Improving Aboriginal health and wellbeing

VCOSS submission to the strategic plan discussion guide

May 2016
About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

This submission has been developed in consultation with Aboriginal controlled community organisations and was prepared for VCOSS by Jason Rostant.

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Acknowledgement

VCOSS acknowledges the traditional custodians of the land on which our offices are located and pays respects to Elders past and present. We acknowledge the sorrow of the Stolen Generations and the continuing pride, strength and resilience of Aboriginal communities and culture.

VCOSS also acknowledges and thanks those Aboriginal people and organisations who provided input into the development of this submission.

Throughout this submission the term “Aboriginal” is used to refer to both Aboriginal and Torres Strait Islander people.
Recommendations

Acknowledge long-term, bipartisan support

1. Retain and strengthen alignment with state and national Closing the Gap targets
2. Maximise continuity with predecessor Departments’ policies and programs and build on successes to date

Embed a human rights-based approach

3. Embed a human rights-based approach that explicitly identifies protected rights and strategies for monitoring their realization

Apply an Aboriginal definition of health and wellbeing

4. Use an inclusive, Aboriginal definition of health

Response to the strategic plan’s vision, priorities and building blocks

Underpinning principles

5. Strengthen the proposed supporting principles in partnership with Aboriginal people

Adopt a life course approach

6. Adopt the life course approach and supporting foundations as proposed
7. Ensure continuity of support at life-stage and other key transition points

Expand the proposed health and wellbeing priorities

8. Adopt the health and wellbeing priorities as proposed
9. Include child protection, education, youth and adult justice, and race-based discrimination as additional priorities
10. Embed prevention, early intervention and response strategies for each health and wellbeing priority that address both individual behavior and lifestyle factors, and the social determinants of health

Expand the proposed building blocks

11. Include a broader range of key focus areas with strategies and measures to address identified building blocks and enablers

Build on the previous strategies

12. Advise how priorities in the lapsed Human Services Framework will be resourced during the transition period, whether Koolin Balit resources have been fully allocated and programs evaluated, and how the Plan’s extended scope will be resourced from 2017-18
13. Embed a comprehensive evaluation and research framework to support implementation and measure outcomes
**Design a new approach to Aboriginal health and wellbeing**

**Co-design services and policy**

14. Define co-design and strategies for its application in the Plan’s development, delivery, oversight and evaluation

15. Strengthen ACCO and other key stakeholders’ participation in the development of the Plan

**Governance and monitoring structures**

16. Determine governance structures that ensure maximum continuity and vertical and horizontal integration

17. Resource state-wide Aboriginal peaks and other ACCOs’ participation in regional partnership and governance activities

18. Establish guidelines to promote and maximise Aboriginal voice within governance settings

19. Build mainstream understanding of Aboriginal governance practice and safety requirements

**Embed direct participation**

20. Embed the direct participation of Aboriginal communities and service users, not just organisations

**Make self-determination real**

21. Amend the *Charter of Human Rights and Responsibilities Act 2006* to include an Aboriginal right to self-determination

22. Embed specific strategies to realise self-determination linked to the new whole-of-government self-determination policy framework

**Deliver a more integrated, coordinated system**

23. Address as a matter of priority, system access and navigation complexity experienced by Aboriginal people

24. Apply a systems-thinking approach to maximise inter- and intra-system integration

25. Embed strategies for improved collection and distribution of aggregated data

**Support Aboriginal community controlled organisations**

26. Explicitly recognise ACCOs’ contribution to leading, developing and supporting successful models of care and engagement

27. Embed strategies to support, harness and grow ACCO workforce capabilities

28. Clarify the extent to which predecessor plans’ Aboriginal workforce strategies have been delivered upon or evaluated

**Strengthen the cultural responsiveness of mainstream services**

29. Progress development of the Equity in Participation strategy

30. Embed strategies to improve the cultural safety of mainstream providers, including through ACCO-delivered training and piloting of cultural safety quality and accreditation standards
Support partnership and collaboration

31. Embed strategies to promote and facilitate collaboration over competition between mainstream and Aboriginal organisations

32. Ensure tendering and commissioning processes are underpinned by clear and transparent consultation and collaboration

33. Consider the application of the *Principles for a partnership-centred approach* to guide the delivery of services, development initiatives and tendering processes
Introduction

The Victorian Council of Social Service (VCOSS) welcomes the opportunity to contribute to the development of the Aboriginal health and wellbeing strategic plan (the Plan), intended to deliver a unified health and human services approach to promote Aboriginal health and wellbeing in Victoria.¹

The Plan’s development can draw upon each former Department’s previous successes, while contributing to improved system integration and collaboration.

Good health and wellbeing are essential for living a life of quality. They support people to reach their potential, and participate in and connect with their communities. Healthy communities are happier, more cohesive, connected and productive.

VCOSS advocates for a system that promotes health and wellbeing for all Victorians, regardless of their social or economic circumstances.

VCOSS adopts a social determinants of health approach, recognising the strong relationship between health and wellbeing and the conditions in which people live, learn, work and play. A social determinants of health approach aims to prevent people becoming unwell, and providing the services and supports they need, when and where they need them.

A number of systemic barriers lead to poorer health and wellbeing for certain groups. We advocate a rights-based approach to remove these barriers and provide equitable access to income, education, secure housing, employment, and social inclusion for vulnerable groups.

Strong cultural identity and connection, and the capacity for self-determination are centrally linked to Aboriginal people’s health and wellbeing. Conversely, experiences of racism, discrimination and stigma are strongly correlated with poorer health and wellbeing.

Aboriginal people are vulnerable to poorer health and wellbeing outcomes. They are at higher risk of unemployment, insecure housing, family violence and chronic disease than non-Aboriginal Victorians. They are overrepresented in Victoria’s prison and youth justice facilities, and in the child protection system. They experience lower educational attainment, and have lower participation in early childhood education. These poorer health and wellbeing outcomes have been extensively documented and are not detailed in this submission.

Embedding stronger partnerships with Aboriginal people in the co-design, delivery, monitoring and evaluation of the strategy and related action plans is essential to achieving their goals.

While we support the Plan’s general intent, VCOSS and our members are aware that its development is not without risk.

VCOSS is particularly concerned important stakeholders appear to not be well-informed about, or engaged with, the current planning process. This includes key sector peak organisations, community providers and especially Aboriginal community controlled organisations themselves.

Given the scope and timelines attached to the process and principles underpinning the Plan, this lack of engagement is clearly at odds with the stated intent and requires urgent attention.

Against this backdrop, VCOSS looks forward to continuing to engage with Aboriginal communities and the Victorian Government towards a shared vision for an equitable and accessible service system for Aboriginal people that results in rapid gains in Aboriginal health and wellbeing.
Acknowledgment long-term, bipartisan support

Recommendation

- Retain and strengthen alignment with state and national Closing the Gap targets

VCOSS acknowledges the Aboriginal health and wellbeing strategic plan is being developed with strong bipartisan support to close the gap in health and wellbeing outcomes for Aboriginal within a generation.

