



Royal Commission into
Victoria's Mental Health System

ATTACHMENT AJ -3

This is the attachment marked 'AJ-3' referred to in the witness statement of Andrew Jackomos dated "11 July 2019" .

Victorian Aboriginal Affairs Framework 2018–2023





Murray River, Mildura © Jacqui Barker/WikimediaCommons



Cover image: Djirri Djirri Dance Group performing at Smith Street Dreaming.
Photo: Mikaela Egan. Used with permission of Djirri Djirri Dance Group.

Acknowledgement

We proudly acknowledge Victoria's First Nations peoples and their ongoing strength in practising the world's oldest living culture. We acknowledge the Traditional Owners of the lands and waters on which we live and work, and pay our respect to their Elders past and present.

Victoria's Aboriginal communities continue to strengthen and grow with the ongoing practice of language, lore and cultural knowledge. We recognise the contribution of Aboriginal people and communities to Victorian life and how this continues to enrich our society more broadly. We acknowledge the contributions of generations of Aboriginal leaders who have come before us, who have fought tirelessly for the rights of their people and communities.

We acknowledge Aboriginal self-determination is a human right as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples, and we commit to working towards a future of equality, justice and strength.

Finally, we acknowledge that there are long-lasting, far-reaching and intergenerational consequences of colonisation and dispossession. The reality of colonisation involved the establishment of Victoria with the specific intent of excluding Aboriginal people and their laws, culture, customs and traditions. Over time, the development of Victorian laws, policies, systems and structures explicitly excluded Aboriginal Victorians, resulting in and entrenching systemic and structural racism. We acknowledge that the impact and structures of colonisation still exist today. Despite the past and present impacts of colonisation, Aboriginal people, families and communities remain strong and resilient.

Language statement

We recognise the diversity of Aboriginal people living throughout Victoria. Whilst the terms 'Koorie' or 'Koori' are commonly used to describe Aboriginal people of southeast Australia, we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent who are living in Victoria.

The use of the words 'our' and 'we' throughout this document refers to the Victorian Government.

Artist statement



Mikaela Egan

I'm a proud Muthi Muthi/Gunditjmara woman. I grew up in Mildura and have been living in Melbourne for ten years. I'm an artist/photographer and Aboriginal health promotion officer. I have a great love for creating and capturing moments in time. I put passion and soul into all areas of my work and I love working in my community to help create healthier lives for our mob. I believe that we can truly set an example by being the change we wish to see in order to achieve better outcomes for our people.

My philosophy in life is to create change and evoke healing in our own lives and communities in order to move forward and live our best possible lives with the resources that we have. As a creative I am able to express myself and my culture through different art forms and I am truly blessed to be able to openly share that with not only the Aboriginal community but all Australians.



Hollie Johnson

I am a proud Gunai Kurnai and Monero Ngarigo woman currently living in Gippsland, Victoria. Growing up, I was fortunate enough to learn about my culture and traditions from my grandparents who I admire and respect deeply. I graduated from RMIT with a Bachelor of Arts Photography in 2016, and am currently the Program Manager for AIME (Australian Indigenous Mentoring Experience) Gippsland and freelance in my spare time.

I have done work for Parks New South Wales, Yirramboi Festival through the City of Melbourne, Latrobe City Council, among others. I was the first student to study the VCE Indigenous Languages of Victoria, and I continue to practise language with hopes to study linguistics and teaching in the future. I hope to combine my knowledge and skills to start up my own business that will support up-and-coming Indigenous artists and people.



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“We need more Aboriginal people’s voices in decision-making... it’s not just good practice, it’s good business.”

Community forum participant, Morwell

“Consult with Aboriginal people, sit down with them and have a yarn - if you want to close the gap you need to address the social determinants of health.”

Online survey respondent

Message from the Premier



Like previous frameworks, this document lays out our state's approach to Aboriginal affairs.

It provides the metrics, the targets and the priorities to guide our progress forward.

But it also represents a new way of doing business. A new approach to Aboriginal affairs, with the voices of Aboriginal people at its heart.

Because, a decade on from the Closing the Gap agreement, there is no more evident truth: we only achieve better outcomes for Aboriginal people when that all-important work is led by Aboriginal people.

Here in Victoria we're making progress, passing our nation's first-ever treaty legislation into law.

But as this document – the product of consultation with Aboriginal communities across our state – shows, our work is far from over.

It's why we must keep listening to – and being led by – Aboriginal people, families and communities.

Because a more just, more equal, more decent future for Aboriginal people can only mean a more just, more equal, more decent future for our state.

A handwritten signature in black ink, which appears to read 'Dan Andrews'.

The Hon Daniel Andrews MP
Premier of Victoria

Message from the Minister for Aboriginal Affairs



I am honoured in my role as Minister for Aboriginal Affairs to present the new *Victorian Aboriginal Affairs Framework 2018-2023*.

The VAAF is the Victorian Government's plan for working with Aboriginal Victorians to close the gap. I would like to express my thanks to all community members who shared their time and wisdom. We hope that you see your voice reflected in these pages.

I would also like to thank the Aboriginal Executive Council for their advisory role in progressing whole-of-government self-determination reform.

The VAAF tells an important story about Aboriginal Victorians. It tells a story of strong, resilient Aboriginal people, families and communities who have great aspirations for their lives. It turns the spotlight on government and what actions must be taken to address the enduring impacts of colonisation.

The new VAAF recognises that positive change must involve government transforming to deliver culturally safe and community-owned services and programs. The VAAF sets out guiding principles that will underpin all future work to progress self-determination.

We know that transforming government will take time. We have started that process, with Aboriginal Victorians leading the way.

Together, we will help create a future where all Aboriginal people, families and communities are healthy, safe, resilient, thriving and living culturally rich lives.

A handwritten signature in black ink, reading "Natalie Hutchins".

The Hon Natalie Hutchins MP
Minister for Aboriginal Affairs

1 PLAN





“ *There needs to be opportunities
for everyone to have their voices
heard and be listened to.* ”

Community forum participant, Geelong

The Victorian Aboriginal Affairs Framework 2018-2023

The goals, objectives, measures and self-determination guiding principles and actions within the VAAF set a clear direction for how government will **'Plan'**, **'Act'**, **'Measure'** and **'Evaluate'** to progress change across government, address inequity and deliver stronger outcomes for and with Aboriginal Victorians.

Our purpose

The Victorian Aboriginal Affairs Framework 2018-2023 (the VAAF) provides an ambitious and forward-looking agenda for Aboriginal affairs. The VAAF has two key purposes:

1. It is the Victorian Government's overarching framework for working with Aboriginal Victorians, organisations and the wider community to drive action and improve outcomes.
2. It sets out whole of government self-determination enablers and principles, and commits government to significant structural and systemic transformation.

Since 2006, Victoria has implemented whole-of-government frameworks to address the gaps between Aboriginal and non-Aboriginal

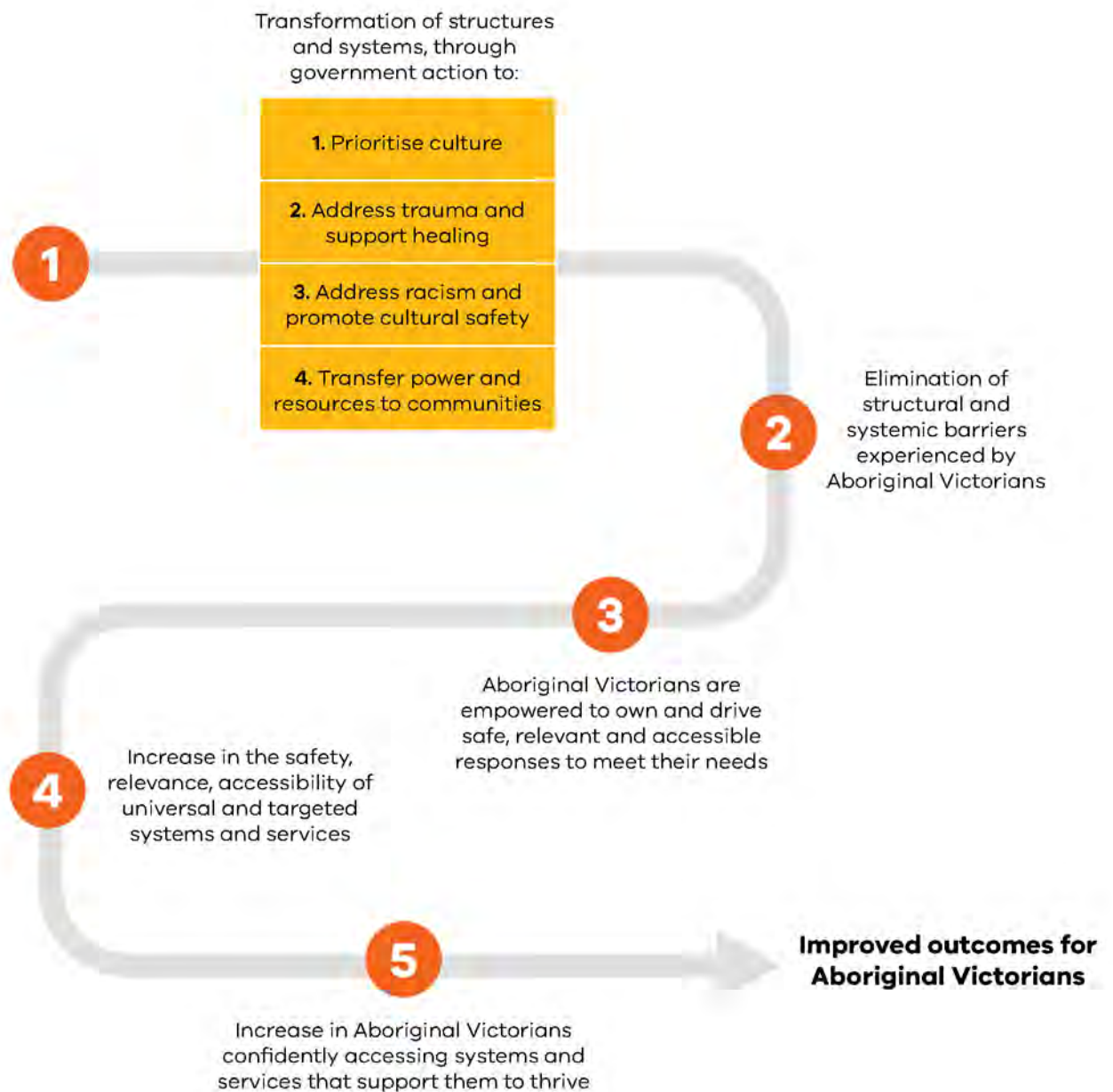
Victorians. This has included the national Closing the Gap agenda since its commencement in 2008. These frameworks have reflected the Victorian context, including the unique voices, strength, resilience and cultural knowledge of Aboriginal people in Victoria.

Past government reporting in Aboriginal affairs focused on 'how Aboriginal people are faring'. While this VAAF still has a focus on measuring improvements in people's lives, it has transitioned to a new approach that enables community to hold government to account. The VAAF recognises that to achieve positive outcomes, we must fundamentally change the way governments work with Aboriginal people.

All community should have a voice: children, young people, Elders.

Community forum participant, Robinvale

VAAF action logic



Our shared vision

Our shared vision is that: 'All Aboriginal Victorian people, families and communities are healthy, safe, resilient, thriving and living culturally rich lives.'

There has been significant investment and policy development contributing to strengthened cultural, economic, political and social outcomes for Aboriginal Victorians. Despite these efforts, much more needs to be done.

This vision acknowledges that Aboriginal aspiration extends *beyond* closing the gap towards long-term generational change and improved outcomes for all Victorian Aboriginal people, families and communities. It reflects our move away from just measuring life expectancy towards what Aboriginal people *expect* out of life.

We know that Aboriginal people know what is best for themselves, their families and their communities. Self-determination is the human right that underpins this vision and our collective efforts under the VAAF.

Self-determination makes you feel like you should be happy, safe and content to live where you want. For you to have access and be treated equitably, but also for your mob too.

Community forum participant, Lakes Entrance



Victorian Aboriginal Affairs Framework

Our shared vision: 'All Aboriginal Victorian people, families and communities are healthy, safe, resilient, thriving and living culturally rich lives.'

Self-determination enablers:

What we'll do

- Prioritise culture
- Address trauma and support healing
- Address racism and promote cultural safety
- Transfer power and resources to communities

Self-determination guiding principles:

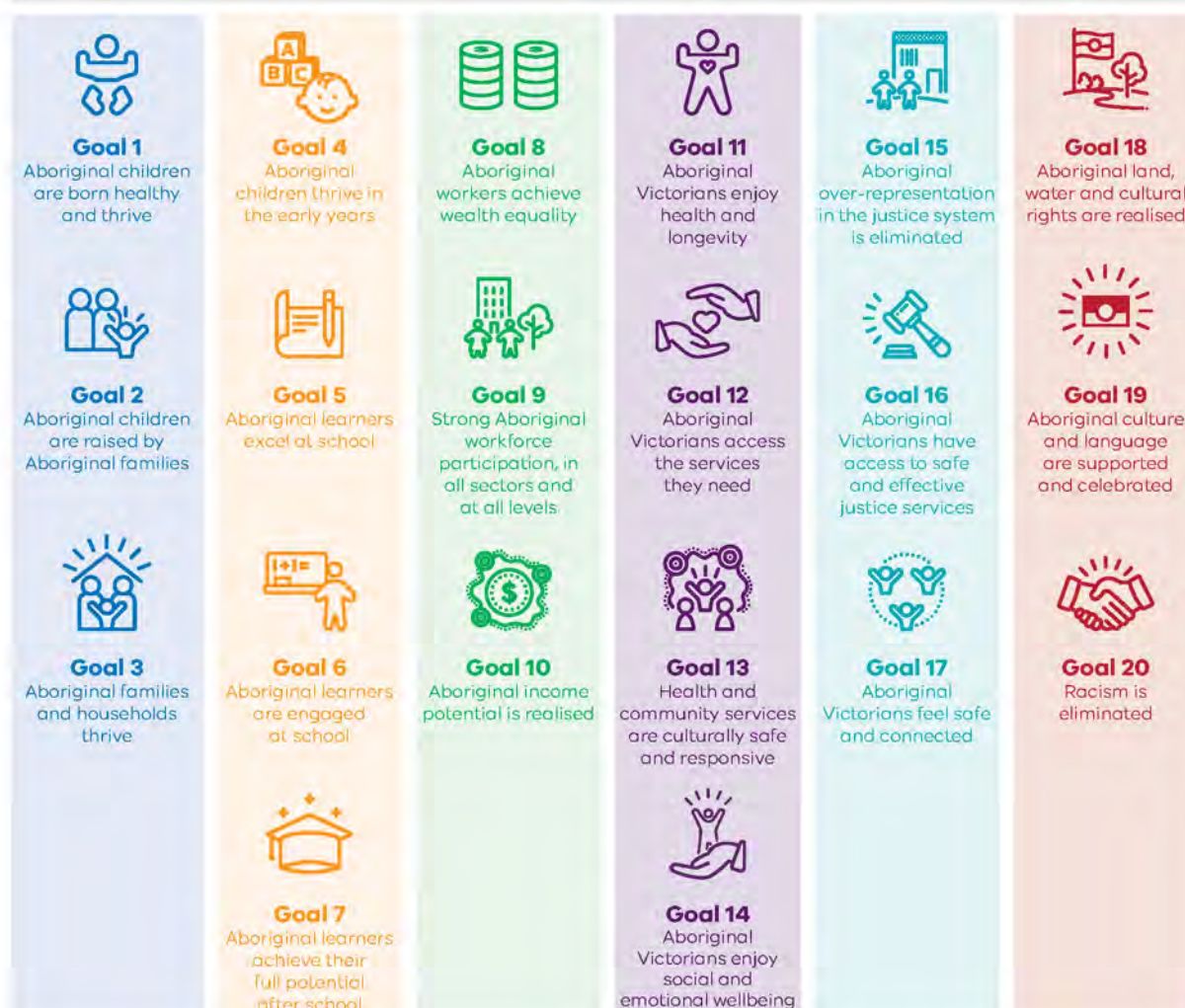
How we'll do it

- Human rights
- Cultural integrity
- Commitment
- Aboriginal expertise
- Partnership
- Investment
- Decision-making
- Empowerment
- Cultural safety
- Equity
- Accountability

Domains



Goals



The journey so far

Victoria is leading the way on self-determination by ensuring Aboriginal Victorians are at the heart of decision-making on the matters that affect their lives.

2018 marked ten years since the Commonwealth Government and state and territory governments signed the National Indigenous Reform Agreement (Closing the Gap). The Victorian Government has undertaken extensive community engagement across the state to understand community perspectives on the previous national Closing the Gap agenda and the VAAF to ensure that Victoria's approach reflects Aboriginal voices.

More than 600 Aboriginal Victorians shared their wisdom and expertise on what the VAAF should look like. Open community forums and workshops were held throughout 2018 in 20 metro and regional communities across six regions: Loddon Mallee, Barwon South West, Gippsland, Grampians, Hume and Melbourne.

We heard from Elders, community members, Aboriginal organisations, mainstream services and government representatives. Conversations were held in a range of settings, including Aboriginal co-operatives, gathering places, community halls, sporting clubs and health services. There was a diversity of voices and experiences within the communities we visited, as well as common themes and aspirations. A summary of the community engagement activities can be found at *Appendix 1*.

In addition to the perspectives and voices of Aboriginal Victorians heard through community engagement, the VAAF builds on the reform and advocacy that has occurred in Aboriginal affairs and the contributions of generations of Victorian Aboriginal leaders.





The government needs to be accountable to respecting and really listening and tuning into what the options are.

Community forum participant,
Lakes Entrance

Some of the key milestones in Aboriginal affairs since 2006

2006

Peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies and human rights organisations join efforts as the **National Indigenous Health Equality Campaign** to advocate for Indigenous health equality.

The **Victorian Indigenous Affairs Framework** is first developed in 2006 to provide a long-term, whole-of-government, intergenerational strategy aimed at closing the gap between Aboriginal and non-Aboriginal Victorians.

February 2008

Prime Minister Kevin Rudd delivers the **National Apology to the Stolen Generations**, apologising for the profound grief, suffering and loss caused by the removal of Aboriginal and Torres Strait Islander children from their families, communities and Country.



August 2010

The **Victorian Indigenous Affairs Framework 2010-2013** outlines a plan to guide Victorian Government action to address the gaps between Aboriginal and non-Aboriginal Victorians.

September 2007

The **United Nations Declaration on the Rights of Indigenous Peoples** is adopted by the General Assembly, recognising the "urgent need to respect and promote the inherent rights of Indigenous peoples". In April 2009, Australia formally endorses the Declaration.

March 2008

Victoria signs the **Indigenous Health Equality Summit Statement of Intent**, committing to work in partnership with Aboriginal and Torres Strait Islander people to achieve equality in health and life expectancy by 2030.

November 2012

The Victorian Government releases a strengthened **Victorian Aboriginal Affairs Framework 2013-2018** to bring together government and Aboriginal community commitments and efforts in order to create a better future led by Aboriginal Victorians.

December 2007

The Council of Australian Governments (COAG) commits to 'closing the gap' in **Aboriginal and Torres Strait Islander life expectancy**.

November 2008

COAG agrees to the **National Indigenous Reform Agreement**, outlining the actions needed to achieve **Closing the Gap** targets in Indigenous disadvantage.

March 2015

The Victorian Government commits to **self-determination** as the new policy framework to guide Aboriginal affairs in Victoria.

June 2016

Aboriginal and Torres Strait Islander peak representative organisations from across Australia release the **Redfern Statement**, calling for a more just approach to Aboriginal and Torres Strait Islander Affairs and for the Commonwealth and state and territory governments to address unacceptable disadvantage experienced by First Peoples.

2018

COAG agrees to launch a **refresh of Closing the Gap** and considers new national targets.

Victoria undertakes wide community engagement on the VAAF responding to the call from Aboriginal Victorians to further embed self-determination within policy design and promote community-led priority setting.

May 2016

The call for treaty by Aboriginal Victorians is heard. The Victorian Government holds the **first Victorian Treaty Forum** to bring together Victoria's Aboriginal communities and discuss how to advance self-determination, a treaty and an Aboriginal representative body.



May 2017

The **Uluru Statement from the Heart**, released by delegates of the First Nations National Constitutional Convention, calls for the establishment of a First Nations Voice enshrined in the Australian Constitution, and a Makarrata Commission to supervise an agreement making and truth-telling process between governments and First Nations.



2018

The **Victorian Treaty Advancement Commission** is established to strengthen independence for Aboriginal Victorians on the pathway to treaty and ensure they remain at the heart of the process. In June 2018, **Victoria passes Australia's first treaty legislation**. The *Advancing the Treaty Process with Aboriginal Victorians Act 2018* requires government to work with the Aboriginal Representative Body to establish the entities, rules and resource base necessary to support future treaty negotiations.



The VAAF complements existing strategies

Aboriginal communities and organisations are working in partnership with government to embed self-determination and improve outcomes across a range of government policies, strategies and reforms.

Across Victoria, there are many community-led and culturally responsive initiatives and strategies underway that embed Aboriginal self-determination, and strengthen the relationship between Aboriginal communities, Aboriginal organisations, mainstream organisations and government.

These strategies are about advancing Aboriginal self-determination and ensuring the voices of Aboriginal Victorians are at the heart of decision-making across policies, programs and practices throughout our state.

The VAAF links existing strategies

Rather than replacing or redirecting existing strategies, the VAAF provides the overarching whole-of-government framework to link this work. The VAAF acknowledges, aligns with and champions these existing initiatives and strategies.

As the overarching framework for Aboriginal affairs, the VAAF provides broad accountabilities for all areas of government, and provides a consistent foundation that complements the objectives and outcomes of existing strategies.

While existing strategies may have more detailed goals and specific targets related to their individual areas of accountability, the VAAF includes broad aspirational goals and directions that work towards achieving equity of outcomes for Aboriginal Victorians.

The VAAF allows us to monitor progress and challenges across all areas of life

There are many different and complex factors that affect the lives of Aboriginal Victorians. These factors don't exist in isolation – the realities and outcomes experienced in one part of a person's life and identity influence the outcomes experienced in other aspects of their life.

The VAAF, and the Victorian Government, acknowledges the inter-relationship between outcomes, and sets goals and objectives across all areas of life. The VAAF also allows us to critically assess the diverse social structures and policies in place as well as the accessibility of services, acknowledging their impact on outcomes for individuals, families and communities.

Reporting against each of the VAAF's goals and objectives will, over time, give us a clearer picture of the progress government and community are making in partnership across all areas of life for Aboriginal Victorians, as well as the challenges we still need to address.



The VAAF's relationship with existing strategies

Victorian Aboriginal Affairs Framework 2018-2023					
1. Children, family & home	2. Learning & skills	3. Opportunity & prosperity	4. Health & wellbeing	5. Justice & safety	6. Culture & Country
Roadmap for Reform: Strong Families, Safe Children	Education State Reform Agenda	Victorian Aboriginal Economic Strategy 2013-2020	Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027	Burra Lotjpa Dunguludja: Victorian Aboriginal Justice Agreement – Phase 4	Safer Together: A new approach to reducing the risk of bushfire in Victoria
Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement	Marrung: Aboriginal Education Plan 2016-2026	Tharamba Bugheen: Victorian Aboriginal Business Strategy 2017-2021	Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027		Aboriginal Heritage Act 2006 and Aboriginal Heritage Amendment Act 2016
Aboriginal 10 Year Family Violence Agreement 2018-2028, Dhek Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families	Early Childhood Reform Plan		Absolutely Everyone: State Disability Plan 2017-2020		Traditional Owner Settlement Act 2010
	Education State schools initiatives				Water for Victoria
	Skills First				Advancing the Treaty Process with Aboriginal Victorians Act 2018*

*The Advancing the Treaty Process with Aboriginal Victorians Act 2018 relates to all domain areas.

2

ACT





Truly self-determining structures need to be designed by Aboriginal people, but not just replicating the existing power structures that exist in the Aboriginal community currently.

Community forum participant, Ballarat

The VAAF is underpinned by Aboriginal self-determination

Self-determination is the guiding principle in Aboriginal affairs. Aboriginal self-determination underpinned the development of the VAAF, as it will underpin all future action across Victoria.

Aboriginal self-determination is not a new concept. For decades, Aboriginal Victorians have fought for self-determination and their right to make decisions on matters that affect their lives and communities.

While Aboriginal self-determination means different things to different people, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) describes self-determination 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 only individuals.¹

While UNDRIP gives us a language to talk about self-determination, Aboriginal Victorians must not feel constrained by the definition set out in UNDRIP. Inherent to self-determination is the right of Aboriginal Victorians to define for themselves what self-determination means.

We have heard from community that Aboriginal self-determination encompasses a spectrum of rights that are necessary for Aboriginal Victorians to achieve economic, social and cultural equity, based on their own cultural values and way of life. This includes rights to:

- not be discriminated against
- enjoy language, culture and heritage
- land and natural resources
- have access to the basic necessities of life and be economically self-sufficient
- make decisions that impact their lives from a position of wellbeing and empowerment
- 'grassroots community' having ownership and responsibility for their own affairs and their own communities, including through designing and delivering policy and services on their own terms, setting their own funding priorities and holding their service providers accountable.

There are three reasons Aboriginal self-determination underpins the VAAF

IT WORKS

Aboriginal Victorians hold the knowledge and expertise about what is best for themselves, their families and their communities. Local and international evidence shows us that self-determination is the key policy approach that has produced effective and sustainable outcomes for Indigenous peoples.

IT IS WHAT COMMUNITY WANTS

Aboriginal Victorians have consistently and long called for self-determination as the key enabler for Aboriginal people, families and communities to thrive.

IT IS A HUMAN RIGHT

Australia is a signatory to international law instruments, including UNDRIP, that affirm the right to self-determination for Indigenous peoples.

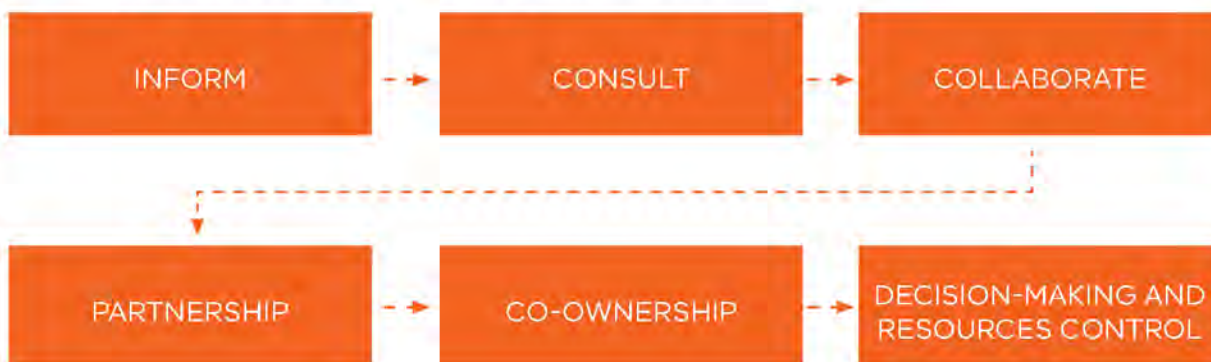
Understanding government's efforts to advance Aboriginal self-determination

The Victorian Government recognises that Aboriginal self-determination involves more than consulting and partnering with Aboriginal Victorians on policies and programs that affect their lives.

There is a continuum that leads to Aboriginal self-determination, ranging from informing community through to transferring decision-making control. We acknowledge that different policies, initiatives and strategies across government are at different stages of advancing self-determination.

In our journey towards making Aboriginal self-determination a reality, government should continue to strive towards transferring decision-making control to Aboriginal peoples and community on the matters that affect their lives.

Continuum towards Aboriginal self-determination



Self-determination is about community voice, led by community, measured by community, relating to the whole community.

Community forum participant, Mildura

Our future action will be underpinned by 11 self-determination guiding principles

The Victorian Government's future action to advance Aboriginal self-determination will be driven by 11 guiding principles of self-determination.

The self-determination principles have been developed following extensive community engagement with Aboriginal Victorians. They set the minimum standards for all existing and future work with Aboriginal Victorians. While different policies, initiatives and strategies across government are at different stages of

advancing self-determination, these principles provide a 'common language' for what Aboriginal self-determination looks like in practice.

These principles will underpin all action to progress Aboriginal self-determination.

Self-determination guiding principles

HUMAN RIGHTS

Self-determination initiatives honour the norms set out in UNDRIP and Victoria's *Charter of Human Rights and Responsibilities Act 2006*.

CULTURAL INTEGRITY

As First Nations peoples, the rich, thriving cultures, knowledge and diverse experiences of Aboriginal people, including where they fit with family, community and society, will be recognised, valued, heard and celebrated.

COMMITMENT

Aboriginal self-determination will be advanced and embedded through planned action that is endorsed by, and accountable to, all parties.

ABORIGINAL EXPERTISE

Government and agencies will seek out, value and embed Aboriginal culture, knowledge, expertise and diverse perspectives in policies and practice.

PARTNERSHIP

Partnerships will advance Aboriginal autonomy through equitable participation, shared authority and decision-making, and will be underpinned by cultural integrity.

DECISION-MAKING

Decision-makers will respect the right to free, prior and informed consent and individual choice and will prioritise the transfer of decision-making power to Aboriginal people in areas that impact their communities.

EMPOWERMENT

Aboriginal people will have autonomy and participation in the development, design, implementation, monitoring and evaluation of legislation, policies and programs that impact their communities.

CULTURAL SAFETY

Programs and services accessed by Aboriginal people will be inclusive, respectful, responsive and relevant, and informed by culturally safe practice frameworks.

INVESTMENT

Investment to support self-determination will be sustainable, flexible and appropriate to strengthen Aboriginal peoples' aspirations and participation, including around economic participation, economic independence and building wealth.

EQUITY

Systemic and structural racism, discrimination and unconscious bias and other barriers to Aboriginal self-determination will be actively identified and eliminated.

