Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited

Submission to Queensland Trauma Strategy

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Acknowledgement of Country

QATSICPP would like to acknowledge the traditional custodians across all the lands that make up the state of Queensland. We would like to acknowledge the oldest living culture of Aboriginal and Torres Strait Islander peoples and the continued connections to Country, language, and tradition. We would like to acknowledge Elders past and present and acknowledge future generations of Aboriginal and Torres Strait Islander children and young people and the bright future they will have.

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Introduction

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) is the peak body representing thirty-eight (38) Aboriginal and Torres Strait Islander community controlled child and family organisations working in child, youth and family support across Queensland. From practical resources to policy advice, our team pursue outcomes that are in the interest of our children, families, and communities.

The trauma experienced by Indigenous people as a result of colonisation and subsequent policies, such as the forced removal of children, and the devasting long lasting impact resulting from this, is widely acknowledged. The levels of trauma evident in our communities and the failures of education, health, and disability services to provide adequate trauma informed culturally safe support, to our children, young people and families continues to be a driver of Aboriginal and Torres Strait Islander children into in both child protection and youth justice systems.

QATSICCP's vision is that all Aboriginal and Torres Strait Islander children and young people are physically, emotionally and spiritually strong; live in safe, caring and nurturing environments within their own families and communities; and are afforded the same life opportunities available to other children and young people to achieve their full potential.

QATSICPP's strategic plan "*Positive Futures for Our Children"* declares our intent to determine the future shape of policy, practice and resourcing with cultural sensitivity and humility as it applies to the wellbeing of Aboriginal and Torres Strait Islander families in Queensland.

The significant impact of intergenerational trauma on our families and communities, can only be solved by us. The current systems our children and families interact with do not and cannot nurture our children, heal our families nor replenish our communities. Only we can do that. Us, the Aboriginal and Torres Strait Islander people of Queensland.

We are pleased to provide this submission on what a trauma informed strategy in Queensland will require for Aboriginal and Torres Strait Islander children, young people, families and communities to be afforded changed systems and responses to support them to thrive.

Defining trauma

Clear definition of trauma

For the strategy to ensure well targeted actions and effective collaboration it is essential that it outlines a proposed shared definition of what trauma is.

The wide range of literature on trauma suggests a variety of definitions. The Substance Abuse and Mental Health Services Administration [SAMHSA] states that

"'trauma' refers to experiences that cause intense physical and psychological stress reactions. Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being." [i]

However, we know that this conceptualisation of trauma is not relevant for First Nations peoples. As Atkinson et al state:

"Diagnoses such as PTSD are unable to conceptually capture the levels of chronic ongoing stress that Indigenous people experience in their everyday lives. The sources of this stress are argued to be multiple, repeated, and of great severity; and the levels of this stress are argued to be unacceptably high and compounded by (1) the inability to identify and overcome a single source of stress, (2) the presence of cumulative stressors, and (3) the realisation that many of these stressors are inflicted by people well known to the victims."[ii]

For Aboriginal and Torres Strait Islander people traumatic experiences are vastly different and include the trauma of being forcibly removed from family, community and culture, experiencing racism and for many families, the continued distress of having their children removed into child protection or juvenile justice systems.

The widespread impact of this trauma is detailed in the *Bringing Them Home* report that concluded that between one in three and one in ten Aboriginal children were forcibly removed from their families from approximately 1910 until 1970.[iii] This figure was much greater in certain periods and certain regions of Australia.

It is also important to understand the impacts of collective trauma as opposed to individual trauma. Research demonstrates that significant events that impact whole communities can lead to community distress and stresses already fractured systems. Disconnection from country, culture, family and community has had a devastating impact on Aboriginal and Torres Strait Islander health and wellbeing[iv].

Despite these significant impacts of trauma on the lives of our communities Aboriginal and Torres Strait Islander people have shown incredibly strength and resiliency.[v]

Given this different experience of trauma for Aboriginal and Torres and Strait Islander people it is imperative the strategy include explicit definitions and explanations of trauma that are co-developed with Aboriginal and Torres Strait Islander people.

