NGAARA

Proposal for Funding Extension of the TARROT program

2020-2023

TARROT

TRAUMA•ASSESSMENT•REFERRAL &
REHABILITATION•OUTREACH•TEAMS•

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Trauma is a key driver of the persistent and intergenerational disparities experienced by Aboriginal and Torres Strait Islander peoples. Understanding trauma and its immediate, long term and intergenerational impacts is crucial to delivering comprehensive, effective and integrated political and systems responses.

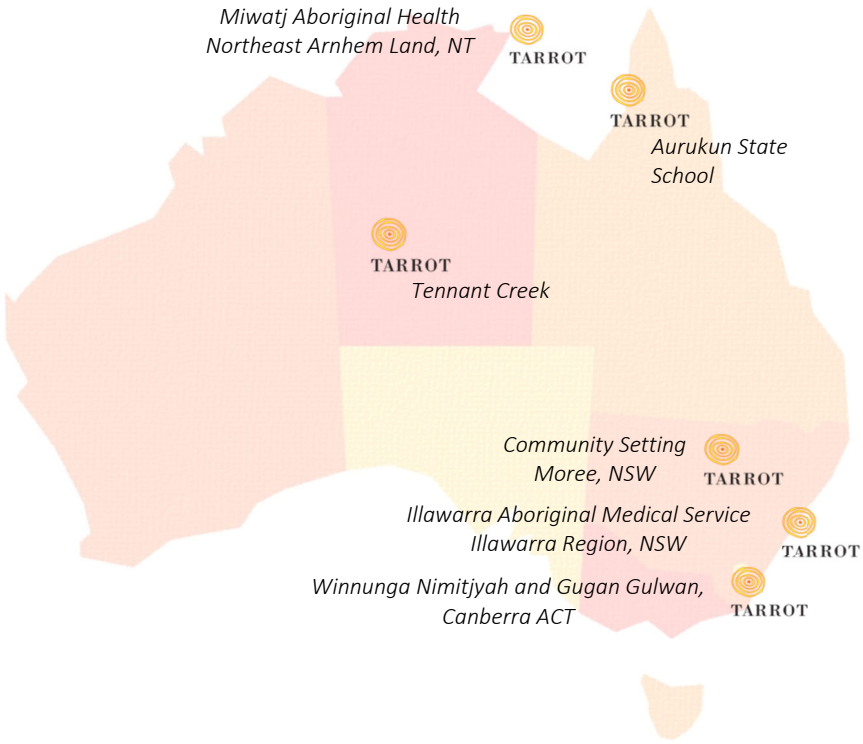
OVERVIEW

Ngaoara Limited is a not-for-profit organisation that works with Aboriginal children and their families, service providers and government agencies to develop and deliver child centric, trauma informed assessment and care.

In response to community and service requests, and building on the best available evidence, Ngaoara developed the Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT) initiative. The TARROT initiative involves small teams of clinical and allied health professionals and cultural educators who provide health and cognitive assessment and referral outreach services for children affected by trauma, and with complex comorbidities.

In 2016, Ngaoara received funding from the Commonwealth Department of Health (Indigenous Australians Health Program) to support the delivery of TARROT. Over the past four years, Ngaoara has developed and consolidated strong community partnerships, successfully implemented our service models in schools and Aboriginal Community Controlled health service settings, received hundreds of referrals and provided specialist clinical assessment and care planning to more than 200 Aboriginal children and adolescents.

Figure 1- Regions where Ngaoara delivers TARROT or has completed consultations.



We have also received requests from other regions, and undertaken consultations in the context of the TARROT work, child safety, child and adolescent mental health, and social and emotional wellbeing.

TARROT clinicians and staff have also provided expert opinion and testimony to numerous committees, Commissions and enquiries pertaining to child wellbeing, community safety and Aboriginal affairs.