ACCOUNTABILITY

All parties responsible for delivering outcomes involving Aboriginal people will be held accountable and subject to Aboriginal-led, independent and transparent oversight.

We will prioritise action in four key areas

While government must not define or control Aboriginal self-determination, it does control many of the systems and structures that enable it. Government must therefore transform its systems and structures to support self-determination and improve outcomes for Aboriginal peoples.

We acknowledge that the way government enables Aboriginal self-determination will continue to evolve over time, based on changing community expectations and needs. However, community has identified four self-determination enablers which government must commit to and act upon over the next five years to make Aboriginal self-determination a reality:

1. Prioritise culture
2. Address trauma and support healing
3. Address racism and promote cultural safety
4. Transfer power and resources to communities.

To help guide government's work, community has proposed broad areas in which government should prioritise its efforts.

These areas for action will require government and community to work together to develop a more detailed understanding of how such initiatives could be developed and implemented.

As detailed in the 'Evaluate' section of the VAAF, government will be held accountable for delivering on this work through an Aboriginal-led evaluation and review mechanism. The Aboriginal-led evaluation and review mechanism will include qualitative reporting on:

- efforts to progress the self-determination guiding principles
- implementation of the broad areas for action that support the four self-determination enablers.

In addition, government's self-determination action will be reported to community via an annual tabling of a whole-of-government progress report on the VAAF in Parliament.

1

Prioritise culture

We acknowledge that connection to family, community, culture and Country is critical to the wellbeing and positive self-identity of Aboriginal Victorians. Cultural identity is a key enabler of achieving positive outcomes and the full enjoyment of the right to practise culture.

Self-determination has to come from strong culture first and foremost. People need to be able to regain their culture and traditions before they can self-determine.

Community forum participant, Seymour

Broad areas for action

Acknowledge, respect and celebrate the diversity and strength of Aboriginal culture

Support cultural pride and identity among Aboriginal Victorians

Promote greater understanding of and respect for Aboriginal culture and communities among non-Aboriginal Victorians

Acknowledge, promote and support Aboriginal people, including Elders and young people, to strengthen, connect and re-connect to culture

Support Aboriginal-led research to build the evidence base on the role of cultural determinants to help develop effective policies and services.

2 Address trauma and support healing

We acknowledge the long-lasting, far-reaching and intergenerational consequences of colonisation, dispossession, child removal and other discriminatory government policies, including significant intergenerational trauma. Addressing trauma and supporting healing is important because the wellbeing of Aboriginal people, families and communities is fundamental to how they engage with the structures and systems that support them to thrive.

Self-determination is ongoing, continuous, evolving – healing needs to happen first.

Community forum participant, Morwell

Broad areas for action

Increase investment in prevention and early intervention initiatives that help build strong families and communities

Address historical and contemporary discrimination

Develop a new relationship of trust, including through treaty

Embed trauma-informed policy and practice into funded services, recognising the leading role that Aboriginal organisations play in providing holistic, culturally safe services to Aboriginal people and communities

Ensure mainstream organisations and the wider community understand the ongoing impacts of colonisation and intergenerational trauma

Support members of the Stolen Generations and their descendants

Support the strengthening of relationships within and between Aboriginal communities

Support truth-telling.

3 Address racism and promote cultural safety

The structures and systems established during colonisation had the specific intent to exclude Aboriginal people and their laws, customs and traditions, resulting in entrenched systemic and structural racism. Governments as well as Aboriginal and mainstream organisations and services should provide mechanisms and supports for Aboriginal Victorian people, families, communities and organisations to fully participate in policy development. Targeted and universal systems and services must be culturally safe, relevant, accessible and responsive to communities. This enables Aboriginal Victorians to make decisions on the matters that affect their lives.

Government needs to be held accountable for structural racism. It's not up to Aboriginal Victorians to address this.

Community forum participant, Melbourne

Broad areas for action

Ensure government departments, Aboriginal organisations and government-funded mainstream services are culturally safe and relevant

Ensure government departments, government-funded mainstream services and organisations and the wider community understand the impacts of colonisation, racism and unconscious bias

Increase the Aboriginal workforce across services, including in leadership roles

Ensure the Aboriginal workforce is supported

Ensure future State Budget bids reflect the voice and priorities of Aboriginal communities, including through engagement and consultation

Address racism, unconscious bias and discrimination in government laws, policy, practice, systems and institutions

Recognise and remove the barriers to the Aboriginal community accessing services and participating fully in social and economic activity

Increase alignment and co-ordination across and between state government, local governments, Aboriginal organisations, mainstream organisations and community.



4

Transfer power and resources to communities

Aboriginal people know what is best for themselves, their families and communities. We acknowledge the right of Aboriginal Victorians to have decision-making control over the issues that affect their lives. Community-led, place-based decision-making and resourcing at the state and local level will enable Aboriginal communities to lead the development and implementation of culturally safe and relevant responses. It will also allow Aboriginal communities to hold government, Aboriginal organisations and mainstream services to account.

*Government needs
to transfer power
and resources
over to community
control.*

Community forum participant,
Bendigo

Broad areas for action

Strengthen Aboriginal leadership, representation, decision-making and resource allocation/distribution at the local, regional and state levels, recognising the needs of Aboriginal communities

Ensure government, Aboriginal organisations and government-funded mainstream services respond to community voices

Support and resource self-determining Aboriginal governance structures at the local community level, within Aboriginal organisations and through the pathway to treaty

Support Aboriginal organisations and communities to design, deliver and evaluate programs, policies and services to Aboriginal people and communities, in line with community preference

Ensure funding for Aboriginal organisations and mainstream organisations providing services to Aboriginal Victorians is transparent, equitable, community led, flexible, sustainable, long term and based on outcomes not outputs

Deliver ongoing capacity strengthening and resourcing of Aboriginal organisations and communities around leadership, decision-making and evaluation

Ensure there is independent, community-led and resourced accountability of government, Aboriginal organisations and government-funded mainstream services back to local communities

Support data sovereignty


Support Traditional Owner-led management and control of land, water and other natural resources

Support community members as they work to advance and enforce their human rights.

3

MEASURE





“If you feel okay, then that’s a starting platform to have a healthy, stable life – that’s a platform for the same thing for your children and your grandchildren.”

Community forum participant,
Lakes Entrance

Victorian Aboriginal Affairs Framework 2018-2023

The VAAF brings together a comprehensive set of data that can help community hold government to account on whether our combined efforts are improving the lives of Aboriginal Victorians. Further information on our evaluation approach is available in the 'Evaluate' section.

OUR VISION

All Aboriginal Victorian people, families and communities are healthy, safe, resilient, thriving and living culturally rich lives.

OUR DOMAINS



**1. Children,
family
& home**



**2. Learning
& skills**



**3. Opportunity
& prosperity**



**4. Health
& wellbeing**



**5. Justice
& safety**



**6. Culture
& Country**



SELF-DETERMINATION

Self-determination is a human right. The Victorian Government will advance self-determination through **11 guiding principles** and action on **4 enablers**.



OUR GOALS

The VAAF sets out **20 goals** across **6 domains**. These are clear statements that provide a definition of what the future should look like if we fulfil our vision.



OUR OBJECTIVES

The VAAF outlines a total of **32 objectives**. Every goal contains one or more objectives. These focus attention on where we need to see change in order to meet our goals.



OUR MEASURES

The VAAF outlines **111 measures**. These include measures on cultural safety, service or system access, and equity.



Domain 1
**Children,
family
& home**



Our shared commitment: 'All Aboriginal children and young people are safe, resilient, thriving and living in culturally rich, strong Aboriginal families and communities.'²



Goal 1: Aboriginal children are born healthy and thrive

Objective 1.1 Improve maternal and infant health

Objective 1.2 Children thrive in their first 1000 days

The first five years of a child's life are fundamental to shaping their future. Delivering better maternal and early childhood services means removing barriers, promoting genuine and effective partnerships and supporting Aboriginal families to access culturally safe services.

Ongoing investment in community-led responses to optimise maternal health and the development of Aboriginal children is an essential platform for Aboriginal self-determination, ensuring that all children have an equal chance to thrive and grow.

“We want healthy babies, so working with young women and educating young families to rear/grow up strong healthy children.”

Online survey respondent



Goal 2: Aboriginal children are raised by Aboriginal families

Objective 2.1 Eliminate the over-representation of Aboriginal children and young people in care

Objective 2.2 Increase Aboriginal care, guardianship and management of Aboriginal children and young people in care

Objective 2.3 Increase family reunifications for Aboriginal children and young people in care

Culture, language and connection to community and Country all support children and young people to thrive.² Despite this, Victorian Aboriginal children and young people remain vastly over-represented in child protection and care.

Community-led responses that focus on prevention and early intervention are critical for reducing the number of Aboriginal children and young people in child protection and care. For those in care, it is important they

remain connected to kin, culture and community, and have the opportunity to be reunited safely with their families. Where this is not possible, the transfer of responsibility for Aboriginal children to Aboriginal organisations is a key action in progressing Aboriginal self-determination.

We need to keep families together.

Community forum participant, Mildura



Goal 3: Aboriginal families and households thrive

Objective 3.1 Reduce the incidence and impact of family violence affecting Aboriginal families

Family violence has a disproportionate impact on Aboriginal people in Victoria, particularly women and children, regardless of whether they live in rural, regional or urban areas. Aboriginal communities in Victoria have consistently led the way in developing strategic priorities and actions to prevent family violence. This is demonstrated through strong whole-of-community engagement initiatives that bring together women, men, children and Elders to collectively break the cycles of violence.

The Victorian Government's Aboriginal 10 Year Family Violence Agreement 2018-2028, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* articulates a vision for the future where Aboriginal people, families and communities live free from violence.

All parties need to be supported with community education and services to help break the cycles and foster safe family environments.

Community forum participant, Seymour



Objective 3.2 Increase income and housing security for Aboriginal households

In achieving true equity, the fundamental importance of both a stable home and a secure income must be recognised. Housing is a key social determinant of health and wellbeing for Aboriginal Victorians. Secure, culturally safe and coordinated housing and support services can break cycles of homelessness, facilitate family reunification and promote safety. Stable housing is essential for physical and mental health, maintaining social networks, and accessing education, training and employment. Home ownership for Aboriginal Victorians can also play an important role in tackling disadvantage and increasing housing security for Aboriginal households. Home ownership is further detailed in Domain 3: Opportunity & prosperity.

It always comes back to homelessness – if you don't have a home, you don't have anything.

Community forum participant, Robinvale

Economic factors play a part in school attendance and feelings of safety – for example not being able to send children to school with lunch or not being able to afford to go on the excursion.

Community forum participant, Shepparton



Domain 2: **Learning & skills**

Our shared commitment: 'Every Koorie person achieves their potential, succeeds in life, and feels strong in their cultural identity.'³



Goal 4: Aboriginal children thrive in the early years

Objective 4.1 Optimise early childhood development and participation in kinder

Education is well known to be linked to improved wellbeing and increased equity, with kindergarten and early schooling a critical starting point to set Aboriginal children up for life.

Increased enrolment and participation in kindergarten and early-start programs can significantly improve social and emotional skills and resilience, and ensure Aboriginal children are in the best position to achieve their potential.

Children need to be school ready, and schools need to be ready for them.

Community forum participant, Mildura



Goal 5: Aboriginal learners excel at school

Objective 5.1 Bring Aboriginal achievement at school in line with learners' aspirations

Objective 5.2 Increase the proportion of Aboriginal students who feel safe and connected at school

For Aboriginal learners to excel at school, it is vital that schools are culturally supportive and responsive learning environments. Cultural safety and connection to culture is a critical foundation that supports Aboriginal children to be confident learners and makes schools more inclusive of Aboriginal students and their aspirations.

Educational outcomes for Aboriginal students can be better supported by ensuring learning environments are addressing inequity, such as

experiences of racism and bullying, and increasing the confidence that Aboriginal students and their families have in the school system.

Aboriginal children should be encouraged to be astronomers, scientists, engineers.

Community forum participant, Ballarat



Goal 6: Aboriginal learners are engaged at school

Objective 6.1 Increase Year 12 or equivalent attainment

Remaining engaged in school and completing and excelling at Year 12 or equivalent can provide Aboriginal learners with greater opportunities and choice for their future pathways.

Completing Year 12 or equivalent can support Aboriginal learners to pursue further education and training or to gain employment.

The more educated they are, the more Aboriginal people can self-determine their own future.

Community forum participant, Horsham



Goal 7: Aboriginal learners achieve their full potential after school

Objective 7.1 Increase the proportion of Aboriginal young people in work or further education and training

The opportunities and pathways made available to students immediately after high school can help set up a strong foundation for a successful, healthy and prosperous future.

Aboriginal learners must be supported to pursue their pathway of choice, whether that be further education, training or formal employment. This

means making these opportunities more accessible for Aboriginal young people, as well as ensuring young people feel supported to follow their ambitions. Lifelong learning must also be accessible and encouraged for adult Aboriginal Victorians, particularly those facing additional challenges to social and economic participation.

Year 12 attainment is a good target and measure, but we need to go further – for example, measure and track from Year 12 to tertiary education or employment.

Community forum participant, Bendigo



Opportunity & prosperity



Our shared commitment: 'Building opportunity and economic prosperity for all Aboriginal Victorians.'⁴



Goal 8: Aboriginal workers achieve wealth equality

Objective 8.1 Increase Aboriginal household income in line with the Victorian median

Objective 8.2 Increase Aboriginal home ownership in line with the Victorian average

Objective 8.3 Increase Aboriginal business ownership and support Aboriginal entrepreneurs

Aboriginal Victorians have a long history of enterprise. Today, successful Aboriginal entrepreneurs are role models for young Aboriginal people. As businesses grow and develop, they allow the next generation of entrepreneurs to step forward. Over time, this strengthens the economic position of Aboriginal communities.⁵

Raising Aboriginal household income supports personal and collective agency and enables Aboriginal Victorians to have equal access to opportunities. Home ownership is an aspiration held by many Aboriginal Victorians. Among other benefits, home ownership enables Aboriginal Victorians to obtain financial gain from the intergenerational transfer of wealth.

We need Aboriginal business in Aboriginal hands.

Community forum participant, Robinvale



Goal 9: Strong Aboriginal workforce participation, in all sectors and at all levels

Objective 9.1 Increase Aboriginal workforce participation

Objective 9.2 Increase workforce participation for Aboriginal women

Objective 9.3 Increase workforce participation for Aboriginal young people, people with a disability and people living in regional areas

Objective 9.4 Increase Aboriginal leadership and representation across all sectors and levels

Fully participating in the economy provides Aboriginal Victorians with the resources they need to determine the future they want. Economic participation is therefore key to Aboriginal self-determination.⁵

Building work opportunities for Victorian Aboriginal young people, women, people living with a disability and those in regional areas is key to inclusive economic growth. Greater effort is needed to ensure that all Aboriginal Victorians – in all levels, across all sectors – are better represented.

Aboriginal staff bring unique knowledge, skills and expertise to the workforce and understand the needs and aspirations of the Aboriginal community. Further work is required to improve the representation of Aboriginal people in the Victorian Public Service (VPS) as well as other sectors, and to enhance the quality of the workplace and career experiences of Aboriginal staff.

[There] needs to be a localised focus on employment.

Community forum participant, Bendigo



Goal 10: Aboriginal income potential is realised

Objective 10.1 Increase Victoria's Aboriginal gross income and decrease the opportunity cost of Aboriginal income inequality

Aboriginal people, organisations and businesses already make valuable contributions to Victoria's diverse economy. Aboriginal economic development is vital to growing Victoria's wealth generally and to increasing overall economic productivity

and competitive advantage. If the talent and aspiration of Aboriginal Victorians is given full expression in the Victorian economy, there is significant opportunity for Aboriginal income growth.

[We need to] increase Aboriginal employment at executive levels.

Community forum participant, Horsham



Domain 4: **Health & wellbeing**



**Our shared commitment: 'Self-determining, healthy and safe
Aboriginal people and communities.'**⁶



Goal 11: Aboriginal Victorians enjoy health and longevity

Objective 11.1 Improve Aboriginal health status, quality of life and life expectancy

Enjoying good health and wellbeing is fundamental. While many Aboriginal Victorians report good health and there have been areas of improvement, government, services and communities need to take significant steps to improve

health outcomes and quality of life for all Aboriginal Victorians. Improving health outcomes and having a good quality of life will ensure all Victorian Aboriginal communities can thrive.

We need more end-to-end and holistic support.

Community forum participant, Sale

Prevention is better than cure.

Community forum participant, Geelong



Goal 12: Aboriginal Victorians access the services they need

Objective 12.1 Improve access to health and community services for all Aboriginal Victorians

Access to primary health care is essential for supporting equitable health outcomes. Primary health care also plays an important role in prevention and early detection.

The provision of services alone does not ensure equity of access. Ensuring all Aboriginal Victorians can access the services they need means responding to the diversity of clients' needs. This includes promoting the voice of and providing support services to older people, people with a disability and people who are lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI).

Aboriginal Elders hold a highly valued position in Aboriginal communities. Supporting Elders and older people to access health and community services can promote greater independence, cultural and social inclusion and quality of life.⁶

Aboriginal Victorians with a disability may face additional barriers to achieving health and wellbeing. Further work is required to transform the disability service system, including through the transition to the National Disability Insurance Scheme, so that it is culturally safe and responsive to the needs of Aboriginal people with a disability and their families.

It's very difficult to find housing with suitable disability access.

Community forum participant, Seymour

Aged and palliative care need looking after.

Community forum participant, Mildura



Goal 13: Health and community services are culturally safe and responsive

Objective 13.1 Increase the cultural safety and responsiveness of services

It is important that Aboriginal Victorians can access culturally safe and culturally responsive health services when they need it – whether this is from an Aboriginal organisation or a mainstream service.

A culturally safe and racism-free health and community service system is one in which people feel safe, where they can freely affirm their identity and where their needs are met.⁶

A skilled and supported Aboriginal workforce plays a key role in supporting positive outcomes for Aboriginal patients, clients and communities.

Mainstream organisations and service providers need cultural change, and a broader support of Aboriginal culture throughout the organisation, from top-down and bottom-up.

It is not enough to simply employ an Aboriginal person – they need to be valued and supported as an Aboriginal person.

Community forum participant, Seymour



Goal 14: Aboriginal Victorians enjoy social and emotional wellbeing

Objective 14.1 Improve Aboriginal mental health and social and emotional wellbeing

Most Victorian Aboriginal people and communities enjoy excellent social and emotional wellbeing and mental health. However, many Aboriginal people report experiencing high or very high levels of psychological distress.

Connection to family, kinship and community has a strong influence on social and emotional wellbeing.⁷ It is vital that all Aboriginal Victorians, including people living with a disability, have social networks they can draw upon for everyday practical and emotional support, as well as during times of need.

It is important that Aboriginal Victorians have access to Aboriginal-led services that are appropriately resourced and trained to respond to mental-health care needs, as well as culturally informed mainstream services that understand Aboriginal concepts of social and emotional wellbeing.

Health and wellbeing need to be considered holistically, with greater mental health focus.

Community forum participant, Bendigo



Domain 5: **Justice & safety**



Our shared commitment: 'Aboriginal people have access to an equitable justice system that is shaped by self-determination, and protects and upholds their human, civil and legal rights.'⁸



Goal 15: Aboriginal over-representation in the justice system is eliminated

Objective 15.1 Decrease the number and eliminate the over-representation of Aboriginal children and young people in the justice system

Objective 15.2 Decrease the number and eliminate the over-representation of Aboriginal women in the justice system

Objective 15.3 Decrease the number and eliminate the over-representation of Aboriginal men in the justice system

Most Aboriginal people will never become involved in the Victorian criminal justice system. However, those who do are more likely to experience ongoing involvement with the system.⁸ Systemic and structural barriers that Aboriginal people experience,

such as racism, social and economic disadvantage and involvement in the child protection system, can lead to over-representation in the justice system and entrenched cycles of disadvantage.



Goal 16: Aboriginal Victorians have access to safe and effective justice services

Objective 16.1 Increase Aboriginal participation in culturally safe and effective justice prevention, early intervention, diversion and support programs

Prevention and early intervention can keep Aboriginal young people, women and men out of the criminal justice system. Community-based diversion programs and community-led services that connect people to culture can also help break cycles of offending and promote positive outcomes. This also requires intersectional services in health, child protection, homelessness and family violence, to deliver effective prevention and early intervention support.

There needs to be a focus on community-based prevention for diverting people away from the justice system.

Community forum participant, Sale



Goal 17: Aboriginal Victorians feel safe and connected

Objective 17.1 Increase community safety and trust in police and the justice system

Historic injustices have contributed to mistrust of police and the justice system amongst some Aboriginal communities. Community-led justice responses are working to address local issues and build greater trust between Elders, community and police.

Prevention requires places to be culturally safe and trauma informed... This includes non-Aboriginal systems and places too.

Community forum participant, Morwell



Domain 6: **Culture & Country**



Our shared commitment is the promotion of the rights and responsibilities under section 19(2) of the Victorian Charter of Human Rights and Responsibilities Act 2006: 'Aboriginal persons hold distinct cultural rights and must not be denied the right, with other members of their community –

- a. to enjoy their identity and culture;**
- b. to maintain and use their language;**
- c. to maintain their kinship ties; and**
- d. to maintain their distinctive spiritual, material and economic relationship with the land and waters and other resources with which they have a connection under traditional laws and customs.'**⁹



Goal 18: Aboriginal land, water and cultural rights are realised

Objective 18.1 Increase the recognition and enjoyment of Aboriginal land, water and cultural heritage rights

We recognise that Aboriginal Victorians hold distinct cultural rights, including the right to maintain their spiritual, material and economic relationship with their traditional lands and waters. The connection to land, water and resources on Country is important to the health and wellbeing of Aboriginal Victorians, particularly Traditional Owners. Reconnecting Traditional Owners to Country can help revive culture and contribute to an improved sense of identity.¹⁰ We recognise that only Traditional Owners can speak for Country.

The *Advancing the Treaty Process with Aboriginal Victorians Act 2018* is Australia's first-ever treaty law.¹¹ The Act reflects the intent to help improve the lives of Aboriginal Victorians, and the lives of future generations. The Act also recognises Traditional Owners as key stakeholders in the treaty process, in recognition of their distinct cultural authority as Victoria's First Peoples. As we continue on the path to treaty, it is an opportunity to recognise and celebrate the unique status, rights, cultures and histories of Aboriginal Victorians.

We are the custodians of this land, so it's our right to look after Country. Healthy Country, healthy people.

Online survey respondent

Government needs to support treaty as negotiated by community, in support of self-determination.

Community forum participant, Bendigo



Goal 19: Aboriginal culture and language are supported and celebrated

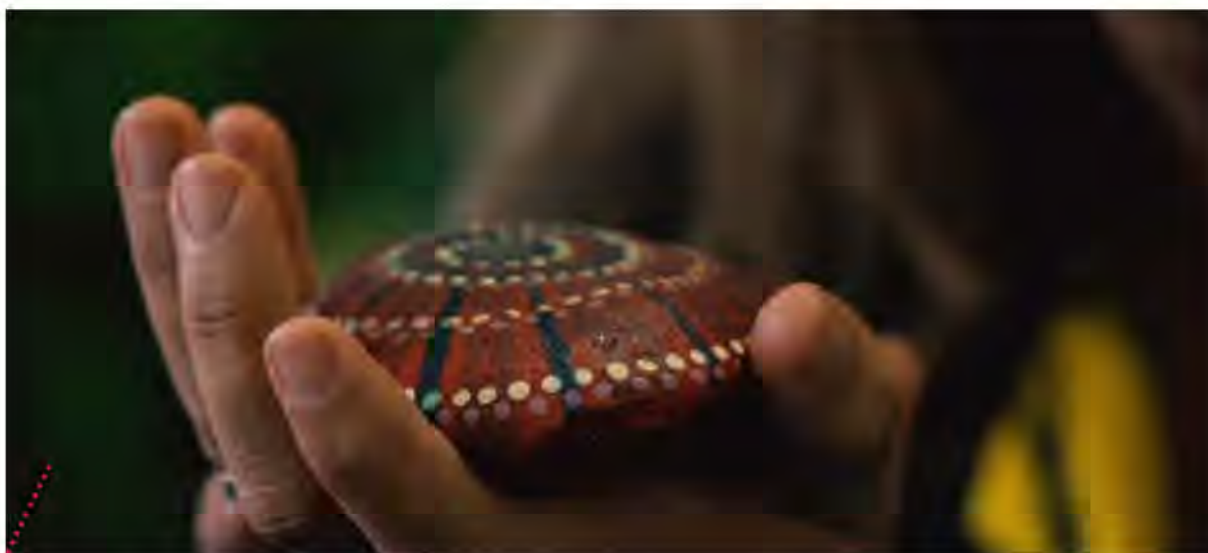
Objective 19.1 Support the preservation, promotion and practice of culture and languages

Past government policies of dispossession and assimilation led to loss of Aboriginal cultural practice and languages. Despite this, the strength and resilience of Aboriginal Victorians has helped to preserve cultural practices and languages, which continue to be practised and passed onto future generations.

Connectedness to culture and community strengthens individual and collective identities, and promotes self-esteem, resilience and improved outcomes for Aboriginal people.⁶ While cultural identity is central to the lives of Aboriginal Victorians, all Victorians should celebrate and take pride in Aboriginal culture and language.

Language reclamation is important. It gives power back to the community and makes it a safe place.

Community forum participant, Ballarat



Goal 20: Racism is eliminated

Objective 20.1 Address and eliminate racism

Racism can have a harmful impact on the cultural identity and confidence of Aboriginal Victorians. Research shows that experiences of racism can also have detrimental long-term health effects, both mentally and physically.⁶

Racism manifests in many forms: stereotyping and name calling, as well as systemically through structures that exclude the participation of Aboriginal Victorians in everyday life. Eliminating racism – in all forms, at all levels – should not be the responsibility of Aboriginal Victorians. It is everyone's duty to work towards a fair and equitable Victoria.

Government needs to educate themselves on why community feel the way they do.

Community forum participant, Swan Hill

4

EVALUATE





**Aboriginal people need to
monitor and gauge success.**

Community forum participant, Swan Hill



Governance and accountability

Government and government-funded organisations must be held to account for delivering services that meet the needs of communities. Too often government funding in Aboriginal affairs focuses on outputs – what activities, products or services it is providing and at what cost. We need to move from measuring outputs to measuring outcomes – what we are achieving for and with Aboriginal Victorians. Government must also be held accountable for changing its systems and structures to enable Aboriginal self-determination.

Government should be held accountable on the outcomes they deliver – the numbers speak for themselves.

Community forum participant, Morwell

Aboriginal-led evaluation and review mechanism

Government alone cannot hold itself accountable for improving outcomes for Aboriginal Victorians. Government, Aboriginal organisations and government-funded organisations must be accountable to Aboriginal-led, independent and transparent oversight.

An Aboriginal-led evaluation and review mechanism will be established to track government's progress against the VAAF.

This will include quantitative and qualitative reporting on the goals, objectives and measures, including:

- efforts to progress the self-determination guiding principles
- implementation of the broad areas for action that support the four self-determination enablers.

The terms of reference for this mechanism, including its function, scope, membership and governance, will be developed in partnership with community.

Data transparency and accountability

Open, transparent and meaningful data that is disaggregated at the local and regional level is a significant part of government accountability. It tells us what is working and where further action is needed. Furthermore, increasing Aboriginal ownership and control of data is a key enabler of self-determination. When community is adequately resourced to undertake this work, data can strengthen Aboriginal advocacy, sector planning and decision-making.

Data sovereignty needs to be advanced. Research, evidence and data should be community owned and controlled. This is a key mechanism for community decision-making.

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) submission

Next steps

Aboriginal Victorians have suggested a range of additional options to hold government accountable to community for its performance in Aboriginal affairs.

In the first instance, the Victorian Government commits to:

- commencing work immediately on the development of an Aboriginal-led evaluation and review mechanism
- publishing disaggregated VAAF data via a public data platform
- tabling an annual whole-of-government progress report on the VAAF in Parliament
- exploring potential legislative and policy options to ensure system-wide, whole-of-government adoption and application of the Aboriginal self-determination guiding principles.



VAAF measures

*All measures will be reported using Aboriginal and non-Aboriginal data where available unless specified as an Aboriginal-specific measure.



