

VACCHO

Federal Election Platform 2019

*Vibrant, healthy, self-determining
Aboriginal Communities.*

“Community Control means that each independent and autonomous health service is controlled by the Community it serves, in order to provide that Community with health care delivery to meet its health needs, as defined by that community. The solution to each Community’s health needs is in the hands of that Community”. - Dr Bruce McGuinness

VACCHO Asks

As the peak body for Aboriginal health and wellbeing in Victoria, VACCHO calls for a suite of policy reforms that will support more vibrant and healthy Aboriginal peoples and Communities.

Guided by the principles of Community Control, self-determination VACCHO seeks:

SUSTAINABILITY

Aboriginal Communities must be sustainably funded to achieve long-term health and wellbeing outcomes.

- To address gaps in the Aboriginal health workforce, and ACCO infrastructure via an ACCO designed *Infrastructure and Workforce Plan*.
- A reformed comprehensive PHN Model for Aboriginal Health.
- A long term needs-based funding model for ACCOs that addresses the complex health needs of Communities.
- Capability funding for ACCOs to buffer the costs of establishing and delivering NDIS and Aged Care supports.

PREVENTION

To improve the health and wellbeing of Communities we must look to preventative strategies and social determinants that affect Aboriginal peoples' health and wellbeing.

- Increased primary health care funding for ACCOs to deliver prevention and early intervention programs.
- Integrated mental health and social emotional wellbeing teams in all ACCOs, linked to Aboriginal specialist mental health services.
- 5% of MRFF funding to be quarantined specifically for research into the health and wellbeing of Aboriginal peoples, by Aboriginal peoples.

ACCOUNTABILITY

We call on the Federal Government to be accountable to Aboriginal peoples and Communities on promised outcomes.

- The appointment of an independent National Commissioner for Aboriginal Children and Young People.
- A review of current funding models with geographically-based funding limitations, that affect Aboriginal peoples living in urban and regional locations.
- A Parliamentary Inquiry into Institutional Racism experienced by Aboriginal peoples in mainstream health systems.

ABOUT VACCHO

VACCHO is the peak body for Aboriginal health and wellbeing in Victoria, with 30 Member Aboriginal Community Controlled Organisations (ACCOs) providing support to approximately 25,000 Aboriginal peoples across Victoria.

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.

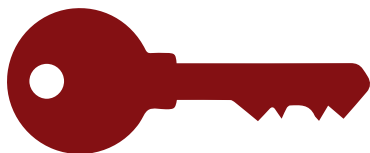
The term 'Aboriginal' in VACCHO documents is inclusive of Torres Strait Islander peoples. The term 'Aboriginal Victorian' in VACCHO documents is inclusive of all Aboriginal people living in Victoria.

The term 'Communities' in this document refers to all Aboriginal and/or Torres Strait Islander Communities across Australia, representing a wide diversity of cultures, traditions and experiences.



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

Self-Determination and Community Control



VACCHO SEEKS:

- The Federal Government to uphold the principles of Community Control, self-determination and human rights to place Aboriginal peoples at the centre of decision making, leadership and community-led solutions

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) advocates for strength-based approaches to improving the health and wellbeing of Aboriginal peoples. Our election platform is based on the principles of self-determination, Community Control and human rights. When Aboriginal peoples are supported by their culture and Community-led solutions, their health and wellbeing improves.

ACCOs have a long and proud history as sustainable, grassroots organisations that build capacity for self-determination. ACCOs have the knowledge, expertise, strength and determination to advocate for vibrant and healthy Aboriginal peoples. Under the principles of self-determination and Community Control, Aboriginal Communities have the solutions.

Aboriginal peoples and Communities are protected under international human rights frameworks that entitle Aboriginal peoples to self-determination, access to universal health care, and freedom from discrimination.

Guided by these principles and Aboriginal-led decision making, VACCHO calls for policies with a renewed focus on SUSTAINABILITY, PREVENTION and ACCOUNTABILITY for Aboriginal Communities across Australia.



