



## Loddon Mallee Aboriginal Reference Group

### Submission to the Human Rights Commission

### Youth Justice and Child Wellbeing Reform across Australia

#### About Loddon Mallee Aboriginal Regional Group

The Loddon Mallee Aboriginal Reference Group (LMARG) is a consortium of Aboriginal Community Controlled Organisations (ACCOs) in the Loddon Mallee region and along the Murray River who are committed to working cooperatively and taking a joint approach to addressing issues impacting Aboriginal & Torres Strait Islanders people health, wellbeing, social and economic status. LMARG was formed in 1997 and comprises four Aboriginal Community Controlled Organisations (ACCOs) delivering from six locations: The members of LMARG are:

- Bendigo and District Aboriginal Co-operative (BDAC) - Bendigo
- Mallee District Aboriginal Services (MDAS) - Mildura, Swan Hill, and Kerang
- Murray Valley Co-operative (MVAC) - Robinvale
- Njernda Aboriginal Cooperative (Njernda) – Echuca

The Loddon Mallee Aboriginal Reference Group (LMARG) provides Aboriginal leadership focused on ground up strategies and innovative approaches to improving the lives of Aboriginal people living in the Loddon Mallee region of north-west Victoria by getting together to share information, seek and provide advice, and support and learn from one another.

(For more information on LMARG see Appendix 1).

#### About this submission

This submission to Human Rights Commission from the Loddon Mallee Aboriginal Reference Group (LMARG) addresses both **regional advantage** and **disadvantage** with a focus on the innovative developments designed to meet local needs and challenges. These developments include a focus on prevention in the Early Years, projects to transfer Aboriginal Children to Aboriginal Care, and the development of Youth Healing Centres.

The submission was developed in consultation with the CEOs and senior staff from the LMARG membership led by Njernda Aboriginal Corporation. A draft document prepared by the LMARG member policy officers and reviewed and endorsed by the LMARG Chief Executive Officers. LMARG leaders would welcome the opportunity to meet with the Human Rights Commission to discuss this submission in further detail.

(Throughout this document the term 'Aboriginal' is respectfully used to refer to both Aboriginal and Torres Strait Islander peoples.)

#### Summary

This submission highlights the innovative projects currently underway in Loddon Mallee driven by members of the Loddon Mallee Aboriginal Reference Group including:

- Focus on prevention in the Early Years
- Aboriginal Children in Aboriginal Care - Section 18



- Baroona Youth Healing Place.

These projects look to improve on the existing youth justice system its policies and practices to put the child at the centre of care and to ensure the rights and well-being of children are protected and supported.

## Background

The Loddon Mallee Aboriginal Reference Group understands that children and young people from disadvantaged backgrounds with complex needs and disabilities, especially Aboriginal and Torres Strait Islander children, are overrepresented in the child protection and youth justice systems across the country.

Our members know this is also the case in Loddon Mallee and members are keen to explore new ways to reduce the involvement of children and young people in crime especially through prevention and early intervention.

LMARG would like to highlight the compounding factors resulting from colonisation and subsequent government policies such as the Stolen Generations - including dispossession, loss, entrenched systemic and structural racism - which have contributed to the comparative disadvantage experienced by our young people.

We are concerned about the relationship between the child welfare and justice systems and the criminalisation of Aboriginal children in out of home care<sup>1</sup> - who we know are more likely to appear before a Children's Court on criminal charges than children who are not in out-of-home care - and the maltreatment of young people in youth detention.

Our communities are based in regional Victoria where the problems with service systems – including barriers to access to paediatric health, mental health, education, substance use treatment systems, and community services – increases pressure on the child protection and youth justice systems. We are cognisant there is a perception that these issues are confined to the remote communities and that funding follows this perception. The ongoing social, economic, and broader disadvantage experienced by Aboriginal Victorians is acknowledged in the most recent Victoria Government Aboriginal Affairs Report (VGAAR)<sup>2</sup>. While we look forward to reform in related systems across Australia - this submission seeks to ensure that communities in southeast Australia who bore the brunt of early colonisation and experience comparative disadvantage, are not forgotten.