Domain 1: Children, family & home



Goal 1: Aboriginal children are born healthy and thrive

Objective 1.1 Improve maternal and infant health

- Measure 1.1.1** Rate of low birth weight
- Measure 1.1.2** Rate of preterm birth
- Measure 1.1.3** Rate of perinatal mortality
- Measure 1.1.4** Smoking during pregnancy

Objective 1.2 Children thrive in their first 1000 days

- Measure 1.2.1** Participation rates for Maternal and Child Health Key Ages and Stages Consultations
- Measure 1.2.2** Attendance at Koori Maternal Health Service
- Measure 1.2.3** Immunisation rate at 24 months and 60 months
- Measure 1.2.4** Participation in facilitated playgroup (0-3 years)



Goal 2: Aboriginal children are raised by Aboriginal families

Objective 2.1 Eliminate the over-representation of Aboriginal children and young people in care

- Measure 2.1.1** Rate and number of children and young people in care
- Measure 2.1.2** Number of families engaged with family support and intensive family support services

Objective 2.2 Increase Aboriginal care, guardianship and management of Aboriginal children and young people in care

- Measure 2.2.1** Number and proportion of Aboriginal children and young people in care placed with i) relatives/kin and ii) other Aboriginal carers
- Measure 2.2.2** Number and proportion of Aboriginal children and young people in care with a Cultural Plan
- Measure 2.2.3** Number and proportion of Aboriginal children and young people in care on contractible orders managed by Aboriginal Community Controlled Organisations (ACCOs)
- Measure 2.2.4** Number and proportion of Aboriginal children and young people on protection orders under the direct authority of an ACCO (Section 18)



Objective 2.3 **Increase family reunifications for Aboriginal children and young people in care**

Measure 2.3.1 Number of children and young people reunified with parent(s) within 12 months of admission to care as a proportion of all Aboriginal children and young people admitted to care

Measure 2.3.2 Number of Aboriginal children and young people who exit care who do not return to care within 12 months as a proportion of all Aboriginal children and young people who exit care

Goal 3: Aboriginal families and households thrive

Objective 3.1 **Reduce the incidence and impact of family violence affecting Aboriginal families**

Measure 3.1.1 Number and proportion of family incident reports involving an Indigenous other party; and proportion who were the subject of a previous family incident report

Measure 3.1.2 Number and proportion of family incident reports involving an Indigenous affected family member; and proportion who were the subject of a previous family incident report

Measure 3.1.3 Number and proportion of notifications to child protection for children and young people where family violence is identified

Objective 3.2 **Increase income and housing security for Aboriginal households**

Measure 3.2.1 Proportion of households who had reliable access to sufficient food in previous 12 months

Measure 3.2.2 Proportion of households with less than 50 per cent median equivalised income

Measure 3.2.3 Proportion of households experiencing rental stress

Measure 3.2.4 Proportion of Victorians who are homeless and proportion of clients accessing homelessness services

Measure 3.2.5 Proportion living in overcrowded dwellings



Domain 2: Learning & skills



Goal 4: Aboriginal children thrive in the early years

Objective 4.1 Optimise early childhood development and participation in kinder

Measure 4.1.1 Number and proportion of eligible children enrolled in a funded four-year-old kindergarten program in the year before school

Measure 4.1.2 Number of children funded to participate in Early Start Kindergarten

Measure 4.1.3 Proportion of children vulnerable on one or more domain on the Australian Early Development Census



Goal 5: Aboriginal learners excel at school

Objective 5.1 Bring Aboriginal achievement at school in line with learners' aspirations

Measure 5.1.1 Percentage of students in top three bands – Literacy and Numeracy (NAPLAN) in Year 3, 5, 7 and 9

Objective 5.2 Increase the proportion of Aboriginal students who feel safe and connected at school

Measure 5.2.1 Proportion of students who feel connected to their school

Measure 5.2.2 Student attendance rates in government schools

Descriptive Measure 5.2.3: Number of Aboriginal people on school councils

Measure 5.2.4: Proportion of students who report experiencing bullying at school

Descriptive measure 5.2.5: Number and proportion of school-based Aboriginal education workers (principals, teachers, education support staff) across all government schools

Descriptive measure 5.2.6: Number of schools teaching an Aboriginal language

Descriptive Measure 5.2.7: Number and proportion of government schools having undertaken cultural understanding and safety training



Goal 6: Aboriginal learners are engaged at school

Objective 6.1 Increase Year 12 or equivalent attainment

- Measure 6.1.1** Proportion of young people aged 20-24 with Year 12 or equivalent
- Measure 6.1.2** Apparent retention rates for students in Years 10 to 12
- Measure 6.1.3** Number of Aboriginal students who complete the VCE, VCAL or VET in Schools Certificate



Goal 7: Aboriginal learners achieve their full potential after school

Objective 7.1 Increase the proportion of Aboriginal young people in work or further education and training

- Measure 7.1.1** Destinations of Year 12 completers
- Measure 7.1.2** Proportion of 17-24-year-old school leavers participating in full-time education and training and/or employment
- Measure 7.1.3** Tertiary education participation and completion:
7.1.3a: VET participation rate
7.1.3b: university participation rate
7.1.3c: VET course completion rate
7.1.3d: university course completion rate
- Measure 7.1.4** Proportion of 20-64 year olds with qualifications at Certificate III level or above
- Measure 7.1.5** Proportion of 20-64-year-old government-funded and total VET graduates employed and/or in further study after training
- Measure 7.1.6** Proportion of graduates and cadets employed in VPS; retention, progression and satisfaction



Domain 3: Opportunity & prosperity



Goal 8: Aboriginal workers achieve wealth equality

Objective 8.1 Increase Aboriginal household income in line with the Victorian median

Measure 8.1.1 Median household income and median equivalised household income

Objective 8.2 Increase Aboriginal home ownership in line with the Victorian average

Measure 8.2.1 Proportion of home owners versus other tenure types (by age bracket)

Objective 8.3 Increase Aboriginal business ownership and support Aboriginal entrepreneurs

Measure 8.3.1 Number of Victorian business owner-managers who are Aboriginal

Measure 8.3.2 Aboriginal businesses that government enters into a purchase agreement with as a proportion of small to medium enterprises
government enters into a purchase agreement with



Goal 9: Strong Aboriginal workforce participation, in all sectors and at all levels

Objective 9.1 Increase Aboriginal workforce participation

Measure 9.1.1 Employment to population ratio

Measure 9.1.2 Proportion employed in full-time versus part-time or casual employment

Measure 9.1.3 Aboriginal jobseekers supported into work

Objective 9.2 Increase workforce participation for Aboriginal women

Measure 9.2.1 Workforce participation of women (as measured at 9.1.2)

Objective 9.3 Increase workforce participation for Aboriginal young people, people with a disability and people living in regional areas

Measure 9.3.1 Workforce participation (as measured at 9.1.2) by age, disability status and regional versus metropolitan

Objective 9.4

Increase Aboriginal leadership and representation across all sectors and levels

Measure 9.4.1

Aboriginal employment by sector, industry and occupation; with analysis by growth industry

Measure 9.4.2

Proportion of Aboriginal people employed across the VPS (with 2 per cent target by 2022)

Measure 9.4.3

Number of Aboriginal people at VPS 6 level and above in the VPS

Measure 9.4.4

Number of Aboriginal people participating on government boards



Goal 10: Aboriginal income potential is realised

Objective 10.1

Increase Victoria's Aboriginal gross income and decrease the opportunity cost of Aboriginal income inequality

Measure 10.1.1

Victoria's Aboriginal income as sum of all income earned by Aboriginal workers

Measure 10.1.2

Opportunity cost: Aboriginal gross income at parity minus actual



Domain 4: Health & wellbeing



Goal 11: Aboriginal Victorians enjoy health and longevity

Objective 11.1 Improve Aboriginal health status, quality of life and life expectancy

- Measure 11.1.1** Life expectancy at birth, by sex
- Measure 11.1.2** Proportion reporting 'excellent or very good' health status, by sex
- Measure 11.1.3** Rate of daily smoking, by sex
- Measure 11.1.4** Rate of hospitalisations for potentially preventable causes (vaccine preventable, acute, chronic and all)
- Measure 11.1.5** Incidence of selected cancers
- Measure 11.1.6** Rate of emergency department presentations for alcohol or drug-related harm
- Measure 11.1.7** Specialist alcohol and other drug treatment services provided to Aboriginal Victorians



Goal 12: Aboriginal Victorians access the services they need

Objective 12.1: Improve access to health and community services for all Aboriginal Victorians

- Measure 12.1.1** Proportion who received a health check or assessment, by age
- Measure 12.1.2** Participation rates for cancer screening
- Measure 12.1.3** Proportion and number accessing disability services and the National Disability Insurance Scheme
- Measure 12.1.4** Number and proportion accessing aged care services
- Measure 12.1.5** Number and proportion of people aged 55 years or over who had an annual health assessment

Descriptive measure 12.1.6 Services implement strategies, partnerships and campaigns, and offer care and support that is inclusive and addresses the needs of Aboriginal people who are LGBTI



Goal 13: Health and community services are culturally safe and responsive

Objective 13.1 Increase the cultural safety and responsiveness of services

- Measure 13.1.1** Proportion reporting experiences of racism in the health system
- Measure 13.1.2** Proportion reporting positive client experience of GP services
- Measure 13.1.3** Hospitalisations where patients left against medical advice/ were discharged at own risk

Descriptive measure 13.1.4 Number and proportion of Aboriginal people employed in the health or social services sector



Goal 14: Aboriginal Victorians enjoy social and emotional wellbeing

Objective 14.1 Improve Aboriginal mental health and social and emotional wellbeing

- Measure 14.1.1** Proportion reporting 'high or very high' levels of psychological and psychosocial distress
- Measure 14.1.2** Rate of self-harm-related emergency department presentations (by 15-24 years old, and all)
- Measure 14.1.3** Proportion reporting strong social networks they can draw on in times of crisis
- Measure 14.1.4** Proportion of Aboriginal Victorians with a disability who have strong social support networks
- Measure 14.1.5** Number of Aboriginal Victorians receiving clinical mental health services



Domain 5: Justice & safety



Goal 15: Aboriginal over-representation in the justice system is eliminated

Objective 15.1 Decrease the number and eliminate the over-representation of Aboriginal children and young people in the justice system

Measure 15.1.1 Number, rate and age profile of unique youth (10-17 years) alleged offenders processed by police

Measure 15.1.2 Average daily number and rate of children and young people (10-17 years) under youth justice supervision in detention and the community

Measure 15.1.3 Proportion of first-time youth alleged offenders (10-17 years) cautioned by police

Measure 15.1.4 Proportion of youth (10-17 years) in detention on remand

Objective 15.2 Decrease the number and eliminate the over-representation of Aboriginal women in the justice system

Measure 15.2.1 Number and rate of unique adult female alleged offenders processed by police

Measure 15.2.2 Average daily number and rate of Aboriginal women under corrections supervision in prison and community corrections

Measure 15.2.3 Proportion of women who return to prison under sentence within two years of release

Measure 15.2.4 Proportion of women in prison on remand

Objective 15.3 Decrease the number and eliminate the over-representation of Aboriginal men in the justice system

Measure 15.3.1 Number and rate of unique adult male alleged offenders processed by police

Measure 15.3.2 Average daily number and rate of men under corrections supervision in prison and community corrections

Measure 15.3.3 Proportion of men who return to prison under sentence within two years of release

Measure 15.3.4 Proportion of men in prison on remand



Goal 16: Aboriginal Victorians have access to safe and effective justice services

Objective 16.1 Increase Aboriginal participation in culturally safe and effective justice prevention, early intervention, diversion and support programs

Measure 16.1.1 Number and proportion of Aboriginal youth receiving intensive bail support through the Koori Intensive Support Program

Measure 16.1.2 Number and proportion of Aboriginal adults receiving intensive bail support

Measure 16.1.3 Number of Aboriginal youth accessing community support programs through youth justice community services



Goal 17: Aboriginal Victorians feel safe and connected

Objective 17.1 Increase community safety and trust in police and the justice system

Measure 17.1.1 Proportion of police officers who have received Aboriginal cultural awareness training

Measure 17.1.2 Proportion who feel safe/very safe walking alone at night in local area

Measure 17.1.3 Proportion who have experienced any violence in the last 12 months

Descriptive measure 17.1.4 Number and proportion of Aboriginal people employed across the justice system



Domain 6: Culture & Country



Goal 18: Aboriginal land, water and cultural rights are realised

Objective 18.1	Increase the recognition and enjoyment of Aboriginal land, water and cultural heritage rights
Measure 18.1.1	Area of Crown land with native title determinations and/or Recognition and Settlement Agreements
Measure 18.1.2	Work of the State in advancing the treaty process
Measure 18.1.3	Number of Registered Aboriginal Parties that have submitted a notice of intention to enter into an Aboriginal cultural heritage land management agreement
Measure 18.1.4	Number of Whole of Country Plans published
Measure 18.1.5	Number of Joint Management Plans and area of land covered
Measure 18.1.6	Number of cultural burns conducted
Measure 18.1.7	Number of formal partnership agreements for planning and management between Aboriginal communities and key water and catchment agencies



Goal 19: Aboriginal culture and language are supported and celebrated

Objective 19.1	Support the preservation, promotion and practice of culture and languages
Measure 19.1.1	Participation in community events which celebrate Aboriginal culture
Measure 19.1.2	Investment in Aboriginal language and culture revitalisation programs



Goal 20: Racism is eliminated

Objective 20.1	Address and eliminate racism
Measure 20.1.1	Proportion of Aboriginal people who report having experienced racism in the previous 12 months
Measure 20.1.2	Prevalence of racist attitudes against Aboriginal Victorians held by the Victorian community

Appendix 1: Community engagement summary

The development of the VAAF has been guided by the voices of Victorian Aboriginal communities across the state.

Statewide forum

Melbourne 31 January, Richmond Football Club

Open community forums

Mildura 26 March, Mildura Rowing Club

Robinvale 27 March, Murray Valley Aboriginal Co-Operative

Swan Hill 28 March, Ibis Styles Swan Hill

Bendigo 23 April, Lakeview Motor Inn

Ballarat 26 April, Saxon House, Ballarat Football League

Seymour 27 April, Seymour Football Netball Club

Warragul 30 April, Mecure Warragul

Morwell 1 May, Morwell Bowling Club

Sale 2 May, The Wedge – Performing Arts Centre

Lakes Entrance 3 May, Bellevue on the Lakes

Geelong 7 May, Wathaurong Aboriginal Co-operative, St Mary's Library and Research Centre

Warrnambool 8 May, Gunditjamara Aboriginal Co-Operative

Portland 10 May, Dhauwurd-Wurrung Elderly and Community Health Service

Echuca 22 May, Tindarra Resort

Halls Gap 22 May, Halls Gap Recreation Reserve

Horsham 23 May, Horsham College

Shepparton 23 May, La Trobe University

Wodonga 24 May, Cube Wodonga

Open workshops

Melbourne 20 June, Mantra Bell City

Ballarat 21 June, Saxon House, Ballarat Football League

Bendigo 21 June, Bendigo Tennis Association

Shepparton 22 June, Parklake Hotel

Robinvale 25 June, Murray Valley Aboriginal Co-Operative

Morwell 5 July, The Gathering Place

Lake Tyers 6 July, Lake Tyers Aboriginal Trust Community Hall

Warrnambool 16 July, Gunditjamara Aboriginal Co-Operative

Portland 17 July, Dhauwurd-Wurrung Elderly and Community Health Service

Written submissions

- Public Health Association of Australia – Victoria Branch
- Victorian Council of Social Services
- Many Mobs Aboriginal Community Group
- Victorian Aboriginal Community Controlled Health Organisation
- Mission Australia
- Djirra
- Aboriginal Justice Caucus Working Group on Family Violence
- 23 surveys submitted via engage.vic.gov.au

Presentations

- Aboriginal Executive Council
- Secretaries Leadership Group on Aboriginal Affairs
- Aboriginal Justice Forum and Koori Caucus
- Dhelk Dja Partnership Forum (formerly Indigenous Family Violence Partnership Forum)
- Aboriginal Children's Forum
- Victorian Aboriginal Community Controlled Health Service
- Improving Care for Aboriginal Patients Program workers

One-on-one meetings

The Department of Premier and Cabinet met with individual community members and organisations upon request.

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Yiruk Wamoon (Wilsons Promontory). **Photo:** Hollie Johnson.

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Aboriginal readers are advised that this document may include photos, quotations and/or names of people who are deceased.

Thank you to the Aboriginal Victorians and other community members and organisations across the state who shared their time, expertise and personal stories on what the new Victorian Aboriginal Affairs Framework should look like.

Authorised and published by the Department of Premier and Cabinet, Victorian Government, 1 Treasury Place, Melbourne.

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ISBN 978-1-925789-12-6



ATTACHMENT AJ -4

This is the attachment marked 'AJ-4' referred to in the witness statement of Andrew Jackomos dated "11 July 2019" .

Article

Assessing the Mental Health, Substance Abuse, Cognitive Functioning, and Social/Emotional Well-Being Needs of Aboriginal Prisoners in Australia

Journal of Correctional Health Care
2017, Vol. 23(4) 398-411

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DOI: 10.1177/1078345817723345

journals.sagepub.com/home/jcx



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Abstract

This study sought to identify the incidence of mental illness, substance misuse, and cognitive impairment among a representative cohort of 123 Aboriginal people in custody in Australia. In addition, the study measured levels of social and emotional well-being (SEWB) and considered the interrelationship of mental health issues, SEWB, and unmet needs. Both male and female Aboriginal prisoners were found to have high rates of mental health, substance abuse, and cognitive functioning needs that were heavily contextualized within perceptions of their own SEWB. Findings provide important information with regard to the specific needs of Aboriginal people in custody. Implications for the development and implementation of effective, culturally themed best practice programming for this population are discussed.

Keywords

Aboriginal, mental health, cognitive impairment, social well-being, emotional well-being, prisoner health

Introduction

Aboriginal Australians possess a rich and unique culture spanning at least 50,000 years. Cultural notions of ancestral and environmental connectivity, spirituality, and collective kinship systems are central to Aboriginal well-being (Gee, Dudgeon, Shultz, Hart, & Kelly, 2014). After European contact, Aboriginal people endured many injustices including the dispossession of land, dislocation,

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marginalization, family separation, government-sanctioned child removal, and forced acculturation. Many Aboriginal people face contemporary health, legal, and socioeconomic challenges. An associated concern is the high rate of Aboriginal people who have contact with the criminal justice system. Aboriginals comprise 27% and 20% of the adult prison and community-based corrections populations, respectively, despite representing approximately 2% of the general Australian population (Australian Bureau of Statistics, 2016).

In 2013, the Victorian government in partnership with the local Aboriginal (Koori) community signed the third phase of the Aboriginal Justice Agreement (AJA; State Government of Victoria, 2013). The AJA aims to collaboratively reduce Aboriginal overrepresentation in corrections and generate culturally responsive justice outcomes. The creation of the AJA signified the importance of empirically identifying the mental health and cultural needs of Aboriginal prisoners in order to inform the subsequent development and delivery of best practice programming.

Mental Health Needs of Aboriginal Prisoners

Few Australian studies have explored the extent of mental illness among Aboriginal people in custody. Butler, Allnutt, Kariminia, and Cain (2007) compared mental health diagnoses in a sample of 226 Aboriginal men and 51 Aboriginal women incarcerated in New South Wales prisons and found evidence for elevated rates of mental disorder and psychological distress. A more recent study (Heffernan, Anderson, Dev, & Kinner, 2012) found that 73% of incarcerated Aboriginal males and 86% of incarcerated Aboriginal females reported having suffered from at least one mental illness in the past 12 months. Findings also revealed that post-traumatic stress disorder (PTSD) was the most reported anxiety disorder. This is perhaps unsurprising, given the high rates of PTSD found among Aboriginal people in the general population (Australian Institute of Health and Welfare, 2011).

Rates of substance use and dependence in prison populations are significantly greater than those reported in the general community (Mullen, Holmquist, & Ogloff, 2003). Australian prisoner surveys reveal that Aboriginal offenders are also more likely to be under the influence of drugs and alcohol at the time of offense compared to non-Aboriginal offenders (Indig, McEntyre, Page, & Ross, 2010; Indig et al., 2011).

Individuals with a cognitive disability such as an intellectual disability (ID) or acquired brain injury (ABI) are at greater risk of entering the criminal justice system than people without cognitive disabilities (Herrington, 2009). Although it is important to note that ID is distinct from ABI (i.e., ID primarily affects learning abilities, whereas individuals with ABI generally retain their intellectual abilities but have difficulty in controlling, coordinating, and communicating their thoughts and actions), both conditions may result in a reduced capacity to understand laws and correctional procedures, control impulses, and make informed decisions (Simpson & Sotiri, 2004). Studies reveal that Aboriginal prisoners have relatively high levels of cognitive impairment, with higher rates of cognitive disability among Aboriginal prisoners with mental illness (Baldry, Dowse, & Clarence, 2012).

Social and Emotional Well-Being (SEWB)

For many Aboriginal people, mental health is conceptualized within a holistic framework known as SEWB (Wand, Eades, & Corr, 2010). As a multifaceted framework of health, SEWB moves beyond an individualized focus, emphasizing the significance of balance in relation to culture, spirituality, ancestry, family, community, and connection to the land in the maintenance of mental health and well-being (Zubrick et al., 2010).

Little empirical research has been conducted to date on the various factors that may play a role in the SEWB of Aboriginal prisoners. Some work has culminated in the categorization of these

influences into protective and risk factors (Jones & Day, 2011). This work suggested that any assessment of the SEWB needs of Aboriginal prisoners must include a definition and examination of relevant protective and risk factors such as the following:

Protective factors

Self-determination: Control over one's future destiny, depending on the aspirations of the individual or group involved.

Social cohesion: Quality of relationships with others has been identified as serving a positive function for Aboriginal people facing multiple stressful events.

Cultural connection: Maintaining a spiritual, physical, and emotional connection to one's land, culture, and ancestry (Zubrick et al., 2010).

Risk factors

Unresolved trauma: The 2004/2005 National Aboriginal Health Survey found that just under half (46%) of the Aboriginal adults in the sample reported that they had lost a friend or family member within the year prior to completing the survey (Australian Bureau of Statistics, 2006). Zubrick et al. (2010) suggest that such experiences are especially traumatic because the deaths were commonly of children and youth and were therefore unexpected and ultimately preventable. Experiences such as these contribute to higher levels of mental health problems (Atkinson, 2013).

Acculturation stress: Sue and Sue (1990) define acculturation as the process of adjustment that occurs when two cultures come together and the minority culture has to commit to the most significant changes to align itself with the majority culture, creating conflict and stress. Given that these changes are often required across fundamental areas such as language, education, social hierarchies, and social justice, it has been suggested that acculturation stress can lead to an increased risk of psychological distress in Aboriginal prisoners (Jones & Day, 2011).

Identity issues: Enmeshed within the acculturation process, this issue is central to how one perceives and positions oneself in relation to others in one's community as well as the broader community. A significant number of Aboriginal people have moved or been moved from their traditional land and, as a result, have lost their connection to their culture (Slattery, 1987). In addition, ongoing experiences of racism are related to poor mental health (e.g., depression and anxiety) and increased use of both alcohol and drugs (Paradies, 2006). Research indicates that having an insecure cultural identity can be related to an increased likelihood of criminal offending among Aboriginal people (Marie, Fergusson, & Boden, 2009).

Separation from community: Separation from land, family, and culture may also have an impact on Aboriginal people's social and emotional functioning (Jones & Day, 2011).

Socioeconomic disadvantages: The range of socioeconomic indices of disadvantage, such as income, education, and employment, has been found to relate to higher levels of offending (Weatherburn, Snowball, & Hunter, 2008).

The above SEWB factors provide an additional layer to the other significant areas related to the study of Aboriginal prisoners in Australia (i.e., mental health, substance abuse, and cognitive functioning) and highlight the importance of assessing the needs of this population within an integrated framework. It may be argued that any assessment of the needs of Aboriginal prisoners should include an attempt to not only identify the specific needs of this group but also analyze how these needs interrelate, allowing for the development of more effective intervention programs.

Assessing the Needs of Aboriginal Prisoners

This project sought to conduct a thorough assessment of needs from the perspective of Aboriginal and Torres Strait Islander prisoners in Victoria. A multimethod approach was employed to examine mental health and cultural needs. The approach sought to combine the use of validated assessment tools with additional questions related to Aboriginal areas of need including SEWB.

To this end, the aims of the project were to (1) identify the SEWB needs of Aboriginal prisoners, (2) identify the nature and extent of mental illness for Aboriginal prisoners and associated needs, (3) assess the cognitive functioning of Aboriginal prisoners, and (4) identify barriers to accessing services and other gaps in service delivery.

We hypothesized that SEWB deficits will be associated with mental disorder and psychological distress. Furthermore, we expect resilience to be inversely correlated with mental illness. In addition, participants with high levels of distress are expected to have a greater level of unmet mental health and cultural needs.

Method

The research was undertaken under contract from the Department of Justice, Victoria (Justice Health and Koori Justice Unit) to the Centre for Forensic Behavioural Science and the Victorian Aboriginal Community Controlled Health Organisation. Ethics approval was obtained from the Department of Justice Human Research Ethics Committee.

Participants

Data collection occurred from January 2012 until October 2012. All remanded and sentenced Aboriginal and Torres Strait Islander prisoners from regional and metropolitan prisons in Victoria, Australia, were approached to participate in the study. The sample comprised 107 males (79.87% response rate) and 15 females (65.22% response rate).

The mean age of the participants was 34.4 years ($SD = 10.3$). More than half (61%) of the participants were born in the state of Victoria. The majority of participants self-identified as Aboriginal, with only five males identifying themselves as Torres Strait Islander and one female identifying herself as both Aboriginal and Torres Strait Islander. The majority of participants were in a relationship prior to custody (male: 75.2%, female 86.7%). Almost two thirds (64.5%) of participants were fully sentenced at the time of the interview, with the remaining participants held on remand.

Materials

Questionnaire. The development of the questionnaire used in the interviews involved close consultation with the steering committee and advisory group. It was reviewed by an Aboriginal psychologist with research expertise as well as an Aboriginal psychologist with neuropsychological experience and a clinical neuropsychologist. The final questionnaire was an amalgamation of questions based on feedback received from these groups and the following two surveys: (1) the questionnaire used in the Queensland “Inside Out” project that assessed mental health of Aboriginal and Torres Strait Islander people in custody (Heffernan et al., 2012) and (2) National Aboriginal and Torres Strait Islander Health and Social Surveys (Purdie, Dudgeon, & Walker, 2010).

The final semistructured questionnaire covered five key areas:

Participant details: Basic demographic details collected include gender, date of birth, Aboriginal and Torres Strait Islander status, and offending information.

SEWB: Details about cultural identification, cultural knowledge, positive well-being, life experiences and life stressors experienced by participant and their family, and anger were recorded.

Service usage: Information pertaining to services used (e.g., psychiatrist, general practitioner, and traditional healer) in the 12 months prior to custody and barriers to such access was obtained. The perceived helpfulness of services to meet a number of needs currently (over past month) and at the time of the offense was identified with the Camberwell Assessment of Need—Forensic Short Version (CANFOR SV; Thomas et al., 2003).

Mental health: The presence of current and lifetime mental disorders of mood, anxiety (including PTSD), psychosis, and substance use was assessed using sections of the Mini International Neuropsychiatric Interview (Sheehan et al., 1998), which is a structured clinical assessment tool. Participants were asked about past suicide attempts and current suicidal thoughts.

Cognitive assessment: The neuropsychological screen included a mix of language-based and nonverbal measures. The assessment measures included the Kimberley Indigenous Cognitive Assessment (KICA; LoGiudice et al., 2006), which is a culturally relevant cognitive screen that assessed global cognitive functioning. Selected components of the Wechsler Abbreviated Scale of Intelligence (WASI) and Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) were also used, including matrix reasoning, block design, and digit span. These tests broadly assessed nonverbal intellectual functioning and spatial reasoning. The Trail Making Test from the *Delis–Kaplan Executive Function System* (D-KEFS; Delis, Kaplan, & Kramer, 2001) was used to assess executive functioning and mental flexibility.

Procedure. Aboriginal well-being/liaison officers at each prison approached eligible participants and informed them of the details of the study. Prisoners who wished to take part in the study were then asked to sign a consent form and a subsequent interview was conducted by a dyad including a culturally trained psychologist and an Aboriginal research officer. The interview involved an Aboriginal research officer facilitating a discussion about demographic information and SEWB followed by the psychologist completing sections relating to mental health and neuropsychological testing.

Results

Mental Health

Most participants (males = 68.9%, females = 76.9%) reported having been diagnosed with a mental illness during their lifetime. Major depressive episodes were the most frequently reported affective disorder for both males (32.7%) and females (46.7%). Females reported significantly higher rates of current hypomanic episodes ($\chi^2 = 7.35, p < .01$) and current bipolar II disorder ($\chi^2 = 7.35, p < .01$) than males. In addition, schizoaffective/mood with psychosis was the most prevalent current psychotic disorder for females (20.4%) and females also had significantly higher rates of current mood disorder with psychotic features ($\chi^2 = 8.65, p < .01$) and current schizoaffective disorder ($\chi^2 = 7.35, p < .01$). In terms of anxiety disorders, PTSD was the most frequent current anxiety disorder reported for both males (14.7%) and females (46.2%), although females had significantly higher rates of current PTSD ($\chi^2 = 7.64, p < .01$), social phobia ($\chi^2 = 9.64, p < .01$), and agoraphobia ($\chi^2 = 9.09, p < .05$). Half (51.4%) of the participants reported that they themselves have a history of suicide attempts and one quarter (26.6%) reported suicidal thoughts within the last 12 months. Suicide ideation and attempts were most prevalent while in the community in comparison to being in custody. The majority of females (92.9%) and males (76.5%) were classified as having a current substance abuse problem. There was insufficient information to ascertain lifetime history of substance abuse.

Responses to the CANFOR SV indicated that childcare (92%), treatment (85%), and daytime activities (e.g., engaging in work, training, or structured leisure activities; 83%) were the most frequently cited needs. Both males and females reported relatively equivalent proportions of met and unmet needs during their incarceration. Daytime activities (48.7%), telephone access (45.8%), and company (44.9%) were the three most commonly reportedly met needs. Common unmet needs included psychological distress (44.5%) and food (40.3%).

Cognitive Functioning

Overall, 9.1% of participants were registered with intellectual disability services for a cognitive impairment and 12.4% reported having been registered with brain injury services. Participant scores on the Trail Making Test of the *D-KEFS* were generally within the “average” range. However, analysis of the tasks related to executive functioning revealed a significant difference in scores as compared to control samples. Specifically, the average score that participants received on the number sequencing task combined with the letter sequencing task (i.e., language and numerical abilities) was 8.56 ($SD = 3.74$), lower than the expected community average of 10.0 ($SD = 3.0$). Overall, 27% of the sample performed within the range that is indicative of an executive functioning deficit. The final measure of cognitive functioning was the performance (i.e., nonverbal) subscales of the WASI. While mean participant scores on the WASI ($M = 93.17$, $SD = 14.16$) fell significantly below the community average ($M = 100$, $SD = 15$), the results do not appear to differ from that which would be expected of other prisoners.

Social/Emotional Well-Being Needs

Most participants reported feeling connected to their culture “often or always” (males = 76.2%, females = 80.0%). Less than 2% of males felt no connection to their culture. Most (66.7%) also reported that they were confident in their knowledge about Aboriginal culture and felt they would be able to teach their family about the traditional ways of their people. Most people (73.1%) reported learning about their culture from their family/community. A higher frequency of females (57.1%) than males (31.3%) indicated that positive well-being was “very important” to “extremely important” to them. The majority of males (62.6%) indicated that positive well-being was moderate to very important. No participants rated positive well-being as unimportant to them. Overall, the results appear to indicate that most participants acknowledge the significance of cultural connection as a key component of well-being.

