VACCHO

Submission

Submission to the Implementation Plan Advisory Group Consultation 2017

Implementation plan for the *National Aboriginal And Torres Strait Islander Health Plan 2013-23*

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.

We view cultural identity as part of our strength as representatives of the Aboriginal community. Embracing our culture and our identity serves to strengthen inclusion, understanding and holistic health. Aboriginal Community Controlled Organisations (ACCOs) in Victoria have a long and 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 individuals and as members of their community.

VACCHO was established in 1996 and is the peak body for the health and wellbeing for Aboriginal peoples living in Victoria. VACCHO also represents 30 member ACCOs in Victoria.

Throughout this document the term 'Aboriginal' is used to refer to both Aboriginal and/or Torres Strait Islander peoples. Use of the terms 'Koori', 'Koorie' and 'Indigenous' are retained in the names of programs, initiatives and publication titles, and unless noted otherwise, are inclusive of both Aboriginal and/or Torres Strait Islander peoples.

The VACCHO website has a wide and deep range of evidence based projects, research, position papers and submissions that relate to the questions within this document. Please don't hesitate to seek them out and use them. www.vaccho.org.au

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What is missing in the Plan?

What new actions are needed to 'accelerate the progress' of the CTG (close the gap) targets?

Experience, ideas and evidence

From VACCHO's point of view, these are the two single most important questions to be asking and we are pleased that the IPAG consultation group is seeking a response.

These questions can be simply answered with a single response. The response is evidence based, it can be implemented, evaluated and will demonstrate success.

Whilst we have attempted (meagerly because of capacity restraints) to provide a response to the questions listed in the on-line portal, we feel that these two particular questions are key to assisting the Government to reach the Close the Gap (CTG) targets.

It's time to actively revitalise our approaches to closing the gap. Watching the gaps widen rather than close is not something any of us wish to see, and VACCHO believes the solution is simple. It is certainly evidence based, and is as follows:

Firstly, base all policy and systems design around the principles of Self-determination. This will ensure Government will be able to achieve and sustain health and wellbeing outcomes for Aboriginal peoples.

Secondly, reform the way Federal Government does business. Reform the internal systems to allow long term (minimum of 5 years) outcomes focused flexible funding to locations based on community identified priority, and community identified solutions.

What needs to happen

VACCHO believes that to accelerate CTG target achievement, the IPAG urgently and comprehensively revise the existing implementation plan to include:

1. Activities that address Government and Departmental internal policy and systems reform to ensure they are based on the principles of Self-determination
2. Activities to address internal systems reform for the government and its departments that ensure long term (minimum of 5 year), outcomes focused flexible funding to address the key priorities of each individual community to reach CTG targets (see greater detail under our response to 'Interaction with Government systems')

References

You will find these detailed within VACCHOs responses to the questions following.

Early Childhood Education, Development and Youth (1 of 2)

Experiences, ideas and evidence

Aboriginal women are significantly more positive about many aspects of their care received from an ACCO, than women attending mainstream public maternity services. This supports the view that ACCO Health services are well placed to provide appropriate and accessible care to Aboriginal women. (https://www.ncbi.nlm.nih.gov/pubmed/15704704)

ACCOs are able to determine the service delivery model to suit their mob and get real gains.

Many Aboriginal children are getting a good start in life.[1] However, Aboriginal children face more challenges than the non-Aboriginal population.

Aboriginal children in Victoria are more likely than non-Aboriginal children to: live in one parent households; experience discrimination and racism in their daily life; have oral health and hearing problems; be subject to substantiated abuse, neglect or harm; and be on a care and protection order.

Aboriginal children in Victoria are also less likely to attend maternal and child health services and participate in childcare and kindergarten, than non-Aboriginal children.[2] Koolin Balit notes that "The scope and nature of issues faced by vulnerable Aboriginal children and families require specific attention".[3]

The service system for early years is complex. Responsibility for management and oversight of early years programs is spread across:

1. Municipal Association of Victoria – through local and shire councils
2. Department of Premier and Cabinet
3. Victorian Department of Health and Human Services
4. Victorian Department of Education and Early Childhood Development
5. Commonwealth Department of Education
6. Commonwealth Department of Health
7. Prime Minister and Cabinet

The programs include universal and Aboriginal specific services.

A variety of programs and services exist in the area of early years. These include Aboriginal specific services, universal services and Aboriginal initiatives within mainstream services. Most ACCHOs in Victoria are funded for only one or two early years health programs

Aboriginal specific services include: the Koori Maternity Service (KMS), In-Home Support (IHS), Aboriginal Playgroups, the Multifunctional Aboriginal Children's Services (MACS), Aboriginal Best Start, New Directions Mothers and Babies Services, Healthy for Life, Aboriginal Cradle to Kinder, and the Indigenous Kindergarten Program (Koori Engagement Support Officers and Koori Preschool Assistants).

In addition, Victoria has Bubup Wilam Early Learning Child and Family Centre (Bubup Wilam) and six Aboriginal Children's Services (MACS). The MACS provide critical, trauma informed care and education that build the protective factor of culture in their children, and are a key prevention and intervention up-stream approach for vulnerable families and children. These services meet the educational, social and developmental needs of Aboriginal children. MACS provide long day care services and at least one other form of child care or activity, such as outside school hours care, kindergarten, play groups, nutrition programs and/or parenting programs to the community based on local needs. The target group for MACS is pre-school children, from 6 months to 5 years of age.

The early years workforce in Victoria's ACCOs are characterised by a relatively small pool of staff. There is likely to be around 100-150 staff at any one time working across health and education for maternity care, infants and early childhood (this does not include child welfare workers). This work force includes nurses, early childhood workers, Aboriginal Health Workers (AHW), Midwives, trainees and Aboriginal community members working towards a formal qualification i.e. Cert III or IV in Aboriginal Primary Health.

Aboriginal families access Maternal and Child Health Service (MCH) Services less than non-Aboriginal families. The participation rates for the MCH Key Ages and Stages visits are high at Home Consultation and fall thereafter. The participation rate for Aboriginal children has risen more recently, for the 12 months, 18 months and 3.5 Years visits.[3]

Immunisation rates for Aboriginal children are very high and are only slightly lower than for non-Aboriginal children.[6]

Oral health is a significant issue for Aboriginal children in Victoria with a much higher incidence of decayed, missing and filled teeth than non-Aboriginal children.[7] This issue was raised as a major concern during the consultations with VACCHO Members.