Aboriginal Community Controlled Organisations (ACCOs) occupy an important niche within Victoria's Health Care and Social Assistance service system as providers of choice for Aboriginal people. The ACCO model of whole of life involves integrated service delivery which includes capacity for internal referrals and integration across disciplines from cradle to grave and is an excellent model for small rural locations.

LMARG addresses issues of equity and access experienced by Aboriginal people accessing mainstream services, by offering culturally strong and safe services. We provide pathways to employment for young Aboriginal people who want to stay in community in rural locations. At time these locations that have a history of difficulty in attracting and retaining suitably qualified medical and allied health staff. Most

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<sup>1</sup> McFarlane, K. (2018). Care-criminalisation: The involvement of children in out-of-home care in the New South Wales criminal justice system. *Australian & New Zealand Journal of Criminology*, 51(3), 412–433. <https://doi.org/10.1177/0004865817723954>

<sup>2</sup> Victorian Government Aboriginal Affairs Report (2019)



importantly, ACCO sector ‘has reduced barriers to access and unintentional improving individual health outcomes for Aboriginal people’.<sup>3</sup>

Members seek support for the multi-purpose/integrated service development required to effectively deliver across health, family services, housing, justice, youth, disability, mental health, family violence, kindergarten, childcare, and maternity services.

The recent report prepared for the AEC<sup>4</sup> on the impacts of Aboriginal population growth on culturally safe and connected service demand highlights that the Aboriginal population of Victoria is growing quickly. (Members indicated population growth in some locations is a result of Native Title and Registered Aboriginal Party settlements with community members moving back on country. BDAC highlighted the importance of their relationship with Dja Dja Wurrung Clans Aboriginal Organisation and the increase of family groups moving to the area.)

This population growth is increasing faster than poverty is decreasing so the total number of Aboriginal households living in poverty is projected to continue to increase with the highest increase in Loddon and third highest in Mallee.

More Aboriginal people are choosing to use LMARG member services and are being referred to these services from new sources such as the Centre for Non-Violence and the Department of Justice and Community Safety because of renewed focus on Family Violence and the implementation of Dhelk Dja.

## Youth Justice and Child Wellbeing in Loddon Mallee

It is well understood that Aboriginal and Torres Strait Islander children and young people have a long history of over-representation in the youth justice<sup>5</sup> and child protection systems.

*“Although only about 6% of young people aged 10–17 in Australia are Aboriginal or Torres Strait Islander, almost half (49%) of the young people aged 10–17 in detention on an average day in 2020–21 were Indigenous (AIHW 2022).”*

In Victoria, in the June quarter of 2022 there were 119 Aboriginal children (0-17 years) in detention - the third highest number after Queensland and NSW. The statewide numbers are replicated at the local level but the outcomes for young people living in regional Victoria is more challenging due to increased barriers to accessing services outside major cities.

In the last twelve months in Loddon Mallee, 40% of young people subject to custody were Aboriginal children (Department of Justice and Community Safety).

In addition, as of February 2023, Aboriginal children represented 20% of all children across all child protection phases and over one quarter of children in care services in Victoria. And 18% of all Aboriginal children were involved with Child Protection compared to 1% of non-Aboriginal children.

Currently, of the total number of Aboriginal children in care in Victoria 22 percent are in the north of the State with 155 were in Mallee and 179 in Loddon.

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<sup>3</sup> Panaretto, K, Wenitong, M, Button, S, & Ring, I (2014). Aboriginal community controlled health services: leading the way in primary care, *The Medical Journal of Australia*, Volume200, Issue11, p. 649-652

<sup>4</sup> SVA Consulting, (2019). Demand for services for Aboriginal and Torres Strait islander people in Victoria: Report prepared for the Aboriginal Executive Council.

<sup>5</sup> <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2022/contents/understanding-youth-detention-in-australia/aboriginal-and-torres-strait-islander-people>



There are 221 Aboriginal children and young people are authorised or in pre-authorisation to an ACCO under Section 18 (where the care? is transferred to the CEO of an Aboriginal Community Controlled Organisation). There are four organisations in Victoria commencing this work including two LMARG members – BDAC and Njernda.