Both males (77.4%) and females (86.7%) indicated that the most common cause of stress in their lives for the past 12 months was due to a substance abuse problem (see Table 1). Males indicated that their verbal and physical abusive behavior toward others was the second biggest stressor (68.9%) in their lives. Comparatively, trouble with police (73.3%) was rated as the second biggest stressor for females.

Relatively few participants (1.7%) reported having no resiliency. Instead, the majority of males (80.6%) and females (66.7%) reported having resiliency most of the time. The majority of males (54%) and a large proportion of females (40%) reported little to no distress in their daily lives. Among those reporting distress, more females (40%) than males (20.6%) reported feeling distressed on a regular basis and 6.8% of the total sample reported feeling distressed more often than not.

Interactions

Analyses were performed across seven factors of social/emotional well-being, seven factors of mental illness (current affective disorders, lifetime affective disorders, current anxiety disorders, lifetime anxiety disorders, current psychotic disorders, lifetime psychotic disorders, and substance

Table 1. General Stressors Impacting Social/Emotional Well-Being Experienced in the Last 12 Months.

General Stressors	Male % (n)	Female % (n)	Total % (n)
Bad illness or disability	24.5 (26)	33.3 (5)	25.6 (31)
In a bad accident	12.3 (13)	0	10.7 (13)
Family member or close friend pass away	51.4 (55)	60.0 (9)	52.5 (64)
Did you divorce/separate or married	41.5 (44)	60.0 (9)	43.8 (53)
Overcrowded living arrangements	25.5 (27)	13.3 (2)	24.0 (29)
Unable to get job	45.7 (48)	60.0 (9)	47.5 (57)
Lose job	17.1 (18)	7.1 (1)	16.0 (19)
Alcohol- or drug-related problems	77.4 (82)	86.7 (13)	78.5 (95)
Gambling problem	6.6 (7)	20.0 (3)	8.3 (10)
Witness violence	65.1 (69)	53.3 (8)	63.6 (77)
Abuse anyone verbally/physically or commit crime	68.9 (73)	46.7 (7)	66.1 (80)
In trouble with the police for any other reasons	48.1 (51)	73.3 (11)	51.2 (62)
Family member sent to prison	57.1 (60)	60.0 (9)	57.5 (69)
Treated badly because of indigenous heritage	29.8 (31)	35.7 (5)	30.5 (36)

Table 2. Correlations Between Mental Illnesses and the Camberwell Assessment of Needs–Forensic Short Version.

Mental Illness	Identification	Connectivity	Knowledge	Positive	Resilience	Stressors	Distress
Affective							
Current	-.1	-.15	-.12	-.06	-.33*	.19	.41*
Lifetime	-.07	-.09	.07	-.02	-.19	.35*	.31*
Anxiety							
Current	.01	-.01	-.16	.04	-.35*	.01	.26
Lifetime	-.18	-.10	-.02	-.24	-.37*	.12	-.01
Psychotic							
Current	-.07	-.03	.07	.02	-.19	.35*	.30*
Lifetime	-.05	.00	.04	-.01	-.15	.17	.26
Substance abuse							
Current	-.05	-.04	-.09	-.18	-.05	.25	.06

Note. Bonferroni = .012.

* $p < .012$. ** $p < .001$.

abuse disorders), and the *D-KEFS* measures of cognitive functioning. Given that females accounted for only a small proportion ($n = 15$) of the total sample, analyses were restricted to male participants ($n = 107$) only.

Results suggest that lower levels of resilience are associated with greater numbers of current affective disorders, current anxiety disorders, and lifetime anxiety disorders (see Table 2). Conversely, increases in the number of stressors are associated with significant increases in lifetime affective disorders and current psychotic disorders. Likewise, increased distress is significantly associated with higher likelihood of current affective disorders, lifetime affective disorders, lifetime anxiety disorders, and current psychotic disorders.

Further analyses assessing the relationship between mental illness, SEWB factors, and the CANFOR SV indicated that a greater number of unmet needs was significantly associated with current affective disorders, lifetime anxiety disorders, stressors, and distress and were negatively associated with levels of resilience (see Table 3). Greater numbers of total needs were also

Table 3. Correlations Between Mental Illness and Needs.

CANFOR SV	Met Needs	Unmet Needs	Total Number of Needs	Total Needs in Index Offense
Mental illness				
Affective				
Current	.16	.31*	.23	.26*
Lifetime	.02	.16	.24	.35**
Anxiety				
Current	-.05	.24	.15	.10
Lifetime	-.04	.07	.02	.05
Psychotic				
Current	-.02	.00	.00	.13
Lifetime	.00	.05	.05	.11
Substance abuse				
Current	-.08	-.06	.01	.06
Social/emotional well-being				
Identification	-.02	-.23	-.21	-.02
Connectivity	.05	.00	.05	.08
Knowledge	.06	-.04	.01	-.07
Positive	.09	-.02	.02	.15
Resilience	-.03	-.61**	-.45**	-.30*
Stressors	-.05	.26	.15	.30*
Distress	.09	.41**	.30*	.21

Note. Anxiety lifetime was measured only for panic disorder. Bonferroni = .012. CANFOR SV = Camberwell Assessment of Needs–Forensic Short Version.

* $p < .012$. ** $p < .001$.

associated with increased distress and less resilience. Greater numbers of needs relating to the index offense were significantly associated with greater current and lifetime affective disorders, stressors, and lower resilience. Met needs showed no significant relationships.

Table 4 presents the results for participants with and without a mental illness on the CANFOR SV. There were significant differences in the number of unmet needs and total number of needs between participants who had a current affective disorder and participants who had no current affective disorder. Numbers of total needs in index offense were also significantly different between participants who had a current anxiety disorder and those who did not have a current anxiety disorder as well as those who had a lifetime anxiety disorder and those who did not have a lifetime anxiety disorder.

Finally, linear regressions were conducted to investigate whether significant SEWB would predict mental illness (current affective disorder, lifetime affective disorders, current anxiety disorders, lifetime anxiety disorders, current psychotic disorder, lifetime psychotic disorder, and substance abuse). Results indicate that although current and lifetime affective disorder was positively associated with distress ($\beta = .293, p = .009$; $\beta = .263, p = .025$, respectively), it was not significantly associated with resilience and unmet needs. Analyses also indicated that although current anxiety disorder was positively associated with age ($\beta = .258, p = .007$), it was negatively associated with resilience ($\beta = -.292, p = .009$). Interestingly, although current psychotic disorder was positively associated with distress ($\beta = .217, p = .038$), analyses indicated no associations with stressors. Although substance abuse was only negatively associated with age ($\beta = -.224, p = .029$), stressors came close to significance ($\beta = .198, p = .053$). Trends suggested that increased stress was associated with increased substance use ($\beta = .198, p = .053$); however, the difference did not reach statistical significance.

Table 4. *T-Test Results Between Mental Illness and CANFOR SV.*

CANFOR SV	Met Needs M (SD)	Unmet Needs M (SD)	Total Number of Needs M (SD)	Total Needs in Index Offence M (SD)
Affective				
Current				
Yes (<i>n</i> = 11)	5.64 (3.39)	6.79 (4.14)**	12.43 (4.01)*	6.50 (3.39)
No (<i>n</i> = 68)	5.90 (3.45)	3.57 (2.91)	9.36 (4.11)	4.65 (3.09)
Lifetime				
Yes (<i>n</i> = 42)	5.91 (3.41)	4.60 (3.62)	10.51 (4.34)	5.43 (3.18)
No (<i>n</i> = 37)	5.81 (3.49)	3.33 (2.70)	8.94 (3.94)	4.35 (3.11)
Anxiety				
Current				
Yes (<i>n</i> = 37)	6.09 (3.31)	4.91 (4.09)	10.77 (3.80)	5.91 (3.39)*
No (<i>n</i> = 42)	5.69 (3.54)	3.34 (2.32)	9.03 (4.38)	4.14 (2.81)
Lifetime				
Yes (<i>n</i> = 12)	5.62 (3.58)	4.90 (4.23)	10.05 (4.13)	6.94 (4.13)*
No (<i>n</i> = 65)	5.95 (3.49)	3.72 (2.91)	9.67 (4.24)	4.74 (2.96)

Note. Anxiety lifetime was measured only for panic disorder. Bonferroni = .012. CANFOR SVCamberwell Assessment of Needs—Forensic Short Version.

p* < .012. *p* < .001.

Service Usage

Present service usage. Of the individuals with mental illness, 60% of females and 36% of males reportedly obtained psychiatric treatment during the present custody period. Comparatively, 90% of females and 46% of males who were previously in custody had sought psychiatric treatment during a past period of incarceration. Fifty-one percent of participants with mental illness and 44% of participants with mental illness and/or substance use disorder reportedly accessed mental health or SEWB services in the 12 months prior to custody. Twelve percent of participants were registered with intellectual disability services and 9% of participants were registered with brain injury services at the time of interview. Five individuals in the sample were considered to have an ID (WASI performance IQ < 70). Of these individuals, only one male (20%) was registered with intellectual disability services. Thirty participants met the definition of executive function deficit (EFD) for this study (Trail Making Task score ≤ 4); only one of these participants was female. Of this group, 6% of males were registered with brain injury services.

Postrelease service usage plans. Postrelease plans for service usage were recorded for participants who anticipated release within 12 months (*n* = 60) and divided into three categories: mental health, Aboriginal-specific services, and drug and alcohol services. For individuals who had a mental health diagnosis, the most commonly reported mental health service was community or inpatient mental health treatment (14%), followed by psychiatrist (11%) and counseling (7%). Conversely, for those without a diagnosis, counseling (18%) was the most commonly anticipated form of treatment, followed by community or inpatient mental health treatment (12%) and psychiatrist (6%).

For Aboriginal-specific services, individuals with mental health diagnoses reported plans to use Aboriginal services cooperatives (25%) and Koori Connect, an Aboriginal service providing people with Internet access and referrals to services (7%). Individuals without diagnoses were equally likely to report plans to attend Aboriginal cooperatives and Koori Connect (both 12%) but also had plans to attend an Aboriginal healing service (3%). In terms of drug and alcohol services, those with a mental illness diagnosis were most likely to report plans to attend Koori-specific services (18%) rather than

standard services (14%), while those with no diagnosis were more likely to report the reverse (Koori services = 6%, standard services = 18%).

A large proportion of individuals anticipating release within 12 months were diagnosed with either a mental illness or a substance use problem ($n = 54$, 90%). For those with a diagnosis, counseling was the most commonly reported mental health service plan (15%), followed by community and/or inpatient mental health services (13%) and a psychiatrist (9%). For Aboriginal-specific services, cooperatives were the most commonly reported (17%), followed by Koori Connect (11%) and Aboriginal healing services (2%). Finally, 19% reported plans to attend standard drug and alcohol services, while 11% preferred Koori-specific services.

Discussion

This study addressed many gaps in the literature pertaining to Aboriginal offenders and provides additional insight into Victorian Aboriginal offenders and their mental health and cultural needs. The prevalence of mental illness found in this population mirrors the results found by previous research on Aboriginal offenders in New South Wales and Queensland and is much greater than what is reported in the general population (Butler, Allnutt, Kariminia, & Cain, 2007; Heffernan *et al.*, 2012).

Of the participants who were diagnosed with a mental illness, the majority of females and just over one third of males had sought psychiatric treatment during their current custody period. Approximately two thirds of mentally ill men were not receiving treatment at the time of the study.

Given the high prevalence of mental health issues in this sample, it is perhaps not surprising that half of the participants reported that they had a history of suicide and a quarter of participants reported suicidal ideation within the previous 12 months. Interestingly, both suicidal ideation and attempts were most common in the community, perhaps suggesting that the services and support available in prisons are reaching Aboriginal offenders and perhaps speaks to the need for more services in the community.

The majority of participants also appear to have many of the protective factors, such as identification with, connectivity to, and knowledge of culture. Females reported that positive well-being was more important to them than males did. The majority of participants reported not feeling distressed. However, of those who did feel distressed, a greater proportion were female, and almost half of female and a fifth of males reported feelings of distress on a regular basis. When stressors were analyzed, it was found that substance abuse problems were the greater cause of stress for participants within the past 12 months. Interestingly, male participants' own abusive behavior was the second more commonly reported cause of stress, which may suggest a need for anger management or domestic violence intervention services to decrease offenders' abusive behavior as a means to improve both their partners' and their own social/emotional well-being.

An assessment of the needs of Aboriginal offender populations suggested that males and females experience roughly the same levels of needs. Participants in this study reported more needs than participants in previous studies assessing patients in forensic psychiatric facilities (Thomas *et al.*, 2003) and individuals detained in police cells (Baksheev, Ogloff, & Thomas, 2012), indicating that Aboriginal offenders may have more needs than non-Aboriginal offenders.

This study did not directly assess the prevalence of ABI but rather the number of participants registered with brain injury services. More than one tenth of participants were registered with brain injury services. These results do not reflect the prevalence of ABI previously found in Australian prisons (Jackson & Hardy, 2011). The dramatic difference in results (42% male and 33% female in Jackson and Hardy's study) compared to a study that systematically examined ABI suggests that registration with brain injury services may not be a reliable measure of ABI.

Executive functioning deficits were assessed using the D-KEFS Trail Making Task. The sample average of the Trail Making Task was lower than the community average, showing a trend of poorer executive functioning in Aboriginal offenders in comparison to the community. In total, a quarter of participants performed at a level considered to be indicative of an EFD and the vast majority of these participants had a substance use disorder diagnosis (Cairney, Clough, Jaragba, & Maruff, 2007; LoGuidice et al., 2006). This provides further support for a link between substance misuse and ABI. Very few of the individuals with an EFD were registered with brain injury services. However, 7% of males who did not meet the criteria for an EFD were registered with such service. This is evidence for the fact that ABIs are complex and cannot just be measured by EFD. More than 20% of participants met the criteria for either borderline ID or ID, which is considerably greater than the prevalence of ID in the general public (Herrington, 2009).

All individuals with a mental illness diagnosis and/or substance misuse diagnosis reported that they would seek some form of mental health treatment upon release. Counseling was the most popular mental health treatment option for those without a diagnosis or those with a mental health diagnosis including substance abuse. After excluding those with only a substance misuse disorder, community/inpatient treatment became the most popular treatment option. In terms of other services, Aboriginal cooperatives were commonly reported among all diagnostic groups, including those with no diagnosis. Comparatively, few individuals cited Aboriginal healing services as a service that they would use upon release. Many participants reported that they would attend a drug and alcohol treatment service. The Koori-specific drug and alcohol services appeared to not be as popular as the standard drug and alcohol services.

For the inferential analysis, it was hypothesized that negative factors associated with SEWB would correlate positively with high prevalence mental disorders. This hypothesis was partially supported, as an increase in distress was positively associated with current and lifetime affective disorders. However, it was not significantly associated with current anxiety disorders or substance use but was associated with current psychotic disorders. Substance abuse was only negatively associated with age, although the number of stressors was close to significance. The second hypothesis was also partially correct, as the level of resilience was inversely associated with current anxiety disorders. Age was also positively associated with this diagnosis.

The number of needs did not predict mental disorder. However, zero-order correlations revealed a relationship between unmet needs and current affective disorders, lifetime anxiety disorders, stressors, and distress. Unmet needs were also inversely related to the level of resilience. Greater number of total needs was associated with increased distress and decreased resilience. Met needs were not related to any indices of SEWB or mental illness.

Limitations

This main limitation of this study is the small sample size of female participants, despite accessing almost the entire incarcerated Aboriginal population. This limitation made it impossible to assess the relationship between mental illness, SEWB, and cognitive functioning in females and made the other results difficult to interpret. Nevertheless, the results of this study generally mirror those found by Butler and colleagues (2007) showing that Aboriginal female offenders suffer more dysfunction than the general offender community and have a higher prevalence of some diagnoses compared to Aboriginal men.

Furthermore, due to the methodology used to assess cognitive functioning, comparisons between Aboriginal offenders and non-Aboriginal offenders must be made with caution. As only performance IQ was assessed, direct comparisons cannot be made between full-scale IQ tests of the general prison population. In this study, ABI were not assessed; rather, executive functioning and registration with brain injury services were. While further research needs to be conducted to

elucidate the prevalence of and issues associated with ABI, assessment of executive functioning was still important on its own as diminished decision-making abilities and reduced impulse control can lead to risk taking behaviors and criminal activities.

Conclusions and Developments

This study acts as a strong stepping-stone to understanding the needs and mental health issues of Aboriginal offenders in Victoria. However, the results raised many questions that need to be addressed in further research. For instance, while the majority of participants reported having the cultural protective factors (e.g., cultural identification), the majority of participants were also diagnosed with a mental illness. The relationship between culturally specific protective factors and mental illness remains unclear. More research should be conducted examining whether there are Aboriginal-specific factors that reduce the risk of mental illness or distress.

Importantly, following the completion of the report upon which the research in this article is based, Justice Health and Corrections Victoria (2015) developed and launched the *Aboriginal Social and Emotional Wellbeing Plan* as a framework and strategy for ongoing service developments in the delivery of mental health care to Aboriginal prisoners. This has led to major development in the provision of services, which is now subject to ongoing evaluation.

The development and provision of services is based on the SEWB framework and involves enhanced culturally sensitive practice and scholarships to support the training and recruitment of Aboriginal mental health professionals. Furthermore, increased availability of cultural and spiritual practices is being provided to enable Aboriginal prisoners to participate in activities to enable them to connect with their culture and practice their cultural activities while incarcerated.

Services should help foster resilience (e.g., coping strategies, strengths), as the study revealed that men and women with higher degrees of resilience experience lower levels of most mental illnesses. The high rates of PTSD, stressors, and mood disorders among participants underscore the importance of available services that address the underlying distress experienced by Aboriginal people in custody. Given the high rate of mental disorder and social and emotional damage among female Aboriginal prisoners, all Aboriginal women should undergo a culturally appropriate mental health assessment upon incarceration.

In light of the elevated rates of substance misuse found in this sample and in previous cohorts, culturally relevant intervention programs for substance use disorders and co-occurring mental illnesses are required. Interventions should include traditional forms of healing and culturally generated coping mechanisms to help address the intergeneration determinants that underpin contemporary mental health and well-being deficits.

Authors' Note

The views expressed are those of the authors and do not necessarily represent the policies or opinions of the Department of Justice and Regulation or the Government of Victoria.

Acknowledgments

The authors are grateful to Karen Adams, Kimina Anderson, Margaret Cutajar, Graham Gee, Christine Gillies, Chris Halacas, Ed Heffernan, Simon Larmour, Jennifer Patterson, and Stuart Thomas for their assistance with various aspects of the study.

Declaration of Conflicting Interests

The authors disclosed no conflicts of interest with respect to the research, authorship, or publication of this article. For information about JCHC's disclosure policy, please see the Self-Study Program.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was undertaken under contract from the Department of Justice Victoria.

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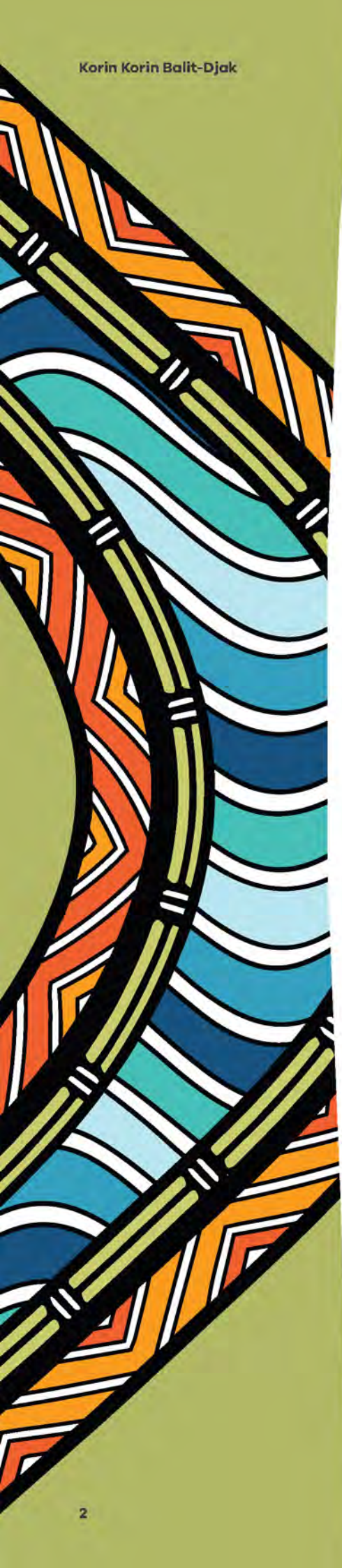
Royal Commission into
Victoria's Mental Health System

ATTACHMENT AJ -5

This is the attachment marked 'AJ-5' referred to in the witness statement of Andrew Jackomos dated "11 July 2019" .

Korin Korin Balit-Djak

Aboriginal health,
wellbeing and safety
strategic plan
2017–2027



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Authorised and published by the Victorian Government,
1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health and Human Services,
August 2017.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

ISBN 978-1-76069-019-9 (print) ISBN 978-1-76069-020-5 (pdf/online)
Available at Korin Korin Balit-Djak – Aboriginal Health, Wellbeing and Safety
Strategic Plan <<https://dhhs.vic.gov.au/publications/korin-korin-balit-djak>>
(1705012)

Korin Korin Balit-Djak

Korin Korin Balit-Djak means “Growing very strong” in the Woi wurrung language. This is spoken by members of four Koorie clans that lived in adjoining estates in the Port Phillip region.

Permission to use *Korin Korin Balit-Djak* for this policy was provided by the Wurundjeri Tribe Land Council.

Korin Korin Balit-Djak Artwork



Artist – Dixon Patten

The artwork for Korin Korin Balit-Djak depicts Aboriginal communities and our connection to culture and each other.

Within the detailed circles, DHHS and community work together to help with system reform across the health and human services sector with the ultimate goal of physical, social and emotional wellbeing for all Aboriginal people. The ripples represent the positive impact on community that this strategy will have and that Aboriginal culture and community is a priority.

The hands represent individuals, couples and families. The white circles represent various tribes/families/ regions. The various paths with the footprints depicts our life journeys and transference of knowledge, history and culture.

Dixon Patten was commissioned by the Department of Health and Human Services to produce the artwork titled *Korin Korin Balit-Djak*.

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Acknowledgement of Aboriginal Victoria

The Victorian Government proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories both pre and post-invasion. The impacts of colonisation – while having devastating effects on the traditional life of Aboriginal Nations – have not diminished Aboriginal people's connection to country, culture or community. Aboriginal Nations continue to strengthen and grow with the resurgence of language, lore and cultural knowledge. These rich and varied histories need to be understood and acknowledged by all Victorians, to truly understand the resilience and strength of previous generations, as well as the history of the fight for survival, justice and country that has taken place across Victoria and around Australia.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.

Minister's foreword



On behalf of all Department of Health and Human Services' ministers, I am proud to introduce *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027*.

The principle and approach of self-determination is at the heart of this plan, which commits the government to achieving the best health, wellbeing and safety for Aboriginal Victorians.

Korin Korin Balit-Djak marks a shared first step; it articulates Victorian Aboriginal people's aspirations for health, wellbeing and safety. This has been achieved through extensive consultation and partnership between Aboriginal communities and community organisations, mainstream services and government departments.

The plan focuses on five priority domains:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.

It outlines work currently underway, proposes actions over the next three years and presents a vision of what success will look like in 10 years.

Korin Korin Balit-Djak acknowledges the role of cultural determinants and the centrality of culture which aligns with the Aboriginal community's holistic understanding of health, wellbeing and safety.

I would like to thank everyone who has contributed to the development of this innovative strategic plan. Special acknowledgement goes to the Victorian Aboriginal community, community organisations and the Expert Panel.

As we put into practise the principle of self-determination and ambitiously work in partnership with Aboriginal Victorians to improve Aboriginal health, wellbeing and safety, I look forward to the implementation of *Korin Korin Balit-Djak*.

Hon. Jill Hennessy MP
Minister for Health

Executive summary

***Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians now and over the next 10 years. It sets out the Victorian Government's vision and direction for ensuring positive outcomes for Aboriginal Victorians across the breadth and depth of its activities. *Korin Korin Balit-Djak* has been developed alongside two other key initiatives to support the improved health, wellbeing and safety of Aboriginal Victorians: *Balit Murrup: Aboriginal social and emotional wellbeing framework*, and the *Aboriginal governance and accountability framework*.**

Korin Korin Balit-Djak emerges at a significant time for both Aboriginal communities in Victoria and the government. It follows the government's commitment to self-determination for Aboriginal Victorians. The Department of Health and Human Services commissioned work that has informed both *Korin Korin Balit-Djak* and the discussion about Aboriginal self-determination across all areas of the Victorian Government and community. This research and discussion has underpinned a new policy platform for Aboriginal health, wellbeing and safety.

Evidence demonstrates that there has been limited progress in improving and addressing the health, wellbeing and safety outcomes of Aboriginal Victorians (DPM&C 2017; AIHW 2016). Continuing to approach Aboriginal health, wellbeing and safety in the same way simply maintains a system that is not responsive to the needs and aspirations of Aboriginal communities.

Korin Korin Balit-Djak is informed by an extensive consultation process with Aboriginal communities across Victoria, as well as a strong evidence base, including *Koolin Balit* evaluation findings (Victorian Government 2012). The plan details how

the department will work with Aboriginal communities, community organisations, other government departments and mainstream service providers – now and into the future – to improve the health, wellbeing and safety of Aboriginal people in Victoria.

Korin Korin Balit-Djak covers five domains:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.

Each domain identifies areas of priority focus, strategic directions and actions (see Figure 2 for details).

The priority focus areas:

- outline examples of current work being undertaken
- propose actions over the next three years
- include a vision of what success will look like in 10 years time.

There is a commitment for *Korin Korin Balit-Djak* to be reviewed and updated every three years.

The plan embraces a cultural determinants approach to Aboriginal health, wellbeing and safety, which aligns with the Aboriginal community's holistic understanding of health (NAHSWP 1989).

Korin Korin Balit-Djak is guided by the government's vision to achieve optimum health, wellbeing and safety for all Victorians so they can live the life they value. It aligns with the department's strategic directions and aspires to address, and ultimately eliminate, systemic racism within the Victorian health and human service sectors.



About Korin Korin Balit-Djak

The purpose of *Korin Korin Balit-Djak* is to realise the Victorian Government's vision for 'Self-determining, healthy and safe Aboriginal people and communities' in Victoria.

This is a significant time for Aboriginal communities in Victoria and the government, which is committed to working towards self-determination as the overarching policy and implementation driver, and towards treaty with Victorian Aboriginal communities. The Premier, the Hon. Daniel Andrews MP, in announcing these commitments, described self-determination as 'ensuring Aboriginal people are the decision-makers when it comes to Aboriginal affairs. To make self-determination a reality, the way forward must be led by Aboriginal Victorians, and respected by governments.' (Andrews 2015).

The Department of Health and Human Services commissioned work by Aboriginal academics to gain a better understanding of Aboriginal self-determination. This research has informed both *Korin Korin Balit-Djak* and the conversations about self-determination across all areas of the government. This work also explained how self-determination can provide a new policy platform to inform all aspects of planning, program, service development and implementation for health and human services.

There has been little progress in closing the gap in health and wellbeing between Aboriginal and non-Aboriginal people since the Council of Australian Governments' (COAG) commitment in December 2007 (DPM&C 2017; AIHW 2016). The prevalence of poor health, safety, social and emotional wellbeing issues within Aboriginal communities continues to grow, despite significant investment and policy commitments. Evidence demonstrates that self-determination has the potential to shift the dial in Aboriginal health, wellbeing and safety – more of the same will simply maintain the status quo.

Korin Korin Balit-Djak represents a commitment by the government to the Aboriginal people and communities of Victoria, who have been at the heart of its development. It articulates their aspirations for health, wellbeing and safety. The plan details what the department – working with Aboriginal communities and community organisations, other government departments and mainstream service providers – will do now and into the future, to improve the health, wellbeing and safety of Aboriginal people in Victoria.

Korin Korin Balit-Djak has been developed following an extensive community consultation process with Aboriginal communities across the state. Recurring themes raised in consultations include:

- self-determination to be centrally linked to health, wellbeing and safety
- addressing racism
- reforming the health and human services system
- the centrality of culture to Aboriginal health, wellbeing and safety.

A cultural determinants approach

Korin Korin Balit-Djak acknowledges and prioritises the importance of applying a cultural determinants approach as an effective way to improve the social determinants of health, wellbeing and safety. The plan recognises that cultural factors can positively impact on the lives of Aboriginal people. This includes identity, language, spirituality, and connection to country, to family and to community. Cultural determinants utilise strengths-based approaches, and recognise the importance of self-determination. This approach also aligns with the Aboriginal understanding of health:

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.

(NAHSWP 1989).

A new strategic plan

On 1 January 2015, the former Victorian Department of Health and the former Department of Human Services merged to become the Department of Health and Human Services. The new department inherited two policy documents on the health, wellbeing and safety of Aboriginal people in Victoria: *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–22* and the *Human services Aboriginal strategic framework 2013–15*.

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 has been developed in response to the need for a single and current policy approach for Aboriginal health,

wellbeing and safety in Victoria. The plan will set the overarching vision and direction of the department's priority focus areas for Aboriginal health, wellbeing and safety and its related activities over the next 10 years.

The evaluation of *Koolin Balit* (DHHS 2015) and an extensive community consultation process have informed the development of *Korin Korin Balit-Djak*.

