

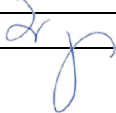
currently undergoing psychometrically validation; the holdup is that this has to be paid for by IPS.

- g. The Cultural Needs Scale (**CNS**). The CNS is a tool designed to assess the cultural and personal barriers existing to workforce participation for Aboriginal individuals. It enables the development of a personal profile which can be used to create a personal or supervision plan to address those barriers. It is currently undergoing psychometric validation.

- 16. I am currently developing a Culturally Competency Assessment for Foster Carers, to enable measurement of the cultural competencies of potential foster carers for Aboriginal children, including in respect of their capacity to support cultural identity formation and the cultural needs of Aboriginal children during their development.
- 17. In 2003, the Canadian Government sent a delegation to Australia in 2003 to review my methods. The delegation recommended my work be replicated there. A copy of their report is annexed to this statement.
- 18. As part of my work with IPS, I train practitioners in the psychometric tests and assessments described above. To date, I have trained and accredited over 30,000 practitioners across Australia in these tools.

Background – culturally inappropriate testing and assessments for Aboriginal people

- 19. In psychological testing and assessment processes, *testing* refers to the administration of a test by an accredited professional. *Assessment* refers to the broader process by which diagnoses of mental health or cognitive capacity are determined (generally by clinical interview, direct structured observation, and gathering information regarding behavioural presentation from a variety of sources known to the person undergoing assessment). Testing is one tool available in the broader assessment process.

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The history of inappropriate testing and assessments for Aboriginal people

20. Research in psychology shows the pervasive influence of culture on the presentation of mental ill health.³ For example, the Diagnostic and Statistical Manual of Mental Disorders acknowledges the potential influences of culture on the manifestation of psychological and cognitive assessment.⁴ Because of the influence of culture on the presentation of mental ill health, in psychological literature, cultural bias in testing and assessment has long been addressed in research as a factor that may impact upon test result reliability and validity.⁵
21. Generally, the focus is two-fold. First, bias in the manner in which the tests have been *constructed*, which impacts on test reliability and validity for particular cultural groups. Second, *practitioner 'bias' or lack of cultural competence* in both the administration of and interpretation of tests and within the assessment process itself (the interaction between tester and testee). In my view, and as argued by others, culture remains distal rather than central to psychological training, practice and research.⁶
22. In respect of Aboriginal Australians, my own research, and other studies, have identified the risk of error in psychologists, psychiatrists and doctors applying mainstream psychological tests and assessment processes with Aboriginal clients which fail to recognise the role of culture in client presentation.⁷

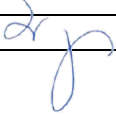
³ SR López, 'Patient variable biases in clinical judgment: Conceptual overview and methodological considerations' (1989), vol 106 (2), *Psychological Bulletin*, pp 184-203; AJ Marsella & AM Yamada, 'Culture and mental health: An introduction and overview of foundations, concepts, and issues', in IP Cuellar (ed), *Handbook of multicultural mental health* (2000), pp 3 - 26; S. Okazaki, 'Psychological assessment of Asian Americans: Research agenda for cultural competency', (1998), vol 70 (1), *Journal of Personality Assessment*, pp 54-70.

⁴ Roberto Lewis-Fernández & Naelys Díaz, 'The cultural formulation a method for assessing cultural factors affecting the clinical encounter', (2002), vol 73 (4), *Psychiatric Quarterly*, pp 271-295.

⁵ I Cuéllar, & FA Paniagua (eds), *Handbook of multicultural health*, Academic Press, 2000.

⁶ M Cole, *Cultural psychology: A once and future discipline*, Harvard University Press, 1996.

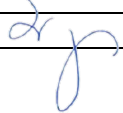
⁷ JM Kearins, 'Visual spatial memory in Australian Aboriginal children of desert regions', (1981), vol 13 (3), *Clinical Psychology*, pp 434-460; E Hunter, 'Aboriginal Mental Health Awareness: An overview, Part II', (1993), 17(1), *Aboriginal and Islander Health Worker Journal*, pp 8 - 10; Tracy Westerman, 'Development of an inventory to assess the moderating effects of cultural

