



VACCHO

VACCHO Position Paper 2016

Response to Department of Health and Human Services' *Discussion Guide for the Aboriginal Health and Wellbeing Strategic Plan*

Summary of Key Positions

Key overarching considerations

Key Position 1 - Merge of health and wellbeing into one Strategic Plan

VACCHO supports health and wellbeing being combined into one Strategic Plan. However, this combination must:

- Lead to real change and improved outcomes - it cannot be only a 're-badging' or policy approach;
- Not dilute the Koolin Balit health funding by stretching that funding to wellbeing initiatives - wellbeing elements must also be properly funded and resourced; and
- Keep the successful elements of Koolin Balit - a plan that ACCOs invested significant effort into, and runs to year 2022.

Key Position 2 - VACCHO's role in the Strategic Plan

VACCHO, as the peak body for Aboriginal health in Victoria, assumes a more prominent role in the development, implementation (including any transition from existing commitments), monitoring and evaluation of the Strategic Plan.

Key Position 3 - VACCHO's role in wellbeing/human services

The support VACCHO can offer to our Member ACCOs is increased to include the full range of their wellbeing/human services - acknowledging the unique Victorian model where ACCOs deliver both health and wellbeing services.

Key Position 4 - Aboriginal-led partnership (including at strategic and resourcing level)

VACCHO and its Members have a lead role in the strategic direction, decision making and resource allocation across all elements of the Strategic Plan - we strive for an Aboriginal-led partnership.

Key Position 5 - Accountability across sectors

The Strategic Plan must ensure that all stakeholders are accountable for fulfilling their responsibilities to all Aboriginal people - this means:

- Ensuring non-Aboriginal services are accountable for operating in a culturally inclusive and culturally safe way (particularly where they receive Aboriginal-specific funding);
- Ensuring DHHS operates in a culturally inclusive and culturally safe way; and
- Supporting ACCOs, including their sustainability, capacity and position in the service system.

Priority must be given to ACCOs to deliver the Aboriginal-specific programs and initiatives of the Strategic Plan.

The Strategic Plan must ensure improved funding arrangements with ACCOs. Funding arrangements must be more flexible, of longer duration and enable self-determination.

Key Position 7 - Influence of the Strategic Plan

The Strategic Plan must acknowledge that 'health and wellbeing' extends beyond the scope of the DHHS portfolio. The Strategic Plan must therefore:

- Provide oversight and direct matters within the DHHS portfolio (both Aboriginal specific and mainstream); and
- Link, complement and influence other relevant sectors (including both Aboriginal-specific and mainstream, at a Victorian and National level).

Response to content of Discussion Guide

Key Position 8 - Vision

Significant amendments are required to the draft vision articulated in the Discussion Guide. The vision must include the aspirational outcomes sought from the Strategic Plan including that:

- Being healthy and well will be the norm for Aboriginal people;
- Aboriginal people will be in control of their health and wellbeing; and
- Aboriginal people will have equitable health and wellbeing outcomes with non-Aboriginal Victorians.

Key Position 9 - Life Course Approach

VACCHO agrees with the proposed Stages of Life approach and welcomes the inclusion of 'adulthood' (a key omission from Koolin Balit).

VACCHO has no issue with the proposed Across Life Priorities, and advocates for the inclusion of:

- Prevention;
- Healing; and
- Sustaining and Improving on Existing Strengths.

VACCHO advocates that the 'Across Life Priorities' are not necessarily higher priorities than the priorities at each 'Stage of Life'. In terms of priorities within individual 'Stage of Life', VACCHO advocates for:

- Health - continuation of Koolin Balit commitments; and
- Human Services - focus on social and cultural determinants of health.

Measurable targets and indicators are required that align with agreed priorities.

Key Position 10 - Building Blocks

VACCHO agrees with the premise of the headings of each of the proposed Building Blocks, however we advocate that further content detail is required for each Building Block.

Our key positions on individual Building Blocks are:

- *Self Determination:* VACCHO fully supports the principle of Aboriginal people having the lead role in matters that affect Aboriginal people. We do not support DHHS (or any non-Aboriginal entity) developing a definition of self-determination;

- *Information Sharing:* VACCHO advocates that key decisions must be informed by robust data and evidence. Improved data is required and the wisdom and experience of ACCOs must be valued; and
- *Aboriginal culture as a protective factor:* VACCHO is fully supportive of this concept, however the content description (which describes developing 'cultural protocols' between Aboriginal and non-Aboriginal people) does not match this heading. VACCHO does not support the Department (or any non-Aboriginal entity) developing cultural protocols.

VACCHO also advocates for the inclusion of four additional Building Blocks:

- Workforce;
- Systemic change in DHHS;
- Policy linkages/influence; and
- Strong ACCO sector.

Key Position 11 - New Approach

VACCHO agrees in principle with the content of the 'New Approach' section of the Discussion Guide, but greater clarity is required on what these approaches mean in practice and in how we "do business".

Other key elements for inclusion in the Strategic Plan

Key Position 12 - Duration

The Strategic Plan must be of long-term (10 year) duration with associated long-term funding arrangements for its programs and initiatives. Long-term commitment, effort and focus is required to achieve sustainable change.

Key Position 13 - Governance

The Strategic Plan must provide a consistent state-wide framework that allows for regional and local leadership and variance.

Contents

Summary of Key Positions

1. Project Scope	4
2. Context of this Position Paper	5
3. Key overarching considerations	9
4. Response to content of Discussion Guide	19
5. Other key elements for inclusion in the Strategic Plan	30
6. Appendices	32

Throughout this paper, the term 'Aboriginal' is used to refer to both Australian Aboriginal and Torres Strait Islander people. The term 'Indigenous' is retained when it is part of the title of a report, program or quotation.

The terms "we" and "our" are used in this Paper to refer to VACCHO. The term "you" is used to refer to DHHS as the recipient of this Paper.

1. Project Scope

DHHS project context

Merge of Department of Health and Department of Human Services

The Victorian Government is committed to improving Aboriginal health and wellbeing and is “determined to overcome the unacceptable health disparity and health outcomes for Aboriginal and Torres Strait Islander Victorians” (Victorian Labor Platform 2014, page 39).

On 1 January 2015, the former Department of Health and the former Department of Human Services merged to become the Department of Health and Human Services (DHHS). The goal of DHHS is to develop and deliver policies, programs and services that support and enhance the wellbeing of all Victorians.

With the merge of the Departments, two relevant policy documents were inherited - *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022* and *Human Services Aboriginal Strategic Framework 2012-15*. The former is focused on health and the latter (now out of date), focused on human services.

New Aboriginal Health and Wellbeing Strategic Plan

DHHS is now in the process of developing an Aboriginal Health and Wellbeing Strategic Plan (the Strategic Plan) to provide a single policy approach to promote Aboriginal health and wellbeing in Victoria. The Strategic Plan intends to consider all aspects of Aboriginal health and wellbeing in Victoria and set out an integrated approach that will develop and deliver programs and services from all parts of the Department.

In order to develop the Strategic Plan, DHHS produced a Discussion Guide as a starting point for consultations and input with key stakeholders. The Discussion Guide provided an overview of DHHS’s commitment to Aboriginal Victorians, and proposed some elements of the new approach to advancing Aboriginal health and wellbeing that could be incorporated into the Strategic Plan. DHHS has been clear that no elements of the Discussion Guide are fixed. The aim of the Discussion Guide is to enable wide ranging discussions with Aboriginal people and service providers about how to best improve the health and wellbeing of Aboriginal Victorians.

DHHS invited Aboriginal Victorians and service providers working with Aboriginal communities to have input into the Strategic Plan by attending a symposium, community consultation and/or providing a Position Paper.

1.2 VACCHO project

Project Scope

In April 2016, VACCHO (with funding from DHHS) commissioned PwC’s Indigenous Consulting (PIC) to support the development of our Position Paper to DHHS to inform the development of the new Strategic Plan.

The primary purpose of the Position Paper is to provide our considered response to the strategic direction outlined in the DHHS Discussion Guide. The Position Paper also provides our key position on other strategic matters for consideration by DHHS in developing the Strategic Plan.

The approach

VACCHO, supported by PIC, implemented a five-staged approach in developing the Position Paper. Table 1 outlines the five stages.

Table 1: Summary of methodology

Overview

Stage 1: Inception and Planning

Planning workshop with Project Management Group;

- Confirmation of project governance, scope, accountabilities and approach; and
- Identification of risks and mitigation strategies (including the requirement to complete the consultation process with members and report preparation within six weeks of commencement due to DHHS timelines).

Stage 2: Review and Design

- Review relevant literature; and
- Design consultation questions.

Stage 3: Engagement with Stakeholders

- Two workshops with VACCHO Staff;
 - Workshop with VACCHO Members;
 - DHHS run Workshop with VACCHO staff;
 - Workshop with VACCHO Directors;
 - Consultations with VACCHO CEO; and
 - Consultation with VACCHO Chair.
-

Stage 4: Review and Test

- Consolidating and synthesising of qualitative and quantitative evidence;
- Drafting key findings for Position Paper; and
- Testing of key findings with VACCHO leadership and Board.

Stage 5: Draft and Final Report

- Electronic draft report for consideration of VACCHO leadership; and
 - Finalisation of report.
-

2. Context of this Position Paper

This section provides the context in which this Position Paper is made and therefore the context in which it should be considered by DHHS.

2.1 About VACCHO

In considering this Position Paper it is first important to understand VACCHO's role and therefore understand the expertise, authority and experience that underpins this Position Paper.

VACCHO has been the peak body for Aboriginal Health in Victoria since 1996. We play a unique and significant role in Aboriginal health and wellbeing. We support, represent, advocate for, and negotiate on behalf of our 27 Member ACCOs (23 full Members and 4 associate Members).

Figure 1: Overview of VACCHO's key roles



Our Vision

Working towards vibrant, healthy and self-determining Aboriginal communities.

Figure 2: Member ACCO locations



Our Board is made up of our Members who are nominated by their respective communities to speak on and lead critical reform in the health sector to improve Aboriginal health and wellbeing outcomes. Nationally, VACCHO also represents the community controlled health sector through its affiliation and membership on the Board of NACCHO. With 20 years of knowledge and history in the Aboriginal community controlled sector, we are a centre of expertise, policy advice, training, innovation and leadership within Aboriginal health and wellbeing.

VACCHO and its Members are focused on addressing inequities across the social determinants of health and wellbeing for Aboriginal people in Victoria. By involving our Member ACCOs, who deliver health services in addition to a broad range of other community based programs to over 50,000 Aboriginal Victorians, we have a unique collective insight into Aboriginal communities at the 'grass roots level'.

We are uniquely placed to engage, advise and influence government policy makers, funding bodies and partners to consider how health services are developed and provided to address the health and wellbeing needs and aspirations around access, quality, service provision and outcomes for Aboriginal people in Victoria.

Our advice and input into policy and health service development is valued and sought after at both Commonwealth and State levels and across the sector. The critical role that VACCHO and our Members have in Aboriginal health and wellbeing is acknowledged through:

- VACCHO being a co-signatory to the bi-partisan Victorian Government commitment to the Close the Gap, Indigenous Health Equality Summit, Statement of Intent;
- VACCHO endorsement and providing the "Introduction" to *Koolin Balit, Victorian Government strategic directions for Aboriginal health 2012-2022*; and
- VACCHO being a signatory to the *Human Services Aboriginal Strategic Framework 2013-15*.
- VACCHO as a tripartite signatory to the *Framework Agreement on Victorian Aboriginal and Torres Strait Islander Health and Wellbeing 2015-2020 (VACKH)*.

Figure 3: Examples of key policies to which VACCHO is a signatory



VACCHO is the auspice agency to the Victorian Aboriginal Children and Young People's Alliance (the Alliance), comprising 14 ACCOs involved in providing out of home care services for Koori kids. We support the Alliance's aim to advocate for, and positively influence the future of Aboriginal children and young people in Victoria.

VACCHO is also the auspice agency for the Victorian Committee for Aboriginal Aged Care and Disability (VCAACD), the Victorian reference group for staff in organisations providing Home and Community Care (HACC) services to Aboriginal people. The aim of VCAACD is to support HACC staff in ACCOs and mainstream services to enable Aboriginal people to access high quality, culturally appropriate community and in-home support services.

Further details about our organisation and its vision, values and Members are contained at Appendix 6.1.

2.2 About this Position Paper

There are more specific matters that underpin the context in which this Position Paper is made - including our understanding of DHHS's intentions regarding the further development and implementation of the Strategic Plan. Each of these matters is explored directly below.