This is underpinned by the Statement of intent to close the gap in Indigenous health outcomes, in place since late 2008. The statement of intent commits governments to:

- comprehensive, long-term action targeted to need, that is evidence-based and capable of addressing health inequities;
- ensuring the full participation of Aboriginal peoples;
- working collectively to address the social determinants of health;
- building the evidence base and supporting what works;
- supporting and developing Aboriginal Community Controlled Health Organisations (ACCHOs) and improving access to mainstream services;
- respecting and promoting the rights of Aboriginal peoples; and
- measuring, monitoring, and reporting against benchmarks and targets.

In Victoria, the Statement of intent to close the gap in life expectancy between Aboriginal and non-Aboriginal Victorians was adopted in 2008 and renewed in 2011. It committed Victoria to a long-term plan of action to achieve equality in health status between Aboriginal and non-Aboriginal Victorians.

The Victorian Closing the Gap in Health Outcomes Initiative, running from 2009-10 to 2012-13, was designed to strategically align with national and state targets. It was replaced in 2012 with Koolin Balit: Directions for Aboriginal Health 2012-2022 to provide a continuing framework to improve Aboriginal Victorian’s health and wellbeing.

Despite the commitment to closing the health gap, and the proliferation of national and state strategies addressing various aspects of Aboriginal health, improvements in many indicators of health and wellbeing have remained elusive, including in life expectancy and multiple social and economic indicators.

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Recommendation

• Maximise continuity with predecessor Departments’ policies and programs and build on successes to date

Following the merger of the former Department of Health and Department of Human Services in January 2015, the newly combined department identified a need to consolidate Koolin Balit and the lapsed Human Services Aboriginal Strategic Framework 2013-15 (the Human Services Framework).

Aboriginal communities continue to voice concern at the frequently changing policy environment which creates challenges in effecting change. They emphasise the need for sustained and consistent effort across government and election cycles to improve Aboriginal health and wellbeing.

These concerns are echoed in successive Closing the Gap progress reports:

“This 2016 Closing the Gap report shows, as in previous years, that there have been mixed levels of success in meeting the targets set by the Council of Australian Governments (COAG) in 2008. It underscores the need for all Australian governments to intensify their efforts and partner with Aboriginal people and all Australians to effect change.”

Program and policies approaches shown to be successful must, to the greatest extent possible, be retained and evolved over time in order to capitalise on successes and momentum, and provide certainty, continuity and opportunity for improvements over time.

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4 Commonwealth of Australia Department of the Prime Minister and Cabinet (2016). Closing the gap Prime Minister’s report 2016, p.5. (Accessed 29/4/16)
Embed a human rights-based approach

**Recommendation**

- Embed a human rights-based approach that explicitly identifies protected rights and strategies for monitoring their realisation

The right to health and the conditions that support wellbeing through an adequate standard of living are enshrined in several international covenants, conventions and treaties to which Australia is a signatory. These include the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.

The United Nations Committee on Economic, Social and Cultural Rights has commented that the right to health must be understood and interpreted broadly, and with regard to the circumstances in which people live their lives:

"Health is a fundamental human right indispensable for the exercise of other human rights. The right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment."\(^5\)

The application of internationally protected rights to Aboriginal people is further articulated in the United Nations Declaration on the Rights of Indigenous Peoples. The Declaration details further rights to self-determination, autonomy, participation, institutions, cultural practices, and others.\(^6\)

In Victoria, the special importance of human rights to Aboriginal people is recognised in the Preamble of the *Charter of Human Rights and Responsibilities* and in its protection of the specific cultural rights of Aboriginal people.\(^7\) The Charter creates obligations on government departments and other public authorities to act compatibly with human rights and give proper consideration to human rights when making decisions.

VCOSS and many of its members advocate health and community services approach their work using a human rights-based approach. The Coalition for Aboriginal Health Equality Victoria, for example, called upon government to adopt a human rights approach to health, including full and active engagement of Aboriginal people.\(^8\)

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The human rights-based approach is a recognised and principled framework that guides policy development and program delivery, addresses inequity, reduces inequality and discrimination, and helps organisations balance competing interests in an objective way using a common set of shared values.

A human rights-based approach is underpinned by principles of participation, accountability, non-discrimination and attention to vulnerable groups, empowerment, and linkages to human rights principles and standards. It requires explicit identification of how these principles will be monitored and realised.

"A human rights-based approach to addressing the social determinants of health means supporting the collective action of disadvantaged groups to analyse, resist and change social structures and policies, assert their shared power and alter social hierarchies towards greater equity."9

VCOSS welcomes the Discussion guide’s inclusion of principles and building blocks consistent with a human rights-based approach, including co-design, self-determination, and the role of culture and identity as protective factors for Aboriginal people.

These principles are also consistent with other key Victorian frameworks, including the Victorian Aboriginal Affairs Framework 2013-18,10 Victorian Aboriginal Inclusion Framework,11 Koolin Balit: Directions for Aboriginal Health 2012-202212 and the Human Services Aboriginal Strategic Framework 2013-15,13 and the emergence of a possible new self-determination policy framework.

VCOSS recommends the Plan is explicitly grounded in this approach for consistency with international human rights obligations and relevant Victorian legislation including the Charter of Human Rights, and alignment with other Victorian frameworks and standards including the Australian Charter of Healthcare Rights14.

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Apply an Aboriginal definition of health and wellbeing

Recommendation

- Use an inclusive, Aboriginal definition of health

The Department has stated the goal of ensuring all Aboriginal Victorians can get the services they need, when they need them, so they can enjoy better outcomes in every part of their lives,\textsuperscript{15} and the Plan will consider all aspects of Aboriginal health and wellbeing.

In considering \textit{all aspects of Aboriginal health}, it is useful to reference the NACCHO definition of Aboriginal health as follows:

\textit{“Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.”}\textsuperscript{16}

This Aboriginal definition of health recognises the health and wellbeing of individuals and their communities are intrinsically linked, and extends beyond the absence, presence or prevention of illness and disease.

VCOSS welcomes the Discussion guide’s references to a broader understanding of health and wellbeing, including the social determinants of health and the specific contribution played by cultural identity, connection and self-determination in the health and wellbeing of Aboriginal people and communities.

VCOSS supports the priorities, building blocks and principles in the Discussion guide, but notes the Plan’s success in delivering improved outcomes will be largely dependent on how the Plan approaches them.

The Plan must broadly embed and implement co-design, self-determination and community control principles. It must resource, empower and enable Aboriginal people sufficiently and flexibly. Aboriginal people must be supported and positioned to lead, grow, direct and decide on the best approaches for protecting and promoting health and wellbeing, and building individual and community resilience.


