YOORROOK JUSTICE COMMISSION

Health and Healthcare
Housing and Homelessness
Education

VACCHO

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Content Warning

This submission contains discussions of topics and subjects that could be harmful to some, and other topics that may be triggering to the public. VACCHO would like to advise Aboriginal and Torres Strait Islander people that this submission may contain images, voices, and discussions of those who have returned to the Dreaming.

Language

The term 'Aboriginal' in VACCHO documents is inclusive of Torres Strait Island peoples and 'Aboriginal Victoria' includes all Aboriginal people living in Victoria. The terms 'Community' or 'Communities' in this document refers to all Aboriginal and/or Torres Strait Islander communities across Australia, representing a wide diversity of cultures, traditions, and experiences. Community is always capitalised unless it has the word Aboriginal in front of it or if it's referencing a non-Aboriginal community.

Acknowledgment of Country

VACCHO respectfully acknowledges that our office is based on the unceded lands of the Wurundjeri people of the Kulin Nation. We pay our respects to Wurundjeri ancestors and caretakers of this land, and to Elders both past and present.

We extend our respect to all Traditional Owners and Elders across the lands on which we and our Members work and acknowledge their everlasting connection to Country, Culture, and Community.

Always was, always will be, Aboriginal land.

About Us

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal and Torres Strait Islander health and wellbeing body representing 33 Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of its Membership and to advocate for issues on their behalf.

Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health and wellbeing areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal and Torres Strait Islander health.

Nationally, VACCHO represents the Community-controlled health and wellbeing sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as Victoria's peak representative organisation on Aboriginal and Torres Strait Islander health. VACCHO's vision is that Aboriginal and Torres Strait Islander people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the process of Community control.

Contents

Executive Summary

Colonisation continues to have devastating impact on the Aboriginal people of Victoria, and this has been compounded by discriminatory policies of Victorian and Australian governments. There are Aboriginal people alive today, like those of the Stolen Generations, who experienced these atrocities firsthand. They were disconnected from Culture, Community, Country, and Kin. They were excluded from education and employment, living in substandard housing. They have experienced the brutality of racism and discrimination. Policies have changed recently but the effects persist, including on younger Aboriginal people who are growing up in families living with the harm that has been inflicted over the last two centuries, deliberately or otherwise. We cannot expect to undo 250 years of harm with a few years of a new strategy or piecemeal additional funding.

In Part 1, we will show how colonisation and subsequent discriminatory government policies and systems caused substantial harm and that there is a clear line from that harm to the poorer health and wellbeing outcomes of Aboriginal people living in Victoria today. This is depicted in

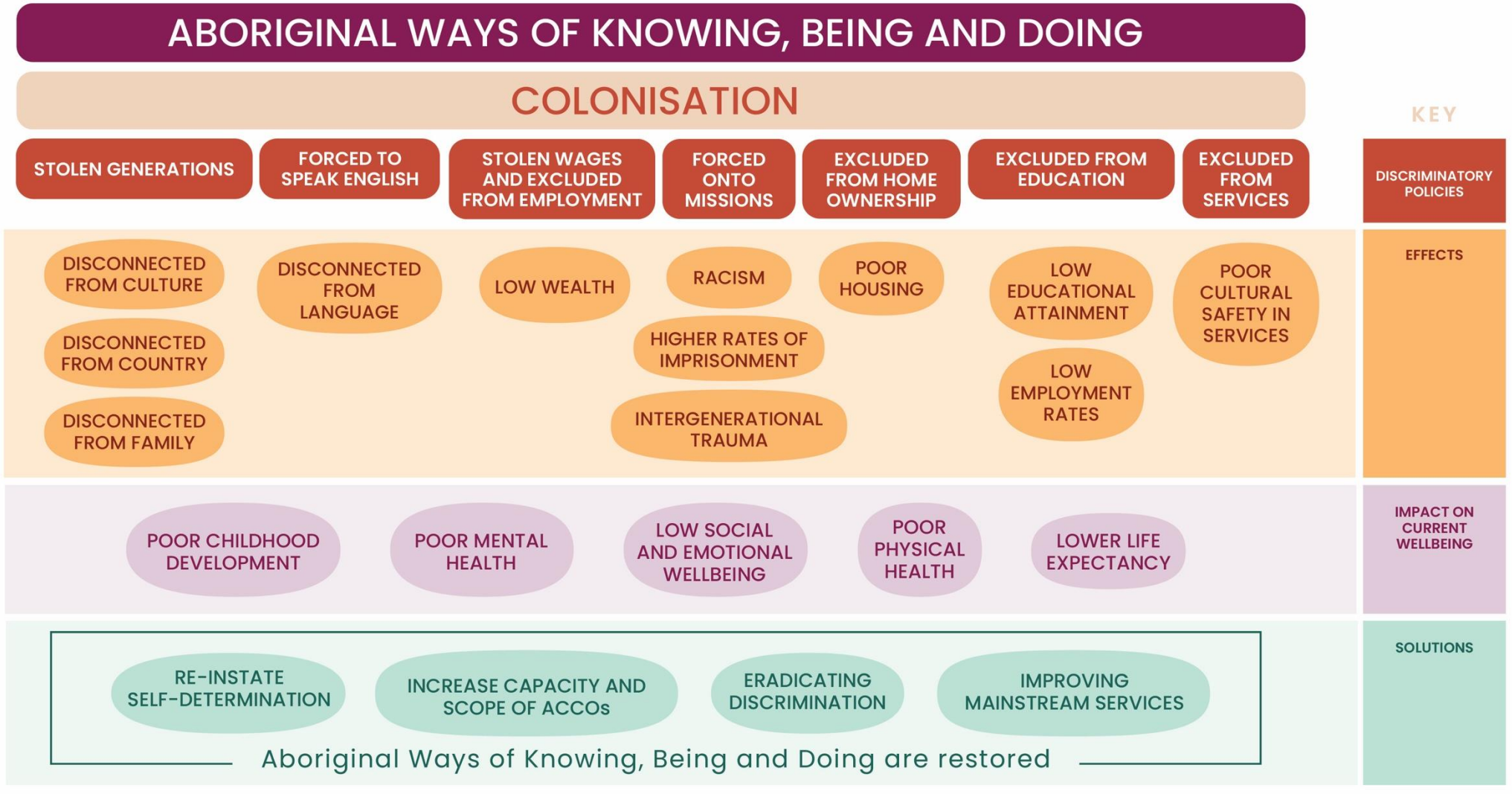
Diagram 1 below.

In Part 2, we will show how current policies are still contributing to poorer health and wellbeing among Aboriginal and Torres Strait Islander people living in Victoria, and preventing Aboriginal Community Controlled Organisations (ACCOs) from serving our Community to the fullest.

In Part 3, we will recommend how we can collectively transform systems to overcome past harm and improve the health and wellbeing of Aboriginal and Torres Strait Islander people living in Victoria. There are five priorities:

1. Value Aboriginal Ways of Knowing, Being and Doing
2. Restore self-determination
3. Increase capacity and scope of Aboriginal Community Controlled Organisations
4. Eradicate discrimination
5. Improve responsiveness of mainstream services

Diagram 1


ABORIGINAL WAYS OF KNOWING, BEING AND DOING
COLONISATION
KEY
STOLEN GENERATIONS
FORCED TO SPEAK ENGLISH
STOLEN WAGES AND EXCLUDED FROM EMPLOYMENT
FORCED ONTO MISSIONS
EXCLUDED FROM HOME OWNERSHIP
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DISCRIMINATORY POLICIES
DISCONNECTED FROM CULTURE
DISCONNECTED FROM COUNTRY
DISCONNECTED FROM FAMILY
DISCONNECTED FROM LANGUAGE
LOW WEALTH
RACISM
HIGHER RATES OF IMPRISONMENT
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POOR CULTURAL SAFETY IN SERVICES
EFFECTS
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LOW SOCIAL AND EMOTIONAL WELLBEING
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IMPACT ON CURRENT WELLBEING
RE-INSTATE SELF-DETERMINATION
INCREASE CAPACITY AND SCOPE OF ACCOs
ERADICATING DISCRIMINATION
IMPROVING MAINSTREAM SERVICES
Aboriginal Ways of Knowing, Being and Doing are restored
SOLUTIONS

Current levels of health and wellbeing

The health disparities faced by Aboriginal and Torres Strait Islander people are stark. Aboriginal and Torres Strait Islander people experience higher rates of chronic diseases, including cardiovascular disease, diabetes, and respiratory conditions, compared to the non-Aboriginal population. Additionally, there are significant gaps in life expectancy, with Aboriginal and Torres Strait Islander people living, on average, 8-10 years less than their non-Aboriginal counterparts[i]. The impact of historical trauma, loss of cultural identity, and ongoing racial discrimination contribute to elevated stress levels, which are linked to various health issues[ii]. The Victorian Agency for Health Information reported on the findings from a population health survey done in 2017[iii], and the report sets out the ongoing effects of colonisation and racism and the impacts that this has on a person's health and wellbeing.

The findings from the survey conducted by the Victorian Agency for Health Information not only contribute to a deeper understanding of the unique health landscape for Aboriginal and Torres Strait Islander Victorians but also clearly show the health disparities between the overall Australian population. The survey had a specific emphasis on the outcomes for children and families within this community finding:

- Mothers are 2 times more likely as non-Aboriginal mothers to have babies of low birthweight (12.6% and 6.0% respectively)
- Children have 1.6 times more decayed tooth surfaces than non-Aboriginal children.
- One in five Victorian Aboriginal children enter school at high risk of clinically significant problems related to wellbeing (7% for general population)
- Children are 8 times more likely than non-Aboriginal children to have involvement with child protection in Victoria.

The survey also found some alarming results when it comes to Aboriginal and Torres Strait Islander social and emotional wellbeing, stating that Aboriginal and Torres Strait Islander people in Victoria are:

- Approximately 3 times more likely to experience high or very high levels of psychological distress than other Victorians (32% of all Victorian Aboriginal people; 23.5% for the general population)
- 38% of adults had been at one point diagnosed by a doctor with depression or anxiety – significantly higher than non-Aboriginal adults (27%)

Other health disparities include rates of diabetes being 3 times higher among Aboriginal Victorians and dementia being more common for older people and occurring at a younger age than for non-Aboriginal Victorians.

"Closing the Gap" refers to a set of national strategies and initiatives in Australia aimed at

addressing the significant disparities in health, education, and employment outcomes between Aboriginal and Torres Strait Islander and non-Aboriginal Australians.

There are currently 19 socioeconomic targets and 17 outcomes[iv] that need to be met to ensure that we are closing the gap. These existing outcomes paired with the socio-economic targets under the National Agreement bring together a comprehensive set of data that can help community hold government to account on whether our combined efforts are having an impact. These targets cut across key domains including culture, health and wellbeing, justice, learning and family. For health:

Outcome 1: People enjoy long and healthy lives

Target 1: Close the gap in life expectancy within a generation, by 2031

There is currently no data recorded for Victoria on life expectancy which is a serious failing of the Victorian Government so we, and the Government, are unable to know whether we are closing the gap in relation to this target or even whether there is a gap.

Nationally, Aboriginal and Torres Strait Islander males born in 2015–2017 are expected to live to 71.6 years and females to 75.6 years, and non-Aboriginal males and females to 80.2 years and 83.4 years respectively. Between 2005–2007 and 2015–2017, the gap in life expectancy narrowed for males (from 11.4 years to 8.6 years) and for females (from 9.6 years to 7.8 years) but the trend is not on track[v].

Outcome 2: Aboriginal and Torres Strait Islander children are born healthy and strong

Target 2: By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%

For Victoria, in 2020 90% of Aboriginal and Torres Strait Islander babies born were of a healthy birthweight, which has been an improvement from the previous years that were consistently around 89%. Nationally, 89% of Aboriginal and Torres Strait Islander babies born were of a healthy birthweight.

Outcome 4: Aboriginal and Torres Strait Islander children thrive in their early years

Target 4: By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all 5 domains of the Australian Early Development Census (AEDC) to 55%.

In Victoria, 35.6% of Aboriginal children were developmentally on track in 2021 which had only risen from 31.9% in 2009. Nationally in 2021, 34.3 per cent of Aboriginal and Torres Strait Islander children commencing school were on track in all five domains. assessed as being developmentally on track in all five AEDC domains[vi].

Outcome 13: Aboriginal and Torres Strait Islander families and households are safe

Target 13: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.

Nationally in 2018-19, 8.4% of Aboriginal and Torres Strait Islander females aged 15 years and over experienced domestic physical or threatened physical harm. In Victoria, 7.5% of women aged over 15 did. There has been no new data for any jurisdiction since the baseline year of 2018-19.

Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing

Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

There is currently no data reported for Victoria, so Victoria is unable to know whether there is a gap and if there is one, whether it has been closing. This is a serious failing of the Victorian Government.

In 2021, the suicide age-standardised rate for Aboriginal and Torres Strait Islander people was 27.1 per 100 000 people (for NSW, Queensland, WA, SA and the NT combined). This is below the rate in the previous two years but above the baseline in 2018 (25.1 per 100 000 people). Nationally, based on progress from the baseline, the target is worsening.

A number of solutions to solve these issues are outlined in the final part of this submission. Further reasoning and evidence in support of these stances are outlined in the following pages. Should you wish to discuss this submission further, please contact Stephanie Kilpatrick, Executive Director for Policy, Advocacy and Communications, via stephaniek@vaccho.org.au.

Kind regards

Dr Jill Gallagher AO

Chief Executive Officer

Part 1: Current effects of Colonisation

History

The history of systemic Aboriginal healthcare issues in Victoria is deeply intertwined with the legacy of colonisation and its far-reaching impacts on Aboriginal and Torres Strait Islander communities. The arrival of European settlers in Australia led to the dispossession of land, loss of traditional livelihoods, and disruption of cultural practices among Aboriginal people. The harm caused by early colonial policies, including those of the Colony of Victoria when it became independent, were compounded by the polices of the State of Victoria and the Australian Commonwealth.

These policies, which we will identify below, have resulted in the loss of Aboriginal culture, the near eradication of Aboriginal language, and the replacement of Aboriginal ways of Knowing, Being and Doing by Western ways. Aboriginal people have been and are being forced to live in a society which is alien to them and where their ways of Knowing, Being and Doing – philosophy, culture, language – are viewed as being inferior to the dominant Western culture of Victoria and Australia. This perceived inferiority is at the root of the racism and discrimination that Aboriginal people face today.

The British invasion and dispossession of Aboriginal land, violence and killing, disruption of kinship systems, attempted eradication of Aboriginal and Torres Strait Islander culture and knowledge systems, societal exclusion, imprisonment, slavery, removal of men, women and children from communities, extreme racism and forced poverty have led to intergenerational trauma and persistent social inequities. It was not just a violation of human rights, it was a belief that Aboriginal people did not even have to be treated as human, and indeed were not counted as human until 1967, by which time some current VACCHO staff were already nearing their teens.

The alienation and harm caused by colonisation and subsequent policies is clearly evident today in significant health and socioeconomic disparities experienced by Aboriginal and Torres Strait Islander communities. Socioeconomic disadvantages, lower educational attainment, and limited access to healthcare services are direct outcomes of the systemic racism embedded in Australian society. A confidential submission to the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families encapsulates this:

> *"Our life pattern was created by the government policies and are forever with me, as though an invisible anchor around my neck*[vii]*."*

Removing the right to self-determination

Multiple Protectorate Stations where Aboriginal people were to live were established in the 1840s, including the Merri Creek Protectorate and the Loddon Protectorate. A Select Committee of Victoria's Legislative Council published a report in 1860 that recommended the creation of land to be set aside in different districts where Aboriginal people would be placed to reside. These areas would be managed by a Board compiled of residents in that particular district[viii]. This inquiry, along with the future Victorian Aboriginal Protection Act of 1869, led to the creation of government stations/reserves and church missions in Victoria where Aboriginal people were forced to live.

The Aboriginal Protection Act 1869 made Victoria the first Australian colony to pass laws that allowed the government to completely control the lives of Aboriginal people. The Act prescribed where "any Aboriginal or any tribe of Aborigines shall reside", set out restrictions relating to contracts; earnings and employment; and the care, custody and education of children[ix]. Victoria's Central Board for the Protection of Aborigines was given an extreme amount of control which allowed them to dictate where Aboriginal people could live and work, who they could marry and when they were allowed to go to the local towns. The Act even prescribed that bedding and clothing provided in stations were to "remain the property of Her Majesty".

Missions, reserves and stations were designed to erase peoples' cultural identity. People were separated from their land and their families, and were not allowed to speak their languages, continue their cultural practices or teach them to their children. Furthermore, Aboriginal people from different communities were pushed together, with the government not understanding or acknowledging the differences in culture, language, and history between certain groups.

Cummeragunja Station, while located in NSW, is on Yorta Yorta land and was where many Victorian Aboriginal people were forced to live. It operated until 1953 and Coranderrk Station operated until 1924[x]. After Coranderrk was closed, many Aboriginal people were moved to Lake Tyers Mission/Station which was owned by the Victorian Government until 1971 when it was handed over to the Aboriginal Community[xi].

Losing hope is a profound emotional and psychological experience, signifying a pervasive sense of despair and resignation. Hope, in a broader context, represents the belief in the possibility of positive change, improvement, and a better future[xii]. It serves as a crucial motivator, influencing individual and collective resilience, well-being, and the pursuit of goals.

In the context of Aboriginal and Torres Strait Islander communities, hope holds particular significance, as historical injustices, socio-economic disparities, and ongoing challenges have created complex and entrenched issues. The loss of hope within these communities can exacerbate social issues, hinder community cohesion, and contribute to mental health

challenges. Reports from the Lowitja Institute, such as "Bringing them Home[xiii]" and "Strong Spirit Strong Mind[xiv]," highlight the interplay between historical traumas, systemic inequalities, and the importance of restoring hope as a key factor in achieving positive health outcomes and community well-being.

The concept of the loss of hope being generational can be understood through the transmission of trauma, socio-economic challenges, and the perpetuation of systemic inequalities over time[xv].

Generational loss of hope often stems from historical traumas experienced by communities, such as forced removals, dispossession, and discrimination. These traumatic events can impact individuals and families, affecting their mental health, sense of identity, and overall well-being. The transmission of trauma from one generation to the next, known as intergenerational trauma, can contribute to a pervasive sense of hopelessness[xvi].

Addressing generational loss of hope requires a comprehensive understanding of historical and contemporary factors, as well as the implementation of policies that empower and support affected communities. Interventions should consider the broader social, economic, and cultural contexts to promote healing, resilience, and the restoration of hope across generations.

The 2023 referendum held the promise of significant constitutional recognition and empowerment for Aboriginal and Torres Strait Islander people in Australia, offering a beacon of hope for positive change and acknowledgment of historical injustices. However, the subsequent loss of that hope had profound and damaging effects on individuals and communities. The disappointment and disillusionment resulting from the perceived failure of the referendum to deliver meaningful outcomes contributed to a sense of betrayal and disconnection. The psychological toll of dashed hopes can manifest in increased feelings of marginalisation, frustration, and a deepening mistrust of government processes. The impact extends beyond the immediate political context, affecting mental health, community cohesion, and overall well-being.

Restoring hope in the aftermath of such setbacks is a complex and crucial task, requiring genuine engagement, transparent communication, and a commitment to addressing the underlying issues that perpetuate historical and contemporary injustices. Recognising the consequences of broken promises is imperative for fostering resilience and healing within Aboriginal and Torres Strait Islander communities as they navigate the ongoing journey towards self-determination and empowerment[xvii].

Cultural Disconnection

Culture plays a pivotal role in shaping the health and well-being of individuals, particularly in Aboriginal and Torres Strait Islander communities. The significance of culture extends beyond traditions and customs; it encompasses a holistic framework that influences social,

mental, and physical aspects of life.

Rather than viewing Country, or land, as a physical environment, Aboriginal and Torres Strait Islander people consider Country as a deeply symbolic and spiritual place[xviii]. The connection between person and Country reinforces Aboriginal and Torres Strait Islander peoples' identity and sense of belonging[xix].

An investigation of Victorian Aboriginal peoples' connection to Country reported that there was a connection to the natural world that *'goes beyond words and is steeped in spiritual orientation to that locality'*[xx]. Connection to Country refers to emotions, culture and spirituality where Aboriginal and Torres Strait Islander peoples have positive connections, such as the ability to 'get answers from nature' and have a 'sense of welcome'[xxi]. This encompasses connection to an individual's ancestry, pulling people back to land and giving a sense of belonging, identity and pride, which empowers and promotes health[xxii].

Research in Victoria among the Bangerang, Boonwurrung and Yorta Yorta peoples, found that *'This spiritual and cultural relationship to land increased identity, pride and self-esteem'*[xxiii]. Other researchers have argued that it is misleading to try to separate traditional Australian Aboriginal and Torres Strait Islander peoples' religious or spiritual experience from other aspects of life, culture and history, since their economic, physical, social and emotional wellbeing are interconnected with spiritual wellbeing.[xxiv]

Connection to Country is critical to the wellbeing of Aboriginal and Torres Strait Islander children. Although many urban Aboriginal and Torres Strait Islander people are not physically located on their Country, they are able to maintain a sense of connection through teaching children about the 'geographical boundaries of their Country, visiting Country, telling stories about experience of previous generations, and teaching children about significant places or plants for medicine and tools'[xxv].

Diagram 2

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A broken spirit among Aboriginal and Torres Strait Islander people refers to a profound sense of loss, despair, and disconnection from cultural roots, traditions, and identity. It is a manifestation of the impact of historical trauma, colonisation, and ongoing systemic issues that have disrupted Aboriginal and Torres Strait Islander ways of life. Cultural disconnection is a significant factor contributing to a broken spirit among Aboriginal individuals and communities.