2.2.1 VACCHO's position

This Position Paper articulates VACCHO's key positions. It harnesses the internal knowledge and experience of our organisation, along with our understanding of the needs and priorities of our Member ACCOs and of the Alliance (gleaned from our role as the auspice agency for the Alliance).

The development of this Paper also involved a workshop with our Members - as part of our regular Members Meeting on 14 April 2016. At this workshop, our Members noted and helped refine the key positions which are now presented in this Position Paper. We have also provided a copy of this Position Paper to each of our Members and to the Alliance.

The timing for the submission of this Position Paper to DHHS did not allow for extensive input or endorsement from each of our 27 Member ACCOs, the Alliance or VCAACD. This Position Paper should therefore not be interpreted as the consolidated,

endorsed view of all our Members, the Alliance or VCAACD. However, to the best of our knowledge, our Members and the Alliance support the key state-wide positions outlined in this Position Paper.

We note that each of our Members, the Alliance and VCAACD may have individual priorities and needs (particularly at the local/regional level) that DHHS must also consider in developing and implementing the Strategic Plan (in addition to the state-wide, strategic focus of this Position Paper). In this regard, we note and welcome that DHHS has provided opportunities to our Members and the Alliance (and other entities) to both have individual consultations and to submit individual Position Papers. We have encouraged our Members and the Alliance to take up these opportunities.

2.2.2 VACCHO to have ongoing an role in development of the Strategic Plan

We understand that this Position Paper is only one part of VACCHO's contribution to the development of the Strategic Plan. Given VACCHO's role, we seek a substantial ongoing role in the development of the Strategic Plan.

We welcome DHHS's verbal commitment (on 19 April 2016 at consultation with VACCHO staff regarding development of this Strategic Plan) that:

- The Strategic Plan will be developed with oversight from the Expert Panel (of which the VACCHO CEO is a member);
- The draft Strategic Plan will be subject to consultation with VACCHO before being finalised; and
- Once the Strategic Plan is finalised, VACCHO will be involved in developing a staged approach to the budget request to the Department of Treasury and Finance, and then in the staged-approach to implementation.

We also note that in developing the draft Strategic Plan, DHHS intends to draw on a number of information sources that are not available to VACCHO. These information sources will include: draft findings of Koolin Balit Evaluation; draft content of Victorian Government's response to the Royal Commission into Family Violence; and range of statistical data held by DHHS. Given DHHS will use information that is currently unavailable to VACCHO to inform the Strategic Plan, it further strengthens the need for VACCHO to have a substantial role in the Strategic Plan development post submission of this Position Paper.

We also note the brevity of the proposal included in the Discussion Guide, which provides another reason for VACCHO to have a substantial ongoing role in development. While we appreciate the Discussion Guide as a 'discussion starter', and the opportunity this provides us to shape the Strategic Plan from the very start, it means there is little detail for VACCHO to

review and comment on. It is therefore likely that there will be additional matters that arise in the development (either from DHHS or as a result of input from other stakeholders) that VACCHO did not anticipate, but may have a strong position on. We look forward to the ongoing opportunity to review these matters and shape the content of the Strategic Plan.

2.2.3 VACCHO's health focus

This Position Paper focuses on the health aspects of the Strategic Plan, as VACCHO's core role is as the peak body for Aboriginal health in Victoria.

VACCHO's role also extends to supporting some (but not all) of the human services/wellbeing functions offered by our Members. This paper therefore draws on our expertise and experiences of the human services/wellbeing functions in which we have involvement. However we are cognisant that we do not possess deep expertise across the range of human service/wellbeing functions (as we are not resourced to undertake these functions). For example, we have little knowledge of the DHHS's new Sport and Recreation portfolio.

2.2.4 Existing DHHS commitments will be retained

This paper articulates VACCHO's state-wide position on the strategic direction, overarching considerations and highest-level priorities for inclusion in the Strategic Plan.

This Position Paper does not provide detailed comment on, or advocate for, the continuation of specific Koolin Balit or Human Services Strategic Framework initiatives, programs, funding, governance or other arrangements, as:

- We note the Minister for Aboriginal Affairs, Hon. Natalie Hutchins MP, press release of 5 May 2015 that included *The Labor Government's commitment to improving opportunities for Aboriginal Victorians also includes ongoing support for the Koolin Balit Health strategy*;
- We note DHHS's verbal advice (at consultation with VACCHO staff on 19 April 2016) that the Victorian Government continues its commitment to closing the health gap, and commits that this Strategic Plan will continue and build on the strengths of Koolin Balit;
- There is a separate project underway to evaluate Koolin Balit and VACCHO will have opportunities to input into the evaluation; and
- The Discussion Guide sought comment on future priorities, rather than on previous successes or failures.

2.2.5 DHHS Aboriginal Community Engagement and Partnership Framework

We note that DHHS has recently commenced a separate piece of work on its Aboriginal Engagement and Partnership Framework. We understand that VACCHO will have opportunity for substantial input into that project, and therefore this matter has not been addressed in detail in this paper. However, this is a matter that is of crucial importance to VACCHO and we look forward to having a significant role in this important project.

3. Key overarching considerations

This section provides VACHHO's position on key overarching considerations that sit above the content of the Strategic Plan. These key overarching considerations are the most important priorities for VACCHO. They largely apply regardless of the specific initiatives and priorities that are included of the Strategic Plan.

3.1 Merge of health and wellbeing into one Strategic Plan

Key Position 1

VACCHO supports health and wellbeing being combined into one Strategic Plan. However, this combination must:

- Lead to real change and improved outcomes - it cannot be only a 're-badging' or policy approach;
- Not dilute the Koolin Balit health funding by stretching that funding to wellbeing initiatives. Wellbeing elements must also be properly funded and resourced; and
- Keep the successful elements of Koolin Balit - a plan that ACCOs invested significant effort into, and runs to year 2022.

Strong support for concept

VACCHO strongly supports the concept of DHHS combining its health and human services /wellbeing responsibilities into one Strategic Plan.

The combination of these two portfolios will see DHHS following the lead that ACCOs and VACCHO have set in this space:

- ACCOs already provide both health and wellbeing (and a range of other) services. Many of our Members have operated in this way for decades; and
- VACCHO and other ACCOs have continually advocated for a more holistic view of health. VACCHO has consistently advocated that *Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional, and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view that includes the cyclical concept of life-death-life.* (VACCHO Strategic Plan, 2013-2017)¹
- We particularly welcome the opportunity this combination provides to have a more direct influence on the social determinants of health - given that the DHHS wellbeing/human services portfolio includes important social determinants such as housing, family violence and child protection.

1. Definition composed and adopted by the National Aboriginal and Islander Health Organization, 1979; <http://www.naccho.org.au/about/aboriginal-health/definitions/> [Accessed 9 May]

It would be like pulling out your heart to treat it. They might fix your heart, but the rest of your body won't work again." VACCHO staff member - reflecting on the importance of a holistic view to health and wellbeing

Conditional support

However, our support of this combination is conditional on the following factors:

1. *It must lead to real change and improved outcomes, it cannot be only a 're-badging' or policy approach*

We support the potential of the Strategic Plan to lead to real change, such as: breaking government silos; better co-ordination of services; reducing the administrative burden on ACCOs; stronger linkage across health and wellbeing services; and ultimately to improved outcomes for Aboriginal people.

However, the combining of two policy documents alone does not achieve the above objectives. We note there has previously been a misalignment between policy (what is documented as intending to occur) and practice (what actually occurs). A new policy approach must therefore be accompanied by a real commitment to whole of department implementation, to ensure that the new policy translates to tangible actions and change.

2. *Not dilute the Koolin Balit health funding by stretching that funding to wellbeing initiatives. Wellbeing elements must also be properly funded and resourced*

The Koolin Balit priorities are too important to stretch this dedicated health funding to wellbeing/human services initiatives. We do not support any 'watering down' of Koolin Balit funding into wellbeing initiatives.

We particularly welcome DHHS's verbal advice (at consultation with VACCHO staff on 19 April 2016) that:

- the wellbeing/human services elements of the plan will be funded separately and that a primary reason for the development of the new Strategic Plan is to enable a budget bid to fund the wellbeing/human services elements
- all successful elements of Koolin Balit will continue, and that the plan will build upon those successes.

3. *Keep the successful elements of Koolin Balit - a plan that ACCOs invested significant effort into, and runs to 2022*

We support the continuation of all Koolin Balit priorities, initiatives, funding and targets - unless there is compelling evidence for change.

The health priorities of Koolin Balit must continue to get the attention they deserve. Health priorities deemed as 'less critical' should not now be overlooked for wellbeing priorities that may be deemed to be more critical.

For example, sexual health needs should not be seen as a lesser priority in the new Strategic Plan (than they were in Koolin Balit) because the new plan will may cover significant wellbeing priorities such as child protection and housing.

Aboriginal people deserve equitable outcomes across all health and wellbeing indicators. We should not be forced to prioritise which indicators we would most likely address to improve outcomes that are equitable to non-Aboriginal Australians.

3.2 VACCHO's role in the Strategic Plan

Key Position 2

VACCHO, as the peak body for Aboriginal health in Victoria, assumes a more prominent role in the development, implementation (including any transition from existing commitments), monitoring and evaluation of the Strategic Plan.

VACCHO is Victoria's peak representative Aboriginal health body, and we also support our Members in some of their human services/wellbeing services. We therefore have a unique insight and expertise into Aboriginal health and wellbeing across Victoria.

Development of the Strategic Plan

We feel the original development process proposed by DHHS did not properly value or utilise VACHHO's unique and significant role. The original approach provided VACCHO with the same opportunities as other entities to contribute to the development of the Strategic Plan - including that VACCHO had to request a consultation with DHHS. In consideration of VACCHO's role (as Victoria's peak Aboriginal health body) we expected to have a much more substantial role in the development of the Strategic Plan.

We note that the DHHS Discussion Guide proposes an approach based on the principles of Self-Determination and Co-design. We do not feel the original development process embodied these principles.

We welcome your recent verbal advice (19 April 2016 at consultation with VACCHO staff) that VACCHO will have a more prominent role in the development of the Strategic Plan from this point forward - including:

- Development will be over-sighted by the Expert Panel - of which the VACCHO CEO is a member;
- Once a draft of the Strategic Plan has been

developed, it will be subject to review and consultation with VACCHO before being finalised; and

- Once the Strategic Plan is finalised, VACCHO will have a role in co-designing:
 - a staged approach to the budget request to Department of Treasury and Finance that will be necessary to implement the Strategic Plan; and
 - a staged approach to the implementation of the Strategic Plan.

Implementation, monitoring and evaluation of the Strategic Plan

It is not yet clear to VACCHO, what role we will have in the implementation (including any transitional arrangement from Koolin Balit and the Human Services Strategic Framework), monitoring and evaluation of the Strategic Plan.

Learning from previous experiences

We have concerns about our role in these significant matters, given our previous experiences of the State Government not properly valuing or utilising VACCHO's expertise in the implementation, monitoring or evaluation of Koolin Balit - at either a state-wide, regional or local level.

We feel that there was a significant missed opportunity by not involving VACCHO more extensively in these matters. We understand this was as a result of a belief by the State Government that VACCHO had a conflict-of-interest in these matters, due to our role as a peak body for our Member ACCOs (who were responsible for the delivery of some of the Koolin Balit initiatives). We strongly dispute that we have a conflict-of-interest, and believe our role means we should play a leading role in these matters. We understand that State Government no longer believes we have a conflict-of-interest and intends that we will play a stronger role in the new Strategic Plan - if this is not the case, we seek an urgent meeting with you to fully understand and address this perception of a conflict-of-interest.

In this regard (as with the development of the Strategic Plan) we welcome the new proposed approach outlined in your Discussion Guide, which includes the principles of Self-Determination and Co-design. We interpret this will provide a more substantial role for VACCHO in the implementation, monitoring and evaluation of the new Strategic Plan.

In terms of implementation, we specifically seek a prominent role in decision making about transitional arrangements from Koolin Balit to the new Strategic Plan. We note the transitional arrangements for specific initiatives will likely be minimal - given DHHS's verbal commitment that the successes of Koolin Balit will continue and that the new Strategic Plan will build on these successes. However, if any elements of Koolin Balit are proposed to cease, VACCHO seeks a prominent role in these discussions about decisions and transition arrangements.

Suggestions for specific mechanisms to provide VACCHO, and our Members a more prominent role in monitoring and evaluation are discussed at Section 3.4 regarding ensuring all stakeholders have accountability for fulfilling their responsibilities to Aboriginal people.