Response to the strategic plan’s vision, priorities and building blocks

In general, VCOSS supports the vision, priorities and building blocks articulated in the Discussion guide. It recommends that as far as practicable, aspects of three key documents - *Koolin Balit*, the *Human Services Framework*, and the current *Victorian Public Health and Wellbeing Plan 2015-19* - be retained and integrated to ensure continuity of policy and program approach.

The Plan should also be integrated with other key strategies and policies supporting Aboriginal health and wellbeing as discussed further below.

Underpinning principles

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>• Strengthen the proposed <em>supporting principles</em> in partnership with Aboriginal people</td>
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</table>

While acknowledging and supporting the principles contained in the Discussion guide – self-determination, Aboriginal culture and identity as a protective factor and information sharing – VCOSS recommends that the Department engage with Aboriginal people to identify and agree on a wider range of supporting principles.

We note for example the more comprehensive range of principles in the predecessor Departments’ plans that were developed with Aboriginal and Torre Strait Islander people:

<table>
<thead>
<tr>
<th>Koolin Balit</th>
<th>Human Services Framework</th>
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<tbody>
<tr>
<td>Cultural Respect</td>
<td>Recognise and value Aboriginal cultures and histories</td>
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<tr>
<td>A holistic approach</td>
<td>Adhere to a holistic definition of wellbeing and health when developing programs with Aboriginal people and communities</td>
</tr>
<tr>
<td>Consultation with Aboriginal community</td>
<td>Effectively partner with Aboriginal organisations and communities</td>
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<tr>
<td>Working in partnership with ACCHOs</td>
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<tr>
<td>Localised decision making</td>
<td>Respect the skills and ability of Aboriginal peoples and organisations to make genuine decisions about the needs of the local community</td>
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<td></td>
<td>Develop programs that are integrated and coordinated across government and the mainstream sector</td>
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</table>

In addition to the principles identified in previous plans, and consistent with its submission to the Health 2040 process, VCOSS recommends at a minimum that the Plan also include the following guiding principles:

- ensure equitable access;
- address health inequities;
- prioritise prevention and early intervention;
- encourage place-based solutions to local needs;
- co-design with consumers, carers and families; and
- build resilient communities.¹⁸

### Ensure equitable access

A range of structural barriers inhibit equitable access to health and wellbeing, and cause or compound inequities for Aboriginal people. These include the cost of care; low health literacy; poor access to service information; poor access to timely and quality services especially in rural and regional areas; and poor cultural safety within mainstream settings.

Barriers preventing Aboriginal people accessing health and community service systems must be addressed to support improved health and wellbeing outcomes.

### Address health and wellbeing inequities

The social determinants of health are the conditions in which people are born, grow, live, work and age, which affect their health and wellbeing. Aboriginal people, on average have poorer health, die earlier and receive fewer health and support services than other Australians.

Good health and wellbeing for Aboriginal people will only be achieved if the basic, social factors that lead to their poor health are also addressed. Aboriginal people need access to safe and affordable housing, education, adequate secure income, employment or meaningful daily activity, social connections and food security to achieve and maintain good health. For Aboriginal people

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connection to culture, community and identity are also key protective factors for good health and wellbeing.

The Plan should seek to correct inequities and promote cultural connection and strength including through targeted measures that decouple the link between poor Aboriginal health and wellbeing, and poverty and disadvantage.

**Prioritise prevention and early intervention**

Primary prevention covers a range of initiatives that ensure people do not become unwell or exposed to social and economic vulnerabilities such as violence, homelessness, and unemployment. Secondary prevention includes those actions that reduce the severity and duration of poor health or exposure to social and economic risks. Secondary prevention is also concerned with preventing their reoccurrence.

Prevention efforts can include a broad range of activities focused on individual behaviours, service systems, living environments, informal supports and community strengthening initiatives. Effective prevention usually requires a range of strategies are delivered simultaneously.

Early intervention aims to provide timely supports when early warning signs emerge or where particular risks develop. Early intervention may be early in life, or early in the onset of emerging concerns.

While responding to illness and wellbeing challenges is important once they are present, VCOSS strongly supports the weighting of effort and resources towards prevention and early intervention. By investing upstream, the Plan will ensure that Victorian Aboriginal communities can become stronger, with fewer entrenched problems to confront.

**Encourage place-based solutions to local needs**

Local communities should be able to participate in decision-making relevant to them and help shape the service system in their areas. This is especially critical for the health and wellbeing of Aboriginal people and communities whose voices and experience have frequently been marginalised.

Local communities are experts in their own experience, and when empowered to develop their own solutions can often overcome complex and entrenched problems.

‘Place-based’ responses are a way of working - an approach rather than a formula, output or outcome. They are how communities identify priorities for achieving social, environmental or economic outcomes based on approaches and solutions that work because they are built on cultural knowledge and practices, and community strengths, capabilities, relationships and structures.

By creating collaborative solutions that are shared and mutually reinforced, changes are more likely to last, because they are relevant and everyone has a stake in achieving shared goals.
Co-design with consumers, carers and families

VC OSS advocates for consumer and community involvement in policy design, planning and delivery. Living with the effects of poor health or in conditions that inhibit potential, marginalise, exclude or stigmatise gives people and their families and carers expert knowledge of their needs.

Support systems that empower and actively engage consumers tend to produce better outcomes for people and communities. The Plan’s proposed approach to co-designed policy is discussed in more detail below.

Build resilient communities

Building up individuals’ and communities’ resilience – their ability to manage and improve their mental and physical health, enhancing the depth and breadth of their social networks and address practical problems like poverty or poor housing – improves their wellbeing and reduces their dependence on external health care and crisis services.

Aboriginal community controlled organisations help build resilient communities and strengthen local networks. They are part of the ‘social glue’ that brings Aboriginal people together.

Mainstream services within a universal system also build community cohesion and resilience. Mainstream services must ensure they are accessible and responsive to the need of Aboriginal people and create environments of cultural respect and safety.

Adopt a life course approach

Recommendation

- Adopt the life course approach and supporting foundations as proposed
- Ensure continuity of support at life-stage and other key transition points

VC OSS supports the Plan’s proposed life course approach that actively considers and targets delivery of services and supports according to needs as they present at various stages of life. This approach is consistent with other key documents identified.

As with these other frameworks and plans, the success of the Plan’s life-course approach will rely on strong system and support integration that ensures streamlined, timely and easy access to necessary supports at these various life stages.

Special attention also needs to be given to integrated support as people transition from one life stage to another, or one setting to another. Gaps and interruption to services and service quality are most commonly experienced for example when people transition from adolescence to adulthood, or from school to work, or in and out of institutional care.

While the role of supporting foundations – family, community, opportunities and place - are mentioned in the Discussion guide as being central to an integrated life course approach, it is not
clear how or where they might to be located within the Plan as areas of strategic focus. VCOSS suggests life stages be included within a key focus area of *strong communities*, similar to the approach taken in the Human Services Framework.