CLOSE THE GAP, INDIGENOUS HEALTH EQUALITY SUMMIT, STATEMENT OF INTENT.

"[The] statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organisations – [will] work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples of Australia and non-Indigenous Australians.

... We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians and enjoy living conditions that support their social, emotional and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery and control of these services"

Sustainability

Aboriginal Communities must be sustainably funded to achieve long-term health and wellbeing outcomes.

INFRASTRUCTURE AND WORKFORCE PLAN

VACCHO SEEKS:

- To address current Aboriginal health workforce shortages, emerging workforce needs, and the development of ACCO infrastructure by resourcing an *Infrastructure and Workforce Plan*, designed by ACCOs.

ACCOs provide comprehensive, culturally-responsive and holistic support, but we depend on sustainable investment into our infrastructure and workforce. Short-term, proscriptive funding cycles inhibit long-term gains needed to improve Aboriginal health and wellbeing across Australia.

Significant transformation of a sector requires a carefully planned and considered approach. An *Infrastructure and Workforce 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 ACCOs and supported by government, this plan would ensure all current and future service delivery models are sustainable and responsive to the needs of Communities.

Victorian ACCOs have struggled to engage and retain the General Practitioner (GP) workforce they require to address the needs of their Communities. A recent survey of VACCHO's Members showed that 100% of responding ACCOs with a medical clinic did not have the full GP sessions they required now, or into the future¹. GP shortages have a direct impact on Communities, including increased patient wait times, decreased national health check rates, and a reduced focus on preventative health care models.

100%

of responding Victorian ACCOs with a medical clinic do not have the full GP sessions they require now, or into the future.¹



OUR TOP ASKS

- Address gaps in the Aboriginal health workforce, and ACCO infrastructure via an ACCO designed *Infrastructure and Workforce Plan*.
- A reformed comprehensive PHN Model for Aboriginal Health.
- A long term needs-based funding model for ACCOs that addresses the complex health needs of Community.
- Capability funding for ACCOs to buffer the costs of establishing and delivering NDIS and Aged Care supports.

PHN REFORM

VACCHO SEEKS:

- A reformed comprehensive PHN Model for Aboriginal Health, including addressing the burden of compliance and reporting for PHN funding.
- Greater transparency around PHN funding and its delivery to Aboriginal organisations as preferred providers.
- The mandatory appointment of an Aboriginal person to every PHN Board.

Primary Health Networks (PHNs) are becoming a key funder of Aboriginal health care, but the relationship between many ACCOs and PHNs in Victoria is fractured.

The current model has resulted in failures to deliver needs based and effective services for Aboriginal peoples. This is often the case for other states and territories across Australia as well.

We need a renewed focus on transparency and support for ACCOs working with PHNs including reducing the burden of over-reporting and obstruction to planning for sustainable development in Communities.

Cases from Victorian ACCOs show that the relationships between PHNs and Aboriginal Communities need to be strengthened through the presence and leadership of Aboriginal peoples across PHN Boards.

It is not uncommon for an ACCO to produce excessive amounts of reporting for small funding grants, minimising the capacity of health services to deliver effective primary care.

PHNs: A BROKEN SYSTEM

*Members of the **Loddon Mallee Aboriginal Reference Group** say that their local Public Health Networks (PHNs) are inflexible with their funding to ACCOs, offering “one-size fits all” solutions lacking the nuance needed to support Aboriginal Communities.*

*“The constant churn of limited funding in short bursts of 12 months and less means we lose staff who have developed relationships with clients and are actually making a difference,” Danielle Dougherty from **Mallee District Aboriginal Services** said.*

“Recruitment of qualified staff is hard enough in the region let alone when we can’t offer competitive salaries or any sort of job security.

“If we get lucky the staff will stay on with us but move into a program that is not reliant on PHN funding and without the burden of PHN’s ridiculous levels of reporting.

“As part of our reporting we literally have to provide case studies to our PHN where we can show the improvement of a client’s health over a quarter. How can you be expected to see significant change in a client with complex chronic illnesses in the space of three months?”