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ADDRESSING CHILDHOOD TRAUMA, ADVERSE EXPERIENCES AND TOXIC STRESS IS CRITICAL TO IMPROVING INDIGENOUS POPULATION HEALTH

> "The trauma experienced by Indigenous people as a result of colonisation and subsequent policies, such as the forced removal of children, has had devastating consequences. The disruption of our culture and the negative impacts on the cultural identity of Aboriginal and Torres Strait Islander peoples has had lasting negative effects, passed from generation to generation. The cumulative effect of historical and intergenerational trauma severely reduces the capacity of Aboriginal and Torres Strait Islander peoples to fully and positively participate in their lives and communities, thereby leading to widespread disadvantage."
>
> *The Healing Foundation*
> *Growing Our Children Up Strong and Deadly –*
> *Healing for Children and Young People*

UNDERSTANDING CHILDHOOD TRAUMA, ADVERSE EXPERIENCES AND TOXIC STRESSORS

"A traumatic event can involve events such as physical, emotional or sexual abuse, war, community violence, neglect, maltreatment, loss of a caregiver or loved one, natural disasters, terrorism, witnessing violence or experiencing trauma vicariously…it can also result from chronic adversity; chronic, severe or life threatening injuries, illness and accidents. Trauma interferes with one's ability to cope…"[1]

Complex trauma describes exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impacts of this exposure'.[2] It is of particular significance to children, and every aspect of their early development across domains of physical, psychological, emotional and social wellbeing.

Intergenerational or transgenerational trauma refers to issues of grief and loss which are passed down through generations of Aboriginal and Torres Strait Islander families as a result of traumatic

[1] *What does trauma informed care really mean?* J Kellie Evans, The Up Centre Vice President May 2013. www.theupcenter.org, www.cpe.vt.edu

[2] see The National Child Traumatic Stress Network (NCTSN) www.nctsn.org

experiences.[3] Loss of human capital through morbidity and mortality, the impact of policies and practices relating to removal, incarceration, assimilation, and mainstreaming, mean that generations have been denied role models and role modelling for positive parenting, child rearing, and socialization. The following diagram illustrates an intergenerational cycle of behaviours identified through consultation with parents and carers of children affected by trauma in western NSW.[4]

Diagram 1: Intergenerational Perpetuation of Risk

Trauma is a key risk factor for persistent and intergenerational disparities experienced by Aboriginal and Torres Strait Islander peoples, and other vulnerable, marginalised populations. Our children usually experience trauma early in life, and if left unchecked, this can have devastating impacts on their physical, psychological and emotional development in childhood, into adolescence and across the life-course.

Further, a growing body of clinical, social science and human services evidence associates traumatic experiences with a broad range of deleterious outcomes in childhood, adolescence and

[3] from workshop on 'Understanding transgenerational trauma in Aboriginal communities', Judicial Commission of NSW, NSW Bar Association, The Law Society of NSW, August 2016

[4] Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT) initiative, N Brown 2015, for Ngaoara Ltd

adulthood[5],[6],[7],[8] and there is a growing body of pre-clinical and clinical evidence - for example, in the fields of epigenetics and developmental neurobiology – linking social and environmental exposures to physical, psychological and emotional development, particularly in the early years (see N Brown, AIPA Trauma Workshop 2016).

Adverse childhood experiences, trauma and toxic stressors can literally alter the architecture of the developing brain and body, significantly increasing the risk of impaired neural development, and resulting in poor bonding and attachment; an inability to form and maintain positive relationships; learning difficulties; and poor impulse control, including aggressive and anti-social behaviours, which often persist across childhood, and in to adolescence and adulthood. These developmental factors in turn contribute to poor educational outcomes; limited employment opportunities; increased risk of offending and incarceration; greater propensity to health risk behaviours (tobacco, alcohol and other drugs); and increased risk of self-harm and suicide (ibid).

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[5] Nurius PS, Green S, Logan-Greene P, Borja S *Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis.* Child Abuse Negl. 2015 Jul;45:143-53. doi: 10.1016/j.chiabu.2015.03.008. Epub 2015 Apr 4

[6] Jonson-Reid M1, Kohl PL, Drake B. *Child and adult outcomes of chronic child maltreatment.* Pediatrics. 2012 May;129(5):839-45. doi: 10.1542/peds.2011-2529. Epub 2012 Apr 23.

[7] Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. *Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study.* JAMA. 2001 Dec 26;286(24):3089-96.

[8] Baglivio MT, Wolff KT, Piquero AR, Epps N. *The Relationship between Adverse Childhood Experiences (ACE) and Juvenile Offending Trajectories in a Juvenile Offender Sample.* Journal of Criminal Justice 43 (2015) 229-241

THE TARROT INITIATIVE

The TARROT initiative is well established, functional and has demonstrated positive impacts for Aboriginal children and young people across the domains of health and wellbeing in community and school-based settings, as well as Aboriginal community-controlled service settings. Since 2016, small teams of health professionals have been providing assessment and referral outreach and facilitating support for children and their families. The outreach teams consist of primary care practitioners, paediatricians, psychiatrists, psychologists and cultural educators.