Aboriginal children have lower participation in Kindergarten, but the gap is closing. The participation rate for Indigenous 4 year old children has risen since 2007 (to 73% in 2012), but this is still below the peak of 78% in 2002 (a factor critical to school readiness). Aboriginal children's enrolments in kindergarten are highly concentrated compared to schools. Eleven (11) kindergarten services in Victoria have a total of 184 Aboriginal children enrolled, representing 25% of the cohort. Aboriginal children living in the western metropolitan region of Melbourne had a kindergarten participation rate 42%, compared to 73% for Aboriginal children Victoria wide, and 97.9% for all 4 year old children.[8]

Aboriginal children experience risk factors at home including exposure to alcohol and drug problems; witnessing family violence; witnessing abuse to a parent; mental illness (14-17% of Aboriginal children), and less commonly, child abuse (4.8%), or gambling problems (2.7%).[9]

Compared to non-Aboriginal children, Aboriginal children (and young people) have almost twice the rate of need for assistance with core activities (2.9% compared to 1.6%).[10]

The crisis work with the small number of very vulnerable and complex families, takes up significant resources of the ACCHOs, and at times this makes it difficult for the organisation to resource and support the larger cohort of families who need "a bit" of support, and/or the families who would benefit from early intervention.

Bubup Wilam for Early Learning is an award winning Aboriginal Child and Family Centre in the suburb of Thomastown, in the City of Whittlesea, in Melbourne's north. Bubup Wilam means 'Children's Place' in Woi Wurrung language

Bubup Wilam for Early Learning provides Aboriginal children, families and the community with access to an integrated range of services and programs, including: early intervention and prevention programs, early years education, and health and wellbeing services.

In partnership with families, Bubup Wilam for Early Learning nurtures strong, proud and deadly kids in a culturally rich and supportive environment.

Bubup Wilam's model underpins the philosophy of instilling and strengthening children's strong sense of Aboriginal identity and personal self-esteem as their foundation for lifelong learning, health and wellbeing.

Guided by the teaching staff, Bubup Wilam aim to ensure their children at a very early age begin the journey in reaching their full human potential.

Bubup Wilam provides a culturally strong, integrated and enhanced model of care, comprising of:

- A health and wellbeing program (BWEL) that includes an annual Child Health Check and an Education, Health and Wellbeing Plan for all children (in collaboration with the Victorian Aboriginal Health Service).
- A 70 place early learning centre for children aged 6 months and over.
- A 3 and 4 year old kindergarten program, which is delivered within the long day-care program, and an extension program.

- A transition to primary school program, in partnership with the local primary schools.
- Supported referrals for families who need to access a range of specialist services (such as housing, health, welfare, pediatrician, OT, etc) and case management/care coordination for parents/carers with complex needs.
- Access to in-reach support services for children with special needs, including a visiting maternal and child health nurse and speech pathologist, facilitated referral to specialist services, access to disability support workers, etc.
- A culturally appropriate one-on-one enhanced learning model for all children that is underpinned by the National Quality Framework.
- A range of health promotion activities and events.
- An accredited training program and placements delivered on-site for Aboriginal people seeking to gain a Certificate 3 or Diploma in Children's Services.
- A professional development program for staff and available to staff in external agencies.

Bubup Wilam has established partnerships with a range of local agencies, including the Victorian Aboriginal Health Service, Victoria's Commissioner for Aboriginal Children and Young People, the local primary schools, the City of Whittlesea and other services which support vulnerable and at-risk children and families and enhance outcomes for the community.

Please note our comments under 'Interaction with Government Systems' in relation to Multipurpose Aboriginal Children's Services and Bubup Wilam. These services will fail under mainstream reforms recently introduced by government and this will ensure the CTG Targets for early childhood and education will be compromised.

What needs to happen?

Please note our comments under 'Interaction with Government Systems' in relation to Bubup Wilam and the Multipurpose Aboriginal Children's Services..

Improve partnerships between ACCHOs and mainstream services delivering early years health, such as MCH services, maternity services, school health programs (including key health areas of nutrition, dental, immunisation, ear health, parenting skills in supporting children's health, parental mental health, children's mental health).

Improve cultural safety and engagement of Aboriginal people in mainstream early years services, such as, maternity services, Maternal and Child Health and School health programs, including transparent regular reporting on participation and outcomes from existing data-sets.

Establish a state-wide early years position to co-ordinate activities associated with recommendations one and two.

Increase engagement and coordination between relevant Government departments and Aboriginal peak bodies in relation to the health of children in Aboriginal Communities across Victoria. This includes systematic collection, linkage, analysis and publication of Victorian Aboriginal population data

References

1. DEECD. The state of Victoria's children 2009: Aboriginal children and young people in Victoria 2009. p. 2.
2. ibid
3. Department of Health. Koolin Balit. p. 21.
4. DEECD. Koori Strategy Data Pack (2013)
5. Department of Health. Strategic directions on Aboriginal health: Addressing the Victorian targets.
6. DEECD. The state of Victoria's children 2009: Aboriginal children and young people in Victoria.
7. ibid
8. ibid
9. Thorpe, Browne & Myers 2012 Feeding our Future
10. ibid
11. Thorpe, Browne & Myers 2012 Feeding our Future.
12. DEECD. Koori Strategy Data Pack (2013).
13. ibid
14. DEECD. The state of Victoria's children 2009: Aboriginal children and young people in Victoria.

Early childhood development, education and youth (2 of 2)

Experiences, ideas and evidence

In 2011, VACCHO undertook an early childhood nutrition and physical activity needs assessment. This project involved consultations with parents and carers of Aboriginal children as well as practitioners working in Aboriginal early years programs across Victoria. Priority early childhood issues identified in this project included:

- Initiation and retention of breastfeeding
- High consumption of sugary drinks (including in babies' bottles)
- Access to maternal and child health services
- Inconsistent workforce training and access to evidence-based information regarding early childhood nutrition
- Lack of culturally relevant nutrition and physical activity guidelines for Aboriginal early childhood services
- Food insecurity and social determinants of health, such as transport and housing

VACCHO has also undertaken specific work around breastfeeding. This included collecting stories from Aboriginal mothers, fathers, grandparents and organisations about the factors that enable and support breastfeeding. These have been published in a set of Breastfeeding success stories: http://www.vaccho.org.au/resources/maternity-early-years/breastfeeding/. One of the key factors identified during this project was the existence of breastfeeding-friendly spaces. As a result, VACCHO recently developed and implemented a breastfeeding policy for the organisation and is encouraging and supporting other organisations to become breastfeeding-friendly spaces.

VACCHO is a registered training organisation (RTO) and provides accredited training for Aboriginal Health Workers across Victoria. Previously VACCHO has delivered an accredited Certificate IV in Indigenous Women and Babies health for Aboriginal early years workers across Victoria. The VACCHO nutrition team currently provides professional development sessions for staff in Aboriginal early childhood services.

There is inconsistent access to nutritionists and dietitians in Aboriginal community controlled health services and early years services. Often, when a dietitian is employed, their work is limited to (or consumed by) chronic disease management for older clients rather than working with pregnant women and families with young children around primary prevention. Increasing access to nutrition support in early childhood is an important gap which needs to be addressed.