Koolin Balit evaluation findings

Koolin Balit evaluation findings (DHHS 2015) demonstrated that successful initiatives were built on:

- **programs:** where communities self-determined their solutions and programs
- **case management and care coordination:** to overcome institutional barriers to accessing healthcare if they are centred around a personal relationship and are culturally responsive
- **health workforce:** support for the Aboriginal workforce requires intensive cultural and clinical support to cultural load and vicarious trauma
- **Gathering Place models:**
 - community (ownership, drive, engagement, empowerment, dedicated staff)
 - people (community champions, Elders, motivated individuals)
 - place (location, historical context, regional service context, sense of place)
 - programs (flexibility, local priorities and needs, partnerships).

Community consultations

The department held more than 50 community and sector consultation meetings across Victoria. This included three statewide symposiums, four focus groups, and 11 written submissions which informed the development of *Korin Korin Balit-Djak* (see Appendix 1). The plan has also been guided by an Aboriginal Expert Panel (see Appendix 2) with expertise in Aboriginal health, wellbeing and safety.

Expert Panel

The Expert Panel provided specialist advice and support regarding Aboriginal health, wellbeing and safety as well as assisting the department to understand the needs and aspirations of Victorian Aboriginal communities.

The panel comprised a mixture of community, government, service delivery and academic experience to assist in the development of *Korin Korin Balit-Djak*. Each member is recognised for their leadership and expertise in the Aboriginal community. In addition to advice and oversight, the Expert Panel has reviewed and contributed to the drafting and testing of *Korin Korin Balit-Djak*.

Korin Korin Balit-Djak structure

The extensive consultation process has informed the priority focus areas and strategic directions

of *Korin Korin Balit-Djak* which are grouped within five domains:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.

The domains describe key components of achieving the vision, underpinned by the guiding principle of Aboriginal self-determination.

Each domain identifies priority focus areas that will result in improved outcomes in Aboriginal health, wellbeing and safety. Strategic directions influence how the department progresses action over time to achieve these results.

Acknowledging and prioritising the importance of culture to Aboriginal health, wellbeing and safety, *Korin Korin Balit-Djak* adopts a holistic perspective that combines both cultural determinants and social determinants of health, wellbeing and safety.

The plan provides examples of the current work being undertaken, proposes actions over the next three years and presents a vision of what success will look like in 10 years. There is a commitment that *Korin Korin Balit-Djak* be updated and reviewed every three years, to ensure actions are being advanced and to enable new and emerging issues and opportunities to be included. The plan aligns with the department's outcomes framework, which now includes an outcome on Aboriginal self-

determination. An Aboriginal designed and led evaluation plan will be developed with Aboriginal communities to determine Aboriginal-defined measures of success. This will help track whether our combined efforts are improving the health, wellbeing and safety of Aboriginal Victorians over time and ensure that efforts can be focused on what really matters to Victorian Aboriginal communities.

The vision

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027 is guided by the government's vision to achieve optimum health, wellbeing and safety for all Victorians, so they can live the life they value. The plan also aligns with the department's strategic directions:

- person-centred services and care
- local solutions
- earlier and more connected support
- advancing quality, safety and innovation.

The department will work in partnership with Aboriginal Victorians, Aboriginal community-controlled organisations (ACCOs), other parts of government and mainstream service providers to ensure that the priority areas outlined in *Korin Korin Balit-Djak* are developed, implemented and delivered.



Figure 1: Korin Korin Balit-Djak structure

Aboriginal people in Victoria

The Australian Bureau of Statistics (ABS 2011) estimated a population projection that in 2017, Aboriginal Victorians will make up 0.9 per cent (approximately 55,000) of the total Victorian population, with just over half living in regional and rural areas.

Victoria's Aboriginal population is growing at a much faster rate than the non-Aboriginal population, increasing 12 per cent between the 2011 and 2016 Census.

The Victorian Aboriginal population is young: 55 per cent are aged 25 years or under compared to 32 per cent of non-Aboriginal Victorians. The average age of Aboriginal Victorians is 22 years compared to 37 years for non-Aboriginal Victorians.

The heritage and culture of Aboriginal communities across Victoria is vibrant, rich and diverse, with nearly 40 different Aboriginal languages spoken. Diversity within Victorian Aboriginal communities is highly valued and a great source of strength and opportunity. However, a person's life experiences, expectations, culture and beliefs, age, sex, gender, gender identity, sexual

orientation, ethnicity, and the relationship between these factors, can interact to create overlapping forms of racism and power imbalance that compound the effects of discrimination.

To ensure that the diverse culture, history and life experiences of all Aboriginal Victorians are included in the design and delivery of services across the health and human services sector, the department will adopt principles of 'designing for diversity and inclusion' in all service design, delivery, policies and practices. This means creating and sustaining a health and human services system that is inclusive, non-discriminatory and accessible for everyone. The mainstream service system will be better able to understand and respond to the diverse spectrum of Aboriginal health, wellbeing and safety across diverse Aboriginal communities.

Snapshot of Aboriginal health, wellbeing and safety in Victoria

Key health and human services indicators that impact on Aboriginal Victorians' health, wellbeing and safety reflect the legacy of trans-generational trauma and systemic racism. At the population level there is a significant gap between the health status of Victoria's Aboriginal population and the non-Aboriginal population. Although there are some areas of improvement, many areas have seen no significant change and some are getting worse. The key indicators are listed below. Victorian figures are provided and identified where adequate data exists. National figures have been used where suitable Victorian data is not available.

The following statistics indicate the need for urgent action to improve the health, wellbeing and safety of Aboriginal Victorians.

Mothers and babies

- The perinatal mortality rate of babies of Aboriginal mothers in Victoria is approximately twice that of babies of non-Aboriginal mothers.
- Almost twice as many babies of Victorian Aboriginal mothers are born with a low birthweight.

Family violence

- It is estimated that Victorian Aboriginal women are 45 times more likely to experience family violence than non-Aboriginal women.
- Aboriginal women are 25 times more likely to be killed or injured as a result of family violence in Victoria than non-Aboriginal women.

- 88 per cent of Aboriginal children in out-of-home care in Victoria have experienced family violence.
- Family violence is one of the key drivers of Aboriginal women's homelessness in Victoria.

Out-of-home care

- Aboriginal children are more than eight times more likely than non-Aboriginal children to be the subject of a child protection substantiation in Victoria.
- Aboriginal children are more than 14 times more likely than non-Aboriginal children to be in out-of-home care in Victoria.

Justice health and wellbeing

- Young Aboriginal Victorians are 12 times more likely to be subject to community-based supervision orders and in detention than non-Aboriginal Victorians.
- Aboriginal people make up eight per cent of the Victorian prison population, despite accounting for 0.9 per cent of the Victorian population (ABS, 2016).

Housing and homelessness

- Aboriginal Victorians are more likely to be clients of social housing and less likely to be buying or owning a home compared to non-Aboriginal people.
- Aboriginal Victorians are four times more likely to be homeless than non-Aboriginal Victorians.
- Aboriginal women are 15 times more likely to seek assistance from crisis homelessness services than non-Aboriginal women in Victoria.

Tobacco, alcohol and other drugs

- Tobacco use by Aboriginal people in Victoria aged over 18 years is more than three times the rate of non-Aboriginal people.
- Aboriginal young people demonstrate higher rates of risky alcohol and drug use compared to non-Aboriginal young people.
- Aboriginal Victorians present at emergency departments for alcohol-related causes at more than four times the rate of other Victorians (DPC 2015).

Mental health

- Aboriginal people are around three times more likely to experience high or very high levels of psychological distress than non-Aboriginal Victorians.
- Self-harm emergency department admissions are four times the rate of non-Aboriginal Victorians.
- Aboriginal lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) Victorians are at an increased risk of mental ill-health, including depression, anxiety disorders, self-harm and suicide, compounded by the effects of intersectional marginalisation and discrimination (AIHW 2015; Leonard et al. 2012; Farrell 2015).
- The rate of mental health-related admissions is significantly higher for Aboriginal people than non-Aboriginal people in Victoria.
- Poor diet is a leading cause of the disease burden for all Victorians, with dietary risk factors more pronounced for Aboriginal Victorians. For example, 41 per cent of energy intake for Aboriginal adults in Victoria comes from unhealthy foods and drinks.
- Aboriginal children have 1.6 times more decayed tooth surfaces than non-Aboriginal children, and Aboriginal children aged 10 years and under have almost 1.5 times the rate of potentially preventable dental hospitalisations.
- Cancer admission and treatment rates are lower for Aboriginal Victorians than non-Aboriginal Victorians. This is likely to be associated with diagnoses occurring at more advanced disease stage, resulting in higher mortality rates for cancer.
- Significantly higher rates of blood-borne viruses and sexually transmissible infections are among Aboriginal Victorians than non-Aboriginal Victorians.
- Potentially preventable hospitalisations of Aboriginal people in Victoria are more than three times higher than for non-Aboriginal people.
- Chronic disease is responsible for 64 per cent of the disease burden of Aboriginal Australians, with presentations to Victorian hospital emergency departments by Aboriginal people double the rate for non-Aboriginal people.
- Aboriginal women are 2.8 times more likely to develop cervical cancer and 3.9 times more likely to die from the disease compared to non-Aboriginal women (Victorian Government 2016a).
- Aboriginal people are 2.4 times more likely to have a disability than non-Aboriginal people.
- Dementia is more common among Aboriginal older people and occurs at a younger age than for non-Aboriginal people.
- The life expectancy gap between Aboriginal and non-Aboriginal Australians is 9.5 years for women and 10.6 years for men.

Health

- A lower proportion of Aboriginal Victorians self-rate their health as good compared to non-Aboriginal Victorians.
- Aboriginal people are three times more likely than non-Aboriginal people to have diabetes.
- Aboriginal adults in Victoria are more than three times as likely to have experienced food insecurity than non-Aboriginal Victorians.
- Obesity rates are increasing for all Victorians, but are higher for Aboriginal Victorians.

Policy context

Victorian

Korin Korin Balit-Djak is driven by the Victorian Government's commitment to self-determination and other key policies, strategies and reforms focused on improving the quality of life for Aboriginal people, their families and their communities. These include:

Advancing the treaty process with Aboriginal Victorians

In February 2016, Aboriginal people in Victoria called on the Victorian Government to negotiate a treaty. Since then, the treaty process has been creating a new relationship between the Victorian Government and Aboriginal communities. The government's commitment to the treaty process is part of the broader government commitment to self-determination with a view to negotiating a treaty or treaties over time.

Victorian Aboriginal affairs framework 2013–2018

The *Victorian Aboriginal affairs framework* is the government's overarching framework that brings together government and Aboriginal community commitments and efforts to create a better future and improve outcomes for Aboriginal Victorians. As the end of the VAAF term draws near, there is opportunity to reflect and build upon current indicators to recognise that strategic action is required across government to advance Aboriginal self-determination.

Ending family violence: Victoria's plan for change

The Victorian Government has committed to implementing all 227 recommendations from the Royal Commission in to Family Violence. *Ending family violence: Victoria's plan for change* sets out a plan on how the government will achieve this. The Indigenous Family Violence Partnership Forum is working with the government to strengthen family violence reforms. This includes the development of a new Aboriginal 10 year plan to supersede the existing plan *Strong culture, strong peoples, strong families: Towards a safer future for Indigenous families and communities, 10 year plan*. The new Aboriginal 10 year plan will be aligned to *Ending family violence: Victoria's plan for change*.

Roadmap for reform: strong families, safe children

Roadmap for reform: strong families, safe children focuses on prevention and early intervention. Creating services that are coordinated and working together to meet the needs of vulnerable families and children in Victoria.

Health 2040: Advancing health, access and care (Department of Health and Human Services)

Health 2040 is the Victorian Government's vision for the health and wellbeing of Victorians and for the Victorian health care system in 2040.

Victorian public health and wellbeing plan 2015–2019 (Department of Health and Human Services)

This plan outlines the government's key priorities to improve the health and wellbeing of Victorians, with a particular focus on addressing inequities in health outcomes. The release of the *Victorian public health and wellbeing outcomes framework* provides a new approach to monitoring and reporting on our collective efforts to improve health and wellbeing over the long term.

Victoria's 10 year mental health plan

The government has committed to creating a healthier, fairer and more inclusive society through Victoria's *10 year mental health plan*. This means good mental health for everyone, particularly those who are disadvantaged and vulnerable. *Balit Marrup: Aboriginal social and emotional wellbeing framework* has been developed in response to this plan.

Absolutely everyone: State disability plan 2017–2020 (Department of Health and Human Services)

Absolutely everyone is the government's commitment to taking a lead on promoting the inclusion of Victorians with a disability.



Marrung: Aboriginal education plan 2016–2026

Marrung: Aboriginal education plan 2016–2026 sets out a 10-year vision for delivering on the 'Education State' to Aboriginal Victorians. It is underpinned by the principle of Aboriginal self-determination and delivers on Victoria's commitment to ensuring Aboriginal people, at every stage of their learning and development journey, achieve their potential, succeed in life, and feel strong in their cultural identity.

Aboriginal Justice Agreement

The Aboriginal Justice Agreement is a formal agreement between the government and Aboriginal communities to work together to improve justice outcomes for Aboriginal people and reduce overall contact with the justice system. The third phase is to be implemented from 2013–2018. Phase 4 of the Aboriginal Justice Agreement is currently under development.

Victorian, and proud of it. Victoria's multicultural policy statement

Victorian, and proud of it affirms the government's commitment to multiculturalism. It summarises the initiatives in this area, including those being led by the department under its departmental plan *Delivering for diversity 2016–19*.

These plans recognise the crucial role that Aboriginal communities play in shaping Victoria's cultural diversity.

Victorian Aboriginal and Local Government Action Plan

The *Victorian Aboriginal and Local Government Action Plan* presents an overarching framework to connect and support councils and Aboriginal communities across Victoria. It does this by recognising, celebrating and growing good practices that are central to the achievement of equity and opportunity for Aboriginal communities, and in advancing Aboriginal self-determination.

Work aligned with Korin Korin Balit-Djak (Department of Health and Human Services)

Complementary to *Korin Korin Balit-Djak, Balit Murrup: Aboriginal social and emotional wellbeing framework* has been developed as part of *Victoria's 10 year mental health plan*. This framework will improve the social and emotional wellbeing of Victorian Aboriginal people through the government's significant contribution to reducing the incidence, severity and duration of mental illness, reducing suicide rates, and preventing and lessening the devastating impacts of family violence and alcohol and drug abuse.

The department has also developed the *Aboriginal governance and accountability framework* to strengthen its

accountability to Aboriginal communities and community organisations through planning, policy development, service implementation and decision-making. The framework will facilitate the implementation, governance and accountability arrangements of *Korin Korin Balit-Djak*.

A further critical document under development which links strongly with *Korin-Korin Balit-Djak* is the *Aboriginal children and families agreement and strategic action plan*. This is being designed to improve the safety and wellbeing of Aboriginal children and families in Victoria by advancing Aboriginal self-determination. This includes supporting Aboriginal community-controlled organisations to build their organisational and workforce capacity to successfully take on an expanded role across out-of-home care.

Korin Korin Balit-Djak is also informed by:

- In the child's best interests: Inquiry into compliance with the intent of the Aboriginal Child Placement Principle in Victoria (2016)
- Always was, always will be Koori children: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria (2016).

Following the release of the *Aboriginal employment plan* in 2016, the department committed to the development of a cultural safety framework to build the cultural knowledge and capability of non-Aboriginal staff, and to embed culturally safe practices for Aboriginal staff and Aboriginal community members accessing services.



National

Council of Australian Governments

In 2007, all governments in Australia committed to work towards 'Closing the Gap', with the Council of Australian Governments (COAG) agreeing to six specific targets and timelines. The targets are set out in the National Indigenous Reform Agreement between the Australian Government and the state and territory governments (COAG 2012). In May 2014, COAG agreed to a seventh target in relation to school attendance. In December 2015, COAG renewed the early childhood education target, aiming for 95 per cent of all Indigenous four-year-olds to be enrolled in early childhood education by 2025.

Focusing on a strengths-based approach, COAG is undergoing a review to refresh the Closing the Gap agenda, targets and implementation principles. With the review of the framework, governments have agreed to work together with Aboriginal leaders and communities, establishing opportunities for collaboration and partnerships, identifying what needs to change and replicating areas that have shown success.

The Redfern Statement

The Redfern Statement (NCAFP 2016) is an Aboriginal community blueprint to address the disadvantage and inequality still besetting Aboriginal communities today. The Redfern Statement comprehensively sets out Aboriginal communities' expectations at the national level for engagement and progress by Australian governments. The statement includes Aboriginal self-determined priorities for meaningful engagement, health, justice, preventing violence, early childhood and disability.

Aboriginal self-determination in health, wellbeing and safety

The new approach: embedding Aboriginal self-determination

Consistent with the government's commitment, *Korin Korin Balit-Djak* adopts a new approach by embedding Aboriginal self-determination as the core principle underpinning all its domains, priority focus areas, strategic directions and actions. During consultations, Victorian Aboriginal communities emphasised that it is the role of community – not government – to define what self-determination means to and for Aboriginal Victorians.

The department also acknowledges that Aboriginal self-determination is not a new concept. The history of Aboriginal Victoria tells the story of Aboriginal communities' struggle for the right to self-determine their lives to ensure that their future generations survive and thrive. It is acknowledged that there is no single approach to achieving self-determination and that the requirements of each Victorian Aboriginal community are unique.

The department commissioned Professor Larissa Behrendt and Associate Professor Gregory Phillips to inform the development of *Korin Korin Balit-Djak* and articulate and give meaning to Aboriginal self-determination to improve health, wellbeing and safety outcomes.

The following is the contribution of Associate Professor Gregory Phillips, informed by the work of Professor Larissa Behrendt, to introduce and contextualise the main concepts and possibilities of Aboriginal self-determination and treaty.

We do not agree with DHHS (or any non-Aboriginal entity) developing a definition of self-determination – this is fundamentally against the principle behind self-determination.

ACCO, written submission.

Self-determination and treaty – a new policy framework

Associate Professor Gregory Phillips, PhD

Korin Korin Balit-Djak articulates a new government approach towards improving the lives of Aboriginal individuals, families and communities based on self-determination.

What is self-determination?

According to the National Aboriginal Community Controlled Health Organisation, self-determination is:

The ability of Aboriginal people to determine their own political, economic, social and cultural development as an essential approach to overcoming Indigenous disadvantage

(NAHSWP 1989).

Specifically, this means that rather than Aboriginal people merely being 'engaged' or 'consulted' as 'advisors' or 'co-designers' of services and policies, they are authorised and empowered to own, direct and make strategic decisions about the following:

- values and motivations on which a policy or program is based
- strategic intent
- policy or program design
- funding and allocation of resources
- implementation and operations
- evaluation measures and definitions of success.

These strategic decisions are best made based on Aboriginal values and traditions, as defined by Aboriginal peoples, in a particular location or geographic area. This is sometimes referred to as the Aboriginal Terms of Reference (Watson 2016).

Self-determination is not simply another program or policy for government to roll out. It implicitly means that Aboriginal people take ownership, carriage and responsibility for designing, delivering and evaluating policy and services on *their own terms*.



Why is self-determination necessary?

There are three reasons why self-determination is necessary.

1. Self-determination works

As Professor Larissa Behrendt states:

Australian and international evidence demonstrates that self-determination is the only policy approach that has produced effective and sustainable outcomes for Indigenous peoples

(Behrendt, Jorgensen & Vivian 2016).

Evidence demonstrates that self-determination and agency is a critical success factor in delivering health and social outcomes for many other populations around the world (Ng et al. 2012). In its simplest form, self-determination and agency means that health and social policies and services are most effective and deliver better quality outcomes when the users of the policies and services participate in their design, delivery and evaluation (Hertzman & Siddiqi 2009).

2. Aboriginal people have a right to self-determination

Self-determination is necessary because Australia is signatory to a number of international law and human rights frameworks which specifically state and affirm Indigenous peoples' rights to self-determination. The least of which is the United Nations Declaration on the Rights of Indigenous Peoples (UN 2008).

3. Aboriginal Victorians have requested self-determination

Self-determination for Aboriginal peoples is necessary because Aboriginal Victorians have consistently and long called for it. The consultation and feedback loop for the development of *Korin Korin Balit-Djak* has confirmed that Aboriginal Victorians, organisations and the funded sector do not think Aboriginal health outcomes will be improved without it. This is a critical authorising factor, not for government to take control of self-determination, but for government to let go of control.

How can government respond to or apply self-determination?

A critical enabling factor for self-determination to be effective is that the institutions that form the ecological enabling environment – structures, systems, policies, politics, the state, the church, and media (Sallis, Owen & Fisher 2008) – within which individuals operate, are willing to consciously give up some power and control, and allow service users to assume shared power and responsibility for value-setting, decision-making, allocation of resources and quality assessment (Deci & Ryan 2012; Ryan & Deci 2000).

For human capabilities (Sen 1987; Nussbaum 2005) to be fully realised, the institutions that are so used to being in power and control must be willing to admit that its 'normal' (read neoliberal) way of doing business is often disempowering to individuals and communities, and can contribute to the production of inequality rather than its mitigation (Farmer 2005; Qureshi 2013; Marmot 2004; Phillips 2015).

In practical terms, this means the following must be undertaken for self-determination to have maximum effect:

- First, government must **negotiate the terms of power and ownership** of Aboriginal policy and services between itself and Aboriginal Victorians. This may be given effect by a treaty or some other formal agreement. In terms of this health, wellbeing and safety strategy, this may require a formal signed agreement between the executive and legislative arms of government and representatives of Aboriginal Victorians.
- Second, for such negotiations to be effective, the state should **invest in Aboriginal self-determining or representative structures**, as defined by Aboriginal Victorians. If this task becomes too onerous or time inefficient, the Department of Health and Human Services could consider a mechanism by which Aboriginal Victorians set health, wellbeing and safety policy, determine priorities, design services, make decisions about funding and service delivery, and make decisions about what success is and how it should be measured.
- Third, Aboriginal community-controlled health organisations in Victoria and the Victorian Aboriginal Child Care Agency, for example, already demonstrate not only a model for delivery of comprehensive primary healthcare services to Aboriginal and Torres Strait Islander peoples, but a paradigm of healthcare that other populations and communities would benefit from. They are cost-effective, efficient and have high community regard. Yet, they are burdened by overly onerous reporting based on non-Indigenous conceptions of success and systems for measurement. There is a strong opportunity for the Department of Health and Human Services to build on the success of Aboriginal communities and organisations, and **further invest in their capacity so they become authorising owners, designers, funders and evaluators** of Aboriginal health, wellbeing and safety policies and services on their *own terms*.
- Finally, there is a strong need for **Aboriginal definitions of success and measurement and evaluation frameworks** to be defined and implemented. *Korin Korin Balit-Djak* can form the basis; not only of measuring Aboriginal community organisations and their work, but more critically, the efforts of government and non-government health service providers in meeting their responsibilities in contributing to improving Aboriginal health outcomes. Mechanisms like an Aboriginal Health, Wellbeing and Safety Commissioner, or an Aboriginal Auditor-General, or a completely independent Aboriginal Health Authority should be explored.

Leadership

Aboriginal self-determination can be given effect through the domains of influence available to the Department of Health and Human Services, given the State Government's commitment to self-determination and closing the gap in Aboriginal health, wellbeing and safety:

When talking about improving Aboriginal health outcomes ... there's a fact we must accept: Aboriginal health outcomes are best when Aboriginal Victorians control them. And that's the direction we have to lead

(Andrews 2015).

In summary, for the strong international and local evidence, and political will, on self-determination to be translated into practical action, two things must occur: government must negotiate the terms for handing power and resources over to Aboriginal communities and organisations, and must invest in Aboriginal communities' and organisations capacities to negotiate, own, and represent their own interests on *their own terms*.

Associate Professor Gregory Phillips, PhD

Aboriginal self-determination is a paradigm shift which requires the consideration of challenging and thought-provoking options and possibilities. We thank Associate Professor Phillips for providing this vision while outlining how Aboriginal self-determination can be incorporated into a practical policy framework.

While it is beyond the remit of *Korin Korin Balit-Djak* to translate fully all the practical actions mentioned to deliver Aboriginal self-determination, it is important to note that many of the commitments and key platforms it contains do action the transfer of power and control to Aboriginal organisations and communities by:

- prioritising funding to Aboriginal organisations
- investing in Aboriginal self-determining structures, such as Aboriginal representative structures to lead governance, implementation, monitoring and evaluation of Aboriginal health, wellbeing and safety initiatives throughout Victoria
- prioritising Aboriginal culture and community-led initiatives
- growing and broadening the skills base of the Aboriginal workforce to support self-determination
- ensuring the health and human services sector is culturally safe and accountable
- identifying opportunities to transfer decision-making to Aboriginal services and communities.

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 upholds its vision for ‘Self-determining, healthy and safe Aboriginal people and communities’ through its commitment to the guiding principle of Aboriginal self-determination. The government looks forward to working for communities to realise their individual visions and hopes with a self-determining future.

Vision

**Self-determining, healthy and safe
Aboriginal people and communities**

Guiding principle

Aboriginal self-determination

1. Aboriginal community leadership

Priority focus 1.1 Aboriginal communities self-determine health, wellbeing and safety

- 1.1.1 Increase Aboriginal involvement in leadership and strategic government decision-making
- 1.1.2 Prioritise funding to Aboriginal organisations
- 1.1.3 Increase investment in capital infrastructure of Aboriginal community-controlled organisations

Priority focus 1.2 Aboriginal Elders and young people lead self-determining lives

- 1.2.1 Better engagement and supports for Aboriginal Elders
- 1.2.2 Promote cultural identity and community connections for Aboriginal young people

2. Prioritising Aboriginal culture and community

Priority focus 2.1 Aboriginal culture, knowledge and heritage is valued and embraced

- 2.1.1 The health and human services sector respects, values and embraces diverse Victorian Aboriginal histories and culture
- 2.1.2 Increase participation of Aboriginal people in arts and creative activities that embrace Aboriginal culture and heritage

Priority focus 2.2 Aboriginal Victorians are connected to culture, country and community

- 2.2.1 Increase Aboriginal community-led initiatives that facilitate connection to culture, country and community to promote Aboriginal health, wellbeing and safety
- 2.2.2 Strengthen and increase the network of cultural meeting places across Victoria

3. System reform across the health and human services sector

Priority focus 3.1 Health and human services are culturally safe

- 3.1.1 Increase cultural capacity and cultural responsiveness
- 3.1.2 Respond to and eliminate racism

Priority focus 3.2 A strong and sustainable Aboriginal workforce

- 3.2.1 Grow recruitment and retention of the Aboriginal workforce

Priority focus 3.3 Aboriginal leadership in governance and accountability

- 3.3.1 Aboriginal-led governance and evaluation using Aboriginal definitions of success
- 3.3.2 Increase Aboriginal community ownership of data and access to data

4. Safe, secure and strong families and individuals

Priority focus 4.1 Aboriginal Victorians have stable, secure and appropriate housing

- 4.1.1 Advance self-determination in Aboriginal housing and homelessness
- 4.1.2 Improve access to suitable, stable and supported housing

Priority focus 4.2 Aboriginal children and families are thriving and empowered

- 4.2.1 Increase access to culturally responsive early years services
- 4.2.2 Increase access to Aboriginal community-led family violence prevention and support services
- 4.2.3 Improve outcomes for vulnerable Aboriginal children by advancing Aboriginal self-determination in decision-making
- 4.2.4 Better outcomes for Aboriginal children in out-of-home care

5. Physically, socially and emotionally healthy Aboriginal communities

Priority focus 5.1 Aboriginal Victorians are resilient and have optimal social and emotional wellbeing

- 5.1.1 Promote and embed Aboriginal trauma-informed healing, recovery and resilience initiatives

Priority focus 5.2 Aboriginal Victorians are healthy and well

- 5.2.1 Invest in primary prevention, early detection and early intervention to reduce chronic disease and its impacts
- 5.2.2 Improve cancer outcomes for Aboriginal Victorians
- 5.2.3 Increase participation of Aboriginal people in sport and recreation activities
- 5.2.4 Manage illness better through culturally responsive, connected supports and care
- 5.2.5 Improve outcomes for Aboriginal LGBTI people
- 5.2.6 Improve outcomes for Aboriginal people with a disability

Figure 2: Korin Korin Balit-Djak priority focus areas and strategic directions

Where communities had self-determined their solutions and programs, they had great success, consistent with the international and inter-generational evidence.

Koolin Balit Evaluations, Summary of Findings, December 2016.

1. Aboriginal community leadership

The evidence is clear – health and social outcomes for Aboriginal people are more effective when Aboriginal communities lead the development, delivery and evaluation of the policies that affect them and the services that they use (Behrendt, Jorgensen & Vivian 2016; Thorpe et al. 2016).

Aboriginal people as decision-makers is central to the principle of self-determination. It is this principle that will guide all aspects of the department's relationship with Aboriginal Victorians.

We recognise that Aboriginal communities and organisations across Victoria must be the ones to give shape and substance to realising their aspirations. The department will play a pivotal role by investing in the capacity of Aboriginal organisations and communities.

The Department of Health and Human Services will:

- strengthen Aboriginal representation in decision-making for government and for funded-sector policy, procurement, services and evaluation
- increase opportunities for Aboriginal leadership across the health and human services sector
- ensure that more Aboriginal people are recruited, supported and retained across the workforce
- invest in the people working in, and the facilities and resources of, Aboriginal organisations
- support the growth and development of a new generation of young Aboriginal community members.

Victorian Aboriginal communities also told us that there must be a strong emphasis on both family and the initiatives that strengthen family connections for future generations. This will be a major focus of our work, along with efforts to improve the lives of vulnerable Aboriginal children and young people.

By strengthening our partnerships with Aboriginal communities and organisations, and by investing in the areas that they have identified, we will help lay robust foundations that will ensure Aboriginal Victorians can determine their futures – on their own terms.

Aboriginal communities deserve equitable outcomes, have the right to equitable outcomes, and it is widely accepted that sustainable, meaningful change occurs when it is led by Aboriginal people.

ACCO, written submission.

To make self-determination a reality, the way forward must be led by Aboriginal Victorians, and respected by governments.

The Premier, the Hon. Daniel Andrews MP.

