



**2024-25**

# **VACCHO Budget Submission**

***Vibrant, healthy, self-determining  
Aboriginal and Torres Strait Islander communities***

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

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 philosophy of Community control.

VACCHO's 2024-2025 budget submission recognizes the financial climate Victoria, and Australia, finds itself in and focuses on four projects that respond to critical need and require funding to immediately deliver benefits to the Victorian Aboriginal Community. This budget submission collectively asks for \$54,504,000 over four years to further the government's commitment to self-determination and enhancing the delivery of health and wellbeing from ACCHOs.

The biggest portion of this funding package is to support Dandenong & District Aborigines Co-Operative Ltd (DDACL) to acquire land and fully develop plans for facilities to deliver holistic models of care. The current and project growth of the local Aboriginal population that currently require self-determined physical, social, emotional, cultural and spiritual wellbeing services of DDACL already outstrips what the rundown, small facilities can provide.

Funding of \$10.5 million over three years to implement marra ngarrgoo, marra goorri: The Victorian Aboriginal Health, Medical and Wellbeing Research Accord will deliver on the 2018 Labor election commitment. This commitment recognised that Aboriginal and Torres Strait Islander peoples have been subjected to health and medical research that has been culturally unsafe. The implementation of marra ngarrgoo, marra goorri will support researchers and organisations to improve their research practices enabling the outcome of ethical and self-determined Aboriginal and Torres Strait Islander research in Victoria to be achieved.

Removing Systemic Barriers to Better the Health and Wellbeing of Aboriginal Victorians focuses on delivering 11 practical, prioritised actions of the 38 actions from The Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023-2025, including for projects that services are relying on for secure data management. Now the Victorian Government must take these first steps to fund the plan to assure Aboriginal health is held in Aboriginal hands, where it can be managed in a holistic and culturally appropriate way, as it was for over 60,000 years.

Finally, the Culture + Kinship bid aims to rollout the successful program statewide and aims to reduce burden on acute tertiary services given the program has been found to return a social return on investment value of \$8.29 for every dollar invested. Culture + Kinship focuses on Culture and Community as key determinants for improving Aboriginal and Torres Strait Islander people's' health and wellbeing.

## Budget Submission Overview

Bid	Amount	Relevant Department	Category	Page
Dandenong and District Aborigines Co-operative Ltd – new land purchase, business case development and transition support	\$24,000,000 over two years	Department of Health & Victorian Health Building Authority	Critical demand	4
Implementation of marra ngarrgoo, marra goorri: the Victorian Aboriginal Health, Medical and Wellbeing Research Accord	\$10,500,000 million over three years	DJSIR- Medical	Election Commitment & (partial) Lapsing Funding	10
Removing systemic barriers to better the health and wellbeing of Aboriginal Victorians	\$10,003,916 over two years	Department of Health -	Critical Demand & (partial) Lapsing Funding	14
Culture + Kinship statewide rollout	\$10,000,000 over four years	Department of Health -	Critical Demand & (partial) Lapsing Funding	21
<b>Total</b>	<b>\$54,504,000 over four years</b>			

## Dandenong and District Aborigines Co-operative Ltd Land Purchase, Business Case and Transition Support

Funding is required to acquire land and develop the business case for a new site for Dandenong and District Aborigines Co-operative Ltd (DDACL). This will enable the planning and development of purpose-built facilities that will address the social, emotional, cultural, spiritual, health and wellbeing needs of Aboriginal and Torres Strait Islander people living in the surrounds of Dandenong and Cranbourne.

### The Problem

Investment in more culturally appropriate infrastructure to facilitate effective holistic models of care has been a priority for the ACCHO system for some time but has not been met with Government commitment. Existing grant programs, capped at between \$300,000 to \$8 million, focus on repairs and maintenance with no avenue to seek major repairs, rebuilds or new builds, and are heavily oversubscribed by the demand across the mainstream and the ACCHO sector.

DDACL is the top priority in the ACCHO sector based on an assessment of community need, population serviced, significant population growth projection, condition of existing facilities and the capabilities of each organisation to manage and commission projects. The current facilities restrict the delivery of crucial services meaning that these services often end up being brought under mainstream services to deliver which are often culturally unsafe and inaccessible to the Aboriginal Community.

Historical and institutional racism and discrimination has been a common experience for Aboriginal people accessing 'mainstream' health services and demonstrates that simply upgrading these services to be culturally safe must not be the only method for improvement.