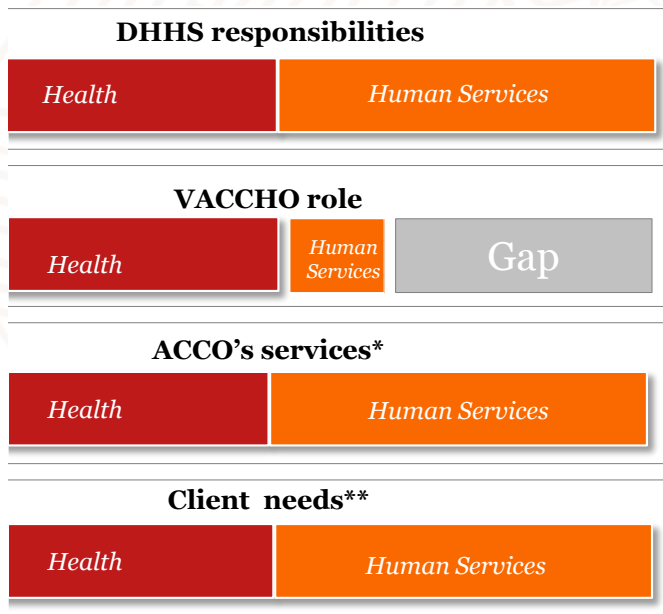
We also seek a greater role for our Member ACCOs in significant matters related to the Strategic Plan - this is detailed at Section 3.4. This section (3.2) has focussed specifically on VACCHO's role in those matters.

3.3 VACCHO's role in wellbeing/human services

Key Position 3

The support VACCHO can offer to our Member ACCOs is increased to include the full range of their wellbeing/human services - acknowledging the unique Victorian model where ACCOs deliver both health and wellbeing services.

Figure 4: Overview of current responsibilities for health and human services



Need for a peak body that supports ACCO's human services functions

As depicted in Figure 4: Aboriginal clients have needs that cross health and human services (and other services); our Member ACCOs provide services that cross health and human services (and other services); and DHHS is now adopting a single policy approach that covers both health and human services. However VACCHO's responsibilities are primarily as the peak body for health only. We also support our Members' human services functions where possible, e.g. Auspice of the Alliance, but we are not resourced to support their full range of functions and therefore cannot provide comprehensive support across the functions.

There are state-wide Aboriginal organisations that provide strong and important leadership, policy,

research, advocacy and/or service delivery in the human services space (such as the Victorian Aboriginal Child Care Association, Victorian Aboriginal Community Services Association Limited, Aboriginal Housing Victoria and the Victorian Aboriginal Education Association Incorporated). However there is currently no peak body that represents and supports ACCOs across their wellbeing/human services functions.

The need for a peak body that covers ACCOs health and wellbeing/human services functions is unique to Victoria. This is because Victoria is the only Australian jurisdiction where ACCOs provide this range of services - other jurisdictions predominantly have Aboriginal Medical Services that specialise in health only.

VACCHO's proposed role

VACCHO is seeking to fill this gap and support our Members across their full range of health and wellbeing/human services, by becoming the peak body for Aboriginal health and wellbeing/human services in Victoria. Our Member ACCOs have previously asked for this peak body support from VACCHO across these functions.

We believe the introduction of DHHS's single policy approach to Aboriginal health and wellbeing/human services comes at the right time and provides the opportunity for VACCHO to transition into this role. We note that, in addition to the benefits to Member ACCOs and clients, there would also be significant benefits to DHHS in having a peak body that represents ACCOs across your portfolio responsibility.

VACCHO is well-placed to transition to become the peak for Aboriginal health and wellbeing/human services (as we are already the peak Aboriginal health body that represents 27 Member ACCOs and offers some wellbeing /human services support).

To be clear, VACCHO is not seeking to assume any of the responsibilities of existing state-wide ACCOs in the human services sector (such as VACCA, VACSAL, Aboriginal Housing Victoria, AFVPLS, VAEAI or any other state-wide ACCO operating in the human services sector). These other state-wide ACCOs play an extremely important and different role that needs to continue. VACCHO is seeking to represent our Member ACCOs across their full range of health and wellbeing/human service responsibilities, and are committed to working collaboratively with and/or supporting other state-wide ACCOs.

Benefits of a peak body

There are significant benefits to having a peak body that supports and represents its Member ACCOs.

The benefits that can be achieved through a peak include:

- sharing knowledge amongst members;
- leveraging economies of scale;
- providing a single point of contact that represents the interests of its membership group;
- providing a low cost mechanism for government to access the knowledge and expertise of the sector;
- facilitating information on changes to policy, programs and broader environment that can impact on the sector/clients; facilitates whole of sector consultations;
- supporting Member ACCOs to become stronger, more responsive and effective service delivery organisations; and
- delivering improved outcomes for clients of Member ACCOs.

The government has also already acknowledged the benefits of VACCHO's role as a peak organisation by providing funding to support advocacy and Member support activities - and more recently through funding VACCHO to auspice the Alliance for Aboriginal Children and Young People and VCAACD.

3.4 Aboriginal-led partnership - including at strategic and resourcing level

Key Position 4

VACCHO and its Members have a lead role in the strategic direction, decision making and resource allocation across all elements of the Strategic Plan - we strive for an Aboriginal-led partnership.

The need for VACCHO and its Members (and other relevant Aboriginal stakeholders) to have a lead role in the elements that matter most, is the most important consideration for VACCHO in the new Strategic Plan. This concept underpins all elements of this Position Paper and would enable the majority of change that VACCHO seeks from the new Strategic Plan. For example, it would lead to increased accountability across the sector, improved funding models and a strengthened ACCO sector.

VACCHO has long strived for an Aboriginal-led partnership to Aboriginal health and wellbeing. We have an unwavering belief that ACCOs should have the lead role in the elements that matter most to Aboriginal people. Aboriginal people deserve equitable outcomes, have the right to equitable outcomes, and it is widely accepted (including in the Victorian Government's Aboriginal Affairs Report 2014/15 - which includes a strong commitment to Aboriginal self-determination) that sustainable, meaningful change occurs when it is led by Aboriginal people.

We again note and welcome the proposed new DHHS approach (from your Discussion Guide) that includes the principles of Self Determination and Co-design. We believe the combination of these principles means that Aboriginal stakeholders must

have the lead role in this partnership approach to improving Aboriginal health and wellbeing outcomes.

We are also heartened by the commitment of the Premier, Hon. Daniel Andrews MP, to providing Aboriginal people with a lead role in improving Aboriginal health and wellbeing outcomes - including in his comments at the Closing The Health Gap event hosted by VACCHO on 19 March 2015.

Aboriginal health outcomes are best when Aboriginal Victorians control them. And that's the direction we have to lead. At the moment, our definition of leadership is giving Aboriginal Victorians a seat at our table. But real leadership is about making it their table, too.

Our effort must have heart and it must have ears. It must be for Aboriginal people and by Aboriginal people. It cannot simply be an obstacle course full of whitefella targets. It cannot be a cold and clinical checklist that fails to reconcile with the past or reach for the future. Premier Andrews, 19 March 2015

VACCHO and its Member ACCOs are uniquely placed to lead this partnership for a variety of reasons, including:

- ACCOs service the majority of Aboriginal people in need of health and wellbeing services. In Victoria, 70% of Aboriginal people regularly access ACCOs and there is much anecdotal evidence that more Aboriginal people would access ACCOs, but are unable to because of geographical distance and/or because the ACCO does not deliver the service they require;
- ACCOs have deep professional, educational and lived experiences of the range of issues (both contemporary and historical) that are of the greatest importance to Aboriginal communities;
- ACCOs have long-standing relationships of trust and respect with Aboriginal communities;
- VACCHO and our Member ACCOs are Aboriginal community controlled and exist specifically to improve outcomes for Aboriginal people; and
- Universal services do not have the oversight

of both health and human services issues that ACCOs are privy too, nor the deep cultural competence that is intrinsic to ACCOs.

This means that VACCHO and its Members must have a lead role in the strategic direction, decision making and resource allocation across all elements of the Strategic Plan.

Learning from previous approaches

The previous approaches to this partnership provide important insight into the matters that must be addressed in this Strategic Plan - including providing for greater involvement and leadership from ACCOs in strategic matters, decision making and resource allocation.

The previous partnership approach has seen the balance of power sit too much with DHHS and universal services, with an insufficient leadership role for ACCOs. DHHS retained ultimate responsibility for all strategic decision-making and resource allocation.

ACCOs have primarily been the recipients of funding for service delivery (within funding parameters set by government), with little input at a strategic-level to influence the whole system. We believe the fact that ACCOs have not previously had a greater role in these more strategic matters, shows an implied level of distrust or lack of value from the wider system.

VACCHO and its Members feel there would have been substantial benefits realised if we had played a greater role in strategic matters. Examples of where we did not have this opportunity in Koolin Balit include:

- VACCHO is not aware of the amount or purpose of funding that has been provided to universal health services under Koolin Balit - or the activities/outcomes expected from that funding; and
- VACCHO had limited engagement with the most senior levels of government - such as Ministers and Departmental Secretaries.

VACCHO and our Members want a greater involvement in the elements that matter most, including a lead role in the strategic direction, decision making and resource allocation. The governance arrangements of the new Strategic Plan must reflect this.

3.5 Accountability across the sector

Key Position 5

The Strategic Plan must ensure that all stakeholders are accountable for fulfilling their responsibilities to all Aboriginal people - this means:

- Ensuring non-Aboriginal services are accountable for operating in a culturally inclusive and culturally safe way (particularly where they receive Aboriginal-specific funding);
- Ensuring DHHS operates in a culturally inclusive and culturally safe way; and
- Supporting ACCOs, including their sustainability, capacity and position in the service system.

Priority must be given to ACCOs to deliver the Aboriginal-specific programs and initiatives of the Strategic Plan.

Accountability across all operations

One of the most important elements in ensuring the Strategic Plan is a success is that it must ensure all stakeholders meet their responsibilities to Aboriginal people. Aboriginal health and wellbeing must become core business across the entire service system. This was an issue for Koolin Balit, which was seen by many as an **“Aboriginal add-on”** to core business, rather than **being** core business.

The accountability mechanisms under Koolin Balit were not balanced, with a greater accountability placed on ACCOs (primarily through strict funding agreements and reporting requirements) than there was on universal services and DHHS. The effect of under-performance was felt profoundly by Aboriginal clients, however there was little accountability or consequences for universal services and DHHS for failing to operate in a way that achieved equitable outcomes for Aboriginal people.

The new Strategic Plan must ensure DHHS and universal services have appropriate accountability for operating in a manner that is inclusive of the needs of Aboriginal clients, across all their operations. The new Strategic Plan may include a number of mechanisms to achieve this, we request they include:

- DHHS leadership and relevant staff to have mandatory Key Performance Indicators built into their Professional Development Plans (and tied to progression payments) regarding operating in an Aboriginal inclusive manner; and
- Universal services, and relevant DHHS Business Units, have cultural safety standards that guide their operations - and that there is a regular independent review of their performance against these standards, conducted by independent Aboriginal stakeholders.

It is extremely important to note that the above accountability measures should apply to all the 'mainstream-funded' operations of universal services and DHHS. Both are required to provide services that are accessible and inclusive of all clients (including Aboriginal clients).

Priority to ACCOs to deliver initiatives of the new Strategic Plan

The new Strategic Plan, and associated funding, will provide for Aboriginal-specific initiatives to be implemented (while also advocating/influencing better Aboriginal outcomes across the service system).

Therefore, the vast majority of initiatives/programs funded under the Strategic Plan must be delivered by ACCOs:

- ACCOs bring 40 years of experience in providing culturally appropriate, innovative and holistic services which are both determined by and implemented according to the needs of local Aboriginal people;
- The majority of Aboriginal clients prefer to access services delivered by ACCOs:
 - on an annual basis across Australia 51-61% of Aboriginal people visit an ACCHO (NACCHO, 2014);
 - the demand for ACCHO services has increased by 6.3% annually - a much greater increase compared with alternative mainstream health services growth over last few years (NACCHO, 2014);
 - in Victoria 70% of Aboriginal people regularly access ACCHOs (Aboriginal Health & Medical Research Council, 2015); and
 - across Australia and Victoria there is evidence that more people desire to access an ACCO for their health or wellbeing needs, but are not able to do so - the reasons for this vary but can include geographical distance and/or because the ACCO does not deliver the health service they require.
- Available evidence indicates that ACCOs have been key contributors to closing the health gap for Aboriginal people - evidence held by ACCOs supports this published statement from the Australian Institute of Health and Welfare, a respected research organisation;
- ACCOs are the undisputed leaders in providing culturally competent and accessible services;
- ACCOs are the embodiment of self-determination in this sector - an effective means of ensuring Aboriginal health outcomes are controlled by Aboriginal Victorians;
- ACCOs bring an intimate understanding of their communities and the unique sociocultural environment of their specific community;

- Aligns with DHHS's commitment to self-determination (articulated as a key element of the new approach in the DHHS Discussion Guide); and
- Previous experiences that many universal services are unable to effectively engage with Aboriginal clients. For example, VACCHO and our Members have previously been approached by universal services who had received Koolin Balit funding, because they required assistance to engage with Aboriginal people.

