

Indigenous Men's Resource and Advisory Service (IMRAS) Royal Commission into Family Violence Submission

Background/History

The Indigenous Family Violence Strategy is jointly managed by the Office of Aboriginal Affairs Victoria and the Department of Human Services. It is a community led initiative to develop a whole of government response to family violence in Aboriginal communities.

The Victorian Indigenous Family Violence Taskforce was established in October 2001, to raise community awareness and engage communities in the development of local responses. The taskforce presented its final report in December 2003.

As part of the Indigenous Family Violence Strategy, 13 Indigenous Family Violence Regional Action groups are operating across the state. These groups are supported by an Indigenous Family Violence Regional Coordinator employed through the department.

The Victorian Taskforce on Indigenous Family Violence (VTIFV) found in the 2003 report had identified that Victoria's Indigenous men were being neglected. One of the recommendations from the report was the establishment of a resource and support centre for men who were struggling with domestic violence. As a result the VTIFV and Department of Human Services (DHS) developed and funded a program which is now known as the Indigenous Men's Resource and Advisory Service (IMRAS).

The IMRAS coordinator's role is to ensure that the voice of Aboriginal men is heard in the Aboriginal and Non Aboriginal community through the development of regional men's action groups and local membership of a state wide men's council.

This program will strengthen existing locally based intervention and recovery responses by developing a co-ordinated approach that is currently sensitive to the needs of Aboriginal men with a Family Violence focus but not limited to:

1. Perpetrators
2. Aboriginal males at risk of committing Family Violence
3. Victims of family violence.

The IMRAS believes the health and wellbeing of Koori Men to be of major concern for Aboriginal Communities. IMRAS urges all branches of Government to act and address not only at the state level but the national level the shame of Indigenous male health.

The Victorian Aboriginal Community Services Association Limited (VACSAL) is the state-wide Aboriginal community-based, community-controlled organisation established 25 years ago to advise governments on the delivery, development and reform of services provided to the Victorian Aboriginal community affecting the community's children, youth and families. VACSAL is a community resource centre that delivers a range of programs to strengthen family, community and culture.

VACSAL was founded on respect for, and acknowledgement of Aboriginal history and kinship networks. For over 25 years VACSAL's driving vision affecting all its activities has been a commitment to ensuring that Aboriginal people have ever-increasing access to information, resources, services and decision making about our community's direction and future.

VACSAL's goals have always been to redress inequality and disadvantage for our people and it therefore continues to build on its hard-won ability to influence government policy and the development of culturally relevant programs and services to meet our community's needs.

Community need

Prior to European settlement, Aboriginal peoples were sustained by a network of kinship, clan, and family connections and supports as well as a deep spiritual connection to land. Colonization has had disastrous impacts resulting in the loss of land, disconnection from clan, exclusion from opportunities within mainstream society.

This submission seeks support for the establishment of an initiative/process that will form part of the 'holistic care', in a safe and nourishing environment, where pride and competence can be restored.

Contemporary development theory indicates that pride in, and connection to culture, are protective factors. This means that programs and strategies that strengthen identity and a sense of connection and belonging for Aboriginal peoples and families are crucial.

It is through community development of said responses that Indigenous communities have the opportunity to gain some control of our destiny, through collaboration with Government Departments and mainstream Organisations we can now move forward to address the family violence issues facing our people through community-based strategies and the development of programs that are locally owned, culturally sensitive/respectful and adequately resourced.

It is understood that similar strategies and programs can operate across the whole of community, however for this submission; this program can be delivered from the Aboriginal Centre for Males Family Violence Referral Service (ACMIFVRS and Mibbinbah Men's health Camps using a Koori Coordinated Care Model which is based on a culturally holistic approach.

Example of best practice

- Indigenous Family Violence Strategy
- Sexual assault support services
- Integrated Family Violence Strategy

- Aboriginal Centre for Males Indigenous Family Violence Referral Service (ACMIFVRS)
 - L17's pathways
 - Service Coordination/Partnerships that include Child Parenting Society, Victoria Police, Northeast Housing, Department of Justice, Darebin Community Legal Centre Inc., Parkville Youth Justice Precinct, Plenty Valley Community Health, HomeGround Services, Djerriwarrh Health Services, The Smith Family and Relationships Australia-Victoria.
- Koori Coordinated Care
- Darebin Police protocols
- Northern High Risk Response Conference - RAMPS

Recommendations

- *Fully funded and supported Forums-Community and Organisational- to discuss the direction of Aboriginal Male Health advocated by the Indigenous Family Violence Primary Prevention Framework, Indigenous Family Violence Regional Action Groups (IFVRAG), Aboriginal and Torres Strait Islander Health Framework Agreement and NACCHO MOU's*

These could carry a brief to:

Facilitate between Mainstream Health services and Community Controlled Health services

Encourage Mainstream Services providers to:

- a) Establish equal partnerships which involve planning processes and collaborative agreements to deal with Aboriginal and Torres Strait peoples at a regional level.
- b) Engage in Community support for Mainstream Health Service providers.
- c) Engage best practices to aide communications between Indigenous and non-indigenous peoples, for areas that don't have an Aboriginal Community Controlled health services but do have an Indigenous population.
- d) Develop culturally competent practice's program for GP'S, Doctors and Health service providers for the future direction of Medical assistance.

All communities carry a responsibility to and for health of their members, so too, all Medical Practitioners have a duty to seek best practices to aide in better health Outcomes.

- *Services Coordination/Coordination – Partnerships MOU's*

It is a great strength and advantage to have Partnerships & MOU's between Community Controlled Organisations and Mainstream Services that creates a system for Holistic Service Delivery. By developing a Holistic approach to service

delivery, Perpetrators and Victims get the assistance to develop a Plan using best practices.

- *Culturally Specific Programs and Services*

By having Culturally Specific programs and services, Perpetrators and Victims have the opportunity to know who they are, where they come from and where they are going.

Without taking away from the impacts of Family violence on women and children there is a need to also look at males as Victims.

- *Victorian Aboriginal Males Council*

The purpose of including this paper is to provide a framework for the discussion and understanding of the operation of the Council and the content of which the by-laws governing the council. It is integral aboriginal males are part of the process that assist in the development and delivery of policies, programs and services. That there is a Peak body that assists Aboriginal Males to have their place in Society.

- *Client Integration Pathways*

Developing pathways from specifically designed Cultural programs and services that can lead into mainstream programs and services. This process could be designed as a *stepping stone Model*.

- *Intake and Assessment Case Management*

Without having a generic evaluation process for Intake and Assessment, Service Providers, Perpetrators/Victims find it hard to navigate through the current system.

All Case Management processes should be based on developing and including Holistic Planning to cover other related issues e.g. A&D, Law and Order etc.

- *Risk Management for Perpetrator and Victim*

Perpetrators as well as Victims need a Risk Management plan that creates discussion around what is the risk to self and others. This Risk Management plan is developed to understand; what is the risk of the perpetrator being placed in Hostels and emergency accommodation with other perpetrators and other residential clients with Alcohol & other Drugs and other related issues.

- *Police Protocols*

Police Protocols need to be state wide. All emergency services should have similar type protocols to protect all involved in a Family Violence situation.

- *Safe Spaces*

Services to create safe places for the discussions with Victims and Perpetrators as there are interviews happening in crowded work spaces/offices. A lot of services don't have the required funding to create specific areas for the safe discussion and process's of Intake and Assessment and Case Management.

- *Men's & Women's Camps Mibbinbah*

Through service coordination, camps should be part of the process for Case Management/Holistic planning. These activities need to be delivered in a culturally safe environment, such as regional areas rotating Northern, Eastern, Western and Southern Victoria due to connection of and by the participants to those areas.

- *Cultural Strengthening Programs*

Part of the Holistic service delivery needs to embrace cultural practices and provides information that strengthens the Victim and Perpetrator knowing who they are, where they come from and to know where they're going.

- *Life Journey Development and Support*

Case Management should lead towards developing a life's journey which should include - where do you want to go, where do you see yourself in a couple of years, how do we as service providers assist you in getting there using best follow-up practices utilising support services - community and mainstream.

- *Educational Programs Perpetrators and Victims (legal Responsibilities)*

Development of courses and programs that assist in educating Perpetrators and Victims on their legal rights and responsibilities and the impacts of abuse- physical and nonphysical such as intimidation, isolation and financial dependency etc.

- *Change In Court Orders to a more diversionary process for first offenders*

Courts need to recognise the appropriate services to defer perpetrators as there is a current practice of have having long time offenders sitting in the same groups as first time offenders. If there is a man moving/changing his/her behaviours, this situation tends to remind and keep the offenders in that space rather than allowing them to graduate out of and past previous bad behaviours.

- *Men's Behaviour Change Programs*

Men's Behaviour Change Programs should be included as part of the process but based on length and severity of the family Violence. The perpetrator could be using intimidation over a long period of time and actually not become physically violent.

It is difficult to measure the precise prevalence and impact of family violence. A great deal of family violence is hidden. Many people do not report it to the police. If it is to be taken seriously, then a more holistic coordinated approach needs to be developed which is fully funded and supported by the Courts and all Mainstream Services as well as Community Controlled Organisations.

The following is a process/program to enhance the Cultural engagement for Aboriginal males at risk of committing or being Victims of family violence.

Cultural engagement for Aboriginal males committing family violence or at risk of being Victims of family violence

Extract from paper presented by The Aboriginal Centre for Males at the 'No To Violence Conference' held in Melbourne on November 2012.

"To be quite frank, a lot of the family violence comes from a lack of communication: how you're feeling, where you're going, where we're going as a group. And the way we're doing this, the way we looked at it and had a good discussion around where we should go and our men's business is exactly that. And what that means is being inclusive, talking about as many people to as many people as possible because a lot of it is about getting the men to understand that violence is colour blind. It doesn't matter whether it's family violence, domestic violence, kids blueing up the street, youths, adults – violence is colour blind. And it comes in all shapes and sizes: physical, as you may know, non-verbal, stress, threats, isolation, the whole thing. And we can concentrate on one aspect of it, but it's better to talk to the fellas coming from the whole thing because it's about giving them all the options and then we start from there".

