



VACCHO

Walk with us towards a brighter future for Aboriginal Victorians

Working with Communities to enhance the health and wellbeing of Aboriginal Victorians.

Self-determination is the most fundamental of all human rights and is grounded in the idea that peoples are entitled to control their own destiny... The Aboriginal Community Controlled Health sector was built on the principle of self determination and grants local people the power to achieve their own goals.

Prof Larissa Behrendt, Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney

Victorian Aboriginal Community Controlled Health Organisation is the peak body for the health and wellbeing of Aboriginal people living in Victoria.

ABOUT VACCHO

VACCHO is the peak body for Aboriginal health and wellbeing in Victoria, with 30 member ACCO's providing support to approximately 25,000 Aboriginal people across the state.

VACCHO champions community control and health equality for Aboriginal communities. Our members have a proud history as sustainable, grassroots organisations that assist in building community capacity for self-determination. VACCHO believes that each Aboriginal community needs its own community-based, locally-owned, culturally appropriate, and adequately resourced primary health care facility.

The term 'Aboriginal' in VACCHO documents is inclusive of Torres Strait Islander peoples.

The term 'Aboriginal Victorian' in VACCHO documents is inclusive of all Aboriginal people living in Victoria.

VACCHO acknowledges that we're on Aboriginal land and we pay our respects to Elders past, present and future.

Follow us on:



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A PICTURE OF US IN VICTORIA

Many Aboriginal people in Victoria enjoy good or excellent health. However, as a group, Aboriginal people are more likely to experience poorer health outcomes than non-Aboriginal people. Care that centres on the person, family and community lies at the heart of Aboriginal healthcare.

Research shows Aboriginal people living in Victoria are confident in the quality of care they receive from the Aboriginal Community Controlled Organisations (ACCO) sector. But the ACCO sector faces significant challenges: growing and mobile population; ageing infrastructure; increasing prevalence and complexity of conditions; and increasing community demand.

The ACCO sector cannot deliver all services needed by the Aboriginal community, as we move to Close the Gap in life expectancy and other measures. The mainstream sector is an important partner to the ACCO sector. Access and service delivery by the mainstream must be equitable and culturally safe for Aboriginal people to feel confident in accessing these services.

By the numbers



KEEP WALKING WITH US

Victoria has been a leader for Aboriginal Affairs across Australia. The state has embraced the concept of self-determination for Aboriginal people, recognising it is the only policy to produce real and sustainable outcomes for Community.

Since 2006 there have been a number of strategies and frameworks that have been co-designed with Aboriginal leaders and their communities. They prioritise areas including education, health, human services, economic participation, child protection and leadership.

These community-led reforms across Victoria are improving Aboriginal People's lives. We are seeing healthier babies and mums, more young people completing year 12, and a large increase in immunisation rates for Aboriginal children across the state.

Our communities have the solutions, and we will continue to ensure our voice is heard in achieving better health outcomes for all Victorians. It is vital that the partnerships between Community and government continues. Keep walking with us.

We ask for:

- Multi-partisan commitment to continue legitimate engagement with Aboriginal communities, and reforms based upon self-determination.
- To honour existing plans, fund their implementation and ensure future policies are based on the principles of self-determination.
- Continued support of Aboriginal involvement in strategic decision-making at all levels of government.



Case study: Our kids growing up in our culture

Aboriginal children in care are staying connected to their families, community and culture thanks to a pilot underway at Bendigo and District Aboriginal Co-operative (BDAC).

The staggering number of Aboriginal children in care meant BDAC CEO Raylene Harradine had no hesitation in putting her hand up for a pilot to change this.

Under the pilot program, approved Aboriginal organisations are given greater responsibility for the safety and protection of children subject to Children's Court protection orders.

The results of the Pilot in Bendigo have been remarkable.

"We have 15 children under our care at any one time. Over the past year and half we've closed 18 cases, which is an amazing success story," Ms Harradine said.

"A lot of our children were in limbo for too long, they were getting lost in the system with no connection to their family or to their culture.

"That's why we wanted to take the lead here in Bendigo. We work from a strengths-based approach where we aim to keep children with their families for as long as possible, with support. For all Aboriginal children in care we do our utmost to keep them connected to their community and to keep their culture alive for them."