*Dallas Widdicombe from **Bendigo and District Aboriginal Co-operative** said that unfortunately for many people the only way they could be offered support is for another client to die and free up space.*

“It’s like we’re running the Melbourne Cricket Club waiting list,” he said.

“There is a complete lack of consideration about when PHN contracts are issued meaning we can’t give staff any real notice about whether their position will be funded the next year.

“This lack of consistency has a real impact when you’re talking about helping people manage complex chronic health conditions.

“We need radical change within the PHN structure if we are truly committed to Closing the Gap.”

Sustainability

SUSTAINABLE LONG-TERM FUNDING

VACCHO SEEKS:

- A long-term needs-based funding model for primary health care in ACCOs that addresses the complex health needs of Aboriginal peoples.
- Transparency in relation to the funding of non-Aboriginal organisations under IAHP, prioritising ACCOs as preferred providers in funding and grant applications related to Aboriginal Communities.

ACCOs provide a unique and holistic service delivery model. The current Indigenous Australians' Health Programme (IAHP) funding model limits 'Episodes of Care' counts to one episode of care, per client per day. This fails to recognise that many Aboriginal clients engage with multiple programs within one visit.

Any variation to the upcoming 2020 IAHP funding model must commit to a needs-based funding model in recognition of the complex health and wellbeing issues faced by Aboriginal Victorians.

These complexities are not factored into the funding model and do not accurately represent the needs of Aboriginal clients or the diverse service delivery models offered by ACCOs. The development of new 2020 IAHP funding models must be strengthened to ensure better health and wellbeing outcomes for Aboriginal communities.

ACCOs must be recognised as preferred providers of health care to Communities, and this should be reflected in Federal funding models. The recent allocation of a \$1.6 million grant for Indigenous Comprehensive Primary Health Care to a private, for-profit, non-Aboriginal company based in Perth is a deeply concerning example of mismanaged funding for Aboriginal health services. ACCOs across Australia are proven to be leaders in health and wellbeing and sustainable funding is needed to deliver these outcomes to Communities.

NDIS AND AGED CARE

VACCHO SEEKS:

- Capability funding for ACCOs to buffer the costs of establishing and delivering NDIS and Aged Care supports.
- Dedicated staff to support Community access and engagement with the NDIS and aged care system.
- Retention of funding models that support the viability of small specialist services including NATSIFACP funding that is available to residential Aged Care services in urban, regional rural and remote areas.

Aboriginal peoples rely on their local ACCO to assist them in accessing services, yet this work is not funded by the NDIS or the Commonwealth Aged Care system.

ACCOs must be recognised as the most effective providers of services for Aboriginal Communities. We see this already occurring in aged care and disability services.

There are approximately 9,255 Aboriginal peoples participating in the National Disability Insurance Scheme (NDIS)². However, the First Peoples Disability Network estimates that there are 60,000 Aboriginal peoples with a severe or profound disability,³ highlighting a significant service gap that needs to be addressed.

The move towards individualised funding models such as the NDIS is based on a free market model that requires economies of scale to be financially viable. Our ACCOs support small populations with complex needs with competing priorities and higher costs. Current funding puts pressure and risk on ACCOs who endeavour to deliver NDIS support.

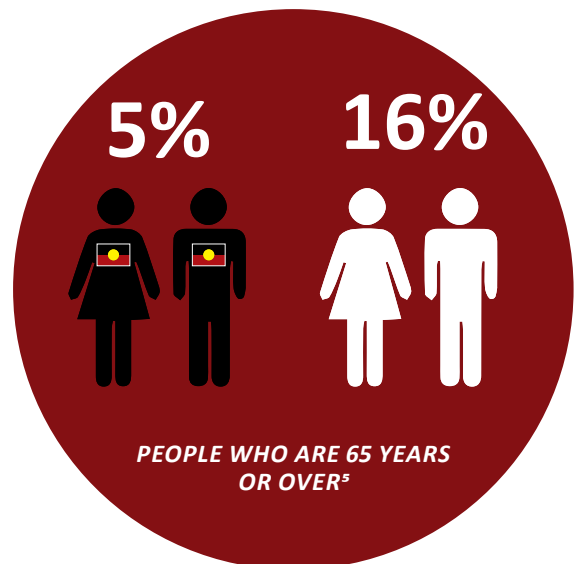
To access aged care services, ACCO staff must ensure that their clients' registration and assessment processes are culturally safe, and accompany them to appointments to ensure their needs are being met. Without these ACCO staff, older Aboriginal people are being left without access to adequate services.

