The interim report has provided useful insights and identified challenges in commencement and has also highlighted the commitment of all those working on the ground to provide public intoxication services. Key insights have included an appreciation of the lead time required to establish a new service offering that considers local context and needs, and allows for the development of meaningful partnerships with, and between, providers. Other insights from the interim evaluation include:

    a) the importance of branding and information to gain trust and support use of the consent-based services,

    b) the importance of governance structures at a state-wide level that support timely decision making – particularly in the context of a service system that is designed to develop and respond flexibly and iteratively to local needs,

    c) recognition that demand must shape local services responses, but service planning and demand management is complex, particularly in the context of areas of demand which can be highly variable and may be influenced by an influx of visitors over time,

    d) the importance of positive proactive engagement across all relevant stakeholders including all providers and partners in a location. This includes Victoria Police, Ambulance Victoria, Department of Justice and Community Safety, Department of Health, and the local council, amongst other agencies.

122. Working with and learning from local community trial site providers has been instrumental in informing the design of a better service, particularly allowing flexibility in design for local innovation and response to local circumstances (such as varying demand patterns, local needs of community around intoxication and different methods of community engagement). This information is also informing the development of the detailed service framework. Full evaluation

of the trial sites will be undertaken to continue to refine and build on the service model up to and beyond November 2023.

d) The steps being taken to ensure that the trial sites (and broader roll-out) are culturally safe for First Peoples

123. Self-determination is the key component to a health-based response to public intoxication, and central to the delivery of culturally safe trial sites for First Peoples by the department. From the outset, the design of the new service model has been by First Peoples. Aligned with this, the delivery of First Peoples' specific public intoxication services such as outreach, sobering up centres and places of safety, will be only by Aboriginal-led organisations to ensure self-determination and culturally safe and appropriate care. Both First Peoples' organisations and mainstream organisations will be eligible to apply to deliver 'general' services. The trial sites have demonstrated that Aboriginal-led services have been able to build in design characteristics reflecting locally determined cultural requirements to their services. The early signs are very positive.

124. General services are not cohort specific and are available for everyone to access, with service providers tailoring their delivery of services to meet the diversity of the community. Services providers will be required to incorporate cultural safety measures into their project planning, comply with the Department's cultural safety framework as a condition of their service agreements, and provide status updates to the Department on implementation of these measures. Demonstrating a commitment to cultural safety has been a priority for all trial site providers.

125. Across all trial sites providers have committed to delivering services in a culturally safe manner. Staff across the sites undertake cultural safety training and general service providers have partnered with Aboriginal-led services or leveraged pre-existing partnerships with agencies led by First Peoples, so that general services are culturally safe and appropriate to the local context.

Conclusion

126. The Department is deeply committed to the objectives of the Commission, to acknowledging past and current harms, and, informed by that truth telling, to transforming current systems and building new ones, and underpinning all of the care design and provision to creating a new relationship between First Peoples and the State of Victoria, based on equality, truth, and justice.

127. There is significant reform activity across the Victorian Government to embed First Peoples' self-determination and drive stronger outcomes. However, the Government has remained in control, and needs to do more to allow First Peoples to lead necessary change, with appropriate support from the State. This is required in health, as well as other policy and service areas that impact First Peoples and can be pursued through Treaty negotiations.

128. The Department is continuing to provide early intervention and prevention supports to First Peoples' children and families through funding initiatives that genuinely support self-determination in decision making to improve health and wellbeing outcomes for their communities. As indicated in the Balit Durn Durn report to the RVCMHS '*Aboriginal*

Communities have the solutions for creating a culturally-safe, sustainable, self-determining mental health systems—the solutions are already in their hands'.[32]

129. The Department is working to build strong partnerships across the community sector. Valuing the partnerships that are being built, and the genuine and gracious engagement of community members with the Department, is essential to delivering on the system change that First Peoples' communities want to see.

130. Deep listening and hearing are fundamental to learning, and pivotal to the change that is so urgently needed as the Department works toward Treaty. Recognising that the Department is on a continual journey towards cultural safety, the Department appreciates, and is grateful for, the opportunity to present to the Commission. The Department is ready to learn from the Commission's work as it continues to support self-determined approaches and works to achieve better health and wellbeing outcomes.

Sign here: 

Print name: Professor Euan M Wallace AM…

Witness: 

Date: 21 March 2023

[32] Balit Durn Durn: Report to the Royal Commission into Victoria's Mental Health System (2020), page 15.