VACCHO has a 'healthy tucker policy', which ensures that healthy food is provided at meetings and events. VACCHO also works to support Aboriginal early childhood services in Victoria to review their menus and to develop and implement nutrition and oral health policies. As staff within these services are extremely busy working with children, having the support of the nutrition team at VACCHO to do this work has been extremely important.

Diabetes in pregnancy is more prevalent among Aboriginal women than non-Aboriginal women. This includes gestational diabetes and pre-existing type 1/ type 2 diabetes in pregnancy. Exposure to diabetes in utero significantly increases the risk of the child developing type 2 diabetes later in life. Therefore prevention gestational diabetes and optimizing management of all kinds of diabetes during pregnancy is essential to preventing this vicious cycle. VACCHO works in partnership with Diabetes Victoria and has developed a number of culturally relevant information resources about diabetes and diabetes in pregnancy. The Feltmum diabetes education resource is a hands-on educational tool, specifically designed to assist Aboriginal health workers discuss diabetes in pregnancy with women and families. http://www.pregnancyanddiabetes.com.au/en/for-health-professionals/resources/feltmumtm/

Apunipima Cape York Health Council delivers a successful pregnancy and early childhood development program called Baby One. The Baby One program includes a visiting schedule and delivery of "Baby Baskets" containing educational tools, resources for pregnancy, birth and infancy and vouchers to buy fresh fruit and vegetables. Each family receives 28 visits over 2 years and 10 months, beginning at the first presentation during pregnancy. This way all the key stages of development are covered and key topics such as breastfeeding and introducing solid foods can be discussed. This model could be rolled out in other parts of Australia e.g. through New Directions services. Evaluation fact sheet: http://www.apunipima.org.au/images/publications/Baby%20Basket%20Fact%20Sheet%20web.pdf

In addition to "mothers and babies" programs, there is a need to specifically engage fathers in health promotion around early childhood development, breastfeeding etc. There are examples that have been piloted in different areas e.g. the "Stayin' on track" program from NSW https://www.stayinontrack.com/mob/MobVideos.aspx and the "Milk Man" breastfeeding app from Western Australia http://news.curtin.edu.au/stories/milk-man-breastfeeding-app-dads/

What needs to happen?

The service system and policies must be reformed to ensure they are based on the principles of Self-Determination.

Ensure long term (minimum of 5 year), outcomes focused flexible funding to address the key priorities of each individual community to reach CTG targets (see

greater detail under our response to 'Interaction with Government systems')

Regular nutrition training and up-skilling of the Aboriginal early years workforce to facilitate implementation of holistic family-focused early childhood programs. Essential elements include:

- evidence-based nutrition and physical activity guidelines,
- workforce training and professional development
- implementation of successful Aboriginal programs (e.g. Baby One) and/or cultural adaptation of evidence-based programs that empower parents, for example 'INFANT', 'Milk Man'
- AHW training – breastfeeding mentor training adapted as an elective for AHWs- include content on how fathers can support breastfeeding
- Strengthen and make consistent the nutrition content in existing early childhood programs e.g. New Directions mothers and babies program.
- Increase access to dietitians and specific Aboriginal nutrition health workers in Aboriginal early childhood services/programs
- Full implementation of the pregnancy and early childhood development and recommendations within the Australian National Diabetes Strategy, with targeted strategies in Aboriginal communities.

References

VACCHO Early childhood nutrition and physical activity needs assessment (2011): http://www.vaccho.org.au/wd/nutrition/rp-2/

National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families

Victorian breastfeeding data: http://www.sciencedirect.com/science/article/pii/S1871519216302682

INFANT program http://www.infantprogram.org/about-the-infant-program/

Milkman application https://espace.curtin.edu.au/bitstream/handle/20.500.11937/27055/241377_241377.pdf?sequence=2&isAllowed=y

National Health and Medical Research Council Report on the Evidence: promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life (Report on the Evidence).

Health choices

Experiences, ideas and evidence

Healthy "choices" are determined by more than individual behavior. The environments in which people live, learn, work and socialize have an important role to play in supporting healthy eating, physical activity, smoking cessation etc. http://www.mdpi.com/1660-4601/10/8/3518

VACCHO has a 'healthy tucker policy', which ensures that healthy food is provided at meetings and events. VACCHO also works to support other Aboriginal organisations in Victoria to develop and implement healthy food and catering policies and to provide health promoting environments at community events (e.g. sugary drink-free events and healthy barbecues). http://www.vaccho.org.au/resources/npa/hfp/

After tobacco, dietary factors and high body mass are the leading risk factors contributing to Aboriginal and Torres Strait Islander burden of disease and the health gap. However, unlike tobacco, there has not been concentrated investment from the Commonwealth in improving food and nutrition. The Tackling Indigenous Smoking program has demonstrated that when there is significant investment, national coordination, training and infrastructure to support a specific tobacco workforce, improvements are possible. The same level of investment, capacity development and support is required for nutrition, especially since as smoking levels continue to reduce, obesity and diet-related conditions will become the number one cause of illness and death for the Aboriginal and Torres Strait Islander populations.

There is evidence to suggest that "peer mentoring partnerships" between Aboriginal health workers and non-Aboriginal allied health practitioners as well as "community of practice" models can help support the capacity of the Aboriginal nutrition/health promotion workforce http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/Health-Action-in-Aboriginal-Communities-eval-Report-Final-2009-09-18.pdf

Current workforce models for nutritionists/dietitians are often clinically based. These positions would be more effective if able to focus on community development/ health promotion rather than individual appointments

In 2009, VACCHO developed a Nutrition and Physical Activity strategy based on a review of the evidence and consultations with Victorian Aboriginal communities http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VANPHS.pdf

Implementation of a strategic approach to improving nutrition and physical activity requires workforce support and capacity development for Aboriginal organisations and workforces. The jurisdictional Aboriginal peak organisations are well-placed to provide this support if resourced with appropriate staff. The VACCHO nutrition

team has demonstrated that statewide sectoral capacity development around nutrition is possible: http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VACCHO-NUTRITION-CAPACITY.pdf

Aboriginal-led health promotion campaigns that use a strength based approach also help to build capacity and self-efficacy. For example VACCHO is a member of the Rethink Sugary Drink campaign and has developed Aboriginal-specific campaign materials: http://www.vaccho.org.au/resources/npa/rsd/

What needs to happen?

The service system and policies must be reformed to ensure they are based on the principles of Self-Determination.

Ensure long term (minimum of 5 year), outcomes focused flexible funding to address the key priorities of each individual community to reach CTG targets (see greater detail under our response to 'Interaction with Government systems')

Reform the current contract management and procurement system to ensure long-term, outcomes focused flexible funding allocated to locations to address outcomes (identified as a priority by that local community) and which correlate to the Close the Gap Targets.

An Aboriginal and Torres Strait Islander nutrition workforce is required to deliver community-based health promotion to improve food and nutrition. This workforce should include both nutritionists/dietitians and Aboriginal nutrition/health promotion workers who work together as peer-mentors to implement community-based nutrition initiatives.