Causes of a Broken Spirit. [xxvii]

Colonisation and Forced Assimilation: The colonisation of Aboriginal lands, imposition of European values, and forced assimilation policies have led to the erosion of traditional practices, languages, and cultural knowledge. This deliberate destruction of Aboriginal and Torres Strait Islander ways of life has left lasting scars on Aboriginal and Torres Strait Islander people and communities.

Loss of Land and Connection to Country: Dispossession from ancestral lands due to colonisation and forced removals has severed the vital connection to Country, contributing to a sense of rootlessness and loss.

Cultural Suppression and Discrimination: Discrimination, racism, and the suppression of Aboriginal and Torres Strait Islander cultures have perpetuated a cycle of trauma. When cultural practices are devalued or actively suppressed and criminalised, individuals may internalise a sense of shame, leading to a fractured sense of self.

Intergenerational Trauma: Trauma experienced by previous generations, including the impact of residential schools and removal policies, can be transmitted to succeeding generations. This intergenerational trauma compounds the challenges faced by contemporary Aboriginal and Torres Strait Islander individuals and communities.

During the protection era, Aboriginal people were not allowed to speak language or practice traditions and ceremonies, being punished if they did. Before colonisation, there were approximately 40 languages spoken by Aboriginal people in Victoria but the number of speakers was decimated. Australia's National Indigenous Languages Report (2020)[xxviii] found that every single Indigenous language in Australia is under threat and less than 10% of Aboriginal and Torres Strait Islander people speak language at home.

Government policies have continued to prioritise English with little support given to the revitalisation and use of Aboriginal languages in Victoria. Language is central to identity and culture, but Aboriginal people have been denied the opportunity to learn, study, live and work in their own language.

The health disparities resulting from cultural disconnection and from having a *broken spirit* in Aboriginal and Torres Strait Islander people are well-documented and supported by various studies. These disparities manifest across multiple dimensions of health, contributing to poorer outcomes in both physical and mental well-being. Some key health disparities linked to cultural disconnection include:

Mental Health Issues: Cultural disconnection has been associated with higher rates of mental health issues, including depression, anxiety, and suicide among many different Aboriginal and Torres Strait Islander populations, including Aboriginal and Torres Strait Islander people. The loss of cultural identity, community support, and the impact of historical trauma are significant contributors[xxix].

Chronic Diseases: Aboriginal and Torres Strait Islander communities experiencing cultural disconnection often face elevated rates of chronic diseases such as diabetes, cardiovascular diseases, and respiratory conditions. Disruptions to traditional lifestyles, dietary changes, and limited access to culturally relevant healthcare contribute to these health disparities.

Substance Abuse: Cultural disconnection is linked to higher rates of substance abuse within Aboriginal and Torres Strait Islander populations. Loss of cultural practices, identity, and community support can contribute to individuals seeking solace through substance use[xxx].

Healthcare Inequities: Cultural disconnection can lead to distrust and avoidance of mainstream healthcare services, resulting in delayed or inadequate medical care[xxxi]. This contributes to a cycle of poorer health outcomes and exacerbates existing health disparities.

Addressing these disparities requires a comprehensive approach that acknowledges the profound impact of cultural continuity on overall health and seeks to restore and strengthen cultural connections within Aboriginal and Torres Strait Islander communities.[xxxii] Reconnecting Aboriginal and Torres Strait Islander individuals and communities with their cultural heritage is vital for mental and emotional well-being[xxxiii]. Aboriginal and Torres Strait Islander people can only experience full health and wellbeing if this broken spirit is healed, which can be accomplished through the following:

Cultural Revitalisation: Reconnecting with and revitalising cultural practices, languages, and traditions is fundamental to healing a broken spirit, renewing a sense of identity and belonging.

Community Empowerment: Empowering communities enables them to address their unique challenges, fostering a sense of agency, and providing resources for community-led initiatives that can create healing on a collective level.

Cultural Competency in Services: Mainstream healthcare, education, and social services need to culturally competent and respectful. It is vital to recognise and incorporate Aboriginal and Torres Strait Islander perspectives in service delivery to become culturally competent and rebuild trust.

Acknowledgment and Reconciliation: Victoria needs to acknowledge historical injustices, promote truth and reconciliation, and address ongoing systemic issues as steps toward healing. Genuine efforts at conciliation with Aboriginal and Torres Strait Islander communities contribute to the restoration of a collective spirit.

The Stolen Generations

The Stolen Generations refers to a dark chapter in Australian history that spans from the late 19th century to the 1970s. For Victoria, it is estimated that the removal of Aboriginal and Torres Strait Islander children began around 1870 and ended around 1969[xxxiv]. Victoria's Aborigines Protection Act 1886 created a policy of forcing Aboriginal people deemed to be "half-caste" off missions and stations, forcibly removing them from their families. Aboriginal people removed were also excluded from receiving assistance from the Board for the

Protection of Aborigines, which meant they were isolated without support in a colonial society that did not accept them as equal members. Research found that by the end of the Protection Board era, between 1956 and 1957, 150 Aboriginal children were in institutions, more than 10% of the Aboriginal children in Victoria at that time[xxxv].

This traumatic practice had profound and lasting impacts on Aboriginal and Torres Strait Islander people. Families were torn apart, and children were often subjected to physical and emotional abuse in institutions or foster care. The forced removal disrupted cultural connections, leading to the loss of language, traditions, and a sense of identity.

In 2018, the Healing Foundation counted that Victoria had 1029 survivors from the Stolen Generations, and 3 years earlier had counted that 36% of Aboriginal people in Victoria are descendants of Stolen Generation parent.[xxxvi]. The Royal Commission in Victoria's Mental Health system[xxxvii] has estimated that around 47% of the Victorian Aboriginal population have a relative who was Stolen Generation.

The ongoing impacts of the Stolen Generations persist today, affecting the mental and emotional well-being of individuals and communities. Many Aboriginal people continue to grapple with the intergenerational trauma caused by the systematic removal of children, which has also contributed to socio-economic disparities and challenges in achieving reconciliation between Aboriginal and Torres Strait Islander people and non-Aboriginal people. The Australian Institute of Health and Welfare found that removed children were less likely to have a secondary education and three times more likely to have a police record[xxxviii], which cause lower levels of health and wellbeing.

The 1997 Bringing Them Home report[xxxix] found that government officials took children away from caring and able parents. These parents often had no way to stop this nor any way to get their children back once they were removed. In other cases, officials falsely told parents that their children had died and told children their parents and grandparents no longer wanted them. Many Aboriginal and Torres Strait Islander people are still searching for lost parents and siblings today. This has had a long lasting and traumatic impact on the lives of many.

Children with lighter skin colour were especially vulnerable. Officials wanted to assimilate these children into the non-Aboriginal community and so they specifically targeted them. Sometimes this happened as soon as a baby was born. Oral language and traditions that could only survive if passed down from one generation to the next were lost, and many parents struggled to get over the loss of their children.

Children who were removed experienced neglect, abuse and they were more likely to suffer from depression, mental illness, and low self-esteem[xl]. They were also more vulnerable to physical, psychological, and sexual abuse in state care, at work, or while living with non-Aboriginal families[xli].

A 2018 study by the Australian Institute of Health and Welfare (AIHW) showed that the

removed children were less likely to have a secondary education and three times more likely to have a police record[xlii]. The AIHW report also states that for Stolen Generation survivors[xliii], around 33% have problems accessing services[xliv]. Additionally, almost 66% of Stolen Generations survivors have a household income in the bottom 30%[xlv].

Further results from the report[xlvi] showed the surviving Stolen Generations aged 50 and over, compared with a reference group of other Aboriginal and Torres Strait Islander persons aged 50 and over who were not removed from their families, were suffering additional harm and disadvantages. Examples of those additional harms include the following:

Living in tough economic circumstances

- 1.8 times as likely not to be the owner of a home
- 1.6 times as likely to live in a household that could not raise $2,000 in an emergency
- 1.5 times as likely to have government payments as their main income source

Living with ill health and other stressors

- 1.7 times as likely to have experienced discrimination due to being Aboriginal and Torres Strait Islander
- 1.8 times as likely to be a current smoker
- 1.5 times as likely to have experienced threatened or actual physical harm
- 1.4 times as likely to have a severe or profound disability
- 1.3 times as likely to have been diagnosed with a mental health condition

The particular harm caused to the Stolen Generations requires specific redress and Stolen Generations Victoria recommended that Stolen Generation survivors have improved 'access to health, housing, education and legal services … to ensure survivors of the Stolen Generation have their needs appropriately met[xlvii].' The Healing Foundation has recommended that 'programs and policies that are co-designed with Stolen Generations to holistically address their specific needs, prioritising the areas of aged care, disability, health and housing[xlviii].'

Stolen Wages and Generational Wealth

"Stolen wages" refers to the historic and systemic practice of withholding or underpaying wages earned by Aboriginal and Torres Strait Islander individuals, often as a result of discriminatory policies and practices[xlix].

Many Aboriginal and Torres Strait Islander people were subjected to discriminatory employment practices, which included being paid significantly less than their non-Aboriginal counterparts for the same work. Moreover, a substantial number of Aboriginal and Torres Strait Islander workers had their wages withheld by government authorities,

missions, or employers. In some cases, these wages were placed into trust funds, which were often mismanaged or not properly accounted for. These practices caused ongoing poverty and poor living conditions and can explain the gap in generational wealth and health disparities that many Aboriginal and Torres Strait Islander people face today.

In *Indigenous Stolen Wages and Campaigns for Reparations In Victoria*[l], Andrew Gunstone reported three studies in Victoria that analysed the different ways that Aboriginal and Torres Strait Islander people had their wages stolen, and the impacts that this had.

The second study, conducted in 2008 and 2009, investigated the history and impact of stolen wages in Victoria. There are no stats reported on Victoria on how many people were impacted by this, but it has been noted that Victoria, too, has no scheme in place, despite studies establishing that Victoria was just as guilty as any of systematic underpayment and compulsory payments to mismanaged trust funds affecting Aboriginal and Torres Strait Islander workers[li]. This project researched a broad range of archives, and it clearly demonstrated there had been a range of practices to steal wages from numerous generations of Aboriginal and Torres Strait Islander Victorians.[lii]

Gunstone advised that the Board for the Protection of the Aborigines (1869– 1957) had a major role to play in stealing wages, although stealing wages occurred before its establishment.

In 2006 the Senate Standing Committee on Legal and Constitutional Affairs found compelling evidence that governments in several jurisdictions including Victoria, systematically withheld and mismanaged wages and entitlements for Aboriginal and Torres Strait Islander people over many decades from the late 19th century through to the 1980s[liii]. Aboriginal and Torres Strait Islander people were underpaid or not paid at all for their work, meaning generations of Aboriginal families have lived in poverty, with no wealth to pass through generations, and is a direct cause of the poverty that many Aboriginal and Torres Strait Islander people live in today.

The Consumer Action Law Centre's, *Heat or Eat Report*[liv], shows that low socio-economic status can cause people to choose between their health and financial stability, otherwise known as 'heat or eat'. The case studies in this report demonstrate how financial position can contribute to poor health, showcasing the link between low socio-economic status and how this can impact your everyday health, including on having enough food to eat or being able to heat your home in winter.

Aboriginal and Torres Strait Islander Victorians are more likely to present to the Energy and Water Ombudsman Victoria (EWOV) with disconnection and/or other credit complaints than non-Aboriginal and Torres Strait Islander customers[lv]. With respect to their energy bills, Aboriginal and Torres Strait Islander people face not only payment difficulty as a result of financial hardship, but barriers to accessing assistance with retailers who are not necessarily operating in a way that is culturally safe[lvi].

The ability to access energy has wide ranging health impacts from your ability to cook and keep healthy food as well heat and cool housing. the World Health Organization has found that exposure to consistently cold housing increases the risk of cardiovascular, rheumatoid and respiratory diseases and mental health (WHO, 2018). In the Australian summer, not having access an energy connection will impact on the ability to cool houses and increase the risk of overheating and associated health problems.

Systemic racism and socio-economic inequalities mean that Aboriginal and Torres Strait Islander people are at significantly greater risk of experiencing financial hardship, and these payment difficulties and barriers clearly extend into the energy space.

Some governments have since put in place reparation schemes, although the lack of records have made it very difficult to determine the full impact of stolen wages[lvii]. Additionally, reparations do not resolve the problem of families growing up and living in poverty, and the harmful effects on health and wellbeing that this causes. The Victorian government needs to be transparent, hold itself and bodies accountable and increase the scale and scope of reparations.

Transgenerational Poverty

Transgenerational poverty refers to the persistent economic disadvantage that is transmitted across generations within a family or community, often perpetuated by factors such as limited access to education, employment opportunities, and essential resources. In the context of Aboriginal and Torres Strait Islander people, transgenerational poverty is intricately linked to historical and systemic factors[lviii].

The ongoing impact of colonisation, dispossession, and discriminatory policies has contributed to enduring social and economic challenges for Aboriginal and Torres Strait Islander communities. Historical trauma, cultural disconnection, and the lasting effects of discriminatory and exclusionary have created barriers to educational and economic advancement. These factors, combined with contemporary issues like inadequate healthcare and housing, contribute to the persistence of poverty across generations for Aboriginal and Torres Strait Islander families[lix]. Addressing transgenerational poverty among Aboriginal and Torres Strait Islander communities requires a holistic and culturally sensitive approach, acknowledging the historical context while implementing policies that empower and support Aboriginal and Torres Strait Islander self-determination[lx].

Racism

"Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to discriminate against, oppress or limit the rights of others[lxi]."

Aboriginal and Torres Strait Islander people in Australia continue to face pervasive racism that manifests in various forms, impacting their daily lives and overall wellbeing. Systemic discrimination is evident in the disproportionate rates of incarceration, higher unemployment rates, and lower educational outcomes experienced by Aboriginal and Torres Strait Islander communities. Racial profiling, stereotyping, and cultural insensitivity persist in various sectors, including healthcare and housing, and those systems, such as child protection and justice that affect health and wellbeing.

The Victorian Agency for Health Information conducted a survey on the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria[lxii], and the reported incidents of racism that people are facing on a daily basis is disturbing. Almost 1 in 5 (18.8%) Aboriginal and Torres Strait Islander adults experienced racism in the 12 months preceding the survey, which was greater than all cohorts such as people born overseas and far greater than non-Aboriginal people born in Australia:

- The most common place where racism was experienced was in public by a member of the public (70.2% of Aboriginal and Torres Strait Islander adults who experienced racism).
- The second most common place was in a healthcare setting, perpetrated by a member of staff such as a doctor or nurse (47%).
- The third most common setting in which Aboriginal and Torres Strait Islander adults experienced racism was at home, by neighbours, or in someone else's home (37%).
- The fourth most common setting in which Aboriginal and Torres Strait Islander adults experienced racism was when applying for work or at work (36%).

Researchers from Monash University analysed three Victorian Population Health Surveys found that the proportion of adults who reported being in poor health was significantly higher among those who reported experiencing racism, and this increased with the frequency of experiences of racism[lxiii]. Adults who reported experiencing racism at least once a month were three times more likely to report being in poorer health than those who did not report experiencing racism, and almost 1.5 times more likely when they experienced racism less than once a month.

The research also found that perceived racism explained 34% of the gap in self-reported health status between Aboriginal and non-Aboriginal Victorians. Other factors had less influence including: smoking (32%), unhealthy bodyweight (20%), socioeconomic status (15%), excessive consumption of alcohol (13%), and abstinence from alcohol consumption (13%). Physical inactivity made no contribution[lxiv].

Being subjected to racism generates physiological changes that result in irreparable

damage and long-term adverse effects on mental health, including high levels of psychological distress, depression, and suicidal ideation[lxv]. A systematic review of 138 population-based empirical studies focussing on racism and ill-health found an association between the two even after adjusting for a range of confounders, with the strongest and most consistent findings are for negative mental health outcomes and health-related behaviours[lxvi].

Researchers surveying 8000 Aboriginal people throughout Australia found that 58.5% reported being discriminated against (47.5% a low form) and discrimination was significantly associated with measures of social and emotional wellbeing, culture and identity, health behaviour, and health outcomes. The strength of the association varied across outcomes, from a 10-20% increased prevalence for some outcomes (e.g., high blood pressure, to a five-fold prevalence of alcohol dependence, for those with moderate-high versus no discrimination exposure[lxvii].

Other researchers found maternal exposure to racism can create a physiological stress response that can impact on the pregnancy, causing subtle but harmful impact on a foetus that can be maintained into adulthood[lxviii].

There are several indirect pathways by which racism damages health[lxix]. Racism reduces access to employment, housing, and education, which in turn ensures that those affected remain in the lower socioeconomic ranks of society[lxx]. Racism increases the uptake of unhealthy behaviours such as smoking, excessive consumption of alcohol and overeating, as a means of coping[lxxi]. Tobacco use by over 18 years is more than 3 times the rate of non-Aboriginal people. Rather than seeing these behaviours as causing ill health, they are in the primary instance effects of colonisation and racism.

It is important that we note that racism adapts and changes over time, and can impact different communities in different ways, with racism towards different groups intensifying in different historical moments.

The Criminal Justice System

The legacy of racist policies and discriminatory practices, rooted in colonisation, has contributed to discriminatory legal frameworks and law enforcement practices, with these effects persisting today. Aboriginal and Torres Strait Islander over-representation in Victoria's criminal justice institutions has the potential to perpetuate social and economic exclusion, and compound losses of culture, family and purpose, for a growing number of Aboriginal and Torres Strait Islander people.

The Royal Commission into Aboriginal Deaths in Custody[lxxii] (RCIADIC) was a landmark inquiry established by the Australian government in 1987. The RCIADIC identified systemic issues contributing to the deaths, such as social and economic disadvantage, over-policing, and inadequate healthcare in custody. RCIADIC found that the most significant

contributing factor bringing Aboriginal and Torres Strait Islander people into conflict with the criminal justice system was their disadvantaged and unequal position in wider society, which is a direct result of historic and continuing colonisation and intergenerational trauma caused by this[lxxiii].

The recommendations of the RCIADIC were wide-ranging and intended to address systemic issues. However, the implementation of these recommendations has been incomplete[lxxiv]. Some have been partially implemented, while others have faced challenges in achieving meaningful change.

As has been documented many times in many reports, the impact incarceration has on individuals and community, and its connection to lower health outcomes is start. Some key impacts include:

Disruption of Social Networks: Imprisonment can lead to the disruption of social and family networks, which are crucial for mental and emotional wellbeing. The separation from community support systems can contribute to feelings of isolation and distress.

Loss of Cultural Connection: The loss of connection to cultural practices and identity can have profound effects on mental health. For many Aboriginal and Torres Strait Islander people, cultural identity is closely tied to their overall wellbeing.

Mental Health Impact: Aboriginal and Torres Strait Islander people are overrepresented among those with mental health issues. The prison environment, with its inherent stressors and challenges, can exacerbate pre-existing mental health conditions and lead to the development of new ones.

Trauma: Many Aboriginal individuals have experienced historical and intergenerational trauma, which can be further compounded by the experience of incarceration.

Limited Access to Healthcare: Prisoners may have limited access to adequate healthcare, including culturally sensitive services. This can result in unaddressed health issues and exacerbate pre-existing conditions.

Risk of Infectious Diseases: The close quarters in prisons may contribute to a higher risk of the spread of infectious diseases, potentially impacting the overall health of incarcerated individuals.

Overrepresentation in the Criminal Justice System: The disproportionate representation of Aboriginal people in the criminal justice system is rooted in historic and systemic factors, including colonisation, dispossession, and discrimination. This overrepresentation contributes to the cycle of disadvantage and can negatively impact health outcomes.

Barriers to Reintegration: After serving time in prison, individuals may face challenges in reintegrating into society. Discrimination and stigma can hinder access to employment, housing, and social services, which are essential for overall health and wellbeing. Further, some medical records that were kept on a person while incarcerated are not shared with them post release which can delay life saving care.

Aboriginal and Torres Strait Islander people who have spent time in prison at higher risk of poorer health due to an increased exposure to behavioural and environmental health risk factors[lxxv]. Aboriginal and Torres Strait Islander people were more likely than non-Aboriginal Australians to report having some chronic illnesses, according to the Australian Institute of Health and Welfare[lxxvi] .

The impacts of increasing prison populations on the health of incarcerated people were also recently acknowledged by the Victorian Parliament's Inquiry into Victoria's Criminal Justice System[lxxvii]. The inquiry received extensive evidence indicating that the facilities, processes and culture of Victorian prisons may be inadequate to meet the complex health and wellbeing needs of people who are incarcerated. These failings cause high rates of self- harm among prisoners (21%) and that Aboriginal and Torres Strait Islander people 'were more likely to have ever attempted suicide than non-Aboriginal inmates and Aboriginal men were more likely to have ever self-harmed'.[lxxviii]

The Australian Institute of Health and Welfare, *Snapshot- Adult Prisoners*[lxxix], has recognised that adverse health impacts are exacerbated by the fact that many people enter prison with pre-existing, complex health needs. Prisoners have higher levels of mental health problems, risky alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable diseases than the general population. Poor health outcomes for incarcerated individuals persist after release, with another study finding increased risk of mortality, hospitalisation and contact with mental health services[lxxx].

As noted in The Bugmy Bar Book report, 'thousands of Aboriginal people with mental and cognitive impairment are being "managed" by criminal justice systems in lieu of support in the community[lxxxi].