The TARROT logo is a stylised version of the socio-ecological model, representing Ngaoara's culturally appropriate and relevant approach to child centric service development and delivery. With the child located at the centre, each layer represents the proximal and distal influences on child wellbeing – family, school and social environments, community, employment and economic factors, politics and policy.

TARROT Multidisciplinary Teams

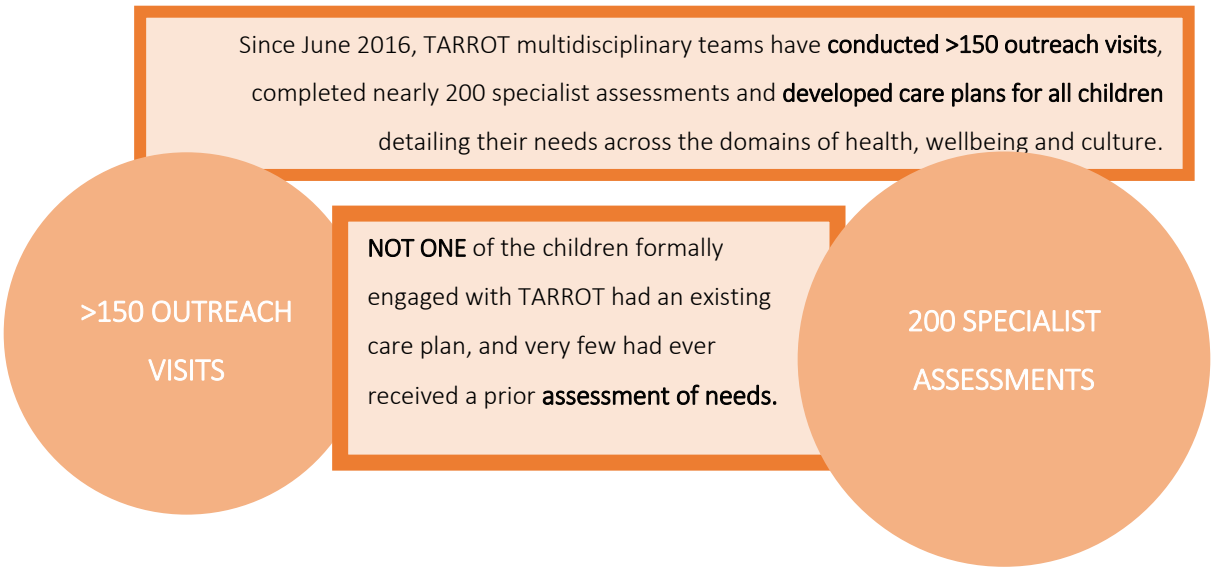
Our outreach teams consist of a primary care clinician (GP), clinical psychologists, paediatricians, and a mental health specialist. The outreach teams are supported by a central Research and Administration position (a Social Worker) and a place based Child and Family Advocate (western NSW). The teams:

- Take referrals from, and work with, local schools and services to provide regular outreach for children identified with, or suspected of exposure to, the impacts of trauma, violence and abuse.
- Support and contribute to the coordination of case management for at risk and vulnerable children and liaise with local service providers and agencies to ensure access to reparative care.
- Use existing pathways, initiatives and acute/ongoing responses relevant to child health and safety.
- Support and contribute to the development of initiatives for child-centric, whole-of-community responses to violence and trauma.
- Provide specialist educators in trauma recovery and child development; and
- Support parenting and positive relationships programs for parents, carers and community members in partnership with Aboriginal Community Controlled Health Organisations, PHNs, and other local services and agencies as relevant.

Comprehensive Specialist Assessment and Care Planning

One of the most significant benefits, as identified by community members and confirmed by data (see Evaluation 2016-2019), has been the implementation of comprehensive primary care, allied health and specialist medical assessment and care planning for children. Multidisciplinary assessment is highly valued, as it identifies health and wellbeing needs of children and adolescents, and addresses previously unmet service gaps. Care planning helps to ensure that children receive appropriate care by bringing together multiple organisations to foster an integrated multi-sectoral approach for children and their families.