Critical Elements of Trauma Strategy

QATSICPP considers the following elements of a Queensland Trauma Strategy as critical for ensuring a strategic, whole of system approach "*essential for shaping a trauma-informed Queensland*"[vi] that responds to the needs of Aboriginal and Torres Strait Islander children and young people.

Supporting strong social and emotional wellbeing

Effective responses to Aboriginal and Torres Strait Islander people's trauma must be grounded in an understanding of their social and emotional wellbeing (SEWB). The construct of SEWB is becoming increasingly prominent within Australian mental health policy and practice, and is a framework for understanding health which places Aboriginal and Torres Strait Islander world views and culture as central[vii] including a concept of health that not only includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or 'country', culture, spirituality, ancestry, family, and community".[viii]

A key aspect of SEWB is that the wellbeing of children, young people, families and communities is shaped by connections to body, mind and emotions, family and kinship, community, culture, land and Spirituality. When these connections are disrupted, as many have been due to past government policies associated with colonisation, people are likely to experience poorer social

and emotional wellbeing. Conversely, restoring or strengthening connections to these domains will be associated with increased wellbeing. As outlined by Aunty Lorraine Peeters, a Stolen Generations Elder, "*if disconnection is the disease, reconnection is the cure*".[ix]

Despite promising progress in some areas, current therapeutic approaches to trauma being experienced by Aboriginal and Torres Strait Islander children and young people have largely ignored cultural context and have been inconsistent with the SEWB. The Productivity Commission's (2020) inquiry into mental health found that mental healthcare is designed primarily for people from non-Indigenous communities and that despite significant effort, the mental health system has not been able to improve outcomes for Aboriginal and Torres Strait Islander people including children and young people. There is considerable evidence to suggest a key driver for this systemic failure is that Aboriginal and Torres Strait Islander people are not able to recover through Western therapeutic programs provided by non-Indigenous people; a different way is needed.[x]

Investing in Healing

Healing provides a critical pathway for restored connections disrupted by trauma and achieving improved SEWB. The Healing foundation defines healing as holistic process,

"*unique to each individual. It enables individuals, control over the direction of their lives and reach their full potential. Healing continues throughout a person's lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base.*"[xi]

Atkinson and a range of authors have outlined how healing for Aboriginal and Torres Strait Islander people creates opportunities for cultural regeneration in response to colonisation and attempted genocide.[xii]

There is a range of evidence suggesting that as well as strengthening a sense of identity and connectedness, neuroscience demonstrates that cultural practices such as dance, art, song and storytelling stimulate the part of the brain that helps to regulate behaviour. Van Der Kolk and others have argued that ancient cultures have sophisticated methods of responding to trauma that proved effective for a much longer time than modern psychology has existed, it is the regeneration of these that is most effective in responding to their unique trauma.[xiii] Another advantage of healing as a response to trauma is that healing is both prevention and treatment, in that if we can help children, youth and adults to heal, then we prevent that trauma from being passed on to others.

The Healing Foundation has identified three key elements of healing:

1. Healing must be led by Aboriginal and Torres Strait Islander people, with and for their own communities. This reflects the important principle of self-determination, which is an essential part of healing for Aboriginal and Torres Strait Islander people. Healing works best when solutions are culturally strong, developed and driven at the local level, and led by Aboriginal and Torres Strait Islander people.
2. Founded in an Aboriginal and Torres Strait Islander worldview, and strengthens cultures. This means that healing builds familial and community connectedness, as well as connectedness to the environment and culture.
3. Empowering individuals and communities to overcome trauma and its causes, as well as its symptoms. [xiv]

Healing Aboriginal and Torres Strait Islander children and young people's trauma

One of the major underlying causes of contact for Aboriginal and Torres Strait Islander children and young people with the child protection and youth justice systems in Queensland is the impact of trauma relating from DFV in their lives.[xv] Recently QATSICPP partnered with the Australia's National Research Organisation for Women's Safety (ANROWS) on the *New Ways for our Families* research project. This project generated new, community-led knowledge about the needs of Aboriginal and Torres Strait Islander children and young people who experience DFV and how to provide child focused service and system responses to their trauma.