Reinstate a nutrition component to the Tackling Indigenous Smoking program. This workforce should be allowed to use a social/cultural determinants of health approach (rather than "healthy lifestyle" approach) to address nutrition related risk factors for chronic diseases

Resource jurisdictional peak Aboriginal health and wellbeing bodies to provide regional coordination, training and support for nutrition/health promotion workforce.

Support health promoting environments e.g. developing and implementing healthy food guidelines in Aboriginal community organisations (health services, early childhood services, schools, sports clubs, workplaces etc.)

A community development approach to developing and implementing healthy food guidelines in Aboriginal organisations ("bottom-up approach) combined with appropriate ("top-down") policy incentives e.g. awards for health promoting organisations.

Resourcing for targeted social marketing initiatives that link to organisational healthy food guidelines and practices.

References

Healthy food policy evaluation report / journal article: http://www.publish.csiro.au/PY/PY14144

Victorian Aboriginal Nutrition and Physical Activity Strategy and evaluation report / journal article http://www.publish.csiro.au/he/HE16044

Peer Mentoring Partnerships project evaluation: http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12118/epdf

Community of Practice project evaluation: http://onlinelibrary.wiley.com/doi/10.1111/1747-0080.12309/abstract

Burden of Disease data http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557109

Food security

Experiences, ideas and evidence

Food security is a fundamental human right that is not enjoyed by all Australians.

Food insecurity is often recognized as a significant issue for Aboriginal and Torres Strait Islander peoples in rural/ remote communities but is also an issue for urban Aboriginal people

According to the Victorian population health survey, 18% (almost one-fifth) of Aboriginal Victorians experience food insecurity at least once per year, compared with about five per cent of non-Aboriginal Victorians. This indicates that Aboriginal Victorians were almost four times more likely than their non-Aboriginal counterparts to experience at least one episode of food insecurity.

Many Aboriginal organisations in Victoria are implementing essential programs to address food insecurity, often with no additional funding. VACCHO has collected case studies about some of these "Community Food Programs" and published them in a book http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VACCHO-Aboriginal-Community-Food-Program-Success-Stories.pdf

VACCHO has an MOU with food rescue organization, SecondBite and has adapted and piloted SecondBite's FoodMate program, which combines food provision with food literacy skills to promote food independence among people experiencing food insecurity http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=2208

Community Kitchens and other social cooking programs, such as Queensland Aboriginal and Islander Health Council (QAIHC) "Good Quick Tukka Program" can improve cooking skills, food literacy and social wellbeing http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=669

What needs to happen?

The service system and policies must be reformed to ensure they are based on the principles of Self-Determination.

Ensure long term (minimum of 5 year), outcomes focused flexible funding to address the key priorities of each individual community to reach CTG targets (see greater detail under our response to 'Interaction with Government systems').

Reform the current contract management and procurement system to ensure long-term, outcomes focused flexible funding allocated to locations to address outcomes (identified as a priority by that local community) and which correlate to the Close the Gap Targets.

An Aboriginal and Torres Strait Islander nutrition workforce is required to deliver community-based health promotion to improve food and nutrition. This workforce should include both nutritionists/dietitians and Aboriginal nutrition/health promotion workers who work together as peer-mentors to implement community-based nutrition initiatives.

Appropriately resource Aboriginal organisations to run local Community Food programs based on local needs (food co-ops, community kitchens, food literacy, subsidized fruit and veg, food delivery programs)

Resourcing to support Aboriginal people/organisations to access traditional foods and to pass on knowledge and skills related to cultural food practices (for those Aboriginal people who want to access traditional foods)

A national Nutrition Policy which includes consultations with Aboriginal Community Controlled Organisations

As stated in the original NATSIHP document, develop and resource a National Nutrition Policy, which includes specific strategies to improve food security for Aboriginal and Torres Strait Islander people, including those in urban areas.

As stated in the NATSIHP implementation plan, progress the development and implementation of a National Nutrition Risk scheme for at risk mothers, infants and children.

National Nutrition Risk scheme should include targeted healthy food subsidy programs e.g. through exiting Mothers and Babies programs. (similar to US Women Infants and Children's program)

References

VACCHO is a partner on PHAA's Food Security for Aboriginal and Torres Strait Islander Peoples policy and background paper,

Acting on food insecurity in urban Aboriginal communities: http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/Nutrition-Nov2013-upload-17213-17213-acting-on-food-insecurity-in-urban-atsi-communities-1.pdf

Deeble Institute review of food and nutrition programs: http://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_no_17.pdf

Aboriginal Community Food Programs: http://www.publish.csiro.au/py/PY14038

Good Quick Tukka evaluation report: http://www.healthinfonet.ecu.edu.au/uploads/resources/21370_21370.pdf

Review of food subsidy programs: http://www.healthinfonet.ecu.edu.au/uploads/resources/32233_32233.pdf

Women, Infants & Children Program: https://www.fns.usda.gov/wic/women-infants-and-children-wic

Meals on Wheels food policy: Australian Meals on Wheels Association & University of Wollongong – National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians (2016): http://mealsonwheels.org.au/wp-content/uploads/2016/10/NationalMealsGuidelines2016.pdf

Interaction with Government systems

Experiences, ideas and evidence

Reforming the service system and policies based on the principles of Self Determination is the ONLY way to achieve and sustain health and wellbeing outcomes for Aboriginal peoples

The adoption of a strengths based approach will provide a holistic and more accurate depiction of Aboriginal peoples and their capabilities. Two centuries of colonisation and assimilation have attempted to render Aboriginal peoples absent from Australian history.

The mainstream opinions of Aboriginal peoples' culture remains fragmented, undervalued and complex.

The acceptance and celebration of Aboriginal culture has been demonstrated to provide Aboriginal peoples with confidence and autonomy. The acceptance of cultural celebration may contribute towards Aboriginal self-determination. It is a positive step towards creating a healthier future that Aboriginal people have known for the past 60,000 years.

For culture to be at the forefront of health policy, the traditional top down system of policy design has to be reformed. Recent academic publications have advocated that all stages of policy design for Aboriginal peoples must include Aboriginal participation (Moran & Elvin 2009; Taylor 2008; Marika et al. 2009).

Involvement of Aboriginal peoples in health policy design should be more than mere 'consultation'. Some individuals may experience mistrust and frustration with bureaucratic process and government departments, retelling what the community have articulated. User-focused policies such as co-design offers opportunity to incorporate Aboriginal culture and values for the development of effective programs.