### Expand the proposed health and wellbeing priorities

**Recommendation**

- Adopt the *health and wellbeing priorities* as proposed
- Include child protection, education, youth and adult justice and race-based discrimination as additional priorities
- Embed prevention, early intervention and response strategies for each health and wellbeing priority that address both individual behaviour and lifestyle factors, and the social determinants of health

The stated intention that the Plan will replace Koolin Balit and the Human Services Framework, and address all aspects of Aboriginal health and wellbeing represents a significant expansion of its scope and will therefore require careful framing.

VCOSS broadly supports the health and wellbeing priorities identified in the Discussion guide (chronic disease, social and emotional wellbeing, disability, homelessness and housing, and family violence). VCOSS recommends the inclusion of the additional priority areas, based on identified need and to ensure the Plan aligns with other existing strategies in areas including child protection, education, youth and adult justice, and race-based discrimination.

We note the Discussion guide does not clearly articulate within its identified priorities whether or how the Plan will develop interventions across the prevention-early intervention-response continuum of care.

Whereas Koolin Balit references the importance of the social determinants of health, its primary focus is on prevention and health management initiatives to improve physical and mental health through targeted changes to individual behaviors and lifestyles.

The Public Health and Wellbeing Plan contains a slightly broader incorporation of the social determinants of health, but narrows Koolin Balit’s focus by honing in on primary prevention. In the absence of detailed action plans, it is not yet clear how much the Public Health and Wellbeing Plan will focus on individual behaviors and lifestyles on the one hand, or environmental and structural factors on the other.

Finally, the Human Services Framework is not directly focused on physical and mental health and wellbeing but indirectly contributes to improvements in these outcomes through action taken on a range of social and economic determinants of wellbeing.

VCOSS suggests that across the identified health and wellbeing priorities, the Plan must consider how integrated and mutually supportive strategies will simultaneously address:
• risk factors / promotion of health and wellbeing through prevention activities targeting individual and community behaviours and lifestyles;
• improved management of illnesses through the delivery of the right service in the right place at the right time;
• the social determinants of health and wellbeing as protective/preventative and remedial/recovery factors;
• the role of community, culture, connection, and health literacy in contributing to improved and sustained health and wellbeing;
• interactions, accessibility and ease of navigation between various mainstream and community controlled settings, and other targeted strategies and plans.

**Expand the proposed building blocks**

**Recommendation**

- Include a broader range of key focus areas with strategies and measures to address identified building blocks and enablers

As cited earlier, successive Closing the Gap progress reports have reported mixed results in the achievement of COAG targets. The Victorian Auditor-General’s Office recently identified that while there are examples of improved health access for Aboriginal people, these have not translated into improved health outcomes:

“Despite departments developing programs aimed at closing the gap between the Aboriginal population and the non-Aboriginal population, there has been little improvement in outcomes, and in some cases the gap has worsened. However, there is improved service access as a result of programs such as the Aboriginal Quitline and Aboriginal Health Promotion and Chronic Care programs, and in some areas such as maternal and child health.”

This finding by the Auditor-General is supported by international evidence and suggests that government must ensure as much as possible that policy and programmatic continuity is retained, that planning does not undermine but builds upon and extends successes achieved to date, and that integrated multi-level, multi-sector actions are required if improved outcomes are to be successfully delivered.

A large-scale study undertaken across the NHS in the UK found that improved access for vulnerable communities will not on its own deliver improved health outcomes because:

“Reducing inequality in healthcare outcomes is more complex and challenging than reducing inequality of access to healthcare. Reducing socioeconomic inequalities in

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healthcare outcomes... require(s) complex interventions to improve the coordination of care between multiple actors within and outside the healthcare system.²¹

VCOSS supports the Discussion guide’s inclusion of the building blocks relating to self-determination, and the role of culture and identity as protective factors, and information sharing.

However, a review of the Victorian Public Health and Wellbeing Plan, Koolin Balit and Human Service Framework reveal a broad range of building blocks and enablers that have not been incorporated as key design features, and action areas that are not clearly identified, within the proposed structure of the current Plan.

VCOSS recommends consideration be given to how these additional components, many of which are addressed throughout this submission, might be included as priority focus areas, to ensure the Plan is able to work on, with and through the environments, systems, relationships, approaches and processes that are critical to supporting improved health and wellbeing outcomes for Aboriginal people.

Proposed expanded components for the Aboriginal Health and Wellbeing Strategy:

<table>
<thead>
<tr>
<th>Life course</th>
<th>Start to life</th>
<th>Children and young people</th>
<th>Adulthood</th>
<th>Older people</th>
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<th>Health and wellbeing priorities</th>
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<td>Child protection</td>
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<th>Continuum of care</th>
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<td>Addressing individual risk factors: prevention and early intervention</td>
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<th>Building blocks</th>
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<td>Healthy and sustainable environments</td>
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<th>Enablers</th>
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<td>Planning: Population health, collective impact</td>
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Build on the previous strategies

Recommendation

- Advise how priorities in the lapsed Human Services Framework will be resourced during the transition period, whether Koolin Balit resources have been fully allocated and programs evaluated, and how the Plan’s extended scope will be resourced from 2017-18

VCOSS and its membership generally welcomed the introduction of the Koolin Balit Aboriginal Health Strategy 2012-22, and the development of its related statewide and regional actions plans, governance structures, evaluation strategy and workforce development plan. Similarly, the approach taken within by the Human Services Framework, and its supporting structures and plans was well received and supported.

VCOSS understands and broadly supports the intent to combine the two plans, but also retains some concerns about risks associated with the process. First and foremost, the momentum, successes and investment made to date through the separate plans should not be lost in the process of combining them.

Access to services and programs must not be compromised through the transition period, and Aboriginal people can expect the services and programs they rely upon continue to be available to them.

VCOSS notes the previous state government invested $61.7 million over four years from 2013-17 to progress Koolin Balit actions. With 2016/17 projects currently being tendered, we assume the initial strategy will run its course to June 2017. It is not clear however, whether and how the initial investment will have been spent by that time and what projects might remain.

Given the expanded scope of the new Plan into housing, disability and potentially other policy and program areas, and the lapsing of the Human Services Framework in 2015, it is also not clear whether existing Koolin Balit resources are expected to cover additional policy areas between now and mid-2017. Further guidance on how human service priority areas will be resourced during and subsequent to the Plan’s development will facilitate meaningful sector contributions during the establishment phase.

Recommendation

- Embed a comprehensive evaluation and research framework to support implementation and measure outcomes

The Koolin Balit statewide action plan was underpinned by a comprehensive evaluation plan released in 2015. The Human Services framework also indicated it would be evaluated at the end
of its three year period. The Framework and any supporting evaluation materials that may have been developed are no longer available online.

Further information about any evaluation undertaken on programs under both strategies, or of the strategies overall should be released to appropriately inform the development of the new Plan. The new Plan must also include a detailed evaluation plan to support and measure its implementation and outcomes.