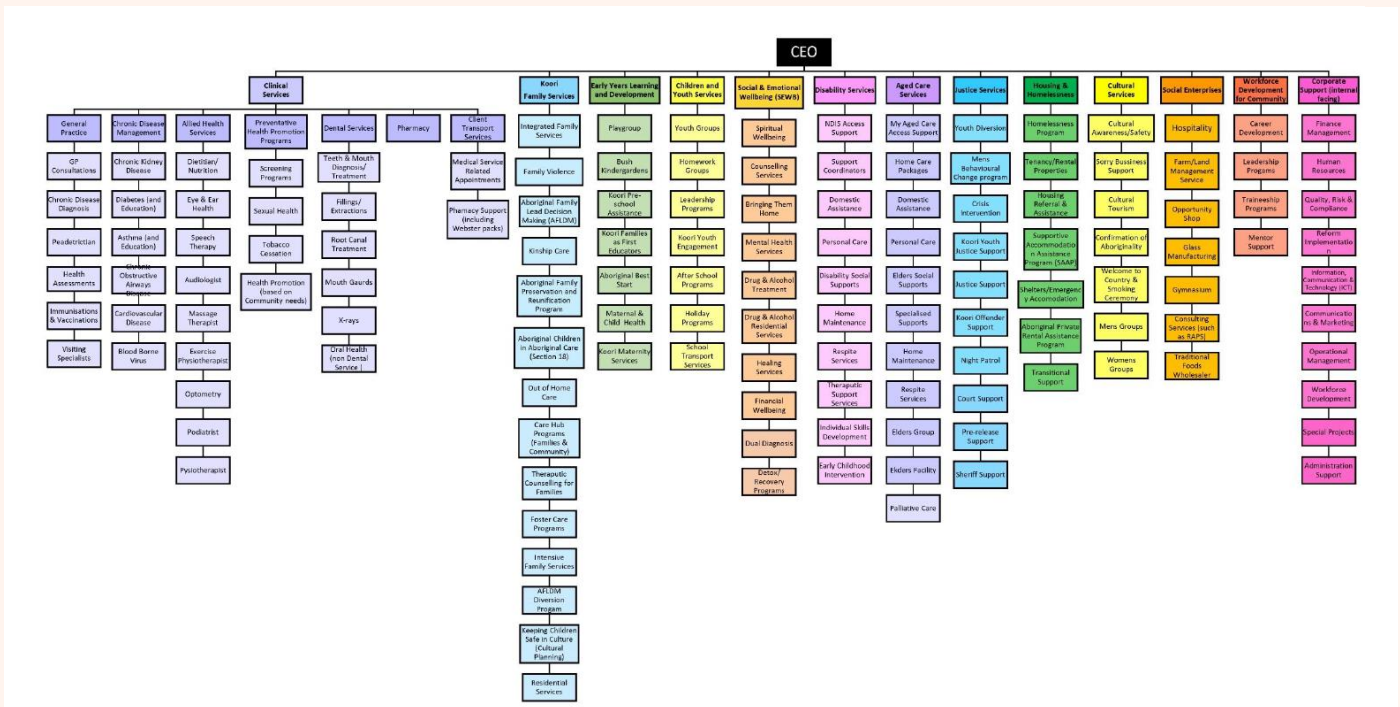
This is critically important as the Aboriginal and Torres Strait Islander Victorian population is growing at 3.8% compared to the general Victorian population of 1.6% and a state-wide review found that, due to projected population increases, the average projected need for an ACCHO by 2037 is an extra 152 FTE. Projected population increases, outlined in **Table 1**, show that Dandenong/Cranbourne will likely require more FTE than the state average and therefore the facilities to house the staff and required integrated, culturally safe services.

Table 1: Dandenong and District Aboriginal and Torres Strait Islander population

2006 Census	2021 Census	2036 Projections
4994	13,046	23,543

The burgeoning Aboriginal community in Dandenong/Cranbourne district will have need for all the services outlined in **Picture 1** to fully address the health and wellbeing needs of the population in a way that addresses the social and cultural determinants of health. Without this investment now, a larger economic cost will be felt by Government when Community end up requiring tertiary services, including health, family, early childhood and justice services, that could be prevented by an important strong preventative cultural health and wellbeing strategy delivered by DDACL.