## **Innovations in Loddon Mallee**

### **Early Years**

Our four member ACCOs are committed to delivering early support from early in pregnancy based on the Victorian government's Cradle to Kinder program<sup>6</sup> This period of life is vital to development and provides vehicles to actively support families. Community managed child and maternal health services and early years services are classic best investments to secure the best outcomes for children and families.

Further detail can be provided on request including from the University of Melbourne's study on Njernda's programs.

### **Aboriginal Children in Aboriginal Care**

LMARG members have been responding to new areas of growth related to government reforms in child protection with the transition of Aboriginal children in the Child Protection system to the care of Aboriginal organisations. Although sadly the number of Aboriginal Children in Out of Home Care (OOHC) in Victoria has nearly doubled in the years since the establishment of Taskforce 1000 in 2014, more and more these children are receiving wrap around support from ACCOs without additional funds.

In November 2017, the DHHS commenced transferring guardianship of Aboriginal children on children's court protection orders to Aboriginal community-controlled organization's (ACCO's) starting with the Victorian Aboriginal Child Care Agency's (VACCA's) Nugel Program in November 2017, followed by BDAC's Mutjang Bupuwingarrak Mukman Program in January 2019. Ballarat and District Aboriginal Cooperative and Njernda Aboriginal Corporation (Wala Yarka) are now also involved.

These programs represent a landmark achievement and an Australian first.

### **Baroona Youth Healing Centre**

The Baroona Youth Healing Place (Baroona) provides a residential service to commence the healing journey for young male Aboriginal people affected by trauma with associated behaviours including substance abuse as well as mental health conditions leading to the young Aboriginal person to be at risk of entering into detention centres or jail. Currently the Baroona Healing Service is undergoing redevelopment to expand services to both male and female and to construct a purpose-built centre. Current services are a day program in Echuca which will hopefully continue after construction of the centre.

Appendix 2 provides a summary outline of the new Model of Care for the residential service. The Model combines the best of cultural and trauma informed therapeutic approaches to helping each young participant commence their healing journey.

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<sup>6</sup> <https://providers.dffh.vic.gov.au/sites/default/files/2017-06/Victorian-Aboriginal-cradle-to-kinder-practice-guide.pdf>



## **1. What factors contribute to children's and young people's involvement in youth justice systems in Australia?**

The factors which contribute to the involvement of Aboriginal children and young people in the youth justice system in Loddon Mallee are complex and overlapping but all can be traced back to the intergenerational trauma resulting from colonisation and subsequent government policies.

In addition to trauma systemic factors such as racism, discrimination, and inequality disproportionately affect our communities. This results in lower social economic status including poverty and unemployment. Trauma also manifests at both family and community level and includes family violence and substance abuse in the home and associated issues such as mental health and poor school attendance and achievement.

Peer group influence and the limited opportunities for young people in regional towns are also factors. For example, child related events and activities. As well as opportunities to be involved in statewide sporting activities and events. Involvement in these activities keeps young people active in a healthy manner.

## **2. What needs to be changed so that youth justice and related systems protect the rights and wellbeing of children and young people? What are the barriers to change, and how can these be overcome?**

The Loddon Mallee Aboriginal Reference Group offers an opportunity for the integrated and coordinated effort required from our members and their communities, together with policy makers from the Victorian and Australian government departments and our other stakeholder who meet regularly with the LMARG membership. We seek to provide a governance structure which creates opportunities for whole of system response at the local level.

LMARG members believe this joined up effort should:

- Emphasise interventions that address the underlying causes of offending behaviour.
- Strengthen connections to Culture, Community and Country.
- Take a child centred approach to accommodate the developmental differences and specific needs.
- Provide alternatives to detention or jail.
- Involve multidisciplinary teams collaborating across systems including social workers, psychologists, teachers, and justice workers.
- Increased investment in ACCO led solutions.
- Aboriginal families educated to the rights of the child.
- Include training and professional development for justice system professionals, including judges, lawyers, and law enforcement officers.
- Ensure young people are involved in the decision-making around policy development and program design.

Emphasis on early intervention programs and policies for young people is vital to support young people and their families earlier to stop the increasing numbers of our children entering the justice system.



