



VACCHO

# The Victorian ACCO Model

The holistic model of Aboriginal Community Controlled Health Organisations (ACCO).

Over the last 50+ years, the ACCO sector has developed an operating and service model that meets the unique needs of our communities.

The Victorian ACCO model is:

- Holistic, integrated, strengths-based, and trauma-informed.
- Culturally safe healthcare combined with wrap-around social services to address the many disparities in health and wellbeing still experienced by Aboriginal Victorians.
- Recognised and endorsed by government policy at all levels.
- Significantly challenged by the fragmenting influence of funding designed for mainstream services.

# The Victorian ACCO Model

## ASPIRATIONS OF VICTORIAN ABORIGINAL COMMUNITIES:

Aboriginal people are healthy, safe, respected, connected, resilient, thriving, and living culturally rich lives

Aboriginal people are able to achieve wealth equity and economic empowerment

Aboriginal peoples and culture are recognised, respected, valued, and celebrated

Recognition is achieved through a Voice, Treaty, and Truth-telling

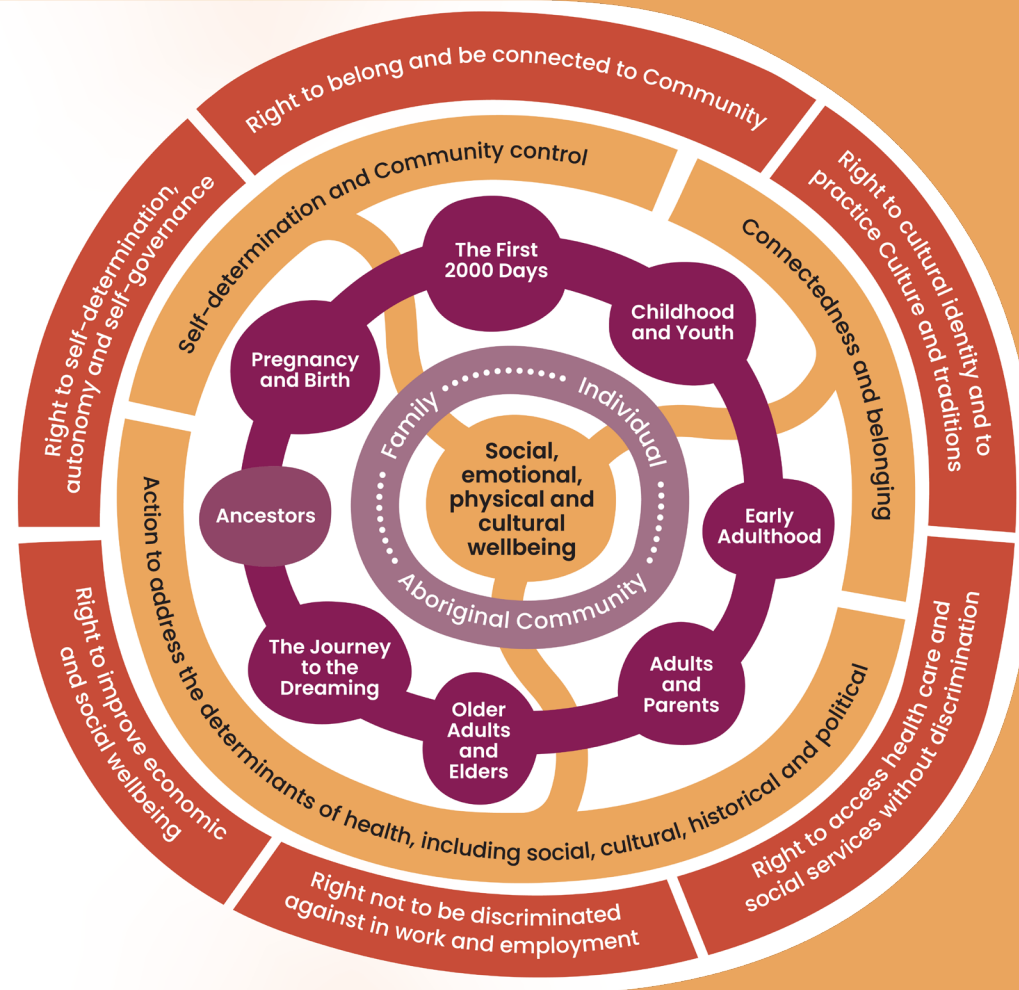
Over-representation of Aboriginal people in the justice system is eliminated

Racism and discrimination are eliminated

Closing the Gap in life expectancy and intergenerational disadvantage is achieved across the life course

Aboriginal people are able to achieve their potential through education, training, and workforce participation

Note: This is not a complete and exhaustive list of aspirations of Mob but are key to forming ACCOs in Victoria. ACCOs have used these them to rebuild a protective layer for restoring Aboriginal health.