The lack of an appropriate health response is also causing Aboriginal children to be more likely incarcerated. Research has linked youth offending with a high prevalence of Developmental Language Disorder (DLD) or language impairment, where young people who enter the justice system are highly likely to have an unidentified language impairment[lxxxii] . Research on offending and DLD demonstrates that the higher the level of violence or offending, an increase in language impairment severity is noted, and increases in language performance also increase the likelihood of not offending or reoffending.[lxxxiii] As only 35 per cent of Aboriginal children are 'developmentally on track on all 5 domains', the likelihood of Aboriginal children developing DLD or other speech related delays, is considerably high, especially as early detection for Aboriginal children is scarce. [37] For these young people in custody, cognitive impairment is associated with additional experiences of

racism, difficulty in handling emotions, and reduced access to meaningful activities that boost social and emotional wellbeing.[lxxxiv]

The ongoing health disparities felt by inmates when compared to the general population is stark. Efforts to address these health disparities should involve a comprehensive, culturally responsive approach that acknowledges and respects the unique needs and experiences of Aboriginal people. This may include community-based initiatives, improved access to culturally safe and responsive healthcare, and policies aimed at reducing the overrepresentation of Aboriginal and Torres Strait Islander individuals in the criminal justice system.

Efforts to address these issues must involve genuine collaboration with Aboriginal and Torres Strait Islander communities, centring their voices, and rectifying historical injustices for a more equitable and just future.

Education

Prior to European colonisation, Aboriginal and Torres Strait Islander communities had rich and diverse educational practices that were embedded in their cultures. Knowledge sharing occurred through oral traditions, storytelling, art, and practical skills, fostering a deep connection to the land and community. The arrival of European settlers in the late 18th century led to significant disruptions in Aboriginal and Torres Strait Islander communities, including their traditional education systems.

In the 19th and early 20th centuries, mission schools were established with the aim of assimilating Aboriginal and Torres Strait Islander children into European culture. These schools often sought to eradicate their languages and cultural practices, leading to the loss of cultural identity for many Aboriginal and Torres Strait Islander individuals.

Aboriginal communities did try to establish their own schools, with little support. One of the earliest Aboriginal schools in Victoria was established in 1846 near the Yarra Aboriginal Protectorate Station, on land between the Merri Creek and the Yarra River. This early Aboriginal school was supported by the Wurundjeri people, the traditional owners of the land of where this school was located. Clan leader Billibellary sent his children to the school and encouraged others to do the same. After Billibellary's death in 1846, student numbers dwindled and the school closed in 1851.

The state school at Ramahyuck Mission, on the shores of Lake Wellington in East Gippsland on Gunai country, was one of the highest-performing schools in Victoria, achieving results of 100% completion rate in 1872. The results at this school were widely successful and coupled with similarly good scores from mission schools at Lake Tyers and Lake Condah, encouraged the Board for the Protection of Aborigines to seek to place all mission and government reserve schools under the Board of Education. It took 15 years for this to come to fruition, in 1891.

These schools are a perfect example of where education meets the cultural needs of the community, and with Elders support, are widely successful.

In the mid-20th century, there was a shift toward integrating Aboriginal and Torres Strait Islander children into mainstream schools. However, this integration was often challenging due to cultural differences, discrimination, and a lack of cultural sensitivity in the education system.

Historically, Aboriginal and Torres Strait Islander people have lower educational attainment than the total population. Looking back to educational attainment in thirty years ago explains income and wealth disparities existing today. In 1994, 5% of Aboriginal and Torres Strait Islander people aged 15 and over reported that they had never attended school and 71% who were no longer attending school had left before completing Year 12. Three percent of Aboriginal and Torres Strait Islander people aged 15-64 had never attended school compared to 0.1% of all Australians.

In 2021[lxxxv], only 44% of Aboriginal people aged 18+ in Victoria had completed Year 12 at least, compared to 66% non-Aboriginal people. In terms of non-school qualifications, 58.5.% of Aboriginal people have a Certificate III or above, or are studying at any level compared to 72.7% for the non-Aboriginal population; 15% have a degree compared to 39% for the non-Aboriginal population.

"We have far too many of our children trying to succeed in an educational environment that doesn't tell the truth about our history, the Aboriginal history of Australia[lxxxvi]."

The Australian Bureau of Statistics[lxxxvii] also reported on the reasons why Aboriginal and Torres Strait Islander people either chose not to study or did not complete their studies:

- Too much work
- Caring for family
- Too expensive/financial stress

In Victoria, as in other parts of Australia, efforts have been made to address the historical injustices and improve educational outcomes for Aboriginal and Torres Strait Islander students. Initiatives focus on culturally responsive curriculum, community involvement, and supporting Aboriginal and Torres Strait Islander students through targeted programs. However, challenges such as the achievement gap and cultural insensitivity in education persist, highlighting the ongoing need for comprehensive and culturally inclusive approaches.

Disparities in education outcomes persist for Aboriginal and Torres Strait Islander people, including lower rates of school completion and educational attainment. People who are well educated experience better health as reflected in the high levels of self-reported health and low levels of morbidity, mortality, and disability. By extension, low educational

attainment is associated with self-reported poor health, shorter life expectancy, and shorter survival when sick[lxxxviii]. It is crucial to highlight the importance of health checks and health services within schools to ensure the overall well-being of students. In many educational institutions, various health initiatives are implemented to address the holistic needs of students. These initiatives encompass hearing and sight checks, immunisation sessions, and dental checks.

In the context of Victoria, students who actively participate in school activities benefit from routine health assessments. These assessments include regular hearing and sight checks to detect and address any potential issues early on. Additionally, high school students may have access to immunisation sessions, contributing to the prevention of communicable diseases and the overall health of the school community[lxxxix].

A noteworthy addition to these health services in Victorian schools is dental checks. Recognising the integral role oral health plays in overall well-being, the inclusion of dental checks underscores the commitment to comprehensive healthcare for students. This proactive approach not only ensures the early identification of dental issues but also promotes preventive measures, fostering a culture of overall health awareness[xc].

It is essential for students and parents to actively engage in these school-based health services to take advantage of the opportunities provided. Missing out on such health check-ups could result in undetected health issues that may impact a student's academic performance and overall quality of life. Therefore, the collaboration between educational institutions and healthcare professionals in implementing these health services is vital for the well-rounded development of students[xci].

Access to quality education is a key determinant of future health outcomes, and addressing educational inequalities is essential for improving overall wellbeing.

Education can break the poverty cycle - adults with higher educational attainment have greater health and lifespans than less educated people[xcii].

Aboriginal and Torres Strait Islander children and young people in care are experiencing barriers, including racism, that are preventing them from achieving the same outcomes as other students, the Commission for Children and Young people found as part of its *Let us learn* inquiry. The report[xciii] from this inquiry showed that for Aboriginal and Torres Strait Islander children and young people, low expectations and racism can lead to educational disengagement. For those living in care, these experiences are exacerbated because of their removal from family, kin and country.

'In this report, we saw a continuation of the exclusion from education that began with colonisation, and concerningly, unacceptably, this continues today,' said Commissioner Singh.

Commissioner Singh also said that, as well as compliance with the Standards, the

Department of Education must develop a clear and distinct policy that addresses racism in Victorian government education settings to be accompanied by youth friendly resources for Aboriginal and Torres Strait Islander children and young people.

Unemployment and underemployment

Aboriginal and Torres Strait Islander people often face barriers to accessing employment opportunities, leading to higher rates of unemployment and underemployment[xciv]. This does not mean that Aboriginal and Torres Strait Islander people are not fit for employment, but shows an ongoing, systemic problem. Economic disadvantages contribute to lower socioeconomic status, impacting living conditions and access to healthcare services. Participation in employment provides financial and economic security and assists in opening the door to self-determination. Employment status also has associations with outcomes for health, social and emotional wellbeing, and living standards[xcv].

Some of the issues that Aboriginal and Torres Strait Islander people face for lower employment rates include lower levels of education, training and skill levels, poorer health, living in areas with fewer labour market opportunities, higher levels of arrest and interactions with the criminal justice system, discrimination, and lower levels of job retention[xcvi]. Aboriginal and Torres Strait Islander people experience lower rates of employment compared to non-Aboriginal people even when they have the same qualification levels.

The AIHW has reported that in 2021, 58% of Aboriginal and Torres Strait Islander Victorians were employed, which has improved from 48% in 2006 but is still far below the employment rate among non-Aboriginal people in Victoria (75%). Furthermore, only 33.5% of Aboriginal and Torres Strait Islander Victorians were employed full time (non-Aboriginal, 45%)[xcvii].

Despite this inequality, Jobs Victoria disbanded its Aboriginal Employment Unit in 2023 after having its budget cut. It has been reported that Jobs Victoria will have its budget significantly reduced from $25.1 million in 2023-24 to $10 million in 2024-25 and has no funding allocated from 2025-26 onwards[xcviii]. In 2022, the number of Aboriginal and Torres Strait Islander Victorians supported into work placements by Jobs Victoria was at an all-time high, supporting the placement of 331 Aboriginal and Torres Strait Islander women and 451 Aboriginal and Torres Strait Islander men. These placements were also translating into ongoing employment; in 2021, 129 Aboriginal women and 143 Aboriginal men went into part-time or full-time work, representing a respective increase of 130.3% and 113.4% on 2020 figures[xcix].

Housing

Aboriginal and Torres Strait Islander people have faced significant historical issues related to housing, rooted in a complex history of dispossession, discrimination, and social and economic marginalisation.

British colonisation in Victoria forced Aboriginal people from their traditional lands, displacing and dispossessing them. The Aboriginal Protection Act (1869) then led to Aboriginal people being forced to live in missions and stations where housing was often appalling. The later Aborigines Protection Act (1886) forced Aboriginal people deemed to be "half-caste" off reserves, often rendering them homeless. People living on unmanaged reserves might receive rations and blankets from the state or territory government, but often remained responsible for their own housing.

Living in substandard housing in a reserve or struggling to find any housing outside of a reserve, where they were unable to buy a house, was the experience for most Aboriginal people throughout the first half of the 20th century. Following the Cummeragunja walk-off, many Aboriginal people settled in parts of northern Victoria, including Barmah, Echuca, Mooroopna and Shepparton. The area between Shepparton and Mooroopna became known as The Flats. Yorta Yorta elder Uncle Ruben Baksh said the conditions on The Flats were almost uninhabitable[c]:

"They lived in the old tin huts with hessian bags. They had no running water, no electricity, no proper sewerage."

It was not until the Aborigines (Houses) Act 1959 that Victoria's Housing Commission was empowered to build housing for Aboriginal people[ci]. Discrimination in housing markets, barriers to education and employment and intergenerational poverty has restricted Aboriginal and Torres Strait Islander people's access to homeownership, which is still clearly evident today and creating cycles of rental dependency, while the non-Aboriginal population accumulate wealth.

In Victoria, 46% of Aboriginal people live in a home they own or have a mortgage on meaning over half live in rental accommodation[cii]. The Australian Housing and Urban Research Institute has found that secure housing gives people a sense of certainty and control that leads to lower levels of stress and improves the mental health of parents and family stability. These factors resulted in children attending fewer schools and having better educational performance and rates of school completion[ciii]. Home ownership has also been associated with children performing better at school in terms of maths and reading and having lower dropout rates, and better health and behavioural outcomes[civ].

Median average weekly rent for Aboriginal households is $330 in Victoria which is 37.5% of the median total household income of $882 p/w[cv]; housing affordability is defined as rent that is 30% or less of a family's weekly household income.

In Victoria in 2021, 11% of Aboriginal people live in overcrowded homes[cvi] and the World Health Organization has found that smaller homes with more people living in them contributes to spread of airborne diseases (tuberculosis) and respiratory infections (pneumonia)[cvii]. People living in overcrowded housing are 10 times more likely to contract

meningitis and three times more likely to have respiratory problems[cviii]. Cramped living conditions have also been found to adversely affect a child's physical and mental health, and cognitive development[cix].

Access to the now-significant private rental sector is important for both immediate shelter for Aboriginal and Torres Strait Islander Victorians, as well as for enabling wellbeing in other spheres of life, including improved health, education, and employment[cx]. These imperatives are recognised in criticisms of current housing programs for Aboriginal and Torres Strait Islander people and subsequent recommendations, made in a position paper by the National Aboriginal Community Controlled Health Organisation (NACCHO)[cxi].

"Due to the ongoing lack of progress in improving Aboriginal housing and the critical impacts on the health of Aboriginal and Torres Strait Islander people, the formation of an Aboriginal and Torres Strait Islander Housing Sector which is community controlled is essential."

In Victoria, the problem of Aboriginal and Torres Strait Islander homelessness is particularly profound, as the state has *"the highest rate of presentation for homeless assistance by Aboriginal people anywhere in Australia"* – 17% of Aboriginal and Torres Strait Islander people in Victoria sought assistance from a homelessness service within the previous year[cxii].

An Australian Human Rights Commission report on the issues that matter to Aboriginal and Torres Strait Islander women and girls[cxiii] states that, *"In addition to an overall chronic shortage of housing and a decline in housing affordability, too many women reported direct and systemic discrimination when it came to private and social housing[cxiv]"* At most risk of systemic discrimination are *"Women with large families, single mothers or women on social welfare"*, pointing to the complex, multi-faceted and intersectional nature of this discrimination.

Part 2: Current factors impacting health and wellbeing

Predomination of Western culture and concepts of health, and Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) is a complex, multidimensional concept encompassing connections to land, culture, spirituality, ancestry, family, and community. Aboriginal SEWB is situated within a framework that acknowledges Aboriginal worldviews and expressions of culture, including the individual self, family, kin, Community, traditional lands, ancestors, and the spiritual dimensions of existence.[cxv]

The Aboriginal concept of 'healing' is an inclusive term that enables health to be recognised as part of a holistic and interconnected Aboriginal view of health. The concept of healing embraces social, emotional, physical, cultural, and spiritual determinants of health and wellbeing.

Many communities in Victoria and across Australia prefer the term 'social and emotional wellbeing' to 'mental health' as it is a holistic model reflecting a more strengths-based approach to health. Comparatively, the term 'mental health' is an individual negotiated state – often framed in the deficit – and the result of an interplay of factors, both internal and external to an individual rather than a community or collective.[cxvi] While the importance of mental health cannot be understated, Aboriginal peoples "position [mental health] within the larger framework of SEWB – a framework that includes the domains of wellbeing that are unique and essential components of Aboriginal and Torres Strait Islander health" and wellbeing.[cxvii]

- The SEWB model, in

Diagram 3 below, emphasises concepts of health, wellbeing, culture and balance rather than illness and symptom reduction. It includes protective factors that support good health and wellbeing for Aboriginal peoples and Communities. These include connection to body, mind and emotions, family and kinship, Community, culture, Country, spirit, spirituality, and ancestors. The outer wheel speaks to how these factors interact with social, historical, and political determinants of health and wellbeing, and the importance of each element in keeping well.[cxviii]

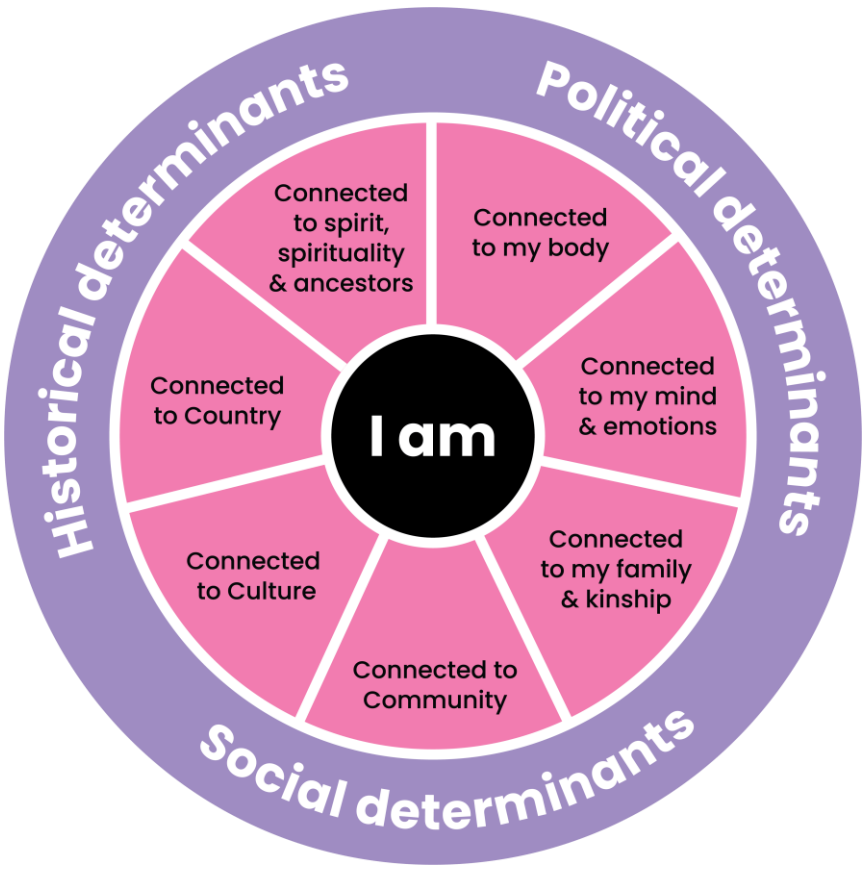
These determinants of health and wellbeing are defined as:

- Social determinants - the impact of poverty, unemployment, housing, educational attainment, and racial discrimination
- Historical determinants - the historical context of colonisation and its ongoing impacts. The impact of past government policies and the extent of historical

oppression and cultural displacement

- Political determinants - the unresolved issues of land rights, control of resources, cultural security, and the rights of self-determination and sovereignty.

Diagram 3



Aboriginal social and emotional wellbeing model ('SEWB wheel') adapted by the Balit Durn Durn Centre from Gee, Dudgeon, Shultz, Hart and Kelly, 2013[cxix]

The SEWB framework acknowledges the enduring link, spanning millennia, between the health and wellbeing of Aboriginal and Torres Strait Islander peoples and their profound connection to identity and self-determination. This connection is intertwined with active participation in cultural practices, language preservation, familial and communal ties, as well as a symbiotic relationship with their lands, seas, and ancestors. Additionally, it encompasses a spiritual dimension of existence.

There is something profound about the stillness and the spiritual presence of the bush. It's a bit like a possum skin cloak, an Aunty would talk about this – you wrap a child in a possum skin, they become quiet and still. I have experienced the same in the bush. Something about the sheer power and size – it calms kids, they are

a bit in awe of it. The really tough kids, they want to smash you up, they punch a tree, they hurt their hand, they kick a tree, they hurt their foot. Its bigger and tougher, but it's not here to hurt them. There is so much here that the kids can observe – it becomes like a wonderland. You can do all sorts of teaching on Country.
(Anonymous Aboriginal Community Member)

Crucial in the pursuit and preservation of SEWB is the concerted effort to address intricate and interconnected "upstream" factors, commonly referred to as the social determinants of health and wellbeing. For example, promoting cultural connections and the cultivation of resilience among children and young individuals, which can prove highly anticipatory and safeguarding of their prospective health and wellbeing.

Conversely, low levels of SEWB among Aboriginal and Torres Strait Islander people are intrinsically linked to underlying factors such as discrimination; racism; grief and loss; child removals and unresolved trauma; life stress; social exclusion; economic and social disadvantage; disproportionate rates of incarceration and child removal by care and protection orders; abuse and violence, including family violence; substance use issues; physical and mental health problems; family breakdown; and cultural dislocation.[cxx]

The Victorian Government has a multitude of frameworks, plans and strategies which talk about supporting Aboriginal ways of knowing, being and doing, however there remains inadequate recognition and minimal resourcing of the implementation of the Aboriginal SEWB model in service systems. The persistent minimising of the model and privilege of clinical Western medicine reveals systems-level stigma and discrimination. For example, culture from an Aboriginal perspective is a fundamental feature of SEWB yet it is frequently negotiated as a 'nice-to-have' or seen as 'fluffy' or 'light', as described by a senior Aboriginal leader below:

"We are constantly asked – what's the evidence? What's the model of care? What are the clinical guidelines to support healing? All that …it feels like when it comes to the budget and action, what we are saying [about what works, Aboriginal therapeutic ways] is not really thought to be effective or not seen as a 'real' therapy or not trusted."

Understanding wellness as a cultural construct enhances the capacity of services to deliver culturally responsive, strengths-based approaches to managing emerging or existing issues for individuals and communities.[cxxi] Failure to understand this, and offering culturally unsafe services, further exacerbates low social and emotional wellbeing yet our experience is that the Aboriginal SEWB model is, generally, not viewed by mainstream providers and

decision-makers as a valid and legitimate approach to treatment, care, and support. VACCHO consistently hears anecdotal accounts from ACCOs in various fora (e.g. SEWB State-wide Gatherings, Member engagements, site visits, Knowledge Holder meetings) of the experiences of the disregard for the SEWB model at a systems level and in budget processes.

Failures of the current mental health system

Aboriginal SEWB and mental health, although closely related, are distinct and separate concepts that are frequently conflated within the healthcare system, leading to incorrect assumptions that these concepts are interchangeable. By incorrectly equating SEWB with mental health, services and the system continue to oversimplify the complex web of factors influencing Aboriginal health and wellbeing outcomes and continue to perpetuate misunderstandings that cause harm.

Victoria's health and wellbeing system is often fragmented, focusing primarily on clinical approaches rather than embracing a holistic understanding of SEWB. Government policies and service delivery systems are structured to isolate single health issues and attempt to address each one separately. These isolated service systems, by design, cannot respond to intersecting and often coincidental issues and ignore Aboriginal conceptions of wellbeing and the practicalities of real-life.

This narrow lens results in service gaps opening in Communities when this need not happen.