This voices of over 200 community researchers, Aboriginal and Torres Strait Islander Community Controlled Organisation practitioners, external stakeholders and select community members (Elders, and Aboriginal and Torres Strait Islander women and young people aged 18 to 25 affected by DFV) who participated in the research across Queensland highlighted a range of insights relevant to the development of the Queensland Trauma strategy, including:

- There is currently a lack of dedicated services attending to the specific trauma needs of Aboriginal and Torres Strait Islander children who have experienced DFV. Although there have been several resources and services put in place to reduce DFV within Aboriginal and Torres Strait Islander communities, many of these priorities have focused on a crisis response model. There is no specialised DFV counselling for children in the remote and regional contexts in Queensland that this research took place in, and no ability to provide counselling for the whole family.

- In many instances current child protection system responses fail to keep Aboriginal and Torres Strait Islander children emotionally and culturally safe, and instead cause further harm. Child protection systems need reform to ensure they are child and family wellbeing focused and ensure effective resourcing is provided for Aboriginal and Torres Strait Islander children to receive support. This includes dedicated investment for Aboriginal and Torres Strait Islander Community Controlled organisations to deliver community developed healing responses.

- the voices of Aboriginal and Torres Islander children who come to the attention of child protection systems due to DFV are generally absent. Until Aboriginal and Torres Strait Islander children and young people's voices and experiences of DFV are heard loudly and clearly, and are continuously sought by their communities, systems and practitioners, no change will occur to support them to heal from the impacts of DFV on their lives.

- The ability of Aboriginal and Torres Strait Islander children to access the right supports at the right time has been critical in creating pathways to healing and strong wellbeing for children. Enabling this response requires mental health services and first point of contact DFV services to be compassionate ,engaged and have improved cultural capability. But this has to be done in collaboration with local Aboriginal and Torres Strait Islander leadership to ensure that cultural capability is not a static process and that it is consistently accountable to the local cultural authority.

- to support children to heal, all of the systems (such as health, education, housing and justice) that interface with their lives need to work together in a coordinated way to ensure that they can support healing and trauma recovery.[xvi]

It is critical that the Queensland Trauma Strategy address the implications of these key messages from community, especially in how it seeks to define a vision for how trauma is understood and responded to in Queensland.

Trauma informed practice is now widely understood as a necessary precursor to creating the right environments in which healing can thrive. The *New Ways for our Families* project highlighted a range of evidence suggesting that trauma informed services for Aboriginal and Torres Strait Islander children must:

- understand trauma and its impact on individuals (such as children), families and communal groups.
- create environments in which children feel physically and emotionally safe;
- employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds.
- support survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey;
- share power and governance, including involving community members in the design and evaluation of programs;
- integrate and coordinate care to meet children's needs holistically; and,
- support safe relationship building as a means of promoting healing and recovery.[xvii]

The final phase of the *New Ways for our Families* project involved the development of a healing framework which seeks to work across all dimensions of safety for Aboriginal and Torres Strait Islander children and young people, including their physical, emotional, social, cultural and spiritual safety, to ensure that they are holistically and developmentally cared for in their recovery from their trauma.

Our healing framework is based on operationalising the interconnecting pillars and elements outlined below.

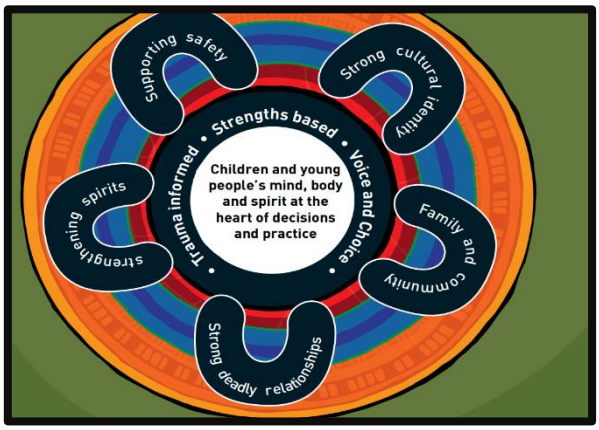

Figure 1: QATSICPP HEALING FRAMEWORK

Our Healing framework represents a vision of a way forward for halting the cycle of intergenerational trauma experienced by Aboriginal and Torres Strait Islander people in Queensland and creating a new future, where future generations are strengthened through cultural identity and connections. It is critical that the Queensland Trauma Strategy include a conceptual and practical focus on achieving this strong vision in partnership with Aboriginal and Torres Strait Islander people.