## Social Impact of the ACCO Model

- Empowerment and self-determination
- Community building and resilience
- Celebration and pride in culture and identity
- Social inclusion and equality
- Economic and community development
- Social justice and respect
- Economic development and employment
- Improved quality of life

## Outcomes of the ACCO Model

- Improved health, social and emotional wellbeing
- Improved family and community function
- Improved connection - individual, family and community
- Increased social inclusion and participation in the wider community and civic life
- Increased engagement in education and training
- Increased workforce participation
- Reduced intergenerational trauma
- Reduced community stress and breakdown

## Reduced Costs to government

- Hospital and other tertiary services
- Alcohol and other drug services
- Acute mental health services
- Justice (less violence, criminal behaviour and incarceration)
- Crisis accommodation
- Family violence
- Child Protection and out of home care
- First responders (Ambulance)/law enforcement (Police)
- Social welfare costs (higher employment)
- Health care costs

# How to Read the ACCO Model

The **yellow circle** is Aboriginal Health. It encompasses physical, social, emotional, and cultural wellbeing. It is not focused on disease prevention, or the individual alone.

The **purple rings** show it is also about the **family** and the **Community** and encompasses all the stages of life. Ancestors are a part of the cycle of life.

This was Aboriginal health before colonisation and the disruption of all areas of life for Aboriginal people in Victoria.

Health and wellbeing were protected by rights and responsibilities that were present in our whole world, grounded in Country.

But every aspect of that protection was blown apart by the dispossession and discrimination that followed, leading to the profound loss of health over generations. But we fought to reclaim both our rights and our health.

The **sand coloured arrows**, the aspirations of Communities, have driven the development of ACCOs in Victoria. Over more than 50 years they have provided a place where the health of Aboriginal people could be restored.

This new protective layer is shown in **red and yellow circles**.

In the red circle, the protection is **Rights**. Aboriginal people have these rights, expressed in the UN Declaration on the Rights of Aboriginal People and Victoria's Charter of Human Rights and Responsibilities Act.

In the yellow circle, the protection is the **Victorian ACCO Model itself**. Its three key elements provide the pathway back to the centre, back to health.

Around the model are the outcomes, impact and reduced cost to government of the Victorian ACCO Model.

Our model has **two foundational principles** and **three key elements**, which affirm our Aboriginal ways of knowing, being and doing. The foundational principles describe our purpose (knowing and being), while the key elements describe how our services are designed within the framework of Aboriginal Community Control (doing).

## Foundational Principles

*'Aboriginal health in Aboriginal hands.'*

### Our definition of health.

Aboriginal health encompasses physical, social, emotional, and cultural wellbeing of individuals, families, and communities. In contrast, western definitions focus on disease prevention and the treatment of individuals.

### Our Rights as Indigenous People.

These are set out in the United Nations Declaration on the Rights of Indigenous Peoples and Victoria's Charter of Human Rights and Responsibilities Act 2006.

## Key Elements

### Self-Determination and Community Control.

ACCOs are independent incorporated bodies with a membership structure open to people from the local Aboriginal community. Members elect the Board, who determine objectives and performance expectations for the ACCO. For mainstream health services, these are ultimately determined by government.

**ACCOs are accountable to their members and local community, meaning:**

- It is not the role of government to determine or prescribe how ACCOs design their services.
- It is the role of government to partner with the ACCO sector to ensure that dedicated funding models are reliable, consistent, and designed to suit the types of services required by communities.

### Connectedness and Belonging.

ACCOs seek to increase the connectedness and sense of belonging that Aboriginal people experience in themselves, within their families and within communities. Starting from birth and continuing throughout the life course, ACCOs celebrate Culture, conduct Ceremony, hold social events, and organise sporting and recreational activities. While these activities are valuable in their own right, creating a welcoming, trusted and healing environment. In turn this encourages individuals and families to feel at ease and secure when reaching out for support and assistance, significantly reducing the barriers to accessing care and support.

### Action to address the determinants of health.

ACCOs recognise that social and political factors, such as employment, education, housing, racism, and discrimination, along with the cultural and historical context of our experience surviving colonisation, have a significant impact on the health and wellbeing of individuals, families and their Community.