Appropriate funding of ACCOs is needed to buffer the impacts of individualised funding models and ensure Aboriginal peoples have access to the NDIS and aged care. This will provide meaningful choice and control for Aboriginal people, and services that are effective in providing real outcomes for Community.



“ Community Experiences with NDIS and My Aged Care

Community experience shows that access to the NDIS is complex to navigate. An ACCO has reported providing up to 36 hours of support per person to help them access an NDIS package. Similarly, ACCOs' support for older Aboriginal peoples in accessing and navigating the My Aged Care (MAC) system is largely unfunded.



45%

of Aboriginal people are living with disability or long-term health condition⁴

Prevention

To improve the health and wellbeing of Communities we must look to preventative strategies and social determinants that affect Aboriginal peoples' health and wellbeing.

PRIMARY HEALTH CARE

VACCHO SEEKS:

- Increased primary health care funding for ACCOs to deliver prevention and early intervention programs, to increase Community screening and health check rates, and reduce incidences of preventable health conditions and diseases.

Community health care requires a strong focus on delivering early intervention and prevention programs. This includes increased Community screening and health check rates, and reducing incidences of preventable health conditions and diseases.

Data shows that in 2018, Victorian Aboriginal peoples were 70 per cent more likely to be diagnosed with cancer than non-Aboriginal Victorians, and twice as likely to die from cancer.⁶ In 2016, Aboriginal people were 2.6 times more likely to be diagnosed with insulin-treated type 2 diabetes and four times more likely to die from diabetes than non-Aboriginal Australians.⁷

This data can be partly attributed to Communities lacking the support to ensure early detection of disease, or prevention of avoidable health conditions. Many of these conditions can be detected and treated at earlier stages through the holistic health and wellbeing approaches of ACCOs.

Emphasis must be placed on early detection through screening and early intervention services, and engagement with Community members to promote life-long wellness. Doing so will reduce demand for acute health services and avoidable hospital admissions, and thus expensive tertiary health care costs. Funding commitment is needed to support ACCOs in this journey, and a shift of focus from treating Aboriginal people experiencing poor health, to a whole-of-life approach to Aboriginal health and wellbeing.

MENTAL HEALTH AND AOD

VACCHO SEEKS:

- The establishment of integrated mental health and social emotional wellbeing teams in all ACCOs, linked to Aboriginal specialist mental health services, as recommended by the National Mental Health Commission Review. Resources must be prioritised to support this, in addition to new evidence based trauma informed and healing based service models and programs.
- Removal of AoD programs from the IAS and the return of all activities to the Department of Health.

Australia's mental health system is failing Aboriginal peoples, with Victorian Aboriginal Communities devastated by high rates of suicide, self-harm and poorer mental health outcomes.

Whilst there is no quick fix, an integrated strategy led by Aboriginal Community Controlled services is a starting point. Poor mental health in Aboriginal communities often stems from historic dispossession, racism and a poor sense of connection to self and Community.

We must address the factors contributing to poor mental health, including intergenerational trauma and support evidence based models of trauma and healing informed services and responses.

One in three Aboriginal peoples living in Victoria suffer a life-long diagnosis of anxiety and/or depression confronting both their Communities and families.⁸ 17 per cent of Aboriginal peoples aged 15 years and older reported drug related problems as a stressor experienced by self, family or friends in 2015.⁹

Indigenous Advancement Strategy (IAS) funding into mental health and alcohol and other drugs (AoD) has been misplaced. Notably, AoD funding being included in the IAS Safety and Wellbeing Program has been ineffective and failed to address issues through a public health framework.