The Care Plan summaries we prepare headline priorities, strengths and challenges as identified by the children themselves, and address domains of education; social; home; and culture, and make recommendations pertaining to therapeutic interventions, school based supports and other service requirements for the children and their parents/carers.



These numbers have been further enhanced since the completion of our evaluation. We have received 100s of referrals from multiple sites and agencies, and added to our outreach service KPIs. Despite restrictions on travel and face-to-face consultations, and due to an increased uptake of telehealth options, the team have increased their availability: we connect with children in the Illawarra every week; facilitate therapeutic counselling sessions in western NSW on a weekly basis; provide paediatric review fortnightly; engage across 2 services in the ACT every month; and receive multiple weekly requests for support and advice every week directly from schools and agencies such as DCJ (Department of Communities and Justice, NSW).

Our flexible approach to availability and mixed-mode service delivery has meant that our average wait time from referral to assessment is 2 weeks, compared to 12-18 months for some mainstream specialist services.

IMPACTS & OUTPUTS

TARROT has demonstrated multiple impacts, including improving the **visibility of children and how their trauma is being recognised and addressed.** A significant proportion of the children we have engaged with were above the threshold for toxic stress and mental health disorders, placing them at increased risk of clinically significant behavioural and emotional problems. Within existing systems, the focus tends to remain on the *symptoms* and the capacity of families or services to respond to challenging circumstances. However, our recognition of the **aetiology** of child and adolescent behaviours has meant a greater focus on more appropriate responses and ongoing reparative and therapeutic care.

The initiative has developed:

- Outreach models for school based and health service delivery;
- Referral algorithms;
- Trauma informed and culturally relevant intake assessment tools based on validated mental health assessments and the ACE Survey (child and adult);
- An App adaptation of the assessment tools to be used with tablets and other hand-held devices;
- Trauma-informed lesson timetabling – STEAM (science, technology, English literacy, Arts and culture, maths) and "bite sized learning";
- Trauma informed and culturally focused curriculum; and
- Community/regional child safety plans and implementation frameworks.

Ngaoara has also developed a trauma informed, public health prevention framework**,** identifying policy and service delivery approaches to break individual and intergenerational cycles of trauma and disparity. Further, Ngaoara has received requests from other regions, and undertaken consultations in the context of the TARROT work, child safety, child and adolescent mental health, and social and emotional wellbeing. TARROT clinicians and staff have also provided expert opinion and testimony to numerous committees, Commissions and enquiries pertaining to child wellbeing, community safety and Aboriginal affairs.

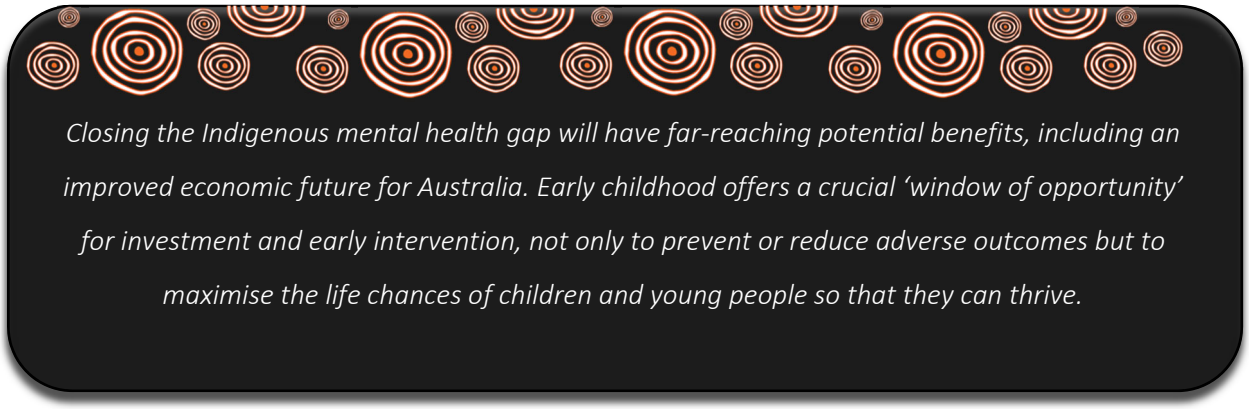
We also believe that our advocacy on behalf of children referred to us has influenced more positive outcomes across indicators relevant to the provision of material needs, child safety, service access and school attendance.

