COMMONWEALTH GRANTS COMMISSION INDIGENOUS FUNDING INQUIRY FINAL SUBMISSION

From: Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

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SUBMISSION TO THE COMMONWEALTH GRANTS COMMISSION INDIGENOUS FUNDING INQUIRY

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INC

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BACKGROUND

VACCHO ORGANISATIONAL VISION

The Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO) was established and commenced full operation in January 1997, after many years of commitment and dedication of numerous people to see the establishment of an organisation to represent the needs of all Aboriginal community controlled health services in Victoria at the State and National levels.

The vision of those responsible for the establishment of the VACCHO and that of the current membership is:

To be representative of all Aboriginal community controlled health services in Victoria supporting the initiation, development and implementation of locally owned and operated programs and services that reflect and meet the true needs of and improve health outcomes of Aboriginal people in Victoria and;

To advocate and encourage the vision that each Aboriginal community experiences the benefits of having its own community based, locally owned, culturally appropriate and adequately resourced primary health care facility.

In particular the VACCHO will:

Promote the ongoing needs for ongoing need for Aboriginal community control and self determination;

Promote and encourage full participation of all Aboriginal community controlled health services in the development and implementation of policy, services and programs that foster improved health outcomes of Aboriginal people in Victoria while maintaining the guiding principles of Aboriginal community control and self determination;

Promote the holistic approach to health, encompassing the basic principle that Health does not simply mean the physical well being of an individual but refers to the social, emotional and cultural well being of the whole community. This is a whole of life view incorporating the cyclical concept of life-death-life and the relationship the Aboriginal culture has to the land.

Assist in the overall development and implementation of the Health Outcomes and Framework Agreements in Victoria;

Participate and assist the development of cultural awareness programs.

ACHIEVEMENTS TO DATE

In three short years the VACCHO has a mandate to implement our vision and develop strategies to are full participating members of our organisation. As aforementioned, VACCHO members meet regularly to formulate policy, negotiate agreements and implement strategies on behalf of all of our communities across the State.

VACCHO has engaged in strategic partnerships with Government and non-Government organisations with the overall aim of improving our health status in wholistic way. By way of example, VACCHO has developed a partnership agreement with the General Practitioners Division of Victoria with the principle aim of improving our health status by way of encouraging cross cultural awareness programs resulting in doctors being able to better deliver their services in a culturally sensitive manner. Of particular significance is the fact that as part of this partnership doctors are required to undertake compulsory cross cultural awareness training.

An important partnership for our future is that which has been developed with Victorian Universities Rural Health Consortium where the objectives are to create opportunities for formal training for our workers in the health industry to gain appropriate formal qualifications and also to develop and endorse curriculum development as a basis for this training. Having accredited health training programs under the National Standards Framework also allows non-Indigenous professionals access to appropriate training at a tertiary level.

Of great significance is the developing partnerships between the State Government as represented by the Department of Human Services, the Commonwealth Government represented by OATSIH, the ATSIC and the VACCHO. The partnership provides an important strategic base for the VACCHO in terms of negotiation for programmatic and resource distribution throughout Victoria. It should be noted that these partnerships are largely outcome driven.

In line with our holistic approach to our health and well being the VACCHO will be looking in the near future to either extend its membership or to develop further partnerships with other key organisations both Indigenous and non-Indigenous that play an important role in the health and well being of our people such as housing and sporting organisations.

RECOMMENDATIONS TO THE INQUIRY

Aboriginal and Torres Strait Islander Affairs has been researched and evaluated over and over again, largely for the stated purpose of determining and defining more effective and efficient approaches to the delivery of services to Indigenous communities. These reports all point to one thing - that Government polices aimed at achieving incremental improvements in indicators of Indigenous well being have failed. This task is now becoming more urgent due both to the population trends and evidence of increasing alienation of Indigenous people.

There is a strong demand for action from Indigenous communities and a despair about the policies of gradualism.. VACCHO believes that funding formulas in Aboriginal Health must now move away from the "carrot and stick" approach which have contributed to adversarial relationships between stakeholders and contributed to a lack of progress in Indigenous health.

The issues associated with Indigenous Health are of great significance and importance to Aboriginal communities. On this basis any decisions relating to resource allocation and addressing unmet need must occur with the full cooperation and negotiation of Aboriginal communities across Australia. This level of involvement must be formal and based on an equal partnerships throughout all stages of development, implementation and evaluation. To this end VACCHO membership strongly endorses the recommendations in the Draft Report pertaining to Partnership Agreements.

As aforementioned VACCHO are a strong advocate of partnership agreements and believe that they are an important means of ensuring effective service delivery in this area. There can be little doubt that "best practice" models of service delivery are those which have been developed in partnership with Government and have the endorsement of Aboriginal community.

VACCHO membership agree that addressing unmet need in Indigenous Health is an important goal which needs to be achieved in the short term. It is understood that the different layers of reporting are very important in improving the health status of Indigenous people because they set a framework for information sharing and continuous improvement. Further, the theory goes that they should lead to consistency in service provision so that Aboriginal and Torres Strait Islander peoples can expect consistent care irrespective of wether they are receiving a service in Katherine or in Melbourne. In practice however, due to the perceived greater health needs of Indigenous people in the Northern Territory and Western Australia the Southern states are often penalised and resources redistributed in

favour of the Northern states. It is very pleasing that this has been recognised by the Commission. While we do not advocate a move away from input measures in other words resource measures as part of the Commission's Measuring Needs models, nonetheless, VACCHO also believes that there should be a stronger emphasis on outputs and outcomes and resource measures which rewards effective and efficient service delivery.

Given the above, VACCHO also notes the Commission's statements regarding resource distribution. The often unnecessary fragmentation of health programs delivered at a local level due to multiple funding and service agreements for one agency has led to a body parts approach and has contributed to adversarial relationships with key stakeholders when not all parts of the Funding and Service Agreements are adhered to. On this basis VACCHO supports a move towards pooling of funds and coordination of services under partnership agreements and regional planning.

In addition, VACCHO would urge the Commission to consider measures for capacity building of Indigenous organisations, measures which will increase skills to ensure best practice service delivery. The need for capacity building is at the core of self determination and community control. The arbitrary tightening of grant provision to Indigenous communities by itself has not lead to better management. Indeed higher and harder hurdles make the option of accountability all the more difficult if those hurdles are neither understood or accepted.

VACCHO has taken a holistic approach to health service delivery and hence the determinants of health needs. Given this it is important to understand that some of the determinants of health are beyond the immediate influence of the health sector. Thus the implementation of inter sectoral linkages has important strategic value especially in urban environments. The importance of intersectoral collaboration cannot be over estimated and it too is an important element of community control of Aboriginal services.