



Submission to Yoorrook Justice Commission on Health and Healthcare

Overview of WDAC Submission on Health and Healthcare

"WDAC is our western division's self-determination in action, changing the way we do business. We will call others to us and work on our own terms."

The Western District ACCO Collective (WDAC) are a strategic representative body of Aboriginal Community Controlled Organisations (ACCOs) across the western districts of Victoria. WDAC are accountable to and prioritise the self-determined needs and aspirations of our western districts' families, Communities and ACCOs. WDAC

- Is a powerful voice advocating at regional, state, and national forums for our families, communities and ACCOs.
- Use Aboriginal ways of knowing, being and doing to lead, design and facilitate the solutions to achieve equity and beyond for our communities.
- Holds government and partners to account at local and regional levels, to ensure that all Aboriginal funding is self-determined and led by Aboriginal families, communities and ACCOs.
- Supports whole of community approaches to address the ongoing harm of systemic racism that disproportionately impacts Aboriginal communities.
- Advocates for ongoing, equitable and significant funding for our ACCOs' infrastructure, workforce, community strengthening, and services that we deliver 'our way'.



L-R: Jason Walker (Winda-Mara Aboriginal Corporation), Karen Heap (Ballarat and District Aboriginal Co-operative), Simon Flagg (WDAC Chair, Wathaurong Aboriginal Co-operative), Tony Craig (Goolum Goolum Aboriginal Co-operative), Tamika Holt (Dhauwurd-Wurrung Elderly & Community Health Service). Absent: Tim Chatfield (Budja Budja Aboriginal Cooperative), Danny Chatfield (Gunditjmara Aboriginal Cooperative), Nonnie Harradine (Kirrae Health Service Inc).

WDAC's Health and Healthcare submission prioritises the immediate transfer of resources and power, so that our ACCOs can grow and enact our localised, self-determined, culturally centred, wraparound healthcare in support of the holistic health and wellbeing outcomes for our Communities across the Western District. In our submission, **WDAC are advocating for legislated, ongoing, stable and equitable funding for all Western District ACCOs. Achieving this requires**

- 1. Increased and equitable resourcing** of ACCOs' established, self-determined, locally Community-led, culturally centred, wraparound healthcare, health and wellbeing responses, health promotion and prevention.
- 2. A significant change in the mindset of Victorian Government Departments to utilise Anti-Racism Praxis** to a) honour the commitment to Self-determination and b) genuinely sharing decision-making power with regional ACCOs.



About the Western District ACCO Collective

WDAC is a representative body of ACCOs across the western districts of Victoria. WDAC is accountable to the self-determined needs and aspirations of our western districts' families, Communities and ACCOs, with the backing of and funding from our government and regional partners. Our membership includes:

- ◇ Ballarat & District Aboriginal Co-operative
- ◇ Budja Budja Aboriginal Co-operative
- ◇ Dhauwurd Wurrung Elderly & Community Health Service
- ◇ Goolum Goolum Aboriginal Co-operative
- ◇ Gunditjmara Aboriginal Co-operative
- ◇ Kirrae Health Service
- ◇ Wathaurong Aboriginal Co-operative
- ◇ Winda-Mara Aboriginal Co-operative



ACCOs are critical for community and cultural strengthening. Our ACCOs all run specialist wraparound health and wellbeing support services for our families and communities from pregnancy through to the Dreaming. Our services are run by Community, for Community. Our holistic, wraparound services include cultural and community engagement, primary and allied health, social and emotional wellbeing and recovery, maternity services, early childhood, youth programs, family services, homelessness and housing, NDIS, and Aged Care services.

WDAC Advocacy Principles

1. Regional governance and accountability to Community

WDAC's advocacy is accountable to the self-determined needs and aspirations of our western districts' families, communities and ACCOs. Each of our Community Controlled organisations are governed by Community-elected Boards and have enduring and trusted relationships with our Communities that we serve. WDAC respects that each ACCO in our region is responsive to the different needs of their community and will apply different localised and community led solutions. WDAC continues the longstanding solidarity and advocacy of Communities across the western districts of Victoria.