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50. Generally, the field of cognitive assessment has failed to progress culturally over decades of the use of the Wechsler Scales. Predominantly psychologists will use only the performance subscales as a method of allowing for cultural bias. The argument being that the verbal subscales have more cultural bias. However, they are effectively then not providing a measure of verbal intelligence which is clearly a critical measure to gauge.
51. Where assessments lead to diagnoses that arise from culturally inappropriate tools, then the results will arguably always be problematic. It will have one of three outcomes – over diagnosis; misdiagnosis or underdiagnoses. Essentially there is more likelihood of chance than getting assessment correct with an Aboriginal Australian currently due to the complete failure to both acknowledge test and assessment bias and to address it nationally.
52. Where assessment is wrong, the wrong treatment results. Where treatment is wrong, there is no opportunity to gather evidence of what is working. Without data to help us understand program impacts, there is no proper measure of baseline risk, meaning that we cannot plan for and reduce the disadvantage gap – it is not being properly measured.
53. We currently have no data on prevalence across any of these issues that we can rely on as being accurate. This causes substantial difficulty in identifying and implementing appropriate interventions to assist in responding to mental health concerns, and possible cognitive and intellectual impairments.

Cultural competence of people applying disability assessment tools

54. In my view, and through my research, I consider that there is an inadequate understanding of, psychopathology, and what constitutes psychopathology, within other cultures. Past approaches to understanding the mental health needs of Aboriginal Australians has largely been through the application of generic

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within an Aboriginal context and are empirically tested there will remain limited opportunities for prevention and early intervention for at risk children and their parents.

Cultural parenting differences

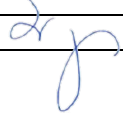
72. The research tells us that traditional Aboriginal Australian approaches to child-rearing create ideal conditions for secure attachment outcomes.⁴⁷ Aboriginal children traditionally have access to a greater number of primary attachment figures who persist throughout their lives and increase the likelihood that all of their emotional needs are able to be responded to in a manner that ensures secure attachment. The concept of a 'whole community raising a child' is consistent with Aboriginal parenting styles. It increases the likelihood of secure attachment, as there is an expectation that the emotional needs and therefore attachment bonds that develop are a shared community responsibility.⁴⁸ In addition to this, there is a greater focus on what has been termed 'attachment parenting' or, more accurately, 'cultural attachment parenting', in which the closeness between children and multiple carers occurs throughout their lives.

Desired attachment outcomes can differ across cultures

73. In looking more closely at the strengths that are evident in Aboriginal parenting practices, we need to better understand how these differ compared with more Westernised styles of parenting. Broadly speaking, in Western societies development of the self is dependent on being individually and task-oriented. These cultures value adults who display autonomy, independence and

⁴⁷ J Kearins, *Child-rearing practices in Australia: a variation with life-style*, University of Western Australia, 1984; JJ Goodnow, in GR Davidson (ed), *Ethnicity and Cognitive Assessment: Australian perspectives*, Darwin Institute of Technology, 1988; Fiona Ryan, 'Kanyininpa (Holding): A Way of Nurturing Children in Aboriginal Australia', (2011), vol. 64 (2), *Australian Social Work*, pp 183-197; S Lohoar, N Butera & E Kennedy, 'Strengths of Australian Aboriginal cultural practices in family life and child rearing', *Child Family Community Australia Paper No. 25*, Melbourne, 2014; Soo See Yeo, 'Bonding and attachment of Australian Aboriginal children', (2003), vol 12(5), *Child Abuse Review*, pp 292-304.

⁴⁸ Tracy Westerman, 'Development of an inventory to assess the moderating effects of cultural resilience with Aboriginal youth at risk of depression, anxiety and suicidal behaviours', PhD Doctor of Philosophy, Curtin University Curtin University, 2003.

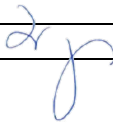
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attachment patterns.⁵³ In addition, culturally there are significant problems with the classification of attachment disorders.