In practice, this means ACCOs integrate healthcare services with social services such as housing, financial relief, childcare, aged care, and disability services. As a result, the burden placed on individuals and families to navigate multiple mainstream systems is significantly eased, and ACCOs can provide healthcare while directly addressing the determinants of health outcomes.



Here in Victoria, the first ACCO was set up in 1973. It was an Aboriginal-led response to the intergenerational impact of colonisation and the policies of dispossession and assimilation that have caused such damage to our health and wellbeing.

Since then, across the state, our Communities have built ACCOs to rebuild our health, wellbeing, connectedness and prosperity. These are both our aspirations and rights as the First Peoples of this country.

Through the National Agreement on Closing the Gap, the Victorian Government has recognised that “ACCO services usually achieve better results, employ more Aboriginal and Torres Strait Islander people and can be given preference over mainstream services.” They have committed to long-term investment in ACCOs and our workforce, a robust peak body, and a funding model designed to suit our services.

*Jill Gallagher*



Dr Jill Gallagher AO,  
VACCHO CEO

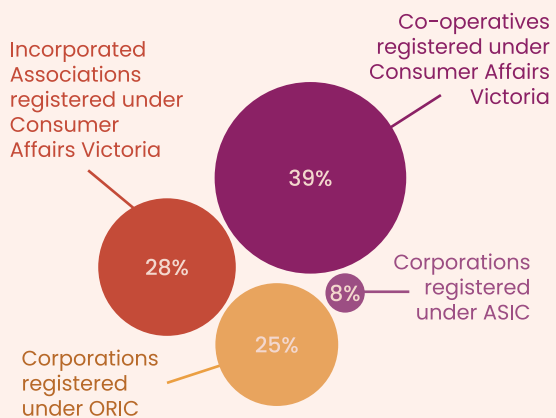
## Other features of the Victorian ACCO Model

### Governance

ACCOs are independent legal entities owned and governed by the local Aboriginal community. Each ACCO's constitution outlines its purpose, rules, and governance structure.

Within communities, people often call their ACCO 'the Co-op' as most started with this structure, reflecting Mob supporting Mob.

VACCHO's 33 Members are structured as:



97% are registered as a charity with the ACNC, with one in train.

### Resourcing

ACCOs need to seek funding from many sources, including the Victorian and Commonwealth Departments responsible for:

- Health and Social Services, including Housing, Children, Youth, Women, Men, Families, Elders
- Equality, Justice, Law
- Education, Training, Employment
- Environment, Land, Planning
- Regional Development and Business Development

Funding may also come from Departments of Premier and Cabinet and Prime Minister and Cabinet and government agencies such as 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.

Some ACCOs generate income from social and business enterprises, including agriculture and tourism. There is only a small amount of philanthropic investment in Victorian ACCOs.

### Scalability

ACCOs are agile and experienced in scaling up their services in response to the changing demands and needs of Community, and from our advocacy for policy and funding changes.

This will be increasingly important because the Aboriginal population in Victoria is growing at 3.8% per year, more than double the rate of the broader population at 1.6%.

Between 2006 and 2021, the total population of Aboriginal people in Victoria increased by 135% to 78,696, with a median age of 24 years compared to 38 years in the broader population.

### How is Quality Assured?

ACCOs comply with legislative and regulatory frameworks, the Child Safe Standards and Reportable Conduct Scheme, and maintain the following accreditations:

- Royal Australian College General Practitioners 5th Ed (RACGP)
- Aged Care Quality Standards
- Social Services Standards (Victoria)
- Child Safety Standards (Victoria)
- National Standards for Mental Health Services
- National Safety and Quality Health Service (NSQHS) Standards
- NDIS Practice Standards
- QIC Health Community Service Standards (7th Edition)

## Challenges to the Victorian ACCO Model

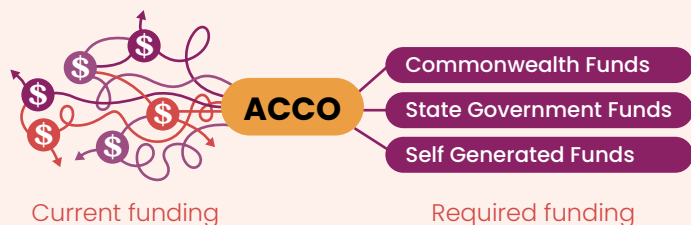
The Victorian and Commonwealth governments have committed to supporting the holistic and integrated ACCO model, but funding remains fragmented and disintegrated.

Funds are allocated through a maze of separate grants and agreements, from dozens of funding sources. Most are not recurrent, and many are for 12 months only, even though service delivery is ongoing and supporting long term change.