Despite strong international support for the integration of culture into policy practice, Australian governments overlook Aboriginal peoples' demands for a greater role in government and Self-determination. As a result, current policies and programs implemented in Aboriginal communities remain ineffective (Australian Public Service Commission 2007)and there is often disagreement about the causes of the problems and the best way to tackle them. These complex policy problems are sometimes called \u2018wicked\u2019 problems. Usually, part of the solution to wicked problems involves changing the behaviour of groups of citizens or all citizens. Other key ingredients in solving or at least managing complex policy problems include successfully working across both internal and external organisational boundaries and engaging citizens and stakeholders in policy making and implementation. Wicked problems require innovative, comprehensive solutions that can be modified in the light of experience and on-the-ground feedback. All of the above can pose challenges to traditional approaches to policy making and programme implementation. There are numerous examples of wicked policy problems, including: \u2022 Climate change is a pressing and highly complex policy issue involving multiple causal factors and high levels of disagreement about the nature of the problem and the best way to tackle it. The motivation and behaviour of individuals is a key part of the solution as is the involvement of all levels of government and a wide range of non-government organisations (NGOs. In order to utilise culture as a health resource it is fundamental that Aboriginal communities have the right for Self-determination to create culturally appropriate health services.

The Department is well positioned to undertake system and policy reform to ensure achievable and sustained health and wellbeing equity.

The process for developing and implementing effective policy is based on the information gained during effective co-design. The Commonwealth's approach to involving Aboriginal communities could be improved to ensure this is achievable. Access to Commonwealth consultations is a further barrier to input, which is a barrier to achieving the goals you (and we) aspire to.

Reform needs to include the move away from outputs to outcomes. The current process of developing 50-200 page line itemed IAHP action plans detailing outputs, combined with the inability to roll funds into financial years within a contract period is a major obstacle for achieving CTG target gains. It ensures organisations are focused on the day to day minutia of the number 'things' they do, rather than what they aspire: to take a population health approach over a longer period of time (each IAHP action plan has to be drafted, resubmitted and 'approved' annually by the 14th April). There is currently no option for establishing a long-term outcomes focused, population health prevention approach to the Department's reporting and funding cycle.

ACCOs in Victoria undertake a minimum of 7 accreditations, many of them have up to 21. This means that (based on 7 accreditations) an independent external (and expensive) expert is evaluating and judging our frameworks and successes for governance, financial management, HR management, risk management, compliance management, CQI etc etc at least twice a year, every year, year in year out.

The Department need to let go of old paradigms and develop trust in the good operators acheivng the standards against multiple accreditations. Allow those ACCOs to be self-determining about prioritising the effective use of flexible funding to get the most important outcomes for their mob. ACCOs are owned, governed and operationalised by their community. They are accountable to their community first and foremost. They are perfectly positioned to plan and implement highly effective, value for money activities to achieve good outcomes if the Department were to change the

way they do business, removing a major barrier to achieving CTG targets.

The Health Performance Framework (2014 report) describes the fact that 205 [Indigenous] funded organisations had representatives on external boards, and 87% participated in regional health planning process. They KNOW what they are doing. Aboriginal health in Aboriginal hands… with us, not to us… Prime Minister Turnball talks it, the Department has an opportunity through these recommendations to reform and 'walk it'.

Siloed approaches by separate government agencies cannot resolve holistic Aboriginal health and wellbeing equity as each social and cultural determinant is inextricably linked. Prime Minister and Cabinet has an opportunity to take on an effective 'watch dog' role to ensure Departments become active learning organisations; institute formal CQI and have continually evolving contemporary practices that respond to the needs of the Aboriginal community.

Public service staff seeking recruitment in the IAHP section should have strong cultural values and be given every opportunity to improve their cultural safety journey. Aboriginal health is a specialist area, it requires specialist knowledge, experience, skills and behaviours. The Department would not recruit staff into a data role if they weren't experts in data. The same must be applied for Aboriginal Health to ensure the Department is successful.

Victoria has numerous evidence based, high quality, cost-effective projects that are demonstrating outstanding successes and prevent excessive expenditure by the Taxpayer in later years across all the CTG Targets because they operate to strengthen connection to culture as a protective factor.

Disappointingly, recent Federal Government reforms designed for the wider Australian population (who enjoy the full privileges of whiteness) will potentially challenge the Governments desire to reduce the CTG target gaps. There are no effective safety nets for Aboriginal peoples within these reforms so access to services through the Jobs for families, NDIS & Aged Care reforms will cease for the most vulnerable, disadvantaged peoples in our society - our First Nations peoples.

Without systemic change in Government systems and practices, and incorporation of Aboriginal peoples into all stages of policy design, health policies will remain unproductive. As a result, the socio-economic gap Australia so desperately seeks to close will remain and continue to serve as a reminder of our collective inadequacy.

What needs to happen?

Reform the current contract management and procurement system to ensure long-term, outcomes focused flexible funding allocated to locations to address outcomes (identified as a priority by that local community) and which correlate to the Close the Gap Targets. Eg, reduce the incidence of smoking in xx region by 15% over 5 years. Achieve 99% immunisation within 5 years, etc etc.

The re-negotiation of the NIRA (post expiry in 2018), be consulted with Aboriginal communities, include clear, bold and accountable reforms to ensure the vision is achievable.

The Australian Public Service Commissioner could develop and Institute key performance indicators for Departmental Secretaries holding them to account for the achievement of the Close the Gap targets set by the Government.

They can also consider setting minimum standard for cultural safety knowledge and behaviours for staff in IAHP division.

Bilateral agreements should be consulted with Aboriginal Communities and contain accountability measures for the Close the Gap targets set by the Government and include accountability for all parties. Please also ensure they include mandated sharing of data!

Use the tripartite forums effectively, and value, respect and utilise the information you receive from them.

The tripartite forums should feed into the standing committees under AHMAC, they should not be 'disconnected' and should have a role in keeping us all accountable.

The Westminster system is a major barrier to achieving the CTG targets, but we aren't going to change that. We need to ensure we are actively working to 'election proof' funding. Aboriginal health and wellbeing dollars and KPIs need to be legislated. This is possible using the CTG targets.

Allow funding for projects which demonstrate success such as the Wathaurong Aboriginal Cooperative's birthing tree project.

Recognise, value and adequately fund the model implemented by Bubup Wilam Early Learning Child and Family Centre and evaluate its applicability in every community across Australia

Recognise, value and fund the Multipurpose Aboriginal Children's Services in Victoria that will fail in outlying years because of current Federal gGovernment policy reforms.

References

Australian Public Service Commission, 2007. *Tackling wicked problems: A public policy perspective*, Available at: http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Tackling+wicked+problems+-+A+public+policy+perspective#0.

Marika, R. et al., 2009. Leaching the poison - The importance of process and partnership in working with Yolngu. *Journal of Rural Studies*, 25(4), pp.404–413. Available at: http://dx.doi.org/10.1016/j.jrurstud.2009.05.007.

Moran, M. & Elvin, R., 2009. Coping with complexity: Adaptive governance in desert Australia. *GeoJournal*, 74(5), pp.415–428.

Taylor, J., 2008. Indigenous peopless and indicators of well-being: Australian perspectives on United Nations global frameworks. *Social Indicators Research*, 87(1), pp.111–126.