2. Systemic change for Self-determination and sovereignty

WDAC's advocacy aims to transform relationships in support of the western districts Communities' and ACCOs' sovereignty, self-determination, and rights as Aboriginal people. Self-determination is defined by *UN Declaration of Rights of Indigenous Peoples* as our collective right to freely determine our political status and freely pursue our economic, social, and cultural development, including rights to

- ◇ Autonomy and self-government.
- ◇ Maintain and strengthen our distinct political, legal, economic, social, and cultural institutions.
- ◇ Participate in decision-making.
- ◇ Give free, prior, and informed consent to legislative and administrative measures that may affect us.
- ◇ Maintain and develop our political, economic, and social systems or institutions.

WDAC understand self-determination to be a dynamic practice of exercising First Peoples sovereignty (Jack Forbes, Powhatan-Renapé / Delaware-Lenapé, 1998).



3. Celebrating and honouring our Communities and ACCO ways of working

WDAC's advocacy is centred in honouring our Communities' strengths and connections to Country, Community and Culture. WDAC honours the foundational vision and movement led by our Elders who established our Aboriginal Community Controlled Sector, to holistically serve and strengthen our families and communities. In recognition of ongoing colonisation, racism, and deficit discourse, WDAC upholds and celebrates our Communities and ACCO ways of working towards an equitable and aspirational present and future.

4. Culturally centred

WDAC view our advocacy through our cultural lenses, centred in respect, collaboration, leadership, and accountability. WDAC advocates for the honouring of the ownership of materials, traditions and knowledges that originate from each community and culture. WDAC advocates for the recognition, protection and continued advancement of the inherent rights, and traditions of cultures across the Western districts.

Health and Healthcare Submission

"WDAC will be a strong voice, advocating together for every Aboriginal and Torres Strait Islander person in our region. We will test and push the government's obligation and agenda of self-determination."

WDAC's represents the largest regional Victorian Aboriginal population of 28% of Victoria's Aboriginal people, who live on 38% of Victoria's beautiful country.

Our ACCOs have been important places of health, wellbeing and family support, healing, identity, and connection over forty years. We continue to provide specialist wraparound health and wellbeing services for our families and Communities from pregnancy through to the Dreaming. Our services are run by Community, for Community and are wide reaching across

- ◇ Community engagement,
- ◇ Connection Country, strengthening Culture and Language,
- ◇ Largely self-funded Health Promotion and Prevention,
- ◇ Primary and Allied Health,
- ◇ Social and Emotional Wellbeing and recovery,
- ◇ Maternity,
- ◇ Early childhood,
- ◇ Youth programs,
- ◇ Family Strengthening services,
- ◇ Homelessness and both social and public housing.
- ◇ NDIS and Aged care services,
- ◇ Justice programs including family violence, child protection, juvenile justice, and corrections.



WDAC Recommendation for legislated, increased ongoing, stable, and equitable funding for all Western District ACCOs

"We want to lead the systems changes so that we can again be places of cultural and Community connection, with solutions that are led by us, for us."

The Western District ACCOs service catchment is inclusive of 28% the Victorian Aboriginal population, yet our ACCOs are still underfunded in directive, inflexible, unstable, and inconsistent ways that fail to meet the needs of our Communities. It is well documented that:

"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. 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." VACCHO 2024

ACCOs have a strong track record of delivering culturally appropriate, comprehensive, holistic, accessible, and community-controlled healthcare to our Communities across Victoria. To build on this success and opportunity to support Aboriginal Victorian's health and wellbeing needs and aspirations, WDAC's recommendations are focussed on building stable and equitable funding for our Western District ACCO sector.

WDAC calls for immediate legislative reform in Victoria to protect our ACCO funding from political cycles through embedding

- ◇ A statement to support for self-determination and Aboriginal-led decision-making into the *Victorian Public Health and Wellbeing Act 2008*; and
- ◇ A guarantee of ongoing funding for Aboriginal Health Services in the *Victorian Health Service Act 1988*.