Like I said, it's around this men's business stuff. We're actually at the most exciting time in the whole of my life. For my whole life all I've heard is, "Black men don't do that. Black men don't share". If anything, you need to get a nine-to-five job, concentrate, get the white picket fence, to have that dream. It was never ours and it doesn't belong. Honestly, here in Australia we need to develop our own dream, "What is your dream? Who are you? What are you?"

And that's the stuff we talk about to our men, about how magic we are and we can be. Just by standing and having a presence in our community, walking up the street. Or, our kids seeing us walking up the street and it's just a matter of, "Oh, I feel safe because Uncle's over there. I feel safe with that fella or my friend's dad's there".<http://ntv.org.au/conference/wp-content/uploads/2012-ntv-conference-workshop-8e-aboriginal-centre-for-males-doc.pdf>

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1. Brief

It is difficult to measure the precise prevalence and impact of family violence. A great deal of family violence is hidden. Many people do not report it to the police. According to research the occurrence of family violence defines it in a number of different ways, which is not always consistent.

Despite difficulties in estimating its extent and effects, it is clear that family violence is widespread, and imposes substantial costs on the community. (Note that some research uses the term ‘domestic violence’—for the sake of accuracy, we have used this term when discussing that research.)

For example:

Based on its 2012 Personal Safety Survey, the Australian Bureau of Statistics estimated that:

- 17 per cent of all adult women in Australia (and 5.3 per cent of all adult men) had experienced intimate partner violence at some point since they were 15.
- 25 per cent of women and 14 per cent of men had experienced emotional abuse (which incorporates a range of manipulative and coercive behaviours).
- Women were substantially more likely than men to experience fear or anxiety as a result of emotional abuse by a previous partner of the opposite sex: 76 per cent as against 46 per cent.
- According to the Australian Institute of Criminology: of the 479 homicide incidents in Australia between 1 July 2010 and 30 June 2012, the largest proportion, 39 per cent, were classified as domestic homicides for the same period. Also, 31 per cent of the 96 homicide incidents in Victoria were domestic homicides.
- Victoria police reported in 2013–14 that over 45 per cent of assault offences and over 34 per cent of rape offences recorded by Victoria police were related to family violence incidents.

2. Victoria Police Family Violence Response

In 2004, Victoria police launched the *Code of Practice for the Investigation of Family Violence* (the Code). This document sets out in detail what action police members will take when responding to a family violence incident. The Code is a public document and is freely available on the Victorian police website. Broadly, the Code sets out an options model for police comprising of:

- Pursuing criminal charges against perpetrators, particularly charges of contravention of family violence intervention orders;
- Mechanisms for applying for civil intervention orders to provide protection for victims, including immediate police-issued Family Violence Safety Notices;

and

- Referral of the victim and perpetrator to specialist family violence support services, including statutory reporting of vulnerable children to DHS Child Protection when required.

3. Aims of Indigenous Men's Resource and Advisory Service (IMRAS):

- IMRAS will strengthen existing locally based intervention and recovery responses by developing a co-ordinated approach that is sensitive to the needs of Aboriginal Men.
- The IMRAS co-ordinator will identify local men's projects that were established under the DHS community initiative fund as well as linking in regional DHS & IFVS support workers to provide and outline existing Aboriginal or mainstream men's services.
- The IMRAS co-ordinator will develop a partnership with existing men's services at a peak level.

Outcomes of IMRAS Project:

1. A report on the status of services and programs that cover Aboriginal men's health across Victoria, the development and structuring of Aboriginal men's business in Victoria incorporating information obtained from State and National research and the knowledge provided by Aboriginal communities and organisations and broader men's service providers.
2. Followed by the identification of good evidence-based practice, promising and innovative service models and guiding principles for the provision of services for Aboriginal Men.
3. A data base of Indigenous Men's programs and services being delivered across Victoria.
4. Acknowledgement for the need for intercommunity agreements on the importance for a combined effort in tackling men's issues.

Overview

The foundations of Indigenous Men's Resource and Advisory Service will be developed with the principles of holistic community led approach with a targeted focus on local issues - to local solutions. The Victorian Aboriginal Community Services Association Limited's (VACSAL) foundations are based on ecological approaches that are underpinned by cultural and spiritual principles. These principles have evolved and changed since the inception of Koori organisations. We now have the contemporary structures of modern day Aboriginal organisations. That is, the ethos of 'Aboriginal community led and controlled'.

The IMRAS coordinator will work with the existing Indigenous Family Violence Strategy networks with the main aim of establishing local partnerships that will strengthen or support Aboriginal men's networks in the area. VACSAL will advocate that the existing local Aboriginal organisations will support and strengthened the partnership that will link into the vision of local Aboriginal organizations; that of family strengthening.

Regional visits to support and establish regional networks and partnerships for and with Indigenous men who are working in the area of intervention and prevention of family violence in the Aboriginal community. We acknowledge and work towards an understanding of holistic healing and what that means within the Aboriginal context.

4. Rationale:

Many indigenous men in Australia still grieve for the loss of their culture, land and respect among their own people. Because of these losses Indigenous men have turned to alcohol and drugs as an antiseptic. To assist Indigenous men not to become perpetrators of domestic violence requires generous funding to deliver programs to this generally young target group, which are delivered by Indigenous men from within their own communities. Furthermore, a separate group for offenders who have gone through the court system need programs that will help them not to offend again.

Aboriginal 'men' not only have unequal relationship with dominant mainstream culture, but also with Aboriginal women, particularly those who have forged dominate roles in family and community affairs

The wedge driven by white society between aboriginal men and women supports a notion that fear and loss is the driving force in domestic violence in aboriginal families. Lack of control or ownership of women is a cause for domestic violence in the wide Australian community as well, but there it usually has an economic backdrop as women become more independent.

Separate funding for those preventative programs need to be more available to Indigenous organisations which are well placed to staff a successful team of male group leaders. Funding should not be taken from domestic violence initiatives which specifically cater for the needs of domestic violence survivors.

This program is for the males within a community, in providing and creating an opportunity to gain and have an increased awareness and understanding of Family violence and its impact on families and communities, also, how organisations work at providing appropriate assistance and service information throughout program.

5. Introduction to Men At Risk Service Coordination (M.A.R.S.C.)

This proposal has been developed with the intent of introducing males to a program known as M.A.R.S.C. and to help create a safe environment for males at risk. This program aims to encourage the participants to learn best practices when interacting with their families and communities. It is hoped that M.A.R.S.C. runs on a weekly basis to create a sense of support, belonging and meaning. The following principles lead our practice:

- The recipient learns
- The organisations assist
- The Community benefits

6. Purpose

The purpose of the proposal is to:

- Develop a specific Holistic program for ATSI Males which include and not limited to
- A whole of life Journey from being a Young single person to Becoming a parent to becoming an Elder and the relationships that may travel through this Journey.
 1. Creating Strongly structured Partnerships and M.O.U's that support aboriginal males,
 2. Strengthen working partnerships between men and the service providers within each community.
 3. Providing information relevant for men in the community to engage in Dealing with their own experiences of Domestic/Family Violence.
 4. Creating a high level of community engagement through consultation with community organisations and community groups, both informally and at scheduled meetings and organising information sessions for the local Men's groups.
 5. Create responsibility for their safety of Self and others
 6. Improving their sense of belonging and connectedness to community
 7. Produce an Living plan that includes identifying ongoing issues such as Family Violence and support services
 8. Aide in improving Health and Wellbeing
 9. Building skill capacity
 10. Reducing effects of isolation
 11. Keeping Men at risk mentally and physically active

Prior to European settlement, Aboriginal peoples were sustained by a network of kinship, clan, and family connections and supports as well as a deep spiritual connection to land. Colonization has had disastrous impacts resulting in the loss of land, disconnection from clan, exclusion from opportunities within mainstream society.

This proposal seeks support for the establishment of an initiative that will form part of the 'holistic care', in a safe and nourishing environment, where pride and competence can be restored.

7. Community need:

Today there is some recognition that for communities to access services, communities must have ownership of the service. This achieved when communities have a say and control in the development, design and implementation of services

that impact on their communities. Individual Communities have a long history of independently developing community-based responses to community needs. Many of these responses have been developed in direct conflict with mainstream ideals and governments of the time.

It is through community development of said responses that Indigenous communities have the opportunity to gain some control of our destiny, through collaboration with Government Departments and mainstream Organisations we can now move forward to address the family violence issues facing our people through community-based strategies and the development of programs that are locally owned, culturally sensitive/respectful and adequately resourced.

8. Location:

It is envisaged that similar strategies and programs can operate across the whole of community, however for this proposal; the program can be delivered from the Aboriginal Centre for Males Family Violence Referral Service (ACMIFVRS) Preston and Mibbinbah Men's health Camps in regional areas using a Koori Coordinated Care Model which is based on culturally holistic model.

9. Partnerships and Functions:

- 9.1 Aboriginal Centre for Males Family Violence Referral Service (ACMIFVRS)
- 9.2 Family Violence on Family: Domestic violence and children
- 9.3 Fathers and Children
- 9.4 Mibbinbah
- 9.5 Koori Coordinated Care
- 9.6 The MARSC culturally safe coordinated support model

9.1 Aboriginal Centre for Males Indigenous Family Violence Referral Service (ACMIFVRS)

Provide quality programs and support services for Aboriginal & Torres Strait Islander males in need of assistance to achieve health and wellbeing within a whole life perspective.

As a result of the community consultations, the target group for both the Healing and Time Out services is Aboriginal & Torres Strait Islander males who have used or are at risk of using family violence.

Addresses a number of the service gaps identified in the 2005 regional consultations through the provision of programs that support, educate, and heal Aboriginal & Torres Strait Islander males in the region who have used or are at risk of using family violence.

Part of the ACMIFVRS role is to provide intensive support to family violence in the North West Metropolitan Aboriginal community focusing on men.

"This is a unique program where men are referred to a range of Aboriginal and mainstream services.

Many participants have complex needs that have arisen from Family Violence, Alcohol and Drug use, Social and Emotional wellbeing and Health concerns which create financial and accommodation strains on the family. Participants are linked to the appropriate services.