Picture 1: Member Service Profile



**Solution**

As ACCHOs are a critical part of Victoria’s health system, improving DDACL’s capability and capacity will see diversion of service demand from high-cost acute care services to the primary care and community setting, thereby alleviating some of the demand on the already overstretched health system. There are also broader impacts to the other systems – education, justice, child protection, youth services and family and social services – with flow on impacts to the broader Victorian economy.

The main benefits expected to be delivered as a result of supporting self-determined physical, social, emotional, cultural and spiritual wellbeing in Aboriginal people, families and communities are:

- Aboriginal people are connected to culture, kinship and country;
- increased cultural safety in the health and wellbeing system;
- improved health and wellbeing outcomes in Aboriginal people, families and communities.

Achieving these benefits further enables the following public value messages:

- greater physical, social, emotional cultural and spiritual well-being;
- transfer of power and resources to Aboriginal people as outlined as a priority under the Victorian Aboriginal Affairs Framework 2018–2023;
- deadly and proud Aboriginal people and communities;
- Aboriginal people have self-determination;
- vibrant, healthy, self-determining Aboriginal communities.

This project embodies the state government's commitment to self-determination as stated in the Victorian Aboriginal affairs framework 2018–2023: 'Aboriginal Victorians are empowered to own and drive safe, relevant and accessible responses to meet their needs' and a focus on the 'transfer(of) power and resources to communities'.

Additionally, this investment directly supports the government's Early Intervention Investment Framework as investment in ACCHOs can significantly reduce the number of potentially preventable hospitalisations for Aboriginal people across the health system. Evidence shows that Aboriginal people have been reluctant to access mainstream health services until their condition is acute with higher emergency presentations, higher burden of disease and higher incidence of mental distress. For the period 2018–19 to 2020–21 the growth rate of presentations among Aboriginal people in the communities that DDACL service was significantly higher than the rest of the State. ACCHOs have been shown to produce better health outcomes for Aboriginal people when compared with mainstream services.

Finally, the \$3,000,000 over two financial years is to help with the relocation costs of the Hallam clinic to a more appropriate site closer to the population in Cranbourne and assure the continued operation of DDACL in both the new Cranbourne site and existing Dandenong site during the land purchase, business case development and new build.

This will be a critical step towards the self-determination of Aboriginal people, and, importantly, to 'closing the gap' between Aboriginal people and the non-Aboriginal population of Australia, which represents a clear commitment outlined in policies and plans made by all levels of government.

## Project budget

Description	2024-25	2025-26	Total
2022 land cost based on greenfield site on Thompsons Road Cranbourne	18,500,000	0	18,500,000
2.5% land cost escalation	462,500	0	462,500
Land acquisition and management	300,000	0	300,000
Business Case development – consultancy fees	460,000	460,000	920,000
Business Case development – agency fees	378,750	378,750	757,500
Critical clinic service delivery transition support	1,500,000	1,500,000	3,000,000
<b>Total:</b>	<b>20,601,250</b>	<b>2,338,750</b>	<b>24,000,000</b>



## Alignment to Government Priorities and Strategies

- Victorian Closing the Gap implementation plan 2021–2023: which recognises the centrality of self-determination in addressing the existing determinants and closing the health gaps.
- Victorian Aboriginal Affairs framework 2018–2023, which, having pre-dated the above noted Implementation Plan, articulates many of the same objectives as the plan but in particular has a fifth focus on the 'Transfer(of) power and resources to communities'.
- Aboriginal Health And Wellbeing Partnership Agreement and Action Plan: endorsed by Cabinet in May 2023 which demonstrates a partnership between the Victorian Government and ACCHOs to transition towards a self-determined, community controlled and culturally safe health and wellbeing service sector for Aboriginal people.
- Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027 – the government's plan to advance self-determination and improve the health, well-being and safety of Aboriginal people within Victoria.
- Health 2040: advancing health, access and care – a policy for preparing for the future and planning for change which impacts the health of Victorians. This document lays out DH's vision, the strategies used to achieve it, and how DH will track progress.
- Victoria's infrastructure strategy 2021–2051 – charting the next stage of Victoria's infrastructure journey to address infrastructure pressures, learnings from the COVID-19 pandemic and preparation for the future. One of its key recommendations (Recommendation 67) is to co-design an Aboriginal community controlled infrastructure plan.
- Statewide design, service and infrastructure plan for Victoria's health system 2017–2037 – guiding service, workforce and infrastructure investment in Victoria's health system over the next 20 years.
- Victorian public health and wellbeing plan 2023–2027 – outlining the priorities and long-term goals of the Andrews Labor Government for enhancing the health and wellbeing of Victorians.
- Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027, which articulates the Victorian Government's Social and Emotional Wellbeing Framework.
- Early Intervention Investment Framework, that aims to move funding to early interventions to improve the lives of Victorians and deliver better outcomes across the service system.