Mainstream services need to be culturally responsive to trauma

Supporting recovery from trauma and reducing the ongoing impact of trauma on Aboriginal and Torres Strait Islander people requires more than dedicated healing services; it requires mainstream universal and secondary services to be culturally responsive to their trauma.

There are frequent opportunities to respond effectively to trauma in the services and systems that many Aboriginal and Torres Strait Islander people interact with in their everyday lives, such as education and health systems. Currently the lack of cultural capability and a poor understanding of the ways that trauma effects children and young people means that many times children can be excluded from getting the right supports due to their behaviour, or the system not having the right culturally based service to offer Aboriginal and Torres Strait Islander children and young people, so they do not engage in the first place.

Secondly, given that Aboriginal and Torres Strait Islander children and young people are disproportionately subject to systems which most profoundly intervene in the lives of them and their families (e.g. child protection, youth justice), it is critical that these systems in particular maximise their capacities to respond to trauma and minimise their likelihood of creating further trauma.

Concerningly, across both of these aspects there is evidence to suggest trauma is not being responded to effectively (and in some cases significantly exacerbated) by services and systems which fail to place significant focus on understanding the trauma needs of Aboriginal and Torres Strait Islander children and young people.

Despite some progress in creating trauma informed universal service systems such as health and education, there remains only limited knowledge and workforce development activity focused on trauma-informed approaches to working with Aboriginal and Torres Strait Islander children and young people.[xviii] Such work is critical not only because it improves people's experiences of service systems and helps to reduce the risk of further traumatisation, but also because it helps to overcome significant barriers to individuals accessing trauma support and healing services. Barriers include;

- A past history of abuse, intervention and control by government and non-government services in Aboriginal and Torres Strait Islander people's lives has led to a general lack of trust in service systems. This is compounded by the fact that universal services such as education and health continue to be amongst the leading referrers of families to child protection authorities.[xix]

- Past and ongoing experiences of discrimination are also a powerful deterrent to service system engagement; for example the Australian House of Representatives Select Committee on Intergenerational Welfare Dependence (2019) found that institutional discrimination was identified as a significant factor in reducing the "*likelihood of Aboriginal people accessing essential services in areas such as the health system as well as the media, education, welfare and criminal justice systems and in the provision of public housing*."[xx]

Further work in this area is critical if more Aboriginal and Torres Strait Islander children, young people and their families are to have access to the right supports and services that help overcome trauma. The voices of frontline Aboriginal and Torres Strait Islander DFV practitioners involved with QATSICPP's *New Ways for our Families* project highlighted that to respond to trauma it was necessary for mainstream services to adopt not just use a trauma-informed lens but a cultural lens, without which services cannot be culturally safe for Aboriginal and Torres Strait Islander children and young people to access.[xxi]

As one example, the researchers highlighted an urgent need for education systems to enhance their understanding of how to respond to Aboriginal and Torres Strait Islander children and

young people who are experiencing DFV. Instead of focusing on their behaviour, it is essential for children's safety that education systems understand a child's cultural context, have an increased understanding of what might be driving the behaviour and respond in a way that supports healing. In the health system, the *Birthing on Country* initiative rolled out in recent years shows the positive difference developing cultural approaches to universal service delivery can make to child and family health, with the program resulting in mothers attending more antenatal visits and less likely to have an infant born prematurely.[xxii]

Addressing Racism

Across the universal service system and statutory systems (e.g. child protection and youth justice), racial discrimination and bias need to be addressed if further trauma is to be prevented and Aboriginal and Torres Strait Islander are to feel safe enough to access the support they need for recovery.

As outlined in the QFCC's most recent *Principle Focus* report, priority national reform has "*named the need for government to 'challenge' unconscious bias that results in decisions based on stereotypes, not only in child protection but in early childhood, housing, health, education and disability*."