VCOSS members are keen to understand and inform the development and oversight of the Plan’s evaluation approach. They cite frequent challenges in their ability to access data that is useful and accurate. Reporting on progress against agreed outcomes must be tied to the Plan’s governance arrangements and be open, accessible, transparent and accountable.
Design a new approach to Aboriginal health and wellbeing
Co-design services and policy

**Recommendation**

- Define co-design and strategies for its application in the Plan’s development, delivery, oversight and evaluation

VCOSS welcomes the Department’s commitment to put Aboriginal people at the heart of policy-making, service design and delivery\(^{22}\); developing the Plan in genuine partnership with Aboriginal people\(^{23}\); and to the establishment of an Expert panel to co-design the Strategic plan\(^{24}\).

Active consumer engagement is necessary at all stages of the development, implementation and evaluation of health policy, programs and strategies.

VCOSS recently published a report on co-designing social initiatives with people experiencing vulnerabilities\(^ {25}\) which includes a detailed case example of how a co-design approach supported a group of South Australian services to remove unintentional barriers and improve the quality of their work with Aboriginal families.

As with any other community, Aboriginal people are experts in their own experience and are frequently in the best position to make decisions about their own communities and services:

> “In the Aboriginal definition of health, health and wellbeing are recognised as determining all aspects of life. Realisation of the Aboriginal definition of health and enabling self-determination require leadership of Aboriginals and their representative bodies at all stages in the planning, implementation and evaluation of action to address their holistic health needs, including the social determinants of health.”\(^ {26}\)

VCOSS members and partners report a genuine desire to engage more meaningfully with government in the design and delivery of effective, efficient and appropriately targeted services. Aboriginal organisations seek full participation, including but not limited to consultation with their communities and representative and peak bodies in all aspects of addressing health and wellbeing need and in service development.

Co-design involves more than consultation. Co-design means coming alongside people who experience vulnerabilities, to work with them in creating interventions, services and programs which will work in the context of their lives and will reflect their own values and goals. This involves


\(^{23}\) Ibid. p.8

\(^{24}\) Ibid. p.9


letting go of professional assumptions about a group’s perspectives and experiences and actively learning from what people say and do.

Co-design values, prioritises and incorporates multiple forms of expertise that includes but extends beyond more traditional and limited reliance on professional knowledge and research. It uses these to consider a broader range of way of approaching social problems with specific groups.

Co-design practice reflects more a way of thinking than it does a process. This is because people, problems and contexts are always going to be variable; as will the organisations and practitioners who work with them. At its core, co-design involves transferring and sharing power with people who are affected by social problems. By working together, innovative and creative alternatives can be discovered that are more effective in providing a solution.

It is important that if the co-design is to be authentic and meaningful, that partners are clear and transparent about the nature of the relationship and the authority that each brings to decision making and other processes.

The Department must be explicit about how it defines co-design and how it intends to apply co-design principles in the development, delivery, oversight and evaluation of the Plan. The specific role of the statewide ACCOs in contributing to the co-design of policy at a statewide level, and helping to support consistent links with regionally co-designed services and programs must be acknowledged and resourced.

As the peak body for Aboriginal health in Victoria representing 27 ACCOs across the state, VACCHO has a key role in co-designing policy and in monitoring and evaluation of the overall effectiveness of the strategic plan. Given the Plan’s focus across health and human services, the other statewide Aboriginal peaks must also be actively involved.

**Support participation**

**Recommendation**

- Strengthen ACCO and other key stakeholders’ participation in the development of the Plan

While supporting and affirming Aboriginal people’s rights to participation and self-determination, VCOSS also notes that participation requires time and resources. VCOSS members report that time spent engaging with government on policy development often takes workers away from frontline service delivery.

There are a number of ways government can support Aboriginal people, community and organisations to participate in policy development, including by providing specific funding to Aboriginal organisations for that purpose, and supporting flexibility in contractual arrangements.

In addition to resourcing participation, VCOSS members also report a need for capability development to support departments, mainstream and community controlled organisations and communities understand and operationalise a range of participatory approaches.
VCOSS recommends explicit strategies to support ACCO participation in all aspects of the Plan’s development, delivery, oversight and evaluation be incorporated within a key focus area of strong Aboriginal organisations. Similarly, we recommend strategies to support mainstream organisations’ understanding of, need for, and mechanisms to deliver improved Aboriginal participation through a partnerships and governance key focus area.

Finally, Aboriginal organisations we engaged in the preparation of this submission identified a need for more information and greater awareness about the current process, and ways of engaging with it. Many of our members and partners expressed concern that the current consultation needed to reflect and apply its principled commitments in both process and outcome, and pointed to development of the Aboriginal community engagement framework as a more open and transparent approach.

Governance and monitoring structures

**Recommendation**

- Determine governance structures that ensure maximum continuity and vertical and horizontal integration

VCOSS welcomes the inclusion of an Expert Panel of individuals with a strong record in promoting Aboriginal health and wellbeing, which will provide independent and specialist advice on the co-design of the Plan and development of its priorities.27

VCOSS members seek clarification on the Expert Panel’s terms of reference, including its composition, role and function, duration, advisory capabilities, and relationship to the Department’s Aboriginal Outcomes Committee.

We understand the former Department of Health’s Victorian Advisory Council on Koori Health (VACKH) continues to meet, but that the Department of Human Service’s Aboriginal Roundtable has not met since early 2015. We understand that the future of both are subject to the separate development of the Aboriginal community engagement framework referred to in the Discussion guide.

VCOSS notes that significant resource and time has been invested in recent years in the establishment of Department of Health Koolin Balit regional forums and the Department of Human Services Divisional Aboriginal Advisory Groups. Continuity of advisory and governance leadership during the transition from the previous plans and structures to the new ones is important to make sure the new structures can maintain momentum, expertise and direction.

VCOSS recommends that the Plan continues and builds upon Koolin Balit regional forums and the Department of Human Services’ Divisional Aboriginal Advisory Groups to ensure continued locally-responsive Aboriginal control, leadership and self-determination. Further clarity about

communication, planning and reporting relationships between the centrally-operated AOC governance structure, its regional counterparts, and those in other departments would also be welcome.

VCOSS further recommends that in combining and reframing the effort of these local health and wellbeing governance structures that their relationships to other regional and state governance structures, including for example the Regional Aboriginal Justice Advisory Committees and Local Aboriginal Networks, be clearly articulated and formalized. This will serve a dual purpose of supporting integration as well as minimizing duplication and consultation burden for organisations already stretched for resources.

**Recommendations**

- Resource state-wide Aboriginal peaks and other ACCOs’ participation in regional partnership and governance activities
- Establish guidelines to promote and maximise Aboriginal voice within governance settings
- Build mainstream understanding of Aboriginal governance practice and safety requirements

VCOSS notes that the existing health and wellbeing governance structures discussed above have been most successful where they have actively supported and enabled the voice of local Aboriginal people and community controlled organisations to take a leading role in the identification of local health priorities and community-led solutions. The Loddon Mallee Aboriginal Reference Group is one such widely-recognised example.