WDAC calls for increased ongoing, stable, equitable funding for all Western District ACCOs. We advocate, alongside our colleagues at the Western Victorian PHN, for a *"broad review of all health and health care funding arrangements"* for First People's Health and mainstream Healthcare service provision. The reallocation of regional health funding to Western District ACCOs will:

- ◇ Address the increasing population and changing demographics of Aboriginal Communities across Western Victoria.
- ◇ Increase availability and access to Western District ACCOs culturally appropriate, comprehensive, holistic, accessible, and community-controlled care to meet the needs of our Communities.
- ◇ Address rural and remote Aboriginal people's lack of access to culturally safe public hospital and acute service experiences. These experiences strongly impact on our people's health outcomes.
- ◇ Shine a light on the lack of transparency around Aboriginal health funding in Victoria. This includes the WEIS funding, that benefits mainstream health services whilst ignoring and taking advantage of the invisible cultural load and costs carried by ACCOs. Western District ACCOs are left to support our Community members' culturally safe access to tertiary mainstream health services. This may look like ACCOs providing unfunded transportation, system navigation and advocacy. This is further exacerbated in rural hospitals, that often have no Aboriginal staff.



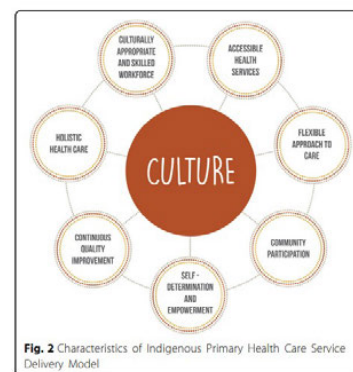
Requirement 1: Equitable resourcing of ACCOs' established, self-determined, local Community-led, culturally centred, wraparound healthcare, health and wellbeing responses, health promotion and prevention.

"The evolution of Indigenous primary healthcare services arose from the inability of mainstream health services to adequately meet the needs of Indigenous communities. It was also a response to the reality that Indigenous peoples were often excluded and marginalised from mainstream health services." Harfield et al, 2018

In our daily practice, WDAC ACCOs see the impact and success of locally self-determined, culturally centred, holistic wraparound health and wellbeing approaches. As a Collective, we have established regionally driven WDAC Communities of Practice to share impactful practice models, recognising that what works for Wathaurong's Community may be very different from what works in Portland or Heywood, for example.

Our ACCOs' healthcare models mean that our specialist practitioners go "above and beyond" to support our Community members. As described by Harfield et al (2018), our practice is driven by:

- ◇ Culture
- ◇ Self-determination and empowerment
- ◇ Community participation / Community-led approaches
- ◇ A culturally appropriate and skilled workforce,
- ◇ Providing accessible health services,
- ◇ A flexible approach to care and service
- ◇ Continuous quality improvement and
- ◇ Holistic wraparound care and support.



Case study of wraparound lifespan model of ACCOs (Wathaurong COVID example).

"We go above and beyond for our Community members."

Wathaurong's Way of Working: Social Emotional Wellbeing Team Case Study

Wathaurong's Social Emotional Wellbeing (SEWB) team, including our Alcohol and Other Drug workers, play a critical role in providing our Community members with high quality Cultural and Clinical support. Our SEWB staff are the bridge between Community members, and health and family services to tackle issues sooner rather than later, taking the pressure off our Communities and families that care for their kin. Wathaurong's SEWB team have key processes to ensure wraparound prevention and early intervention supports and strategies are activated when a client enters our service system. Our SEWB staff:

- Conduct an initial assessment and refer the community member to the relevant health services.
- Activate our inhouse multidisciplinary team including Mental Health, SEWB, AOD, Health Service, GP's, Nursing Staff, Aboriginal Health Practitioners, Pharmacist, NDIS, Families Services, and Family Violence Service to ensure avoidable hospitalisation.
- Work alongside the clinical team in delivering services or conducting outreach.
- Refer externally and collaborate with external providers in specialised areas outside of Wathaurong's service scope, including Detox Centres, AOD treatment, and Tertiary Medical Services.
- Conduct regular in-home welfare checks to ensure a continuum of care from Wathaurong.
- Participate in weekly mental health team meetings and analyse cases through a collective multidisciplinary lens.
- Participate in weekly 'high risk case' meetings to ensure priority support is allocated to our most vulnerable community members and families.