Strengthening the ACCO sector

As the majority of initiatives of the Strategic Plan will be led and delivered by ACCOs, a priority for the Strategic Plan must be supporting and strengthening the ACCO sector including their sustainability, capacity and position in the service system. This will lead directly to improved services and improved outcomes for Aboriginal clients.

Specific matters that should be considered for supporting and strengthening ACCO sector are included at Section 4.3 (Building Blocks: Strong ACCO Sector). It encompasses a range of issues such as: increased business/corporate services, wage parity with universal services/DHHS, evaluation capacity and grant application capacity.

Delivery of Strategic Plan initiatives by universal services

The new Strategic Plan should only fund universal services to deliver services to Aboriginal clients where:

- An ACCO is not able to deliver those services;
- VACCHO and/or our Member ACCOs are part of the decision to allocate funding to a universal service; and
- The universal service demonstrates that partnering with an ACCO to deliver the program/initiative has been explored but found not to be feasible.

This is not to under value the important role that universal services play. Effective, inclusive and culturally competent universal services are essential in achieving equitable health and wellbeing outcomes for Aboriginal people. However, universal services have a responsibility to meet the needs of all people, including Aboriginal people, and therefore should leverage their existing resources to provide this. The Aboriginal-specific programs and initiatives of this Strategic Plan should primarily be directed to ACCOs - the specialists in Aboriginal-specific health and wellbeing that rely on Aboriginal-specific funding for service delivery. Also, notwithstanding that ACCOs are eligible for universal funding.

Accountability for initiatives of the Strategic Plan

The new Strategic Plan should place a high-level of accountability on the Aboriginal-specific programs/services/initiatives that are funded under the Strategic Plan. This is essential to both the success and the perceived success of the Strategic Plan.

Aboriginal stakeholders must play a lead role in ensuring this accountability. This concept is closely aligned to Key Positions 2 and 4 - regarding VACCHO and its Members having a lead role in the elements that matter most. This accountability must particularly extend to universal services funded under the Strategic Plan and areas of DHHS with responsibility for implementing or overseeing areas of the Strategic Plan. At a minimum these accountability mechanism should include:

- Prominent role for VACCHO in ensuring accountability at a Statewide/overall level. This should include VACCHO playing a lead role on a 'Monitoring/Accountability Panel'. The role of that panel should specifically include (in addition to oversight of initiatives funded for delivery by community sector) ensuring DHHS is accountable for their responsibilities in implementing and enabling the Strategic Plan;
- Prominent role for VACCHO and Member ACCOs in ensuring accountability at a regional or local level - a panel arrangement similar to that proposed directly above, but at a regional or local level (the need for regional and local governance is further explored at Section 5.1.2);
- Prominent role for VACCHO and Member ACCOs in evaluations or reviews. The previous arrangements have largely seen DHHS instigated evaluations and reviews of initiatives delivered by the funded sector (including ACCOs and universal services) - and DHHS making decisions about continuing, expanding or ceasing these services. VACCHO and ACCOs deserve a greater say in these important matters, and stronger involvement from the ACCO sector in evaluations will also build sector evaluation capacity; and
- Public reporting on progress, outcomes and learnings from the Strategic Plan and its initiatives. Aboriginal people are the stakeholders who are affected most profoundly by the successes or failures of the Strategic Plan. They therefore deserve to be kept informed about progress, outcomes and learning. This transparency could be achieved by regular public reporting.

As an example of the greater role we are seeking in ensuring accountability for the delivery of the new Strategic Plan (in comparison to Koolin Balit). VACCHO is not aware of what proportion of Koolin Balit funds went to universal services, which universal services received funding, what activities/outcomes that funding was intended to provide, or how these services performed against their expectations.

3.6 Funding models

Key Position 6

The Strategic Plan must ensure improved funding arrangements with ACCOs. Funding arrangements must be more flexible, of longer duration and enable self-determination.

The previous funding arrangements (in respect of both health and human services and with governments more generally) do not enable the best possible outcomes for clients. In some cases these funding arrangements prevent the best outcome for clients and are a disabler to self-determination.

Koolin Balit was portrayed as a long-term, 10 year commitment to improving Aboriginal health outcomes. However, none of the funding received by ACCOs was of 10 years duration. It is very difficult to create sustainable change through short term commitments. Longer-term funding agreements should be a priority of the new plan.

This short-term funding certainty compromises the outcomes that ACCOs are able to achieve as it creates the following issues:

- *Staff retention* - a key reason for the turn-over of staff is that they leave for positions that have longer-term job security. In many cases staff members will (understandably) leave several months before program funding ceases, making it very difficult for ACCOs to fill a position that only has a few months of job certainty;
- *Continuity of service* - impacted both by program funding expiring, and by the staff retention issues above;
- *Client expectations* - clients expect that successful programs will continue, it is a cause of great frustration when this does not occur. If further funding is found to recommence a lapsed program, it is often difficult to re-engage frustrated clients; and
- *Administrative burden* - associated with regularly re-entering into short-term funding agreements. This includes the need for a full review of new funding agreements to identify any changed terms or reporting requirements, internal endorsement processes (often requiring approval of multiple managers and, sometimes, the Board), updating accounting systems and communicating continuation (or lapse) to staff and clients.

There is a significant administrative burden placed on ACCOs under this short-term funding model:

- *Multiple funding agreements* - this is an issue that has been raised many times previously and there has been some improvement under the Victorian Government's Flexible Funding Arrangements and Victorian Indigenous Funding Agreements. However, despite the intentions of these initiatives, ACCOs continue to be funded via multiple, small, project-based funding requirements with varying lengths (calendar years, financial years, other time periods), reporting requirements and accounting procedures;
- *Stringent activity-based reporting requirements* - the reporting requirements imposed on ACCOs are understood to be significantly higher than the reporting requirements of universal services. These reporting requirements are primarily activity-based

(what did the ACCO do?) rather than outcome-based (what change did the ACCO achieve?).

A further frustration with these stringent reporting requirements is that it is not clear how/if this data is being used by DHHS. ACCOs spend significant time collecting data to meet the stringent reporting requirements, but then do not receive feedback on whether it is used to inform any action or decision.

VACCHO is aware of Member ACCOs that have given serious consideration to refusing Koolin Balit funding, due to the frequent and detailed reporting requirements imposed on a relatively small amount of funding.

The new Strategic Plan must provide for outcome-based reporting requirements that are centred on the continuous improvement of services (rather than frequent stringent activity-based reporting that provides only for accountability over the designated reporting period); and

- *Insufficient administrative funding* - The 'administration charge' that ACCOs are able to attract, is understood to be significantly lower than that of universal services. This is one reason why many ACCOs are stretched from a management and business/corporate services perspective, which in turn can have a negative effect on the organisation in areas such as strategic planning and participation in system/sector planning and review activities.

These funding arrangements are a barrier to self-determination by ACCOs:

- *Inflexible parameters* - DHHS sets the parameters for funding, grants are then awarded within these parameters. This means that ACCOs often cannot attract funding for the matters that are of most importance to them and the local Aboriginal communities, but instead receive funding for projects that most align with the DHHS's objectives. These inflexible parameters also create a barrier to responding quickly to emerging issues that the funding parameters do not consider.

VACCHO and ACCOs should have a lead role in setting the parameters for these grant funding programs - which would be in keeping with a greater level of self-determination and will put the 'needs of the client' at the forefront;

- *Return of unspent funds* - There is often a requirement that unspent funds are returned to the Department. This is a barrier to self-determination as ACCOs cannot reallocate these funds to other priorities or save/use to ensure the longer-term sustainability of the ACCO. This issue would largely be resolved if outcome based funding agreements were implemented.

Improving the funding models to ACCOs has been a constant priority of VACCHO and Members for many years. In many cases Government Departments have agreed with these barriers and committed to improving the funding models. However, this has not translated to improvements in practice. We believe there is a significant opportunity to make improvements through this Strategic Plan, given the two areas (Victorian health and human services) provide a very significant proportion of ACCO funding.

3.7 Influence of Strategic Plan

Key Position 7

The Strategic Plan must acknowledge that 'health and wellbeing' extends beyond the scope of the DHHS portfolio. The Strategic Plan must therefore both:

- Oversight and direct matters within the DHHS portfolio (both Aboriginal specific and mainstream); and
- Link, complement and influence other relevant sectors (including both Aboriginal-specific and mainstream, at a Victorian and National level).

Understanding the influence of the Strategic Plan

The World Health Organization's (WHO) definition of 'health' is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The definition of 'wellbeing' can be subjective with distinctive meanings for different people. The Australian Bureau of Statistics (ABS) suggests that wellbeing relates to 'the desire for optimal health, for better living conditions and improved quality of life' (ABS, 2001). According to the *Victorian public health and wellbeing plan 2015-2019* 'wellbeing' has two dimensions:

- Subjective wellbeing (or personal wellbeing) which includes considerations such as life satisfaction, resilience, feeling one's life has meaning; and
- Objective wellbeing which includes more objective measures such as adequate housing, physical health, education, sufficient resources, adequate food, appropriate care, and a healthy and safe environment.

The concept of 'Aboriginal health and wellbeing' is different to the universal concept as it is regarded and recognised as a more holistic and whole-of-life view that encompasses the social, emotional and cultural wellbeing of not only the individual, but the wider community, thereby bringing about the total wellbeing of the community (NACCHO, 2016).

The health and wellbeing of Aboriginal people is also closely shaped by the social determinants - social, political, economic, cultural and environment contexts - which impact health and wellbeing. Whilst not specifically Aboriginal health, it has been argued that socioeconomic factors have the largest impact on health, accounting for up to an estimated 40% of all

influences compared with health behaviours (30%), clinical care (20%) and physical environment (10%) (The British Academy, 2014 cited in Victorian Public Health and Wellbeing Plan 2015-2019).

All of the above definitions of health and wellbeing involve elements that are beyond the direct control of DHHS and therefore beyond the direct control of the new Strategic Plan. We understand it is DHHS's intention that the Strategic Plan both: oversight and direct matters that are within the DHHS portfolio; and that it link with, complement and influence other government policies/frameworks that are outside the scope of DHHS but are relevant to improving Aboriginal health and wellbeing. VACCHO fully supports this approach. A collective response across Government Departments is required to truly address Aboriginal health and wellbeing needs.

To achieve this, the Strategic Plan must be clear about the matters it directly oversees, the overarching policies/frameworks it must link to, and the policies/areas it will attempt to influence.

Oversight and direct matters within the DHHS portfolio

Given the context above (of the definitions of health and wellbeing extending beyond DHHS's responsibilities) and the wide-ranging responsibilities of DHHS and their interconnectedness with other Victorian Government Departments (such as shared responsibilities for addressing family violence with Department of Premier and Cabinet) and Commonwealth Government Departments (such as the Commonwealth Department of Health being the primary funder of ACCOs health services), the Strategic Plan must:

- Define the scope of DHHS's responsibilities for Aboriginal health and wellbeing;
- Articulate which elements of health and wellbeing the new Strategic Plan will have direct oversight and influence over. The Strategic Plan will have significant direct influence, including over the programs and initiatives it directly funds. This area will be the primary purpose and priority of the Strategic Plan and is therefore the majority of the focus of this Position Paper and the DHHS Discussion Guide; and
- Articulate how the Strategic Plan will link with and influence any relevant policies/areas that are within DHHS's responsibilities but are not within the direct oversight of this Strategic Plan (if any). For example:
 - it is not yet clear to VACCHO how this Strategic Plan will influence the numerous mainstream DHHS policies and frameworks that are already in place. However it is clear that it would be of immense benefit if the Strategic Plan can 'mobilise the mainstream' (including leveraging their existing resources) to

operate in manner that is inclusive of the needs of Aboriginal people; and

- it is also not yet clear to VACCHO how this Strategic Plan will link with or influence the existing Aboriginal-specific plans and programs in DHHS. Such as, what role the Strategic Plan might have with the numerous existing Aboriginal-specific Child Protection programs (like ACSASS, AFLDM, and Cultural Support Plans) or the initiatives of the Family Violence 10 Year Plan or the Koori Alcohol Action Plan or of the Aboriginal Sport and Recreation Program.