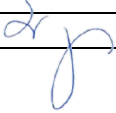
75. Measures such as the Adult Attachment Interview and the Strange Situation Test have been developed around Western populations and their observed attachment patterns. More culturally appropriate assessment tools are needed to better account for the dynamics in Aboriginal Australian communities. Further investigation is also required to understand the specific manifestations of attachment disruption in Aboriginal populations. This includes assessment of caregivers' early attachment experiences and descriptions of current caregiver-child bonding.⁵⁴ There is a danger of seeing cultural differences in parenting as a deficit. The reality of looking at cultural parenting through a mainstream lens increases the likelihood of misdiagnosis of attachment disorders and therefore limits the capacity to determine appropriate treatments and interventions.
76. A great risk in uncritically applying non-Indigenous paradigms such as attachment is that we colonise the knowledge systems around child-rearing already present within Aboriginal cultures. When working from our own cultural reference points, both personal and professional, we can easily fail to understand that there are multiple constructions of child rearing, some aspects of which are similar to ours and some which are not. This highlights our need to scrutinise the fundamental design of child protection systems, their decision-making frameworks and their position within a broader set of colonising structures. Further, we are challenged to genuinely situate conventional Western and Indigenous knowledge together. In this, each system seeks to understand the other, traversing often foreign conceptual territory and unpacking hidden assumptions about the worlds in which we and the other live.

⁵³ Fiona Ryan, 'Kanyininpa (Holding): A Way of Nurturing Children in Aboriginal Australia', (2011), vol. 64 (2), *Australian Social Work*, pp 183-197.

⁵⁴ Soo See Yeo, 'Bonding and attachment of Australian Aboriginal children', (2003), vol 12(5), *Child Abuse Review*, pp 292-304.

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79. A further complicating factor is the formulation of skin groups and associated relationships in many Aboriginal communities. Skin relationships (or 'skin system') refers to the complex system that determines how people relate to each other. It encompasses their societal roles, responsibilities and obligations. The kinship system determines who marries who, ceremonial relationships, funeral roles and behaviour patterns with other kin.
80. The behavioural outcomes of skin relationships could lead to a differential diagnosis of attachment disorder. For example, a child may eschew direct contact with various people in his or her community due to skin relationships which forbid close or direct contact between individuals. These are known as *avoidance relationships*. As these interactions can appear similar to attachment dynamics, observation must occur either by or with a cultural consultant who is 'vouched' for by the community as having essential cultural knowledge of these dynamics. This is essential in order to ascertain whether or not behaviours are culturally appropriate. Unfortunately, what further complicates this picture is that not all communities continue to operate within a 'skin system'. The assessor must then have the capacity to undertake a comprehensive and objective *cultural map* of the kinship structure operating within the community and the extent to which individuals have chosen to live within this structure. There may be many instances in which an individual has 'unwittingly' married someone for whom they are 'wrong way' (i.e., the 'wrong skin group') and may not have an awareness of this. The previous generation, who are aware of this 'taboo', may in turn have views about the relationship and particularly 'shun' the children of these relationships. Again, it is important to consult with a vouched-for consultant to determine if wrong way skin may be implicated in attachment assessment.
81. Aboriginal culture is hierarchical. Power and knowledge are not something that everyone simply has a 'right' to. Knowledge is looked after by certain people, which includes maintaining the secret nature of many ceremonial and other practices. It is taboo for someone of a lower level of power to approach a person of a higher

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generally believed that these attachment styles were the result of early interactions with the mother. A fourth attachment style known as disorganized was later identified.⁵⁹

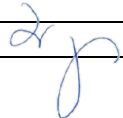
86. Whilst attachment theory has mostly stood up to empirical validation and testing, there are of course, opponents of this approach.
87. In my view, the most complete explanation of why children develop different attachment types would be an interactionist theory. This would argue that a child's attachment type is a result of a combination of factors – both the child's innate temperament and their parents' sensitivity towards their needs.
88. I am aware that a study in 2012 noted evidence that Indigenous children experienced higher levels of emotional and behavioural problems.⁶⁰ In my view, it would certainly be interesting to explore the origins of this. Those communities that remain relatively culturally 'intact' in comparison to those communities who have experienced higher levels of acculturation and acculturative stress may have more resilience to the development of emotional and behavioural disorders and to the intactness of parental bonds and security that this offers both the child and the parent.

Relevance of attachment to cultural differences in parenting

89. The term 'Aboriginal' refers to all original peoples in Australia. Three separate groups are recognized within this context including those who identify as Aboriginal Australian, Torres Strait Islanders and South Sea Islanders. It is important to note that these groups are made up of diverse peoples, each with their own unique histories, spiritual beliefs, languages and cultural practices. Further, parenting practices and parenting styles among different Aboriginal

⁵⁹ Mary Main & Judith Solomon in 'Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation' in Mark Greenberg, Dante Cicchetti, & Edward Cummings (eds), *Attachment in the preschool years: Theory, research, and intervention*, University of Chicago Press, 1990, pp 121–160.