VALUE PROPOSITION

There is a strong economic argument for the ongoing funding of the TARROT initiative. Early interventions have been shown effective in promoting engagement in school, reducing risk taking behaviours, reducing antisocial and criminal behaviours, and promoting positive health choices. Benefits include enhanced human capital and capability, increased productivity, greater social inclusion and reduced public expenditure in health, welfare and crime. [9] Current evidence suggests an average return on investment of 7:1.

Policy Agendas and Priorities

Mental illness in Australia has an annual economic cost of approximately $50 billion dollars, due to direct cost and indirect losses of productivity.[10] Despite a national expenditure of $9 billion annually on mental health services- mental illness and substance use disorders remain the single largest contributor (40%) to the burden of disease experienced by Aboriginal Australians.



The Commonwealth government has acknowledged the urgent need to respond to mental health, with a specific focus on the younger population, particularly Aboriginal children and young people. As such, the 2019/20 Commonwealth budget attributes $736 million dollars to mental health, inclusive of the greatest investment in youth suicide prevention ever in Australia ($461 million)[11].

The TARROT program's capacity to provide culturally informed, sustained outreach specialist assessments free of cost to families and services has assisted to dismantle many of the barriers to accessing coordinated, culturally strong and effective health care.

[9] Council of Australian Governments, Investing in the Early Years – A National Early Childhood Development Strategy. 2009, Commonwealth of Australia

[10] Royal Australian and New Zealand College of Psychiatrists, 2016. The economic cost of serious mental illness and comorbidities in Australia and New Zealand.

[11] Australian Government Department of Health, https://www.health.gov.au/resources/publications/budget-2019-20-prioritising-mental-health-youth-mental-health-and-suicide-prevention-plan

SCALABILITY

Ngaoara believes that Aboriginal organisations and community-controlled services (health, education, social) are best situated to identify and respond to children affected by trauma, including the delivery of health services, cultural education and child protection initiatives. However, without additional resourcing it is difficult for services to add to their existing roster of programs.

With ongoing support, there is potential to scale up the TARROT work. There are currently two models of the TARROT program which may be implemented in additional communities and in collaboration with Aboriginal community-controlled organisations.

Ngaoara is also exploring alternative means of generating income, to sustain the work beyond Government funding alone. We believe that a mixed model of block funding Medicare generated income and cross-sector contributions would be most appropriate for the next phase of implementation.

The team is also fielding an increasing number of enquiries from communities and regions outside of our current catchment, and departments such the Department of Communities and Justice (DCJ NSW), Child & Youth Protection Services (CYPS ACT), and schools and Education Departments, which offer ‘fee for service’ remuneration.

HOW ADDITIONAL FUNDING FOR TARROT WILL IMPROVE ABORIGINAL CHILD HEALTH AND WELLBEING

Any reform in Aboriginal child health requires sustained commitment, and investment in community partnerships to develop and maintain trusting relationships with children and their families.[12],[13] Further funding would enable Ngaoara to build on the established foundations of TARROT, and help advance a co-ordinated response to childhood trauma in NSW, the ACT and other jurisdictions, which would be achieved by:

- Providing improved psychological, paediatric, and developmental assessments for Aboriginal children, including appropriate screening, early identification and intervention for mental health issues, the planning of relevant and timely care, and the potential prevention of ongoing negative mental health outcomes;
- Engaging and supporting local, jurisdictional and national organisations to better respond to childhood trauma and its impacts, and enhance the potential for recovery;
- Leading and contribute to improved trauma-informed services and responses for children - growing a trauma-informed workforce, including the professional development of current practitioners, and the development of communities of practice (health, social, education) around trauma-informed approaches for Aboriginal children;
- Collecting data on child mental health and social and emotional wellbeing – routine data collection and analysis can identify child and adolescent health needs, and inform the allocation of education, health and other service resources in locations where need and potential to benefit is likely greatest.[14]

[12] Lohoar, S., 2012. Safe and supportive Indigenous families and communities for children. *A synopsis and critique of Australian research. CFCA Paper*, (7).
[13] Toumbourou, J.W., Hall, J., Varcoe J., and Leung R. (2014) Review of key risk and protective factors for child development and wellbeing (antenatal to age 25). Australian Research Alliance for Children and Young People.
[14] https://www.racp.edu.au/docs/default-source/advocacy-library/racp-inequities-in-child-health-position-statement.pdf

NGAOARA LIMITED

Ngaoara is an Aboriginal-owned, not-for-profit company that was established to address issues of child and adolescent wellbeing, and promote positive cultural practices and cultural connections to overcome disparities in health, development and emotional wellbeing.