This bid also aligns with:

- Dhelk Dja – Safe our way: strong culture, strong peoples, strong families
- Marrung: Aboriginal education plan 2016–2026
- Wungurilwil Gapgapduir: Aboriginal children and families agreement
- Burra Lotjpa Dunguludja: Victorian Aboriginal justice agreement
- Tharamba Bugheen: Victorian Aboriginal business strategy 2017–2021
- Mana-na woorn-tyeen maar-takoort: the Victorian Aboriginal housing and homelessness framework.

## Implementation of marra ngarrgoo, marra goorri: the Victorian Aboriginal Health, Medical and Wellbeing Research Accord

Funding of \$10.5 million over three years to implement marra ngarrgoo, marra goorri: The Victorian Aboriginal Health, Medical and Wellbeing Research Accord will fully deliver on the 2018 Labor election commitment. The implementation of marra ngarrgoo, marra goorri will support researchers and organisations to improve their research practices enabling the outcome of ethical and self-determined Aboriginal and Torres Strait Islander research in Victoria to be achieved.

### The Problem

Aboriginal and Torres Strait Islander people are more likely to experience poor health outcomes compared to non-Aboriginal and Torres Strait Islander Australians. Whilst incidences of diseases such as cancer are more prevalent in Aboriginal and Torres Strait Islander peoples, Community is often ineligible to participate in clinical trials as research teams purposefully exclude us from the study as it is widely considered to be in the 'too hard basket'.<sup>1 2</sup> This means that Community is missing out on life saving revolutionary treatment and the outcomes of the research are not representative of Aboriginal and Torres Strait Islander populations.

Research is vital to "closing the gap" and ensuring that Aboriginal and Torres Strait Islander peoples have adequate access to healthcare. However, these outcomes are not possible with the current top-down, investigator driven approach to research in Victoria. Aboriginal and Torres Strait Islander people, consulted during the development of the Accord, stressed that most health, medical and wellbeing research does not have Community interest at heart. This means most researchers do not consider Community priorities and often do not seek genuine input from Community on the design or conduct of Aboriginal and Torres Strait Islander Research. Despite a National Health and Medical Research Council report that found "Aboriginal and Torres Strait Islander peoples are considered to be the most researched peoples in the world", for the most part, this research has not resulted in adequate nor tangible benefits to Community.

In 2018 election commitment recognised that historically, Aboriginal and Torres Strait Islander peoples have been subjected to health and medical research that has been culturally unsafe. This longstanding issue was recognised in community workshops and consultations held by the VicHealth Koori Health Research and Community Development Unit between 1999 and 2007, which demonstrated a strong call to

improve how Aboriginal research is conducted. Unfortunately, many of the recommendations put forward in 2007 by this work are still relevant today as the same challenges persist due to a lack of action.

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.

In 2022, the draft Accord including its implementation components were tested with health and medical research sector stakeholders. Every stakeholder group consulted indicated a very high level of support for the Accord and interest in becoming signatories, but that appropriate funding and programmatic support is required to achieve the intended outcomes.

## Solution

Launched in October 2023 with the Deputy Premier and Minister Thomas, VACCHO has led the development of marra ngarrgoo, marra goorri. The Accord's implementation is included as an action in the Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023-2025 which received cabinet approval and endorsement in May 2023.

The vision outlined within the Accord is to improve the 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 consensus during the Community engagements during the development of the Accord was that research organisations must "listen to Mob, do it our way and [they] will get it right for everybody."<sup>25</sup> Thus, implementing the initiatives and sub-components identified in the Accord would place Community in the driver's seat, increasing their health outcomes in turn.

This will be achieved through the provision of Guiding Principles and practical Implementation Actions that will educate and build the capability of all researchers and research organisations in their journey towards conducting ethical Aboriginal and Torres Strait Islander research in Victoria. It has been determined the key marra ngarrgoo, marra goorri actions for the first phase of implementation are the following:

- Research Ethics Mechanism
- Research Organisation Institutional Reform (via an Accreditation Scheme)
- Research Capability Building
- Research Network.