ACMIFVRS provides a place where men feel welcomed, supported and safe. “We provide a positive environment for aboriginal men who want to learn how to actively show respect for the interests of women and children,”

The service provision endeavours to support the client to self-manage their own wellbeing.

A culturally strong Aboriginal family exists when men are living fulfilling lives and are responsible for their actions as fathers and/or husbands will nurture the success and wellbeing for the whole of family.

Quote from a participant; ACMIFVRS, *“Being involved with the Aboriginal Centre for Males programs has turned my life around, I feel empowered and strong again...”*

ACMIFVRS Guiding principles

- Family violence is not part of Indigenous culture.
- Complex nature of family violence within Indigenous communities.
- Aboriginal & Torres Strait Islander culture.
- Partnership, transparency and accountability.
- Adequate resources.
- Empowering Aboriginal & Torres Strait Islander communities.
- Support the health and well-being of Aboriginal & Torres Strait Islander males.
- Improve access to family violence services for Aboriginal & Torres Strait Islander males in the North West Metropolitan Region (NWMR).
- Provide a visible entry point to the service system.
- Offer programs that have a prevention and early intervention focus.
- Provide a supportive work environment for staff through the grouping of similar services.
- Facilitate links between services for clients.

ACMIFVRS’s role is to also work with Aboriginal male victims of family violence.

The impacts of family violence on male victims include:

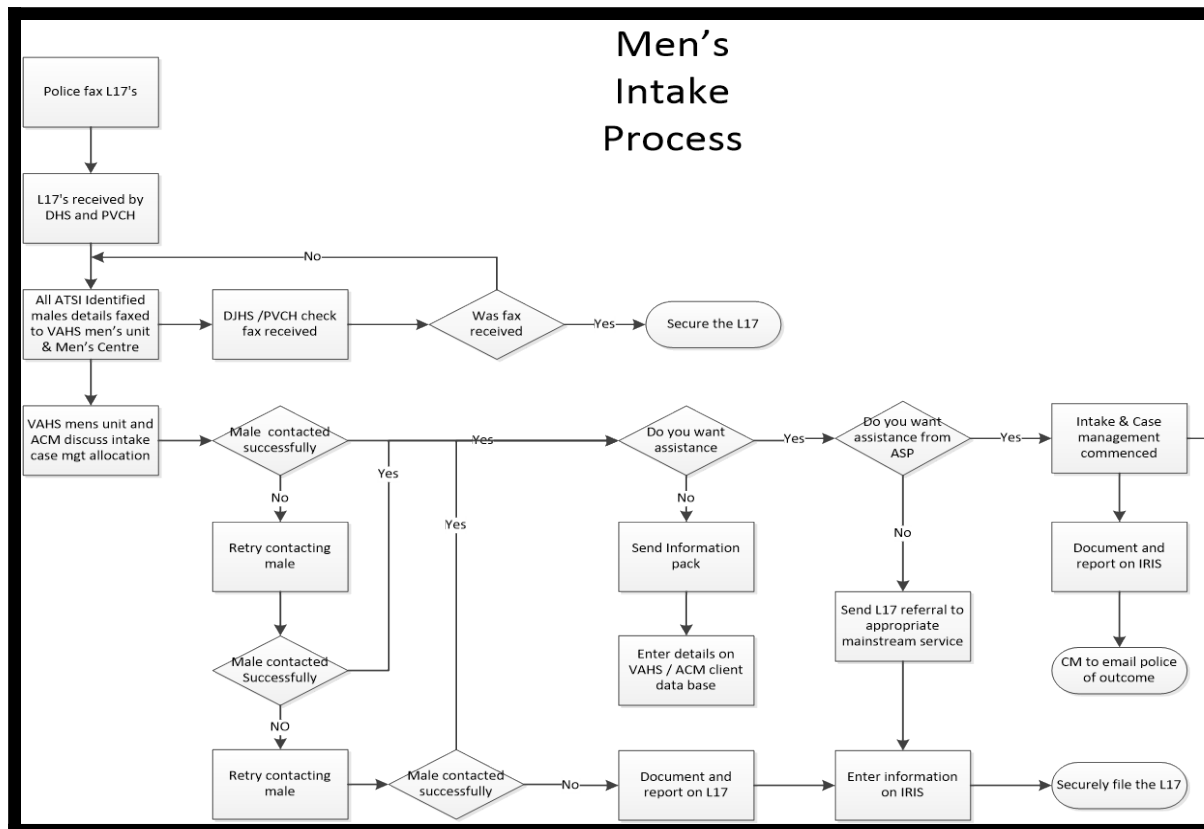
- Fear and loss of feelings of safety
- Feelings of guilt and/or shame
- Difficulties in trusting others
- Anxiety and flashbacks
- Unresolved anger
- Loneliness and isolation
- Low self-esteem and/or self-hatred
- Depression, suicidal ideation, self-harm and attempted suicide

- Use of alcohol or other drugs to cope with the abuse
- Physical injuries
- Sexual dysfunction and/or impotence
- Loss of work
- Loss of home
- Physical illness
- Loss of contact with children and/or step-children
- Concern about children post separation.

ACMIFVRS
Timeout Service



- Took 2 years of negotiations between relevant parties.
- Come out of the Men's Integrated Family Violence network.
- This intake process was developed between ACMIFVRS VAHS Men's Unit and the 2 Men's Active Referral Services.
- We conduct half yearly review meetings with all parties.



Family Violence workers can provide free and confidential support/referral in regards to the following:

- Supporting Client to make a safety plan
- Accessing medical care
- Counselling to talk about Client feelings
- Finding safe accommodation and housing
- Supporting Client to access legal services
- Court support
- Victims of Crime Application
- Accessing immediate support and if Client need to access crisis accommodation

ACMIFVRS currently sit on a number of networks and committees:

- Northern and Western IFV RAG's
- Northern RAJAC
- Aboriginal Community Justice Panel (State-wide)
- Men's Integrated Family Violence Partnership
- Heidelberg Magistrates' Court Koori Community Partnership Group

- Statewide Aboriginal Homelessness Network
- Darebin Aboriginal Family Violence Police Protocols

Current Mainstream Partnerships consist of:



The ACMIFVRS will continue to develop and maintain partnerships with relevant services and agencies with the aim of enhancing and fostering the working relationship and partnership between the stated organizations to ensure that service/agencies are effective and appropriately engaging with Aboriginal Families:

Enhance relationships between non-Indigenous and Indigenous organisations.

Establish protocols between non-Indigenous and Indigenous organisations.

Increase knowledge of Indigenous cultural issues within non-Indigenous organisations.

9.2 Family Violence on Family

Violence and the threat of violence at home create fear and can destroy normal family functioning. Violence in the home also affects children. Children and young people don't have to see the violence to be affected by it.

Living with Family Violence can cause physical and emotional harm to children and young people.

Children and young people who live with Family Violence are more likely to display aggressive behaviour, experience anxiety, have reduced social skills, suffer symptoms of depression and show emotional distress.

Domestic violence and children

For optimal development, children and young people need to grow up in a secure and nurturing environment. Where domestic or family violence exists, the home is not safe or secure and children are scared about what might happen to them and the people they love.

Studies show that children who have witnessed domestic violence are more likely to:

- Show aggressive behaviour
- Develop phobias and insomnia
- Experience anxiety
- Show symptoms of depression
- Have diminished self esteem
- Demonstrate poor academic performance and problem solving skills
- Have reduced social competence skills, including low levels of empathy
- Show emotional distress
- Have physical complaints.

In Victoria, Indigenous people in 2002 were almost one and a half times more likely to experience at least one life stressor

(e.g. "death of family member or close friend", "serious illness or disability", or "inability to get a job") than non-Indigenous people (83% compared with 56% respectively).

Similar to the non-Indigenous community in Victoria, the overwhelming majority of Indigenous people received support from someone outside the household (88% for Indigenous people compared with 93% for non-Indigenous people).

9.3 Fathers and Children

This process will assist to break the cycle of abuse and neglect in families and to improve the life chances and choices for all children. The program plan is to work with the most vulnerable children and families in our community – children who are in and out the child protection system or on the edge of it.

The north metropolitan catchment of Melbourne also has significant numbers of Aboriginal residents who, according to anecdotal evidence are more vulnerable than their mainstream counterparts. Given the poor trajectory for many young Aboriginal youth (e.g., over representation in justice, health, and welfare systems) this project will focus on young Aboriginal fathers and expectant fathers to ensure they have the skills, support and confidence to undertake the biggest challenge of their life – being a father.

Using the information and materials, developed and adapted by the project methodology, will ensure that the information we are providing to families and fathers' in particular, is culturally relevant and timely, and that these families will have access to resources and tools to support them and also to assist them in responding to their children's early education development requirements.

9.4 Mibbinbah

Mibbinbah has worked in partnership with Beyondblue to enable Indigenous males to take their rightful place in society. This has been done through the development of safe spaces. Safe spaces are an idea championed by Dr Mick Adams (Adams 1999).

There are several dimensions to creating safe spaces for males who identify with diverse communities and are concerned about issues relating to depression and anxiety. Normalising these concerns publicly requires a "strengths-based approach". This approach honours the current knowledge and skills of the males.

A key factor is the creation of a supportive environment as outlined by the Ottawa Charter for Health Promotion (WHO 1986). Such an environment supports the men as they identify and explore many different issues with each other. Within in this increasingly safe "yarning space", discussions about depression and anxiety can be introduced. This can be done by seeking the men's help in evaluating the usefulness of specific information for their communities. Again, they are co-researchers and co-creators of culturally appropriate knowledge that can be safely transferred.

By comparing and contrasting the various personal stories that arise naturally, participants can begin to recognise typical journeys into and out of depressive episodes. Groups are able to identify potential strategies for engaging with and supporting men at various stages of these journeys. A key realisation for many participants is the fact that depression and anxiety are not psychiatric illnesses. This paper outlined these insights in greater detail. It showed how they relate to the Mibbinbah (Men's Spaces) program which is funded by the Co-operative Research Centre for Aboriginal Health and *Beyondblue*.

Adams, M. (1999) Address at the Ross River Indigenous Male Health Convention. Alice Springs, NT.