LONG-TERM GAINS NEED LONG-TERM FUNDING

While investment has been made to advance the health and wellbeing of Aboriginal people in Victoria, there are significant funding gaps across a number of strategies that were co-designed with community.

Korin Korin Balit Djak: the Aboriginal Health, wellbeing and safety strategic plan 2017-2027 is an example of this. Implementation is yet to be resourced, despite having a strong evidence base and community support. Its success is dependent on adequate and sustained implementation resourcing. This is true for all the key government strategies across Aboriginal affairs.

Short-term, proscriptive funding cycles inhibit the long-term gains needed to improve Aboriginal health across Victoria. A strong ACCO sector is essential for a thriving Aboriginal Victorian population. ACCO's provide comprehensive, culturally responsive holistic support, but depend on sustainable innovation and investment.

VACCHO and its Member ACCO's need to move away from dependency on government funding towards sustainable community planning. Investment is needed to strengthen existing business services, to diversify income sources for our community.

Significant transformation of a sector requires a carefully planned and considered approach. A Ten Year Industry Plan developed by the ACCO sector would ensure sustainability, value for money and high quality services grounded in the values of self-determination. Led by the community and supported by government, this plan would ensure all current and future service delivery models are evidence-based, and evaluation and research gaps are addressed.

We ask for:

- Investment for *Korin Korin Balit Djak*, and all other strategies over the entirety of their lifetime, to ensure their full implementation.
- VACCHO to be funded to develop a Ten Year Industry Plan for ACCO's, in conjunction with the VACCHO membership.
- Additional investment, and population parity allocation, to fund the infrastructure needs of VACCHO's Member ACCOs.
- Address the Aboriginal Victorian health and wellbeing workforce shortages by using flexible approaches to VET sector eligibility requirements.

IMPROVING THE CAPACITY OF MAINSTREAM SERVICES TO PROVIDE CULTURALLY SAFE CARE

Racism has more than emotional impacts – evidence shows that exposure to racism causes biomedical and psychological harm, akin to the health effects of smoking. With 97% of Victorian Aboriginal people reported experiencing racism the last 12 months, and almost one third experiencing racism in a health setting, addressing racism is imperative.

The experiences of Aboriginal Victorians in mainstream and ACCO health settings is influenced by their culture, identity, connection to country and traditional lands, family and their community. Recognising Aboriginal experiences of health as holistic and connected to community is key to advancing the health of Aboriginal Victorians.

The lack of investment in culturally safe primary health care and scarcity of culturally safe mainstream services, means that Aboriginal Victorians are frequently diagnosed with illnesses much later than non-Aboriginal Victorians. This results in a significant burden on tertiary health services, and other long-term costs on the system.

The 2017 Version II of the National Safety & Quality Health Standards (NSQHS) include four measures that require health services to deliver culturally competent care to Aboriginal Victorians. Meeting these standards is mandatory, and requires Victoria's public health care system to address service barriers and culturally inappropriate care.

VACCHO has embarked on a project to build a suite of cultural safety resources for Boards, CEOs, Senior Management and staff within mainstream organisations, to create safer and more competent services for Aboriginal Victorians. This model will be developed in partnership with VACCHO's members to implement in their region, creating state-wide change for Aboriginal people by removing barriers to accessing mainstream services.

We ask for:

- Address cultural safety compliance and accreditation readiness for Victorian hospitals and community health sector under the NSQHS Cultural Competence Standards.
- Project seed funding to build mainstream leadership and governance capacity in Aboriginal policy, advocacy and service delivery.
- A review of exclusion and racism in mainstream tertiary health services, to be led by an independent Aboriginal Health Commissioner.

A little knowledge can be dangerous, and racist.

VACCHO staff member Keith was living his worst nightmare. While having a barbeque at home his 18 month old daughter accidentally ingested some petrol and was found unconscious. Keith had to perform CPR, saving her life, then she was rushed to the Royal Children's Hospital.

With such a good reputation, he thought this would be the best place for him and his family. Keith was devastated by the reception he received as soon as he identified as being Aboriginal.