Case Study – Community Member “CS”

When referred CS was described as “super complex.” The referring Social Worker stated that CS did not want to engage in AOD services, was very unreliable, and failed to appear at any meeting organised. The social worker also said CS was a lot of fun and had a great soul.

Through our multilayered connections to Community, our SEWB worker recognised they had previously engaged with CS through our meal delivery service that was activated through the COVID-19 pandemic. The worker had called CS an ambulance, and this care and connection set the foundations for a trusting relationship.

Engaging CS took time and had its challenges. Through our SEWB assessment process and regular welfare checks with our multidisciplinary team the trust and boundaries required to provide the support were established with CS. CS became a lot easier to partner with, and he was finally able to seek the help and support he needed. CS took the initiative to apply for AOD rehab, and the SEWB team did everything they could to make that happen. The SEWB team finally managed to support CS into detox at the Geelong Withdrawal Centre, but he was unfortunately kicked out after two days. The Wathaurong team then worked with CS on the idea of home detox, and he was able to complete this with the support of *Galliamble Men’s Recovery Centre*. At the time of writing, CS was six weeks into his recovery from using alcohol and other drugs.

As a result of not using AOD, CS was communicating more clearly, his vocabulary returning and his whole outlook on life improving. To be able to support CS through all these barriers, the SEWB team applied a collaborative approach working together through our multidisciplinary Wathaurong team. Everybody was involved, all the way from upper management to our GPs, AOD, SEWB, PYP and Feed Me program workers.

It is imperative that the Victorian Government honour the commitment to self-determination, by providing equitable resourcing for ACCOs’ established and effective self-determined, community-led health and wellbeing models of healthcare and support that we know work for our Communities.

It is well documented that ACCO models of service does not fit the stock standard Department of Health’s model of funding and this process of *mainstream health service assimilation* must stop. It is time for the Victorian Government to recognise and elevate ACCO models of care, and stop pushing ACCOs into funding models developed for mainstream service delivery.

Case Study: Undermining of Self-Determination and Enacting of Healthcare Assimilation via procurement and funding of ACCO services by Department of Health

An example of *healthcare assimilation* enacted by the Victorian Department of Health (DoH) is their implementation of the **2023 Public Intoxication Response Service (PIR)**. DoH invited Victorian ACCOs to submit for funding for the PIR Service, on the agreement that each ACCO could self-determine our scope and approach of service provision based on our knowledge of our Communities. After extensive consultation and with the support of DoH, WDAC ACCOs submitted applications focused on self-determined, Culturally and Clinically excellent approaches to provide a culturally appropriate, responsive, and reflexive response for our Community members to prevent their involvement with the Justice system.

ACCOs received verbal approval from DoH that applications had been successful in November 2023. However, ACCOs were informed at the end of November 2023, that ACCOs would be expected to conform to DoH’s *PIR Service Framework* that **will not be complying with the Victorian Government’s commitment to self-determination**, and which included several significant and unexpected changes to the scope of service including

- A broadened definition of intoxication, to include other drugs,
- Expanded referral sources including public transport and licenced venues,
- Referrals that do not include Police background information, adding significant undermining of our ACCOs’ duty of care to Community, as well as risking failure to comply with our obligations under Child Safety and MARAM commitments in our Family Services’ agreements.



This is a key example of the ways that DOH does not enact the principle of self-determination, and the resulting and significant misalignments between ACCOs effective, self-determined approaches and DOH's centralised funding assumptions.

Requirement 2: A significant change in the mindset of Victorian Government Departments to utilise Anti-Racism Praxis to a) honour the commitment to Self-determination and b) genuinely sharing decision-making power with regional ACCOs

"We want to lead the systems changes so that we can again be places of cultural and community connection, with solutions that are led by us, for us."