Ensuring all areas of DHHS, and its funded sectors, work together in an integrated manner to improve Aboriginal health and wellbeing outcomes, must be the core purpose of the Strategic Plan.

Link, complement and influence other relevant sectors

We welcome DHHS's intention for the Strategic Plan to have a role in influencing all relevant sectors to meet their responsibilities for Aboriginal health and wellbeing. This intent recognises the need for a holistic, across life view to address the interconnectedness of health and wellbeing.

The surrounding environment that is relevant to improving Aboriginal health and wellbeing is complex and crosses multiple Victorian and Commonwealth Government responsibilities. It includes matters such as education, economic development, justice, housing, family strengthening and reducing racism. There is a clear need for improving the integration and co-ordination of this multi-layered approach, including to avoid service gaps and reduce duplication of services. We would welcome a specific commitment from DHHS, through this Strategic Plan, to take a lead role in influencing across government sectors to ensure the entire system is working effectively to meet its collective responsibilities for the holistic health and wellbeing needs of Aboriginal people.

We note the complexity of the surrounding context will mean that the Strategic Plan will need to:

- Link with, and assist to deliver on, overarching policy goals and objectives - such as those articulated in the Victorian Aboriginal Affairs Framework and COAG commitments such as Closing the Gap;
- Influence relevant mainstream policies and areas across relevant Local, Victorian (outside of DHHS portfolio) and Commonwealth Governments. All levels of Government have some responsibilities for meeting the health and wellbeing needs of Aboriginal people in Victoria. There is a distinct need to 'mobilise the mainstream' (including leveraging their existing resources) to operate in manner that is inclusive of the needs of Aboriginal

people. DHHS, ACCOs or Aboriginal-specific initiatives will never be able to achieve the required change alone; and

- Complement and influence existing Aboriginal-specific policies and programs (outside of the DHHS portfolio). There is a large number of existing Aboriginal-specific policies and areas across governments that contribute to the broad definition of Aboriginal health and wellbeing. The Strategic Plan must ensure that it complements (not duplicates) these existing commitments and, where appropriate, influences changes to ensure the holistic health and wellbeing needs of Aboriginal people are being met across the system.
 - a specific example, and important priority for the Strategic Plan, is that the Strategic Plan should provide a mechanism to advocate for Victoria receiving a share of Commonwealth funding that is commensurate with the health and wellbeing needs of Aboriginal people in Victoria. VACCHO, and several other Victorian stakeholders, believe the current Commonwealth funding arrangements do not provide Victoria with its fair share of Aboriginal-specific health and wellbeing funding

It would be a tremendous success if the Strategic Plan could play a lead role in collaborating and mobilising the entire sector (mainstream and Aboriginal-specific, across Government jurisdictions) to effectively meet Aboriginal health and wellbeing needs. It is this type of significant, joined-up and comprehensive approach that is required to address the urgent and important issue of the dramatically inequitable health and wellbeing outcomes that Aboriginal people in Victoria are currently experiencing.

Figure 5 provides a “snapshot” of the complexity and interconnectedness of some of the various policies, plans and frameworks that are relevant to improving Aboriginal health and wellbeing. This is by no means intended to be an exhaustive list of all areas that the Strategic Plan must link with, complement and influence. Identifying the full range of relevant policies, plans and frameworks will be an important consideration in the development and then implementation of the Strategic Plan.

Figure 5: Snapshot of examples of plans and frameworks that interrelate with the Strategic Plan

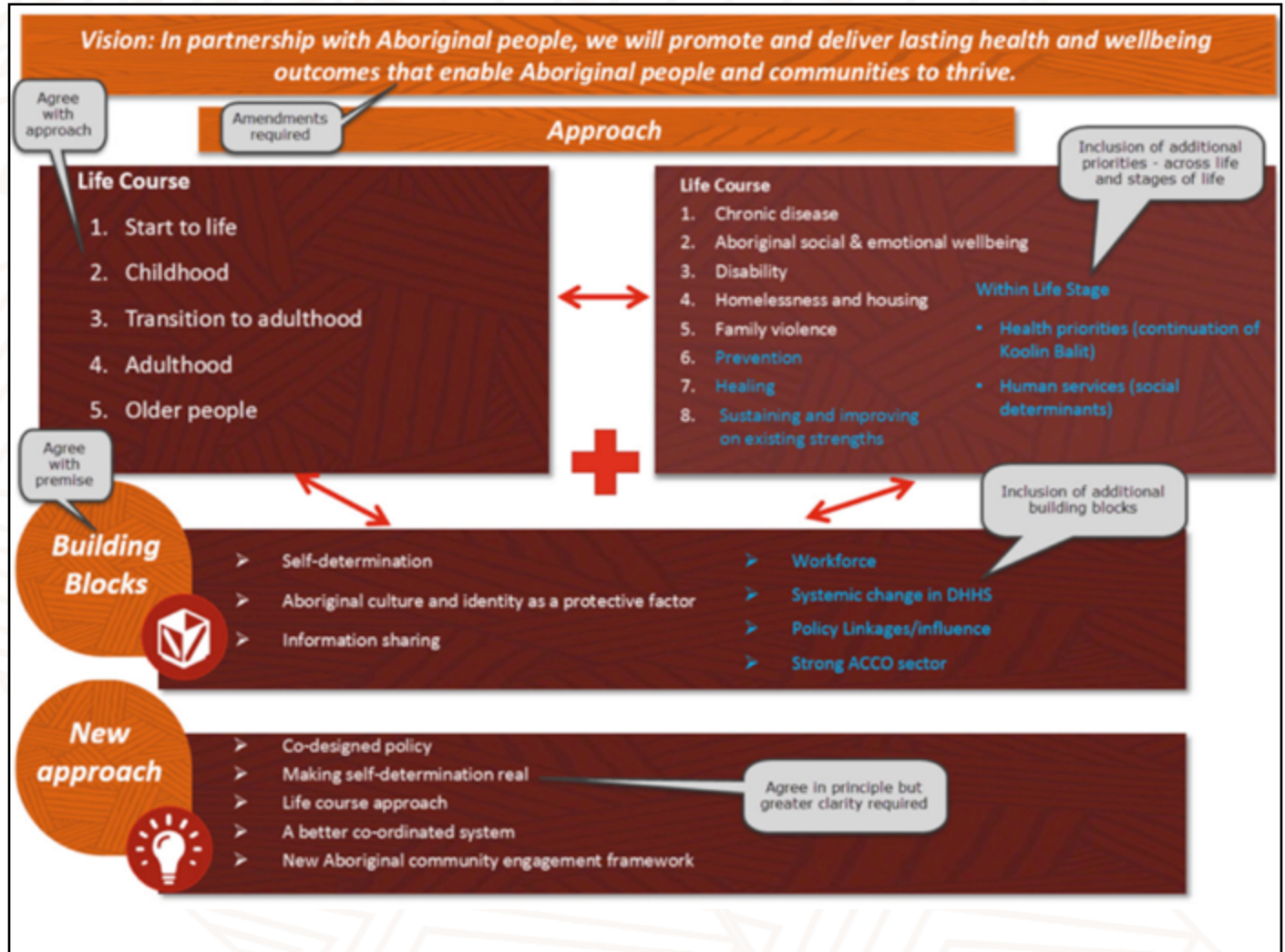


4. Response to content of Discussion Guide

This section responds to the specific content included in the DHHS Discussion Guide. In making these comments we note that the content of the Discussion Guide was intended as a draft starting point and DHHS are actively seeking input from relevant stakeholders.

Figure 6 provides a succinct overview of the content of the DHHS Discussion Guide (in white text) and of VACCHO's key positions on these matters (in blue text and grey boxes).

Figure 6: Overview of key points in Discussion Guide and VACCHO's position



At a headline level VACCHO agrees with the intent and structure of the Strategic Plan as proposed in the Discussion Guide. VACCHO has comments on the more detailed content of the Discussion Guide and seeks the inclusion of additional Building Blocks and Life Course Priorities - each of these matters is detailed below.

Comments that sit across all elements below

The use of the term 'wellbeing' (rather than 'human services') has contributed to some confusion around the scope of this Strategic Plan. This is because 'wellbeing' is seen as extending well beyond the scope of DHHS responsibilities and is inclusive of matters such as education, employment, economic development and justice. We suggest that the term 'human services' would better reflect the scope of the Strategic Plan and note that this wording would

be consistent with the name and scope of DHHS, and of the previous 'Human Services' Strategic Plan. Regardless of whether the term 'wellbeing' or 'human services' is used, the Strategic Plan must clearly define the responsibilities and initiatives of which it has direct oversight. A clear understanding of these responsibilities is important to guide implementation of the Strategic Plan and improve service delivery and co-ordination.

The Discussion Guide used the terms "we" and "them", and these terms were seen as divisive by some stakeholders. We suggest more inclusive terminology is used, or more clarity is provided on who "we" and "them" refers to.

4.1 Vision

DHHS suggestion

In partnership with Aboriginal people, we will promote and deliver lasting health and wellbeing outcomes that enable Aboriginal people and communities to thrive.

Key Position 8

Significant amendments are required to the draft vision articulated in the Discussion Guide. The vision must include the aspirational outcomes sought from the Strategic Plan including that:

- Being healthy and well will be the norm for Aboriginal people;
- Aboriginal people will be in control of their health and wellbeing; and
- Aboriginal people will have equitable health and wellbeing outcomes with non-Aboriginal Victorians.

VACCHO comment

The Vision must guide the rationale for the Strategic Plan and enforce that it is not about different rights for Aboriginal people, it is about ensuring Aboriginal people's rights, needs and aspirations are upheld in order to achieve equitable health and wellbeing outcomes.

We believe the current wording simply represents a human right of all people, and does not articulate the forward-vision that the Strategic Plan strives to achieve.

In developing the Vision, consideration must be given to:

- Connecting the current state and the desired future;
- Describing the desired health and wellbeing outcome for Aboriginal people;
- Compelling ambitions that are clear and motivating; and
- Being able to relate and picture the situation in which the vision can become a reality.

Suggestions for inclusion

In consideration of the above, the following key aspirational outcomes to include in the vision are:

- being healthy and well will be the norm for Aboriginal people;
- Aboriginal people will be in control of their health and wellbeing; and
- Aboriginal people in Victoria will have equitable health and wellbeing outcomes with non-Aboriginal Victorians

We note that the Vision is dependent on the time frame of the Strategic Plan. We propose the Strategic Plan is of long-term (10 years) duration. (See Section 5.1.1)

4.2 Life Course Approach

DHHS suggestions

Stages of Life

- Start to life
- Childhood
- Transition to adulthood
- Adulthood
- Older people

Across Life Priorities

- Chronic disease
- Social and emotional wellbeing
- Disability
- Homelessness and housing
- Family violence

Key Position 9

VACCHO agrees with the proposed Stages of Life approach - and welcomes the inclusion of 'adulthood' (a key omission from Koolin Balit).

VACCHO has no issue with the proposed Across Life Priorities, and advocates for the inclusion of:

- Prevention;
- Healing; and
- Sustaining and improving on existing strengths.

VACCHO advocates that the 'Across Life Priorities' are not necessarily higher priorities than the priorities at each 'Stage of Life'. In terms of priorities within individual 'Stage of Life', VACCHO advocates for:

- Health - continuation of Koolin Balit commitments; and
- Human Services - focus on social and cultural determinants of health.

Measurable targets and indicators are required that align with agreed priorities.

Addition of new Across Life Priorities

VACCHO advocates that the following additional Across Life Priorities are included in the Strategic Plan:

- *Prevention* - preventative approaches and activities are required in order to achieve optimal health and wellbeing. A strength-based prevention approach must be undertaken and incorporated in different settings, such as families, schools, workplaces, and the justice system. Consideration must be given to allocating a significant proportion of funding to preventative approaches and activities with:
 - New funding including a proportion dedicated to prevention; and
 - Re-orientating of existing mainstream funding to prevention (this is in part an

acknowledgment that universal services have not been effective in meeting the health and wellbeing needs of Aboriginal people, and therefore they should strongly focus on preventing issues before they arise).

- *Healing* - culturally appropriate models of healing must be supported by the Strategic Plan. This is in acknowledgment of the disproportionately high experiences of trauma and grief in Aboriginal communities (including personal, family, community and inter-generational experiences) that continue to have a profound impact today - including on health and wellbeing outcomes;
- *Sustaining and Improving on existing strengths* - it is important that the Strategic Plan acknowledges the numerous and significant strengths and resiliencies within Aboriginal communities. The Strategic Plan should invest in building on these positive attributes, particularly in developing preventative measures to address health and wellbeing issues before they occur or become more severe; and
- *Other* - we are cognisant of the fact that there may be other Across Life Priorities that VACCHO is not aware of, particularly in the wellbeing/human services area where VACCHO has fewer responsibilities. We believe this is an important matter and the Across Life Priorities need to be informed by the evidence available to DHHS and across the sector.