"I felt my [counsellor] had no idea about the pain and trauma my family's experience with Stolen Generations and the breakdown of my family as a result."
(Aboriginal Community member)

I had Western counselling and that has helped me. But the Western knowledge I had gained wasn't touching my spirit. Not healing me holistically. I began to immerse myself far more openly in cultural practises, it transformed me. And my Aunties told to keep that connection back to Country. To pick the gum leaves, keep the sandalwood oil to put on my body or have in my diffuser at home. I have dried leaves and rocks and dirt from the desert. They told me that then when I returned home, to go out bush in that Country. Connect with people so you can find local supports there as well. Find

peace in that Country because healing is everywhere, I hear my Aunts say. I realised that it was more than just one element that I needed. To heal from my past, my trauma, and my grief. I realised that I needed to go and seek all those elements to help me feel normal again. (Anonymous Aboriginal Community Member)

Aboriginal culture and identity are essential protective factors for health and wellbeing. In the (rare) circumstances where consumers receive treatment plans, the plans themselves often fail to recognise and incorporate cultural practices, values, and beliefs. This lack of cultural understanding and sensitivity can contribute to feelings of disconnect, disempowerment, and even exacerbate mental health issues among Aboriginal people.

"Cultural healing should not be an [after-thought] but the first step towards recovery." (Aboriginal Workforce member)

Victoria's segmented approach fails to recognise the interconnectedness of social, emotional, and cultural factors that contribute to Aboriginal people's wellbeing. Aboriginal ways of knowing emphasise the importance of considering the whole person and their community in addressing mental health concerns. Likewise, funding models and restrictive service agreements with departments can adversely impact upon ACCOs' ability to develop and provide holistic models of care that centre SEWB at their core.

For too long, Aboriginal people have fallen through the cracks of a fragmented and culturally unsafe mental health system. (Dr. Jill Gallagher, AO)

A predominance in academic literature, of Western biomedical notions of defining, assessing, diagnosing, and treating mental health conditions greatly influence models of care in clinical settings, where Western treatment models are prioritised[cxxii]. VACCHO, when gathering views for our submission in 2020 to the Royal Commission into Mental Health, heard from multiple Community members about the problems caused by healthcare services and policy makers ignoring Aboriginal notions of social and emotional wellbeing:

"I hope [the Royal Commission] will look at the Aboriginal section and think about the ways that our health and healing practises are 60,000+ years old. And (that the Commission) think about it for all people living on these lands. Countless generations have known how life interacts with our

Traditional Countries"
(Senior member of the Aboriginal workforce)

Achieving balance between clinically effective responses with culturally informed solutions, including access to psychosocial support and cultural healing, remains a significant problem in Victoria, requiring targeted responses that are unique to the regional and cultural context.

"We need to look at things differently, we don't fit into this prescription-based culture. We respond to different things; we respond to our Elders. We stop and we listen. We take away what our Elders tell us."
(Aboriginal Community member with lived experience)

Compulsory assessment in the mental health system poses specific injustices. The timeframe for assessment, rarely extended to the full 72 hours, can create pressure, and potentially result in quick decisions. Decision-makers responsible for compulsory assessments may lack a comprehensive understanding of the implications for the individual's wellbeing within the broader context. The current process predominantly aligns with a clinical, Western paradigm, routinely overlooking cultural safety considerations and exhibiting biases. Moreover, the absence of independent third-party support further exacerbates these challenges.

Compulsory treatment in the mental health system presents its own set of obstacles. The predominant treatment approach often relies heavily on high doses of pharmaceutical interventions, while disregarding the validity of Aboriginal therapies and alternative treatment options. This limited perspective undermines culturally appropriate care and neglects the potential benefits of a more comprehensive and inclusive approach to treatment.

Furthermore, there is often insufficient provision of a clear post-care plans. As a result, individuals frequently experience worsening conditions upon discharge, including job loss, housing instability, and the challenging process of regaining custody of their children from out-of-home care arrangements. This lack of comprehensive support undermines the effectiveness of treatments and perpetuates the cycle of disadvantage.

Racism and Cultural Safety

Racism in Victoria's healthcare system

Institutional racism within the health care system reduces access to and quality of health care and this has been well-documented in Australia where Aboriginal and Torres Strait

Islander people often do not receive the same quality healthcare as their non-Aboriginal counterparts which can in turn cause further health disparities[cxxiii]. Of the nearly one in five Aboriginal people who experienced racism in a 12-month period, half of those experienced racism from a doctor, nurse or other staff member at a hospital or doctor's surgery. It was rare for any other people, including people born overseas or who speak different languages, to experience racism in health care settings, so racism appears to be particularly targeted towards Aboriginal people[cxxiv].

In 2018, an online survey conducted by VACCHO and The Royal Melbourne Institute of Technology (RMIT). The survey had 120 respondents and they found that 86% of Aboriginal and Torres Strait Islander people living in Victoria have personally experience racism in mainstream health settings, and 54% said they experienced racism in hospitals every time they went. 88% reported incidents of racism from nurses, and 74% has experienced racism when dealing with general practitioners (GPs).

A senior clinician and health researcher working at VACCHO conducted 78 interviews with 93 health care professionals throughout Victoria, mainly during the years 2015 to 2019. The research will be published but we have included parts of it here, which demonstrates the wide presence of racism within Victoria.

Staff at a rural ACCO advised that their Community won't attend the local hospital because it is so racist and would drive 100km further to go to another one. One of their own Aboriginal staff members didn't go to the Emergency Department over a weekend, preferring to wait until seeing a nurse at the ACCO on the following Monday, despite it being a clear emergency.

A nurse in a rural ACCO said that when their clients attend hospital, they are not treated with dignity and respect, such as the back of their gown repeatedly being left open. She often goes with them to hospital to ensure they receive fair treatment as otherwise she said the hospital "is rougher with them." A very experienced nurse at an ACCO said their local hospital treated Aboriginal people "like animals". At another ACCO, a nurse described that when trying to book an Aboriginal client into another service, if she says the client is Aboriginal, they are told there is a waiting list but if she doesn't say the client is Aboriginal, there is always space. A nurse at an ACCO working in one rural town now takes her ACCO polo shirt off before leaving work because otherwise, if in the shopping centre after work, she will get hospital staff coming up to her to complain that Aboriginal patients do not behave correctly in hospital.

One senior health clinician who is Aboriginal and works at an ACCO went to an Emergency Department last year because she was experiencing significant pain and had no history of this. The Aboriginal person arrived at 11pm at the hospital they used to work at. The staff dismissed their complaints implying that they were seeking narcotics because of addiction, despite the Aboriginal person having no history of pain or prescriptions for pain. They continued to ignore the person's description of symptoms and what tests should be done.

There was no action taken until there was a changeover of staff at 7am when a doctor began doing the appropriate tests. During this time, the Aboriginal person saw that their family, who had accompanied them to hospital, were mistreated and disrespected also. When hearing such testimony, the VACCHO researcher asked the interviewees if they or Aboriginal clients would ever make a complaint. Some ACCO staff said they offered to help clients make complaints but nobody ever saw the point as they never expected any change to happen.

Mandy Miller is VACCHO's Senior Health and Koori Maternity Services Educator and also a qualified midwife who has worked within the mainstream health system and ACCHO's for a number of years. Mandy described how institutional racism is still at play there is a lack of understanding the basic needs of mothers and families.

"The intergenerational trauma caused by Aboriginal babies being taken once being born in a hospital and the mothers being told that they died is something that Aboriginal mothers and families are still scared of to this day. This is why there needs to be more trust with Aboriginal Health Practitioners, and other Aboriginal workforce to help with these concerns and create a better experience for Aboriginal mothers and families. What doesn't help is the stigma that Aboriginal families gets when they enter a hospital. I remember an Aboriginal father having security called because he was seen to be aggressive but he was just excited about having a baby. If I hadn't of been there to advocate and tell staff he wasn't aggressive he would have been removed and child protection called. (being removed by security shortly after his son was born). The hospital staff thought he was being aggressive, but if they only built that trust and relationship with the family like we did, they would know that he was just excited. This ruined the families experience of their son being born."

It was for these reasons that ACCO doctors and nurses advised that Aboriginal people don't stay in Emergency Departments; they are accused of leaving because they don't care about their health, but it's because they don't feel safe and receive mistreatment. A nurse gave an example of how this prevents Aboriginal people from accessing health care; a hospital was finding that Aboriginal pregnant women were not presenting for their glucose tolerance test. They eventually moved the service to the local ACCO and immediately gained 100% attendance.

The VACCHO clinician and researcher also spoke to non-Aboriginal staff whose behavior exhibited aspects racism. For instance, she spoke to a non-Aboriginal GP who had come to work in an Aboriginal health clinic who said after his first day that "it would have been good if I had seen some Aboriginal patients". The GP had seen Aboriginal patients all day but presumably did not match his stereotype of what an Aboriginal and Torres Strait Islander person is.

Another non-Aboriginal doctor showed the VACCHO researcher his schedule for the day and went through each patient saying "that's a normal patient, that's an Aboriginal one".

And he repeated this delineation between being normal and Aboriginal throughout the conversation. A nurse at a hospital used the same phrasing and delineation in their conversation together. The VACCHO researcher found general ignorance among doctors, including those training in rural health, who, for instance, had never heard of ACCOs or what they do.

Testimonial: A man with Huntington's treated as being drunk

My uncle, lived in a Melbourne social housing complex, fell while walking down a flight of stairs, resulting in potential internal and spinal injuries.

He arrived at hospital presenting with symptoms of slurred speech, uncontrolled movements, disorientation and pain from the fall. Immediately, the doctors saw an Aboriginal man from the housing commission and assessed him as being 'just another drunk'. While they did run the necessary tests for a post-fall hospital admission, no further investigation was done into the cause of the fall.

The staff asked what he had had for breakfast and he responded 'Wheaties' but as his speech was slurred, the hospital staff believed he had said 'whiskey'. Despite his protests and attempts to correct the staff, they ignored him and continued with their assessment of drunkenness. Fortunately, I arrived and was able to advocate for him. I knew that he hadn't been drinking and was able to give more medical history.

Even with me advocating for him, the hospital staff were unwilling to do further testing. Nevertheless, I persisted, and my uncle was given a proper examination. Blood alcohol testing proved that he had not been drinking, requiring the hospital to do further investigation. Eventually, he was diagnosed with Huntington's disease, which had been slowly wearing down his motor control, affecting his speech and damaging his health. All of these symptoms were put down to being under the influence of alcohol, and no doctor bothered to look any deeper.

Without me to advocate for him, my uncle could have gone years without proper diagnosis; the racist 'assessment' of intoxication would have left him without the appropriate management plan, medication or diagnosis.

- VACCHO staff member

Fear and shame stemming from stigma and a history of poor treatment of people living with mental health issues plays a leading role in silence around issues like suicide and living with poor mental health which has devastating ripple effects in Aboriginal Communities.[cxxv] Discrimination, stigma, racism, and Othering across multiple generations has instilled a strong sense of distrust in mainstream services.

Victoria's Royal Commission into Mental Health found that "people from Aboriginal backgrounds are over-represented on compulsory assessment and treatment orders compared with the Victorian population more broadly."[cxxvi] We have heard from Community members that they have been admitted based on scant evidence of ongoing mental illness or psychosis.

In 2020, 10.9% of Aboriginal Victorian babies were born with a low birth weight, compared to 6.5% in the general population - and 13.4% of Aboriginal births were pre-term, compared to

7.8% of the general population[cxxvii]. Birthweight is a key indicator of infant health and a principle determinant of a baby's chance of survival and good health (AIHW, 2018). Experiencing discrimination in their pregnancy healthcare has been found to increase likelihood of having a baby with a low birthweight and half of Aboriginal women experienced discrimination or unfair treatment by hospital and/or healthcare services during their pregnancy or immediately afterwards[cxxviii].

The health effects of low birthweight can continue into adulthood with findings of increased risk of Type 2 diabetes, high blood pressure as well as metabolic and cardiovascular diseases[cxxix]. A baby weighing less than 2.5kg at birth is 33% more likely to leave high school early and may have a reduced income throughout their working life[cxxx].

The higher mortality rates among Aboriginal and Torres Strait Islander people in hospitals can be attributed to a complex interplay of social, economic, and healthcare system factors[cxxxi]. Historical and ongoing systemic inequalities, including limited access to quality healthcare, culturally insensitive practices, and inadequate health education, contribute to disparities in health outcomes.

Additionally, a lack of culturally competent healthcare providers and a failure to engage with Aboriginal and Torres Strait Islander communities in healthcare decision-making exacerbate the problem. There have been multiple coronial inquests investigating how failings in the health care system have, in part, led to the unnecessary deaths of Aboriginal and Torres Strait Islander people[cxxxii]. The following inquests highlight continued failures in the health system and recommendations that should be implemented as soon as feasible.

Coronial Inquest into the passing of Mathew Luttrell

Matthew Luttrell was a proud Yorta Yorta man and a father who loved his children and his partner. He was a hard worker and a Carlton Blues supporter.

Mr. Luttrell passed away in Mildura in 2018, a day after being discharged from the Mildura Base Hospital, without a discharge plan. Matthew had been admitted voluntarily to the hospital following a suicide attempt. VALS represented Mr. Luttrell's family in the coronial inquest, which concluded in 2023.

The Coroner found that Mildura Base Hospital failed to ensure that Mathew Luttrell was provided culturally-specific care and treatment during his in-patient stay, and also failed to provide culturally-specific follow-up options or support for his discharge. The Coroner also found that there was a failure to provide Mathew with care and treatment in a way that responded to his complex health needs and afforded him with cultural safety, dignity and respect.

The Coroner made a number of recommendations to improve the cultural competency of the Mildura Base Hospital, including the following:

- All staff at the Mental Health Unit must complete mandatory cultural awareness training, including refresher training on a recurrent basis.

- All hospital policies must be reviewed by the Director of Aboriginal Health and the Aboriginal Health Unit (AHU), with a view to improving their cultural appropriateness.

- All AHU staff must have culturally appropriate clinical supervision arrangements.

- All clinicians must be advised of the role of the AHU during induction, and be required to document steps taken to contact AHU in relation to Aboriginal patients, including any reasons why contact has not been made.

In response to the coroner's findings, Mr. Luttrell's son, Aidan Luttrell, made the following statement:

Dad should not have died, he should have received the healthcare he needed. We always knew that, and we are glad that the Coroner agrees.

This has been a very long and tough process, but we hope that it will be worth it. We hope that the Hospital will implement the Coroner's recommendations so that other families don't have to go through this.

Aboriginal people deserve access to culturally appropriate care

Coronial Inquest into the passing of Harley Larkin

Harley Larking was a proud Palawa and Nunga man, who passed away in 2016 at the age of 23 years. At the time of his death, Harley was an involuntary patient at Northwestern Mental Health (NWMH) in Epping. VALS represented Harley's mother and senior next of kin in the coronial inquest, which concluded in 2020.

In the coronial findings, the Coroner highlighted that the lack of cultural competency of nurses and other support staff contributed to an environment where Aboriginal mental health workers were intermittently refused access to Harley Larking, and their advice and recommendations were not given adequate weight.

The Coroner recommended that all inpatient psychiatric staff at NWMH must undertake regular training in cultural competence in mental health clinical practice. In its response to the coronial findings, NWMH indicated that in 2020, they implemented a mandatory E-learning package for all clinical staff.

Coronial Inquest into the death of Sasha

Sasha was first placed in out of home care in 2011 when she was 3 years old. From 2017, she was in the care of her maternal grandparents, subject to a Long-Term Care Order.

In a statement issued in response to the coronial findings, Sash's father stated: *I miss Sasha, she was so bubbly and full of life. We were a big part of each other's lives and always shared a special bond.*[cxxxiii]

The Coroner found the cause of death to be complications resulting from pneumonia and heart valve infection in the setting of an undiagnosed congenital heart abnormality. Sasha's undiagnosed congenital heart abnormality was the same congenital heart abnormality that her father had been diagnosed with as a child.

The Coroner found that there were gaps in the information gathered by The Department of Families, Fairness, and Housing (DFFH) for children in care, and that the relaying of critical medical information about Sasha were at points delayed, and not communicated effectively. Notably, the Coroner found that there was a delay of more than 9 hours before staff at the Central Gippsland Health Service became aware of critical pathology results.

The Coroner made four recommendations to improve processes in the child protection system, so that DFFH is aware of information about a child's family history, and to improve how Child Protection and contracted agencies manage children in care when they are admitted to hospital:

1. That DFFH review its Child Protection Manual and other relevant policies or guidelines to include guidance to Child Protection practitioners to seek, where possible, familial medical history that may impact the health of a child in its care.

2. That DFFH implement a means of effective urgent communication with its case-contracting agencies, supported by appropriate policy and procedures, in respect of a child in care. The means adopted should be available at all hours and capable of actively alerting the recipient.

3. That DFFH review its Child Protection Manual and other relevant policies or guidelines to make clear to case-contacting agencies, the circumstances in which it expects to urgently receive information concerning a child in care.

4. That the Central Gippsland Health Service take all steps as may be required to eliminate facsimile transmission as the sole means of communication of critical clinical information.

In October 2023, the DFFH Secretary responded to the coronial recommendations, indicating that the Department accepts recommendations 1, 2 and 3 in-principle. The Department is considering the recommendations, including any adverse implications, and expects to implement policy changes by June 2024. The Department of Health is also in the process of implementing recommendation 4.

Racism in the Workforce

Having a significant Aboriginal and Torres Strait Islander health and wellbeing workforce in mainstream health and wellbeing organisations helps create culturally safe healthcare spaces by incorporating Aboriginal and Torres Strait Islander perspectives into service delivery and can increase the capability of non-Aboriginal staff to provide cultural safe care[cxxxiv].

Public agencies are required by legislation to provide a safe workplace but they are failing in this regard. In 2018, VACCHO completed a cultural safety audit of working environments within the Victorian Government which found only 12% of Aboriginal staff felt culturally safe at work; over a third had experienced racism in the previous 12 months, half on multiple occasions[cxxxv]. Aboriginal staff working in mainstream settings told us that patients sometimes say they don't want to be looked after by them or being told to wash their hands. One nurse recounted how a patient, while watching cricket, asked if she was Pakistani and then challenged her Aboriginality.

In mainstream settings, the Aboriginal and Torres Strait Islander health and wellbeing workforce feel their cultural knowledge is ignored and excluded. The negative experiences of Aboriginal and Torres Strait Islander health staff include feeling as though their critical knowledge of cultural protocols and practices can be disregarded by non-Aboriginal staff, as well as continuous questioning of their roles, skills and experiences in comparison to mainstream health professions[cxxxvi].

As a result of this disregard, Aboriginal people are facing discrimination in their careers, contributing to Aboriginal and Torres Strait Islander people in the health sector being underrepresented in all professions and more likely to be employed in lower paying jobs with poor progression onto other roles[cxxxvii]. In a national survey of 378 Aboriginal health staff, where three quarters were employed in government health services, 36% reported that there are limited opportunities for them to progress with 20% advising that a lack of cultural awareness among colleagues is one of the main reasons for holding them back.[cxxxviii]

Respondents of the survey gave further information about the racism experienced in a range of contexts. For example, colleagues questioning their qualifications or health experience, or being challenged about perceived preferential treatment when undertaking training or further studies. While this was an Australian-wide survey, it includes respondents from Victoria and there is no reason to think Victoria is different to other states and territories.

"Where I came from is I got my degree the same way as the non-Aboriginal and Torres Strait Islander people got their degree, but you don't always feel like that because you're asked 'Oh what helped you get…to where you [are]…was there

a special scheme you went through?' You're questioned a lot. Then they question your Aboriginality on top of that."[cxxxix]
(Worker, ACCHO)

VACCHO supports the network of Aboriginal Health Workers and Aboriginal Health Practitioners in Victoria and we often hear that they feel undervalued and dismissed in mainstream health services. Despite being AHPRA registered, other clinicians question their clinical capabilities. One experienced Aboriginal Health Practitioner recounted how her opinion and abilities were repeatedly ignored or demeaned until her colleagues realised she was also a qualified nurse.

VACCHO's Senior Health and Koori Maternity Services Educator, a qualified midwife, described how this diminishing of ACCOs staff is institutionalised by being seen as operating outside of and inferior to the public healthcare system:

"Being someone's midwife throughout their whole pregnancy, providing that culturally safe care and building that relationship, to only then not be able to be the one to deliver the baby just because I'm not employed by the hospital has been distressing for the mothers and their families, but also to me. I am a registered midwife and work under the same insurance conditions, yet I'm not allowed to practice in the hospital (to mainstream hospitals do not trust us to do our job and see us as subpar midwifes) just because we work at an ACCHO. The discrimination is everywhere for ACCHO workers and to community."

The lack of value and career progression sits in contrast to the additional cultural load that Aboriginal people bear when working in mainstream health settings particularly. Cultural load is the added workload for Aboriginal and Torres Strait Islander people, especially in settings where the workforce is nearly entirely non-Aboriginal. The Aboriginal workforce take on additional demands and expectations, such as educating their non-Aboriginal colleagues around culture and racism, or have to take on responsibilities as a member of the Community.

The Victorian government, through the *Korin Korin Balit-Djak* strategic plan, has acknowledged that the workforce within mainstream hospital and mental health settings experience dangerous amounts of vicarious trauma and cultural loads, as well as feeling isolated when there are inadequate opportunities for connection with their peers in the workplace[cxl]

Similar to mentoring, it is important for leadership teams to support the Aboriginal and Torres Strait Islander Health and Wellbeing workforce with structured opportunities for career development. A review of a rural health service in Victoria and their *mangan dunguludja ngatan (build strong employment)* strategy found that newly recruited junior staff were not initially provided the supportive environment and tools needed to thrive, such as a lack of support with transport to/from work, not provided with an Aboriginal

mentor/support network and assumptions made about awareness of formal health and medical language[cxli].

A lack of opportunities available for the workforce to undertake professional development is seen as a barrier for career development, however when there are opportunities Aboriginal staff face multiple obstacles to accessing those opportunities[cxlii]. Such obstacles include financial barriers (costs for travel and accommodation to take training off Country, difficulties completing placements and experiencing a drop in income) through to needing to manage kinship and caring obligations if required to study away from home[cxliii].