WHO (1986) The Ottawa Charter for Health Promotion. Geneva: World Health Organization.

Another aspect of the work of Mibbinbah Limited was support for an Indigenous male researchers' network (council). While this network was established and developed as a separate endeavour, Mibbinbah helped to support it. It did this in a number of ways.

First of all, many of the leaders associated with Mibbinbah Limited were also involved in the network. This provided an opportunity for mutual benefits by way of insights and support.

Secondly, Mibbinbah Limited helped to raise awareness of the role of community researchers. We were able to help shape some important aspects of two books published by the Cooperative Research Centre for Aboriginal Health and the Lowitja Institute. The first was Supporting Indigenous Researchers: A practical guide for supervisors (Laycock, A., Walker, D., Harrison, N. and Brands, J., 2009). And, the second was Researching Indigenous Health: A practical guide for researchers (Laycock, A., Walker, D., Harrison, N. and Brands, J., 2011). Finally, Mibbinbah helped with administrative support for the network through funds from Andrology Australia. This is one example of the way that some of the lads were able to get experience and employment through working with Mibbinbah.

9.4 Koori Coordinated Care

Coordinated support

Coordinated support happens when the services involved with a client communicate with each other and the client to develop the most effective support network for the client.

Coordinated support can be very empowering for clients. It can provide the strategic support that clients with complex and multiple needs often require before their health and wellbeing will significantly improve.

Coordinated support for Aboriginal people: core principles

Principle	How the principle works
The Aboriginal model of health and wellbeing	<p>The Aboriginal model of health and wellbeing addresses cultural, social and environmental determinants of health and wellbeing as well as biological and medical factors. It includes the spiritual and family connections that contribute to wellbeing.</p> <p>NACCHO describes Aboriginal health as not just the physical well-being of an individual but 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. It is a whole of life view and includes the cyclical concept of life-death-life. (<i>NACCHO Constitution, 2006</i>)</p>
Culturally safe support	<p>Cultural respect and cultural values have equal or greater importance than the clinical other support you provide your client.</p> <p>The person receiving your support feels their cultural identity and meanings are being respected and they are not being subjected to discrimination.</p> <p>You ensure the support others provide is culturally safe and shows understanding of the daily lived experiences of Aboriginal and Torres Strait Islander People.</p>
Culturally safe coordinated support	<p>Services involved with the client communicate with each other and the client to develop the most effective culturally safe support network for the client.</p>

Central focus on client's needs and goals	The support provided to the client is driven by the needs and goals of your client and Community, rather than the needs of the system, or those who practice in it.
Partnerships between client and services	Service providers work together with their clients and take responsibility for the interests of clients, not only within their own service but across the service system as a whole. Everyone's views and opinions are valued.
Competent client support	Coordinated support is provided by staff that are appropriately skilled, qualified, experienced, supervised and supported.
Duty of Care	A duty to take reasonable care of a consumer. Staff are aware of their Duty of Care to provide accurate and timely information, to assist clients by making referrals, following up on referrals and participating in the development of Coordinated support Plans.
Protection of client privacy	Information shared to improve client outcomes meets legal requirements for client confidentiality.
Engagement with a broad range of services	Coordinated support embraces the broadest range of partnerships necessary to support your client effectively. It includes allied mainstream non-government, government and private providers as necessary.
Consistency in practice standards	The same coordinated support practice steps are used for all clients to provide consistent, coordinated and culturally safe support.

Coordinated support (or service coordination as it is also known) tends to be more effective because everyone, including the client, works together to achieve an agreed client outcome. Coordinated support can also address medium to longer term client goals as well as immediate health and social and emotional wellbeing needs.

The organisations involved work together with the client as a team. The support plan is a strategic action plan for the client and a partnership between the services to support the client in an agreed way.

For Aboriginal and Torres Strait Islander people, health outcomes are a combination of many factors including:

- spiritual and family connection
- cultural safety
- environmental factors - such as housing and education, leisure opportunities, employment and other social activities
- social and emotional wellbeing
- biological and medical factors.

As NACCHO tells us, Aboriginal Health is:

'not just the physical well-being of an individual but 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. It is a whole of life view and includes the cyclical

concept of life-death-life.'

(NACCHO Constitution, 2006 or naccho.org.au/aboriginal-health/definitions)

NACCHO also tells us that cultural respect and cultural values have equal or greater importance Aboriginal and Torres Strait Islander people, than clinical support. It is the strength of these cultural connections that define the quality of every Aboriginal person's relationship with family, friends and others and make us who we are in our Community.

The more frayed these cultural and spiritual ties become, the more likely is an Aboriginal person to be at risk and to have multiple and complex support needs. The more likely also is it that these vulnerable people need intensive support to re-build and strengthen their connections to services, family, culture and Community.

Culturally safe, coordinated, support for an Aboriginal person at risk puts them at the centre of a support network developed specifically to strengthen and re-build their connections to services, family, culture and Community to improve health and wellbeing.

Culturally safe support empowers our clients. It improves health and social and emotional well-being. It encourages people to identify pathways to rebuild their own culturally meaningful, positive, relationships with family, friends and others. It has a positive impact on the wider Community.

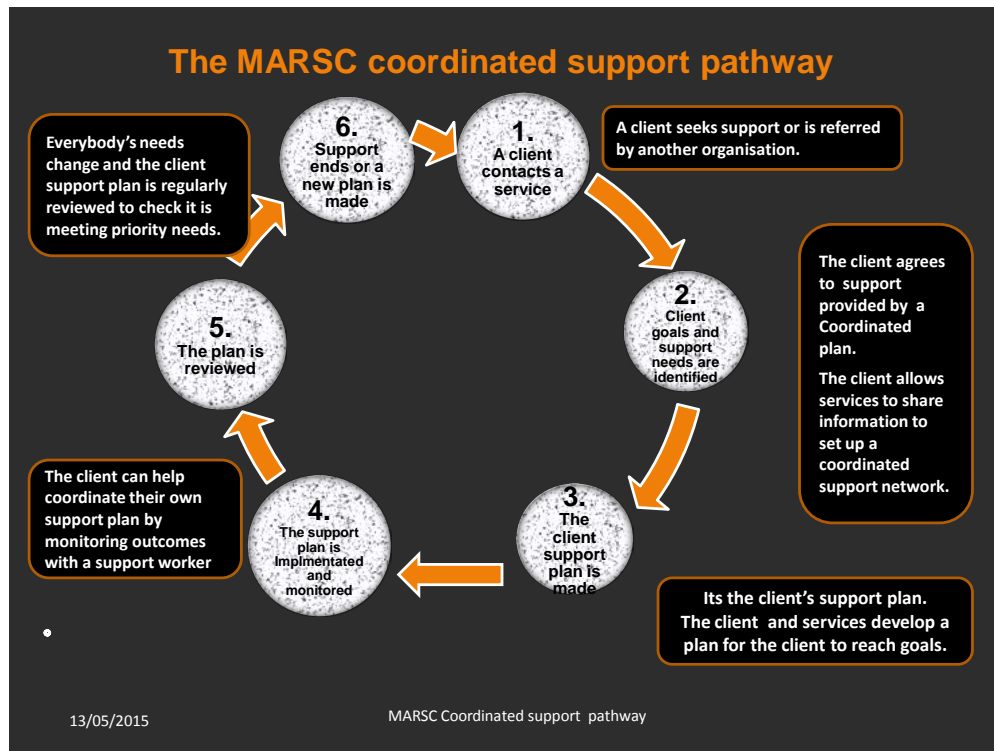
Allied mainstream services do have a role to play but the support they need to provide has to be culturally safe and show understanding of the daily lived experiences of Aboriginal and Torres Strait Islander People. Cultural safety is especially important when supporting vulnerable clients with complex needs.

9.6 The MARSC culturally safe coordinated support model

MARSC can offer Aboriginal clients:

- Culturally safe support to make appropriate health and lifestyle choices
- Opportunities to have more say in their own support
- New connections for isolated people
- Support better suited to their needs.
- Services sharing information more quicker to provide support more effectively
- Support to achieve medium to longer term goals as well as address immediate support needs
- A review process as the client's journey progress's.

Support could include clinical, personal, family or cultural support or all of these. The important thing is that the support is culturally safe and client goal-oriented, identifies priority actions to meet goals and sets a timetable for regular communication between the client and support workers.



Respectful confidential support and client consent

Respectful, confidential, sharing of client information between services - with client consent and everyone, including the client, working together to improve the client's wellbeing – is at the core of the MARSC model.

Sharing of client information between services does not occur unless the client gives his permission (consent) for this to happen. No client details will ever be shared between services unless the client gives this consent.

Client information is shared to:

Link the client to a wider range of support services more quickly

Arrange urgent specialist support

Inform other services involved in the client's support about client progress in a timely way.

Ensure referrals lead to effective follow-up by other services and initiate reviews when this is not the case

Notify other services when a support plan is changed or ends or if a client is referred to another service for additional support.

Supporting medium to long-term client goals

The MARSC coordinated support model encourages services and the client to look beyond immediate social and health needs to identify medium to long-term goals and priorities and identifies the action to help the client achieve those goals.

Client goals are all recorded in one Coordinated support client support plan (Coordinated support Plan). A Coordinated support Plan lists the client's main needs and goals and action being taken by services and the client to reach those goals. It shows timeframes for each action developed after considering priority needs and goals. A Coordinated support Plan is a coordinated action plan.

Support for case workers

Sharing responsibility for critical decisions can be very important for worker well being - especially in the close-knit Koorie community. Coordinated support partnerships can provide this support to client support workers. It gives tools and techniques to work with other organisations on such occasions. It creates options to share the Duty of Care with other services. This is a very important part of meeting the client's needs better.

10. Population numbers and distribution

2011 Census, Victoria's Aboriginal and Torres Strait Islander peoples
21 June 2012

A comprehensive snapshot of Victoria's Aboriginal and Torres Strait Islander peoples by the Australian Bureau of Statistics (ABS) of the 2011 Census of Population and Housing.