Priorities within Each Life Stage

It is very important that the inclusion of the above 'Across Life Priorities', is not interpreted as these priorities being of higher importance than the priorities within each of the individual Stages of Life. For example the inclusion of 'disability' as an Across Life Priority, does not mean it is of higher priority than 'reducing the rate of perinatal mortality' that would presumably be in the Start to Life stage or 'reduce the take-up of high risk behaviours such as smoking, excessive alcohol and illicit drugs' that would presumably be in the Transition to Adulthood stage and Adulthood stage. Aboriginal people have the right to equitable health and wellbeing outcomes in all these areas.

Aboriginal people have the right to equitable health and wellbeing outcomes at all levels, they should not be forced to prioritise which areas they most want equitable outcomes. VACCHO staff member

While acknowledging that all areas where Aboriginal people are experiencing inequitable outcomes are important priorities, we also acknowledge the reality of

the need for a staged approach to the implementation of the initiatives of the Strategic Plan.

VACCHO strongly believes that extensive, evidence-informed work is required to develop the specific priorities and targets of the Strategic Plan. However, based on VACCHO's existing knowledge, we suggest the following priorities for consideration:

- **Health Priorities** - continuation of Koolin Balit
Koolin Balit is intended to run to 2022 and significant effort has been invested across the sector in its development and establishment. VACCHO's position is that all programs/initiatives/funding of Koolin Balit should continue, unless there is compelling evidence to the contrary; and

VACCHO recognises the importance of continuous quality improvement processes and notes DHHS is currently undertaking an evaluation of Koolin Balit. In keeping with the principles of an Aboriginal-led partnership approach to the Strategic Plan, VACCHO must have significant input into any decision to cease or amend any Koolin Balit priority, initiative, program, funding or target.

- **Human Service Priorities** - social and cultural determinants

VACCHO believes a key benefit of combining health and human services/wellbeing together in the new Strategic Plan, is to have a more direct influence on the social determinants of health. This is a long-standing goal of VACCHO and our Member ACCOs.

Extensive, evidence-based work is required to develop and prioritise the specific social determinants (beyond what is included in the timeframes or scope of this Position Paper). Based on the existing knowledge of VACCHO and our Members (and scope of DHHS services), this will include at a minimum:

- Child Protection and Out of Home Care;
- Housing and Homelessness; and
- Family Violence.

We note, and support, that the Strategic Plan intends to influence positive change across the range of social determinants that are outside of DHHS's scope of responsibilities - such as education, employment, justice etc.

We note that the terminology 'social determinants of health' may not be appropriate for the new Strategic Plan, given that some of the social determinants are within the wellbeing/human services scope of DHHS and will therefore be priorities of the Strategic Plan in their own right. For example, addressing issues of homelessness will be a wellbeing priority of the Strategic

Plan in its own right and is not included only because of its relationship to improving health outcomes (whereas in a plan focussed only on health, homeless would be considered a social determinant of health).

Cultural determinants of health are also a crucial consideration for the Strategic Plan. These can be broadly described as the set of culturally-specific factors (such as a strong Aboriginal identity and connection to country and culture) that impact on the individual and collective health and wellbeing of Aboriginal people and communities. The Discussion Guide already acknowledges the importance of this concept through the inclusion of 'Aboriginal culture and identity as a protective factor' as a Building Block, and our proposal to include 'Sustaining and Improving on existing strengths' as an Across Life Priority will further strengthen this (as many of these existing strengths will be cultural determinants). The priorities in terms of cultural determinants is an area that needs careful consideration and would need to be informed by a comprehensive understanding of DHHS's relevant responsibilities, in order to agree on the appropriate level of involvement from DHHS in addressing cultural determinants.

Targets and Indicators

Once the Stages of Life and Across Life Priorities are agreed, targets and indicators must be developed for each of these priorities. The targets (long-term targets across life of plan) and indicators (interim indicators of progress towards the long-term target) must be clear, measurable and highly relevant but they should not place an unnecessary reporting burden on DHHS or the funded sector.

The development of these targets will be an extensive piece of work that will require deep consideration, and VACCHO seeks substantial involvement in this process.

As with the approach to identifying the priorities of the Strategic Plan, the approach to developing the specific targets and indicators must be informed by robust evidence and adopt the health targets of Koolin Balit - unless there is compelling evidence of the need to change them - and incorporate wellbeing/human services targets that focus on the social and cultural determinants.

4.3 Building Blocks

DHHS suggestions

Self-determination - we will promote greater engagement, participation and empowerment of Aboriginal communities;

Aboriginal culture and identity as a protective factor - we will develop cultural protocols between Aboriginal people and non-Aboriginal people and their related organisations; and

Information sharing - we will collect better data and build strong evidence in order to provide innovative and responsive services to the Aboriginal community.

Key Position 10

VACCHO agrees with the premise of the headings of each of the proposed Building Blocks, however we advocate that further content detail is required for each Building Block.

Our key positions on individual Building Blocks are:

- *Self Determination*: VACCHO fully supports the principle of Aboriginal people having the lead role in matters that affect Aboriginal people. We do not support DHHS (or any non-Aboriginal entity) developing a definition of self-determination;
- *Information Sharing*: VACCHO advocates that key decisions must be informed by robust data and evidence - improved data is required, and the wisdom and experience of ACCOs must be valued; and
- *Aboriginal culture as a protective factor* - VACCHO is fully supportive of this concept, however the content description (which describes developing 'cultural protocols' between Aboriginal and non-Aboriginal people) does not match this heading. VACCHO does not support the Department (or any non-Aboriginal entity) developing cultural protocols.

VACCHO also advocates for the inclusion of four additional Building Blocks:

- Workforce;
- Systemic change in DHHS;
- Policy linkages/influence; and
- Strong ACCO sector.

VACCHO comments across all Building Blocks

It is important that the Strategic Plan acknowledges that while the Building Blocks already exist, each of the Building Blocks requires ongoing commitment and strengthening to enable the Strategic Plan to be fully successful. This is important as, in VACCHO's experience, 'Building Blocks' are often a set of 'principles' that underpin how a strategy will be developed, implemented and monitored. Therefore in other policies/frameworks Building Blocks do not

require investment in their own right. In this case, the Strategic Plan must invest in the Building Blocks (i.e. specific actions are required to fully enable ‘self-determination’, ‘information sharing’ and ‘culture and identity as a protective factor’).

It is VACCHO’s preference to use the term “Enablers” rather than “Building Blocks”. We feel this is a more accurate and respectful representation of the intent of these matters.

Table 2 - VACCHO Response to proposed ‘Building Blocks’

Proposed Building Blocks	VACCHO response
<p>Self-determination <i>- we will promote greater engagement, participation and empowerment of Aboriginal communities</i></p>	<ul style="list-style-type: none"> • VACCHO fully supports the principle of Aboriginal people having the lead role in matters that affect Aboriginal people. Aboriginal people must be front and centre at all stages of the Strategic Plan; • We do not agree with DHHS (or any non-Aboriginal entity) developing a definition of self-determination - this is fundamentally against the principle behind self-determination; • Self-determination and Aboriginal community control is the premise behind the establishment of VACCHO and our Member ACCOs. As such, the concept of self-determination is inter-woven throughout this Position Paper; and • In the context of the Strategic Plan, Aboriginal people must be enabled to achieve self-determination by: <ul style="list-style-type: none"> • Aboriginal-led partnership at all levels, including strategic direction and resource allocation (see Section 3.4, Key Position 4); • Funding models that support self-determination (see Section 3.6, Key Position 6); • Greater accountability on DHHS and universal services to Aboriginal stakeholders (see Section 3.5, Key Position 5); • More prominent role for VACCHO and its Member ACCOs (see Section 3.2 and 3.3, Key Position 2 and 3); and • Supporting a strong ACCO sector (See Section 3.5, Key Position 4 and Building Block below regarding ‘Strong ACCO Sector’)
<p>Aboriginal culture and identity as a protective factor <i>- we will develop cultural protocols between Aboriginal people and non-Aboriginal people and their related organisations.</i></p>	<ul style="list-style-type: none"> • VACCHO is fully supportive of the premise of the title of this Building Block/ Enabler. Aboriginal culture and identity is fundamental to health and wellbeing and is a source of great strength, resilience and pride; • However, the description of this Building Block, which proposes developing Cultural Protocols, does not match the title; and • Clarification is required around what is meant by ‘Cultural Protocols’ to understand the purpose of developing them. Until further information is obtained, we consider it inappropriate for DHHS to take the lead role in developing cultural protocols.

Information Sharing

- we will collect better data and build strong evidence in order to provide innovative and responsive services to the Aboriginal community.

- VACCHO strongly believes that key decisions must be informed by robust data and evidence (both qualitative and quantitative) and we therefore support the better sharing of information across the sector to inform better decision making;
- An essential component of information sharing is having quality information to share. There is a significant need to improve the quality of current Aboriginal health and wellbeing data. Issues with current data that need to be addressed by the new Strategic Plan include:
 - Much of the existing health and wellbeing data is currently out of date by approximately 5 years. Data is collected on an infrequent basis resulting in large gaps and incomparable reporting periods.

An example of infrequent, out of date data is the Victorian Population Health Survey in 2008 which formed a supplementary report titled *The Health and Wellbeing of Aboriginal Victorians*. At the time the survey's findings filled a significant void in the accessible data needed to ensure public health programs were relevant and responsive. The findings in the survey informed the government in setting new targets and VACCHO considered the data to be of great use. However, this survey is now only conducted at a local government area every three years and does not appear to be publicly available.
 - Data is predominately reported on a National basis, with limited Victorian specific data; and
 - The collection and limitations of accurate data has also been greatly influenced by inconsistencies in asking the Indigenous status question and under-identification of Aboriginality by universal services.
- An essential step in addressing these issues, is to conduct a comprehensive mapping of existing data across the sector - in order to then identify and address data gaps; and
- The wisdom and experience of ACCOs must be highly valued. This is critical even where there is good quantitative data (and even more important where there is not good quantitative data). The mechanisms that could be used to fully harness the knowledge of the ACCO sector include:
 - greater investment in developing the capacity of ACCOs to capture and report on. Both quantitative and qualitative data. The ACCO sector is under resourced (in comparison to universal services) for data collection and reporting, yet ACCOs represent a major source of knowledge, expertise and potential data that could be used to identify issues and trends and inform service design and delivery;
 - support the development of a network of policy and research officers across ACCOs - in acknowledgment that evidence is more than just statistical data, decisions should also be informed by understanding of 'promising practice' in other sectors and across Australian and international jurisdictions; and
 - support VACCHO to have a greater research and policy role that can leverage knowledge and information from our Member ACCOs, and support the research and policy priorities of our Member ACCOs. This aligns closely with VACCHO's desire to better represent our Members across the full range of their health and wellbeing services (see Key Position 3, Section 3.3).