Priority focus 1.1: Aboriginal communities self-determine health, wellbeing and safety

Moving self-determination from rhetoric to reality requires Aboriginal communities to have the power and resources to make decisions that deliver their aspirations. It is Aboriginal communities that need to set the priorities for health and human services, to design and implement policies and programs, to allocate resources, and to determine how those initiatives will be evaluated.

Aboriginal community control ensures that health and human services are tailored to each community's particular priorities and goals, and deliver culturally appropriate solutions driven by the local community. The department recognises the vital role played by Aboriginal organisations across Victoria and supports their work by investing in their organisational capability and capital infrastructure.

The department's goal is to support and strengthen Aboriginal leadership in government so that the aspirations and perspectives of Aboriginal communities are better reflected in governmental strategic planning and decision-making.

The new strategic plan must provide longer term funding certainty for its programs and initiatives. A longer-term funding commitment will enable better service delivery, capability building of the workforce, sustainability of ACCOs and, most importantly, improved outcomes for clients.

ACCO, written submission.

Strategic direction 1.1.1: Increase Aboriginal involvement in leadership and strategic government decision-making

Reflections on good practice

The Loddon Mallee Aboriginal Reference Group (LMARG) is the peak representative group for the Aboriginal community-controlled organisations in the Loddon Mallee Region. It consists of the Mallee District Aboriginal Service with sites in Mildura and Swan Hill, the Njernda Aboriginal Corporation in Echuca, the Murray Valley Aboriginal Co-operative in Robinvale, and the Bendigo and District Aboriginal Co-operative in Bendigo.

The Loddon Mallee Aboriginal Reference Group is an elected group responsible for providing leadership, guidance, support and direction to all groups responsible for the provision of funding, services and resources relating to the health, wellbeing and safety of the region's Aboriginal communities, in particular Aboriginal agencies, mainstream agencies and all levels of government. LMARG is an example of where increasing

Aboriginal leadership across the health and human services sector has produced better outcomes for the Aboriginal people of the Loddon Mallee region.

Over the next three years, the department will:

- a. Prioritise and include Aboriginal people's expertise and experience, both internal and external to the department, in government decision-making and policy making.
- b. Resource Aboriginal organisations to undertake policy, advocacy and consultative work to inform government service delivery and legislative reform.
- c. Increase the use of Aboriginal research methods, evaluations and evidence to develop, implement and promote services and programs that work both in the department and in the community.

- d. Share and promote 'best practice' Aboriginal leadership through conferences and expos led by Aboriginal organisations.
- e. Support our employees' understanding and application of Aboriginal self-determination in health, wellbeing and safety through ongoing seminars, workshops, learning materials and leadership commitments.

In 10 years, success will look like:

- Aboriginal people and communities are leading strategic government decision-making in Aboriginal health, wellbeing and safety.
- Aboriginal organisations are adequately resourced to participate effectively in policy and program development, and legislative reform.

Evidence of outcomes delivered by community organisations is astounding. We need stronger community organisations to deliver better outcomes.

Community Member, Second Statewide Symposium.

Strategic direction 1.1.2: Prioritise funding to Aboriginal organisations

Reflections on good practice

In line with self-determination for Aboriginal Victorians, the department is currently implementing a new funding policy *Supporting Aboriginal self-determination: Prioritising funding to Aboriginal organisations*, which aims to:

- Support Aboriginal self-determination by prioritising Aboriginal-specific funding to Aboriginal organisations providing services that address their communities' health, wellbeing and safety needs and aspirations.
- Enable Aboriginal communities and organisations to work in partnership with mainstream organisations to improve Aboriginal health, wellbeing and safety outcomes.
- Ensure that prioritising funding to Aboriginal organisations works in conjunction with the mainstream sector's commitment to, and focus on, improving Aboriginal health, wellbeing and safety outcomes.
- Support the Aboriginal workforce through building organisational strength and capabilities, and increased workforce retention.

Over the next three years, the department will:

- a. Review existing funding and identify areas for application of prioritising funding policy to:
 - develop a transition and implementation plan for a new way of funding
 - develop tools, resources and capabilities to support the transition and implementation
 - monitor the impact of the prioritised funding policy and refine where necessary.
- b. Enable and resource Aboriginal organisations to undertake workforce planning and development to build the capacity needed to transition services to community control.
- c. Develop outcomes-based and streamlined reporting requirements with Aboriginal organisations that are flexible and centred on improving Aboriginal health, wellbeing and safety outcomes, and on identifying opportunities to trial outcomes-based funding.
- d. Promote commissioning criteria and assessment processes that prioritise funding to Aboriginal communities and organisations through the Primary Health Networks.
- e. Review the reporting and accreditation requirements of Aboriginal organisations and explore recognition of accreditation standards.

In 10 years, success will look like:

- Aboriginal communities and organisations are appropriately resourced to design, develop and deliver services that address their communities' health, wellbeing and safety needs and aspirations.
- Aboriginal-specific funding is provided directly to Aboriginal organisations as standard practice.
- Funding is outcomes based and reporting requirements are flexible and centred on improving Aboriginal health, wellbeing and safety outcomes.
- Aboriginal agency funding is provided on a long-term (minimum of five years) basis as a matter of course.

Strategic direction 1.1.3: Increase investment in capital infrastructure of Aboriginal community-controlled organisations

Reflections on good practice

The department has partnered with Aboriginal community housing organisations to deliver capital improvements to existing Aboriginal community-managed housing stock and to deliver new replacement properties.

Over the next three years, the department will:

- a. Improve access for Aboriginal organisations to infrastructure grant programs.
- b. Undertake an infrastructure needs assessment in conjunction with Aboriginal organisations building on the Aboriginal Victoria 2012 needs assessment.
- c. Strengthen the focus within the Statewide Design, Service and Infrastructure Plan for Victoria's Health System on the needs of Aboriginal people and the opportunities offered by Aboriginal community-controlled organisations and Gathering Places.

- d. Ensure that funding arrangements acknowledge the time required to undertake genuine consultation and build programs that address community needs and strengths.

In 10 years, success will look like:

- The infrastructure needs of Aboriginal organisations are embedded into statewide health and human services infrastructure planning, and Aboriginal communities' investment needs are prioritised.



Priority focus 1.2: Aboriginal Elders and young people lead self-determining lives

Aboriginal Elders hold a unique and valued position within Aboriginal communities. It is imperative that they are supported to remain active and culturally and socially engaged so they can continue their fundamental role as strong, confident leaders, acknowledging the wisdom, expertise and contributions they make in Aboriginal communities.

We will work with Aboriginal organisations and communities so that Aboriginal young people have opportunities to develop their leadership potential, strengthen their culture and identity, learn from mentors, and contribute in a meaningful way to the development of policies and initiatives for Victorian Aboriginal children and young people.

It is important that Aboriginal young people have opportunities to develop new skills and build their confidence to be leaders in their communities.

We need a greater focus on cultural strengthening for children and youth.

Community member, Geelong community consultation.

Strategic direction 1.2.1: Better engagement and supports for Aboriginal Elders

Reflections on good practice

'Deadly Elders Circus', in partnership with the Victorian Aboriginal Health Service, works with older Aboriginal Victorians who have chronic diseases, mental illnesses and disabilities. The weekly two-hour circus program takes a more holistic approach to remedial recovery by providing Elders with greater independence, cultural and social inclusion, and quality of life.

The medley of activities in the program caters for the range of diversity in the group and participants perform both body and mind workouts. While Elders improve mobility and fitness including strength, balance, flexibility and coordination exercises, a large component of the session ensures a strong social aspect that promotes emotional health by encouraging laughter, learning, storytelling and confidence building.

Over the next three years, the department will:

- a. Increase supports for Aboriginal Elders to live well – with a focus on community participation.
- b. Engage with Aboriginal communities to better understand the health, wellbeing and safety needs and aspirations of Aboriginal Elders.
- c. Promote access to public sector-funded residential aged care services for Aboriginal Victorians through providing more culturally relevant information.
- d. Build the capacity of public sector residential aged care services to deliver culturally safe care.
- e. Increase access to Aboriginal-specific information for Aboriginal older people through the Seniors Online portal.
- f. Develop culturally responsive supports for Aboriginal Elders affected by elder abuse and family violence.
- g. Support and facilitate the relocation of Aboriginal Elders wanting to retire on country.
- h. Resource Aboriginal organisations, Gathering Places and Aboriginal groups to deliver local place-based projects that will enable Elders to engage with each other and share knowledge to build resilience, health, wellbeing and safety in community through mentoring and supporting young people, families and each other.
- i. Resource Aboriginal organisations, Gathering Places and Aboriginal groups to enable Elders to participate and contribute to local and regional engagement, governance and co-design and to facilitate participation in the planning and delivery of cultural activities.

In 10 years, success will look like:

- More Aboriginal Elders are actively involved and contributing to their communities, and their overall health, wellbeing and safety is improved.

Strategic direction 1.2.2: Promote cultural identity and community connections for Aboriginal young people

Reflections on good practice

The Koorie Youth Council is a statewide network of volunteer Aboriginal young people aged between 12 and 25 years. The council provides a voice and platform for young Aboriginal Victorians to inform the government and community programs and initiatives that affect them.

The Koorie Youth Council is an avenue for Aboriginal young people to come together and share their ideas, passions and interests in a safe, structured and supportive environment. It is committed to supporting and encouraging all who become involved to build their skills and capacity. The Koorie Youth Council continues to deliver successful mentoring programs that create positive life change – bringing together education, traditional knowledge sharing, healing and community engagement.

Over the next three years, the department will:

- a. Work with Aboriginal communities, organisations and the Koorie Youth Council to increase community connections with, and support of, Aboriginal youth, particularly Aboriginal LGBTI youth, Aboriginal youth with disabilities and Aboriginal youth in out-of-home care.
- b. Resource the Aboriginal youth mentoring program across Victoria to further develop skills, relationships and networks that keep Aboriginal young people connected to their culture, families and friends.
- c. Resource opportunities for Aboriginal young people to promote their cultural identity, connection to community and youth networking.
- d. Support the inclusion of Aboriginal young people's experiences in youth policy development.
- e. Sponsor youth leadership scholarship opportunities through the Koorie Youth Council.
- f. Resource and promote the importance of conducting cultural camps, especially for children in out-of-home care.
- g. Resource Elders to mentor young Aboriginal people, particularly Aboriginal LGBTI people, Aboriginal Victorians with a disability and Aboriginal children and young people in out-of-home care.

In 10 years, success will look like:

- Aboriginal young people lead self-determining lives and have key roles in determining the policies and programs that affect their lives.

**Cultural strengthening
– build more cultural
strengthening
programs, cultural
camps, mentors, men's
behavioural change
programs, positive
parenting programs,
men's sheds, all that
are culturally
appropriate.**

**Community member, Warrnambool
community consultation.**

2. Prioritising Aboriginal culture and community

Victorian Aboriginal culture is rich, strong and alive. Country, cultural identity and community always has and always will provide the foundations for Victorian Aboriginal communities to grow, thrive and determine their own futures.

Connectedness to culture, country and community builds stronger individual and collective identities, and promotes self-esteem, resilience and improved outcomes for Aboriginal people. For example, Aboriginal communities told the department that the revival and preservation of languages and cultural practices are all-important factors that underpin Aboriginal self-determination in relation to health, wellbeing and safety.

It is well known that culture has a strong link to health and wellbeing. Professor Ngaire Brown describes the cultural determinants of health as follows:

Cultural determinants originate from, and promote, a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience and improved outcomes across the other determinants of health, including education, economic stability and community safety (Brown n.d).

Key to this connection is community strengthening and resilience. In Aboriginal communities this is supported through spirituality, family, community, teachings from Elders, ceremony, traditions, identity, connection to country, and the ability of families and communities to be self-determining.

Involvement in the creative arts has been proven to build and reinforce cultural identity and connection to country and community (VicHealth 2011). It can also promote the prevention of disease and improve physical and mental health, thereby building healthier communities (VicHealth 2010).

Building on these supports has a positive impact on individuals and communities alike, as well as acting as protective factors for health, wellbeing and safety risks.

Strong cultural identity and connection, and capacity for self-determination are centrally linked to Aboriginal people's health and wellbeing.

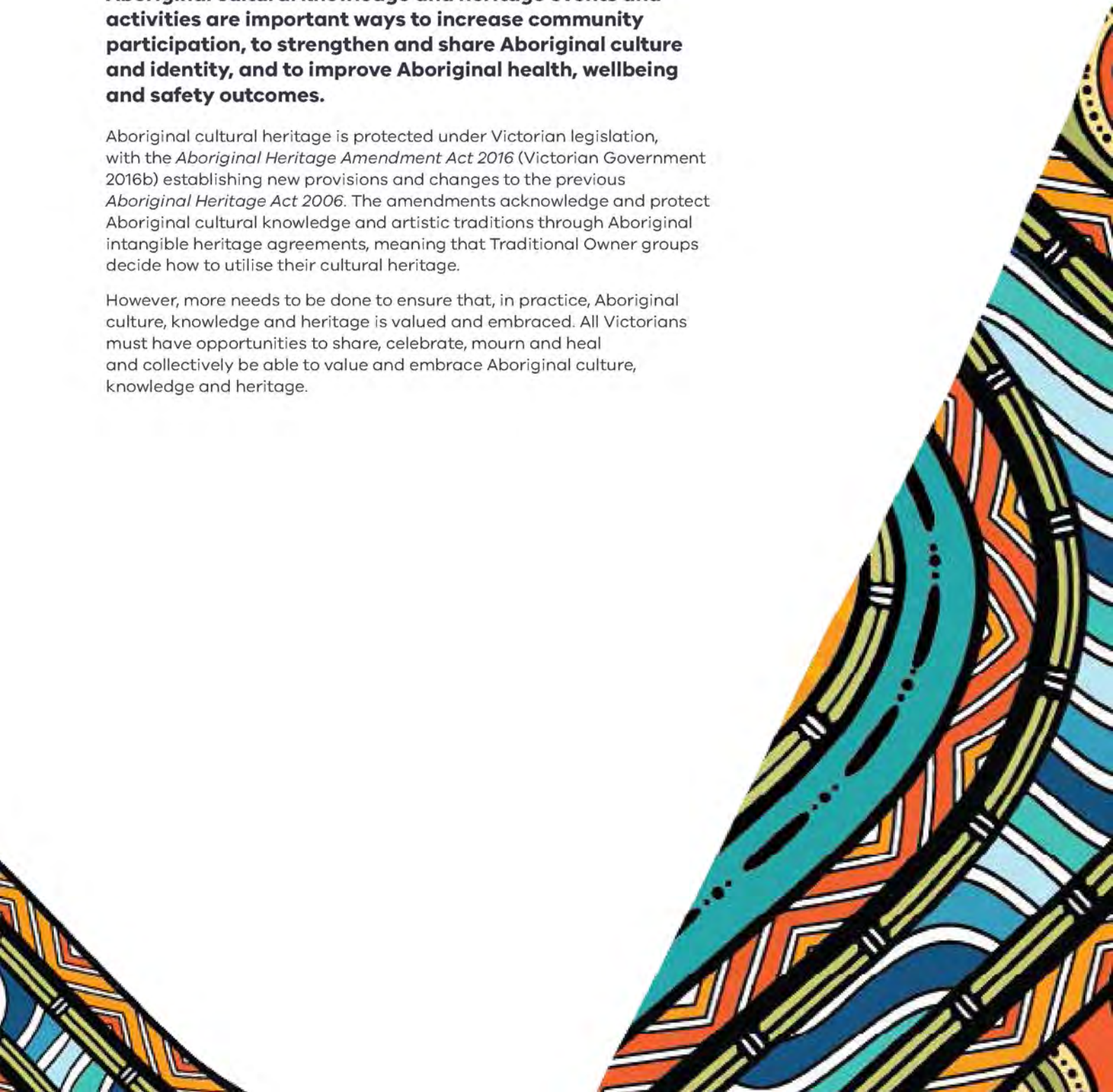
NGO submission.

Priority focus 2.1: Aboriginal culture, knowledge and heritage is valued and embraced

Aboriginal cultural knowledge and heritage events and activities are important ways to increase community participation, to strengthen and share Aboriginal culture and identity, and to improve Aboriginal health, wellbeing and safety outcomes.

Aboriginal cultural heritage is protected under Victorian legislation, with the *Aboriginal Heritage Amendment Act 2016* (Victorian Government 2016b) establishing new provisions and changes to the previous *Aboriginal Heritage Act 2006*. The amendments acknowledge and protect Aboriginal cultural knowledge and artistic traditions through Aboriginal intangible heritage agreements, meaning that Traditional Owner groups decide how to utilise their cultural heritage.

However, more needs to be done to ensure that, in practice, Aboriginal culture, knowledge and heritage is valued and embraced. All Victorians must have opportunities to share, celebrate, mourn and heal and collectively be able to value and embrace Aboriginal culture, knowledge and heritage.



Strategic direction 2.1.1: The health and human services sector respects, values and embraces diverse Victorian Aboriginal histories and culture

Reflections on good practice

The department is developing a set of policies and standards both centrally and within operational divisions to strengthen existing reconciliation practices that celebrate the richness and diversity of Aboriginal culture. The purpose of these policies and standards is to enhance an understanding of Aboriginal culture and perspectives through the visibility of Aboriginal artwork and cultural protocols. These policies promote standards for displaying Traditional Owners' plaques, as well as artwork, artefacts and signage with the Aboriginal naming and a Welcome/Acknowledgement of Country.

Over the next three years, the department will:

- a. Continue to promote and develop staff awareness of the department's obligations under the Charter of Human Rights (Victorian Government 2006) to protect Aboriginal cultural rights in the development of its policies and programs.
- b. Embed and celebrate significant Aboriginal cultural and historical events.

- c. Acknowledge and promote local Aboriginal language as it relates to the department's work, events and naming of significant places/rooms.
- d. Implement the policy *Recognition of Aboriginal and Torres Strait Islander people and culture at 50 Lonsdale*. This extends to all of the department's office locations across the state.
- e. Ensure all major events and departmental policy documents appropriately acknowledge country and the important contribution of Aboriginal people in the development of policy and planning.

In 10 years, success will look like:

- Aboriginal-led initiatives that respect, value and embrace Victorian Aboriginal histories, cultures and identities are standard health and human services sector practice.
- A strong Aboriginal cultural footprint across the department and the wider health and human services sector is embedded.

Strategic direction 2.1.2: Increase participation of Aboriginal people in arts and creative activities that embrace Aboriginal culture and heritage

Reflections on good practice

The department has partnered with a Victorian Aboriginal arts organisation (Ilbijerri) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to present theatre with health and wellbeing messages delivered to Aboriginal communities in culturally meaningful ways, using local Aboriginal community organisations and networks. *North West of Nowhere* is the current instalment of Aboriginal health and wellbeing messaging written specifically for Aboriginal secondary school audiences to raise awareness of sexual health and the importance of respectful sexual relationships.

Over the next three years, the department will:

- a. Partner with organisations to develop and grow an evidence base to support Aboriginal organisations utilising the arts and social media to deliver Aboriginal health, wellbeing and safety messaging to their communities.
- b. Investigate and develop an 'Arts as therapy for Aboriginal children and young people' strategy to promote Aboriginal health, wellbeing and safety through the arts.

In 10 years, success will look like:

- Victorian Aboriginal theatre and arts organisations and Aboriginal communities are developing creative ways to communicate positive Aboriginal health, wellbeing and safety messages that resonate with and inform Aboriginal communities.
- A greater involvement of Aboriginal people in arts and creative activities that embrace Aboriginal culture and heritage.



Priority focus 2.2: **Aboriginal Victorians are connected to culture, country and community**

Connectedness to culture, country and community builds stronger individual and collective identities. It also promotes self-esteem, resilience and improved outcomes for Aboriginal people. Maintaining connection to culture, country and community throughout life is essential to achieving better health, wellbeing and safety outcomes and is vital in passing on important cultural knowledge to younger generations.

Key to this connection is community strengthening and resilience. Resilience in Aboriginal communities is supported through spirituality, family, community, teachings from Elders, ceremony, traditions, identity, connection to country, and the ability of families and communities to be self-determining. Building on these supports has a positive impact on individuals and communities alike, as well as acting as protective factors against health, wellbeing and safety risks.

Cultural programs need to be built in at each stage of life.

Community member, Warrnambool community consultation.

Gathering Places are essential to find yourself back in community and family.

Community member, Hastings community consultation.

Strategic direction 2.2.1: Increase Aboriginal community-led initiatives that facilitate connection to culture, country and community to promote Aboriginal health, wellbeing and safety

Reflections on good practice

The Victorian Aboriginal Health Service (VAHS), in partnership with its Men's Steering Committee, conducts the Aboriginal and Torres Strait Islander Men's Health and Wellbeing Project for at-risk Aboriginal men living in northern and western metropolitan Melbourne. The project supports a series of Aboriginal men's camps, workshops, excursions, programs and events. The project also supports the 'Journey Walkers' mentoring program, which provides support with day-to-day health and wellbeing.

Objectives of the project are to engage at-risk men in a health and wellbeing program that builds resilience, self-esteem and connection to the Aboriginal community. The project supports men to access services and programs and encourages healthy choices. Men are provided with an opportunity to strengthen culture with an involvement in cultural tours and artefact making.

In the Western region, Winda-Mara Aboriginal Corporation's Outdoor Adventure Camps are provided for Aboriginal youth in out-of-home care.

Aboriginal respected persons and Elders have identified this kind of community-led, self-determining approach to bring people together as a critical area for investment. Cultural camps provide strong foundations to support the maintenance, reinforcement and promotion of cultural practices across Victoria's Aboriginal communities.

Over the next three years, the department will:

- a. Support Aboriginal community-led initiatives that facilitate ongoing connection to culture, country and community for Aboriginal children and young people, including return to country initiatives for Aboriginal children in child protection.
- b. Resource cultural camps delivered by Aboriginal communities and organisations.
- c. Promote cultural activities as successful ways to bring people together to improve Aboriginal health, wellbeing and safety outcomes.
- d. Explore ways that connection to culture and place can be measured and monitored as an indicator of health, wellbeing and safety.

In 10 years, success will look like:

- Aboriginal organisations are self-determining and facilitating ongoing connection to culture, country and community, particularly for Aboriginal children and young people in out-of-home care.
- The role of culture is acknowledged as a fundamental and integral part of services, not an optional add-on.
- Culture is embedded as integral to health, wellbeing and safety.

Strategic direction 2.2.2: Strengthen and increase the network of cultural meeting places across Victoria

Reflections on good practice

Koolin Balit evaluations have found that Gathering Places have a substantial impact on improving the health and wellbeing of the community members who attend their sites, from a social, cultural, emotional and physical holistic view of health. Features of successful Gathering Places include:

- community (ownership, drive, engagement, empowerment, dedicated staff)
- people (community champions, Elders, motivated individuals)
- place (location, historical context, regional service context, sense of place)
- programs (flexibility, local priorities and needs, partnerships) that are fundamental to their sustainability
- fulfilling cultural role.

The department is supporting the work of community to increase the number of Aboriginal Gathering Places across Victoria.

Over the next three years, the department will:

- a. Resource and support the strengthening and sustainability of existing Aboriginal organisations and Gathering Places.
- b. Support the establishment and sustainability of Aboriginal Gathering Places in locations of most need in partnership with Aboriginal communities.
- c. Enable ongoing professional development programs, including support for an annual forum for workers, in Aboriginal organisations and Gathering Places.
- d. Establish a network to recognise and share good practice and leadership across cultural meeting places.

In 10 years, success will look like:

- A well established and supported network of Aboriginal Gathering Places that continues to provide support for their local Aboriginal communities.

3. System reform across the health & human services sector

Research demonstrates that when Aboriginal people are involved in program design and delivery of services, better outcomes are achieved through the creation of culturally appropriate services and solutions (Behrendt, Jorgensen & Vivian 2016). New ways of working will be investigated, evaluated and implemented, to achieve better outcomes for Aboriginal Victorians with Aboriginal people at the centre of decision-making.

The health and human services system is complex and can be difficult to navigate; it can also be a culturally unsafe place for Aboriginal people. Aboriginal people – including those

working in the sector – told the department that the ‘system is part of the problem’ and that existing government structures, policies and accountability mechanisms act as major barriers to achieving better health, wellbeing and safety outcomes for Victorian Aboriginal communities.

A number of system-wide issues were identified by Aboriginal communities as impediments to delivering long-term change for Aboriginal health, wellbeing and safety, including:

- systemic racism
- services that are culturally unsafe and culturally unresponsive
- lack of integrated and holistic services
- disparities in funding arrangements between non-Aboriginal and Aboriginal organisations
- short-term, fragmented funding
- funding and reporting with input controls

- excessive administrative and reporting burden on Aboriginal organisations
- lack of accountability by the health and human services sector to Aboriginal communities for improving Aboriginal health, wellbeing and safety.

Non-Aboriginal people and mainstream health and human services have a major role to play in achieving better outcomes and advancing self-determination in health, wellbeing and safety for Aboriginal people in Victoria. The cultural responsiveness of mainstream health and human service providers is critical in ensuring that Aboriginal people receive respectful, high-quality care with greater access and choice.

Effective, inclusive and culturally competent universal services are essential in achieving equitable health and wellbeing outcomes for Aboriginal people. However, universal services have a responsibility to meet the needs of all peoples, including Aboriginal people, and therefore should leverage their existing resources to do this.

ACCO, written Submission.



**Government is part
of the problem.
What is happening
internally that is
stopping systemic
cultural change?**

ACCO consultation.

Priority focus 3.1: Health and human services are culturally safe

Aboriginal health, wellbeing and safety is everyone's business. While the leadership of Aboriginal organisations must be recognised and supported, all health and human services have a responsibility to deliver services to Aboriginal Victorians that are culturally safe, culturally responsive and free of racism.

Racism and discrimination are recognised as key social and cultural determinants of health. They are linked to poor self-assessed health status, psychological distress, depression, anxiety and other risk factors, such as smoking and harmful alcohol and drug use. Aboriginal Victorians are most likely to experience racism. In a survey conducted in 2011 by the Victorian Health Promotion Foundation, 97 per cent of Aboriginal respondents reported at least one experience of racism in the 12 months preceding the survey (Ferdinand, Paradies & Kelaheer 2012).

The Victorian Auditor General's Report into Accessibility of Mainstream Services for Aboriginal Victorians 2014 identified the main barriers for Aboriginal Victorians accessing mainstream services as:

- a lack of culturally safe services
- a lack of awareness that services are available
- racism
- shame and fear
- complex administrative processes
- affordability.

An illustration of how services are not meeting the needs of Aboriginal people can be seen in a range of hospital data. For example, Aboriginal Victorians are more likely to be hospitalised than other Australians, but less likely to receive a medical or surgical procedure while in hospital (AHMAC 2015). They are seven times more likely to discharge against medical advice compared to non-Aboriginal Victorians, and responses to the Victorian Healthcare Experience Survey consistently show Aboriginal Victorians to be less satisfied with their hospital experience than non-Aboriginal Victorians.

A culturally safe and racism-free health and human services system is one in which people feel safe, where there is no challenge or need for the denial of their identity, and where their needs are met. A culturally responsive health and human services system is one in which non-Aboriginal people take responsibility to understand the importance of culture, country and community to Aboriginal health, wellbeing and safety, by working with Aboriginal communities to design and deliver culturally responsive services.

Strategic direction 3.1.1: Increase cultural capacity and cultural responsiveness

Reflections on good practice

Improving Care for Aboriginal and Torres Strait Islander Patients

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Program was established in 2004. The program built upon the Aboriginal Hospital Liaison Officer (AHLO) Program that supported Aboriginal patients within hospitals. ICAP requires that health services report progress against their cultural responsiveness to the department on an annual basis. Through the ICAP program, the department ensures there is support for health services to share best practice, build relationships, have peer support and professional development, with the aim of improving their cultural responsiveness.

A 30 per cent weighted inlier equivalent separation (WIES) loading is paid to health services for treating Aboriginal and Torres Strait Islander patients in recognition of their higher costs of care. Funded organisations have a responsibility to provide a culturally safe environment for Aboriginal patients and clients.

In 2016 the department funded an evaluation of the cultural responsiveness of Victorian Hospitals. As a result of the findings of this evaluation, the department is now conducting a full review of ICAP and the ICAP continuous quality improvement (CQI) tool, with the intent to

improve the accountability of health services with regards to cultural responsiveness. In addition, this review will assist in preparing health services for Version 2 of the National Safety and Quality Health Service (NSQHS) Standards, due for implementation in 2018–2019. Version 2 of the NSQHS Standards includes six key actions specifically relating to Aboriginal health outcomes, which have previously not been included in the accreditation process.

Complementing this work, the department has supported the update and implementation of Aboriginal employment plans in health services to:

- increase the recruitment and retention of Aboriginal people in health services
- develop career pathways for Aboriginal people working in clinical and non-clinical roles
- develop and strengthen partnerships between Aboriginal communities and health service providers
- improve the cultural safety of health services for Aboriginal workers and service users.

Human Services Standards

The Aboriginal culturally informed addendum to the Human Services Standards evidence guide supports service providers to undertake an independent review against the standards. The department funded the Victorian Aboriginal Child Care Agency to undertake training against the Human Services Standards.

Child Protection Workforce: Champions Strategy

The *Champion's Strategy* was developed to enhance the cultural competency of the child protection workforce across the East Division by identifying and developing culturally sensitive and dedicated practitioners. These will model best practice, share relevant information, develop strong links with Aboriginal service providers, promote culturally appropriate resources to other practitioners, provide peer support and develop a community of practice focused on improving the outcomes for Aboriginal children and their families involved with child protection.

The strategy enhances the cultural safety of the child protection service by building the skills, knowledge and cultural competency of the champions who will then model culturally aware practice for other members of their teams. The model also assists in improving the cultural safety of Aboriginal workers, clients and families.

Champions are provided with specialised professional development to grow competency in working with Aboriginal children and families. Champions are assisted to develop strong relationships with local Elders, Aboriginal communities and Aboriginal organisations and will be leaders in developing safe working environments for Aboriginal staff, families and communities. The champions also receive specialised coaching and mentoring as well as access to training and professional development.