### **3. Can you identify reforms that show evidence of positive outcomes, including reductions in children’s and young people’s involvement in youth justice and child protection systems, either in Australia or internationally?**

The Victorian Government’s recognition of the importance of self-determination in improving outcomes for Aboriginal people is underpinned by Treaty negotiations and includes transferring power, decision-making and resources back to Aboriginal communities. The VGAAR report states ‘the government has a responsibility to reform its systems, structures, and service delivery to better reflect the aspirations of Victorian Aboriginal communities’<sup>7</sup>.

LMARG members welcome this reform and would like to see investment in:

- Early Intervention and Prevention Programs starting early in pregnancy to reduce the likelihood of children and young people entering the justice or child protection systems.
- Therapeutic approaches which recognise Aboriginal ways of healing such as Baroona Youth Healing Centre
- Aboriginal Children in Aboriginal Care

### **4. From your perspective, are there benefits in taking a national approach to youth justice and child wellbeing reform in Australia? If so, what are the next steps?**

Addressing these factors requires a comprehensive and multidisciplinary approach, including prevention, early intervention, and support services for at-risk children and young people which is best determined at local and regional level rather than through a national approach.

There may be a role a national approach for some aspects of reform such as: developing a national strategy; achieving consistency across jurisdictions; making changes to legislation; collaboration and knowledge sharing; and research and evaluation. LMARG members highlighted that this work should not disadvantage the progress and projects already underway in Victoria.

## **Appendix 1**

### **About LMARG**

The Loddon Mallee Aboriginal Reference Group is a forum of Aboriginal Community Controlled Organisations (ACCOs) established in 1997 as a networking and consultative body which has evolved to become a governance structure for collective decision-making, policy, advocacy, setting strategic priorities and the allocation of resources all within a framework of self-determination.

The LMARG membership consists of:

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<sup>7</sup> Victorian Government Aboriginal Affairs Report (2019)



- Bendigo and District Aboriginal Cooperative (BDAC),
- Mallee District Aboriginal Services (MDAS) in Mildura, Swan Hill, and Kerang,
- Murray Valley Aboriginal Cooperative (MVAC) in Robinvale, and
- Njernda Aboriginal Corporation (Njernda) in Echuca.

The communities in our combined catchment in north-west Victoria comprise nearly one quarter of the total Aboriginal population of Victoria.

The LMARG collaboration represents cultural practice and self-determination in action as we work together to deliver against the revised Closing the Gap targets and Victorian Aboriginal Affairs Framework (VAAF).

LMARG widely been acknowledged as an exemplar in Aboriginal leadership for the way it has focused on ground up strategies and approaches to improving the lives of Aboriginal people living in the region through senior leadership getting together seeking and providing advice and support and learning from each other.

[www.lmarg.org.au](http://www.lmarg.org.au)

### **LMARG recent achievements**

- LMARG recently championed work in Victoria to change legislation to allow Aboriginal Health Practitioners (AHPs) to be authorised to apply fluoride varnish. This resulted in an amendment to the Drugs, Poisons and Controlled Substances Regulations (2017) 22 February 2022 - a massive win for the Aboriginal children in Victoria. The submission to amend the regulations was co-led by LMARG and the Department of Health.
- For over seven years LMARG advocated for ongoing integrated health promotion funding to be provided to Aboriginal Community Controlled Organisations which led to the establishment of the Working Together for Health (WT4H) program. In May 2023, the Department of Health informed LMARG members that WT4H funding would be ongoing. LMARG members are the only ACCOs in Victoria to receive this health promotion funding.
- In 2021, LMARG was invited to provide a submission to Infrastructure Victoria for the 30-year Victorian Infrastructure Strategy 2021-2051. LMARG was informed that our submission influenced the recommendation to establish the Aboriginal Community Infrastructure Fund to strengthen the community-controlled sector, a 'critical foundation from which Aboriginal organisations can pursue self-determination'.<sup>8</sup>
- The LMARG has focus on preventative work in Early Years led by MDAS. The LMARG submission to the Victorian Government Perinatal Services Inquiry underpinned by ongoing advocacy influenced the creation of the Aboriginal Maternal Child Health Program. All LMARG ACCOs now directly employ Maternal Child Health Nurses through this program.