Ngaoara has been working with services and communities in NSW, ACT, Queensland and the Northern Territory for the past six years, delivering TARROT and providing respected advisory and consultancy services. Ngaoara has developed culturally relevant approaches to child and adolescent health and wellbeing through collaborative and multidisciplinary research, translation and service delivery.

Recently, Ngaoara undertook and completed two consultancies with the Australian Government in the Northern Territory where extensive engagement with the local Aboriginal community was undertaken to focus on solutions for child and youth safety:

- Tennant Creek Child Safety Plan and Implementation Plan
- Youth Suicide Prevention in North East Arnhem Land

THE NGAOARA BOARD

The Ngaoara Board is 100% owned and governed by Aboriginal leaders. The Directors have collectively worked in Aboriginal and Indigenous Affairs for many decades. This Aboriginal leadership strongly aligns with the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*, that calls for quality Aboriginal and Torres Strait Islander leadership at senior management and executive levels.[15]

As Aboriginal people, the Board have first-hand experience and a deep understanding of the challenges and opportunities for Aboriginal and Torres Strait Islander peoples. The Ngaoara Board Members have been, and continue to, populate high level Commissions, committees and advisory roles across research, academia and clinical practice for more than 30 years. Their input is pivotal in many of the policy debates and decision-making processes at local, jurisdictional, national and international levels.

[15] National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023, p. 7

FOUNDING DIRECTOR- PROFESSOR NGIARE BROWN

Prof Ngiare Brown is a Yuin Nation woman from the South Coase of NSW. She is a senior Aboriginal medical practitioner who has made extensive contributions to Aboriginal and Torres Strait Islander health, research process, bioethics, policy, translation and practice. She is dedicated to Aboriginal child and adolescent wellbeing and supporting communities to develop initiatives focused on cultural education and breaking the intergenerational cycles of disparity. Her interests are largely twofold, addressing i) culturally relevant approaches to child and adolescent health and wellbeing, including building the evidence base through collaborative and multidisciplinary research, translation and service delivery; and ii) a cultural determinants approach to Indigenous health and wellbeing.

PROFESSOR ALEX BROWN

Professor Alex Brown is the Theme Leader for Aboriginal Health Research at the South Australian Health and Medical Research Centre. He has established an extensive and unique research program focused on chronic disease in vulnerable communities, with a focus on outlining and overcoming health disparities. He leads projects encompassing epidemiology, psychosocial determinants of chronic disease, mixed methods health services research in Aboriginal primary care and hospital settings, and randomised controlled trials of pharmacological and non-pharmacological chronic disease interventions.

ASSOCIATE PROFESSOR KELVIN KONG

A/ Prof Kelvin Kong is the first Aboriginal surgeon and Fellow of Royal Australasian College of Surgeons. He specialises in Paediatric & Adult Otolaryngology, Head & Neck surgery, providing care to children and young adults. Kelvin is a Worimi man, from the Port Stephens region north of Newcastle.