The result shows that the new Census resident population of Aboriginal and Torres Strait Islander peoples in Victoria is 37,991, up from 30,143 in 2006 – an increase of 26 per cent. This represents 6.9 per cent of the total Aboriginal and Torres Strait Islander population of 548,370.

The median age for the Victorian Aboriginal and Torres Strait Islander population is 22 years, whereas the national Aboriginal and Torres Strait Islander median age is 21. This compares to the national median age of 37.

About 30,000 Victorians identified as being of Aboriginal or Torres Strait Islanders descent in the last census (2006). About half live in regional and country Victoria, with the remainder living in Metropolitan Melbourne. The highest *numbers* are found in Loddon Mallee, the North and West Metropolitan, Southern Metropolitan and Hume Regions, but the highest *proportions of the total population* are found in the Gippsland, Hume and the Loddon Mallee regions 3

Data from the 2001 census and released by AAV indicated that there were more than 12,000 Aboriginal peoples living in the Melbourne Metropolitan area, with the

highest percentages living in what were referred to as Northern Middle Melbourne (1600), Western Melbourne (1200) and South Eastern Melbourne (1000).

Outside Melbourne, the largest percentage of Indigenous residents live in the City of Greater Shepparton (almost 3,000), followed by the Mallee (2,000), the Greater City of Geelong (1,500) and East Gippsland (1300).

11. Demographic trends

The 2006 Victorian census data reveals that demographic trends within the Aboriginal community differ significantly to those evident in the wider population:

The Victorian Aboriginal population is considerably younger than the non-Aboriginal population, in which the number of young people is slowly declining

Almost half (46%) are aged 18 years and under compared with 25% of non-Aboriginal Victorians

Only 4% of our peoples are aged 65 years or over, compared with 14% of non-Aboriginal Victorians

In comparison with the non-Aboriginal population, a population who are well represented in public administration and service industries but who are disproportionately over represented in the unskilled labouring category and underrepresented in management, professional and retails categories.

A report produced by the Dusseldorp Skills Forum in 2003 titled *How Young People Are Faring* estimated that the number of Aboriginal young people aged between 15-24 years was expected to at least double over the next twenty years.

12. Aboriginal and Torres Strait Islander statistics for Victoria

The results of the second national social survey of Indigenous people were released by the Australian Bureau of Statistics and point to some changes since the groundbreaking original survey in 1994.

Education:

In the 2011 Census:

- 56% of 3 to 5 year old Aboriginal and Torres Strait Islander children attended pre-school or primary school, up from 53% in the 2006 Census
- 61% of Aboriginal and Torres Strait Islander people aged 15 to 17 years were attending secondary school, up from 53% in 2006
- more than one in three (37%) Aboriginal and Torres Strait Islander people aged 15 years and over had attained Year 12 or equivalent and/or Certificate II or higher qualification, up from 30% in 2006

The proportion of Indigenous people in Victoria (aged 15 and over) with a non-school qualification (e.g. from university, TAFE, etc.) has more than doubled between 1994 and 2002 - from 16% to 37%. The proportion of Indigenous people with a certificate or diploma doubled (from 15% to 31%), while those with a Bachelor degree or higher qualification rose from 1% to 6%.

Despite these improvements, Indigenous people in Victoria (aged 18 and over) were still less likely than non-Indigenous people to have a non-school qualification (41% compared with 48% respectively).

Work:

In Victoria the unemployment rate for Indigenous people (aged 15 and over); fell from 36% in 1994 to 20% in 2002. This change parallels the decline in the national unemployment rate (from 10% in June 1994 to 6% in December 2002).

The proportion of Indigenous people employed in mainstream (non Community Development Employment Projects scheme) jobs in Victoria rose (from 38% to 42%).

Income:

In the 2011 Census, 13% of Aboriginal and Torres Strait Islander people aged 15 years and over reported a gross personal income of \$1,000 or more per week. Males were more likely to report an income of \$1,000 or more per week than females (16% compared with 10%). Over half (52%) of Aboriginal and Torres Strait Islander people aged 15 years and over reported a personal income between \$1 and \$599 per week, with females more likely to report an income in this range than males (58% compared with 46%).

The gap between Indigenous and non-Indigenous peoples' incomes in Victoria remains. In 2002, Indigenous people (aged 18 and over) earned 64% of the income of non-Indigenous people (\$423 per week compared to \$657 per week after adjusting for household size and composition).

Health:

After adjusting for the different age structures of both Indigenous and non-Indigenous populations, Indigenous people in Victoria were:

- More than twice as likely as non-Indigenous people to report their health as "fair" or "poor"
- A little more than half as likely to report "excellent" or "very good" health
- One and a half time more likely to have a disability or long-term health condition than non-Indigenous people.

Culture:

Over the eight years since 1994, evidence highlights stability on selected cultural indicators. In Victoria in 2002:

- Just over half of Indigenous people (53%) reported attending Indigenous cultural events in the previous 12 months.
- Almost half (48%) of Indigenous people identified with a clan, tribal or language group.

13. Law and justice:

Victoria Police also participates in the Indigenous Family Violence Regional Action Groups (IFVRAG) that has been established across Victoria. The initial role of the IFVRAG included exploring the issues surrounding family violence in local Victorian Aboriginal communities. The Groups are an inclusive mechanism for the Victorian Aboriginal community to develop local Responses to family violence matters, ensuring they are responsive and culturally relevant to Aboriginal individuals, families and communities in Victoria.

One of the actions in the *Strong Culture, Strong Peoples, Strong Families* 10 Year Plan is to 'provide tools to police to ensure provision of culturally competent responses to Indigenous victims and perpetrators of family violence'. This action asks that we develop protocols between the police and the Koori community to increase cultural competency of police staff and assist Koori communities in addressing family violence. Victoria Police has been working with the Aboriginal Family Violence Prevention and Legal Service Victoria and government to develop approaches to improve the response from the police when contacted for assistance in relation to a family violence incident. This action around an improved response is known as the *Koori Family Violence Police Protocols*. These protocols were trialled in three areas

(Darebin, Mildura and Bairnsdale) in 2011 and 2012, and are being expanded to an additional three sites (Ballarat, Shepparton and Dandenong) during 2013 and 2014.

There has been a decline in the proportion of Indigenous people in Victoria who reported having been arrested in the previous five years (from 21% in 1994 to 17% in 2002).

Compared to 1994, Indigenous people in Victoria in 2002 were more likely to report that they had been a victim of physical or threatened violence in the previous 12 months (30% in 2002, up from 26% in 1994). These victimisation rates were highest among unemployed people (44%) and younger people (41% of those aged 15-24).

14. Housing:

In Victoria the proportion of Indigenous people who were living in dwellings either owned or being purchased remained steady between 1994 and 2002 at around 35%.

More details are available in [National Aboriginal and Torres Strait Islander Social Survey, 2002](#) (cat. no. 4714.0). State/territory comparisons for selected indicators are available in Table 2 of the publication. Additional state and territory

data cube tables are available off the publication's main features page on the ABS web site or upon request.

As noted above, less than half of those identified as being ATSI members are in employment within the Aboriginal community with the remainder of the employed being employed within mainstream. There has been a slow but steady increase in the employment of ATSI peoples across the employment sector (mainstream/indigenous), however the number of peoples seeking assistance is rising. Due to the financial crisis policy and procedures are being put into place that has a real time effect on the unemployed. Policy and procedures such as Quarantining benefit payments, Work for the Dole, Job Networks, the dismantling of CDEP programs within communities may work for the majority, however there is always a minority within a society that needs that bit extra encouragement through empowerment, to become part of the community not just as a participant/recipient but as a contributor and creator of Community.

When it comes to statistics it is just as hard to get the real representation of the Aboriginal and Torres Strait islanders across the numerous fields, but it is hoped that with further research involving aboriginal males and their movements over a period of time we can get a small picture in order to develop the right processes for Aboriginal males.

15. CARING FOR COMMUNITY

The Indigenous Men's Resource and Advisory Service believes the health and wellbeing of Koori Men to be of major concern for Aboriginal Communities. IMRAS urges all branches of Government to act and redress the not only at the state level but the national shame of Indigenous Male health.

At the Second National Aboriginal and Torres Strait Islander Male Research Gathering in Alice Springs where more than 90 per cent of the participants were of Indigenous descent. Over two days different groups of men from around Australia: health providers, men's groups/sheds, co-ordinators and researchers gathered to discuss the underlying concerns about the current critical status of Aboriginal and Torres Strait Islander Male Health.

Major findings from the Gathering

A key element within the gathering was the bringing together of diverse groups of indigenous men: health providers, men's groups/sheds, co-ordinators and postgraduate researchers. What united the discussions and deliberations was an underlying concern about the current critical status of Aboriginal and Torres Strait Islander male's health and wellbeing. Some Men seek to improve the health of indigenous men through providing health and other services, others seek to improve

the knowledge base for this and related work as well as focusing on a range of other issues affecting their families and communities.

The gathering identified the particular need for health providers and researchers to work together and in far more collaborative ways, as health providers seek the advice and skill of researchers in order to better evaluate and sustain their programs and services, so to researchers need those who provide the services with the Indigenous Community to remind them of critical needs that continue to affect Indigenous Males, their families and communities. Although robust evaluation of programs needs to occur in order to build the evidence base on best practice, it is critical to ensure research agendas are driven at a grass roots level- community level where Indigenous peoples are experts in identifying priority areas that affect Males, Their families and their communities.

The care and mentoring of those who provide health services, as well as those who undertake various interests in Indigenous Health, cannot be separated from the urgency to increase the capacity, health and wellbeing of all Aboriginal and Torres Strait Islander Males, their families and their communities.

Funding and Recommendations from gathering

Funding into Indigenous male health is grossly inadequate compared to non-Indigenous male health. It is recommended that adequate funding be allocated not only to address the deficit in funding for Aboriginal and Torres Strait Islander Male Health and Wellbeing, but to continue bridging the health status gap that currently exists.

It is a recommendation from the gathering that:

State and Federal Governments work collaboratively with Indigenous Communities to work towards developing effective and innovative funding models to reduce barriers to accessing care and viability of the community controlled sector. This includes the pooling of funding from both governments both State and Federal.