A. DOH enact Anti-Racism praxis to honour the commitment to Self Determination

Western District ACCOs want to see a significant change in the mindset of Victorian Government Departments, including a genuine commitment to ACCO models of care that are self-determined, localised, culturally centred, wraparound, and holistic. To do so, in line with our colleagues at *Western Victorian PHN*, WDAC calls on Victorian Government Departments (including DoH) to address the institutional racism that sits across the Healthcare system. WDAC calls on the Victorian Government to implement Anti-Racism Praxis capacity building and systemic mechanisms to address the individual, institutional and structural racisms that continues to drive racist and assimilationist policy, service delivery models, funding, and reporting requirements.

B. DoH enact Anti-Racism praxis by genuinely sharing decision-making power with regional ACCOs

The power dynamic in relationship between ACCOs and Victorian Government Departments must be examined, and power must be returned to ACCOs and local Aboriginal Communities. The ongoing misuse of power by DoH over Victorian ACCOs includes:

- ◇ DoH's inability to see or understand local place-based contexts,
- ◇ Continued pigeonholing of ACCOs into mainstream health funding models – e.g. RIFF infrastructure funds that do not see healthcare holistically.
- ◇ Imposing policy directives and approaches on ACCOs that are not evidence informed e.g. PIR Services.
- ◇ Onerous reporting placed on ACCOs to report on a funding models that fail to recognise and understand ACCO models of care.
- ◇ Limited or no feedback from ACCO service reporting.
- ◇ No opportunities for shared problem solving between DoH and regional ACCOs, to support the resourcing for improved outcomes for the health and wellbeing of Aboriginal Communities.

WADAC calls for genuine regional ACCOs representation in all levels of Victorian Aboriginal governance and decision-making processes for Health and Wellbeing. Authentic regional representation will address the stark funding and services inequities that impact so greatly on Western District ACCOs. Regional representation in Victorian can also ensure that all Aboriginal Health and Wellbeing strategies moving forward have regional and rural self-determination at their core, and will support the goal of legislated, stable, and equitable funding for all ACCOs as exemplary healthcare providers.



Case Study: Building an evidence base for WDAC on the effectiveness of ACCO Wraparound Services Models

WDAC are working with Australian Institute of Health and Welfare (AIHW) and Deakin Rural Health to build our own ACCO evidence base to celebrate our ACCOs and demonstrate what makes our ACCO wraparound service model effective and impactful for our community members across the Western region. We will develop in both tabular and visual forms, the following:

- Datasets that create a picture of the Western District demographics, including regional trends on the current and 10–15-year future health and social needs of our communities in the Western Region, based on population growth projections.
- Datasets on the level of and where and how each community accessing services, mainstream and other, including from Medicare and Federal and Victorian government data on a local or region or sub-region basis.
- Datasets and dashboards that create a picture for each of the ACCO Communities' current and future demographics and their current relative access/barriers to accessing services.
- Collection and analysis of ACCOs current Health and Families service delivery data to identify common themes that can be addressed in regional and organisational prevention strategies.
- Financial modelling to demonstrate the economic value associated with ACCO services and potential savings to Federal and Victorian governments in comprehensive and sustained funding of holistic and preventative wraparound ACCO models.
- Analysis of how our regional trends relate to the social determinants of health and wellbeing.
- Spatial analysis and mapping for identifying service gaps and demonstrating inequity and community needs that can support strategic service planning and advocacy.
- Strength-based narratives that represent how our Communities are thriving and strong in culture, including visual stories and shareable narratives.

WDAC look forward to continuing our conversations with the Yoorook Justice Commission to maximise the opportunities and accountability arising from the truth telling process across this and the accompanying submissions on behalf of our Western District communities. **To contact WDAC for further discussion, please contact WDAC's Strategic Policy team,**



Nyatne, Gobota (thanks, Take Care),



Simon Flagg

Chair of Western District ACCO Collective

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References

- *Harfield, Davy, McArthur, Munn, Brown & Brown (2018): Characteristics of Indigenous primary health care service delivery models: a systematic scoping review, Globalization and Health, 14:12.*
- *WVPHN (2024), Submission to Yoorrook Justice Commission, Health, and Health Care.*
- *VACCHO (2024), Submission to Yoorrook Justice Commission, Health, and Health Care.*