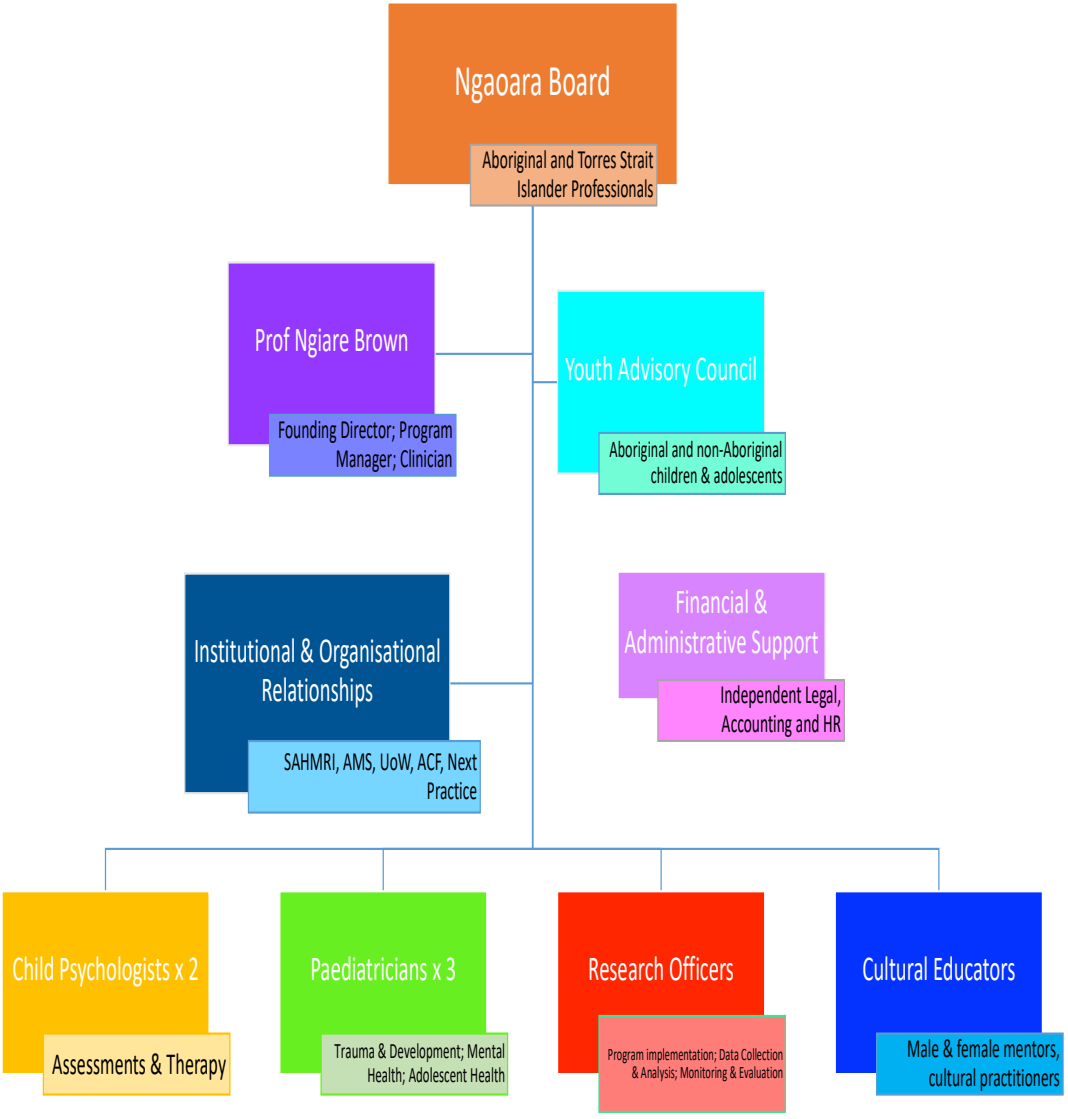
ANDREW MCLEOD

Andrew McLeod is a former Australian rules footballer for the Adelaide Football Club. He is the games record holder for Adelaide, having played 340 games. Andrew is considered one of the greatest Indigenous footballers of all time, one of the greatest of the modern era and is often considered by many as the greatest player of the Adelaide football club.

ASSOCIATE PROFESSOR PETER O'MARA

A/ Prof Peter O'Mara's clinical positions have been largely in rural and Aboriginal health. His current positions are Associate Professor of Indigenous Medical Education, Head of Discipline Indigenous Health, University of Newcastle NSW, Director of the Wollotuka Institute at the University of Newcastle, NSW. Peter has recently taken on a new position as a Regional Medical Superintendent; this involves giving clinical governance advice, medical advice, and advice regarding training as well as being a medical and cultural mentor for several Aboriginal Medical Services in Eastern NSW. Peter has also been appointed Chair of the RACGP National Aboriginal and Torres Strait Islander Faculty Board Education Committee.