Over the next three years, the department will:

- a. Develop a cultural safety framework to ensure we have a common approach to providing a culturally safe workplace. The framework will prioritise training for the department's executive officers and senior management, local engagement officers, program service advisors, Standards and Regulation Unit and child protection staff and management. The cultural safety framework, its implementation and monitoring will be informed by Aboriginal staff and Aboriginal communities.
- b. Monitor, evaluate and support mainstream services in partnership with Aboriginal organisations to increase cultural capacity and responsiveness, including working intensively with organisations that need to improve performance.
- c. In partnership with the Aboriginal Children's Forum, work with Aboriginal communities and organisations to review existing cultural competence requirements and assessment approaches across the health and human services sector. This will include community service organisations, ensuring that cultural competency requirements are assessed by Aboriginal people and organisations. These requirements will be embedded in the department's policy and funding plan and funding and service agreements.
- d. Review the ICAP program and CQI tools to ensure that they conform with Version 2 of the NSQHS Standards and the findings of *Koolin Balit's* improving the cultural responsiveness of hospitals evaluation.
- e. Support health services to implement Version 2 of the NSQHS Standards to meet the needs of Aboriginal clients by providing a culturally responsive service.
- f. Have a better understanding of why Aboriginal people have high rates of 'Take own leave' (discharge from admitted care or did not wait for care in emergency or specialist clinic services) in Victorian health services and develop strategies to reduce premature discharge.

In 10 years, success will look like:

- Aboriginal Victorians have access to culturally responsive health and human services across the continuum from prevention to tertiary care.

Strategic direction 3.1.2: Respond to and eliminate racism

Reflections on good practice

Aboriginal communities have told the department that racism is a systemic issue across the health and human services sector and it continues to impact negatively on the health and wellbeing of Aboriginal people across Victoria.

Effectively tackling racism is a priority for the government. The Department of Health and Human Services has released *Racism in Victoria and what it means for the health of Victorians* (DHHS 2016b). The aim of the report is to investigate racism in Victoria and the impact it has on health and wellbeing.

The report shows that many Victorians experience racism and identifies Aboriginal Victorians as among those most likely to experience racism. The report concludes that racism is harmful to both mental and physical health. Policies that reduce racism would increase social cohesion and improve the mental and physical health of Victorians. The report recommends that the first necessary step to tackling racism is acknowledging that it exists and that it is harmful to health.

Over the next three years, the department will:

- a. Acknowledge that racism exists within the department and across the health and human service sector and develop, implement and embed a zero-tolerance to racism policy into Human Resources processes.
- b. Provide practical skills to empower departmental staff to name, intervene and address racism and discrimination during induction.
- c. Introduce a culturally informed departmental policy for reporting and responding to racism.
- d. Review policies using culturally appropriate audit tools to address racism and unconscious bias.
- e. Develop Aboriginal-led initiatives to tackle unconscious bias and institutional racism in all department practices.

In 10 years, success will look like:

- Individuals will be confident in reporting racism and the processes in place to respond.
- Racism across the health and human services sector has been eliminated.

Priority focus 3.2: A strong and sustainable Aboriginal workforce

The Aboriginal workforce is skilled, responsive and resilient. Investing in the Aboriginal workforce is an investment in the health, wellbeing and safety of Victoria's Aboriginal people and communities.

Aboriginal staff working in health and human services settings understand the needs of their communities, and are able to impart their knowledge when caring for and supporting Aboriginal people. Their presence offers confidence and trust to Aboriginal service users, resulting in better outcomes for patients, clients and communities.

Aboriginal communities require an expanded workforce with the leadership skills necessary to participate in genuine decision-making that affects them. A commitment to developing succession plans is also important to ensure that Aboriginal employees are supported to aspire and grow throughout their careers. Ongoing professional development and leadership opportunities for Aboriginal staff in both sectors need to be prioritised.

The *Koolin Balit* evaluation of traineeships for Aboriginal workforce development in Victoria indicates that Aboriginal people are highly likely to establish a career when:

- they complete a traineeship undertaken within a culturally safe organisation that has strong leadership and links to local Aboriginal communities

- provided with sufficient training and work readiness supports
- engaged with a high-quality and supportive registered training organisation
- recruited through culturally appropriate selection processes that identify suitable and job-ready trainees.

The health and human services sector is the largest employer of Aboriginal people in Victoria. Within the sector, Aboriginal organisations have the highest number and proportion of Aboriginal employees working in a variety of occupations, which is key to delivering high-quality and culturally safe services for Aboriginal Victorians.

However, through evaluation findings, including *Koolin Balit*, we know that:

- Aboriginal employees continue to experience unacceptable levels of racism and harassment within the workplace.

- Aboriginal people are not equitably represented in a range of service areas across the sector.
- Aboriginal people are less likely to complete formal tertiary education or qualification.
- There are significant service gaps across the sector that require a system-wide workforce response.
- The Aboriginal workforce can have strong feelings of isolation in the workplace without sufficient opportunities to network with peers.
- Aboriginal employees working in hospitals and mental health services experience dangerous levels of cultural load and vicarious trauma.

Extend funding arrangements, make them more flexible for workforce traineeships to help build a stronger workforce. Current workforce funding arrangements do not meet the needs of organisations.

Koolin Balit Regional Committee Meeting.

Strategic direction 3.2.1: Grow recruitment and retention of the Aboriginal workforce

Reflections on good practice

The department is implementing the *Aboriginal employment strategy 2016–2021*, which aims to attract increasing numbers of Aboriginal employees, along with a number of Aboriginal staff in executive and senior roles.

The *Aboriginal employment strategy* sets a two per cent workforce target to increase the numbers of Aboriginal employees by 2021, and progress the department's commitment to be a diverse, inclusive and culturally safe employer-of-choice for Aboriginal people.

In partnership with the health and human services sector, the department is developing and implementing strategic actions to build and expand on the *Koolin Balit Aboriginal health workforce plan 2014–2017* to include human services, and complement activity across the sector. The department supports the development and implementation of Aboriginal employment plans across Victorian public health service settings which will:

- increase employment and career opportunities for Aboriginal people
- target recruitment and retention initiatives
- promote career pathways in health
- improve the cultural responsiveness of public health services.

The department delivers a variety of training grants that support Aboriginal traineeships,

cadetships, graduate initiatives and scholarship programs throughout Victoria. These programs aim to increase Aboriginal employment in both clinical and non-clinical roles at all levels of the health and human services system. The nursing, midwifery and allied health cadetship and graduate programs are supporting increased employment of Aboriginal health professionals and have been expanded to include an enrolled nursing program to strengthen this education to career pathway.

Over the next three years, the department will:

Across the department:

- a. Continue efforts to implement the department's Aboriginal employment strategy.
- b. Expand and implement employment exchange programs between the department and Aboriginal organisations to build knowledge, understanding and skill level of Aboriginal staff and non-Aboriginal staff across the health and human services sector.
- c. Ensure the two per cent target of Aboriginal employees within the department is met by 2021.
- d. Implement a professional development program for all Aboriginal staff to support career advancement and increase Aboriginal staff in senior roles.
- e. Increase the number of Aboriginal staff in child protection at all levels and in all areas.

- f. Continue to support the department's Aboriginal Staff Support Network.

Across the health and human services sector:

- g. Deliver an Aboriginal health and human services workforce strategy to support and grow the Aboriginal workforce across all levels of the health and human services sector.
- h. Increase the number of Aboriginal people in senior roles in the health and human services workforce by extending professional development and careers opportunities for Aboriginal employees.
- i. Expand the skills and availability of Aboriginal health and human services workers in both mainstream and Aboriginal organisations.
- j. Develop, implement and resource flexible education to career pathways that support the Aboriginal workforce to gain formal qualifications that recognise Aboriginal knowledge and skills.
- k. Undertake research to understand opportunities and barriers for Aboriginal workers to support the department's approaches.
- l. Continue to develop sectoral partnerships and collaborations between schools, employment providers and other educational institutions to promote career development pathways for Aboriginal people.
- m. Support the development and implementation of culturally appropriate leadership and mentoring programs for Aboriginal organisations.

- n. Co-design supervision and support mechanisms for Aboriginal employees working in hospitals, mental health and human services to manage isolation, cultural load and vicarious trauma.
- o. Establish an Aboriginal employment staff support network across the health and human services sector.
- p. Work with Aboriginal organisations, health and human service organisations and peak bodies to improve Aboriginal employment conditions, career opportunities and recognition.

In 10 years, success will look like:

- The department's Aboriginal employment targets have been met or exceeded.
- Aboriginal employment plans will be developed and implemented across all areas of the health and human services sector.
- The Aboriginal workforce is represented in non-clinical and clinical roles at all levels to ensure a culturally safe health and human services sector.
- Cultural safety for the Aboriginal workforce is understood, embraced and practised across the Victorian health and human services sector.

Priority focus 3.3: Aboriginal leadership in governance and accountability

Aboriginal communities should not only be involved in the design, development and delivery of health and human services, they also need to have their voice and experience heard in the oversight of governance, monitoring and evaluation. Aboriginal communities have told the department that government and the health and human services sector must be accountable to Aboriginal communities.

The department recognises that substantial reform across the health and human services system needs to take place to enable Aboriginal-led governance and accountability. Reforms will include establishing a new governance and accountability structure and ensuring that Aboriginal communities lead research, monitoring and evaluation of Aboriginal health, wellbeing and safety in Victoria.

Key to achieving this will be utilising Aboriginal definitions of success that incorporate Aboriginal values and ways of working and ensuring Aboriginal communities have sovereignty of their data – that is, Aboriginal communities will have access to, own and control the use of their data.

These reforms will be integral to achieving Aboriginal leadership in governance and accountability.

Auditing processes should be led by Aboriginal people.

ACCO consultation.

Measures need to be culturally appropriate and culturally meaningful.

Community member, Second Statewide Symposium.

Who does the implementation? Who does the evaluation and accountability? Who does the monitoring?... we need community-led monitoring.

ACCO consultation.

Strategic direction 3.3.1: Aboriginal-led governance and evaluation using Aboriginal definitions of success

Reflections on good practice

In the past, data collected about Aboriginal people have commonly been defined by governments and research institutes rather than being determined by Aboriginal people. Adopting an Aboriginal self-determined approach will require a new understanding for conducting research, monitoring and evaluating within government. Aboriginal voices need to drive the evaluation by determining what success looks like and how it is measured.

Departmental evaluations of *Koolin Balit* used evaluation methods of devolved governance, community-led decision-making, and self-determination. This was achieved through prioritising Aboriginal community-controlled organisations' evaluations, adopting culturally relevant research methods and by interviewing more than 241 Aboriginal clients and participants. To advance Aboriginal self-determination in health, wellbeing and safety, the department recognises that more work needs to be done to ensure that Aboriginal Victorians are leading governance, monitoring and evaluation of Aboriginal health, wellbeing and safety that adopts Aboriginal definitions of success.

The department is currently developing a health and human services *Aboriginal governance and accountability framework*

in partnership with Victoria's Aboriginal communities. The framework will establish Aboriginal self-determining representative structures that will:

- enable better engagement, partnership and co-design between Aboriginal communities, government and agencies
- provide policy direction, program development, and advice for the transparent monitoring and accountability of outcomes for Aboriginal Victorians
- inform the governance, monitoring and accountability of *Korin Korin Balit-Djak*.

Over the next three years, the department will:

- a. Establish integrated and representative structures to guide the implementation, governance, monitoring and accountability of *Korin Korin Balit-Djak* through the implementation of the *Aboriginal governance and accountability framework*.
- b. Establish an Aboriginal community-led governance and accountability mechanism that externally evaluates and monitors the department's progress against achieving the vision of *Korin Korin Balit-Djak*.
- c. Commission an Aboriginal organisation to develop an Aboriginal community-led monitoring and evaluation framework through community consultation to determine Aboriginal-defined indicators, targets and measures of success for *Korin Korin Balit-Djak*.

- d. Appoint an independent Aboriginal person as chair of the Department Evaluation Committee.
- e. Regularly report on the findings of monitoring and evaluation to Aboriginal organisations and communities.
- f. Invest in Aboriginal organisations to develop research and evaluation capacity in health, wellbeing and safety.
- g. Share knowledge of effective and culturally appropriate approaches to manage and respect intellectual property, program delivery and evaluation.
- h. Investigate and develop a model to establish an Aboriginal health, wellbeing and safety ethics committee.

In 10 years, success will look like:

- Aboriginal communities lead the implementation, governance, monitoring and evaluation of Aboriginal health, wellbeing and safety.
- All programs and policies of relevance to Aboriginal Victorians will be developed in reference to Aboriginal definitions of success, and evaluated by Aboriginal organisations and communities.
- All Aboriginal-specific research in health, wellbeing and safety will be approved by an Aboriginal research ethics committee.

Strategic direction 3.3.2: Increase Aboriginal community ownership of data and access to data

Reflections on good practice

The department is working to share data and information more readily through the creation of an online portal – the Aboriginal Information System application (AIS app) – that uses business intelligence technologies. The AIS app will assist with monitoring and reporting indicators of the health, wellbeing and safety of the Aboriginal Victorian population through interactive, visually compelling data using time-based and placed-based analysis.

The implementation of the AIS app will promote and facilitate greater use of data by making it more available, accessible, useable, and consumable in a more timely manner to Aboriginal communities.

Over the next three years, the department will:

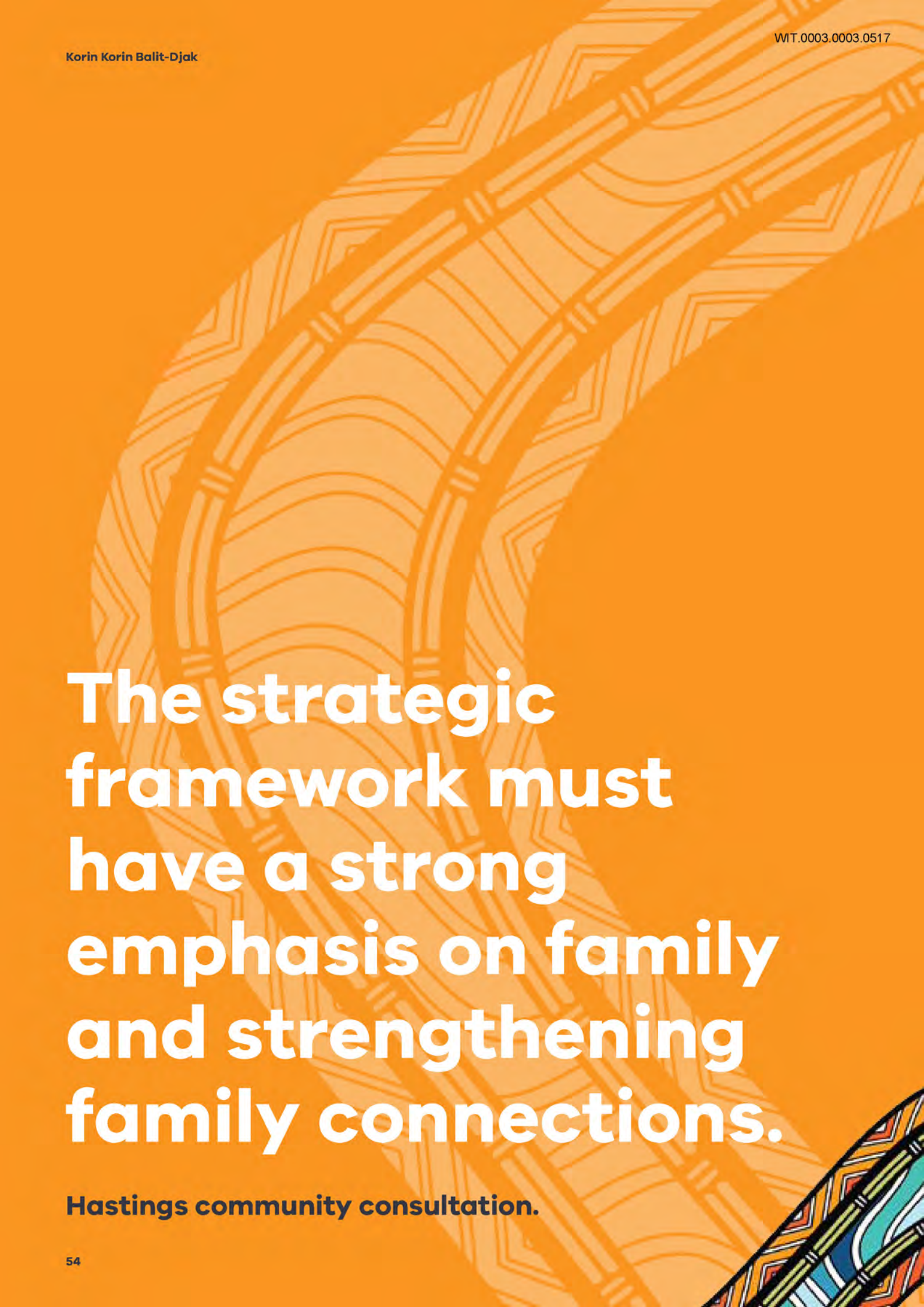
- a. Enable Aboriginal organisations to access the department's datasets through descriptive data dashboards.
- b. Investigate and develop guidelines for the transfer of departmental data to Aboriginal communities.
- c. Develop Aboriginal community-based guidelines and protocols to negotiate ownership of Aboriginal data and to ensure culturally sensitive and ethical conduct of research.

- d. Review and improve data collection and ensure all departmental data relating to Aboriginal Victorians will be available in an easy-to-interrogate format to support policy and program development implementation and evaluation.
- e. Invest in Aboriginal communities and organisations to share knowledge of best practice across the health and human services sector.
- f. Advocate to the Commonwealth Government that the Australian Institute of Health and Welfare develops and publishes Victorian Aboriginal-specific data in national publications.
- g. Review practices and quality of data collection on Aboriginal identification across the health and human services sector.

In 10 years, success will look like:

- Aboriginal data sovereignty is recognised and Aboriginal communities own and use data to achieve self-determined health, wellbeing and safety.





**The strategic
framework must
have a strong
emphasis on family
and strengthening
family connections.**

Hastings community consultation.

4. Safe, secure and strong families and individuals

A guiding principle of the department's *Roadmap for reform* is 'supporting the connection of all children, young people and families to their family, cultures and communities' (DHHS 2016a).

Aboriginal communities told the department that the most important factors which help connection to culture, country and community are:

- robust family and kinship systems
- a strong First Nation identity
- the right to thrive in an environment of cultural safety

Family wellbeing also impacts on the capacity of parents, kin and community to meet their children's cultural and spiritual needs, as well as their basic developmental, health, educational, social and housing needs (DHHS 2016a).

Another *Roadmap for reform* guiding principle – 'Ensuring Aboriginal self-determination around decision-making and care for Aboriginal children and families' (DHHS 2016a:11) – requires Aboriginal-led responses to health, wellbeing and safety.

Conversely, cultural dislocation, oppression, intergenerational trauma, lack of healing, systemic racism, institutionalised inequality and the loss of land, lore and language are all barriers to Aboriginal people enjoying good health, wellbeing and safety. It is these factors that have contributed to the increased prevalence of family violence in Aboriginal families, the overrepresentation of Aboriginal children and young people in out-of-home care and youth justice, and the increased risk of Aboriginal Victorians experiencing insecure housing and homelessness.

The strategic plan should take into account family healing: while men and women's groups are important, the family unit needs more help – mothers and fathers require skills passed down from Elders to care for their babies.

ACCO consultation.

Priority focus 4.1: Aboriginal Victorians have stable, secure and appropriate housing

Many Aboriginal Victorians have access to safe and secure housing. However, there are others who continue to be at greater risk of experiencing insecure housing and homelessness compared to non-Aboriginal Victorians.

Housing is a key social determinant of health, wellbeing and safety. Insecure housing and homelessness are strongly associated with poor health, wellbeing and safety outcomes, with Aboriginal people among the most likely to be homeless or living in poor housing. For example, young Aboriginal people transitioning from out-of-home care are at risk of homelessness, and victims of family violence often have to choose between remaining in an abusive relationship or becoming homeless.

Aboriginal community-controlled social housing offers culturally responsive, safe, affordable and long-term social housing tailored to Aboriginal Victorians in need. Evidence demonstrates that better health, wellbeing and safety outcomes are achieved by Aboriginal Victorians when communities have determined their own solutions and programs (DHHS 2015; Behrendt, Jorgensen & Vivian 2016). This is why the department will advance housing initiatives that support Aboriginal self-determination, including strategies to enable Aboriginal ownership and management of Aboriginal social housing.

Members of the community must have suitable accommodation, particularly in times of crisis need. Pregnant mothers, individuals with mental health issues and the homeless need to be protected, from family violence issues at times, which requires suitable accommodation options.

Community member, Hastings community consultation.

Strategic direction 4.1.1: Advance self-determination in Aboriginal housing and homelessness

Reflections on good practice

The department has committed to self-determination in Aboriginal housing by transferring the title of all 1,448 properties currently managed by Aboriginal Housing Victoria (AHV) over to the organisation. This means that within the next three years, the properties will be owned and managed by an Aboriginal organisation for the benefit of Aboriginal Victorians. This will ensure culturally responsive housing services and lasting housing outcomes for Aboriginal people, families and communities. The transfer of properties will support Aboriginal ownership of Aboriginal social housing as a step towards realising self-determination.

Over the next three years, the department will:

- a. Resource the Koori Community Housing Forum to support organisations with housing stock to share expertise in managing Aboriginal housing for Victoria.
- b. Continue to promote and strengthen the voice of Aboriginal Housing Victoria in the provision of social housing to Aboriginal Victorians.
- c. Enable Aboriginal organisations as registered housing providers or associations to access capital grants and social housing support.
- d. Support Aboriginal Housing Victoria and other Aboriginal organisations to promote the needs of Aboriginal communities with registered housing associations.

- e. Engage with and support Aboriginal women's refuges and Aboriginal family violence services to improve services for Aboriginal women experiencing homelessness and escaping family violence.
- f. Ensure a strong voice for Aboriginal people in the development of housing and homelessness policy.

In 10 years, success will look like:

- The supply of culturally safe and secure housing for Aboriginal people in Victoria matches Aboriginal communities' social housing needs, with ongoing tenant supports and housing pathways established.

An issue of concern for the region is homelessness and housing, i.e. limited access to emergency housing, and a lack of healing facilities in relation to drug and alcohol and family violence issues.

Community member, Geelong community consultation.



Strategic direction 4.1.2: Improve access to suitable stable and supported housing

Reflections on good practice

The 'More than a landlord' project aims to integrate and coordinate tenancy support with all other services from a household or family perspective that is more consistent with Aboriginal cultural values.

The project's holistic approach to the coordination of services aims not only to support ongoing tenancies, but also to assist tenants and household members to work towards achieving their aspirations. These may include stronger cultural connections, further education and training, or pathways to employment.

The project provides tenants and house members with access to a life coach to help them identify and work towards their goals and aspirations, to navigate through the complexity of their lives, and to draw on resources and supports as necessary to facilitate opportunities for building self-efficacy. Importantly, the model assists with goal setting, empowering and motivating tenants towards self-determination.

Over the next three years, the department will:

- a. Prioritise the housing needs for Aboriginal young people leaving out-of-home care.
- b. Invest in research to understand the housing needs of Aboriginal people, including the impacts of population growth on Aboriginal social housing demands.
- c. Provide coordinated services and supports to vulnerable clients in social housing through flexible funding.
- d. With the assistance of the Department of Justice and Regulation, develop supports and transitional arrangements for Aboriginal people leaving correctional facilities to access stable and supported housing.
- e. Develop tailored information, informed by Aboriginal people, on housing options and housing pathways for vulnerable Aboriginal Victorians.
- f. Expand housing and homelessness services to Aboriginal Victorians.

In 10 years, success will look like:

- Mainstream social housing and homelessness services are culturally responsive to the needs of Victorian Aboriginal people.
- Increasing access to social housing and emergency accommodation services for Aboriginal Victorians.
- Access issues for Aboriginal Victorians are addressed and waiting lists for social housing are reduced.
- Increased investment in housing and homelessness options for Aboriginal Victorians to reduce the rate of homelessness experienced.

Priority focus 4.2: Aboriginal children and families are thriving and empowered

As outlined in the department's *Roadmap for reform*, early investment to strengthen families will deliver long-term social and economic benefits. Culturally responsive services and initiatives can help families to establish the conditions necessary for a safe and healthy childhood and alter the trajectories that lead to poor health outcomes, child protection intervention and contact with the justice system (Fox et al. 2015).

Recent *Koolin Balit* evaluation findings demonstrate that better coordinated care with 'wrap around' service delivery, has resulted in more Aboriginal clients being engaged in services, producing better outcomes (Effective Change 2016).

The trajectory to child protection and youth justice intervention for vulnerable Aboriginal children and young people is a stark reality. The department recognises that systemic change needs

to occur to reduce the number of Aboriginal children and young people entering out-of-home care, to better support Aboriginal children and young people in care and when leaving care.

Aboriginal communities are best placed to design, develop and deliver strategies that build a culturally safe system to better support vulnerable children and families.

There is a gap in 'early years' around the formative years. We need more investment in this space getting children ready for kindergarten.'

Community member, Warrnambool community consultation.

[Aboriginal community organisation] envisages that meaningful measures to promote the self-determination of Aboriginal communities would have a tangible impact on factors such as the over-representation of Aboriginal children in out-of-home care and the youth justice system.

ACCO written submission.

Strategic direction 4.2.1: Increase access to culturally responsive early years services

Reflections on good practice

Mallee District Aboriginal Services provides support to mums, care-givers and families to ensure their children have a strong start to life through their Early Years' Service, and intensive support to Aboriginal children and their families from conception to school entry.

At intake, each family is assessed, needs and issues identified, plans developed and support initiated according to priority. Family support workers bring all the elements of the service to the mother, baby and family through listening to and understanding the issues to be addressed, and then linking internal and external services. They also look for strengths and successes in their clients and encourage, advocate and strengthen the ability of each mum and family to form strong bonds and facilitate growth and learning.

The program's success is measured through regular attendance and engagement at early years, and that appropriate attachment is demonstrated through warmth, play, understanding and connection. In the long term, the child is meeting milestones and is ready to learn on the first day of school.

Since 2000, Koori Maternity Services (KMS) has supported both Aboriginal women and non-Aboriginal women having Aboriginal children. It currently operates 14 services with 11 of these located in Aboriginal organisations. In 2015–16, program data indicated that approximately

75 per cent of Aboriginal women who gave birth in public hospitals had accessed antenatal care through the program.

KMS guidelines have been developed in partnership with VACCHO and the KMS workforce, giving voice to their wisdom and expertise regarding the provision of culturally safe and high-quality maternity care.

Over the next three years, the department will:

- a. Increase the number of Aboriginal mothers and babies receiving culturally safe and high-quality perinatal care through the uptake of the KMS guidelines in mainstream maternity services.
- b. Expand the KMS model across Victoria.
- c. Work with KMS and its birthing hospital partners to implement the KMS guidelines and use the data to target local service improvement activities.
- d. Expand and integrate initiatives to support breastfeeding, early feeding and oral health practices in early life.
- e. Enable and resource evidence-based interventions that build the resilience of vulnerable parents so they are resourced and supported to protect and care for their Aboriginal children.
- f. In partnership with the Department of Education and Training, increase investment in Victorian Aboriginal early years childhood services, particularly to give greater accessibility to Aboriginal children in out-of-home care.

- g. Support Aboriginal-led, culturally responsive, family-centred services and programs, including those that focus on cultural strengthening, therapeutic child-centred programs and 'one-door' integrated services, where family members can obtain a range of supports.
- h. In partnership with Aboriginal communities, develop and implement the *Aboriginal children and families agreement and strategic action plan*, which will prioritise effort on prevention and early intervention services to build protective and resilience factors.
- i. Develop a Victorian Aboriginal immunisation strategy.

In 10 years, success will look like:

- Improved outcomes for Aboriginal children, young people and families with decreased numbers in contact with tertiary and statutory service systems.
- Improved access to Koori Maternity Services for Aboriginal women.
- Reduced number of Aboriginal babies born early or with low birth weight.
- Reduced number of Aboriginal babies that die during pregnancy or soon after birth.
- Aboriginal breastfeeding rates are on par with, or better than, non-Aboriginal rates.

Strategic direction 4.2.2: Increase access to Aboriginal community-led family violence prevention and support services

Reflections on good practice

The Aboriginal Family Violence Prevention and Legal Service Victoria delivers a series of culturally safe, early intervention and prevention programs for Aboriginal women and girls around Victoria such as Sisters Day Out, Dilly Bag and Young Luv.

The workshops build on self-esteem and identity, and reinforce Aboriginal women's strength, culture and resilience to reduce vulnerability to violence.

These programs connect women with their peers and the services they require when experiencing family violence. They also provide culturally relevant community-led support and information regarding the prevention of family violence, self-care and wellbeing. Since 2007, more than 100 Sisters Day Out workshops have been delivered to over 8,000 Aboriginal women across Victoria. Their success rests largely on the fact that they are designed, developed and delivered by Aboriginal women.

Over the next three years, the department will:

- a. Support and resource programs that provide culturally safe and community-led family violence prevention and early intervention information and support.
- b. Contribute to the implementation of *Ending Family Violence: Victoria's Plan for Change*, drawing on the expertise of the Indigenous Family Violence Regional Action Groups.
- c. Resource Aboriginal organisations to provide specialist supports including culturally appropriate counselling and wrap-around services to Aboriginal children, families and carers who have experienced family violence.
- d. Provide strong referral pathways and awareness of specialist family violence support and legal services to ensure Aboriginal victim survivors of family violence and their children have access to culturally safe and specialist services and supports.
- e. Develop and implement culturally specific therapeutic responses for Aboriginal children and families who have experienced family violence.

- f. Support and resource refuges, emergency accommodation and support services to ensure the provision of culturally safe and responsive supports for Aboriginal women and children and Aboriginal LGBTI Victorians affected by family violence.