As one example of this, In 2022, the Queensland Government abandoned the use of key elements the Structured Decision-Making model that was used by Child Safety to rate children on their risk of harm and help authorities decide whether to intervene, after a study undertaken by Griffith University found the tool was racially biased.[xxiii]

Do no more harm

To have an effective trauma informed strategy there has to be a commitment to create safety as a primary goal. To achieve this means that many of the services and systems of government must commit to do no more harm and use a trauma lens in their decision making about new policies or practices that will impact on the lives of children and young people.

Currently there are a range of systemic practises and environments in operation across Queensland that are exacerbating Aboriginal and Torres Strait Islander trauma and need to be reformed or replaced with alternative approaches.

One example of this is Queensland's current practice of detaining children in adult watch houses. Amnesty International Australia's 2019 investigation into the Queensland youth justice system uncovered 2,655 breaches of domestic and international law associated with the watch house detention of children, including failing to provide clean clothes including underwear and personal hygiene products, failing to provide adequate health and mental health care, failing to provide adequate education, the use of violence against children and young persons as well as the use of solitary confinement as a form of punishment.

Notwithstanding the findings of Amnesty's investigation, the Queensland government has continued to detain children in adult watch houses, with a number of concerning stories coming to light in the media, including:

1. One child being detained for 39 days in a watch house, with 25 children held in watch houses for longer than three weeks since the start of 2023
2. Illegal strip-searches, adults exposing themselves to children and a girl being placed in a cell with adult men
3. A lack of regular access to showers and clean clothes
4. Children sleeping in filthy shower stalls

5. Young women not being provided sanitary products and bleeding through their clothes

6. Children with no access to direct sunlight for in excess of 30 days. [xxiv]

Magistrates have expressed significant concern about children being held in watch houses where "*adult detainees are often drunk, abusive, psychotic or suicidal*" and in some cases have granted children bail in an effort to ensure they are not placed into watch houses.[xxv] Clearly these watch houses are a traumatic setting for children to be held in, with no trauma-informed responses provided.

Considerable evidence is emerging that Queensland's youth detention centres are also sources of trauma exacerbation for many children and young people. A review of Queensland's Youth Detention Centres published in 2016 expressed concern about the lack of ongoing cultural programs provided to Aboriginal and Torres Strait Islander children and young people in detention and recommend that;

- for young people brought into detention from regional or remote parts of the state, appropriate cultural visits from the young person's community should be arranged in person or with the use of videoconferencing.

- consultation with Aboriginal and Torres Strait Islanders stakeholders external to Youth Justice to develop, design an implement cultural specific programs as a matter of priority.[xxvi]

In his report on the Queensland youth justice system, Bob Atkinson found no mandatory, across the board, training for the youth detention centre workforce on cultural competency or trauma informed approaches.[xxvii]

More recently The Child Death Review Board (CDRB) conducted an in depth review of the case of two boys who had spent over a combined total of 330 days in detention in the 12 months prior to their deaths. Over 60 percent of the boys' time in detention had been spent in 'separation'. In the Queensland context, separation is defined as placing a young person in a locked room by themselves. On the basis of the informati ` on provided, there is little doubt the manner of the boy's detention served to cause further trauma, disconnection, and hopelessness:

> *"Being confined in a cell for extended periods of time, without interaction with peers, family, culture, and support networks creates an environment of re-traumatisation. Research has shown pre-existing mental health problems are likely exacerbated by experiences during incarceration, such as isolation, boredom and victimisation."* [xxviii]

Truth telling

For Aboriginal and Torres Strait Islander people's trauma to be genuinely overcome, Queensland needs to engage in a genuine truth telling process to enable the community to hear our truth. As outlined in the Healing Foundation's Theory of Change for Healing truth telling is a critical precursor to healing from trauma:

> *"Healing outcomes can only be sustained when they are supported by policies that … promote truth telling and a greater understanding of the impacts of colonisation and our nation's trauma legacy, including through the education system, across all service networks and to the broader community via effective communication strategies."* [xxix]