In some other regions where these forums have been dominated by non-Aboriginal organisations, Aboriginal voices have been sidelined or overwhelmed, and the forums have been less successful. There is concern that with the significant broadening of scope of the current Plan that Aboriginal membership and voice within regional forums risks further dilution.

To mitigate this risk and promote strong Aboriginal representation and voice on regional governance structures, VCOSS recommends that:

- Where they exist, Aboriginal controlled organisations be funded to participate in regional partnership and governance activities, and receive support as required to build their governance and planning skills, knowledge and capabilities;
- Statewide ACCOs be funded to support regional forums, and provide a consistent strategic presence linked back to the DHHS Aboriginal Outcomes Committee;
- DHHS develop guidelines for the establishment and operation of the regional forums to promote and ensure Aboriginal voice and maximum control; and
Mainstream providers undertake steps to further their understanding of Aboriginal cultural practice and safety requirements to facilitate their support for improved Aboriginal participation, self-determination and control.
Embed direct participation

Recommendation

- Embed the direct participation of Aboriginal communities and service users, not just organisations.

VCOSS welcomes and supports the development of the new *Aboriginal community engagement framework* as a key vehicle for the implementation and of Aboriginal self-determination.

In addition to the formal governance structures discussed above, VCOSS recognises that the quality of health and wellbeing services, and the outcomes they deliver are enhanced when consumers of services are also directly and actively engaged in their design, delivery and evaluation.

VCOSS notes community support for the previous DHS *Community Conversations* model that brought together regional Aboriginal communities and service users with specialist and mainstream services, and the recommendation that this model be extended to the Department of Health. ²⁸

We recommend that opportunities for direct community and consumer engagement be similarly embedded within the Plan’s overall governance approach and form a central component of the community engagement framework.

Make self-determination real

Recommendation

- Amend the *Charter of Human Rights and Responsibilities Act 2006* to include an Aboriginal right to self-determination.

The right to self-determination is enshrined in a number of international covenants and conventions to which Australia is a signatory.

The Declaration on the Rights of Indigenous Peoples asserts that Indigenous peoples have the right of self-determination to freely determine their political status and pursue their economic, social and cultural development (Article 3), and in exercising this right have the right to autonomy or self-government in matters relating to internal and local affairs (Article 4).²⁹


The Victorian Charter of Human Rights and Responsibilities recognises Aboriginal cultural rights (section 19) and that ‘human rights have special importance for the Aboriginal people of Victoria (Preamble)30.

In the 2015 review of the Charter it was recommended that the self-determination of Aboriginal Victorians and participation of people in decisions that affect them be included in the Preamble.31 Self-determination is significant to Aboriginal people due to historical and continuing experiences of dispossession and marginalisation.

In Victoria there are current examples of partnerships between Aboriginal communities and government designed to promote and enable self-determination – including for example in areas relating to guardianship and out-of-home-care,32 traditional ownership,33 and interactions with the justice system.34

Aboriginal communities support the development of an empowerment framework based on the idea ‘that Indigenous Australians have a right to development, which includes economic, social and cultural development as families, individuals and communities and as Indigenous peoples’.35 From this perspective, self-determination is a key concept, but is seen as part of a broader framework which incorporates mutual responsibility between government and Aboriginal people, and subsidiarity that locates decision-making authority as close as possible to the people the decision is affecting.36

While the Victorian Government is yet to formally respond to the Charter Review, it has undertaken to advance Aboriginal self-determination and Treaty through the establishment of a number of high-level forums and conversation with Aboriginal communities, and a commitment to make Aboriginal self-determination core government business.37

VCOSS has long advocated for the right to Aboriginal self-determination and that its principled implementation underpin all aspects of government planning and decision making. VCOSS welcomes the Victorian Government’s leadership and stated commitment to self-determination and its inclusion as a core principle in the development and delivery of the Plan.

Recommendation

- Embed specific strategies to realise self-determination linked to the new whole-of-government self-determination policy framework

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36 Ibid. p.97
This submission has commented on some of the features required to make self-determination “real” through the Plan, including active engagement of Aboriginal people within the planning and delivery process, extension of decision-making control through participatory processes that are co-designed and not merely consultative, and the embedding of oversight capability through integrated governance structures led by Aboriginal people:

“Community control is about self-determination, reconciliation and providing culturally appropriate services. But it is also more than that; it is about cultural history, cultural identity and a having a ‘place’ to identify with.”  

“Community control is based on the three ‘Cs’; projects need to be Community driven, Community developed and Community implemented… If it isn’t Community driven, it isn’t going to work… The Community has to be on board every step of the way.”

Deliver a more integrated, coordinated system

VCOSS supports the Discussion guide’s view that targeted, coordinated and joined up effort by all levels of government, delivered in partnership with Aboriginal communities, is central to achieving improved health and wellbeing outcomes for Aboriginal people.

VCOSS notes that this coordinated effort also needs to acknowledge and incorporate the many contributors in the social and community sectors.

Address system complexity

**Recommendation**

- Address as a matter of priority, system access and navigation complexity experienced by Aboriginal people

The health and wellbeing service system is complex and can be very difficult to navigate. Service providers themselves are often unaware of the role of other agencies, and how to go about accessing the services they provide. This uncertainty is often compounded by changes in programs and funding arrangements that can be difficult to keep up to date with.

For Aboriginal people who may have a range of ongoing health and wellbeing challenges or support needs that change over time, navigating this complexity can be a near impossible task.

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38 VACCHO and Cooperative Research Centre for Aboriginal Health (2007). *Communities working for health and wellbeing: Success stories from the Aboriginal community controlled health sector in Victoria*, p. 3. (Accessed 5/5/16)
39 Ibid. p.12
The development and delivery of the Aboriginal Health and Wellbeing Plan therefore cannot occur in isolation. VCOSS believes Aboriginal health and wellbeing is everyone’s business and that improving outcomes requires action across multiple settings.

It must be well connected to other state government and national planning processes, and key agencies such as the Aboriginal community controlled sector, local councils, Primary Health Networks, Primary Care Partnerships, and other social and community sector organisations and local networks. Aboriginal health and wellbeing must also be the business of employers, schools, and the whole of community.

As the Discussion guide outlines, there are a large number of state, federal and local government strategies focused on improving certain aspects of Aboriginal health and wellbeing. Many more are focused on the delivery of various universal services. In addition to these strategies, the Discussion guide also references a number of large scale state and federal reforms.

Aboriginal people must not be disadvantaged either by the absence of specific attention to their health and wellbeing needs in universally targeted plans, or by the proliferation of targeted plans that makes accessing and navigating the service system an overly complex lottery based on entry point.

It must be a central feature of the new Aboriginal community engagement framework, as well as the various high-level and local governance structures attached to the Plan, that enablers and barriers to Aboriginal people’s timely and streamlined access to multi-system services and supports is better understood and improved.