Attachment A - Questions allocated to the Department of Health, Mental Health and Wellbeing Division

Question		Addressed in Agency response?	Allocation to
28	*What are some of the key characteristics of First Peoples families with CP System involvement? E.g., economic disadvantage, lack of affordable or stable housing, family violence, drugs, alcohol, mental health, family history of removals and separation (intergenerational trauma), loss of cultural identity and connection through Government interventions, employment, and education status – as well as resistance to Government intervention or contact.*	Para 15-16 - Overview of key characteristics of First Peoples families involvement with the child protection system Para 17-18 - Key characteristics and findings from the Royal Commission into Victoria's Mental Health System (**RCVMHS**) regarding First Peoples involvement with the child protection system Para 19-21 - Outlines characteristics including parental mental illness, social and economic disadvantage, intergenerational trauma.	Argiri Alisandratos, Associate Secretary, Children, Families, Communities and Disability, DFFH Katherine Whetton - Dep Sec Mental, Health and Wellbeing, DH (regarding health aspects) Eleanor Williams - Executive Director, Strategy and Policy, DH (for health aspects)
29	*What are the key policies, programs, and other initiatives through which the State is seeking to:* *d) Address those underlying characteristics,* *e) Strengthen and support Victorian First Peoples children and families; and* *f) Ensure that programs for First Peoples are culturally appropriate and effective, including through funding for Aboriginal Community Controlled Organisations (ACCOs)?*	Para 22-24 - Overview Para 25-28 - RCVMHS recommendations, and social and emotional wellbeing Para 29-32 - The Balit Durn Durn Centre of Excellence in Social and Emotional Wellbeing Para 33-35 - Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework (2017-2027) Para 36-38 - Alcohol and other drugs	Argiri Alisandratos, Associate Secretary, Children, Families, Communities and Disability, DFFH Katherine Whetton - Dep Sec Mental Health and Wellbeing, DH (for health aspects) Eleanor Williams - Executive Director, Strategy and Policy, DH (for health aspects)

Question		Addressed in Agency response?	Allocation to
30	*In the case of the key policies, programs and initiatives identified in response to paragraph (29):* *a) What is the current duration of their funding (and is it recurrent)?* *b) Explain any disparity in the various funding arrangements (particularly, as between ACCOs and other funding recipients).*	Para 39-42 - Overview of current funding arrangements and potential reforms Para 43-47 - Social and emotional wellbeing Para 48 - The Balit Durn Durn Centre of Excellence in Social and Emotional Wellbeing Para 49-50 - Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework (2017-2027) Para 51 - Alcohol and other drugs	Argiri Alisandratos, Associate Secretary, Children, Families, Communities and Disability, DFFH Katherine Whetton - Dep Sec Mental Health and Wellbeing, DH (regarding health aspects) Eleanor Williams - Executive Director, Strategy and Policy, DH (for health aspects)
31	*What are the key challenges and opportunities in respect of the programs identified in response to paragraph (29)?*	Para 52-54 - Opportunities and new investment in improving the system Para 55-57 - Challenges regarding service readiness to implement change (e.g., workforce capacity) Para 58-63 - Challenges re time constraints for reform, greater consultation and focus on prevention	Argiri Alisandratos, Associate Secretary, Children, Families, Communities and Disability, DFFH

Question		Addressed in Agency response?	Allocation to
131	*The Department of Health website notes that "Localised and culturally safe health-based models will instead assist people with their immediate health and safety and connect them to long-term wraparound services to address their more complex needs". Provide an overview of:* *d) The status of design and implementation,* *e) The involvement of ACCOs and other First Peoples stakeholders; and* *f) How accountability over localised responses is intended to work in practice.*	Para 64-68 - Overview and background Para 69-87 - Status of design and implementation Para 88-93 - Involvement of ACCOs and other First Peoples stakeholders Para 94-99 - Accountability over localised responses	Justin Mohamed (Deputy Secretary, Aboriginal Justice, DJCS) Katherine Whetton - Dep Sec Mental Health and Wellbeing, DH (regarding health aspects) Eleanor Williams - Executive Director, Strategy and Policy, DH (for health aspects) Nicole Lynch - Executive Director, Strategy and Policy, DH (for health aspects)

Question		Addressed in Agency response?	Allocation to
132	*The Department of Health website notes that "Trial sites in the City of Yarra, City of Greater Dandenong, City of Greater Shepparton and Mount Alexander Shire (Castlemaine) are being established to test and develop the new model, ahead of a state-wide rollout at the end of 2023". Provide an overview of:* *a) The status of these trials (including service model, organisations involved),* *b) Involvement of ACCHOs and other key First Peoples stakeholders in design and/or implementation,* *c) The State's assessment of the success of the new model as operated in the trial sites referred to; and* *d) The steps being taken to ensure that the trial sites (and broader roll-out) are culturally safe for First Peoples.*	Para 100 - Overview Para 101 - 111 - Status of trials Para 112-114 - Involvement of ACCHOs and other key First Peoples stakeholders in design and/or implementation Para 115-119 - State's assessment of the success of the new model Para 120-122 - Steps being taken to ensure culturally safe trial sides and broader roll-out	Katherine Whetton - Deputy Secretary Mental Health and Wellbeing, DH (for health aspects) Eleanor Williams - Executive Director, Strategy and Policy, DH (for health aspects) Nicole Lynch - Executive Director, Strategy and Policy, DH (for health aspects) Justin Mohamed (Deputy Secretary of Aboriginal Justice)