OUR TOP ASKS

- Increased primary health care funding for ACCOs to deliver prevention and early intervention programs.
- Integrated mental health and social emotional wellbeing teams in all ACCOs, linked to Aboriginal specialist mental health services.
- 5% of MRFF funding to be quarantined specifically for research into the health and wellbeing of Aboriginal peoples, by Aboriginal peoples.

Less than
2%
of the health budget is
spent on prevention.¹⁰



ABORIGINAL CONTROLLED AND LED RESEARCH

VACCHO SEEKS:

- 5% of MRFF funding to be quarantined specifically for research into the health and wellbeing of Aboriginal peoples, by Aboriginal peoples

The Medical Research Future Fund (MRFF) provides an historic opportunity to fund research into the health and wellbeing of Aboriginal peoples that is led and controlled by Aboriginal Communities.

For too long, Aboriginal peoples have been one of the most studied peoples in the world, yet the majority of this research is conducted by non-Aboriginal people. The MRFF could change that by funding research into Aboriginal health, by Aboriginal peoples and organisations.

The recent announcement that the MRFF will support an Indigenous Health Research Fund is welcome. However, the fund is primarily focused on health issues affecting Aboriginal peoples in remote and very remote communities. This does nothing to address the health and wellbeing issues faced by the significant and growing majority of Aboriginal peoples living in urban and regional Australia.

Aboriginal led research will mean Communities can identify their health and medical research priorities, and be enabled to lead research and implementation methods for best practice models of care.

Accountability

We call on the Federal Government to be accountable to Aboriginal peoples and Communities on promised outcomes.

CHILDREN AND FAMILIES

VACCHO SEEKS:

- The Federal Government to support the full and consistent implementation of the Aboriginal Child Placement Principle (ACPP).
- The appointment of an independent National Commissioner for Aboriginal Children and Young People to address the health, safety and wellbeing of Aboriginal children and young people.
- Aboriginal specific subsidies for early childhood services and centres.

Aboriginal children are 10 times more likely to be in out-of-home care than non-Aboriginal children.¹¹ The shift to Aboriginal Children in Aboriginal Care in Victoria has been critical to better outcomes for families and ensuring that the mistakes of the Stolen Generations are not made again.

VACCHO advocates that, wherever possible, no Aboriginal child should be adopted, and adoption should only be considered as a last resort, in line with the Aboriginal Child Placement Principle (ACPP).

The ACPP has been recognised by the Victorian Government and should be adopted nationally. Victorian reforms, including the appointment of an Aboriginal Children's Commissioner, have had a positive impact for our children. This acknowledges Aboriginal Communities and their capability to make strong decisions for Aboriginal children, ensuring they remain connected to family, Communities, culture and Country.

An Independent National Commissioner for Aboriginal Children and Young People is needed to ensure accountability for the health, safety and wellbeing of children and young people.

Additionally, further funding is needed for Aboriginal children in their early years. Adequate funding for Aboriginal children to access culturally safe, supportive and specialised early childhood services. Doing so looks to long-term prevention that can create positive outcomes for Aboriginal Communities as a whole.



OUR KIDS GROWING UP IN CULTURE

*Aboriginal children in care are increasingly staying connected to their families, community and culture, as shown by 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."

OUR TOP ASKS

- The appointment of an independent National Commissioner for Aboriginal Children and Young People.
- A review of current funding models with geographically-based funding limitations, that affect Aboriginal peoples living in urban and regional locations.
- A Parliamentary Inquiry into Institutional Racism experienced by Aboriginal peoples in mainstream health systems.

URBAN AND REGIONAL FUNDING

VACCHO SEEKS:

- A national review of current funding models with geographically-based funding limitations that fail to account for the complex range of health and wellbeing issues experienced by Aboriginal peoples living in urban and regional locations.

Historically, Aboriginal peoples have been typecast as living in remote areas of Australia. However, data shows that one third of Aboriginal peoples live in capital cities and 79% of the disadvantage experienced by Aboriginal peoples is felt by those living in urban settings.¹² The 2026 Aboriginal Victorian population is projected to grow by 49% or 70,000 people, with most of this growth in urban and regional fringes.¹³

The overemphasis on funding remote areas to Close the Gap must be expanded to include the diverse living circumstances of Aboriginal peoples across Australia today.