**Integrate with other reforms, plans and strategies**

The Plan must actively consider its relationship to other strategies and reforms, particularly with respect to primary health, mental health, family violence, the emergence of the National Disability Insurance Scheme, aged care reforms, and in education, early years, and for vulnerable children and young people.

The recently released *Roadmap for reform* provides a useful reference point for considering how cross-sector integration might be approached, and how the needs of Aboriginal communities might be recognised and incorporated within a universally-targeted plan.

The Plan must include explicit strategies for how it informs, supports, and advocates for improved Aboriginal health and wellbeing in these other planning spaces. Where focus on the support, health and wellbeing needs of Aboriginal people is found to be lacking, for example in the area of Aboriginal housing and homelessness, then the Plan must identify specific strategies to address these gaps.

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The Plan must explicitly address the issue of data collection and sharing, both to support effective evaluation and to ensure effective targeting of resources according to need. This data should be both readily accessible and easily aggregated across program areas.

To undertake effective cross-government and community planning, high-level government coordination is needed to ensure the many stakeholders within health and human service systems are well integrated with each other, and that their efforts align with the health and wellbeing objectives of other parts of the service system.

**Muriel Bamblett, CEO Victorian Aboriginal Child Care Agency: Indigenous perspectives on integrated planning**

**Key challenges:**

- more than 40 current and past plans each containing strong statements of intent but with little evidence of how goals would be realised
- poor connection and integration between plans and strategies
- No standard approach or formal process for community engagement with the plans’ preparation, implementation, monitoring and evaluation
- Most plan lacking performance indicators, feedback mechanisms and means of accountability back to relevant government departments or to Aboriginal community.

An integrated system must deliver:

- Distinct, recognised and valued roles for Aboriginal organisations
- Flexibility in service design for local contexts
- Inclusion of Aboriginal interests in service design and delivery
- Active policy and resource support
- Governance structures that include Aboriginal organisations in decision making alongside direct service delivery roles;
- Secondary consultation and advice roles that support cultural competence in mainstream agencies practice
- Capacity building and empowerment of Aboriginal people, organisations and community.

**Take a systems approach to planning**

**Recommendation**

- Apply a systems thinking approach to maximise inter- and intra-system integration
- Embed strategies for improved collection and distribution of aggregated data

Integration requires open and frequent communication, a focus on shared objectives and outcomes, and a willingness to step outside of funding and programmatic boundaries and siloes. It requires attention to vertical integration across all levels within departments and funding silos and

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horizontal integration at all levels between departments and funding silos. Without strong leadership and coordination, the service system risks fragmentation and deepening of access siloes.

In recent years there has been an increasing focus within government on integrated, population health planning approaches and systems thinking. These approaches have demonstrated for example in the delivery of Healthy Together Victoria.

A population health planning approach aims to improve the health and wellbeing of whole populations and reduce inequities, including by taking action in relation to the social determinants of health and wellbeing. Critically, population health planning is grounded in effective and meaningful community, inter-sectoral and whole-of-government partnership.\(^{42}\)

Systems thinking works by understanding the characteristics and relationships within systems and apply tools and approaches that use these dynamics to improve health equity and outcomes.\(^{43}\)

Healthy Together Victoria took a complex whole of systems approach to prevention delivering multiple strategies, policies and initiatives at both the state and local levels to target all Victorians in the places where they spend their time. It sought to initiate action on the systems that influence the health and wellbeing of individuals, families and communities.\(^{44}\)

A systems approach across multiple departments, plans and funding streams, consistently driven by the agreed objectives and measures within the Victorian Statement of intent and Victorian Aboriginal Affairs Framework, will help to ensure that:

- the needs of Aboriginal communities are actively considered, measured, monitored and reported regardless of whether a plan or funding stream is specifically targeted or universal in its approach;
- outcomes are able to be tracked and measured because they are shared across systems and settings; and
- responsibility for improvements in the health and wellbeing outcomes of Aboriginal people is embedded within all areas of government, not just within Aboriginal units.


Support Aboriginal community controlled organisations

Recommendation

- Explicitly recognise ACCOs’ contribution to leading, developing and supporting successful models of care and engagement
- Embed strategies to support, harness and grow ACCO workforce capabilities

VCOSS acknowledges and affirms the key role played by Aboriginal controlled community organisations (ACCOs) as sites for engaging Aboriginal people, addressing their health and wellbeing needs, and supporting their capacities for inclusion, development, control and self-determination.

ACCOs are the first choice service provider for many Aboriginal people. Long histories of dispossession, marginalisation and discrimination have made many Aboriginal people reluctant to engage with mainstream services or systems. Many ACCOs have spent years, or even decades establishing trust and credibility with Aboriginal communities and families. Sudden disruptions can risk destroying these relationships, which could take many years to rebuild.

The governance, structure and mission of ACCOs means they are embedded in their communities and connected with people in ways distinct from government and other mainstream services. This ‘on-the-ground’ knowledge, experience and connection means ACCOs are best placed to identify complex social problems and develop innovative solutions to addressing disadvantage.

A recent evidence review found that ACCOs contribute to improved Aboriginal health and wellbeing through a broad range of pathways. For example, Aboriginal community controlled organisations:

- Have governance and healthcare models that are practical expressions of self-determination and are associated with improved psychological wellbeing and reduced hospitalisations;
- address multiple social determinants of health through provision of employment, education and training to Aboriginal people, and as partners and advocates;
- build the capacity of non-Aboriginal professionals’ and mainstream organisations’ understanding of culturally safe practice;
- increase access to and deliver best practice primary healthcare including among hard to reach groups within the Aboriginal community;
- are preferred by community because they care that is flexible, responsive, culturally appropriate, trusted and safe; and
• are more likely to provide highly integrated and coordinated care that is holistic and involves a range of health professionals and services.\textsuperscript{45}

Despite the evidence of ACCOs success within their communities, and capacity to develop models of care frequently desired but rarely emulated by mainstream providers, many ACCOs identify poor understanding of, and support and acknowledgement for their approach among mainstream providers.

The Aboriginal community controlled health sector also faces increasing funding and infrastructure challenges through the combined effects of high need and demand, growing workforces and populations, and ageing infrastructure. A recent NACCHO study found that:

“funding for the Aboriginal controlled health sector is not based on health needs, population growth, and demand for services, inflation or jurisdictional equity.”\textsuperscript{46}

Aboriginal community controlled organisations indicate these challenges are further exacerbated by competition for limited health resources between specialist and mainstream providers.

VCOSS recommends that as with the Koolin Balit and the Human Services Framework, that the Plan contain an explicit priority in relation to growing and supporting strong, capable and vibrant Aboriginal organisations.

In addition to addressing funding and infrastructure gaps that prevent ACCO’s capacity to meet need, there are also opportunities for government to improve its supports to the development of the Aboriginal workforce.

The Plan should include a specific priority focus on harnessing and developing the existing skills, capabilities and approaches used by Aboriginal health and community sectors workers, whether in specialist or mainstream settings. Aboriginal workers and ACCOs should also be supported to share their skills and capacities to grow the cultural responsiveness, safety and capability of non-Aboriginal workforces.

