

## BEST PRACTICE MODELS

BEST PRACTICE MODELS for Prevention of Mental Disorders

[2] Selective Programs

- a) Biological factors
- b) Psychological factors
- c) Social factors
  - i Indigenous families
  - ii Immigrant families
  - iii Children involved with bullying
  - iv Children in out-of-home care

### [2 c i ] Indigenous families

#### A. Services for indigenous children, adolescents and families

Services for Aboriginal families in Victoria are notionally provided by mainstream State Government Child and Adolescent/Youth Mental Health Services, and by family-focussed Social Welfare Service Non-Government Organisations, particularly in regional areas, where they sometimes work collaboratively with Aboriginal Cooperatives. With the exception of the Take Two program of Berry Street (NGO), the services are generally not staffed by Aboriginal people. Cultural consultancy is obviously sorely needed.

However, certain state-wide Aboriginal organisations have been established with the mandate to promote the wellbeing of the young and their families. They basically operate from centres in the Melbourne metropolitan area. To date, while striving for standards of excellence, these organisations have insufficient and unstable funding and resources, which means that their state-wide reach is compromised, in that their consultation to mainstream regional services is necessarily limited.

Aboriginal organisations in the State of Victoria that promote the best interests of children, adolescents and their families are actively involved in the prevention as well as early intervention and treatment of mental disorders in the young. They operate on the basis of self-determination, respect for individuals and culture, and a human rights framework. They aim to strengthen the safety, wellbeing and cultural connectedness of vulnerable community members, particularly children and adolescents. They have, for example, a strong commitment to ensuring appropriate out-of-home care in the Aboriginal community. They also advocate to government for improvements in child and youth wellbeing as opportunities arise.

*The services presented below aspire to performing at the highest possible level their functions in the Aboriginal communities to which they are linked and conduct reviews of their practice. However, they are generally under-resourced, and are constantly striving to find ongoing and longer-term funding for their various programs. In representing the critical principle of Aboriginal and Torres Strait community self-determination, and, in their mission to improve their services delivery in the direction of best practice, they are keen to consult and collaborate with other organisations and government bodies as much as their slim time opportunities allow.*

The following details of key Victorian Aboriginal organisations were correct in January 2019. Current information concerning the scope of and access to the programs of the organisations below can be found at their websites.

#### 1. Victorian Aboriginal Health Service (VAHS)

**VAHS delivers preventive services to Victorian Aboriginal communities through a series of programs, sometimes in collaboration with other services such as the Australian Childhood Foundation, Austin Health, Parentzone, Mindful and the Victorian Department of Justice. Such collaboration is considered to enhance the quality of the resulting service to children, adolescents and their families.**

#### Women's and Children's Unit

- Maternity Program
- Paediatric Medical and Dental Services
- Maternal and Child Health Program
- Healthy for Life Program
- In-home Support Program

#### Family Counselling Service

- Koorie Kids Team (Child and Adolescent Mental Health Service)
  - Breaking the Cycle of Trauma: Koorie Parenting Program
  - Koorie Educational Engagement Program: Stronger
  - Justice Program (for adolescents in detention)
  - Youth Outreach (Early Psychosis) Program
  - Consultation to other organisations responsible for universal services to Aboriginal children and adolescents, such as schools
- Healthy Lifestyles Program
- Adult Social Emotional Wellbeing Program
- Housing Assistance Program
- Financial Wellbeing Program
- Ice Pilot Program

## **2. Victorian Aboriginal Child Care Agency (VACCA)**

VACCA is the lead Aboriginal child and family welfare organisation in Victoria, which provides a foster-care service, complemented by a range of services to reinforce Aboriginal culture, support communities and encourage best parenting practices.

#### Early Intervention and Family Services

- Supported Playgroups
- Indigenous Parenting Support Service
- Aboriginal Stronger Families
- Aboriginal Family Restoration Program
- Aboriginal Family-Led Decision Making
- Family Violence Program
- Cradle-to-Kinder
- Integrated Family Services
- Aboriginal Liaison Worker / Child Services
- Koori Youth Leaders in Action Program

Lakidjeka Program (Aboriginal Child Specialist Advice and Support Service - ACSASS) - operates in a number of Regions across Victoria

Training and Development Services – offered to external organisations working in the field of Child and Family Welfare, aiming to strengthen relationships with Aboriginal organisations, communities and families.

- Early Childhood and Adolescent Development
- Child and Family Casework Practice
- Induction and Cultural Awareness
- Staff Wellbeing

### **3. Barreng Moorop: The Aboriginal Children Family Justice Program (ACFJP)**

This Program is delivered by a partnership between Jesuit Social Services, the Victorian Aboriginal Legal Service (VALS) and the Victorian Aboriginal Child Care Agency (VACCA). It provides integrated and intensive case management support to Indigenous children, aged 10-14 years of age who have current involvement with the justice system, and who are at risk of future involvement. It operates in North West Metropolitan Melbourne, and is a three-year pilot project funded by the Department of Prime Minister and Cabinet. It is being evaluated by Griffith University.