Finding the best practices of retaining Counsellors, GPs, Doctors, Health professionals etc. which are totally supported through government funding and supported by other Community lead initiatives.

All Community Controlled services and mainstream services be regarded as workforce shortage/need and accorded the same benefits and supports attributed to those services.

16. WORKFORCE SUPPORT

Community Controlled Organisations and Services such as ACMIFVRS must be financially resourced and supported to be able to take GP registrars in Indigenous health, which should include Registrar accommodation, salary packages and other

incentives which need to be put in place to retain and recruit professional personnel in Indigenous Health and Wellbeing.

Graduate Diplomas, Masters Degrees etc. all career pathways to Indigenous Health and Wellbeing need to be fully sponsored and supported through funding.

Research such as GPET Academic and Research Registrar grants, Primary Health Care Research, Education and Development programs should add to the encouragement of Community Controlled Organisations and services to develop capacity for research in Indigenous Health and Wellbeing

17. How do we do it?

Intake and Assessment - Case Management

Aboriginal Father's Forum

Men's Health Camps

GOVERNANCE AND GUIDANCE:

Victorian Koori Men's Council Planning Meeting

Interim Committee

The Victorian Aboriginal Males Council & By-Laws

Intake and Assessment

Case Management which includes but not limited to Men's Behaviour Change Programs, Drug and Alcohol Services, Problem Gambling Services, Men's Health Camps such as Mibbinbah

Referral to the M.A.R.S.C. program

Initial Contact - first contact with ACMIFVRS-

Initial needs identification – Yarning to identify

Assessment – collect and interpret relevant information re issues

Case/care planning assessment coordination, care/case management, referral, and information exchange, and review, reassessment, monitoring and exiting. Case/care planning involves balancing relative and compelling needs, and helping Individual's make decisions appropriate to their needs, wishes values and circumstances.

Case/care planning can be across agencies.

Additional processes

- Information provision driven by Individual's needs, learning styles and their capacity to understand information provided.

- Consent to share individual's information, Privacy legislation requires protection of an individual's personal information and their right to decide how the information is used, disclosed to or shared with others. Individual's consent is compulsory in the information exchange process.

Service Delivery is undertaken in accordance with local protocols and in keeping with the needs of the individuals and the level of skill of the service provider

Exiting can occur at any stage of the service coordination process and is generally managed in accordance with local protocols.

The way in which we could see things proceed is by;

When a Male at risk fronts up to any one of these organisations one of two things could occur:

(a) A more detailed assessment or

(b) A revised (simplified) version.

It is up to the organisation to follow these simple protocols or create their own protocols that run along the lines of the below recommended protocols.

Referral can occur at any stage of the service coordination process and can only be done with individual's permission

Information exchange is essential to providing individuals with a seamless, coordinated service delivery it includes – acknowledgement that referral has been received and subsequent action taken place and the provision of summary information to other service providers at key points in the individual's pathway, such as following assessment, care/case planning, review or change in service delivery, handover, transition, exiting, or at other points in the individual's service delivery pathway as appropriate.

- Assessment – Problem, issues – drug/alcohol, gambling, family violence, finance and/or legal issues, employment etc...
- Contact information – who the client needs to speak with in regards to issues. Options made available for the client on the different organisations that deal with the problems of the client. Client then has the option in choosing which organisational program they would like to be linked to.
- Initial client follow up - Has he made contact with organisation or would he prefer some help from initial assessment contact to be initiating contact on behalf of client.

Once contact has been made with organisation then the following needs to take place;

- An introduction is made with relevant worker/s

- Assessment done by organisation to see if client fits within their structure of the capabilities of said organisation
- Placement of client into relevant program
- Start to participate in programs being delivered by organisation
- The client might be involved in a couple of programs being delivered by different organisations.

The following are examples 1&2:

1. Client arrives at say ACMIFVRS and is having problems around alcohol always getting kicked out because he cannot behave himself when he gets home.

The following is what occurs:

- An assessment is done on client at the ACMIFVRS.

The client hasn't been to see anyone in regards to his health as he can't take time off from his job. So he needs to go to the Victorian Aboriginal Health Service Health for a medical check-up. Everything comes out he's pretty healthy but there is room for some activity in this area. He leaves health service with an up to date record on his fitness.

- An appointment is also made at VAHS to speak about he's issues around alcohol and any drug related issues.
- Participate in one of their programs to address his issues
- An appointment is made with Fitzroy Stars Football/Netball (FSFNC) for fitness assessment if necessary.

It is discovered that the being on the streets and partaking in illicit drugs/alcohol has made it easier to deal with problems that have existed from childhood, so he is asked if he would be interested in speaking to someone that can help him deal with this issue be it an Uncle and/or psychologist. Contact is made with the relevant peoples/services that provide direction/counselling.

Example 2: Client arrives at VAHS to see doctor in regards to Health concerns and it is revealed that the health issue is stress related, so he is referred to the stress management team but they find that it is systematic of his upbringing (conflict from within family/ transgenerational trauma).

- As a result of this finding he is referred to the appropriate service, in this case it would be the M.A.R.S.C. Program who can place him.
- He is also referred to FSFNC for the creation of a fitness regime for him to channel his frustration.
- The Minajalku (a VAHS program) has a men's area where he could go just to relax around a fire and talk to other men

As a result of this work he has been doing he might decide that he needs some time away so he organises with ACMIFV - M.A.R.S.C. and/or to see if there is any help for him to get away (w/end), help in the way of support facilities care arrangements. (clients might not have family in area).

Contact is made with the Aboriginal legal service in regards to any Legal issues conditions and he's working situation (entitlements).

As you see he has made contact with VAHS and the Aboriginal Legal Service. Due to this representation of the organisations there seems little opportunity for the man to slip through the `CRACKS'. To make this work there needs to be Follow Up work that should be done by the initial contact.

18. Aboriginal Father's Forum

The Aboriginal Father's Forum will explore the cultural conceptions of Aboriginal male parenting through 'yarning up' to support and educate young Aboriginal fathers and expectant fathers about how they can fulfil their role as a parent and to help them see that parenting is not solely the role of the mother and/or other female members of the extended family.

Through external partnerships, network groups, information provided from other service providers and our own client base, ACMIFVRS has identified a significant need in the community for a mentoring support and early education program focussed on Aboriginal families from a father's perspective.

The Aboriginal Fathers forum will be a group discussion amongst aboriginal men and some women to yarn about parenting, being a dad and strengthening current and future relationships. Men will be encouraged and mentored to take an equal role in family life. The forum will be an opportunity for families to come together, learn from others and discuss what is culturally appropriate with regards to men's and women's business around parenting and being a dad.

Using the information and materials, adapted by the project methodology, will ensure that the information we are providing fathers' in particular, is culturally relevant and timely, and that the fathers will have access to resources and tools to support them and also to assist them in responding to their children's early education development requirements.

ACMIFVRS is currently running activities that have anecdotally illustrated that many young Aboriginal fathers struggle with their role as a parent. It is hoped that the Aboriginal Father's Forum will provide an opportunity for, mentors and elders to identify culturally appropriate tools and resources that can be used to support young Aboriginal fathers and expectant fathers to become more involved in family life. The Aboriginal Fathers' Forum will be an opportunity for discussion and an avenue to get some advice and information.

Participants, who may not have had strong support from their own fathers will hear from Elders within the community about changing times, they will be encouraged through the sharing of stories and will learn from their Elders that caring for their children is not just ‘women’s business’ but is also ‘father’s business’.

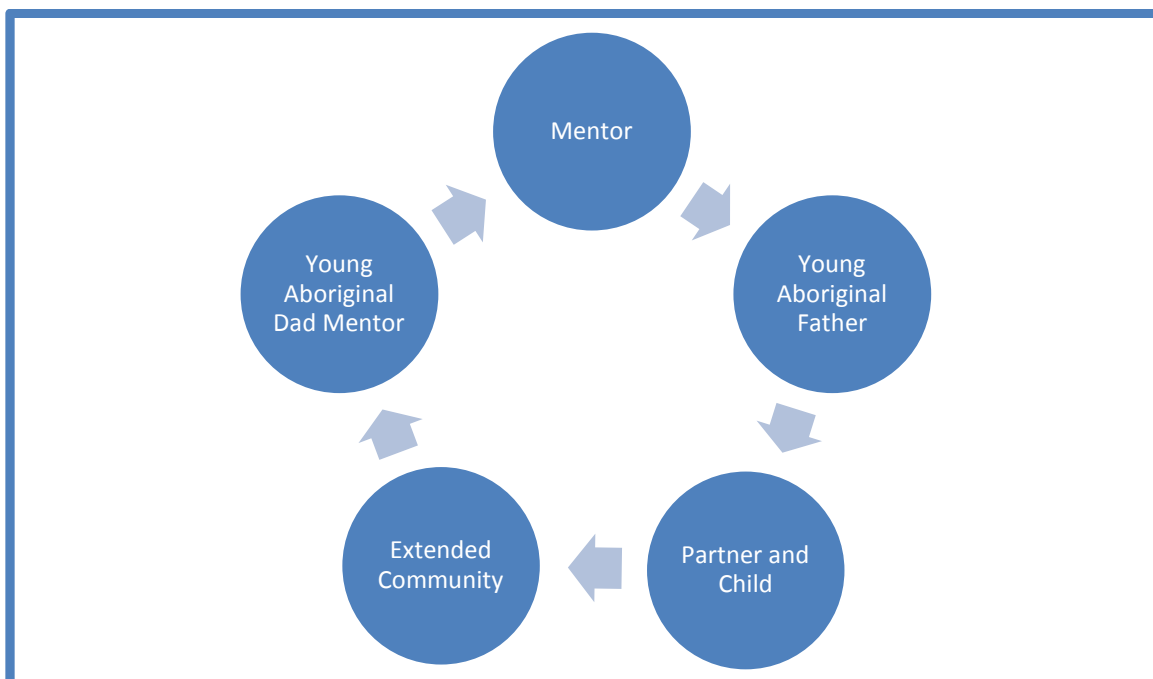
ACMIFVRS has considerable experience in providing culturally specific support to the Aboriginal Males within the community. The ACMIFVRS is a service which works directly with the Aboriginal community to provide support and education and actively engages with other Aboriginal support services and community members/elders to work with and support the Aboriginal males, families and community.