Connection to family, community, country and culture

Experiences, ideas and evidence

Strong connection to culture is an evidence based, demonstrated protective factor for health and wellbeing of Aboriginal peoples.

Culture as a public health resource remains largely unexplored and the belief of the wider Australian population is that Aboriginal culture is often perceived as a barrier to health, that Aboriginal people should forget their past, and assimilate into the mainstream society. This reflects the dominant deficiency model of public health inquiry.

VACCHO challenges such a proposition and the evidence clarifies the fundamental role of culture in promoting Aboriginal wellbeing.

Simply, cultural differences need to be celebrated and preserved; they are a source of strength and resilience for Aboriginal peoples, offering protective factors against traumatic life events (Chandler & Lalonde 1998; Brown 1999). Without enabling Aboriginal peoples to positively identify and express their cultural and spiritual origins, initiatives to reduce Aboriginal disadvantage will continue to remain unsuccessful (Dockery 2010; Dockery 2011).

The wellbeing of the community one physically inhabits and has attachment to, will affect individual health (Browne-Yung et al. 2013). For Aboriginal communities, individual health is perceived as intrinsically linked with one's community, as noted in the National Aboriginal Health Strategy (NAHS 1989) definition of Aboriginal wellbeing.

Although Aboriginal communities are diverse, relationships with kin and Country are fundamental to Aboriginal culture. There still exists a dedicated system of responsibility towards others, and of knowing your place within that system. Families are connected far and wide across Australia, leaving no one inconsequential. These kinship systems are an exemplar of ongoing Aboriginal spirituality (Grieves 2009, p.25). Unfortunately, this special connection is often misunderstood in non-Aboriginal culture where emphasis is placed on the nuclear family (Dockery 2011).

Abundant studies have demonstrated that a positive connection with family, community and culture is associated with better physical and mental health outcomes (Biddle 2014; Dockery 2010; Kingsley et al. 2009)the wellbeing of the community in which one lives and/or has an ongoing attachment to is an important aspect of individual health and wellbeing. In non-Indigenous policy discourse, the main way to summarise community-level wellbeing is through indices of socioeconomic outcomes that can be used to rank regions or areas within regions. While these have been produced for the Indigenous population, they only capture one particular aspect of community wellbeing. The analysis presented in this paper extends our knowledge of place-based community wellbeing by looking at the presence or absence of particular facilities, barriers to accessing services, and neighbourhood or community problems. Indigenous Australians in remote areas were less likely to report the presence of a number of facilities and more likely to report barriers to accessing government services. However, there were no consistent differences in the reporting of neighbourhood and community problems\u2014some types of problems had a higher incidence in non-remote areas (e.g. theft and dangerous or noisy driving.

Maintaining a strong cultural identity is vital for building resilience in child development and serves as a protective factor against risk. Identity is a key component of the relationship between culture and child-development. A key aspiration for primary caregivers of Aboriginal children is for them to be 'proud and strong' of their Aboriginal identity, which was considered the foundation for children learning responsible, ethical and healthy behaviours (Priest et al. 2012). Possessing a strong sense of cultural identity is vital for self-esteem (Heath et al. 2010). A positive cultural connection not only contributes to better mental and physical health, but may lessen the consequences of social prejudice against Aboriginal peoples.

There is a clear need to increase international recognition to the role of culture in development contexts. Culture is perceived as a source of resilience, strength and purpose for people all over the globe. The United Nations, with strong support from different nation-states, has acknowledged that culture must be at the forefront of development design. This recognition is currently being materialised in the post-2015 millennium development goals.

Within the Australian context Aboriginal peoples all across the nation draw strength and meaning from their cultural practices. Aboriginal culture has evolved and transformed throughout two centuries of colonisation, assimilation and dispossession practices.

The turmoil suffered by Aboriginal peoples, and current disadvantage faced by the population today is greatly unequal to any other Australian demographic. Despite these disparities, core concepts of Aboriginal spirituality and practices lives on. Aboriginal ontology and epistemology still evidently underpins the peoples' wellbeing.

The strength of Aboriginal culture has protected peoples from discrimination in mainstream society. Strong cultural connection offers numerous protective factors including (but not limited to) mental and physical health risks. Continuation of cultural practices has given Aboriginal peoples a stronger sense of identity, raised self-esteem and provided hope for future aspirations.

This has been associated with better mainstream socio-economic indicators. Yet despite strong evidence for

culture as a health resource, dominant ideology within governments and mainstream society has halted progress.

Institutional racism is prevalent in all forms and saturates Aboriginal peoples' lives on an everyday basis. This ultimately undermines culture and Aboriginal peoples' ability to live healthy, productive lives.

Governments and dominant institutions relating to Aboriginal health need to critically self-reflect on their beliefs and values. Thus far, actions conducted by governments have limited Aboriginal peoples' ability to engage with policy design. This in itself reflects governments' inability to acknowledge Aboriginal culture and the population's desire for Self-determination.

Without systemic change in mainstream attitudes and practices, and incorporation of Aboriginal peoples into all stages of policy design, health policies will remain unproductive. As a result, the socio-economic gap Australia so desperately seeks to close will remain and continue to serve as a reminder of inadequacy.

See also our comments under 'Interaction with Government Systems' in relation to Bubup Wilam Early Childhood Education Centre and the Multipurpose Aboriginal Children's Services.

What needs to happen?

The Department needs to adopt a strengths based approach to provide a holistic and more accurate depiction of Aboriginal peoples and their capabilities

The absence of a cultural footprint (outside ACCOs and a few wheat silos) in major towns and cities needs to be addressed.

Develop and implement a strategy for the wider Australia and international visitors to learn to value, respect and be proud of our black history.

Reform the Department to enable an environment where co-design can foster.

Governments' perceptions of risks and uncertainty are detrimental to health implementation.

Accountability frameworks on community programs should be negotiated between parties with key indicators focused on program outcomes, not inputs and activity reports.

Governments should also be accountable for their actions, provide clear reasoning and evidence on why programs are being continually cut. Why we still undertake 'pilots' in this advanced society. The continued practice of cutting 'policy of a previous government' MUST stop.

See our comments under 'Interaction with Government Systems'.

References

Biddle, N., 2014. The Relationship between Community and Individual Measures of Wellbeing: comparisons by remoteness for Indigenous Australians.

Brown, N., 1999. Reflections on the health care of Australia's Indigenous peoples. In *Journal of Quality in Clinical Practice*.

Chandler, M.J. & Lalonde, C., 1998. Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), pp.191–219.

Dockery, A.M., 2010. Culture and Wellbeing: The Case of Indigenous Australians. *Social Indicators Research*.

Dockery, A.M., 2011. Traditional Culture and the Wellbeing of Indigenous Australians: An analysis of the 2008 NATSISS. Available at: http://www.business.curtin.edu.au/clmr.