⁶⁰ Keriann Little, Ann Sanson & Stephen Zubrick, 'Do individual differences in temperament matter for Indigenous children?' (2012), *Family Matters*, vol 91 (1), pp 92-105.

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likely to vary between cultures and the quality of the different expressions of attachment styles. It is my understanding that secure infant attachment is the most adaptive and prevalent form of attachment, but the variability in the rates of insecure classifications in diverse contexts suggests a closer look at both infant and maternal behaviours warrants exploration.

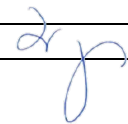
Factors shown to impact on attachment

- 92. Low socio-economic status has been associated with higher rates of insecure attachment in children due to the risk factors associated with poverty which have been shown to negatively impact on the parent-infant relationship.⁶³ These factors include racism which will be considered here as a number of different components. These include acculturation, identity formation and acculturative stress as variants in the parental bond and parenting style. These factors will be explored in terms of the individual, the collective as well as external variables. It is argued that there is a significant role in the realities of cultural change and adaptation to external factors such as policies of removal and assimilation. The question then becomes – are current ‘Aboriginal parenting practices’ a representation of traditional parenting practices or the result of loss of primary attachment figures and parental models? The section on acculturation discusses this issue.

The group versus the individual in attachment theory

- 93. Attachment theory is often criticised for its emphasis on the independence for the purpose of achieving the future goal of separation and autonomy. However, those in collectivist societies may actually have different parenting goals.
- 94. In addition, it is well accepted that most research has explored attachment between a child and one parent; there has been very little exploration of the child’s

⁶³ Jay Belsky, & Pasco Fearon, ‘Infant-mother attachment security, contextual risk, and early development: A moderational analysis’, (2002), vol 14(2), *Development and Psychopathology*, pp 293–310.

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ability to form multiple attachments from a very early age. Although early attachment writing emphasised an infant's preference for a primary caregiver, subsequent reviews have challenged this idea.⁶⁴ This research suggests that very young children can form attachment bonds to multiple caregivers simultaneously. The literature on cultural expression of attachment,⁶⁵ on shared caregiving,⁶⁶ and on attachment in middle childhood also questions the notion of a primary attachment figure.⁶⁷


95. When considering the attachment needs of Aboriginal and Torres Strait Islander children and their caregivers, it is important to look beyond the dyadic model of attachment and consider the broader importance of multiple attachment relationships for children, and the significant importance of extended family and kinship networks for children. Therefore, it is important to be aware of cultural values and ideals regarding parenting when considering if a child's attachment experience has been compromised.
96. Amongst Indigenous groups generally, there are a complex system of relationships that exist and which are specific to the attachment needs of the child. It is often then the case that the child is taught to organise a whole range of attachment figures specific to emotional needs and this is consistently reinforced throughout the life of the child via the kinship structures. The commonality amongst Indigenous groups lies in the importance of the extended family and the unity of the relationship to the land and to kin.

⁶⁴ Michael Lamb, 'A wasted opportunity to engage with the literature on the implications of attachment research for family court professionals', (2012), vol 50(3), *Family Court Review*, pp 481–485.


⁶⁵ Fiona Ryan, 'Kanyininpa (Holding): A Way of Nurturing Children in Aboriginal Australia', (2011), vol 64 (2), *Australian Social Work*, pp 183-197.

⁶⁶ Carollee Howes & Susan Spieker, 'Attachment relationships in the context of multiple caregivers' in J. Cassidy & P. R. Shaver (eds), *Handbook of attachment: Theory, research, and clinical applications*, The Guilford Press, 2008, pp 317–332.

⁶⁷ Roger Kobak, Natalie Rosenthal, Kristyn Zajac, & Stephanie Madsen, 'Adolescent attachment hierarchies and the search for an adult pair bond', (2007), vol 117, *New Directions for Child and Adolescent Development*, pp 57–72; and Deborah Laible, 'Measuring attachment in middle childhood: Challenges and future directions', (2005), vol 48, *Human Development*, pp 183–187.