Table 3 - VACCHO Comments on suggested Additional Building Blocks

Additional Building Blocks	VACCHO Comments
<p>Workforce</p>	<p>The workforce of the ACCO and universal services both require strengthening to support the effective delivery of the Strategic Plan. It is well known that most Aboriginal people prefer to access culturally safe services, and that employing Aboriginal people is a significant contributor to achieving cultural safety.</p> <p>VACCHO's priorities for building the workforce are:</p> <ol style="list-style-type: none"> <li data-bbox="400 483 1493 958"> <p>1. Resource and invest in the ACCO workforce (Highest Priority) - Adequate resources must be provided to meet the workforce development needs of the ACCO sector. Key areas to be addressed to improve the capacity of the ACCO workforce include:</p> <ul style="list-style-type: none"> <li data-bbox="528 651 1493 779">• wage disparity with universal services and government - ACCO staff are paid comparatively less to undertake the same roles as their peers in universal services and government. This can at times affect the ability of ACCOs to attract the highest-calibre talent. <li data-bbox="528 790 1493 958">• capacity to provide meaningful professional development opportunities to staff - the resourcing of ACCOs comprises their capacity in this area as they are often not able to back fill positions while staff undertake training or are not able to afford the best professional development opportunities. <p data-bbox="528 976 1493 1104">It is important to acknowledge in this context that the ACCO sector has large numbers of highly talented, experienced and committed staff. This section refers to the need to increase the number of those staff and to support their ongoing professional development.</p> <li data-bbox="400 1126 1493 1525"> <p>2. Attract and retain Aboriginal staff in universal services and positions - Aboriginal staff bring particular skills, knowledge and experience to the workforce that promote an environment where other Aboriginal people can feel safe in accessing universal services. Universal services and DHHS generally have low proportions of Aboriginal staff - in comparison to the rate Aboriginal people are found in the population, and particularly in comparison to the proportion of their clients that are Aboriginal. There should be a concerted effort to increase the number of Aboriginal staff in these areas, including in leadership positions. There should be a particular focus on initiatives such as scholarships and recruitment strategies that will generate employment opportunities, interest and a pipeline of appropriately qualified Aboriginal people to undertake health and human services roles.</p> <li data-bbox="400 1559 1493 1928"> <p>3. Build the cultural safety of non-Aboriginal services and staff - cultural safety of non-Aboriginal services and staff is required to increase Aboriginal people's access to these services and their overall effectiveness. Cultural safety must both be evident in the system as well as in individual staff. Improving cultural knowledge, skills and behaviours. Cultural safety standards are required to provide a basis for adequate service delivery and a systematic and mandated approach to cultural safety (see Section 3.5 for further detail). A particular requirement must be for relevant staff (including leadership and operational staff of both DHHS and universal services) to undertake cultural safety training. DHHS must ensure monitoring and accountability mechanisms for services to meet these standards.</p> <p data-bbox="448 1962 1493 2123">Building the cultural safety of non-Aboriginal services and staff will also enhance the ability of the organisation to attract more Aboriginal staff. Organisations that are not culturally safe are unlikely to be able to retain their Aboriginal staff - while Aboriginal people are more likely to be attracted to, and remain at, organisations that provide a culturally safe and inclusive environment.</p>

<p>Systemic change in DHHS</p>	<ul style="list-style-type: none"> • Many of the key positions outlined in this Position Paper are not new. They are the same positions that VACCHO, ACCOs and other Aboriginal stakeholders have advocated for, for many years. We are frustrated at being consulted about the same matters, when our advice does not translate into tangible actions and outcomes; • We are therefore of the view that there are inherent systemic issues within DHHS and that the current DHHS system at times hinders what Aboriginal stakeholders are setting out to achieve; • Examples of the systemic disablers that we are seeking to be addressed through the Strategic Plan are: <ul style="list-style-type: none"> • funding models that are restrictive, rigid, administratively burdensome and do not allow for self-determination (see Section 3.6, Key Position 6); • caveats on land and buildings that act as a barrier to economic sustainability of ACCOs and self-determination; • silos within DHHS and across Government that prevent systemic, co-ordinated change; • lack of continuity - policies, frameworks and priorities which are subject to change with a change of government or key leadership positions; • greater accountability (and therefore administrative burden) placed on ACCOS in comparison to mainstream services. For example: <ul style="list-style-type: none"> • funding agreements with more detailed reporting requirements; • large proportion of successful pilot programs that are not continued; and • continual evaluations of successful programs, with little large-scale roll out. • insufficient administrative and business/corporate services funding provided to ACCOs - compromising ACCOs' capacity for: <ul style="list-style-type: none"> • management oversight and strategic direction; • grant writing - a strong sense from ACCOs they miss out on grant funding because universal services have capacity to employ dedicated grant writers; and • streamlined reporting. • There is also a need for greater accountability for DHHS in fulfilling its responsibilities for driving and enabling the implementation of the Strategic Plan. The previous arrangements have seen DHHS hold funded ACCOs and universal services accountable through funding agreements, however there has been a lack of accountability on DHHS fulfilling its responsibilities.
<p>Policy linkages/ influence</p>	<ul style="list-style-type: none"> • We recognise that the health and wellbeing of Aboriginal Victorians extends beyond the scope of DHHS and the Strategic Plan. Addressing Aboriginal health and wellbeing outcomes must be a coordinated and joined up effort with both state and national departments and organisations that encompasses both Aboriginal-specific and mainstream policies and programs (refer to Section 3.7 for further detail); • The Strategic Plan must therefore: <ul style="list-style-type: none"> • oversight and direct matters within the DHHS portfolio (both Aboriginal-specific and mainstream); • align with and influence relevant existing policy frameworks and initiatives outside the scope of DHHS (both Aboriginal-specific and mainstream); and • recognise that universal services should be effectively utilising their core funding to meet their responsibilities to Aboriginal people.

Strong ACCO sector	<ul style="list-style-type: none"> • A strong ACCO sector is absolutely essential to the success of the Strategic Plan; • As VACCHO exists to service its Members, building the strength of the ACCO sector is inter-woven throughout this Position Paper - see Key Positions 2, 3, 4, 5 and 6; • We reiterate our position (at Section 3.5) that, as the Strategic Plan will specifically provide for Aboriginal-specific services, the vast majority of initiatives/programs must be delivered by ACCOs. This means one of the highest priorities of the plan must be strengthening the ACCO sector; • VACCHO has a unique insight into the need of the ACCO sector. We see the key organisational needs of our Members as including: <ul style="list-style-type: none"> • capital infrastructure - currently a major barrier; • wage parity with equivalent universal services; • flatter management structures; • core funding for management, corporate, business services and ICT needs; • evaluation and reporting capacity; • governance; • performance management; and • professional development of staff. • A key part of a strong ACCO sector is a strong peak body (VACCHO) that has the capacity to support our 27 Member ACCOs across their full range of health and wellbeing activities (see Key Position 3, Section 3.3).
---------------------------	---

4.4 New Approach

DHHS suggestions

- *Co-designed policy* - working in partnership, reaching out to communities, seeking advice and drawing on evidence and best practice approaches;
- *Making self-determination real* - implementing the government's commitment to self-determination requires a shared understanding of Aboriginal people's own perspective on self-determination and how government can support it;
- *Life course approach* - recognises the many supporting foundations that exist in a person's life (family, community, place) and the positive contribution they make to overall health and wellbeing;
- *Better coordination system* - cooperation is essential to minimise service gaps and improve services; and
- *New Aboriginal community engagement framework* - to be developed to foster engagement, partnerships and co-design to ensure all communities have a say.

Key Position 11

VACCHO agrees in principle with the proposed content of the 'New Approach' section of the Discussion Guide, but greater clarity is required on what these approaches mean in practice and in how we "do business".

VACCHO comment

Clear terminology is required in the Strategic Plan in order to differentiate between 'Approach' (referring to Life Course Approach above) and 'New Approach' (this section) used in the Discussion Guide.

Table 4 - VACCHO Response on New Approach

Proposed New Approach	VACCHO Response
Co-designed policy	<p>We welcome a co-design policy approach to Aboriginal health and wellbeing.</p> <p>The commitments to co-design and to self-determination (immediately below) together mean that it must be a co-designed approach that is Aboriginal-led. This aligns strongly with VACCHO’s desire for an Aboriginal-led partnership (see Section 3.4, Key Position 4).</p>
Making Self Determination real	<p>As this approach is also proposed as a Building Block in the Discussion Guide, the views of VACCHO at Section 4.3 of this Position Paper also apply here.</p>
Life Course Approach	<p>As this Life Course Approach is proposed earlier in Discussion Guide, the views of VACCHO at Section 4.2 of this Position Paper also apply here.</p>
A better co-ordinated system	<p>We believe this is one of the major key outcomes that must be achieved by the Strategic Plan and is one of the most important opportunities presented by combining health and human services.</p> <p>Our experiences and observations of the previous arrangements are that they were plagued by a lack of co-ordination and integration. The following issues have contributed to a disconnected system:</p> <ul style="list-style-type: none"> • A lack of clarity on roles and responsibilities across and within DHHS, universal services and ACCOs. This has in turn created conflicts between workers, and incompatible and inconsistent services; • Duplication and lack of synchronisation of service delivery which may be due to limited sector-wide oversight of the programs/initiatives that are funded. For example, VACCHO is aware that three organisations (two universal services and VACCHO) received funding to deliver the same Community ICE Education Program. This issue was only discovered because the two universal services reached out to VACCHO for assistance as they had been unable to engage Aboriginal people into their programs; • The system design generates separate units and divisions and in effect creates a ‘siloed approach’ rather than a ‘needs of client’ and ‘no wrong doors’ approach. Whilst effective services for Aboriginal people must adopt a holistic approach, historically these services tend to be focused on one problem; • In order to adopt a New Approach to A Better Co-ordinated System, an early initiative of the Strategic Plan must be a scoping exercise of current services and funding levels (both Aboriginal specific and universal) to understand the gaps (including if services are at maximum capacity with waiting lists of new clients), identify duplication and inconsistencies, and recognise successful synergies in order to improve access and co-ordination of services. • One example of an existing service gap is the urgent need for culturally safe detoxification services. There are five Aboriginal-specific residential services in Victoria that aim to address drug and alcohol (and other) issues. Participants cannot attend these programs until they have undergone detoxification - yet there are no Aboriginal-specific detoxification services, and it is common to have to wait many months to attend a universal detoxification service (with anecdotal evidence that many of these do not operate in a culturally safe manner). This is one example of a clear and urgent service gap that demonstrates the need for a scoping of current services and gaps; and • Section 3.7 is particularly relevant to this point, which speaks about the opportunities for the Strategic Plan to play a lead role in mobilising a better co-ordinated system that crosses governments and both mainstream and Aboriginal-specific policies and areas.

**New Aboriginal
Community
Engagement
Framework**

- We are aware that DHHS is currently undertaking a separate piece of work to develop a new engagement framework. We look forward to the opportunity to fully engage with that project, particularly about strengthening VACCHO's ongoing role;
 - At a high-level we feel previous approaches to engagement frameworks across government have unintentionally diminished VACCHO's role. The influence of peak organisations has been lessened by the establishment of alternative structures for engagement which is disappointing given these organisations have the most information to inform a statewide view and the authority to speak on behalf of their Members as a "united voice"; and
 - The new Strategic Plan and Aboriginal Community Engagement Framework must value and strengthen VACCHO's unique role as the peak body for Aboriginal health in Victoria and a champion for community control and equitable outcomes for Aboriginal communities.
-

5. Other key elements for inclusion in the Strategic Plan

This section provides VACCHO's position on other key elements for inclusion in the Strategic Plan. That is, these are priority elements that were not covered in the Discussion Guide (Section 4 of this Position Paper) and are not overarching priorities that sit above the Strategic Plan (Section 3 of this Position Paper).

5.1 Duration of Strategic Plan

Key Position 12

The Strategic Plan must be of long-term (10 year) duration with associated long-term funding arrangements for its programs and initiatives. Long-term commitment, effort and focus is required to achieve sustainable change.

Policy duration

The set of issues that result in Aboriginal people experiencing significantly worse health and wellbeing outcomes than other Victorians are complex, long-standing and inter-dependent. There is no quick fix to this issue. Real change will only be achieved through sustained commitment, effort and focus.

The Strategic Plan must recognise that improving the health and wellbeing of Aboriginal Victorians is a long-term goal that will require generational change. We suggest the new Strategic Plan should be of 10 years duration, and acknowledge that this plan is one phase in addressing these significant issues. It is, unfortunately, likely that Aboriginal people will not be experiencing equitable outcomes within 10 years, and a second phase of the Strategic Plan will be necessary. A 10 year duration for the Strategic Plan would be in keeping with the duration of the Victorian Government's commitment to both Koolin Balit and to the Indigenous Family Violence 10 Year Plan.

To achieve this long-term duration, the Strategic Plan must be able to transcend the terms of government, changes of political approaches and changes in key leadership positions. We believe this means the new Strategic Plan will require bi-partisan support. We note the bi-partisan support of the Close the Gap Statement of Intent as a particularly relevant precedent for this to occur.

Program/initiative duration

It is not only the policy commitment of the Strategic Plan that must be of long-term duration. Historically, while they can sit within a long-term policy commitment, Aboriginal-specific programs and initiatives have been funded on a short term basis - frequently on a year by year basis. Koolin Balit is one example of this. Koolin Balit was a 10 year policy

commitment, however none of the programs or initiatives delivered by VACCHO or its Members were funded over a 10 year period.

The issues associated with short term funding arrangements, even when these arrangements are later extended with further short term funding arrangements, are discussed at Section 3.6. The new Strategic Plan must provide longer-term funding certainty for its programs and initiatives. A longer-term funding commitment will enable better service delivery, capability building of the workforce, sustainability of ACCOs and, most importantly, improved outcomes for clients.

Flexibility

While the Strategic Plan and its initiatives require long-term commitment, they also require an approach that embeds mechanisms to consider and adapt to emerging health and wellbeing issues and trends within the Aboriginal community. An example where Koolin Balit worked well in this regard is in its ability to respond to the emerging issue of ice in Aboriginal communities. The response to these emerging issues must sit within the context of the longer-term commitment and priorities of the Strategic Plan.