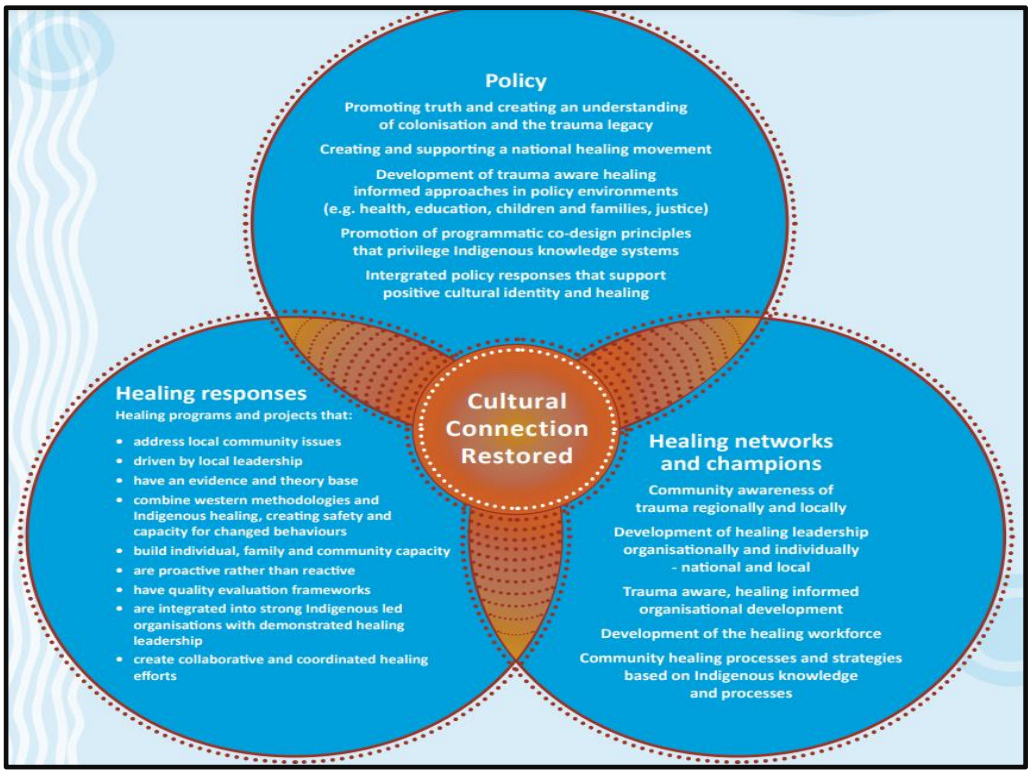

Figure 2: Theory of Change for Healing
(Source: https://healingfoundation.org.au/app/uploads/2019/04/HF_Theory_of_Change_A4_Mar2019_WEB.pdf)

Professor Cindy Blackstock has also written extensively about the role of truth telling in healing trauma, and the importance of truth telling with children:

> *Our own experience of reconciliation helped us realize that truth telling, an essential feature for reconciliation, is not just about putting facts on paper, it is hearing multiple interpretations of the truth, struggling for meaning, and then situating our joint learning in a new relationship.*[xxx]

It is critical that the Truth Telling processes planned as part of Queensland's Path to Treaty create a space for Aboriginal and Torres Strait Islander people are able to share their stories of trauma, and that the Queensland Trauma Strategy include actions aligned with these processes, to ensure that trauma recovery for our communities can be guided by their truth.

Within this process it will be critical to explore the individual, community and systemic contexts in which Aboriginal and Torres Strait Islander children and young people experience trauma.

This includes exploring the continuing impact of discrimination at all levels, including 'baked in' systemic racism in government agencies which compounds our collective trauma and results in the disproportionate representation of Aboriginal and Torres Strait Islander children in child protection and youth justice systems.[xxxi]

The Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts *Reframing the Relationship Plan* recognises the importance of truth telling in developing whole of government responses to trauma. More recently, the Department of Child Safety, Seniors and Disability Services has made a number of commitments to truth telling as part of its work.[xxxii] To support the continuation and expansion of this important work to other agencies, there is an opportunity for alignment between Queensland's Path to Treaty process

and the Queensland Trauma Strategy to ensure trauma aware, healing informed responses are consistent across government.

Lack of investment in healing responses

Despite significant evidence pointing to healing approaches as the most effective way to respond to the ongoing trauma experienced by Aboriginal and Torres Strait Islander people, there is a paucity of Queensland Government investment in this area.