Outcomes

The Aboriginal Father’s Forum will:

- Provide a culturally secure environment that men and women are comfortable in discussing their concerns around pregnancy, parenting, relationships, family connections, culture and responsibilities;
- Deliver sustainable outcomes for Aboriginal dads and their children;
- Promote maximum social cohesion for participants;
- Provide participants with an opportunity to be involved in developing a future program that can support other fathers in the same position;

Encourage and educate participants to undertake a mentoring role themselves, on an ongoing basis, thus developing a sustainable program



19. GOVERNANCE AND GUIDANCE:

A structured formula which includes an Interim National Aboriginal and Torres Strait Islander Male Health and Wellbeing Council supported by a representative Steering Committee of which will be responsible for:

- Ensuring the progress and development of ATSI Male Health and Wellbeing Network
- Articulating directly with Health, Wellbeing and Social Policy development processes
- Providing government and community-level advocacy and awareness for Male Health and Wellbeing initiatives
- Providing direct advise and mentoring to service providers –new and existing
- Community lead partnerships; Community/ Mainstream

At the forefront of Victorian Male health and wellbeing is the need to have services that are community lead and follow community self-determination policy and practices. By operating along these lines it places mainstream organisations that provide Health and Wellbeing related services to Indigenous males in a position of complete partnership with community controlled organisations.

20. Victorian Aboriginal Males Council Planning Meeting

AGENDA ITEMS

- 20.1 What is this about?
- 20.2 Which direction it could take?
- 20.3 Who is involved?
- 20.4 What is needed?
- 20.5 How do we put this into place?

20.1 What is this about

Well since the start of IMRAS, the IMRAS roll has change from being a position for the mapping of programs and organisations that deal with Indigenous men around Domestic violence, to a position of Advocacy For Indigenous Men’s Business and to help find and aide in the creation of processes, programs and places that can help answer questions such as:

- Where are the programs specifically for Aboriginal Males? Where males can and do have a place and can be supported by men and community.
- Where can males go to for advice on what programs are available?
- Where can program workers have regular contact in regards to community programs etc.?

Now is the time to have a representative body that encourages and supports Aboriginal men in what they want to do especially for community and a body that voices our disgust at the behaviour of government, of the treatment of our males within community. With that mentioned we would like to concentrate on the positives, which is to find solutions and to respond in a positive manner. We need to have representation on a holistic (Psychical, Emotional, Spiritual) level meaning that this needs to be done for the current and future males of this state, for this state and hopefully other states will pick up on it. In the past and currently to a (lesser degree) we in this state have been the driving force behind indigenous affairs, we went quiet for a little bit, but now it is time to stand up front again.

The council in NO WAY is to be in a position to dictate to communities what they can and can't do. The council should always be of support and encouragement, to the different needs of the individual communities. It is envisaged that with the input and expertise from the different communities, current and future community programs will be supported and strengthened.

This could be seen as the next step in community work towards creating an enterprise, meaning each area could develop an enterprise (with the support of the council), that can train and then employ men from different communities. With each area responsible for a different enterprise, then eventually we will be in a position to provide all of the basic needs for our communities.

20.2 Which direction it could take?

It might look like this.

3(three) members per area

1 Elder 1 Youth and the men's worker from area

To start with the Elder sits on the Council and the Worker or the Youth rep replaces the elder for the second year

Elder steps down and is replaced by another elder who will be able to sit on council after the Worker or Youth have move up to council member for their year.

Who in turn is replaced after they have their year with the replacement of the Worker/Youth to follow as Elder has done.

This enables one of the three representatives to be replaced every year thus leading to greater input from the different communities. (One new community representative every year putting a halt to people having/taking ownership of council)

No Representative can be nominated 2(two) years in a row until every man within their respective communities has had a turn on the council.

Each community is to hold men's meeting at least once every 4 months to inform the representative.

- Council to meet every two-three months.

Interim Committee

The role of the Interim committee will be to formulate the Terms of Reference, Code of Conduct and the Policy and Procedures. Also the role of the Interim Committee will be to aide in the setting up of membership, to ensure that information about the formation process is being heard within their respective communities/areas and participation into the Aboriginal Males Council.

It will also support and encourage men of action to continue in their endeavours in strengthening community and bringing Community Aboriginal Males Business to the forefront.

The direction and roles of the Interim Committee are to be discussed & formulated by attendees of the 1st meeting of the Interim Committee.

20.3 Who is involved?

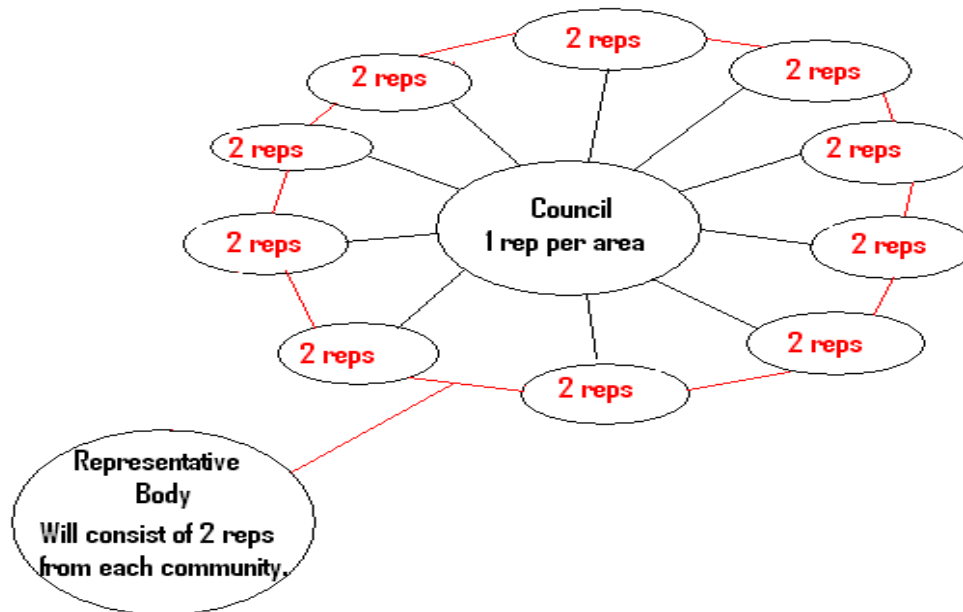
Only Aboriginal men are to sit on council. With that said it is hoped that the Indigenous men's Network has involvement with the council.

It is the hope of this organising body that each area as defined by the DHS state regions 11 in all with, I think another 2 to be included. Three representatives from each region put forward their reps. It is envisaged that the three representatives be elected to the positions by their respective communities.

As mentioned previously it is hoped that the three representatives consist of 1 Elder, 1 Male worker and 1 Youth member of community.

Provision could be made to provide/allocate 2(two) positions for the purpose of including Indigenous Men's Network, such as interstate indigenous men, known as Associate members these two members should come from the Indigenous Men's Network. This could also work in reverse as the Indigenous Men's network could make 2(two) positions available for the representation of the Aboriginal Men's Council.

See following map:



1 Elder 1 Youth and the men's worker from area

To start with the Elder sits on the Council and the Worker or the Youth rep replaces the elder for the second year

Elder steps down and is replaced by another elder who will be able to sit on council after the Worker or Youth have move up to council member for their year.

Who inturn is replaced after they have their year with the replacement of the Worker/Youth to follow as Elder has done.

20.4 What is needed?

We need males of strength and conviction, Men who are willing to do the hard yards at the start and get other males involved from their respective communities.

Males who have had enough of the crap, of constantly been put under the scrap pile. We need men who can control their anger and know how to direct their anger in a constructive manner, also Men who have the support of their communities, as well as Men who are respected within their communities and have always been involved with their community.

21. The Victorian Aboriginal Males Council& By-Laws

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1. Purpose

- 1.1** The purpose of this paper is to provide a framework for the discussion of the operation of the Council and the content of which the by-laws governing the council (By-Laws).
- 1.2** The By-laws will operate as an agreement between Victorian Aboriginal Males Council and the entities that subscribe to the By-laws and, in doing so, agree to become members of a council of stake holders (Council).
- 1.3** The By-laws will establish the obligations of the Council in relation to the management and operation of the Council. It will also set out the obligations of the members of the Council.
- 1.4** The Structure of the Council is set out in Schedule 1.

2 Relationship with Council

- 2.1** The Indigenous Men’s Network can be offered an honorary position on the Council
- 2.2** Koori members of the Indigenous Men’s Network are eligible for membership to Council.
- 2.3** Indigenous Males Network members may be given the opportunity to participate in Council Research, Education, Projects and Activities of interest to them.

3 Glossary

3.1 Terms used in this paper have the following meaning:

Board means the board of the Council;

Council means the Victorian Aboriginal Males Council;

Representative/s means the Representatives Body;

Field means the field of Aboriginal Males Business;

Council IP means the intellectual property developed through the conduct of the activities of the Council;

Member means member of Council; and

Membership Fee means the annual membership fee payable to be a member of the Council.

4 Role of Council

4.1 The Council will focus on the big picture of aboriginal male's activities and objectives. As such it will have three main functions: membership engagement, advising on strategic planning and,

4.2 The Council can aid in, endorsement of male programs and activities, as well as aid in the revision of said activities.

4.3 The Council will be the principle mechanism by which members can access groups that make up the Council's constituency. The Council will provide a clearing house for ideas and a form think tank, enabling its members to receive information on, to provide input to the activities pursued by the Council.