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<sup>8</sup> <https://www.firstpeoplesrelations.vic.gov.au/aboriginal-community-infrastructure-program>



## Appendix 2

### The Baroona Youth Healing Centre Model of Care – Summary



- The Baroona Youth Healing Place (Baroona) provides a residential service to commence the healing journey for young Aboriginal people affected by trauma with associated behaviours including substance abuse, interactions with the justice system as well as mental health conditions. It also provides a related day program in Echuca.
- Every young person is at the centre of the services which are designed around their specific needs and aim to help them develop tools to manage their trauma so that it does not manage them.
- Baroona takes a two worlds approach which brings together Aboriginal healing practices to rebuild social and emotional wellbeing, and evidence-based health therapies and interventions. These approaches are held in a trauma-informed therapeutic framework.
- Baroona is a central feature of the long-term vision Traditional Owners and the local Community have for the broader site.
- The Model of Care is informed by consultations with over 100 Aboriginal people, including respected Elders, led by Njernda Aboriginal Corporation (Njernda).

#### Eligibility

Aboriginal children and young people, aged between 12 and 17 years, who:





- Need support to address substance abuse, mental health conditions and interactions with the justice system.
- Will benefit from an intensive residential program which includes cultural programs, group and individual counselling and treatment.
- Are willing to participate in a healing journey, as well as engaging in education, skills development and improving their health.

Baroona specialises in young people. Most are under Court Order and /or have substance abuse problems. Most are also in the Children Protection system.

Eligible young Aboriginal people are among the most disadvantaged Victorians. Many have experienced prolonged exposure to severe and repetitive stressors within their caregiver system from a very young age such as family violence, and in some cases sexual assault and abuse. They will generally have difficulties related to self-regulation, relationships, psychological symptoms, and self-harm. They are often disconnected from the protection and nurturing of Community and Culture.

Unless the cycle is broken their own children have a higher chance of facing similar challenges.

### **Elements of the model**

- The healing journey begins with the development of personal healing plans which encourage participants to identify their strengths, problems, needs, and aspirations so they can take greater control of their healing. Actions are delivered across four main areas: Culture and Spirit, Social and Emotional Wellbeing, Physical Health, and Education and Learning.
- Connecting to Culture, Community and Country through a program of cultural healing activities is the foundation from which participants build resilience, develop a sense of belonging and begin to heal.
- Social and emotional wellbeing healing practices with individual and group counselling together with evidence-based therapeutic interventions in a trauma-informed framework to improve relationships and address negative behaviour.
- Health assessments, the development of individual health goals, and the delivery of evidence-based health therapies and interventions with a focus on addressing substance misuse and mental health.
- Education and learning with support to improve literacy and numeracy skills, reconnect to school, undertake further education, or develop skills to prepare for employment.
- The provision of a 16-week residential program in a purpose-built facility provides a safe environment where there is time and space to reflect, learn and develop personal tools.
- A calendar of residencies which alternates between residencies for males and females to enhance safety and reduce risk especially for young females.



- Activities program designed to build resilience including tasks of daily living with physical activity, healthy eating, cooking, cleaning, personal hygiene; activities on Baroona farm; and assistance engaging with mainstream services such as Centrelink and the Justice system.
- Provision of continuing care post discharge with the establishment a network of support in the location where the young person will live and an open-door policy for those who may wish to return to Baroona for more support after their residency ends.
- An organisational learning model with a cycle of regular evaluation and review to measure outcomes and make improvements.
- Baroona staff comprise skilled Aboriginal women and men able to successfully work with traumatised children. The team include qualified teachers and counsellors. Elders play a vital role in helping residents learn about history, traditions, and country.
- Njernda supports access to its health and other services. Specialist services required by each young person or for group activities but not available through Njernda are obtained including by brokerage.

### **Expected outcomes**

The outcomes that young people achieve are dependent on their status on entry, their healing and recovery goals and length of stay, and includes improvements in most if not all, of the following areas:

- Improved spiritual and social and emotional wellbeing.
- Health status on discharge as compared to intake.
- A plan which sets out their journey to healing.
- An understanding of the causes and impact of intergenerational trauma.
- Improved physical health and an understanding of healthy lifestyle choices.
- Reconnection to education and training or preparing for employment.
- Reduced interaction with the justice system.
- Safe and viable future living arrangement.