The Implementation Actions were thoughtfully designed to address the hurdles facing Victoria in achieving ethical Aboriginal and Torres Strait Islander research. These actions were prioritised as they are critical to building the foundation of marra ngarrgoo, marra goorri and will be the most impactful at this initial stage of implementation. In particular, the establishment of an ethics review process will empower Aboriginal and Torres Strait Islander Victorians to take control of health strategies, research directions, as well as methodologies and ethical practice pertaining to us.

The Victorian Government has made its position clear that there is no better time to act to ensure self-determination in Aboriginal and Torres Strait Islander research. The research sector has also demonstrated the same level of enthusiasm and interest in the Accord.

## Project Budget

Description	2024-25	2025-26	2026-27	Total
marra ngarrgoo marra goorri Unit	\$1,369,867	\$1,391,224	\$1,601,932	<b>\$4,363,023</b>
Component 1: Ethics Committee operations	\$481,508	\$472,481	\$498,370	<b>\$1,452,359</b>
Component 2: Accreditation for Research Organisations	\$410,244	\$273,152	\$288,133	<b>\$971,529</b>
Component 3: Capability Building	\$980,612	\$1,174,680	\$1,238,715	<b>\$3,394,006</b>
Curriculum Development & Training	\$313,286	\$468,295	\$493,958	<b>\$1,275,539</b>
Community Based Research Developers	\$667,326	\$706,385	\$744,757	<b>\$2,118,467</b>
Component 4: Aboriginal and Torres Strait Islander Research(ers) Network	\$60,000	\$126,540	\$133,436	<b>\$319,976</b>
<b>Total cost</b>	<b>\$3,302,232</b>	<b>\$3,438,076</b>	<b>\$3,760,586</b>	<b>\$10,500,893</b>

## Alignment to Government Priorities and Strategies

- **2018 Labor Election commitment**
- **Victorian Closing the Gap implementation plan 2021–2023:** which recognises the centrality of self-determination in addressing the existing determinants and closing the health gaps.
- **Victorian Aboriginal affairs framework 2018–2023**
- **Government-commissioned Business Case 2022 Terri Janke & Co**
- **Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025** which was endorsed by Cabinet and signed by the Ministers for Health and Minister for Treaty and First Peoples in May 2023; Action 10.2
- **Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027** – the government’s plan to advance self-determination and improve the health, well-being and safety of Aboriginal people within Victoria.
- Launched on 11 October with Deputy Premier Carroll and Minister Thomas

## Removing Systemic Barriers To Better The Health and Wellbeing Of Aboriginal Victorians

The Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023-2025 (The Plan) was endorsed by Cabinet and signed by the Minister for Health and Minister for Treaty and First Peoples in May 202. This Action Plan supports practical, prioritised actions under The Aboriginal Health and Wellbeing Partnership Agreement 2023-2033. VACCHO, in collaboration with the Department of Health have identified 11 of the 38 Actions that must progress for the integrity of the Action Plan to be sustained and to ensure maintenance of critical data management tools in the sector.

### The Problem

The 11 Actions outlined in this proposal identify important and urgent work with no funding source, that must be undertaken to meet the government's commitments to Aboriginal Self Determination, Closing the Gap and to address systemic barriers to improved health and wellbeing outcomes. Many of the priorities and accompanying actions seek to better enable Aboriginal people living in Victoria to participate in early intervention and prevention programs as we know a focus on prevention is crucial to achieving improved health and wellbeing outcomes for Aboriginal people.

As is also seen on page 5 of this document, this 'Removing Systemic Barriers' investment also directly supports with the government's Early Intervention Investment Framework as investment in ACCHOs can significantly reduce the number of potentially preventable hospitalisations for Aboriginal people across the health system. Evidence shows that Aboriginal people have been reluctant to access mainstream health services until their condition is acute with higher emergency presentations, higher burden of disease and higher incidence of mental distress. Additionally, ACCHOs have been shown to produce better health outcomes for Aboriginal people when compared with mainstream services.

This funding also captures the critically needed continuation of upcoming lapsing funding. Three Actions (referred to as Component B) specifically address the historical lack of investment in the digital and data management capacity of ACCHOs, leading to inconsistent management capacity and inconsistent client data. The impact of this is as follows:

- Affects the access to, and reliability of, information required by ACCHOs for service delivery and referrals in and out of mainstream services
- Undermines government's ability to plan services and investment.
- Creates risk in terms of privacy and security.
- Does not meet government commitments to First Nations Indigenous data sovereignty.