"All of a sudden things went from being concerned for my daughter and getting her urgent care to me questioned negatively. 'Why was the petrol there? Do you have any drugs in your home?' I really felt I was being stereotyped and interrogated as if I was guilty of something," Keith said.

"In my opinion it was simple racism by that individual. I understand the duty of care a hospital has for child protection, but I felt that because there is a stereotype associated with Aboriginal people sniffing petrol, I was being painted with the same brush and unnecessarily interrogated. Both my partner and I were disgusted. By the way, this was in 2014, not decades ago.

"The Aboriginal community-controlled health sector can't possibly cope with all of our mob's needs, especially in an emergency like that. But we don't want Aboriginal Victorians being hesitant to use mainstream health services because they don't know what kind of reception or treatment they are going to receive.



INVESTMENT IN PREVENTION INSTEAD OF DETENTION

Aboriginal people across Victoria are affected by indiscriminate “tough on crime” approaches and are continually over-represented in the justice system. With Aboriginal people representing 1% of the Victorian population, but 8% of the adult prison population, and 16% of the juvenile population, something is wrong with the Victorian justice system.

Identifying and addressing the issues that lead to contact with the justice system can significantly reduce the number of people in detention. Mental illness, unemployment or insecure housing can all contribute to Aboriginal people’s detention. With Aboriginal young people over-represented in both Out of Home Care and detention, VACCHO supports the *Home Stretch* campaign to raise the age of support from 18 to 21 years. Young people leaving state care have a higher rate of contact with the justice system. We must be active in protecting Aboriginal young people from entering long-term cycles of disadvantage.

Emphasis on structured rehabilitation while in detention and on release, is shown to significantly reduce recidivism rates. Reducing detention numbers brings considerable savings to the taxpayer both in the short and long-term.

It is vital that Victorian policies which address prevention, early intervention, and rehabilitation are funded.

Evidence shows that culture provides a protective factor from social and economic disadvantage for Aboriginal people. ACCO’s provide the opportunity for culturally safe early intervention of Aboriginal people entering the justice system. Justice workers in ACCO’s offer support to people in contact with the justice system and play an essential role in diversion, and rehabilitation in the community. Further investment in these services can reduce the risk of Aboriginal incarceration.

We ask for:

- Increased investment in community controlled, culturally centred prevention and diversion programs, including justice reinvestment initiatives.
- Support for intensive training, therapy and rehabilitation for young people in detention, and post-release, to prevent recidivism.
- Raising the age of criminal responsibility from 10 to 14 years of age.
- Address insecure housing for key groups, specifically young people leaving out-of-home care, and Aboriginal people in post detention release.

Aboriginal people in Victoria are disproportionately represented at all stages of the criminal justice system. This translates to the following:



Key partnerships case study: Dr Deborah Cole, CEO Dental Health Services Victoria

Dental Health Services Victoria (DHSV) has had a long relationship with VACCHO that has gone from strength to strength. We were one of the first signatories of the Close the Gap statement. Since then, we've worked in partnership on some great projects that focus on reducing the barriers Aboriginal people face when accessing care as well as increasing our Aboriginal workforce.

In 2015, we signed a Memorandum of Understanding (MoU) with VACCHO for a two-year period, and in 2017 we renewed this with a longer term MoU. I see the MoU as a document that symbolises our longstanding, mutually respectful relationship as well as our joint commitment to improving the oral health outcomes of Aboriginal people.

At DHSV, two of our organisational values are 'respect' and 'collaboration' and we take these seriously. We realised early on that we needed to gain the trust of the Aboriginal population and better understand their needs if we had any chance of improving their oral health. Building a strong relationship with VACCHO, and all the ACCOs, has been absolutely key.

Our work with VACCHO has been instrumental in shifting the design of oral healthcare delivery to Indigenous people in Victoria. VACCHO worked with us to develop new models of care that support Indigenous patients to navigate an often complicated system while developing outreach programs that take care to the community. As a result, the number of Indigenous people accessing public oral health services has significantly increased. In 2009-10 we treated 3,373 Aboriginal patients statewide. In 2016-17, we treated 10,938. That is a huge, so clearly we are doing something right.