**The purpose of this support** is to address the issues underlying the young person's criminal behaviour. Issues include, for example, family dysfunction, mental health issues, trans-generational trauma, attachment difficulties, intellectual disabilities, experiences of violence and abuse, poverty, disengagement with the education system and lack of social connection.

In addition, the purpose of Barring Moorop is to bring together different service providers and the family around the young person in a comprehensive way, to provide “wrap-around support”. This approach engages with all members of the family, including siblings and parents, and with community and Elders. Through the program, young people and their families access relevant welfare, housing, family and education services. Partnership with Aboriginal controlled agencies, and with their experienced staff members, are seen as an essential part of the model. Trauma-specific counselling and family therapy is available through partner agency VACCA.

### **4. Berry Street Take Two:**

Take Two is a consortium partnership, established in 2003, led by Berry Street supporting infants, children, young people and their families impacted by family violence, abuse, neglect and trauma. As well as the expertise of Berry Street regarding child and family welfare, Take Two draws on the research expertise of LaTrobe University, the cultural expertise of the Victorian Aboriginal Child Care Agency (VACCA) and the clinical practice and training expertise of Mindful Centre for Excellence (Melbourne University) as part of the consortium.

Take Two understands that Cultural connection must form part of the clinician's goals and interventions planning, assessment and recommendations. Integrating culture supports and develops resilience, connection and belonging. Instilling culture in Aboriginal and Torres Strait Islander children with culture evokes experiences that are positive, rewarding and healing.

Take Two is highly committed to providing culturally appropriate support to Aboriginal and Torres Strait Islander children accessing our services. We employ Aboriginal staff in dedicated positions and work closely with Aboriginal Controlled Community Organisations across the state. The Take Two Aboriginal Team provide cultural guidance to non-Aboriginal staff working with First Nations children and families.

Additionally, Take Two have internal infant consultants who provide guidance to clinicians working with infants and their families. Take Two currently use the Ages and Stages Questionnaire (ASQ) with infants, and in the coming months will be training staff state-wide and has implemented the ASQ—Trak with Aboriginal and Torres Strait Islander infants.

Take Two also has a long history of working in partnership with VACCA and other Aboriginal Controlled Organisations with whom we have Service Agreements. Take Two has a dedicated Aboriginal clinical team that provides culturally-sensitive, trauma informed therapeutic interventions for Aboriginal and Torres Strait Islander children and families. The team also have a dedicated Cultural Consultant who provides cultural consultation for all clinical staff and senior managers state-wide. Consultations encourage and improve culturally appropriate service delivery, understanding of family, community and culture which are essential for healing, a sense of connection, identity and belonging for Aboriginal and Torres Strait Islander children and families.

A Cultural Connection Assessment Tool is completed for all Aboriginal and Torres Strait Islander children referred to Take Two to document and ensure strategies to facilitate family and cultural connections and culturally informed practice. The Take Two Aboriginal team produces a monthly internal newsletter, The Yarn, which provides relevant, innovative and up-to-date research and news from the Aboriginal community. The Yarn ensures Take Two clinicians have access to important information, dates and internal practice developments directly from the Aboriginal team.

## **B. Advocacy for the wellbeing of indigenous children, adolescents and families**

### **1. Secretariat of National Aboriginal and Islander Child Care (SNAAIC)**

In order to create positive change for Australian indigenous children, SNAAIC represents the voices of these children at a national level. It pursues advocacy for improving the focus of governments upon the best interests of Aboriginal and Torres Strait Islander children. Through ongoing connection with indigenous groups on the one hand and governments on the other, SNAICC promote initiatives towards self-determination and appropriate preventive services. It holds national Congresses to crystallise specific requests for government action.

### **2. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)**

VACCHO is the peak organisation for all Aboriginal organisations in Victoria concerned with health care needs in indigenous communities, embracing mental health and wellbeing, established in 1996. It brings these groups together to advocate in this area and influence government decisions on Aboriginal health programs and spending, and to improve the health outcomes for Aboriginal people in Victoria. Its mission is to work towards closing the gap in health inequity that continues to plague Australian indigenous communities. It employs 85 staff who work in the areas of policy, research and workforce development.

VACCHO has an accredited Education and Training Unit which provides Certificate-level training in many applied areas, including two core courses - Aboriginal Cultural Safety and Aboriginal Mental Health First Aid.

Some 30 organisations are members of VACCHO, including most state-wide Aboriginal organisations and regional Cooperatives. "Aboriginal health is everyone's business"; this quote from the history of VACCO, "Barefoot doctors: Our health, our way" by Katrina Hodgson (2016), reflects the holistic vision of human existence cherished by Aboriginal people.

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**Last updated 12 September 2023**