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107. Traditionally, society has placed greater importance on clinical than cultural competence. It has been ill defined, inconsistent and ambiguous which in and of itself has significant impacts on the ability to address many of the issues noted in this statement. In 2002 as part of my PhD research I aimed to correct that issue and started to explore this notion of cultural competency within the mental health field and with Indigenous mental health consumers. The predictors of cultural competence in mental health were therefore determined via focus groups and through the use of thematic analysis.
108. This led to the initial design of a cultural competency 'test' known as the Cultural Competency Questionnaire. Over time this became more refined through the use of the tool in training and audits of organisations and now has been normed Australia wide on practitioners. This provides a number of unique outcomes:
- (a) That the predictors of cultural competence is now no longer ambiguous as they have been clearly defined through rigorous methodology that ensured Aboriginal voices were front and centre of this;
 - (b) That the tool has also undergone psychometric validation. This has ensured the dual outcome of tests being both clinically and culturally valid;
 - (c) It provides us with a measurability component to cultural competence which is the ideal position to be able to ensure;
 - (i) that cultural competency can be improved over time;
 - (ii) that programs can target those factors were understand to provide our best opportunity for practitioners and organisations to be culturally competent;
 - (iii) it enables us to demand universities and organisations meet minimum standards of cultural competence;
 - (iv) it enables us to measure the impacts of cultural competency and awareness type programs; and

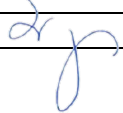
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2. Skills & Abilities – Child Protection	Training Access
	Culturally Appropriate Counselling & Assessment
	Culturally Specific Parenting Knowledge
	Assessment & Intervention
	Engagement & Contact
3. Awareness & Beliefs	Cultural Empathy
	Emotional Stability & Flexibility
	Personal Identity
4. Resources & Linkages	Interactions & Awareness
	Links & Referrals
5. Organisational Cultural Competency	Implementation
	Capacity & Commitment

1. Cultural Knowledge: Gauges individual's local, general, applied, and child development specific knowledge in working with Aboriginal clients.
2. Skills & Abilities: Determines your culturally relevant training, counselling, assessment and general practice skills.
3. Awareness & Beliefs: Provides an indication of the extent to which your prevailing beliefs are consistent with working effectively with Aboriginal people in the child protection context.
4. Resources & Linkages: Examines the extent to which your networks, community and agency links as well as culture-specific resources are sufficient across child protection notifications, assessments child removal and interventions.
5. Organisational Cultural Competency: Gauges your views on how your Organisation supports the cultural competencies of its staff through organisational and staff development.

112. As far as I am aware, this is the first time in which cultural competencies have been empirically determined for the child protection workforce and so has not only departmental, but also national and international implications and interest. This analysis represented a first 'look' at what cultural competencies are able to tell us about the nature of the child protection workforce but also what cultural competencies are best addressed in order to ensure that child protection workers have appropriate cultural skills to work in a more effective manner with Aboriginal children and their families.

113. In June 2020 I launched the Westerman Jilya Institute for Indigenous Mental Health ('Jilya') to address the significant gaps across justice (criminogenics); suicide prevention; child protection, mental health and educational outcomes. The essence of this lies in the unique psychometric tests I have developed and including significant data that is being captured everyday across Australia on these tests. I have donated the intellectual property of these tools to Jilya for research

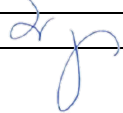
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purposes. In combination they give us the ability to answer the causal pathways questions (or the 'why') associated with all of these poor outcomes but in a way in which programs are able to be more reactive to what is feeding into these hard statistics (ie, child removal of 54%; incarceration of 34%; highest suicide rates in the world etc). The essence of the model is that the continuous data gathered by the WASCY&A and cultural competency tests can be used to determine causal pathways to enable us to determine the following:

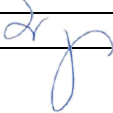
- (a) Do improvements in cultural competency in child protection result in lower rates of child removal?
- (b) Do improvements in cultural competency in police result in lower rates of incarceration?
- (c) Do improvements in teacher cultural competency predict better educational outcomes?
- (d) Does reduction in risk determined by the WASCY&A predict lower incarceration rates; lower risk for mental health and suicide and therefore lower risk for recidivism?
- (e) Does responsiveness to risk measured by the WASCY/A result in lower rates of suicide?