It is unfortunate that the Queensland Healing Strategy has not resulted in increased investment in dedicated healing programs delivered by community-controlled organisations.

There is a distinct lack of funded First Nations designed/delivered programs that specifically respond to Aboriginal and Torres Strait Islander family and children's trauma other than what can be funded through current funding arrangements and in many places this is sparse. This leads to an ad hoc approach which results in gaps in service provision. In regional and remote areas where many Aboriginal and Torres Strait Islander children and young people live, this results in many of them not being able to access the right supports to attend to their mental health because there are no or very limited healing services in their area.[xxxiii]

Investment in effective responses

It is therefore critical that the Queensland Trauma Strategy outline an investment approach in responding to and preventing trauma that recognises Aboriginal and Torres Strait Islander children and young people need to receive culturally safe support that is delivered, designed by First Nations people.

Queensland's network of Family Wellbeing Services (FWS) provides an example of investment in healing that the Queensland Trauma Strategy should seek to build upon. These services are available to all Aboriginal and Torres Strait Islander families (regardless of whether Child Safety are already involved) and are delivered by a network of 27 Aboriginal and Torres Strait Islander community controlled organisations around the state, including locations in Torres Strait and Cape York. A recent evaluation of FWS found that:

- 91% of families stay out of the child protection system within the following six month after having their needs met through a FWS.
- Referrals to FWS across the state have continued to increase since the program's inception, with approximately 16 percent of referrals to FWS being self-referrals – this self-referral rate is considerably higher than any other family support program in Queensland.[xxxiv]

Services have been overwhelmed supporting the needs of families, including responding to high levels of DFV, with the majority of organisations delivering FWS reporting significant waitlists for their services. An increase to the current investment in FWS is desperately needed to reduce caseloads and enable a tiered, more effective response to the needs of Aboriginal and Torres Strait Islander families. There were over 16,000 child concern reports about Aboriginal and Torres Strait Islander children in 2022/2023, QATSICPP has calculated an extra $67.9 million per annum in funding is needed for the 27 FWS services across the state to reduce caseloads and allow workers to deliver the intensive support required for families to keep children out of the child protection system.

Further to supporting increased investment in FWS, the strategy should include a plan for funding and/or expanding specific healing programs for children and young people designed and delivered by CCOs. Such a plan could include;

- A strategy for rolling out a series of healing centers across the state. A range of research of healing centres in Australia has indicated they are effective at creating a culturally safe place of connection and renewal and delivering a range of programs responding to trauma, with particular programs to attend to the DFV related trauma experiences of Aboriginal and Torres Strait Islander children and young people. Deloitte Economics and The Healing *Foundation's Prospective Cost Benefit of Analysis of Healing Centres* provides compelling evidence of healing centres, showing significant SEWB improvements for the community and typically returning on average, a benefit to cost ratio of over 4 to 1, primarily from reduced rates of incarceration and recidivism.[xxxv]

- Increased resourcing to First Nations led and delivered programs in youth justice to improve responses to the significant intergenerational trauma First Nations children and young people heavily involved in the youth justice experience. As one example, a recent evaluation of the On Country program found it was effective connecting young people to their culture and providing them with positive life pathways, also highlighting the therapeutic value of On-Country as a 'circuit breaker' in the lives of children and young people on a trajectory to further entrenchment within the Youth Justice system. Despite these promising results, the availability of the program in only three sites is not meeting current demand.[xxxvi]

Resourcing the strategy

QATSICPP is hopeful that the Queensland Government intends to allocate sufficient investment to the implementation of the Trauma Strategy to ensure its development has been an ultimately meaningful process.

Without a sufficient implementation and investment framework that is co-designed with Aboriginal and Torres Strait Islander leadership, the Trauma Strategy risks becoming another well intended government plan that has little tangible impact.

The Queensland Healing Strategy outlines an excellent process for the widespread implementation of healing activities across Queensland but did not contain specific budget measures to invest in the actions outlined and will therefore be difficult track in implementation.[xxxvii]

QATSICPP calls for actions in the strategy to be supported by specific government investment commitments to ensure the systemic responses outlined are sufficiently resourced.

End Notes

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