5.2 Governance

Key Position 13

The Strategic Plan must provide a consistent statewide framework that allows for regional and local leadership and variance.

Effective governance mechanisms are a critical to the success of the Strategic Plan.

A number of overarching considerations articulated in this Position Paper must be reflected in the governance structures for the development, implementation and monitoring of the Strategic Plan:

- *VACCHO role:* VACCHO must have a prominent role in development, implementation and monitoring - Section 3.2, Key Position 2;
- *Aboriginal-led partnership:* VACCHO and its Members must have a lead role in the strategic direction, decision making and resource allocation across all elements of the Strategic Plan- Section 3.4, Key Position 4;
- *Genuine accountability for all:* the Plan must ensure that all stakeholders (DHHS, universal services and ACCOs) meet their responsibilities to Aboriginal people - Section 3.5, Key Position 5; and
- *Influence/leverage other relevant areas:* responsibility for 'health and wellbeing' extends beyond the scope of DHHS. The Strategic Plan must link, complement and influence other relevant sectors - Section 3.7, Key Position 7.

A further important consideration is ensuring there is a consistent statewide framework that allows for regional and local leadership and variance:

- Regional and local leadership and control is vital as it allows for proper consideration of local client needs, existing services, organisational capacity (of ACCOs, universal services and DHHS), trends and issues. The governance mechanisms must allow for regional and local leadership; and
- A statewide framework is equally important to ensure appropriate consistency across regions and an ability to measure the state-wide impact of the Strategic Plan.

While VACCHO did not have as substantial a role in the governance of Koolin Balit as we desired, it is our understanding that Koolin Balit governance mechanism varied too much regionally and did not sit within a sufficiently consistent statewide framework. For example, some regions reported universal services having too much decision making power over key matters, while in other locations universal services were totally excluded from these processes. These varied governance arrangements led to inconsistent approaches across regions and difficulties in drawing comparisons of outcomes across regions.

The Loddon Mallee Aboriginal Reference Group (LMARG) has been identified as 'good practice' by a number of VACCHO staff and Member ACCOs - as effectively balancing all the governance elements outlined in this section.

The *Loddon Mallee Aboriginal Reference Group* (LMARG) was established in 1997 as the peak body for Aboriginal organisations across the Loddon Mallee Region to provide a "collective voice" for guidance, support and direction to all groups responsible for the provision of funding, services and/or resources, relating to the wellbeing of Aboriginal communities.

Insight: LMARG model

LMARG has 15 participants, comprising of three members (including one member nominated as an Executive member) from each of the following organisations:

- Mallee District Aboriginal Service (including sites in Mildura, Swan Hill and Kerang);
- Njernda Aboriginal Corporation in Echuca;
- Murray Valley Aboriginal Corporation in Robinvale; and
- Bendigo and District Aboriginal Corporation in Bendigo.

LMARG is committed to developing and maintaining a wide range of equal and effective relationships with government departments, mainstream agencies and other community organisations, and therefore these

groups can attend the LMARG meetings on an invite basis. In practice these other stakeholders frequently attend the LMARG meetings allowing the LMARG to leverage the wider expertise and resources of the region.

The position of Chair is rotated through the members for a period of 12 months and provides the Secretariat Support. LMARG's full membership meets on a quarterly basis and Executive members meet no less than every 6 weeks.

The regional governance models that are adopted must obviously suit the needs, wishes and capacity of the ACCOs in those regions. The LMARG Model is not necessarily VACCHO's preferred model for every region. It has been included in this Position Paper as one model for consideration in the development of the new Strategic Plan.

6. Appendices

6.1 Overview of VACCHO

VACCHO is both a member based organisation and a peak body for Aboriginal Health.

VACCHO is the peak body for Aboriginal Health in Victoria. We are a centre of expertise, policy advice, training, research, member support, innovation and leadership in Aboriginal health in Victoria.

We represent 27 Member ACCOs (23 full members and 4 associate members), advocating and negotiating on their behalf. Our members are local community controlled organisations delivering health services in addition to a broad range of other community based programs to over 50,000 Aboriginal and Torres Strait Islander Victorians.

VACCHO and its Members are focused on addressing inequities across the social determinants of health for Aboriginal people in Victoria. Our Board is made up of our Members who are nominated by their respective communities to speak on and lead critical reform in the health sector to improve Aboriginal health outcomes.

Our Vision

“Working towards vibrant, healthy and self-determining Aboriginal communities.”

VACCHO adopts a holistic view of Aboriginal Health: *“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”.*

VACCHO builds the capacity of the whole health system to improve Aboriginal health outcomes

We work with both ACCOs and mainstream health providers to improve access, pathways, quality and cultural safety of health care for Aboriginal people, wherever it is provided. We help ACCOs build their capacity to deliver effective holistic models and services focused on the combination of the social, emotional, physical and spiritual well-being of their clients, families and communities. A continuing thread in the provision of holistic health services and programs is self-determination and community control. Having said this, the Aboriginal health sector will never be able to do it all on their own. We therefore help mainstream health services understand the importance of cultural safety and how to build their models of service delivery in ways that are culturally sensitive and enable the fair and equitable treatment of Aboriginal people. We have an important role in advocating and supporting mainstream services to be more accountable for Aboriginal health outcomes.

VACCHO aims to, and does, influence the Aboriginal health policy agenda and reforms at a state and commonwealth level.

One of VACCHO’s key goals is to influence government policy and stakeholders to effectively address the health needs of Aboriginal people in Victoria. We involve our Member ACCOs in the process of informing and responding to policy development at a State and Commonwealth level. Advocacy is carried out at Commonwealth and State levels with the public, private and community sectors on all issues relating to Aboriginal health. Our advice and input into policy and health service development is valued and sought after at many levels (including Ministerial) and across the sector as we are uniquely placed to represent the views of the Victorian ACCOs, their clients and the Aboriginal community more broadly about health needs and aspirations around access, quality, service provision and outcomes.

We do this by:

- Providing the Board, CEO and VACCHO Members with research and policy advice which empowers them in their leadership and advocacy roles;
- Facilitating consensus around policy issues using community control principles, and then supporting advocacy with the community, various levels of governments and other stakeholders;
- Identifying, developing and enhancing networks and partnerships to facilitate reform in policy, funding, programs, and systems;
- Working to increase the community’s understanding and awareness of Aboriginal health issues, and the importance of the role of Aboriginal Community Controlled Health Organisations; and
- Scrutinising public policy and the actions of governments.

VACCHO embodies 20 years’ knowledge and history in the Aboriginal community controlled sector and is uniquely placed to engage, advise and influence government policy makers, funding bodies and other stakeholders and partners to consider how health services are developed and provided to the Aboriginal community.

Leveraging our relationships with Members and community at the ‘grass roots’ assists our Members but also assists government in achieving better, more cost effective outcomes by:

- Bringing unknown issues to the table and new perspectives on issues which have not previously been included in policy and program development, e.g. Aboriginal experience or service approaches developed by Aboriginal people;
- Building the capacity of the Members to have better information to ensure Clinical Quality Improvement in service delivery and get improved/ more robust information to inform our service

planning, priorities and policy positions and provide nuanced advice to government;

- Providing a helicopter view across the entire Victorian Aboriginal community controlled health sector (e.g. for the ICE taskforce) to maximise the cost effectiveness and efficacy of consultation processes, particularly those with short timeframes;
- providing an 'Aboriginal lens' to issues, enabling the development of high quality, culturally safe and cost-effective service delivery; and
- Providing information and interpretation of new policy directives from State and Commonwealth Government to Members. This enables them to manage change in their operating environments and build their capacity and readiness to tailor service delivery accordingly.

Our Values

VACCHO is at heart and by constitution an Aboriginal community organisation. Our Aboriginality is intrinsic to our identity, essential to our communities and part of our world. Aboriginal culture is ancient and contemporary, dynamic, strong, vulnerable and valuable. Our Members' cultural identities are an important source of strength and this informs our ways of work and our integrity.

An understanding of Aboriginal culture is important to partners who wish to engage with us effectively and as equals. We view cultural identity as part of our strength as representatives of the Aboriginal community and their families.

Embracing our culture and our identity serves to strengthen inclusion, understanding and health. ACCOs have a proud history as sustainable, grass roots organisations that build community capacity for self-determination. ACCOs are committed to assisting every Aboriginal person to realise their full potential as a human being and as a member of their community.

Our Members

As Aboriginal community controlled organisations, VACCHO's Members deliver health and a broad range of family and community programs and in doing so are unique Aboriginal Health Services in Australia. They exercise community control and self-determination in their governance, leadership and planning to address local community needs. This model means that Boards, CEOs and Senior Executive staff sit across a complex and wide ranging number of health and sector planning portfolios and work to multiple accreditation frameworks and service/program standards. As such, our Members work in and contribute to several different service

sectors within their locations and participate in local, regional and state-wide planning forums such as Koolin Balit, Regional Aboriginal Justice Advisory Committees, Indigenous Family Violence Regional Action Groups, and nationally through their membership of NACCHO.

Our Member ACCOs were typically set up by local Aboriginal people during the late 1960s and 1970s due to the lack of appropriate and culturally safe access to opportunities and services in Victoria. The Victorian Aboriginal Health Service (VAHS) in Fitzroy was the first health service in Victoria, and the second in Australia. Formal incorporation of many of these organisations occurred during the mid-1970s. Several of VACCHO's Members celebrated their 40th Anniversary in 2014. The medical component of many of our members (with the exception of VAHS) came much later - most commonly in the mid 80's onwards.

Victorian ACCOs offer a complete 'wrap-around', 'client focused' system of support for the community they serve. This means that the organisations' CEOs and staff are in high demand for inclusion on expert committees, government forums, reform and inquiry consultation and partnerships with relevant government agencies, service sectors and research organisations.

Our Members have been involved in accreditation for up to 10 years, across multiple program funding streams and have an embedded a Clinical Quality Improvement (CQI) approach in their service delivery planning, implementation, evaluation, governance and organisational management.

Our Members make a significant contribution to Closing the Gap targets and are an economically sound² investment. In Victoria, 70% of Aboriginal people regularly access Aboriginal Community Controlled Health organisations³ at a higher rate than the national average of 50%⁴.

2. Aboriginal Health & Medical Research Council (2015) *Aboriginal Communities Improving Aboriginal health: An evidence review of the contribution of Aboriginal Community Controlled Health Services to improving Aboriginal health.* Sydney. AH&MRC

3. Adams et al (2014). *Mental health and Victorian Aboriginal people: what can data mining tell us?* Australian Journal of Primary Health, 20(4), 350-355.

4. Office for Aboriginal and Torres Strait Islander Health and National Aboriginal Community Controlled Health Organisation. (2008). *A national profile of Australian Government funded Aboriginal and Torres Strait Islander primary health care services.* Service activity reporting 2005-06. Key results. Canberra: OATSIH and NACCHO.

6.2 References

Adams et al (2014). *Mental health and Victorian Aboriginal people: what can data mining tell us?* Australian Journal of Primary Health, 20(4), 350-355.

Australian Bureau of Statistics (2001). Measuring Wellbeing: Frameworks for Australian Social Statistics, 2001. [Online] <http://www.abs.gov.au/ausstats/abs@.nsf/0/8AA31CAB719513A6CA2571B7000724DB?opendocument> [Accessed 9 May]

Australian Institute of Health and Welfare. (2015). *Healthy Futures—Aboriginal Community Controlled Health Services: Report Card. Cat. no. IHW 150.* Canberra, AIHW.

Aboriginal Health & Medical Research Council (2015). *Aboriginal Communities Improving Aboriginal Health: An evidence review of the contribution of Aboriginal Community Controlled Health Services to improving Aboriginal health.* Sydney, AH&MRC

Commission of Social Determinants of Health (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization

NACCHO (2016). *Aboriginal Health Definitions.* [Online] <http://www.naccho.org.au/about/aboriginal-health/definitions/> [Accessed 9 May]

NAHSWP (National Aboriginal Health Strategy Working Party) (1989). *A National Aboriginal Health Strategy: report of the National Health Strategy Working Party.* Canberra: Department of Aboriginal Affairs

Office for Aboriginal and Torres Strait Islander Health and National Aboriginal Community Controlled Health Organisation. (2008). *A national profile of Australian Government funded Aboriginal and Torres Strait Islander primary health care services.* Canberra, OATSIH and NACCHO.

State of Victoria (2015). *Victorian public health and wellbeing plan 2011-2015.* Melbourne, Victorian Government.

World Health Organization (2016) *Health* [Online] <http://www.who.int/trade/glossary/story046/en/> [Accessed 9 May]