Grieves, V., 2009. *Aboriginal Spirituality: Aboriginal Philosophy The Basis of Aboriginal Social and Emotional Wellbeing*.

Heath, F., Bor, W. & Thompson, J., 2010. Diversity^ Disruption^ Continuity: Parenting and Social and Emotional Wellbeing Amongst Aboriginal Peopless and Torres Strait Islanders. *The Australian and New Zealand Journal of Family Therapy*, 32(4), pp.300–313.

Kingsley, J. et al., 2009. "If the land is healthy ... it makes the peoples healthy": The relationship between caring for Country and health for the Yorta Yorta Nation, Boonwurrung and Bangerang Tribes. *Health and Place*.

Paradies, Y., Harris, R. & Anderson, I., 2008. The Impact of Racism on Indigenous Health in Australia and Aotertoa: Towards a Research Agenda. *Discussion Paper Series*, (4), pp.1–38. Available at: papers2://publication/uuid/BD7AD80C-7ACA-4A82-B88A-72EE5812C954.

Priest, N. et al., 2012. Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework. *Health Sociology Review*, 21(2), pp.180–195.

Racism

Experiences, ideas and evidence

Racial discrimination is a contributing factor to lowered levels of health, education and employment for Aboriginal peoples.[1,2,3,4]

Issues with racism exist in Victoria and Australia with Aboriginal peoples particularly affected.[5] Recent research in Victoria revealed that 97% of Aboriginal people reported experiencing racism in the last 12 months, with 70% experiencing eight or more racist incidents.[6]

There is a strong correlation between experiences of racism and a range of mental health conditions, including psychological distress, depression and anxiety.[7]

Individuals who experience more than eleven incidences of racist behaviour have poorer mental health outcomes, with anxiety and depression continuing long after exposure to racist incidents. Individuals also experience anxiety on behalf of relatives and loved ones. [8]

Physical outcomes of experiencing racism include high blood pressure, infant low birth weight and heart disease. Racism has also been directly linked to health risk factors including alcohol, tobacco and other substance abuse.[9] Victimised individuals may also avoid public services they associate with racist attitudes; racism therefore further health outcome impacts by effectively reducing access to services which support health and wellbeing, including housing and employment services.[10,11]

Employment and education achievement levels are issues of inequity for Aboriginal peoples and racism is a contributing factor to this.[12,13] Workplace effects of racism include high rates of absenteeism, low overall workplace morale and productivity, high staff turnover, and increased health care and social service costs.[14]

Inability to effectively access and utilise mainstream services is costing individuals, and the government purse too much. Discharge against advice, late diagnoses because early intervention was not identified nor sought are examples that we must address.

Also see our comments under 'Interaction with Government Systems'.

What needs to happen?

The ANAO could be tasked with determining and making recommendations around systems that prevent equity in policy outcomes within government agencies.

Bi-lateral agreements and funding agreements can be used to continually improve services, service delivery modelling and access to services that appear to be racially inappropriate.

Implement and respond to range of findings and recommendations throughout the Health Performance Framework 2014 report.

Accreditation agencies, credentialing bodies and peak bodies should be resourced to actively tackle racism and determine standards that will help demonstrate continuous improvement in cultural awareness, understanding and respect.

Accurate information should be taught in preschool, primary school, secondary colleges and universities by credentialed educators.

References

1. Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.

2. Paradies, Yin (2006) "A systematic review of empirical research on self-reported racism and health", *International Journal of Epidemiology*, (35) pp. 888-901.

3. Paradies, Yin and Joan Cunningham (2012) "The DRUID Study: racism and self-assessed health status in an indigenous population," *BMC Public Health*, Bio Med Central (Open Access)

4. Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.

5. Kevin Dunn et al, Challenging Racism: the anti-racism research project, 2008 Attitudes to cultural diversity, old racisms and recognition of racism, state level comparisons (opens in new window), 4Rs Conference (University of Technology, Sydney) 30 Sept - 3 Oct 2008. Accessed at http://www.uws.edu.au/ssap/school_of_social_sciences_and_psychology/research/challenging_racism/publications (viewed 2 February 2012).

6. Ferdinand et al (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.

7. Atkinson et al (2010) "Trauma, Transgenerational Transfer and Effects on Community Wellbeing", Chapter 10 n Purdie et al, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Australian Government Department of Health and Ageing, Australian Council for Educational Research, Kulunga Research Network, Telethon Institute for Child Health, Canberra, ACT.

8. Ibid: pp. 1, 5, 21.

9. Paradies, Yin (2006) "A systematic review of empirical research on self-reported racism and health", *International Journal of Epidemiology*, (35) pp. 888-901.

10. Priest, Naomi and Paradies, Yin (2010) *The Economic Costs of Racism in Australia: Scoping Project Report*. Social Justice Discussion Paper No.5 March 2010, The Social Justice Initiative, University of Melbourne.

11. Victorian Equal Opportunity and Human Rights Commission (2013) *Reporting Racism: What you say matters.*

12. Priest, Naomi and Paradies, Yin (2010) *The Economic Costs of Racism in Australia: Scoping Project Report*. Social Justice Discussion Paper No.5 March 2010, The Social Justice Initiative, University of Melbourne.

13. Australian Bureau of Satistics. (2010) 4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010. URL http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter360Oct+2010

14. Ibid

15. VEOHRC (2014) Submission to proposed amendments to Racial Discrimination Act 14 April 2014. URL: http://www.humanrightscommission.vic.gov.au/index.php/news-and-events/ commission-news/item/778-submission-to-proposed-amendmentsto-racial-discrimination-act

16. *The Australian Human Rights Commission. (2014)* Australian Human Rights Commission submission to the Attorney-General's Department *28 April 2014. URL http://www.humanrights.gov.au/submissions/amendments-part-iia-racial-discrimination-act-1975*

Housing, environment and Infrastructure

Experiences, ideas and evidence

Stable, affordable and appropriate housing is a social determinant of health. Almost one quarter of Aboriginal people in Victoria live in social housing[1] (AHV 2016). Housing provided by Aboriginal community controlled organisations (ACCOs) often carries a range of benefits, including community connection and access to a range of health and community services.

Access to affordable and appropriate housing has the following direct benefits:

- The creation of incentives for workforce participation
- Support for family life and work family balance
- Support the health, well-being and education needs of occupant
- Enabling ageing in place
- Development of socially cohesive communities and community building processes
- Creation of safer, stronger communities
- Improving health
- Promoting independence
- Creation of community spaces
- Skills development
- Crime reduction
- Local regeneration
- Employment
- Mental health interventions
- Community projects

Fifteen Aboriginal organisations are involved in the provision of Aboriginal social housing in Victoria:

- Aboriginal Housing Victoria (AHV) manages 1525 dwellings[2]
- Fourteen of VACCHO's Members manage a total of approximately 392 dwellings between them.