**Recommendation**

- Clarify the extent to which predecessor plans’ Aboriginal workforce strategies have been delivered upon or evaluated

VCOSS notes the existence of the detailed *Koolin Balit Aboriginal health workforce plan*\textsuperscript{47} which includes a range of priorities focused on strengthening and growing the skilled Aboriginal workforce in Victoria and the human resource capacities of ACCOs. Similarly, the Human Services

\textsuperscript{45} Aboriginal Health and Medical Research Council (2015). *Aboriginal communities improving Aboriginal health: An evidence review on the contribution of Aboriginal community controlled health services to improve Aboriginal health* (Accessed 3/5/16)


Framework included within its ACCO priority area a focus on strengthening the workforce capabilities of direct service delivery staff in human services.\(^48\)

As with other aspects of work undertaken to date discussed throughout this submission, VCOSS seek clarification on the extent to which these plans and priorities have been delivered upon or evaluated, and recommends that as far as possible, existing strategies are carried forward into the new Plan.

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Strengthen the cultural responsiveness of mainstream services

Recommendation

- Progress development of *Equity in Participation* strategy
- Embed strategies to improve the cultural safety of mainstream providers, including through ACCO-delivered training and piloting of cultural safety quality and accreditation standards

Mainstream community and health services have a role in providing culturally sensitive and responsive services to Aboriginal Victorians. They provide health, early childhood, education and social services to Aboriginal people. However, Aboriginal people access mainstream services at lower rates than non-Aboriginal people.

In a recent report into the *Accessibility of mainstream services for Aboriginal Victorians*, the Auditor-General identified the main barriers Aboriginal people experience in accessing mainstream services, including:

- A lack of culturally safe services;
- A lack of awareness of services available;
- Racism;
- Shame and fear;
- Complex administrative processes; and
- Affordability.  

Cultural safety involves creating an environment where Aboriginal people feel safe and supported and draw strength from their identity and culture. It recognises and is responsive to cultural differences and the impacts of racism and power imbalances. Cultural safety requires deep understanding of, and engagement with, the Aboriginal community.

The *Review of Australian Government Health Workforce Programs* recommended that cultural education be part of the ongoing training of all health professionals in their continuing professional development.

Cultural awareness and cultural safety training which is well designed and based on best practice, addresses false beliefs and focuses on changing behaviours has been shown to effectively reduce prejudice and false perceptions of Aboriginal people.

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The Coalition for Aboriginal Health Equality Victoria have similarly urged the development and expansion of ACCO-delivered cultural safety training to mainstream service providers and the piloting of whole-of-service cultural safety accreditation mechanisms for state-funded services.  

VC OSS notes the development of a range accreditation standards for specific vulnerable populations tied to particular funding streams or voluntary, including for example in mental health, disability and LGBTI communities.

While acknowledging the breadth of quality accreditation schemes under which the health and community sector have obligations, and without wanting to add to the sectors’ regulatory burden, VCOSS supports exploration into the development of further culturally specific standards for the delivery of services to Aboriginal people.

VCOSS welcomes reference in the Discussion guide to the development of a new implementation plan for the human services Delivering for all access and equity framework and a new Equity in Participation strategy for health.

We note that Equity in Participation, primarily focused on streamlining the former Department of Health’s approach to consumer participation, cultural responsiveness and health literacy, has also participated in the development and trialing of new international Standards for equity in healthcare for migrants and other vulnerable groups.

With the former-DHS Delivering for all access and equity framework due to expire in 2017, and the former-DH Equity in Participation strategy having been in development for well over 18 months, VCOSS calls on the Department to urgently develop a comprehensive cultural safety strategy that includes at a minimum funding for a broad range of training programs across the mainstream health and human services sector.

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VC OSS Submission: Improving Aboriginal health and wellbeing
Support partnership and collaboration

Recommendation

• Embed strategies to promote and facilitate collaboration over competition between mainstream and Aboriginal organisations

There are a range of challenges to developing and maintaining strong partnerships between Aboriginal and mainstream providers. These include resourcing limitations to engage in collaboration and partnerships, the need for investment in partnership capacity building that supports long-term trust and understanding, and the predominance of non-Aboriginal voices in the design, delivery and competitive tendering for services and programs to Aboriginal people.

While it is crucial that Aboriginal people are welcomed and supported by culturally competent mainstream services, they are not a substitute for culturally safe Aboriginal community controlled organisations.

VCOSS encourages mainstream organisations to develop a partnership approach to planning and service delivery, which recognises the capacity of existing Aboriginal organisations and seeks to collaborate, rather than directly compete for funding or clients.

Recommendation

• Ensure tendering and commissioning processes are underpinned by clear and transparent consultation and collaboration

While competitive tendering and commissioning can have quality and efficiency benefits, it is not appropriate in all instances. When applied to the delivery of services and programs to Aboriginals people it can have significant limitations including diminishing Aboriginal community control and self-determination, meaningful engagement and collaboration, existing and future partnerships, and service integration.

Professor Peter Shergold, in his Victorian report on sector reform, recommended the contracting of services to the community sector should involve consultation on all significant issues, including the development of policy, planning and service design.60

Similarly, the Australian Council of Social Service (ACOSS) recommends that where there are significant changes to the size, scope or nature of services tendered, government should ensure

there is clear and open consultation and collaboration with services concerning program design and services outcomes.\textsuperscript{61}

**Recommendation**

- Consider the application of the *Principles for a partnership-centred approach* to guide the delivery of services, development initiatives and tendering processes.

In recent years Aboriginal peak organisations in partnership with the Australian Council of Social Service and others have developed *Principles for a partnership-centred approach* – initially to guide delivery of services and development initiatives\textsuperscript{62}, and later adapted to include tender processes\textsuperscript{63}. The principles:

“embody the spirit and substance of the UN Declaration on the Rights of Indigenous Peoples. They have been developed through an understanding that a fundamental shift is required in policy approaches to Aboriginal communities from a narrow service delivery focus to one based on a development approach. It is understood, that to be effective, these Principles require a corresponding commitment from government to provide the enabling environment to properly support and resource action under the Principles.”

VCOSS recommends that the Principles for a partnership-centred approach be considered within the guiding framework of the Plan, particularly with respect to the development of governance structures, tendering and commissioning processes and supports to mainstream providers pursuing improvements to culturally safe practice.

\textsuperscript{61} ACOSS (2014). *Funding uncertainty hurting Australia’s community sector*. (Accessed 5/5/16)

\textsuperscript{62} Aboriginal Peak Organisations NT (2013). *Principles for a partnership-centred approach for NGOs working with Aboriginal organisations and communities in the Northern Territory*. (Accessed 3/5/16)

\textsuperscript{63} ACOSS (2015). *Principles for a Partnership-centred approach for NGOs working with Aboriginal Organisations and Communities*. (Accessed 3/5/16)