Additionally, under the IAS, the vast majority of Victoria is excluded from the *Remote Australia Strategies* program, due to its geographical make-up. Without opportunity to tender for all five IAS funding programs, Aboriginal peoples in Victoria are automatically disadvantaged. With significant Aboriginal populations in urban and regional areas, access to funding should not be limited by geography.

IN VICTORIA ABORIGINAL PATIENTS ARE 5.9 TIMES MORE LIKELY TO DISCHARGE AGAINST MEDICAL ADVICE THAN NON-ABORIGINAL PATIENTS.

Aboriginal peoples continue to have poorer health and wellbeing outcomes despite Closing the Gap initiatives.

Studies and anecdotal evidence identifies institutional racism in the mainstream health system as a primary reason for

Aboriginal peoples leaving tertiary health settings early, seeking diagnoses late, and avoiding treatment. 97% of Aboriginal Victorians reported experiencing racism in the past 12 months.¹⁴ Aboriginal patients in Victoria are 5.9 times more likely to discharge against medical advice than non-Aboriginal patients. Nationally this rate was 7.1 times the rate of non-Aboriginal patients.¹⁵

We must ensure that our mainstream health services are able to provide adequate care for Aboriginal peoples across Australia. These steps must not be a tick-the-box measure, but a genuine effort for social change in our health systems. A Parliamentary Inquiry into institutional racism in the mainstream health system, with the view to the appointment of an Independent Aboriginal Health Commissioner, will create accountability measures for mainstream services to better understand and address racism experienced by Aboriginal peoples.

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

HEALTH AND WELLBEING IN OUR COMMUNITIES

Robinvale is a town of approximately 3,300 residents, with an Aboriginal population of 7.8 per cent. Robinvale is located 468km from Melbourne and 90km from Mildura.

Even though Robinvale is almost 500km from Melbourne and a long distance from Mildura, it is considered to be regional not remote, and thus does not qualify for the funding on offer for remote areas.

"We have a relatively high proportion of residents in Robinvale who are Aboriginal yet we struggle to provide them with the most basic of services given our remoteness," said Andy Charles, Director of Family & Community Services at Mallee District Aboriginal Services.

"Many of our clients have complex health and community services needs that we can't meet. Accessing the services in Mildura almost 100km away is not an easy option, and there is no real allowance for travel for staff to come to Robinvale or for us to transport people to Mildura to access services.

"Currently we do provide support for the Aboriginal Community such as integrated family services, youth justice, early school leavers, crisis housing support, and family violence services. These are all services we offer, but we simply don't have the funding to provide additional vital support such as alcohol and other drugs and mental health services.

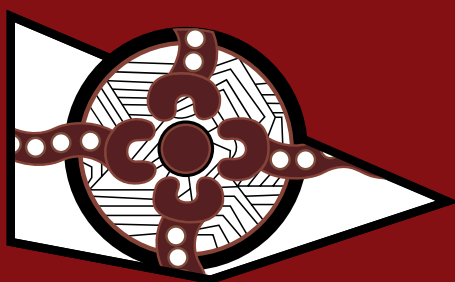
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“Mental illness in particular is a huge issue for Robinvale, with youth suicide historically being tragically high. Alcohol and drugs become self-medication for many people. We desperately need to do more outreach but just don’t have the resources. Mildura is too far away for crisis support and telehealth is not appropriate in such circumstances. “Good mental health and drug and alcohol services need someone on the ground developing a rapport. “We’d love to see more traineeships for Aboriginal staff, so they can come on board and meet these needs, and have some succession planning.

“On the positive side though, we do have some other great programs operating in Robinvale. We’ve been running a men’s group where as part of the program we get local Aboriginal people to clean up the grave sites of elders, which has had a positive impact from a cultural point of view”.

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VACCHO

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

Federal Election Platform 2019

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