The majority of Victorian ACCO housing properties are affected by Caveats held by Federal Government: This increases the cost of mortgage unnecessarily which is wasting precious service delivery funds

At the federal level, the National Affordable Housing Agreement (NAHA) operates as a framework for collaboration towards shared housing goals amongst the states.

The Commonwealth Rental Assistance provides subsidises for rent payments for people on low incomes (private and public housing).

In 2009, Federal Government's Nation Building Economic Stimulus Plan provided direct investment in social housing over three years. This was the largest injection of funds for the sector equalling $5.2b through the Social Housing Initiative (SHI). This delivered 19,700 new social housing dwellings.

The National Rental Affordability Scheme – provided incentives to investors to provide below market rents in new properties – by June 2014 this had delivered 21,000 new houses with another 16,000 in development

These two schemes effectively stimulated employment in the construction industry as well as contributing to economic growth (KPMG 2012) creating 9000 construction jobs and adding 0.01% to GDP.

VACCHO has advocated for the Commonwealth to pull out of direct funding for affordable housing allowing states full control over funding and policy supporting its delivery.

Uncertainty around federal policy and funding for social housing has meant states have been forced to be creative and innovative – one aspect of this has been for states to start transferring public housing to the community housing sector (as this case in Victoria).

Whilst there is an argument that long-term housing creates welfare dependency and that providing continued tenure should be dependent on continued need, VACCHO has an alternative view: Secure tenure is a said to provide a good base from which residents can manage the other pressures in their lives (Robinson and Walshaw, 2014).

In addition, it is argued that longevity or security of tenure can be linked to: higher resident well-being; better employment outcomes; stronger community ties; and a perception of safety within a neighbourhood (Ziersch and Arthuson 2005, Ong et al 2014).

What needs to happen?

Commonwealth devolve their role in housing to the States through the bilateral agreements.

Removal of Caveats, Deeds of arrangement and First mortgages from housing stock take place.

The Commonwealth need to be clear in their bi-lateral agreements about the future of social housing.

References

Milligan and Phibbs et al (2007)

Trotter and Vine (2014)

Fujiwara (2014)

Aboriginal Housing Victoria (AHV) 2016, Introducing Competition and Informed User Choice in Human Services: Identifying Sectors for Reform. Aboriginal Housing Victoria's response to the Productivity Commission preliminary findings report, AHV, Fitzroy North, accessed 23 January 2017, http://www.pc.gov.au/__data/assets/pdf_file/0018/209403/subpfr316-human-services-identifying-reform.pdf.

Aboriginal Housing Victoria website accessed 28/3/17 http://ahvic.org.au/about.

2016 Correspondence from Ms W Coleman to Senator Nigel Scullion requesting removal of caveats.

Sapere Research Group. Review of the management of government interests over Aboriginal owned properties. 30th November 2012 Sydney pp2.

Sapere Reseach Group. Review of the management of government interests over Aboriginal owned properties. 30th November 2012 Sydney pp 25.

Law and Justice

Experiences, ideas and evidence

In the past 30 years the prison population has increased significantly, especially among Aboriginal and Torres Strait Islander people. In 2012, Aboriginal people in Victoria were 13.4 times more likely to be in prison than non-Aboriginal people. Despite representing 0.7 per cent of the Victorian population, Aboriginal people represented 7.2 per cent of the prison population in September 2012 The number of male and female Aboriginal prisoners in Victoria has increased much faster than non-Aboriginal people[17].

There is no consensus on the drivers behind the growth in the Aboriginal imprisonment rate. Whilst numerous reports analyse and compare socio-economic status, employment outcomes, mental health and substance abuse, school engagement[12], and more, there has not been systematic, policy-supported intervention to address these factors.

Alcohol abuse has been found to be the strongest correlate of arrest among Aboriginal and Torres Strait Islander people[20]. VACCHO's recent research (in collaboration with Monash University and the Victorian Department of Justice) found much higher rates of substance abuse disorders among Aboriginal prisoners in Victoria compared to non-Aboriginal prisoners, supporting the correlation between alcohol abuse and imprisonment. However, we also found much higher rates of mental health problems such as depression, bipolar and anxiety disorders in support of other studies[11]. Further, we found that displacement, intergenerational trauma and grief, and isolation from country and mob were common among adult Aboriginal prisoners in Victoria. Many people also had a distrust of the "system" and those who work in it. These outcomes accumulate over time, beginning in childhood.

Adult imprisonment is strongly linked to experience in out-of-home care. We are alarmed that one in fifteen (6.5 per cent) Aboriginal children in Victoria aged 0 – 17 years was in out-of-home care on 30 June 2012, an increase of 103 per cent since 2003[2,3]. This compares to one in 222 non-Aboriginal children, less than half of one per cent[2,3]. Further, there were 4,905 child protection notifications and 1,504 investigations finalised among Aboriginal people in Victoria in 2011/12, an increase of 102 per cent since 2002-03[2]. Due to a lack of Aboriginal-specific data, we don't know the number of Aboriginal people in Victorian prisons that had experience in out-of-home care, (anecdotally, the number is large), however in New South Wales almost half the Aboriginal prisoners surveyed in 2009 were in out-of-home care as young people, double the rate of both male and female non-Aboriginal prisoners[1].

The extremely high number of young Aboriginal people in the juvenile justice system is also driving up the adult Aboriginal prison population.

Mental illness also afflicts young Aboriginal people in contact with the justice system, with more than 80 per cent in a Queensland youth detention centre scoring above the cut off for a mental health problem[24]. These afflictions among Aboriginal people in the juvenile justice system should all be considered and addressed in programs under a justice reinvestment approach.

What needs to happen?

Reducing rates and increasing support for young people in out-of-home care should be a priority.

The number of young people in juvenile detention, especially Aboriginal and Torres Strait Islander children, must be addressed to reduce the adult imprisonment rate.

Significantly increasing investment in the transition between prison and community, especially with higher risk prisoners including Aboriginal and Torres Strait Islander people, would substantially reduce the economic and social costs associated with poor health, mental health, and re-imprisonment.

Diverting people with a substance abuse problem from prison sentences to community residential treatment.

Any policy response must also direct significant support to children and young people.

Addressing substance abuse in the prisoner cohort through community-based diversion would reduce future adult imprisonment.

Access to prison alternatives for Aboriginal and Torres Strait Islander people in Victoria such as the Wulgunggo Ngalu Learning Place in Gippsland should increase and expand.

Justice reinvestment should prioritise existing structures such as Aboriginal Community Controlled Health Organisations (ACCHOs) and policy forums such as the Aboriginal Justice Forum in Victoria that allow communities to make and influence decisions.

Long-term investment to establish a stable, specialised mental health and substance abuse workforce is required to achieve long-term reductions in imprisonment rates and address the underlying drivers of Aboriginal and Torres Strait Islander imprisonment.

References

See the full report and list of references at www.vaccho.org.au

(Endnotes)

1 Aboriginal Housing Victoria website accessed 28/3/17 http://ahvic.org.au/about