> *The biggest barrier is, is our workforce being able to access professional development. So, they find when they're in a job it's really not as easy as asking for professional development time off or being allowed to do anything. And, if it costs money,...[and] there's not a lot of backfilling. It's complex...it's really, really difficult. (Stakeholder)*[cxliv]

Even more challenging is supporting the workforce to meet foundation levels of numeracy and literacy that are needed to enter the health and wellbeing workforce; the latest NAPLAN results in Victoria[cxlv] suggest that numeracy results have gone backwards, with the percentage of Aboriginal and Torres Strait Islander students in the top three bands of results declining in between the recent and previous testing. If key literacy and numeracy standards are falling behind, it is likely that this will impact the availability of job-ready Aboriginal and Torres Strait Islander people in the future. The submission has previously outlined how education has long term impacts on health and wellbeing. Additionally, as Victoria's Aboriginal population is projected to grow the health, and other, workforce will need to grow to match it. If educational attainment is not prioritised this well be a key barrier to being able to provide culturally safe workforces and culturally safe care.

Victorian Prison System

In 2021, despite Aboriginal and Torres Strait Islander adults making up only 3% of the total Australian population, Aboriginal and Torres Strait Islander prisoners made up 30% of all people in prison[cxlvi]. Between 2012 and 2021, the age-standardised rate of imprisonment among Aboriginal and Torres Strait Islander people increased from 157 to 222 per 10,000 adults. However, over the same period, the age-standardised rate of imprisonment for non-Aboriginal Australians remained relatively stable, increasing only slightly from 13 to 16 per 10,000 adults. This overrepresentation is linked to systemic issues such as racial profiling, unequal access to legal representation, and biased sentencing. The stress and trauma associated with interactions with the criminal justice system can contribute to mental health issues and overall health disparities.

In Victoria, the Department of Justice and Community Safety (DJCS) plays a role in overseeing health services within correctional facilities, including those for men, women, and youth. In Victoria, historically, health services had been provided by the public health system. It has only been within the last decade that this has slowly changed, and the government has contracted private health providers to now provide this care. As of 1 July 2023, all of Victoria's men's prisons have their health services contracted to a private international provider, GEO Healthcare[cxlvii]. Previously, all of Victoria's women's prisons had their healthcare contracted to another company called Correct Care Australasia (CCA) [cxlviii], which failed to provide culturally safe and responsive healthcare[cxlix].

This was disastrously most evident in the treatment of Veronica Nelson who died on 2nd January 2020 while in custody at Dame Phyllis Frost Centre. The Coroner's Court found that[cl]:

- Veronica's death was preventable had she been transferred to hospital at any time between her arrival in remand and her death.
- Justice Health and CCA have failed in their legal duty to provide equivalent and appropriate health care to prisoners.
- Both the nurse and the prison officers working at the time of Veronica's death made decisions that were heavily biased by the stigma around drug withdrawal and did not consider withdrawal a medical condition requiring urgent attention.
- The CCA and Justice Health and Justice Assurance and Review Office (JARO) reviews into Veronica's death were grossly inadequate and spoke to a 'disturbing Don't-Ask-Don't-Tell arrangement' that is a matter of grave public interest and explains the continual and repeated systemic failings seen in this case.

Other investigations and reviews have found some of these issues to be routinely present. The Victorian Ombudsman's 2015 report on the *Investigation into the Rehabilitation and Reintegration of Prisoners in Victoria*[cli], highlighted significant shortcomings in the prison healthcare system, including issues related to accessibility, cultural competence, and continuity of care. For Aboriginal and Torres Strait Islander prisoners, the cultural disconnect within the prison environments, where cultural needs and sensitivities are often overlooked, increases the harm to their health and wellbeing while in prison.

A lawyer from the Victorian Aboriginal Legal Service has reported the following in relation to accessing care:

"My clients in prison speak of being denied disability support, access to specialists and prescriptions. They speak of onerous forms and processes to have their basic needs met, and of their medical concerns being ignored or dismissed.

One client with an intellectual disability lost access to disability supports when entering custody and was instead held for months in a cell for 23 hours a day. Another client told us about delays in receiving emergency medical assistance after they had had a stroke.

Other clients say that they have to wait weeks to see a GP and months for specialists. They speak of being denied prescriptions they received in the community, and of health practitioners with no cultural training[cliii]."

The Cultural Review of the Adult Custodial Corrections System final report – *Safer Prisons, Safer People, Safer Communities* (The Cultural Review)[cliii] reported that, "Without exception every Aboriginal and Torres Strait Islander person in custody that we spoke to reported serious challenges in accessing medical treatment including an overwhelming sense that they had no control over their health needs. The Cultural review heard many stories of people living in custody with chronic pain that were poorly treated, under recognised, dismissed and which over time, in addition to the physical pain, resulted in anxiety, depression and emotional instability."

The Review heard from Aboriginal people who said that they were reluctant to use health services because they had been subjected to racism and discrimination, and that bias and racism minimised their health conditions and needs.

As part of this submission, an Aboriginal man currently in Dhurringile prison recounted how at Ravenhall prison last year the healthcare provided was so bad that he ended up in St Vincent's hospital needing urgent care for COPD. He had repeatedly sought consultations and treatment but was always rebuffed and was told the difficulty in his lungs was probably due to having had COVID previously. The same man advised that he had previously been to seek help with his teeth but was told that as he was Aboriginal, he could get it done for free when he gets out so would have to wait till then. The man said half the time the staff didn't care, and the other half they were too busy. He also said the high turnover of staff made it difficult for the health care staff to provide adequate care.

One of the problems that Aboriginal and Torres Strait Islander inmates face is the loss of cultural identity and disconnection from their family, and cultural engagement is significantly associated with non-recidivism[cliv]. Researchers emphasised the importance of culture for Aboriginal and Torres Strait Islander people in custody and a greater need for correctional institutions to accommodate Aboriginal and Torres Strait Islander cultural considerations[clv].

Increasing cultural and family connection while in prison and when being released will help break the cycle and play a role in reducing re-offending. A key theme that emerged from the National Indigenous Drug and Alcohol Committee (NIDAC) stakeholder consultations were the need to improve support during transition back into the community, and the provision of increased capacity to undertake a continuum of care, especially in remote settings[clvi].

The absence of comprehensive social and emotional wellbeing support within the prison system leaves many Aboriginal individuals without the resources they need to cope with the traumas they may be experiencing. This lack of support further perpetuates the cycle of intergenerational trauma and disadvantage that has already impacted many Aboriginal families and communities[clvii].

The Cultural Review reported the damaging cycle associated with arrest and remand for Aboriginal people, including the impact of short periods of custody on their families and their lives, including their access to community-based health and wellbeing supports. Staff identified the impact of churn through the system as particularly challenging to delivering cultural programs and supports.

The Cultural Review of the Adult Custodial Corrections System[clviii] made extensive recommendations regarding the Victorian Prison system, including:

- The Department of Justice and Community Safety should commission a Victorian Aboriginal community-controlled health organisation, peak body or Aboriginal consultancy service to develop a model of care for Aboriginal people in custody (Recommendation 5.8). And that this would lead to a new Community led model of health for Aboriginal people in custody (pg. 516) and a greater role for the direct deliver of health services by ACCOs (pg. 520)
- The Victorian Government should introduce a new legislative framework to shape a more modern adult custodial corrections system with a focus on rehabilitation, safety and human rights (recommendation 2.1)
- There should be revised Service Delivery Outcomes based on the World Health Organisation's Health Prison test (2.2)
- Implement the Options Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2.4)
- Develop a Custodial Mental Health and Wellbeing Action Plan (3.1)
- Develop a new statutory positive duty to improve cultural safety for Aboriginal people (5.3)
- Enhanced role for Aboriginal Elders to create an adult custodial corrections system that better responds to the needs of Aboriginal people (5.6)
- develop an Aboriginal Workforce Plan to guide the recruitment, retention, supervision and career development for Aboriginal staff within leadership and operational roles (5.13)
- the Department of Justice and Community Safety should partner with the

> Department of Health and health service providers to establish governance arrangements to support the proposed public health model for delivery and oversight of health services across the adult custodial corrections system. (6.19)

VACCHO supports the findings of the Cultural Review and requests the Victorian Government to implement all of its recommendations and also those still outstanding recommendations from the Royal Commission into Aboriginal Deaths in Custody[clix]. We also request the Victorian Government to advocate for Medicare to be available for people in custodial settings.

Under-resourcing of ACCOs

The treatment of non-government schools within the education system compared to Aboriginal Community Controlled Organizations (ACCOs) within the health system can be likened to a disparity in recognition and support. Non-government schools, while still being independent, are acknowledged as integral components of the education system, being part of the overall funding model and provided resources to ensure quality education. In contrast, ACCOs, which play a crucial role in providing culturally sensitive health services to Aboriginal and Torres Strait Islander communities, often rely on short-term, piecemeal funding. The Victorian government has neglected to fully integrate the independent ACCOs within the healthcare framework, thereby hindering their ability to address the unique health needs of Aboriginal and Torres Strait Islander peoples.

Funding

ACCOs receive funding from many sources, including the Victorian and Commonwealth Departments concerned with Health and Social Services, including services to support Housing, Children, Youth, Women, Men, Families and Elders, Equality, Justice and Law, Education and Training, Environment, Land, Planning, Regional Development and Business Development, and from the Departments of Premier and Cabinet and Prime Minister and Cabinet. This also includes agencies of Government including the National Indigenous Australians Agency (NIAA) and Primary Health Networks (PHNs). ACCOs also generate fee for service income through Medicare, NDIS, Aged Care and the Childcare Subsidy Scheme, but these market-based funding mechanisms are generally not financially viable for the population size, level of need and complexity of their clients. To offer these essential services ACCOs must subsidise from other income. ACCOs often develop social and business enterprises, including agriculture and tourism. There is a relatively small amount of philanthropic investment in Victorian ACCOs.

The Victorian government has committed to the ACCO integrated and multidisciplinary approach, but funding is still fragmented and disintegrated. Funding to ACCOs comes in dozens of separate grants, which are rarely recurrent even though they are for ongoing service delivery. There is no integration of funding across departments to meet the holistic and integrated approach. Further inefficiencies come from funding notifications late in the

financial year, payments provided months after services are required to commence and rushed responses to crises.

The fundamental challenges for ACCOs is that the Victorian Government does not see it is as an equal part of the health and wellbeing system in Victoria as it does public health agencies. This means that ACCOs do not enjoy the same predictability of funding that public health agencies do, often being left out of government initiatives and schemes and fighting for whatever is leftover in the budget. The Victorian Government should be able to form funding relationships with ACCOs that maintain the independence of ACCOs but provide the same level of consistency and predictability of funding that public health agencies enjoy.

Current funding approaches lead to challenges with:

- Workforce attraction and retention, as long-term contracts cannot be offered,
- Covering operating costs, such as corporate staff, building and maintenance, technology development and quality and accreditation management, as these must be funded through small overheads in multiple grants for services,
- A uniquely high reporting burden, engaging with multiple funders and their varied requirements,
- Multiple uncoordinated data collection requirements, and a lack of data sovereignty to support the ACCO model.

ACCOs have told us that too often the Victorian government expects them to deliver services that ACCOs have had no involvement in designing. A recent example was the government's change to address public drunkenness as a health issue rather than criminal one. Despite the long deliberation and planning process the government undertook, it did not involve ACCOs in the design of the response or services. The result was that ACCOs did not engage with the tender opportunity because they did not think the service specifications were what was needed by Community.

ACCOs did subsequently agree to consider delivering services when they were advised they would have freedom to determine the service model. That changed upon service commencement, however, with the government pushing a service that focussed on responding to public intoxication only, rather than preventative health promotion efforts. Additionally, the government wanted ACCOs to treat all types of intoxication, including other drugs than alcohol.

ACCOs knew that this service was not a priority for their Community nor what was needed in terms of health and wellbeing, and this has been proven by ACCOs only having had a handful of calls regarding public intoxication since the service began. ACCOs are also reporting having to attend weekly meetings to report on the service. If ACCOs had been

involved in designing services and given autonomy to meet what Community needed and wanted, the public would be enjoying greater outcomes and better use of funding.

The burden of fulfilling extensive reporting obligations to funders can divert valuable time and resources away from core missions of ACCOs, which is delivering essential services to Aboriginal and Torres Strait Islander communities. The intricate reporting frameworks, often focussed on prescribed activity-based outputs may not align with the cultural nuances and community-centric approaches of Aboriginal organisations, leading to a disconnect between the intended impact and the reported outcomes.

In the report, *Is Funder Reporting Undermining Service Delivery?*[clx], Rumbalara Aboriginal Co-operative held 48 separate agreements with 12 agencies (five Victorian Government departments, three Australian Government departments, three government-funded not-for profit agencies and one other agency) for services to be delivered in the 2013–14 financial year. This arrangement required 409 reports against 46 of these agreements. A further two agreements required data be reported into databases that can be accessed at any time by the funder. The number of agreements per funding body ranged from 1 to 12 and the number of reports from 1 to 137.

Table 1 shows a snapshot of the amount of reporting that Rumbalara need to do for one financial year:

Table 1

Reporting frequency	Number of reports
Annually*	53
Bi-annually	52
Quarterly	88
Monthly	216
Total	409

* One agreement can contain two annual reports if the agreement includes funding for different projects or programs. When a final report for a program is to be submitted, this was counted as an annual report.

While this comprehensive analysis was completed ten years ago, the reporting burden has not decreased. VACCHO analysed FY20-21 funding to some of our ACCO Members and found that, on average, they were required to provide a formal report for every $25,587 in funding received. This equated to having to report formally every 2.7 business days. ACCOs do not receive sustaining funds to run their corporate operations, develop or maintain their

infrastructure or data management resources. They must build this capacity from an Administration overhead (Indirect Costs) applied to each piece of funding. This is usually 10% to 20%, sometimes zero; well below the 33% of total funds that research has shown to be adequate to meet these operational costs[clxi].

A further consequence of organisations reporting against different funding streams is that client data may have to be entered into multiple systems, duplicating work and it making it harder to have all information about a client in the one place. Data about the client and their diabetes-related care will be entered into a patient reminder and recall system (Communicare) and then extracted into a form appropriate for reporting to the Australian Government or for claiming from Medicare. Dental records will be entered into a database maintained by Dental Health Services Victoria (Titanium). Housing data will be entered into the Specialist Homelessness Information Platform (SHIP) and also extracted and uploaded into the Specialist Homelessness Online Reporting (SHOR) platform for the AIHW. Depending on the nature of the justice and family services required, data will be reported into other databases—such as the Victorian Government's Integrated Reports and Information System (IRIS).

Databases designed for reporting for different programs generally do not interface with each other. While ACCHOs are acutely aware of the need to collect and maintain quality data so that they can plan, review and evaluate the services they deliver, the way data are reported for compliance purposes does not facilitate its use for these purposes.

Establishing systems for efficient and accurate data collection, along with implementing the processes for reporting data to funding agencies, requires significant time and expertise. Such a high number of service agreements creates a significant organisational risk requiring management and oversight.

Pay Disparities for ACCO staff

Wage disparities are a barrier for increasing the Aboriginal and Torres Strait Islander health and wellbeing workforce for numerous reasons. This includes industrial awards and agreements inconsistently acknowledging or privileging the specific skill set and lived cultural experience that Aboriginal and Torres Strait Islander staff hold[clxii], or if employed in the ACCO sector they may be unable to seek an above award wage due to a lack of available funding to top up salaries beyond the industrial awards. Furthermore, ACCOs are having to compete with non-Aboriginal healthcare providers, who appear to be able to pay above award wages or higher salary bands.

In 2023 a high-level salary review was undertaken by Price Waterhouse Coopers Indigenous Consulting (PIC) as part of a Benefits and Entitlements Gap Assessment. During this process, salary discrepancies between roles in the ACCO sector and like roles in mainstream health organisations was raised as a key impediment to staff recruitment and retention across the sector. Several ACCOs asserted that mainstream organisations are

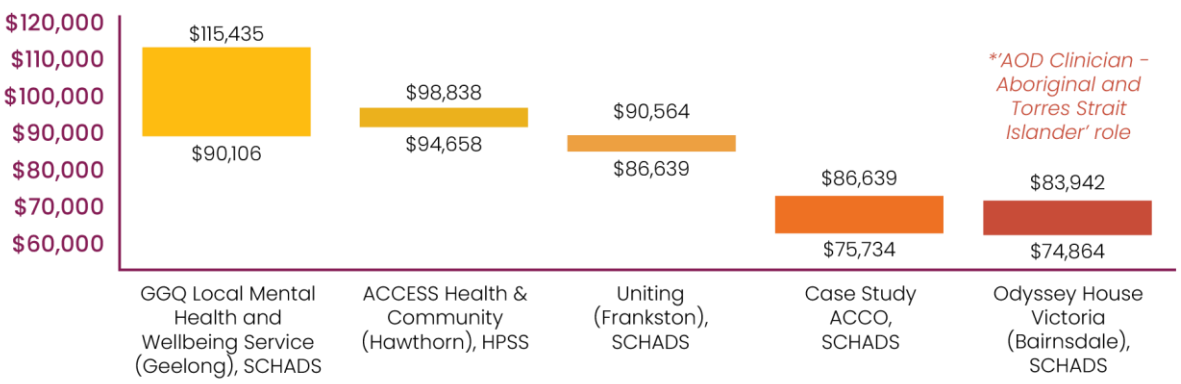
often able to offer higher salaries than ACCOs for certain roles making it difficult to attract, maintain and build a suitably qualified and experienced workforce. In one case study, PIC found that the salary of a Senior Alcohol and Drugs Clinician role at one ACCO was lower than the salaries of equivalent Senior AOD clinical roles at three mainstream organisations. This particular role was the same as an 'AOD Clinical - Aboriginal and Torres Strait Islander role' (a designated role) which was a more junior position with fewer responsibilities at Odyssey House, in a neighbouring town.

CASE STUDY: 'Senior Alcohol and Other Drugs (AOD) Clinician' role at an ACCO

An ACCO is recruiting a "Senior AOD Clinician' to assist clients overcome various AOD issues, provide referral support and counselling, and deliver clinical direction and practice guidance to wider SEWB teams. This full-time role has a salary based on the SCHADS Award ranging from Level 4.1 (-$75,734) to Level 5.1 (-$86,639) depending on the candidate's qualifications and experiences.

As outlined below, the salary offered by the ACCO for this role is lower than the salaries of equivalent 'Senior AOD Clinician' roles at three mainstream organisations in Victoria (i.e. GGQ Local Mental Health and Wellbeing Service, ACCESS Health and Community and Uniting). Although these organisations are based in metropolitan locations and, therefore, may command higher salaries based on location costs, a senior AOD Clinician at the ACCO is paid the same as an 'AOD Clinician - Aboriginal and Torres Strait Islander' role (i.e. junior position with fewer responsibilities) at Odyssey House Victoria in Bairnsdale, a neighbouring town approximately 45 minutes away.

The salaries for a 'Senior AOD Clinician' at the ACCO compared to mainstream organisations



The new private health care provider for prison, GEO Care, have recently begun recruiting Aboriginal Health Practitioners. GEO has advertised their roles for Aboriginal Health Workers and Practitioners as $90k[clxiii], whilst the maximum wage for an Aboriginal Health Worker (Grade 5 Level 3) under the award is $1415.50pw x 52 = $73,606[clxiv]. This disparity will harm ACCOs who cannot offer the same remuneration as the private healthcare company is funded at higher levels.

Infrastructure

In 2012 Aboriginal Affairs Victoria, under the then Ballieu Liberal National Coalition Government, commissioned consultants to gather information on the infrastructure needs of 31 Aboriginal and Torres Strait Islander organisations across Victoria to inform the

development of the Department's strategic plan on infrastructure for key Victorian Aboriginal and Torres Strait Islander Organisations. The report was released in April 2013[clxv].

The authors concluded that a key problem was:

> *"The lack of clarity regarding government agency responsibility for infrastructure projects for Indigenous organisations has inevitably led to under-investment in capital programs. As multi-purpose Indigenous organisations provide a range of services to Aboriginal communities, funding of infrastructure is not the responsibility of a single government department."*

Thirty-two organisations and 50 buildings were inspected and the following was found:

- 17 buildings were not suitable for current functions
- Twenty-one building fell short of the current standard or were non-compliant
- Eleven buildings had poor fabric condition
- Two building had poor or unsuitable structure
- Six buildings/sites had poor accessibility
- Over 90% of built environments assessed rated poorly for sustainability
- Seventeen buildings or sites had limited or no potential for expansion

The authors reported that:

> *"In many cases, the limited number of confidential consulting rooms with appropriate infection control has impacted on the capacity to provide health checks. The limited number of counselling rooms has impacted on family services and mental health capacity."*

Of the 32 organisations, the report found:

- 5 primary sites were constructed as a domestic house and service functions have changed significantly from the original function of being a gathering place
- 4 primary sites were constructed for other uses: a butcher shop, a fish and chip

shop, a youth refuge, and an AOD rehab centre

- 17 organisations have expanded functions beyond capacity of their primary site

The authors estimated the cost of required infrastructure investment over a ten-year period, based on the primary site of the 32 organisations studied to be a total $203.525m (capital projects: $146.47m; maintenance expense: $39.19m; Life Cycle Cost: $17.87m)

The authors note that some organisations have multiple sites and therefore total infrastructure needs of the organisations "may well be in excess of the above cost estimates."

To meet these needs, the authors recommended the creation of an Aboriginal and Torres Strait Islander Infrastructure Investment Framework to provide a whole of government approach to investment in partnership with Aboriginal and Torres Strait Islander communities.

Since that report, no action has been taken to develop an Aboriginal and Torres Strait Islander Infrastructure Investment Framework, nor has there been any other plan or strategy developed. This has meant that another assessment of infrastructure needs is being conducted, which the Victorian Department of Health is assisting with, including funding, but also comes at great time and cost to ACCOs, despite there being no promise of funding eventuating from it.