Two existing digital and data management projects – Deadly Data and the Client and Case Management System (CMS) are developing missing data management capacity within ACCHOs and have no funding past June 2024. Six ACCOs have implemented the CMS during its trial replacing paper-based systems for over 17 different program types and saving an estimated minimum 2 hours per day per worker. Without continued funding, this capacity will be unsupported and Members will be left without data management capacity essential to their own operations and government reporting requirements

## Solution

The development of the Victorian Aboriginal Health and Wellbeing Agreement and its first Action Plan was an important step forward in achieving the best health and wellbeing for Aboriginal people. Now it is time for the Victorian Government to fund the plan to assure its implementation. Aboriginal health must be held in Aboriginal hands, where it can be managed in a holistic and culturally appropriate way, as it was for over 60,000 years.

Victoria has a long and proud history of Aboriginal Community-controlled healthcare where healthcare for Community is delivered by Community, and no one is turned away. This funding for the Action Plan seeks to take this legacy forward by strengthening the Aboriginal Community-controlled sector while building a mainstream sector that is free of discrimination, is culturally safe, and where the specific needs of Aboriginal people are recognised and delivered upon.

**Eight of the eleven actions (referred to as Component A** of this Budget Bid) are priorities that focus on the preventive measures in Aboriginal health, creating culturally safe healthcare, a self-determined health system, working from a shared evidence base and building a sustainable health sector.

This includes an action to 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. This Action has had significant development work. In 2021, the then Minister for Health, Martin Foley, provided \$370,000 to VACCHO to develop a feasibility study and business case for a Cultural Safety Accreditation Framework for mainstream health and wellbeing services. This recognised the requirement VACCHO had identified to:

- Address the discernible gap between the needs of Aboriginal peoples and communities and the health services being delivered
- Fulfil its cultural safety obligations pursuant to regulatory and ethical requirements.



In November 2023, the Department of Health provided an additional \$300,000 for the next stage of work, which is to trial the accreditation process in three mainstream health services. From 1 July 2024 (and for the two years covering the timeframe of this business case), the next stage of work will involve:

- Culturally safe standards for public and community health services in Victoria
- A registered, trialled and operational cultural safety accreditation scheme for Department of Health funded organisations.

The accreditation program is clearly well advanced, and a number of hospitals have approached VACCHO to be the initial pilot sites for the program. It is critical that this Action receive funding to deliver this action while there is strong interest and great willingness from mainstream settings to deliver this work. There has also been additional interest from VACCHO's national equivalent and the Federal Minister for Health and as such this project could become another case study of how Victoria leads the nation.

**The remaining three Actions, (Component B),** require resourcing towards building and sustaining data collection, management, security and sovereignty in the ACCHO sector.

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 area of service delivery, replacing widespread paper-based systems with digital workflows to maximise accuracy of data collection, security and sovereignty.

Although a technology project, it prioritises authentic connection with teams and clients to ensure inclusivity of Aboriginal cultural and spiritual health. The system is flexible enough to support wrap around services, which empower individuals and families while supporting data privacy consent. Modules for 20 service areas have been developed and are being progressively implemented at Victorian ACCHOs. Those ACCHOs 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 annum. This business case will secure ongoing development, maintenance and rollout of CMS.

The second component is the Deadly Data project. "Deadly is a word widely used by Aboriginal people to mean "excellent, amazing, or really good". Deadly Data is a Centralised Analytics Hub that uses a Data Lake to store information. In development since 2021, it aims to provide VACCHO and its members with reliable and timely data, based on Indigenous Data Sovereignty principles. In practice, Deadly Data is data that can be easily understood and used as a basis of long-term planning.

Currently, every ACCHO 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. This Centralised Analytics Hub will sit across the organisation and its member ACCOs. This single platform 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.

The third action of Component B builds on the development of CMS and Deadly Data and further work undertaken this year whereby VACCHO undertook a whole-of-sector IT ecosystem assessment. VACCHO then explored options to bring together clinical and non-clinical systems into a single and sovereign client information system. This project will strategise a way forward in developing a single and sovereign client management system for the ACCO sector. Current off-the-shelf technologies do not meet sectors requirements and time needs to be spent understanding and developing a solution. This strategy will enable the development of a compliant business case to the Victorian Government for the 2025-26 budget cycle.