4.4 The Council members will provide this input through various mechanisms. Council Board itself will meet one to four times a year with. Council representative members will be able to nominate a representative to attend Board meetings. In addition to Council meetings there will be a number of input and feedback mechanisms established as part of the operational requirements of the Council. (E.g. Community Forums)

5 Membership of Council

5.1 Qualification for Membership, Categories for Membership and Entitlements

As an initial step, the qualification for membership of the Council must be determined. This may comprise of a single set of criteria that must be satisfied by

each individual seeking membership. Alternatively, categories of membership may be established with differing qualifications for entry and differing entitlements. The reason for establishing differing categories of membership is to facilitate variations in the levels of Membership Fees payable and/to distinguish between membership entitlements among the categories (e.g. access to Council IP and Council trademarks and logos, right to participate in nominating and/or voting on council members, participation in Council projects)

It is proposed that there be two general categories of membership: **Representative Members** and **Individual Members** with membership being limited to organisations/corporations. The rights and obligations of each of these categories of membership are to be outlined,

(a) Representative Members

- Must pay the Representative membership Fee (to be determined)
- Will be entitled to one vote at Council.
- Will be entitled to receive reports on activities of the Council.
- Will be entitled to put forward nominee for the Council Board.
- Subject to certain exceptions, will be entitled to use the general outcomes of activities of Council in their own Communities.
- Will be invited to participate in Council Projects.

(b) Individual Members

- Must pay Membership Fee (to be determined)
- Will be entitled to one vote at Community meetings
- Will be entitled to put forward nominees for Community representation on Council.
- May be invited to participate in round table discussions based on Aboriginal Men's Business.
- Will be entitled to receive reports on activities of Council Projects.
- Subject to certain exceptions, will be entitled to use the general outcomes of activities of Council in their own Communities.
- May be invited to participate in Council projects.

There is also an option to include an affiliate category (e.g. non-members/observers). Generally persons/organisations joining under this category would not have the same rights granted to Members but would be entitled to receive regular updates and reports on Council activities in return for a nominal annual fee. This category would facilitate the participation of individuals within Aboriginal communities if this is something that the Council considers would be desirable.

5.1 Membership Fees

The annual membership fee maybe:

- (a) A fixed amount payable by each Member regardless of size of Community;
- (b) Negotiated with each Member on a case by case base with the Membership Fee not falling below a minimum which is stated in the By-Laws; or
- (c) A fixed amount linked to the relevant category of membership.

5.2 Term of Membership

It is encouraged that Members join the Council for an initial 3 year term. This assists the Council with Planning and the budgeting for the initial activities of the Council. A Member wishing to leave Council should be required to give at least 6 months' notice to Board.

5.3 Voting Entitlements

Where a decision etc., under the By-Laws requires a vote of members, the simplest mechanism for calculating a member's voting entitlements is for each member to have one vote.

To encourage true collaboration, one vote per member ensures that larger Communities are not perceived to have a 'greater say' in the activities of the Council. Also one vote per member simplifies administration.

5.4 Withdrawal or expulsion from Council

Members should be entitled to leave the Council subject to the provision of a suitable period of notice. To assist with the long term planning and budgeting of Council activities, members should be required to give at least 6 months' notice of an intention to leave the Council.

A Member may be expelled from Council by resolution of the Board for due cause where the Member has not remedied the default within 30 days of receipt of a notice from the Council. Examples of due cause includes:

- (a) Failure to pay Membership Fee when Due;
- (b) Unauthorised use of Council IP, Council trademarks or logos, background intellectual property of another Member;
- (c) Breach of the By-Laws; and
- (d) Solvency concerns.

If a member is expelled or withdraws the By-Laws will need to deal with the consequences of such expulsion or withdrawal, example:

- (a) The Member is not entitled to any refund of that financial year's membership Fee;
- (b) Its rights to use Council IP and Council trademarks and logos ceases; and
- (c) If the member is involved in any projects at time of expulsion, the Member must continue to participate in those projects and provide its contributions (including any licences to back ground IP granted to other project participants).

5.5 Entry of New Members

The By-Laws will address the mechanism for entry of new Members. Generally this will require the prospective member to complete an application form which will gather all information necessary to identify that the prospective member satisfies the criteria for the relevant membership category.

These applications could either go straight to the Board for consideration and approval or the community representatives can organise a formal protocol within their respective communities they reside at to register potential members.

On acceptance of a new member, the Council will sign a joiner/accession deed with the new member setting out the Membership Fee payable and the acceptance by the new Member of the By-Laws.

5.6 Council Meetings

It would be appropriate to incorporate into the By-Laws a mechanism for the holding of an annual meeting of Council. At this meeting the Board would report to the Members on the activities of the Council conducted over the past year or two years. The meeting could also provide a mechanism for members to provide input on future projects/activities of the Council.

6 Council Committee Structures and Roles

6.1 A key element in encouraging and promoting member involvement in the Council will be through Committees established within the respective Communities. It is proposed the Council has the following committees:

- (a) The Council Board

The Council Board will consist of a director nominated by the board who will chair the Board, one of the three representative members that each community have nominated.

One nomination for appointment to the Board will be taken from the Representatives, who will be selected from the respective communities.

If a casual vacancy on the board arises in between Council meetings the representatives may appoint a representative to fill that vacancy from two representatives put forward by the respective communities.

(b) Council Representative Body

Each Community will be asked to put forward three representatives, one to go on to the Board and the other two representatives to sit on the Representative Body. The Two representatives are there to support the respective representative on the Board.

The Representatives will be expected to act as the links to actively promote engagement between the Council and their respective Communities.

- 6.2** From the perspective of good governance practice, each committee should have a charter approved by the Board.
However, these charters will not be included in the By-Laws.

7 Management of Council

7.1 Role of the Board

The role of the Board will be to operate, manage and administer the Council in accordance with the By-Laws and the consistent with the Constitution **(to be developed)**.

This will include:

- (a) Overseeing and participating in the conduct of activities of the Council and the meeting of the Council objectives(to be set out in Constitution);
- (b) Approving activities/projects of the Council to be undertaken and monitoring progress of the activities of the Council;
- (c) Approving, monitoring and, if required, initiating protocols or procedures for the development, management and implementation of activities/projects of the Council;
- (d) Establishing and overseeing the operation of Council committees;
- (e) Preparing annual reports, plans of activities and the annual budget for the conduct of the activities of the Council;

- (f) Determining and implementing procedures for sourcing and accepting Membership Fees, contributions, donations, grants and money generally to be applied for the conduct of the activities of the Council;
- (g) Managing the gift fund(if required) and
- (h) Administering the financial requirements of the Council.

7.2 Appointment of Board

The interim Board will oversee the selection process for board members which will ensure that the board is properly equipped to manage the Council in a manner consistent with the By-Laws and the Constitution (to be set out).

The Constitution should set out the mechanisms whereby potential representatives are identified and nominated for consideration by the respective Communities.

8 Conduct of Council Activities/Projects

8.1 Planning and Budgets

The Representative Committee will be responsible for preparing the budget and business plan for approval by the board. Depending on the committee structures adopted, this process may involve input from the relevant committees before Board approval is sought.

The Council must operate in accordance with the approved budget and business plan.

8.2 Projects

Many of the activities of the Council will be conducted through projects. In some instances the projects will only involve members (“internal project”); while any projects involving non-Members will be an external project.

8.3 Reporting

Within 90 days of the end of each financial year, the Council will provide a written report to each Member on the activities of the Council conducted in the previous financial year, including information regarding:

- (a) Projects carried out;
- (b) Progress in relation to the fulfilment of the objectives of the Council;
- (c) Use and dissemination of Council IP; and
- (d) A copy of the financial statements of the Council.

Within 60 days of the financial year, the Council will prepare financial statements on the financial position of the Council, including:

- (a) The income and expenditure of the Council during the financial year;
- (b) It's assets and liabilities as at the end of the financial year; and
- (c) A cash flow statement.

Members will be required to provide such information and assistance reasonably requested by the Council to assist the company with the preparation of reports and financial statements.

A Member will be entitled to inspect and have provided to them copies of documents, records and accounts under the control of the Council relating to the Council and the activities of the Council.

9 Intellectual Property

9.1 Background Intellectual Property

A Member may make available intellectual property owned or held by the member for the conduct of activities/projects of the Council. This access may be granted for specific internal or external projects or as general access right for the activities of the Council as a whole.

The Council will maintain a register of intellectual property made available by Members.

9.2 Council IP

Unless a project details schedule states otherwise, all intellectual property created through the conduct of internal projects will be owned by the Council. Intellectual property created through the conduct of external projects will be owned in the manner set out in the relevant project agreement.

Any proceeds arising from commercialisation of Council IP by the Council (subject to the terms of any relevant external project agreement) will be retained by the Council and used in activities of the Council.

9.3 Confidentiality

The Council and members will be required not to disclose confidential information of a party/member which becomes known to them as a result of conduct of the activities of the Council.

10 Use of Activity/Project Outcomes

10.1 A central focus of the Council will be to create/support activities/projects that are relevant to real problems faced by Victorian Koori Males and to have a positive impact on those problems.

The outcomes that the Council envisages will arise from its activities/projects by ensuring that said activities/Projects have positive impacts on their respective communities. Accordingly, it is proposed that in line with current practice the primary

focus is for the community good and Wellbeing of Victorian Koori Males. Any results from said activities/projects will generally be freely available and widely disseminated in order to encourage the widest possible uptake of Council activities/projects.

As a result, reports on the Council activities would be made available to all Council Members who would, subject to limited exceptions (see below), be entitled to use those outcomes in their own business/Communities.

10.1 Exceptions

It is proposed that there be limited exceptions to the above propositions on the use of activity/project outcomes by Members:

- (a) The first exception will arise if the outcome results are capable of producing commercial products where the most effective way to ensure widest possible uptake is to commercialise the product.
- (b) The second exception will arise where the Council commissioned activities/projects carried out by communities and the terms of engagement by the commissioning body include confidentiality and intellectual property requirements.
- (c) The final exception will arise where the activities/projects and outcomes incorporate Indigenous knowledge or intellectual property and publication or dissemination of the outcomes would conflict with the rights of the individual or communities who own the knowledge or intellectual property.

10.2 Publications and Public Announcements

The board will establish guidelines for the making of publications, public disclosures or public announcements relating to the activities of the Council. These guidelines will recognise the desire of members to publicise their participation in the Council.

The primary responsibility for public announcements in relation to the Council will rest with the Council Board.

11 Termination of Council

11.1 The Council will continue to operate until the earlier of:

- (a) When only one member remains in the Council; or
- (b) The Council is wound up by law.

Schedule 1 – Victorian Aboriginal Males Council - Structure