Currently, there is no specified infrastructure funding for ACCOs. Existing funding options are competitive and small:

- The Commonwealth Health Department's Major Capital Works grant, offered at irregular intervals. It will only fund facilities for primary health care, and preferences remote or very remote regions, which excludes most Victorian ACCOs. It won't fund mental health facilities, alcohol and other drug services, disability, out of home care, aged care and many other aspects of holistic health approach of Victorian ACCOs. The largest possible grant is around $10 million, so it might only partly fund a new build.

- The Victorian government's Aboriginal Community Infrastructure Program is a well-managed fund but in 2020/21, with $3 million to allocate, it had around $30 mil in funding requests. With the largest possible grant at 1.6 million, it will only part-fund a new build.

- The Victorian government's Regional and Metropolitan Health Infrastructure Funds only fund repairs and maintenance, not new construction. Their accessibility to ACCOs has improved through liaison with VACCHO in recent years, but it is still highly competitive. A risk associated with this funding is that dollars support buildings that are past their lifespan and not fit for purpose.

Some of these opportunities will only fund part of a larger project when full funding is confirmed, a status which can never be achieved. Some are restricted to one service area only. There is no funding for cyclical maintenance, to prevent problems arising. State and Commonwealth governments still largely fund ACCO's service delivery through project-based funding, and the actual cost of infrastructure development and maintenance is not within the cost structure. As a result, ACCOs are also left scrambling to cover the associated upkeep to maintain safe premises. Infrastructure funding is a prime example of how ACCOs are not seen as an equal part of the health system and do not receive the same infrastructure funding and support that public health agencies do.

Investment in more culturally appropriate infrastructure to facilitate effective holistic models of care is a priority for ACCOs, especially given the Aboriginal and Torres Strait Islander population in Victoria has increased by 73% since the report[clxvi] and the Aboriginal and Torres Strait Islander Victorian population is projected to grow at 3.8% per annum compared to the general Victorian population of 1.6%[clxvii]. Infrastructure is unnecessarily limiting the services that ACCOs can offer their local Community.

A lack of accountability

The Victorian Government does not provide data for the following Closing the Gap targets:

- Life Expectancy (target 1)
- Housing and access to essential services (target 9b)
- Family safety (target 13; Victoria did in 2018/19 but has not since)
- Suicide (target 14)
- Languages spoken (target 14; Victoria did in 2018/19 but not since)
- Digital inclusion (target 17)

Despite the Council of Australian Governments agreeing the six Closing the Gap targets in 2008, including life expectancy, 16 year later, the Victorian government is still unable to report what the life expectancy of Aboriginal people in Victoria is.

The Australian Bureau of Statistics conducted a review into, published in November 2023, and found that it is unable to produce reliable life expectancy estimates for Aboriginal people in Victoria because:

1. There are frequent inconsistencies in the Indigenous status of people in death records compared to the same people in the census;

2. The number of Aboriginal deaths recorded is much lower than would be expected when considering census records over time.[clxviii]

The under identification of Aboriginal people in the Aboriginal and Torres Strait Islander status of death records means that there are very few numbers of Aboriginal deaths in

many of the sex and age categories. To produce estimates of life expectancy for the Aboriginal and Torres Strait Islander population, deaths and population estimates are required for 19 age groups (0, 1–4, 5-year groups to 84, then 85 years and over) and sex. There was an average of 4,409 Aboriginal and Torres Strait Islander registered deaths in Australia during 2020–2022. Disaggregating these deaths in Victoria by age groups and sex meant that of the 38 age-sex combinations, 10 had fewer than three Aboriginal deaths in 2020–2022.

Death records are collected as administrative data from the Registrars of Births, Deaths, and Marriages in each state/territory. All states and territories use information acquired from the Death registration form (DRF) to identify an Aboriginal and/or Torres Strait Islander death. The family, health worker or funeral director may not record that the person was Aboriginal and/or Torres Strait Islander, however.

Most jurisdictions, but not Victoria, supplement information in the Death Registration Form from the medical certificate of cause of death (MCCD) to improve the identification of Aboriginal and/or Torres Strait Islander deaths, although in 2022, there were still 975 deaths in Australia (0.5%) where the Aboriginal and Torres Strait Islander status was unknown.

Funeral directors are the most common registrants for deaths in Victoria through the Births, Deaths, and Marriages Victoria portal. It is unclear as to whether Aboriginal identity is something that you must check yes or no to, or if it is an optional add-in. As funeral directors have not been in our line of advocacy so far, it is highly likely that the importance of that data is not something they are aware of and would only identify the deceased if they are 'obviously' Aboriginal, or the family specifies it. Doctors and coroners can also register deaths, but it is less common than funeral directors.

The Victorian Government has been aware of this issue for years, and even with the ABS' report on methodology failings, has not acted upon it. As a result, Victoria has no data on two of the most important Closing the Gap targets and is also not included in the national data reports.

This is evidence of how the Victorian government has repeatedly found it easy to express commitment without delivering it, and how Aboriginal issues quickly fall down the agenda to such an extent that the Victorian government does not even appear to care that it has no way of knowing about such fundamental things as the life expectancy of Aboriginal people.

Another example of how Government commitment can be fleeting is the surfeit of plans and strategies that are publicised without funding dedicated to implement them, meaning their intentions are often left unfulfilled. This is why nothing changes. The Cabinet of the Victorian Government endorsed the Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan 2023-2025 in May 2023 but has not set aside funding to implement it. This means that Government departments and VACCHO have to make submissions

through the annual Victorian government budget process before beginning implementation. This in itself is as extremely costly and time-consuming process and holds no guarantee of success despite the Cabinet having already endorsed the actions. VACCHO has also experienced this with the Government's commitment to implement recommendations from the Royal Commission into Mental Health.

Since the Royal Commission handed down its final report in 2019, VACCHO's Balit Durn Durn Centre has advanced implementation of critical recommendations to advance the SEWB of Aboriginal people across Victoria, including facilitating two co-design processes as response to the Royal Commission recommendations[clxix] as well as the development of an Aboriginal-led suicide response strategy.

Realising the intent of the Royal Commission is impeded by the necessity to engage in budget bidding. This bureaucratic requirement, while seemingly procedural, introduces a layer of complexity and potential injustice to the pursuit of systemic reform essential for Aboriginal SEWB.

The requirement to bid for budget allocations implies that the very initiatives intended to address critical issues highlighted by the Royal Commission, and subsequently demanded by the community, are contingent on fiscal approval. This process introduces delays and uncertainties that undermine the urgency and importance of implementing recommended reforms.

Part 3: Healing

Aboriginal ways of Knowing, Being and Doing

Aboriginal ways of Knowing, Being and Doing refers to the holistic and interconnected approach to life, knowledge, and actions that are inherent in the cultures and worldviews of many Indigenous peoples across the globe, particularly for Aboriginal and Torres Strait Islander people. This concept reflects a deep understanding and respect for the interconnectedness of all things - people, land, animals, and the spiritual realm.

Knowing

Aboriginal and Torres Strait Islander knowledge is often passed down through oral traditions, storytelling, and narratives. Elders play a crucial role in transmitting knowledge to younger generations. Learning is often experiential, with individuals acquiring knowledge through direct experience and observation of the natural world.

Being

Aboriginal and Torres Strait Islander cultures often view the world holistically, recognising the interconnectedness of all elements in the environment. Many Aboriginal and Torres Strait Islander cultures believe in a deep spiritual connection to the land. The land is not just a physical space but a living entity with its own spirit and significance.

Doing

Aboriginal ways of doing involve engaging in cultural practices, ceremonies, and rituals that connect individuals to their communities, ancestors, and the natural world. Aboriginal and Torres Strait Islander communities often have sustainable practices that have been developed over generations, reflecting a deep understanding of the environment and the need for balance.

It's important to note that the specific ways of Being, Knowing, and Doing can vary among different Aboriginal and Torres Strait Islander cultures and communities. However, the overarching theme is a holistic and interconnected approach that values the relationship between people, the land, and the spiritual realm. Additionally, acknowledging and respecting the diversity of Aboriginal and Torres Strait Islander cultures is essential, as each community may have its own unique traditions and ways of life.

Culture and Kinship

Reconnecting Aboriginal and Torres Strait Islander people to their traditional cultural practices has been associated with improvements in educational outcomes, increases in employment levels, and reductions in specific risk-taking behaviours. It has also been shown to improve exercise frequency and dietary choices[clxx]. Australian Institute of Health and Welfare (AIHW) data, Aboriginal people with strong connections to Country are 65% more likely to report good health than those who feel less connected[clxxi]. Similarly, a report by the Lowitja Institute demonstrated the important but undervalued role of culture as a

resource for good health and wellbeing and highlighted the need for investment in Aboriginal leadership and self-determination, cultural expression and continuity, and connection to Country, family, kinship, and language[clxxii].

The benefits of being able to speak Indigenous language are clear including being more likely to report overall life satisfaction; have greater engagement in various economic sectors; have increased pride in their community and have greater learning engagement. Particular benefits include[clxxiii]:

- Up to 90 percentage points more likely to participate in cultural activities
- 12 percentage points more likely to be socially connected
- 10 percentage points more likely to feel that they have a say in their community
- 11 percentage points more likely to report higher emotional wellbeing
- 8 percentage points less likely to be diagnosed with a mental health condition

Aboriginal Community Controlled Organisations are uniquely situated and best placed to provide services and support across the social *and* cultural determinants of health and wellbeing. ACCOs provide localised, culturally responsive services within a high-trust Aboriginal-led environment, addressing health and wellbeing outcomes and the influences that determine them. These include wrap-around support in the areas of employment, housing, justice, addiction, early childhood care and education, and many others. Additionally, ACCOs work to ground their Communities in culture, identity, and belonging, and to restore connections to Country, kinship, and family, often without any specific funding for these approaches.

In 2021-22, VACCHO piloted the Culture + Kinship program, an initiative that specifically funded ACCOs to self-determine the design and implementation of programs aiming to increase connection to culture, kinship, Community, and Country. In one example, Budja Budja Aboriginal Cooperative (an ACCO in regional Victoria) developed on-country cultural immersion experiences for primary and secondary school-aged Aboriginal children and youth. The experiences included dance, art, storytelling, ceremony, and sport. One young participant said, *"Learning all this [cultural knowledge] makes me feel proud."*[clxxiv]

An independent evaluation found that participants reported (i) increased pride in their Aboriginal identity, (ii) improved confidence, self-esteem and mental wellbeing, and (iii) increased connection to their Community. Additionally, the ACCO reported that their connections to families in their Community had been strengthened and enriched, which has been essential for improving utilisation of services. An independent and internationally assured Social Return on Investment (SROI) analysis of the Culture + Kinship pilot found that $8.28 of social return was generated for every $1.00 invested.

The independent evaluators concluded:

"All these immediate outcomes have a fundamental significance for the longer-term outcomes and impacts that Culture + Kinship is aiming to achieve. In addition to the immediate outcomes (as demonstrated through the Impact Yarns), it is highly likely that ongoing maintenance of, and funding for, Culture + Kinship will bring about more fundamental shifts in Aboriginal and Torres Strait Islander health and wellbeing over a longer period of time."

Recommendation

1. Develop a dedicated, coordinated, statewide Aboriginal early intervention and prevention program in Victoria that prioritises investment in self-determined, Aboriginal led initiatives that build connection to Community, Culture, Country and Kinship.

Social and Emotional Wellbeing

The significance of SEWB within the healthcare context for Aboriginal and Torres Strait Islander people is paramount. SEWB is not just an isolated component of healthcare but is integral to achieving overall health and well-being. It recognises that mental and emotional health are inseparable from physical health and that a comprehensive approach is necessary to address the complex interplay between these dimensions.

The holistic nature of SEWB aligns with the cultural perspectives of Aboriginal and Torres Strait Islander communities, emphasising the interconnectedness of mind, body, and spirit. Incorporating SEWB into primary healthcare recognises the unique needs and cultural determinants of health for Aboriginal and Torres Strait Islander people, thereby enhancing the effectiveness of healthcare interventions.

ACCOs prioritise a holistic approach, integrating cultural practices, community engagement, and SEWB programs into their healthcare delivery. This approach acknowledges the social determinants of health and the historical trauma experienced by Aboriginal and Torres Strait Islander communities, providing a more culturally safe and responsive environment[clxxv].

"We need places where mob can help mob. The system is failing. I was at a psych ward with my daughter a few months ago and I sat down with the psychiatrist. At every step of the way, my daughter has fallen through the cracks.... My dream is to have sessions out in the bush.... We would sit down by the creek, have a cuppa and a yarn. There will be an Elder you can have a yarn with, and then you could head off to the local gathering place and do some art or some

storytelling. It's what we need more of."
(Aboriginal Community member with lived experience)

"I watched families come into clinical settings with all these layers of complexity thinking they had to walk away with a diagnosis, because then you know how to treat it – but it's much bigger than that. We give kids more and more medication, instead of going into the bush. Linking in with Aunties and Uncles. Our kids end up on really high doses. The most frustrating thing when I saw our kids on all that medication, was trying to get through to their spirit. I remember one boy saying. "It feels like my spirit is stepping away from my body."
(Aboriginal member of the ACCO workforce)[clxxvi]

Based on local Aboriginal need, the establishment of five on Country healing centres in Victoria would significantly change the support options available to those in need and respond to sustained calls by Communities for Aboriginal-led, culturally appropriate services. These centres will also create an important alternative to those not wanting to engage with medical systems due to previous or associated trauma. On Country healing centres have a multitude of benefits, as they will:

- provide a place for Aboriginal-led trauma informed healing that integrates traditional and contemporary practice.
- restore language, knowledge systems, kinship, and Aboriginal customs.
- create paid employment opportunities for Elders who will play a critical role in the healing of young people and Communities.

Recommendations

The solutions proposed in the Balit Durn Durn Report remain relevant and main ones include:

1. Establish five on-country healing centres (or camps) to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture.
2. Invest in recurrent funding arrangements into multidisciplinary social and emotional wellbeing teams in ACCOs to secure long-term statewide coverage. An equivalent WEIS loading, or similar mechanism, should also be developed and implemented to

support funding of ACCOs.

3. Address the mainstream system stigma associated with the Aboriginal Social and Emotional Wellbeing Model.

4. Review implementation of the Mental Health and Wellbeing Act relating to restrictive practice and assess the extent to which the government is 'acting immediately' to ensure restrictive practice is only used as a last resort.

Family-based approaches

Evidence and best practice—from across Australia and internationally—show the importance of family wellbeing in predicting positive life outcomes and that access and participation in primary/universal services significantly de-escalates risk and reduces the need for further interventions.

There are many positive reforms happening through Wungurwil Gapgaduir for greater self-determination in child welfare and there are recent investments in Aboriginal family preservation and reunification. However, there is significant under-investment in the provision of universal and primary services to support the known need of Aboriginal families. According to the latest available data, Victorian Aboriginal families made up only 10 percent of Victorian families receiving intensive family support, and less than 5 percent of Victorian families receiving non- intensive family supports[clxxvii]. This not in line with the rights or best interests of Aboriginal children, families or communities

An Aboriginal family wellbeing approach would restore the strengths and resilience of Aboriginal families and empowers them to raise their children drawing from the strength of their culture. It draws on evidence that family functioning is the biggest predictor of late life outcomes. It recognises that poorer life outcomes and overrepresentation of Aboriginal people in tertiary systems (justice, child protection, housing and homelessness, family violence, and AOD) are a direct result of the impacts of colonisation.

Queensland has adopted this approach to Aboriginal families and children both in system reforms and service delivery and have heavily invested in ACCOs to provide universal/preventive services. This has achieved promising results, including the stagnation of rates of Aboriginal children entering the state's tertiary systems.

Their 20-year strategy Our Way: A generational strategy for Aboriginal and Torres Strait Children and Families (2017-2037) is a whole of government response to strengthen Aboriginal families and is governed by a First Nations Children Board to oversee progress, set action plans, and report on a bi-annual basis to Parliament.

In 2019-20 the Queensland government invested $42 million in community-controlled Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) to support families to care for their children. Delivered at 32 sites across the state, these services are culturally

informed and inclusive of all Aboriginal families focusing on self-referral and prevention and early help.

Queensland's Family Wellbeing Services (FWS) has supported more than 20,000 Aboriginal and/or Torres Strait families in Queensland and have a high-level of success in de-escalating risks and addressing family needs. 93% of children and families that completed a FWS required no further investigation by child protection in the following six months.

Last year, VACCHO launched a Centre of Excellence for Aboriginal Families Wellbeing. The Centre of Excellence for Aboriginal Families Wellbeing is dedicated to advancing the rights and social and emotional wellbeing of families in Aboriginal and Torres Strait Islander Communities throughout Victoria. The Centre of Excellence will also explore new ways of supporting the family as a whole. This will involve fostering a transformative paradigm shift in the narrative surrounding Aboriginal families, whilst challenging and dismantling deficit-driven and racist perspectives.

Traditional, ancient Aboriginal models of parenting and raising children promote holistic health and wellbeing, cultural resilience, and a strong sense of community and identity. These models are grounded in the values of respect, responsibility, and reciprocity, which are essential for building strong and healthy Aboriginal families and communities.

Through research, programming, advocacy, and collaboration, the Centre will seek to influence positive change by amplifying the voices of Aboriginal families and empowering them to shape policies and practices that promote their social wellbeing, self-determination, and prosperity.

Recommendation

1. The Victorian Government, working with ACCOs and the Centre of Excellence for Aboriginal Families Wellbeing shift focus and funding towards implementing Aboriginal family wellbeing models.

Restoring Self-Determination

Treaty

VACCHO supports the treaty process in Victoria and the agreement of a state-wide treaty with the First Peoples' Assembly of Victoria and local treaties with Traditional Owner groups. Treaties will take a significant stride towards restoring self-determination in the lives of Aboriginal people and Community. This empowerment will enable much-needed systemic change and is fundamental for the transformation of health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria.

Treaties are our opportunity to reckon with past injustices and tackle the ongoing effects of

them, as described in Part 1. It will bring an end to the era of the non-Aboriginal government appointee having the powers to rule the lives of Aboriginal people and enable the transformation of current discriminatory policies and practices still harming our Community. VACCHO hopes that through a statewide treaty, there will be a permanent Aboriginal representative body, such as the First Peoples' Assembly of Victoria, that has democratic and traditional owner representation and that this body will have some decision making authority and also ability to influence Parliament in its areas of responsibility. This could also take the form of designated seats for Aboriginal people in Parliament.

Treaty is not about creating separate communities within Victoria though, it's a chance for all Victorians to create a better future together, as equals. VACCHO does not advocate for two separate health and wellbeing systems, one for Aboriginal people and one for non-Aboriginal people. VACCHO sees a future where thriving ACCOs offering a range of health and wellbeing services are seen as an integral part of Victoria's health and wellbeing system. ACCOs will still have independence and specific purpose to serve Aboriginal people, but the whole health and wellbeing sector will remain responsible for delivering culturally safe healthcare for Aboriginal people. Aboriginal people should have the right to access the same services as other citizens do, if that is their choice.

Recommendations

1. The Victorian Parliament and First Peoples' Assembly of Victoria continue their commitment to treaties in Victoria.

2. A state-wide treaty provides for a permanent, democratic, traditional owner representation and that they will have some decision making authority and also ability to influence Parliament in its areas of responsibility. This could also take the form of designated seats for Aboriginal people in Parliament or the continuation of a body like First Peoples' Assembly of Victoria.

3. The whole health and wellbeing sector, with ACCOs properly recognised as a key part of that sector, will remain responsible for delivering culturally safe healthcare for Aboriginal people.

Adopting the UN Declaration on the Rights of Aboriginal and Torres Strait Islander Peoples

VACCHO believes Aboriginal and Torres Strait Islander people should have their human rights respected through Australia's formal adoption of the United Nations Declaration on

the Rights of Indigenous Peoples (UNDRIP). This would raise Australia to the global standard and ensure that the traditions, culture and language of Aboriginal and Torres Strait Islander people continue into the future.

UNDRIP is the key instrument, internationally, for the recognition of Aboriginal and Torres Strait Islander peoples rights. The inseverable and unceded rights of Aboriginal and Torres Strait Islander people are the right to:

- enjoy all human rights and fundamental freedoms recognised under the UN Charter, Universal Declaration of Human rights and international human rights law (article 1),
- freedom from discrimination (article 2),
- self-determination (article 3);
- standards of free, prior and informed consent (article 19); traditional medicines and health practices (article 24); and
- maintain, control, protect and develop Indigenous Cultural and Intellectual Property (ICIP) and the intellectual property which incorporates ICIP (article 31)

Australia endorsed UNDRIP in 2009 but has not adopted it into in Australian law and policy. The Australian Parliament's Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs published a report in November 2023 recommending that the Australian Government:

- Amend parliamentary human rights scrutiny processes to formally include consideration of UNDRIP
- Develop a National Action Plan, in consultation with First Peoples, to outline a coordinated approach to implementing UNDRIP across all Australian jurisdictions

At the time of writing, the Commonwealth Government had not published a response to this.

The Australian government does have its *Revive, Australia's Cultural Policy* which states the government's commitment to working with Aboriginal and Torres Strait Islander people to establish a stand-alone legislation to recognise and protect Indigenous Cultural and Intellectual Property, but this is only a part of UNDRIP.

The Victorian Government has also not fully adapted its laws and policies to implement UNDRIP, nor set out a plan to do so.

The Victorian Charter of Human Rights sets out the twenty basic rights, freedoms and responsibilities of all people in Victoria. The Victorian Charter is consistent with some of the

rights identified in UNDRIP, including the right to culture (s19), and the right and freedom to express culture (ss 14-15), and must be afforded by all public organisations in Victoria. The Charter does not include the right to self-determination however.