## Project Budget

Description	2024-25	2025-26	Total
<b>Component A</b>	\$1,976,568	\$1,962,690	<b>\$3,939,258</b>
<b>Component B</b>	\$2,750,417	\$3,314,241	\$6,064,658
<b>Total cost</b>	\$4,726,985	\$5,276,931	<b>\$10,003,916</b>

*Critical Funding Component of this Bid – including lapsing funding*

Critical Funding	2024-25	2025-26	Total
<b>Client and Case Management System</b>	\$1,068,406	\$814,905	<b>\$1,883,311</b>
<b>Deadly Data</b>	\$921,379	\$929,100	<b>\$1,850,479</b>
<b>Cultural Safety Accreditation</b>	\$907,680	\$843,855	<b>\$1,751,586</b>
<b>Total cost</b>	<b>\$2,897,465</b>	<b>\$2,587,860</b>	<b>\$5,485,376</b>

## The Eleven Actions

### Component A

Action 1.3— Establish guidance for all mainstream organisations applying for and receiving Department of Health funds for prevention related to Aboriginal Health and Wellbeing in Victoria, which includes expectations and guidance for working with and resourcing Aboriginal Community Controlled Organisations (ACCOs), where appropriate. (Domain: Prevention and Early Intervention).

Action 2.2— 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. (Domain: Culturally Safe Healthcare).

Action 6.1— Scope and establish a mechanism for ACCOs and VACCHO to provide input into Department of Health budget bids to ensure they consider Aboriginal Health and Wellbeing and program delivery at the outset. (Domain: A Self Determined health system).

Action: 8.1—Work with the Commonwealth through the Aboriginal and Torres Strait Islander Health Collaboration to ensure a coordinated, whole-of-government approach to driving national First Nations health priorities (Domain: Working from a Shared Evidence Base).

Action 12.1— Develop and implement a policy so that operational funding for Aboriginal Community Controlled Health Services delivery is recurrent or multiyear (4-year minimum) unless it meets strict criteria that justifies it being issued as a 12-month (or less) contract. This would be for existing and new funding arrangements and would include indexation. (Domain: Building a Sustainable Health Sector).

Action: 12.2— Develop the overall plan, including detailed steps and timeline, for transitioning Department of Health funding to outcomes-based funding for ACCOs so that it:

- aims to combine existing contracts into a single grant the ACCO can manage flexibly.
- is based on self-determined outcomes.
- measurably reduces the reporting burden.
- provides adequate resources to manage the transition to outcomes-based funding.

The shift of operational funding to multiyear will also include indexation. (Domain: Building a Sustainable Health Sector).

Action: 14.1—Increase student placements, internships, cadetships, and graduate placements across the ACCO sector (Domain: Building a Sustainable Health Sector).

Action: 14.3—Review guidelines of existing funding programmes to promote training, upskilling and leadership for ACCO sector workforce (Domain: Building a Sustainable Health Sector).

### Component B

Action 9.1— Facilitate a Data Sharing Agreement between the Department of Health and VACCHO to access Government held data. (Domain: Working from a Shared Evidence Base).

*Lapsing Funding* - Action 9.2— Develop a funding proposal for government consideration for the long-term maintenance of the Victorian Aboriginal Health Information System (Deadly Data) and support for ACCOs to participate in it. (Domain: Working from a Shared Evidence Base).

*Lapsing Funding* - Action 9.3a - continued maintenance, development and rollout of CMS, which is building the platform and capacity for non-clinical data management

Action 9.3b - Develop a funding proposal for government consideration for the introduction of a single and sovereign client management system for the ACCO sector, including a staged operational transition plan which is responsive to the unique needs of the ACCO service model. (Domain: Working from a Shared Evidence Base).