Ngaoara Ltd Organisational Structure



Indicative Budget for NSW and ACT

NSW TARROT Budget 2020-23			
ITEM	2020-21	2021-22	2022-23
Central Coordination and Core Program Costs			
Manager/Director	$ 178,609	$ 182,181	$ 185,825
Senior Clinician	$ 100,000	$ 102,000	$ 104,040
Monthly videoconferencing with TARROT team	$ 1,210	$ 1,331	$ 1,464
Child and Youth Advocate	$ 93,025	$ 94,885	$ 96,783
Project/Evaluation Assistant	$ 20,352	$ 20,759	$ 21,175
Sub-total Core Costs	**$ 393,196**	**$ 401,157**	**$ 409,286**
Administrative Costs			
Rent	$36,720	$37,454	$38,203
Insurance	$12,240	$12,485	$12,734
Phone	$1,591	$1,623	$1,655
Financial administration and audit	$40,800	$41,616	$42,448
Incidentals	$6,120	$6,242	$6,367
Administrative costs	**$ 97,471**	**$ 99,421**	**$ 101,409**
Visiting Team			
Psychiatrist	$12,000	$12,600	$13,230
Paediatrician (developmental and behavioural)	$33,244	$34,906	$36,651
Clinical Psychologist (child)	$58,705	$61,640	$64,722
Sub-Total Visiting Team	**$ 103,948**	**$ 109,146**	**$ 114,603**
Operating Expenses/Direct Costs			
Airfares (visiting team)			
Moree	$ 32,000	$ 35,200	$ 38,720
Vehicle mileage	$ 3,500	$ 3,850	$ 4,235
Accommodation (visiting team)	$ 5,000	$ 5,500	$ 6,050
Vehicle Hire (Visiting Team)	$ 2,000	$ 2,200	$ 2,420
Per diem (Visiting Team)	$ 2,974	$ 3,271	$ 3,598
Sub-Total Direct Costs	**$ 45,474**	**$ 50,021**	**$ 55,023**
Evaluation and strategic consultancy support			
Consultant - monitoring and evaluation support	$ 48,400	$ 53,240	$ 58,564
Educator/Parenting Support Program	$ 21,525	$ 22,601	$ 23,731
	$ 710,014	**$ 735,585**	**$ 762,617**
Total Budget 2020-23			**$ 2,208,216**

RISK MATRIX

The following risk assessment demonstrates the approach to risk management for the TARROT Program.

Risk Summary	Description	Preliminary Risk Rating	Risk Mitigation Description	Residual Risk Rating
Staff resignations or lack of availability	Project leader or other staff leave part way through the project or are unavailable	High	All project plans and other documents stored in shared space Contract manager well briefed Project team meetings track progress and manage issues actively Back-up staff from other organisations or other parts of the network with similar skills and focus	**Medium**
Document corruption or loss	Key documents or data are lost through file corruption or operator error	Medium	Regular back-ups of all files and folders on servers Use of secure site (cloud) for storage and sharing documents	**Low**
Support from key stakeholders withdrawn or not attained	Schools, service providers, Aboriginal opinion leaders support for the process and/or services is withdrawn or not able to be attained in a timely manner.	Medium	Detailed plans for consultation developed and implemented throughout the project Regular clear communication to stakeholders re progress and inviting feedback One-to-one briefing sessions at strategic times with each key organisation	**Low**
Team skills inadequate	Team members do not possess the skills to complete the services to a high standard and meet the specific needs of clients	Low	Recruitment strategy is comprehensive and follows best practice selection processes Utilise Ngaoara performance appraisal process Training for staff to maintain and/or improve skills	**Low**

Risk Summary	Description	Preliminary Risk Rating	Risk Mitigation Description	Residual Risk Rating
Schedule slippage	Work proceeds at a slower pace than anticipated	Medium	Detailed work plan in place with regular team meetings to review progress against schedule and allocation of resources to address slow progress as required	**Low**
Scope change	**Scope expands beyond the agreed set of activities or deliverables.**	**Medium**	**Documentation for monitoring scope including performance measures** **Agreed procedure with client for changes to scope or deliverables** **Establish and manage "change request register"**	**Low**

FINANCIAL STATEMENT

Ngaoara Limited has been a registered company with ASIC since 12 Oct 2014. NGAOARA LIMITED is registered with the Australian Charities and Not-for-profits Commission (ACNC). NGAOARA LIMITED is a Public Benevolent Institution.

Ngaoara Limited has complied with all requirements of its registrations as a company and as a charity for the past 5 years. It's governance and leadership has remained stable over that time.

This Statement of Tax Record is issued to NGAOARA LIMITED to confirm that this entity has met the criteria of having a satisfactory engagement with the Australian tax system, as detailed in the Commonwealth Procurement Connected Policy - Black Economy - Increasing the Integrity of Government Procurement.

For further information on how the criteria is applied to determine the outcome of a Statement of Tax Record seeato.gov.au/STR

Yours faithfully,

Tim Dyce

Deputy Commissioner of Taxation

Date of issue:

30 October 2019

Date of expiry:

30 October 2020