Recommendations

1. The Victorian Government must make plans to implement UNDRIP, adapting laws, policies and practices to make them consistent with Australia's official endorsement of UNDRIP.
2. The Victorian Government should amend the Victorian Charter of Human Rights to include a right to self-determination.
3. The Victorian Government must work with Aboriginal Community Controlled Organisations to develop the plan for implementation.

Data sovereignty

VACCHO sees Aboriginal Data Sovereignty as a fundamental component of Aboriginal self-determination, recognising Aboriginal and Torres Strait Islander communities' right to own, control, generate, access, and maintain data that is derived from them and data relating to their culture, identity, and knowledge[clxxviii].

Unethical data practices by mainstream and non-Aboriginal practitioners, researchers and services who use Aboriginal data statistically overwhelmingly represent Aboriginal people in a deficits framing, which has significant policy consequences[clxxix]. Aboriginal Data Sovereignty acts to reduce harm caused by the misuse and misappropriation of Aboriginal data through strengthening Aboriginal governance and control of Aboriginal data. Aboriginal Data Sovereignty operates in a rights-based framework supported through Article 31 of the United Nations Declaration of Rights on Indigenous People (UNDRIP). Additionally, Aboriginal self-determination is a fundamental right supported by Article 3 of the UNDRIP.

Under the National Agreement on Closing the Gap, all jurisdictions have committed to advancing capacity for data sharing amongst organisations and providing meaningful change in relation to Aboriginal Data Sovereignty as per Priority Reform 4. At an organisational and governance level, data collection, maintenance and use must be consistent with the ethical use of data, in particular acknowledging Aboriginal-led work about Aboriginal Data Sovereignty and Aboriginal Data Governance.

Under Victoria's Closing the Gap Implementation Plan (2021-2023), the Victorian government has committed to implementing existing Data Sovereignty commitments. The Victorian government has also committed to supporting Data Sovereignty under the Victorian Aboriginal Affairs Framework (VAAF). Furthermore, the Self-Determination Reform

Framework (SDRF), stipulates that departments will develop and implement a whole of government approach to improving the quality, accessibility and use of Aboriginal data and will consider Aboriginal Data Sovereignty in reform[clxxx].

While commitments to Data Sovereignty exist in a number of current policies, there is little government co-ordination in progressing these commitments and providing Aboriginal communities, peoples, and organisations with self-determination over Aboriginal data. We know that data-sharing between the Victorian Government and ACCOs is a recurring government commitment across frameworks that is often not prioritised.

Data sovereignty allows Aboriginal and Torres Strait Islander communities to participate actively in research and health initiatives. By involving communities in the decision-making processes related to data collection and analysis, healthcare providers can ensure that the information generated is relevant, respectful, and aligned with the cultural context. This, in turn, contributes to the development of targeted and effective healthcare strategies that address the specific needs of Aboriginal and Torres Strait Islander peoples. There is a current "data desert": the absence of the types of data Aboriginal and Torres Strait Islander people need to make informed decisions about their lives, communities, tribes, and nations[clxxxi].

VACCHO has been working with ACCOs to build a centralised analytics hub using a data lake. We have called this project Deadly Data. In development since 2021, it aims to provide VACCHO and ACCOs with reliable and timely data, based on Aboriginal Data Sovereignty principles. In practice, Deadly Data is data that can be easily understood and used as a basis of long-term planning.

Deadly Data will enable ACCOs to leverage economies of scale to avoid duplication of effort, develop reports and dashboards, and focus on providing more targeted services. It is envisaged Deadly Data will be centrally maintained by VACCHO as custodians, with the community owning the data. This empowers self-determination with permissions for use set to organisational and individual level, so access is provided in a timely manner to the appropriate people.

Recommendations

1. The Maim nayri Wingara Aboriginal and Torres Strait Islander Data Sovereignty Collective is a network of Aboriginal researchers and practitioners dedicated to advancing Aboriginal Data Sovereignty in Australia. The Victorian Government should embed Aboriginal Data Sovereignty and Data Governance definitions, principles and obligations, as expressed by Maiam nayri Wingara, in government frameworks, policies, and systems. This should also be included in the implementation activities required under the National Agreement on Closing the Gap.

2. The Victorian Government should fund a capacity building program so ACCOs can collect, maintain, govern and access their data, and utilise government/public data.

3. The Victorian Government should ensure health and wellbeing service providers and organisations embed practices that uphold Aboriginal data sovereignty and best-practice data protection, including the CARE Principles for Aboriginal and Torres Strait Islander Data Governance and the Aboriginal & Torres Strait Islander Data Archive Protocols.

4. The Victorian government should provide shared access to government data for ACCOs and communities such as developing Negotiated Data Access Agreements, and supporting these throughout the health and wellbeing sector.

5. The Victorian Government fund Deadly Data for long-term maintenance and support ACCOs to participate in it.

marra ngarrgoo, marra goorri - The Victorian Aboriginal Health, Medical and Wellbeing Research Accord

Aboriginal and Torres Strait Islander peoples continue to experience poor health outcomes, exacerbated by exclusion from clinical trials and a lack of genuine Community involvement in research[clxxxii].The current top-down approach to research in Victoria neglects Community interests, hindering the effectiveness of health, medical and wellbeing research[clxxxiii], and research involving Aboriginal people has predominantly been led by non-Aboriginal people. For example, of the 546 NHMRC projects that investigated Aboriginal and Torres Strait Islander peoples' health issues between 2010–2016, only 50 (or less than 10 per cent) were led by Aboriginal and/ or Torres Strait Islander researchers[clxxxiv].

For over 35 years, Aboriginal and Torres Strait Islander communities have been attempting to improve the way that research is conducted in Victoria. The outputs of several Community-led workshops have fallen on deaf ears, and little has changed in this time[clxxxv]. To date, despite having one of the most productive health and medical research sectors in Australia and being a global leader when it comes to clinical research, Victoria is one of the only states in the country that does not have any Aboriginal and Torres Strait Islander specific processes to promote and ensure a high standard of ethics when conducting research that impacts Community[clxxxvi].

The Victorian Government has sought to change this and committed to 'develop an Aboriginal research accord to recognise and embed culturally safe practices and respect in medical research'. To deliver this commitment, the Government funded VACCHO to lead the development of *marra ngarrgoo, marra goorri* – The Victorian Aboriginal Health, Medical and Wellbeing Research Accord, which was launched in October 2023. It includes Guiding Principles and Implementation Actions that aim to improve ethical standards of Aboriginal and Torres Strait Islander research in Victoria so that they align with Aboriginal

and Torres Strait Islander principles of self-determination.

The plan to implement the Accord contains the following key actions:

- Establish an Aboriginal and Torres Strait Islander Research Ethics Committee
- Implement an Accord Accreditation Scheme for research organisations to enable institutional change
- Create capability building initiatives including delivery of training for Aboriginal and Torres Strait Islander researchers, non-Aboriginal and non-Torres Strait Islander researchers, and establishment of Community-Based Research Developer (CBRD) roles within Aboriginal Community-Controlled Organisations (ACCOs)
- Establish an Aboriginal and Torres Strait Islander Research(ers) Network

Recommendation

1. While the Victorian Government has endorsed the Accord, and initiated its development, it has not committed funding to implement it. The Government should provide long term secure funding, of at least three years, to implement the Accord.

Increasing the scope and capacity of ACCOs

It is accepted that Aboriginal people should have the choice of accessing health care from Aboriginal Community-Controlled Organisations (ACCOs) aligning with the principle of self-determination and recognising the importance of culturally safe healthcare to improving health and wellbeing outcomes. The same logic should apply inside prisons and other healthcare settings.

ACCOs have demonstrated a remarkable track record in delivering culturally responsive and community-specific healthcare services, which have led to better health outcomes for Aboriginal people[clxxxvii]. ACCOs prioritise holistic approaches that address not only physical health but also consider cultural, social, and emotional factors that contribute to overall wellbeing. The need for this type of care is even greater in prisons than outside prisons.

VACCHO Members

Timeline

Established	VACCHO Member		Established	VACCHO Member	
1973	1997	Victorian Aboriginal Health Service	1993	1997	Moogji Aboriginal Council East Gippsland
1974	1997	Murray Valley Aboriginal Co-Operative	1994	1997	Dhauwurd Wurrung Elderly and Community Health Service
1974	1997	Njernda Aboriginal Corporation	1994	1999	Mungabareena Aboriginal Corporation
1974	1997	Rumbalara Aboriginal Co-Operative	1997	2003	Lake Tyers Health & Children's Service
1975	1997	Dandenong & District Aborigines Co-Operative	1999	2003	Budja Budja Aboriginal Co-Operative
1975	1997	Gippsland & East Gippsland Aboriginal Co-Operative	2001	2002	Bendigo & District Aboriginal Co-Operative
1977	1997	Kirrae Health Service Inc.	2001	2011	Melbourne Aboriginal Youth, Sport & Recreation Co-Operative
1977	1997	Ngwala Willumbong	2005	2011	Albury Wodonga Aboriginal Health Service
1978	1997	Wathaurong Aboriginal Co-Operative	2005	2020	Mullum Mullum Indigenous Gathering Place
1979	1997	Ballarat & District Aboriginal Co-Operative	2006	2017	Boorndawan Willam Aboriginal Healing Service
1982	1997	Goolum Goolum Aboriginal Co-Operative	2007	2019	Kirrip Aboriginal Corporation
1982	1998	Gunditjmara Aboriginal Co-Operative	2007	2011	Lakes Entrance Aboriginal Health Association
1983	2013	Cummeragunja Housing & Development Aboriginal Corporation	2009	2012	Oonah Health & Community Services Aboriginal Corporation
1984	1997	Mallee District Aboriginal Services	2011	2016	Weethunga Health Network
1991	2002	Aboriginal Community Elders Services	2012	2016	Bubup Wilam Aboriginal Child and Family Centre
1991	1997	Winda-Mara Aboriginal Corporation	2016	2023	Nairm Marr Djambana Inc.
1992	1997	Ramahyuck District Aboriginal Corporation			

Research[clxxxviii] has consistently demonstrated that ACCOs play a crucial role in improving health outcomes for Aboriginal people by delivering culturally responsive and community-specific healthcare services. These organisations employ holistic approaches that address not only physical health but also social, emotional, and cultural aspects[clxxxix]. The lack of access to ACCOs within prisons underscores the need for policy changes to ensure equitable healthcare options for Aboriginal and Torres Strait Islander prisoners, which could potentially lead to improved overall wellbeing and rehabilitation outcomes[cxc].

Scope of services

ACCOs in Victoria provide a wide range of health and wellbeing services, and others including agriculture, food and tourism. There is a great range among ACCOs in terms of the number and types of services that each provides. In terms of scale, this is, sometimes, due in part to the size of the local Aboriginal Community and whether there are other ACCOs or mainstream services nearby. However, the difference in scale and scope of services is often due to funding disparities that can be rooted in historical anomaly rather stemming from considered analysis of need.

In Victoria, there are two problems: gaps in funding for ACCOs to ensure full and equitable coverage of services, and an overall lack of support for the ACCO sector to increase its capacity without compromising the principles of community-control or undermining the holistic and multi-disciplinary model that ACCOs practice.

We have presented the issues Aboriginal people experience while in prison, stemming from an inability to access culturally safe or Aboriginal-controlled care. The evidence supports the direct funding of ACCOs to deliver health care for Aboriginal people in prison. Other priority services are outlined as follows.

Alcohol and Other Drug Services

For example, individuals who are ready for AOD detoxification and rehabilitation services are not able to access appropriate services when and where they need. There are almost no services that can accommodate immediate access for families experiencing addiction.[cxci] There are very few Aboriginal-run AOD rehabilitation services in Victoria, and even fewer residential support services specific for Aboriginal women with AOD dependence. The overlap between AOD dependence, family violence, and child protection involvement demonstrates that more services for supporting women with AOD dependence is essential.

Aged Care Services

Aboriginal people are not well served by the current aged care system. Evidence provided to the Royal Commission into Aged Care Quality and Safety highlighted a lack of cultural safety throughout the system, insufficient funding for ACCO led aged care services, and the need for an Aboriginal and Torres Strait Islander Aged Care Commissioner.

The Royal Commission Interim Report[cxcii] stated that the current aged care system fails to grapple with the realities of the barriers faced by Aboriginal Communities. It noted that Australia's history includes mass displacement, dispossession, cultural disruption, loss of language, and policies of assimilation, which have led to intergenerational trauma, a deep distrust of mainstream and government services, and pervasive inequality in life expectancy, health status, education and employment outcomes.

As older Aboriginal people and Elders continue to live longer lives, the need for culturally safe residential aged care services is becoming more and more urgent. Historically, access barriers have been further compounded by additional vulnerabilities arising from higher rates of disability, comorbidities, homelessness, and dementia. These complexities are beyond the capabilities of many residential aged care services to provide comprehensive integrated care for. Moreover, to feel secure and culturally safe, many older Aboriginal people and Elders have a preference to be cared for by an ACCO.

There is significant unmet need across the state for ACCO led residential aged care services. Only two ACCOs have been funded to establish residential aged care facilities, and the current funding arrangements constrain their capacity and undermine their ability to sustain the necessary workforce. This was recognised by the Royal Commission's final report[cxciii] which said "where there is no provider, there is no institutional care. We have no doubt that informal carers shoulder much of this burden. A lack of care options can be devastating for Aboriginal and Torres Strait Islander people who have to leave their communities and Country to access care in regional or major cities."

Oral Health and Dental Services

In the three Victorian ACCOs that have been funded to develop dental services, an integrated service delivery model has proven to be effective and efficient. ACCOs have been successful at co-locating and delivering dental services alongside general primary care, family services, aged care services, maternity and early childhood health and education services, and a range of other health and wellbeing initiatives. Examples include:

- Co-locating dental chairs within ACCO clinics to enable general health checks and dental check-ups to happen at the same place and time.
- Having medical receptionists, Aboriginal Health Practitioners, and nurses working collaboratively with GPs, Dentists and Oral Health Therapists to provide efficient continuity of care.

- Ensuring that oral health is considered, and dental services are engaged, by KMS Midwives and Aboriginal Maternal and Child Health Nurses, integrating dental check-ups into antenatal and early years care.
- Ensuring that oral health is considered, and access to dental services is facilitated, for older Aboriginal people and Community Elders.
- Establishing partnerships with mainstream dental practices to provide opportunities for their dentists to provide visiting services on-site at the ACCO.
- Having fluoride varnish applied within general health checks by Aboriginal Health Practitioners. This has been possible since the Aboriginal Health Practitioner scope of practice was expanded in 2022.

The extent to which these services are integrated is unprecedented in the health system and are treated as an anomaly by funding models. At the same time, when health policy and planning initiatives set goals, they usually describe a future-state that resembles the integrated and multi-disciplinary model that already exists in ACCOs.

We have presented the issues Aboriginal people experience while in prison, stemming from an inability to access culturally safe or Aboriginal-controlled care. The evidence supports the direct funding of ACCOs to deliver health care for Aboriginal people in prison.

Each ACCO should be funded to deliver a core set of health and wellbeing services so that any Aboriginal person in Victoria has the opportunity to access common services run by an ACCO. Deciding what the core mix should be developed in discussion with ACCOs but an example would be:

- clinical services such as general practice, allied health, chronic disease management and oral health
- Children and family services including Koori Maternity Services and youth groups
- Cultural services including connection to Kin and Country Social and emotional wellbeing services including spiritual wellbeing, mental health, AOD and housing
- Disability and aged care services

Recommendations

1. The Victorian Government works with ACCOs to develop a core mix of services delivered by all ACCOs to be funded by the Victorian Government.

2. The Victorian Government fund ACCOs directly to provide health care services in custodial settings, implementing the recommendations from the Cultural Review of the Adult Custodial Corrections System.

3. The Victorian Government to implement all the outstanding recommendations from the Royal Commission into Aboriginal Deaths in Custody[cxciv].

4. The Victorian Government to advocate for Medicare to be available for people in custodial settings.

Funding

VACCHO seeks a Victoria where Aboriginal Community Controlled Organisations (ACCOs) are truly Community-controlled, from funding provision to service delivery, and where self-determination is evident at every turn. Redesigning funding models for ACCOs to enable recurrent, outcome-focussed approaches will enable a sustainable, economical and empowered Aboriginal health sector. This newly tailored model would determine an equitable proportion of funding required for all health and wellbeing services offered by ACCOs, and would include operational costs.

The Victorian Government has committed to establishing a policy that all funding for all funding for Prevention and Early Intervention programs/services related to Aboriginal Health and Wellbeing in Victoria is first offered to Aboriginal Community Controlled Organisations, through appropriate procurement processes. Where that is not possible for some reason, the Government is to establish guidance for all mainstream organisations receiving Department of Health funds for prevention related to Aboriginal Health and Wellbeing in Victoria. This guidance includes expectations and guidance for working with and resourcing ACCOs, where appropriate[cxcv].

The Productivity Commission has recommended governments institute 7-year funding agreements[cxcvi] and the Department of Health has committed to develop and implement a policy so that operational funding for ACCOs is recurrent or multiyear (4-year minimum) unless it meets strict criteria that justifies it being less. This new policy would be for existing and new funding arrangements and would include indexation. We would like to see all Victorian Government departments move to this standard.

Part of the transition would also be to combine contracts for multiple streams into a single contract between the ACCO and the Department of Health. This would reduce administrative and reporting burdens on ACCOs and is also a policy that should be adopted across the Victorian Government.

Recommendations

1. Develop an economic model for an equitable proportion of funding to the Aboriginal health and wellbeing sector, reporting progress of investment targets through the Aboriginal Health and Wellbeing Partnership Forum.

2. The Victorian Government, in consultation with VACCHO, implement a policy where

operational funding for ACCOs service delivery becomes an outcomes-focussed recurrent funding contract and includes indexation.

3. The Victorian Government produce a plan and timeline for transitioning funding to outcomes-focussed recurrent funding for ACCOs with support for them to transition.

Infrastructure

All ACCOs must have the infrastructure to support the services, staff and clients they work for and with. With the necessary funding, our evidence-based best practice services can grow and evolve into sector-leading facilities that meet the needs of their Community, with potential for co-located services so that further investment is not immediately necessary once finalised.

Infrastructure includes the offices, housing and other facilities, their accessibility and suitability for use, as well as digital infrastructure and IT systems of ACCHOs and ACCOs. Aboriginal population growth has exceeded projections at an average of 2.3% per year and has put unprecedented demand on ACCOs across the state[cxcvii].

Victoria's Department of Health has committed to developing business cases for government consideration for land acquisitions and capital funding for ACCOs to meet the self-determined immediate, medium and long term identified infrastructure needs of a minimum of 12 sites. This is welcome but is dependent on the Department of Health successfully bidding for money in Victorian Government budget processes, and will not cover all ACCOs[cxcviii].

The Department has also agreed to develop the framework and submit a business case to the Victorian Government for an ACCO Perpetual Infrastructure Fund to provide long-term ongoing self-determined minor capital, maintenance, planning and management resources for ACCOs across all holistic wrap-around services. Establishing such a fund would meet the Victorian Government's commitment to transfer power and resources under the Self-Determination Reform Framework.

Recommendation

1. The Victorian Government funds land acquisitions and capital for ACCOs to meet the self-determined immediate, medium and long term identified infrastructure needs of a minimum of 12 sites.

2. The Victorian Government establish an ACCO Perpetual Infrastructure Fund to provide long-term ongoing self-determined minor capital, maintenance, planning and management resources for ACCOs across all holistic wrap-around services.

Digital Capability

Currently, every ACCO in Victoria is required to use different data collection systems to provide data collected by Department of Health, Family Services and other parts of government. Effort is duplicated across the sector, and after data is entered in these systems, there can be lack of transparency around how the data is used.

The Client and Case Management (CMS) technology project has been developed by VACCHO to address the security, workflow and data sovereignty issues that arise from the lack of resources for data management in the ACCHO sector. In development and rollout since 2021, the CMS is a system and reporting reform for non-clinical areas of service delivery, replacing widespread paper-based systems with digital workflows to maximise accuracy of data collection, security and sovereignty.

Modules for 20 service areas have been developed and are being progressively implemented at Victorian ACCHOs. Those ACCOs and service areas now rely on the maintenance of CMS for their record-keeping and report savings of 1.5-2 hours per day, per worker: approximately $1.2 million per 100 fulltime CMS users, per annuum.

Recommendation

1. The Victorian Government invest in digital systems and capability of ACCOs as it would mainstream public health agencies.

Eradicating discrimination

Policies and acts of discrimination arise from racist beliefs, often connected to notions of perceived inferiority. The racist ideas that British people brought with them to Australia have

been planted here and are now woven into social beliefs, media portrayal and government institutions. Non- Aboriginal and Torres Strait Islander people have lived here for 240 years with predominate culture that treats Aboriginal and Torres Strait Islander people and our ways of knowing, being and doing as inferior. This belief is so woven into the Australian fabric that non-Aboriginal people do not even see their own racism and may deny that racism even exists, despite the abundant evidence of what our eyes see and our ears hear. We continue to suffer racism and it is killing us.

To eradicate racism we need to change the belief that Aboriginal people and our ways of knowing, being and doing are inferior. Even the major policy framework, Closing the Gap, reinforces the notion that Aboriginal people are inferior to non-Aboriginal people. The discourse of Closing the Gap dominates how non-Aboriginal Australians sees Aboriginal and Torres Strait Islander people, and the premise of Closing the Gap is that we have picked markers that Aboriginal people compare worst to non-Aboriginal people in. Conversely, we could have picked a different range of markers in which Aboriginal and Torres Strait Islander people compare very favourably to non-Aboriginal people, and then the discourse would be how non-Aboriginal people should be working to close the gap.

Indeed, if Aboriginal and Torres Strait Islander people and non-Indigenous people are to reconcile, there has to be a mutual act of coming together to close the gap. Non-Aboriginal people must take a step towards us too. This step could take the form of non-Aboriginal people closing the gap between us by learning more about Aboriginal and Torres Strait Islander culture and history. It could be a step where non-Aboriginal people begin learning words from our languages or the messages behind some of our dances.