## Alignment to Government Priorities and Strategies

- **Victorian Closing the Gap implementation plan 2021–2023**: which recognizes the centrality of self-determination in addressing the existing determinants and closing the health gaps.
- **Victorian Aboriginal affairs framework 2018–2023**, which, having pre-dated the above noted Implementation Plan, articulates many of the same objectives as the plan.
- **Aboriginal Health And Wellbeing Partnership Agreement And Action Plan as outlined.**
- **Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027** – the government’s plan to advance self-determination and improve the health, well-being and safety of Aboriginal people within Victoria.
- **Health 2040: advancing health, access and care** – a policy for preparing for the future and planning for change which impacts the health of Victorians. This document lays out DH’s vision, the strategies used to achieve it, and how DH will track progress.
- **Victoria’s infrastructure strategy 2021–2051** – charting the next stage of Victoria’s infrastructure journey to address infrastructure pressures, learnings from the COVID-19 pandemic and preparation for the future. One of its key recommendations (Recommendation 67) is to co-design an Aboriginal community-controlled infrastructure plan.
- **Statewide design, service and infrastructure plan for Victoria’s health system 2017–2037** – guiding service, workforce and infrastructure investment in Victoria’s health system over the next 20 years.
- **Victorian public health and wellbeing plan 2023–2027** – outlining the priorities and long-term goals of the Andrews Labor Government for enhancing the health and wellbeing of Victorians.
- **Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027**, which articulates the Victorian Government’s Social and Emotional Wellbeing Framework.
- **Early Intervention Investment Framework**, that aims to move funding to early interventions to improve the lives of Victorians and deliver better outcomes across the service system.

## Culture + Kinship Statewide Rollout

Aboriginal and Torres Strait Islander people draw strength from our continued connection to our culture and Country. These strengths are not usually recognised in mainstream public health and approaches to enhancing Community wellbeing, which are usually based on disease-focused and deficit-centered initiatives. As a result, enormous opportunities are missed to develop culturally appropriate, strengths-based approaches to enhancing the health and wellbeing of Aboriginal Communities. The Culture + Kinship pilot was a successful example of a strengths-based prevention initiative based on the connections to culture, Community, kinship and Country. This bid seeks to expand the Culture + Kinship pilot to be a statewide program.

### The Problem

Aboriginal and Torres Strait Islander people understand health and wellbeing as encompassing the healthy and interdependent relationships between families and kinship, Communities and Country. Our models of care focus on creating holistic social and emotional wellbeing which incorporate connection to our bodies, minds, families, kinship networks, Communities, Country, spirituality and ancestors.

Through processes of colonisation and forced separation from these connections, Aboriginal and Torres Strait Islander health and wellbeing has been significantly harmed (Axelsson, Kukutai and Kippen, 2016). Research has demonstrated how connecting to Country and Community enhances the health and wellbeing of Aboriginal and Torres Strait Islander individuals, families and Communities.

VACCHO's Culture + Kinship pilot explored how these connections form the basis of a strengths-based prevention approach for Victorian Aboriginal and Torres Strait Islander Communities. VACCHO funded three ACCOs to design and implement self-determined, local initiatives that established or strengthened connections to culture, kinship, Community and Country.

### Solution

The Culture + Kinship pilot used a social return on investment (SROI) evaluation method to demonstrate a social return of \$8.29 for every dollar invested. The pilot demonstrated that participants were more able to exercise self-determination in their health, were more motivated to engage with VACCHO health services and prevention programs and were more likely to act as health ambassadors within their families and Communities. Participants also experienced an increase in their mental health and wellbeing because of the pilot. The underlying rationale of the Culture + Kinship initiative is that connecting with Culture, kinship, Community and Country is affirming

of an Aboriginal person's identity and sense of belonging within their life. As a result, we have more pride in our culture, a stronger understanding of our responsibility to contribute to the continuity of our culture, and a stronger motivation to create and enhance the health and wellbeing of ourselves and our families and Communities.

## Project Budget

Description	2024-25	2025-26	2026-27	2027-28	Total
Culture + Kinship	1,150,000	3,400,000	2,650,000	2,800,000	10,000,000

## Alignment to Government Priorities and Strategies

- **Victorian Closing the Gap implementation plan 2021-2023**: which recognises the centrality of self-determination in addressing the existing determinants and closing the health gaps.
- **Victorian Aboriginal affairs framework 2018-2023**, which, having pre-dated the above noted Implementation Plan, articulates many of the same objectives as the plan.
- **Aboriginal Health And Wellbeing Partnership Agreement and Action Plan**: endorsed by Cabinet in May 2023 which demonstrates a partnership between the Victorian Government and ACCHOs to transition towards a self-determined, community controlled and culturally safe health and wellbeing service sector for Aboriginal people.
- **Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017-2027** – the government's plan to advance self-determination and improve the health, well-being and safety of Aboriginal people within Victoria.
- **Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027**, which articulates the Victorian Government's Social and Emotional Wellbeing Framework.
- **Early Intervention Investment Framework**, that aims to move funding to early interventions to improve the lives of Victorians and deliver better outcomes across the service system.





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***Vibrant, healthy, self-determining  
Aboriginal and Torres Strait Islander communities***