The possible consequences of the statutory child protection workforce not being culturally competent for Aboriginal and Torres Strait Islander peoples with disability

114. The over-representation of Indigenous people in the child protection system, the justice system, higher rates of suicide, mental ill health, and poor education outcomes. Despite this over-representation the contribution of racism has never been appraised in a manner that is long term, trackable and measurable over time. The work of IPS and Jilya Institute will allow that to occur amongst many other outcomes.

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- (iii) determine unique risk factors and causal pathways for Indigenous mental health, suicide and criminogenics;
 - (iv) That we are able to develop unique intervention and prevention programs based upon unique causal pathways for Indigenous people.
 - (v) screen for early stages of risk and undertake measured and targeted prevention;
 - (vi) gather evidence of what is needed and what is working, and
 - (vii) determine mental health comorbidity to better understand treatment focus and research priorities.
- (c) Validate the Acculturation and Acculturative Stress scales nationally to ensure that capacity to moderate potential risk for the development of suicide, mental ill health, health and poor educational outcomes are able to be managed and addressed;
- (d) Facilitate the national roll out of the CCP-MH, GCCP and CCP-CP to provide our best opportunity to address the contribution of racism, or a lack of cultural competency and improvements to the same on incarceration rates, child removal rates, mental health prevalence, and suicide rates.
118. In addition, I recommend that the Royal Commission actively encourage Federal and State education departments to consider the wide scale norming of the Weschler Scales with Aboriginal people. That this should occur in conjunction with;
- (a) The administration of the Acculturation Scale for Aboriginal Australians – Youth version. This will enable the determination of the interaction between cultural connection and intelligence which enable us to ‘correct’ for cultural difference or diversity. The major argument with the validation of a single tool for Aboriginal people is that the culture is so diverse that this is impossible to apply a single tool. However, acculturation enables us to

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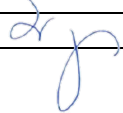
determine the extent of individual cultural error and statistically correct for this but we need good solid normative data to enable this;

- (b) The use of the CCP-MH to ensure the cultural competency of those who administer the scales with Aboriginal children;
- (c) That a determination of Aboriginal English usage be made at the commencement of test administration for the purposes of departing from standard Australian English Administration to ensure tests are administered in a more valid way.

119. I recommend that the Royal Commission encourage the funding of an adaptive scale for use with Aboriginal Australians to ensure that functional capacity is assessed in the most culturally fair manner.

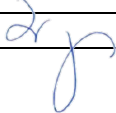
120. I invite the Royal Commission to recommend funding to determine the relevance of mainstream attachment theory and a unique attachment classification for Aboriginal Australians given the different cultural parenting styles and contexts that can lead to differential diagnosis, including exploration of whether there is a universal attachment aetiology or if there are unique attachment types, and related research questions, which must include in combination:

- (a) Determining the relevance of the classification of attachment disorders and types given the range of cultural factors that complicate the cultural validity of such diagnoses;
- (b) Exploring the utility of existing measures in use for the assessment and diagnosis of PTSD and attachment disorders with the view to the development of unique assessment tools;
- (c) Determining the impacts of acculturative stress on the presentation of PTSD and individuals' resilience to it through the use of the Acculturative Stress Scale for Aboriginal Australians.

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121. I recommend that the Royal Commission recommend funding be directed to an Indigenous led organisations that has pre-requisite expertise and track record in psychometric test development with Indigenous people to enable the national determination and tracking of causal pathways for suicide, mental health, criminogenics. This data can then be used to inform program impacts, program content, program outcomes and funding determination. A national data base of program outcomes currently does not exist which prevents any opportunity for developing robust evidence of what is working to reduce suicides, mental health prevalence, criminogenic risk and poor educational outcomes.
122. I believe that we presently have a very exciting opportunity to address significant gaps in our knowledge of causal pathways across child protection, suicide prevention, incarceration and educational outcomes with the work of IPS in combination with the Jilya Institute. It is essential that the Royal Commission makes recommendations that are specific rather than general due to the high level of complexity of this area and the urgency of the need for these issues to be addressed to ensure that the needs of Indigenous Australians are understood. This is also essential so we do not continue down the path of non-evidence based approaches that fail to demonstrate impacts and fail to do so in a way that is objective, irrefutable and measurable. As a non-profit driven charity Jilya will ensure that the work of IPS is expanded where it is able to provide our best opportunity for prevention. It is a model that exists nowhere else in the world and provides an opportunity to not only prevent but measure impacts of funding distribution.

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