VACCHO wants all Victorian to value Aboriginal and Torres Strait Islander culture, hold up our heroes, and speak our languages. We want Aboriginal and Torres Strait Islander culture to be a part of Victoria that is present and visible just as European culture is. It is tokenistic to have day at the Australian Open tennis dedicated to us or a particular round of football given to our art on their shirts. Aboriginal and Torres Strait Islander culture should be woven into the fabric of Victoria so that it is present every day and in every place. And then, in that fabric, there will no longer be any space for racism.

Recommendations

1. Use 26 January as a day for people to understand why it is a day causes pain in our Community and we come together to celebrate Australia on another day.
2. Fund the revitalisation of Aboriginal languages.
3. Increase the dual presence of Aboriginal and English language names for places and objects.
4. Give prominent status to Aboriginal leaders, such as the First Peoples' Assembly of Victoria co-Chairs, at Victorian State functions and occasions.

5. Raise the status of Aboriginal organisations by funding them as core to their various sectors (e.g. health, arts, education) so that they are not continually seen as the poor cousins.

6. Teach Aboriginal history, culture, and language in schools.

7. Establish mechanisms where official complaints of racism or discrimination can be lodged with ACCOs who are funded to work with The Victorian Equal Opportunity and Human Rights Commission.

8. Have adequate punitive regimes for people who practice racism and discrimination, including online and in the media, and support for people making complaints.

Improving mainstream services

Establish a Victorian Aboriginal Affairs Authority

The Victorian Government has already made commitments as part of the National Agreement on Closing the Gap and the Victorian Aboriginal Affairs Framework identify or establish an independent, Aboriginal-led evaluation and review mechanism to monitor its work to transform the way it works with Aboriginal communities and organisations and achieves impact. The Victorian Government promised to establish an Aboriginal-led evaluation and review mechanism by 2023, but the Government does not appear to have commenced even exploring what this could be.

VACCHO and the Lowitja Institute has conducted a feasibility study into establishing a mechanism, producing a report[cxcix]. We recommend this mechanism should be an independent authority with the ability to review all programs and policies that impact Aboriginal and Torres Strait Islander people across Victoria. The authority would report to Victoria's Parliament and the First Peoples' Assembly.

Its purpose should focus on increasing the performance and impact of Victorian Government policies, programs and their funded services designed for Aboriginal people as well as publicly funded and mainstream policies, programs and services that have a significant impact on their life outcomes. The Authority should be independent of program delivery and not administer funding or programs.

The Authority should be independent of government and have a legislative basis, like Victoria's Treaty Authority, providing it with the best form of available protection from fluctuations in government policy and ensure that any changes to its purpose, functions or the way it operates are subject to a public parliamentary debate and process. A base level of funding for the Authority should be set in legislation for the same reasons.

The Victorian Auditor-General's Office (VAGO) conducts audits of state and local government agencies but cannot review non-governmental agencies that receive public funding. Only three of VAGO's reports since 1955 have ever focused on Aboriginal affairs. An Aboriginal Affairs authority would provide robust, Community-driven oversight of program and service efficacy and viability. It is a vital component of the move towards greater self-determination, complementing progress towards a Treaty, as it would ensure transparency and accountability within self-determining Aboriginal and Torres Strait Islander communities.

The authority would:

- conduct public inquiries into the impact of government funded programs and services that affect Aboriginal peoples
- conduct public inquiries into the way government agencies and institutions are working with Aboriginal peoples, families, and organisations
- initiate research to promote understanding of the importance and value of the Aboriginal community-controlled sector in achieving outcomes for Aboriginal peoples and supporting self-determination
- benchmark best practice performance monitoring and reporting for mainstream and Aboriginal community-controlled organisations delivering government funded programs and services for Aboriginal peoples
- monitor and report publicly on the implementation of government commitments in relation to Aboriginal peoples and policies

Recommendation

1. First Peoples' Assembly of Victoria and the Victorian Parliament establish an Aboriginal Affairs Authority, or some such body, following the recommendations set out in VACCHO's and The Lowitja Institute's report: *Victorian Aboriginal Authority - An Initial Feasibility Study For Discussion.*

Cultural Safety Standards

While the mainstream health system continues to be challenged to deliver a health service free of racism, the ACCHO sector has identified key mechanisms to make meaningful change. These include forging better partnerships between health and other sectors to address the social determinants of health, integrating Aboriginal people and their knowledge in service design and adopting ways of working which align with Aboriginal and Torres Strait Islander ways of being and doing[cc].

Cultural safety is a concept that goes beyond the absence of overt racism or even cultural

competence. Cultural safety is about being open-minded and respecting the identities and customs of all people who are culturally different from yourself and/or most of society. Embedding cultural safety into organisational practice creates safe and welcoming environments where individuals thrive and form respectful and collaborative partnerships,

A Cultural Safety Accreditation Program that addresses institutional racism and unsafe behaviour in mainstream health services would deliver improved understanding and acknowledgement through targeted policies, legislations, procedures and measures. Aboriginal people and ACCHOs must inform the development of the program given their lived experience and expertise in delivering culturally appropriate services to the Community.

In Victoria's Cultural Safety Framework, the Government committed to partner with Aboriginal organisations to lead cultural safety training delivery but this has not been actioned. As part of the National Agreement on Closing the Gap, the Victorian Government has committed to embedding cultural safety in their services as well as publicly funded mainstream health services[cci]. The Victorian Government has also committed in the Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan 2023-25[ccii] to mandate cultural safety training in all public and community health settings and to explore setting up an accreditation process for cultural safe service standards.

Aboriginal organisations are best placed to provide cultural safety training for health services due to their knowledge and lived experience. Investing in Aboriginal organisations to provide training and audits will create safer workplaces and improve access to services, helping to address health inequities experienced by Aboriginal and Torres Strait Islander people living in Victoria.

VACCHO has identified a need for government agencies to undertake further collaborative work to coordinate reporting of racism-related complaints regarding health and wellbeing delivery. The development of a complaints process for Aboriginal and Torres Strait Islander people will increase trust in the mainstream health system.

Recommendations

1. Mandate cultural safety training that addresses racism, stigma and discrimination, in all public and community health service settings, and for this training to be delivered by a relevant Aboriginal organisation.

2. Create culturally safe service standards to be met by public and community health services and explore the feasibility of setting up an accreditation process that is led by an Aboriginal organisation with experience in the health sector.

Growing an Aboriginal Workforce

The Victorian Aboriginal Health and Wellbeing Workforce Strategy (Strategy) aims to support a strong and able workforce, across the sector, to deliver holistic health and wellbeing services to Aboriginal and Torres Strait Islander people. This will improve health and wellbeing outcomes and improved health equity for the Aboriginal and Torres Strait Islander Community in Victoria.

The Strategy outlines 10 strategic priorities and provides a coordinated framework to address the attraction, recruitment, retention, and development of the workforce – inclusive of clinical and non-clinical employment across all levels, roles, and functions. This would include actions like extending student placements, internships and graduate placements.

Critical to the success of the Strategy is the shared responsibility for its implementation. This includes government, mainstream health and wellbeing services, and education and training providers, in addition to ACCOs and Aboriginal and Torres Strait Islander Communities. The Victorian Government, through the Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan, has supported the growth of an Aboriginal workforce in health, and it should fund these commitments.

Whilst there is commitment from the Department of Health to review salaries as part of the Aboriginal Health and Wellbeing Partnership Forum Action Plan, there needs to be due consideration as to how government funded contracts with private companies are able to pay above award wages, when ACCOs cannot due to tight funding arrangements. Furthermore, the knowledge and lived experience of Aboriginal and Torres Strait Islander people needs to be recognised and compensated for, similar to recognition of allowances for tertiary qualifications in mainstream health settings.

Having an Aboriginal and Torres Strait Islander health and wellbeing workforce in healthcare settings is of paramount importance for several reasons, contributing to improved health outcomes and fostering a more inclusive and culturally responsive healthcare system. Aboriginal and Torres Strait Islander health and wellbeing workforce act as bridging agents between Western medical and holistic Aboriginal and Torres Strait Islander health models; facilitating two-way communication channels between Aboriginal and Torres Strait Islander people, non-Aboriginal health providers and mainstream systems[cciii].

"And you can educate your co-workers about their [client's] situation. Just so they know. Just so it's not disrespectful when they talk to the patients and stuff."[cciv]

"Living in two worlds…you're living in the medical terminology, you know, the academic terminology, the Westminster

education terminology. And you're also living in your own community knowledge and communication styles, which is important. And the best people to do that is our grass-roots people coming through."[ccv] *(Worker, ACCHO)*

An Aboriginal workforce helps build trust within Aboriginal and Torres Strait Islander communities, as patients often feel more comfortable seeking care from healthcare providers who share similar cultural backgrounds. This trust can lead to increased engagement with healthcare services and improved health-seeking behaviours for Community[ccvi].

Aboriginal health workers are able to help clients feel comfortable to ask them questions and they are able to translate, what can sometimes be, health sector jargon into a language that clients can understand. Aboriginal and Torres Strait Islander workers play a key role in providing education for non-Aboriginal staff about Culture and how to interact with clients effectively. This can support and empower non-Aboriginal staff, building cultural competence and cultural safety in the organisation.

The Steering Committee's Stolen Generations Reparations survey found that of 94 participants, 49 see intergenerational healing as occurring through cultural and intergenerational trauma training for all service providers and government agencies[ccvii].

VACCHO became a Registered Training Organisation in 1999, and by providing wraparound services, advocacy and is one of the largest Aboriginal training providers in Australia[ccviii]. Students study a range of courses in a number of streams including Aboriginal Health, Business and Leadership, and Social & Emotional Wellbeing[ccix].

VACCHO's training programs are designed to address the essential skills and knowledge required by industry, with graduates leaving VACCHO work ready or upskilled with a variety of opportunities for career development and enhancement. VACCHO asks students to provide regular assessments of the courses provided, as well as keeping a reflective journal. Within these journals, students can provide examples of how they are able to support their community through this work:

"Now as an AHW [Aboriginal Health Worker], I am sitting/working with the chronic health team; came across a client who has been disengaged in his healthcare for a while. [The] Chronic health team were trying to engage with him to improve his health and wellbeing as well as his healthcare. Upon booking a 715, we met and we identified a family connection between his and mine, this helped to build rapport. Since then, patients has been engaged in his healthcare and allowing healthcare teams to visit him at home to further improve his health."

"Had a patient, also is a person I am close to… she called me seeking support and referral to

a service that could help her as she was suicidal and at risk to herself. I felt quite worried and overwhelmed at first but it quickly changed to determination. I felt I needed to get her support asap, and I'm glad I helped her the way I did. She still thanks me for helping her through that hard time. I am also happy she felt she could call me and we got her mental health under control; she is doing much better! And now knows I'm reliable in supporting her."

"As a AHW [Aboriginal Health Worker] trainee, this made me feel valued and great to have an experience like this...as it was within my job role and I achieved better health outcomes for this patient. His family feels better that someone could get through his stubbornness and improve his engagement with his healthcare supports. I feel happy that the chronic health team are making bigger and better changes for this clients health and wellbeing."

In 2023, VACCHO completed a pilot to project the population, service needs and workforce requirements from 2022-2037 for four ACCOs, using modelling developed by Social Ventures Australia[ccx] and professional demographers at Taylor Fry. The pilot found that on average, the workforce will be required to increase from 120% to 140% in order to meet service demand and population growth of 74% by 2037 in Community[ccxi]. Current traineeships only provide $25,000 which only enables an ACCO to employ someone 1.5 days per week, making it difficult to complete required placement hours. Action is required now to attract people into the ACCO sector as well as the mainstream sector.

Recommendations

1. The Victorian Government should fully fund all workforce actions in the Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan, and focus on extending student placements, internships, cadetships and graduate placements.

2. Prioritise training, upskilling and leadership development of all staff in the ACCO sector in the forthcoming Victorian Health Workforce Strategy, and ensure ACCOs to have a self-determining role in how this is implemented.

Conclusion

In this submission, VACCHO has done its best to pull out the most pertinent and illustrative examples, evidence and case studies of 250 years of colonisation, systemic racism and discrimination that has led to the health disparities, funding disparities for the ACCO sector and the life expectancy gap that Aboriginal and Torres Strait Islander peoples live with every day. VACCHO has also tried to highlight progress and innovative solutions from the ACCO sector.

However, it must be recognised that even this 100-odd page submission is a snapshot of this issue and there are so many more stories, barriers and evidence that could have been included. Additionally, the strong history and resilient story of the health and wellbeing ACCO sector is one that could be its own 100 page plus tome.

Therefore, VACCHO would invite the Yoorrook Commission to a roundtable where some more of these stories could be told. VACCHO would gladly take up the opportunity to host the Yoorrook Commission and connect the Commission to further testimony of the challenges individuals have overcome, the barriers ACCOs work around every day and the lives this sector has saved.

Dr Jill Gallagher AO, Chief Executive Officer, of VACCHO and Sheree Lowe, Executive Director of the Balit Durn Durn Centre would both welcome the opportunity to also attend Yoorrook hearings to further illuminate on the issues raised by the health issues paper and, where possible, how the education and housing sectors underpin good health and wellbeing.

While the Yoorrook Commission will undoubtedly call the Minister for Health, Minister for Housing and Ministers who oversee the Department of Education, VACCHO would encourage Yoorrook to also call on witnesses from agencies, organisations and departments that also underpin the determinants of health. Examples of this includes Jobs Victoria; Department of Families, Fairness and Housing; Minister for Corrections, Minister for Youth Justice, GEO Healthcare and Correct Care Australasia to understand health service delivery in custodial settings, and the Victorian Agency for Health Information to enquire why crucial data like Indigenous identity in death records and suicide rates is not being collected and therefore impede Closing the Gap implementation.

VACCHO has outlined many recommendations in this submission:

Aboriginal ways of knowing, being, and doing

1. Develop a dedicated, coordinated, statewide Aboriginal early intervention and prevention program in Victoria that prioritises investment in self-determined, Aboriginal led initiatives that build connection to Community, Culture, Country and Kinship.

Social and Emotional Wellbeing

1. Establish five on-country healing centres (or camps) to support resilience, healing, and trauma recovery through fostering connection to Country, kinship, and culture.
2. Invest in recurrent funding arrangements into multidisciplinary social and emotional wellbeing teams in ACCOs to secure long-term statewide coverage. An equivalent WEIS loading, or similar mechanism, should also be developed and implemented to support funding of ACCOs.
3. Address the mainstream system stigma associated with the Aboriginal Social and Emotional Wellbeing Model.
4. Review implementation of the Mental Health and Wellbeing Act relating to restrictive practice and assess the extent to which the government is 'acting immediately' to ensure restrictive practice is only used as a last resort.

Family based approaches

1. The Victorian Government, working with ACCOs and the Centre of Excellence for Aboriginal Families Wellbeing shift focus and funding towards implementing Aboriginal family wellbeing models.

Treaty

1. The Victorian Parliament and First Peoples' Assembly of Victoria continue their commitment to treaties in Victoria.
2. A state-wide treaty provides for a permanent, democratic, traditional owner representation and that they will have some decision-making authority and also ability to influence Parliament in its areas of responsibility. This could also take the form of designated seats for Aboriginal people in Parliament or the continuation of a body like First Peoples' Assembly of Victoria.
3. The whole health and wellbeing sector, with ACCOs properly recognised as a key part of that sector, will remain responsible for delivering culturally safe healthcare for Aboriginal people.

Adopting the United Nations declaration of rights of Aboriginal and Torres Strait Islander people

1. The Victorian Government must make plans to implement UNDRIP, adapting laws, policies and practices to make them consistent with Australia's official endorsement of UNDRIP.
2. The Victorian Government should amend the Victorian Charter of Human Rights to include a right to self-determination.
3. The Victorian Government must work with Aboriginal Community Controlled Organisations to develop the plan for implementation.

Data Sovereignty

1. The Maim nayri Wingara Aboriginal and Torres Strait Islander Data Sovereignty Collective is a network of Aboriginal researchers and practitioners dedicated to advancing Aboriginal Data Sovereignty in Australia. The Victorian Government should embed Aboriginal Data Sovereignty and Data Governance definitions, principles and obligations, as expressed by Maiam nayri Wingara, in government frameworks, policies, and systems. This should also be included in the implementation activities required under the National Agreement on Closing the Gap.
2. The Victorian Government should fund a capacity building program so ACCOs can collect, maintain, govern and access their data, and utilise government/public data.
3. The Victorian Government should ensure health and wellbeing service providers and organisations embed practices that uphold Aboriginal data sovereignty and best-practice data protection, including the CARE Principles for Aboriginal and Torres Strait Islander Data Governance and the Aboriginal & Torres Strait Islander Data Archive Protocols.
4. The Victorian government should provide shared access to government data for ACCOs and communities such as developing Negotiated Data Access Agreements, and supporting these throughout the health and wellbeing sector.
5. The Victorian Government fund Deadly Data for long-term maintenance and support ACCOs to participate in it.

marra ngarrgoo, marra goorri - The Victorian Aboriginal Health, Medical and Wellbeing Research Accord

1. While the Victorian Government has endorsed the Accord, and initiated its development, it has not committed funding to implement it. The Government should provide long term secure funding, of at least three years, to implement the Accord.

Scope of Services

1. The Victorian Government works with ACCOs to develop a core mix of services delivered by all ACCOs to be funded by the Victorian Government.
2. The Victorian Government fund ACCOs directly to provide health care services in custodial settings, implementing the recommendations from the Cultural Review of the Adult Custodial Corrections System.

Funding

1. Develop an economic model for an equitable proportion of funding to the Aboriginal health and wellbeing sector, reporting progress of investment targets through the Aboriginal Health and Wellbeing Partnership Forum.
2. The Victorian Government, in consultation with VACCHO, implement a policy where operational funding for ACCOs service delivery becomes an outcomes-focused recurrent funding contract and includes indexation.
3. The Victorian Government produce a plan and timeline for transitioning funding to outcomes-focussed recurrent funding for ACCOs with support for them to transition.

Infrastructure

1. The Victorian Government funds land acquisitions and capital for ACCOs to meet the self-determined immediate, medium and long term identified infrastructure needs of a minimum of 12 sites.
2. The Victorian Government establish an ACCO Perpetual Infrastructure Fund to provide long-term ongoing self-determined minor capital, maintenance, planning and management resources for ACCOs across all holistic wrap-around services.

Digital Capability

1. The Victorian Government invest in digital systems and capability of ACCOs as it would mainstream public health agencies.

Eradicating Discrimiantion

1. Use 26 January as a day for people to understand why it is a day causes pain in our Community and we come together to celebrate Australia on another day.
2. Fund the revitalisation of Aboriginal languages.
3. Increase the dual presence of Aboriginal and English language names for places and objects.
4. Give prominent status to Aboriginal leaders, such as the First Peoples' Assembly of Victoria co-Chairs, at Victorian State functions and occasions.
5. Raise the status of Aboriginal organisations by funding them as core to their various sectors (e.g. health, arts, education) so that they are not continually seen as the poor cousins.
6. Teach Aboriginal history, culture, and language in schools.
7. Establish mechanisms where official complaints of racism or discrimination can be lodged with ACCOs who are funded to work with The Victorian Equal Opportunity and Human Rights Commission.
8. Have adequate punitive regimes for people who practice racism and discrimination, including online and in the media, and support for people making complaints.

Victorian Aboriginal Affairs Authority

1. First Peoples' Assembly of Victoria and the Victorian Parliament establish an Aboriginal Affairs Authority, or some such body, following the recommendations set out in VACCHO's and The Lowitja Institute's report: *Victorian Aboriginal Authority - An Initial Feasibility Study For Discussion.*

Cultural Safety Standards

1. Mandate cultural safety training that addresses racism, stigma and discrimination, in all public and community health service settings, and for this training to be delivered by a relevant Aboriginal organisation.
2. Create culturally safe service standards to be met by public and community health services and explore the feasibility of setting up an accreditation process that is led by an Aboriginal organisation with experience in the health sector.

Growing the Aboriginal Workforce

1. The Victorian Government should fully fund all workforce actions in the Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan, and focus on extending student placements, internships, cadetships and graduate placements.
2. Prioritise training, upskilling and leadership development of all staff in the ACCO sector in the forthcoming Victorian Health Workforce Strategy, and ensure ACCOs to have a self-determining role in how this is implemented.

VACCHO would encourage the Yoorrook Commission to truly try to grasp the wide-ranging impact this sector has- but also image the huge crater and greater health disparities that would occur if the ACCO sector did not exist. Aboriginal Health must be held in Aboriginal Hands- and it is time that the Victorian Government truly recognise, praise, support and fund this crucial part of the health and wellbeing sector.

Appendix

Cultural Review of the Adult Custodial Corrections System

Culture and Kinship Evaluation Report VACCHO

Victorian Aboriginal Health and Wellbeing Workforce Strategy 2022 - 2026

Victorian Aboriginal Cancer Strategy 2023 - 2028

Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023 - 2025

marra ngarrgoo, marra goorri, The Victorian Aboriginal Health, Medical and Wellbeing Research Accord

Keeping our mob healthy in and out of prison: Exploring Prison Health in Victoria to Improve Quality, Culturally Appropriate Health Care for Aboriginal people

Is Funder Reporting Undermining Service Delivery? Compliance reporting requirements of Aboriginal Community Controlled Health Organisations in Victoria

We Are Working for Our People, Growing and strengthening the Aboriginal and Torres Strait Islander health workforce

Culture is Key: Towards cultural determinate-driven health policy

Victorian Aboriginal Authority AN INITIAL FEASIBILITY STUDY FOR DISCUSSION

Addressing racism and it health impacts on children and young people - Vic Health

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