This approach leads to challenges with:

- Finding resources to plan or develop new facilities, or maintain current buildings
- Covering costs beyond direct service delivery, such as HR, Finance, Quality and accreditation, Communications, vehicles, technology and data management. To try to cover these indirect costs, ACCOs allocate a small administrative levy across service grants.
- Workforce attraction and retention, as long-term contracts cannot be offered.
- A uniquely high reporting burden due to overlapping requirements of multiple funders, accreditation and standards reporting.
- Multiple uncoordinated data collection requirements, and a lack of data sovereignty to support the ACCO model.

Despite long-standing government commitments to simplify funding, including through outcomes-based funding models, progress has been slow. ACCOs will need adequate resources to transition their reporting models.



Scan QR code or [click here](#) to find out more about our Member organisations.



## Definitions

Aboriginal and Torres Strait Islander peoples	Aboriginal and Torres Strait Islander peoples living in Victoria use various terms including. First Nations, Sovereign Nations, Indigenous Australians, Our Mob/s, Blackfellas, Traditional Owners, Our Communities. In this document, we are choosing to use the term Aboriginal and respecting the diversity of our Communities.
Aboriginal Community Controlled Organisation	Priority Reform Two of the National Agreement on Closing the Gap defines an ACCO (or ACCHO) as an organisation that is: <ul style="list-style-type: none"> <li>• incorporated under relevant legislation and not-for-profit</li> <li>• controlled and operated by Aboriginal and/or Torres Strait Islander people</li> <li>• connected to the community, or communities, in which they deliver the services</li> <li>• governed by a majority Aboriginal and/or Torres Strait Islander governing body.</li> </ul> <p>In Victoria, the acronym ACCO is preferred, as it better reflects the broader range of healthcare and social services offered in Victoria compared to other states</p>
Connection	In Aboriginal cultures, the concept of “connection” holds profound significance, encompassing a deep and holistic understanding of relationships. The idea of connection extends beyond mere physical ties, it encapsulates spiritual, cultural, social, and environmental dimensions.
Cultural determinants of health	How an individual’s cultural background, identity, and practices influence their health and wellbeing. These determinants are integral to understanding health disparities and providing culturally competent and effective healthcare.
Cultural Safety	An environment that is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, learning together with dignity, and truly listening.
Culturally Safe Practice	The ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of racism.
Model of Care	A broad outline of the way a service is organised and delivered. Within the Victorian ACCO Model there are multiple models of care.
Political determinants of health	The influence of political structures, policies, and power dynamics on the distribution of resources, opportunities, and social conditions that shape health outcomes within a population. These determinants highlight how political decisions and governance structures can either contribute to health equity or exacerbate health disparities.
Self determination	While Aboriginal self determination means different things to different people, the UN Declaration on the Rights of Indigenous Peoples describes it as the ability for indigenous people to freely determine their political status and pursue their economic, social and cultural development. It also describes self-determination as a right that relates to groups of people, not individuals.

## Key Policy Commitments

- [National Agreement on Closing the Gap 2020](#)
- [National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#)
- [National Indigenous Reform Agreement \(NIRA\)](#)
- [National Health Reform Agreement 2020–2025](#)
- [Victorian Aboriginal Affairs Framework](#)
- [Korin Korin Balit-Djak](#)
- Victorian Government, Department of Health and Human Services. [Supporting self-determination: prioritising funding to Aboriginal organisations project report: Executive summary, 2019](#)
- [Aboriginal Health and Wellbeing Partnership Agreement and Action Plan](#)
- Self-determination, treaty and truth telling through the [Yoorrook Justice Commission](#)
- [Charter of Human Rights and Responsibilities Act 2006 Victoria](#)

## References

- [United Nations Declaration on the Rights of Indigenous Peoples](#)
- Robyn Williams. [Cultural safety-what does it mean for our work practice?](#)
- Ahpra. [Aboriginal and Torres Strait Islander Health Strategy](#)
- Mental Health Commission of NSW. [Journey of Wellbeing: A Preliminary Aboriginal Model of Care based on documented examples of best practice across NSW](#)
- VACCHO. [On Solid Ground: Strategic Plan 2021-2026](#)
- ABS. [Final 2021 Census estimates -Aboriginal and Torres Strait Islander Australians](#)



# VACCHO Member Service Profile

Our Members offer a wide array of services/activities, connected by their holistic model. Each Member self-determines their service mix, responding to Community need but also restricted by available funding.