In 10 years, success will look like:

- Holistic, effective and culturally relevant Aboriginal family violence prevention and intervention supports reduce the number of Aboriginal people experiencing family violence.
- Family violence experienced by Aboriginal communities is not tolerated.

Strategic direction 4.2.3:

Improve outcomes for vulnerable Aboriginal children by advancing Aboriginal self-determination in decision-making

Reflections on good practice

The Victorian Aboriginal Children's Forum was established to drive the safety and wellbeing of Aboriginal children and young people in, or at risk of entering out-of-home care. The forum is a decision-making partnership between community, government and the sector. Its initiatives support implementation of the *Roadmap for reform* and include a commitment to Aboriginal self-determination around decision-making and care for vulnerable Aboriginal children and young people. This includes the development of individual cultural support plans for all Aboriginal children and young people in out-of-home care.

Over the next three years, the department will:

- a. In full partnership with Aboriginal organisations, implement Section 18 of the *Children, Youth and Families Act 2005* that provides for Aboriginal organisations to assume responsibility for Aboriginal children on child protection orders.
- b. Build the cultural competency of organisations providing out-of-home care services to Aboriginal children and young people.

- c. Create pathways to improve partnerships between family service organisations and Aboriginal organisations to enhance supports for vulnerable families and children.
- d. Resource Aboriginal organisations to contribute to the development of cultural support plans and programs for every Aboriginal child in out-of-home care.
- e. Promote compliance with the Aboriginal Child Placement Principle across the department.

In 10 years, success will look like:

- Aboriginal families have access to culturally safe and specialist support to reduce the risk of permanent out-of-home care placement.
- Section 18 of the *Children, Youth and Families Act 2005* has been fully implemented.
- The rate of Aboriginal children and young people in out-of-home care has been substantially reduced.
- All Aboriginal children in out-of-home care are under the care of an authorised Aboriginal agency.

Strategic direction 4.2.4: Better outcomes for Aboriginal children in out-of-home care

Reflections on good practice

The department has commenced work – in partnership with Aboriginal communities – to develop the *Aboriginal children and families agreement and strategic action plan*. The plan is specifically focused on Aboriginal children, young people and families. It will drive a clear set of ‘implementation-ready’ actions that build on existing strengths and initiatives that are already working. The strategic action plan will extend and influence mainstream, targeted secondary and tertiary services, including child protection and out-of-home care.

Section 18 of the *Victorian Children, Youth and Families Act 2005 (the Act)* allows the Secretary of the department to ‘authorise the principal officer of an Aboriginal agency to perform specified functions and exercise specified powers in relation to a protection order in respect of an Aboriginal child’.

Section 18 pilot projects undertaken by the Victorian Aboriginal Childcare Agency (VACCA) which concluded in 2015 and more recently Bendigo and District Aboriginal Co-operative (currently being evaluated). These provided the opportunity for Aboriginal organisations to fully understand the operation of Section 18 of the Act, and to prepare for the transfer of statutory powers and functions as conferred under Section 18. By the end of 2017 it is envisaged that the VACCA chief executive officer

will be the authorised Aboriginal principal officer with powers to perform specific functions subject to a Children’s Court protection order. Work is underway for authorised Aboriginal principal officers to be established in other Aboriginal organisations.

Over the next three years, the department will:

- a. Implement the *Aboriginal children and families agreement and strategic action plan*.
- b. Work with Aboriginal organisations to develop capacity-building plans to transfer services and programs to care and case manage Aboriginal children in out-of-home care.
- c. Work with the 10 Aboriginal organisations that have been funded to increase their capacity to recruit and support Aboriginal carers.
- d. Provide resources to enable Aboriginal organisations to design and deliver community-led, intensive supports for vulnerable Aboriginal families to keep their children safe within their families.
- e. Support mandatory health assessments (including mental health assessments) and yearly paediatric specialist health checks for Aboriginal children and young people in child protection and out-of-home care.
- f. Develop initiatives for Aboriginal children in out-of-home care to provide opportunities to participate in sport and recreation.

- g. Resource culturally responsive initiatives that deliver emotional, social, cultural and financial support for Aboriginal young people leaving out-of-home care.
- h. Assess and report on key performance indicators for Aboriginal young people to the Aboriginal Children’s Forum and Aboriginal communities through the proposed Aboriginal governance and accountability structure to monitor progress.

In 10 years, success will look like:

- Every Aboriginal child in out-of-home care has access to an appropriately matched Aboriginal mentor to assist them, and to support their cultural identity and connection to country and family.
- Culturally competent and effective supports for Aboriginal families are implemented according to the *Aboriginal children and families agreement and strategic action plan*, eliminating the over-representation of Aboriginal children and young people in out-of-home care.
- A reduction in the over-representation of Aboriginal children and young people experiencing homelessness and interaction with the criminal justice system when exiting out-of-home care.

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community.

ACCO, written submission.

5. Physically, socially and emotionally healthy Aboriginal communities

Many Aboriginal Victorians do enjoy good health, with almost three-quarters assessing their health as excellent or very good. However, at the Victorian population level, Aboriginal Victorians continue to experience significantly poorer health, wellbeing and safety outcomes than non-Aboriginal people. Trans generational trauma and the effects of racism are identified as the key drivers of these poorer outcomes. A survey of Aboriginal people in Victoria found that 97 per cent had experienced racism during a 12-month period. The survey also made a clear link between racism and ill-health (Ferdinand, Paradies & Kelaheer 2012).

The Victorian Aboriginal population has also been impacted more significantly than other jurisdictions by the policy and practices that gave rise to the 'Stolen Generations', with 47 per cent of the current population having a relative who was forcibly removed from their family due to government policies.

This has left a legacy in terms of physical, social and emotional health that Aboriginal Victorians are still dealing with today.

The department recognises the interconnectedness of physical, social, and emotional health. As such all health interventions across the continuum from primary prevention through to tertiary care need to be culturally responsive and based on Aboriginal understandings of health, wellbeing and safety. This is true whether delivered by the Aboriginal community-controlled sector, mainstream services or in hospitals. There also needs to be an acknowledgement of, and a response to, the trauma that affects Aboriginal people across generations.

Working in partnership with Aboriginal communities, over the next 10 years the department will foster positive change by directing its efforts to:

- supporting Aboriginal Victorians in their resilience and optimising social and emotional wellbeing
- supporting Aboriginal Victorians to be healthy and well
- developing and implementing culturally appropriate trauma and treatment programs.



Priority focus 5.1: Aboriginal Victorians are resilient and have optimal social and emotional wellbeing

Aboriginal people have great strengths, creativity and resilience. This resilience has enabled them to survive and maintain their culture and identity.

However, colonisation, dispossession and removal from families and country have caused trans generational and ongoing trauma that impacts on all aspects of Aboriginal people's physical, social and emotional wellbeing. This trauma affects the everyday life of Aboriginal Victorians and exacerbates high levels of psychological distress.

Aboriginal people in Victoria:

- experience the poorest mental health outcomes of all population groups
- are three times more likely to experience high or very high levels of psychological distress
- experience significantly higher rates of depression and anxiety than non-Aboriginal people

- present with injuries related to self-harm at more than four times the rate of non-Aboriginal Victorians (DoH 2011)
- experience intergenerational and ongoing trauma of having been removed from family and community.

Despite the extent and impact of trauma and dispossession, the resilience of many Aboriginal people, families and communities is strong and enabling.

Healing – culturally appropriate models of healing must be supported by the strategic plan. This is in acknowledgment of the disproportionately high experiences of trauma and grief in Aboriginal communities (including personal, family, community and inter-generational experiences) that continue to have a profound impact today – including on health and wellbeing outcomes.

ACCO written submission.

Strategic direction 5.1.1: Promote and embed Aboriginal trauma-informed healing, recovery and resilience initiatives

Reflections on good practice

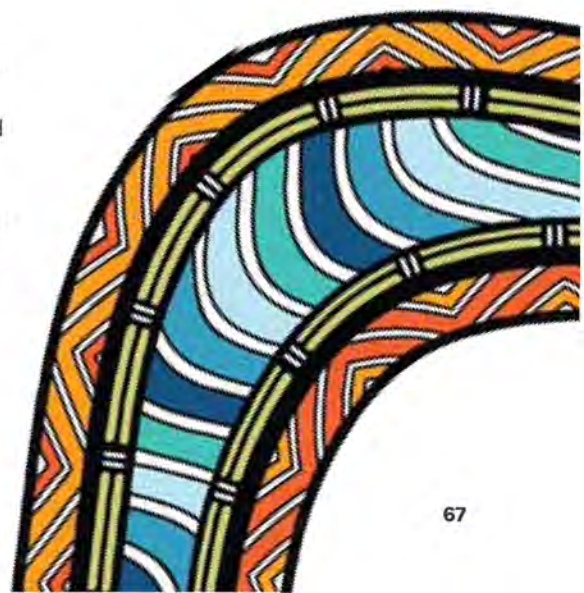
A new clinical resilience tool is currently being trialled within some Aboriginal community-controlled organisations. It forms part of broader strategy of health and wellbeing assessments that will enable clinicians and support workers to gather a holistic picture of a person's resilience, social and emotional wellbeing, and levels of psychosocial stress. Where indicators of psychosocial distress or mental health difficulties emerge, more timely and informed responses, including planning and referral to mental health services, can be implemented.

Over the next three years, the department will:

- a. Implement *Balit Murrup: Aboriginal social and emotional wellbeing framework*.
- b. Support the delivery of more integrated seamless services across Aboriginal and mainstream primary and mental health, drug and alcohol, family violence, child and family, and justice services to improve social and emotional wellbeing responses across the promotion, prevention, early intervention, treatment and recovery continuum.
- c. Resource the design and implementation of three demonstration projects aimed at improving mental health outcomes for Aboriginal people, families and communities. One project will focus on reducing the impact of parental mental illness where children are in child protection and another focussing on clients in the justice system.
- d. Work with Aboriginal communities to inform the delivery of the place-based and suicide prevention trials being undertaken in 12 Victorian communities.
- e. Establish new Aboriginal mental health traineeships based in mainstream services that will include support for the completion of a tertiary qualification in mental health-related disciplines.
- f. Resource the establishment of clinical and therapeutic mental health positions within Aboriginal community-controlled organisations across rural, regional and metropolitan areas.
- g. Partner with Aboriginal communities to co-design healing, grief and loss, trauma-informed and recovery approaches and tools delivered through Aboriginal and mainstream services. These will focus on trans generational trauma, children and young people in child protection and the justice system.
- h. Consolidate and expand an evidence base for initiatives and approaches proven to be effective in strengthening Aboriginal resilience, healing, suicide prevention and recovery from mental illness.

In 10 years, success will look like:

- Evidence-based, Aboriginal-led resilience building, healing and trauma-informed care and recovery approaches are embedded in primary and specialist social and emotional wellbeing and mental health responses. These will contribute to improved social and emotional wellbeing across Aboriginal communities with a reduction in the incidence and impacts of psychosocial distress, mental illness and suicide.
- Aboriginal children and young people have access to culturally appropriate services and reduced levels of psychological distress.



Priority focus 5.2: Aboriginal Victorians are healthy and well

We know that prevention and health promotion are most effective when Aboriginal people and communities are engaged in developing culturally relevant strategies (DHHS 2015). We also recognise that Aboriginal people are best positioned to lead and deliver culturally relevant prevention and health promotion actions. Sport and recreation helps shape community identity by providing opportunities for positive and healthy social interaction. As such, it is a vital platform for increasing Aboriginal community participation and promoting social inclusion.

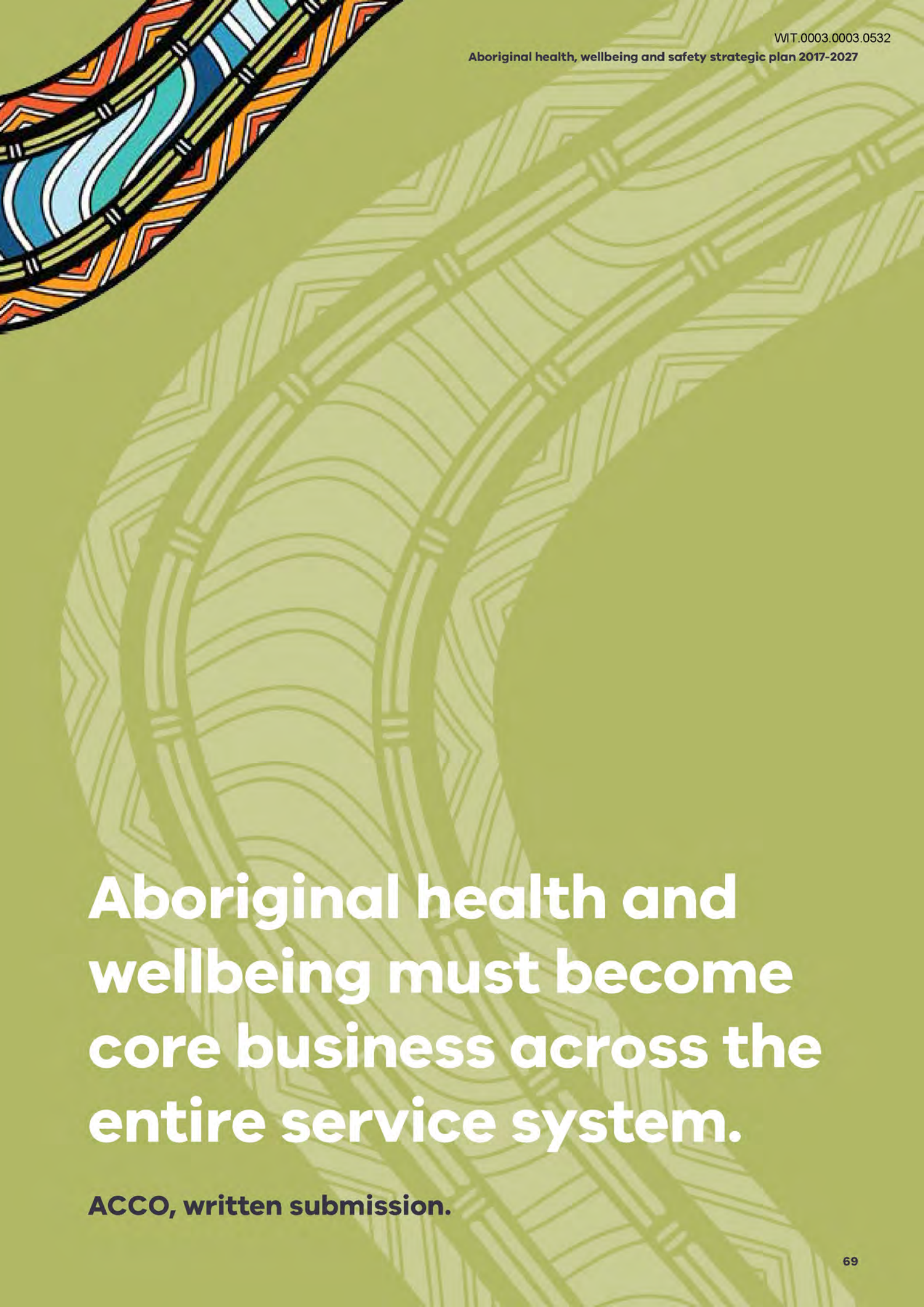
In addition to addressing risk factors and preventing illness, it is important to provide access to culturally responsive person-centred appropriate care when it is needed.

Cancer mortality rates are significantly higher for Aboriginal Victorians compared to non-Aboriginal Victorians. Better cancer outcomes for Aboriginal communities can be achieved by embedding culturally responsive approaches across the cancer care pathway.

It is also important to acknowledge the diversity of communities within the Aboriginal Victorian population, and the multiple layers of marginalisation faced by Aboriginal Victorians with a disability and Aboriginal LGBTI Victorians, to ensure more tailored services and supports to meet their needs and aspirations. Despite the concerted efforts of many organisations and individuals, the data summarised in the snapshot of Aboriginal health, wellbeing and safety in Victoria (pp. 11–12) clearly shows that the gap in health, wellbeing and safety outcomes for Aboriginal Victorians continues to persist.

Sustaining and improving on existing strengths – it is important that the strategic plan acknowledges the numerous and significant strengths and resiliencies within Aboriginal communities. The strategic plan should invest in building on these positive attributes, particularly in developing preventative measures to address health and wellbeing issues before they occur or become more severe.

ACCO written submission.



Aboriginal health and wellbeing must become core business across the entire service system.

ACCO, written submission.

Strategic direction 5.2.1: Invest in primary prevention, early detection and early intervention to reduce chronic disease and its impacts

Reflections on good practice

To address the high levels of sugary drink consumption among Aboriginal Victorians, VACCHO produced the Aboriginal Rethink Sugary drinks advertisement in partnership with the Cancer Council Victoria. The advertisement was broadcast extensively across the state and nationally, including at major football matches during the 2016 Australian Football League season. It was also broadcast on the WIN TV network (regional Victoria) and the Bendigo Koori Football and Netball carnival. This advertisement, along with the #Drink WaterUMob social media campaign, won the 2016 Award of Marketing excellence from the Australian Marketing Institute.

Over the next three years, the department will:

- a. Co-convene, in partnership with VACCHO, the Best Practice Forum on Aboriginal Tobacco Control, established to reduce smoking prevalence in Victorian Aboriginal communities, with a focus on reducing smoking during pregnancy.
- b. Resource VACCHO to deliver a range of activities to support member organisations promote healthy eating and physical activity.
- c. Support improved dental health and obesity outcomes by reducing sugary drink consumption through a multi-pronged strategy targeting supply and promotion.
- d. Resource the 'Working together for health' place-based initiative that supports reform to reduce chronic disease and its impacts on Aboriginal Victorians.
- e. Support ongoing access for Aboriginal Victorians to hepatitis B vaccinations, hepatitis C treatment and other prevention, screening and treatment options around sexually transmitted infections and blood-borne viruses.
- f. Improve dental health outcomes for Aboriginal Victorians through:
 - screening and detection of oral disease and early intervention by a range of health workers
 - oral health promotion in partnership with early childhood services and ACCHOs
 - enhanced access to fluoride.
- g. Continue funding Kidsafe Victoria, in partnership with the Department of Education and Training, which has specific and dedicated child injury prevention resources for Victorian Aboriginal children, parents and carers (Safety for our little fellas).
- h. Resource the Aboriginal life! program, which aims to prevent type two diabetes in Aboriginal Victorians.
- i. Increase early intervention and support to vulnerable young people, particularly those with mental health and substance misuse issues.
- j. Reduce harmful alcohol and drug use including through the development of culturally informed alcohol and drug treatment services.
- k. Continue to promote education and awareness raising among Aboriginal young people on alcohol, ice and other drugs.
- l. Strengthen focus in municipal public health plans on Aboriginal communities.

In 10 years, success will look like:

- All Aboriginal people are meeting the national guidelines on levels of physical activity.
- Smoking rates for Aboriginal women during pregnancy are similar to or less than non-Aboriginal women.
- Aboriginal babies are born within the healthy birthweight range.
- Aboriginal status will be accurately identified across all datasets.
- Aboriginal children under 10 years of age have a rate of potentially preventable dental hospitalisations that is on par with the non-Aboriginal population rate.
- Aboriginal Victorians who use drugs and alcohol have access to culturally safe treatment, harm reduction information and rehabilitation services.
- Aboriginal Victorians consume sugary drinks at a reduced rate that is on par with or less than non-Aboriginal Victorians.

Strategic direction 5.2.2: Improve cancer outcomes for Aboriginal Victorians

Reflections on good practice

Cancer mortality rates are significantly higher for Aboriginal Victorians compared to non-Aboriginal Victorians, for both men and women. The higher mortality rates are likely to be associated with diagnoses occurring at more advanced disease stage, and reflect issues around timely access to treatment and insufficient participation in cancer screening services (DHHS 2015).

There are inequities for Aboriginal Victorians across the entire cancer pathway from prevention, screening and early detection, to treatment, palliative care and survivorship.

In response, the department is undertaking the 'Under-screened' program. The program was established in 2009 to reduce disparities in the diagnosis of early-stage breast, bowel and cervical cancer through increased participation in cancer screening programs by under-screened populations. The ultimate goal of the program is to improve equity in cancer outcomes for the entire Victorian population, with equity for Aboriginal Victorians a high priority.

Over the next three years, the department will:

- a. Increase access to culturally safe cancer prevention and screening, and improve transition to treatment, support and care.
- b. Improve community knowledge and awareness about cancer and its effects on Aboriginal people, families and communities.
- c. Review and respond to the recommendations of Cancer Council Victoria's analysis of barriers to HPV vaccination in Aboriginal young people.
- d. Develop Aboriginal culturally informed clinical cancer pathways and treatment, which will inform other clinical streams requiring a stronger cultural focus.
- e. Build a cancer care workforce that is culturally competent and responsive, and increase the number of Aboriginal people in the cancer care workforce.

In 10 years, success will look like:

- Cancer screening rates for Aboriginal people are on par with, or greater than, the non-Aboriginal population and there is transition into care and support when necessary.
- Mortality rates for Aboriginal people with cancer are on par with, or less than, the non-Aboriginal population.



Strategic direction 5.2.3: Increase participation of Aboriginal people in sport and recreation activities

Reflections on good practice

GippSport is funded by the department to develop and implement a social marketing strategy for Gippsland's Aboriginal community. This initiative forms part of the implementation of the Gippsland *Koolin Balit* implementation plan, with a focus on encouraging positive lifestyle change among the Aboriginal community.

Budjeri Napan is a program that aims to promote a healthy, active and vibrant Aboriginal community in the Latrobe Valley. The key component of this program is the formation of a sports committee made up of local Aboriginal members and support organisations that meet on a regular basis to plan and develop a range of projects.

These programs aim to encourage and support positive lifestyle change among the Aboriginal community in Gippsland by promoting sporting role models, activities and events using social media.

Over the next three years, the department will:

- a. Implement *Active Victoria – A strategic framework for sport and recreation in Victoria 2017-2021*, which will work with state sporting associations to identify actions to improve access to, and increase participation of, Aboriginal people in sport and recreation.
- b. Explore, in collaboration with key stakeholders from Victorian Aboriginal communities, the possibility of establishing a peak Aboriginal sporting organisation.
- c. Work with state sporting associations and Aboriginal sporting organisations to identify targeted strategies to increase opportunities for Aboriginal women and girls in sport and recreation including in club leadership roles.
- d. Develop and implement an action plan to increase opportunities in sport and recreation for Aboriginal children and young people in out-of-home care.
- e. Invest in Aboriginal sporting carnivals on an ongoing basis.
- f. Develop and implement actions to address racism in sport and recreation.

- g. Promote opportunities available through grants and other funding opportunities to Aboriginal sporting organisations.
- h. Embed sport and recreation in place-based approaches to improving health and wellbeing outcomes.
- i. Work with stakeholders to ensure key preventative health messages align with opportunities to increase participation in sport and recreation.

In 10 years, success will look like:

- Aboriginal people participate in sport and recreation at a rate on par with, or higher than, non-Aboriginal people.
- Racism is not tolerated in Victorian sport and recreation and is not a barrier to accessing sport and recreation.
- Aboriginal women are in leadership roles in sport and recreation.

Strategic direction 5.2.4: Manage illness better through culturally responsive, connected supports and care

Reflections on good practice

Bairnsdale Regional Health Service in East Gippsland (Gunai Kurnai Country) serves a growing local Aboriginal population of 3.2 per cent (2011 census). The hospital has a CEO committed to addressing the needs of this community through the development of a culturally aware hospital workforce and supporting the work of the Aboriginal hospital liaison officer.

Bairnsdale Regional Health Service has an open door policy for Elders in the community and has developed relationships with local Aboriginal organisations and processes for regular community consultations. It has undertaken significant work to ensure cultural safety for Aboriginal patients and families through:

- The establishment of the Warrawee room – a culturally safe, non-clinical place for patients, family members and Aboriginal health workers to meet in comfort adjacent to the Aboriginal Health Program Office. Elders and community had extensive input into environmental design improvements of the hospital.

- A team of Aboriginal and non-Aboriginal staff (currently 23 members including intake, allied health and medical staff) responsible for organising cultural events and improving cultural safety.
- Using local cultural experts to deliver cultural awareness education for new staff at induction and with regular ongoing training sessions for existing staff.

Local Aboriginal communities report a new feeling of positivity and safety in their health experiences and a shift toward Bairnsdale Regional Health Service becoming a place for community events and gatherings.

Over the next three years, the department will:

- Improve access to health knowledge to support Aboriginal people, families and communities to take back the care, control and responsibility for their own health, wellbeing and safety.
- Improve access to culturally relevant health services including through increasing the number of Aboriginal healthcare workers and culturally competent organisations.
- Increase access to appropriate clinical treatment, care and support and develop Aboriginal culturally informed approaches.
- Build the knowledge and capability of health services in healing and recovery to inform more culturally responsive service delivery.
- Promote improved Aboriginal community access to, and strengthen the cultural responsiveness of, mainstream alcohol and other drug services.
- Support Aboriginal communities to identify the most appropriate alcohol and other drug treatment models and access pathways for Aboriginal communities in rural and regional Victoria.
- Work with the Department of Justice and Regulation to facilitate access to alcohol and other drug withdrawal services for men seeking to enter the Wulgunggo Ngalu Healing Service and across other parts of the state.
- Develop culturally responsive harm reduction initiatives for Aboriginal Victorians who consume drugs and alcohol at risky levels.
- Recognise and support holistic case management modules that deliver more effective outcomes to Aboriginal patients and clients.
- Support Aboriginal organisations to develop stronger referral pathways between ACCHOs and mainstream health services.

- k. Develop strong partnerships with ACCHOs, Primary Health Networks and community health services to ensure alignment of work and improved access to primary care.
- l. Work with VACCHO and Safer Care Victoria to identify best practice examples of culturally responsive health service delivery that can be used to increase the performance of other services.
- m. Improve data collection across all risk factors to ensure Aboriginal identification, and use an over-sampling strategy for the Victorian Healthcare Experience Survey to ensure robust data on Aboriginal Victorians' health care experience.
- n. Improve the healthcare experience for Aboriginal Victorians.
- o. Support the delivery of innovative cardiac rehabilitation and secondary cardiac prevention services for Aboriginal people.
- p. Encourage health services to increase representation of Aboriginal people on boards.

In 10 years, success will look like:

- Aboriginal Victorians have a reduced incidence of chronic disease and an increased life expectancy through better connected, culturally responsive supports and care.
- Aboriginal people, particularly youth, have access to culturally appropriate alcohol and other drug withdrawal and rehabilitation programs focused on their needs.

Strategic direction 5.2.5: Improve outcomes for Aboriginal LGBTI people

Reflections on good practice

The department and the Department of Premier and Cabinet jointly funded Kungah Retreat, an Aboriginal sisters, brothers and gender diverse Aboriginal community retreat, in response to the identified higher risk of suicide and poorer health, wellbeing and safety outcomes for Aboriginal LGBTI Victorians.

Kungah Retreat was formed to provide a forum for community inclusion, health support and resources. It is a space where Aboriginal transgender, gender diverse and sexually diverse people can come together in a safe environment to talk about experiences, share journeys, strengthen a sense of community and celebrate diversity. The first Kungah Retreat was held in late 2016 and received overwhelmingly positive feedback from attendees. The department will continue to work to provide further retreat opportunities for Aboriginal sisters, brothers and LGBTI communities.

Over the next three years the department will:

- a. Develop a statewide Aboriginal LGBTI wellbeing plan across the spectrum of needs including primary healthcare, sexual health, mental health and health promotion.
- b. Build on the Rainbow eQuality guide to acknowledge the diversity within Aboriginal communities.
- c. Continue to provide support for gatherings of the Aboriginal LGBTI communities, using models of good practice such as the Kungah Retreat held in 2016.
- d. Promote inclusive safe spaces, both physical and online, for Aboriginal LGBTI, brotherboy and sisters Victorians to gather, and encourage community engagement, community advocacy and cultural identity for the unique and diverse Aboriginal LGBTI community.
- e. Develop better pathways for Aboriginal LGBTI people in regional and rural communities to access tailored health and wellbeing services.
- f. Promote LGBTI quality assurance sector accreditation, including the rainbow tick, for mainstream and Aboriginal-specific health and human services.
- g. Support Aboriginal organisations and the blood-borne viruses and sexually transmitted infections sector to develop culturally responsive sexual health prevention and tertiary services for Aboriginal LGBTI Victorians.
- h. Support the capacity of Aboriginal LGBTI networks and organisations to provide peer support, health promotion, advocacy and community development services.
- i. Liaise with the Victorian Pride Centre board to advocate for strong Aboriginal recognition and representation within the new Victorian Pride Centre.

In 10 years, success will look like:

- Aboriginal LGBTI people are supported in the LGBTI community and within Aboriginal communities.
- Aboriginal LGBTI people have access to the culturally safe services and supports they require to live healthy, self-determined lives.
- Aboriginal LGBTI people have access to their own networks and organisations that deliver peer support, health promotion, advocacy and community development services.

Strategic direction 5.2.6: Improve outcomes for Aboriginal people with a disability

Reflections on good practice

Balit Narrum, an Aboriginal disability network in Northern Metropolitan Melbourne, is a dedicated resource supporting Aboriginal communities to engage in the National Disability Insurance Scheme (NDIS). The department's Aboriginal Focus Coordinator (Disability Services North Division), works with community organisations to navigate the NDIS and to support the delivery of services. Balit Narrum is a successful example of co-design that promotes better health, wellbeing and safety outcomes for Aboriginal people with a disability.

Over the next three years the department will:

- a. Work with the National Disability Insurance Agency to implement strategies to support Victorian Aboriginal communities during the transition to the NDIS by supporting self-determined, place-based Aboriginal disability coordination and planning networks and strengthening the capacity of Aboriginal communities to navigate disability services.
- b. Build the voice of Aboriginal people with a disability through advocating for culturally safe Aboriginal and broader network groups.

- c. Explore options for expanding the Balit Narrum model.
- d. Work with the Commonwealth Government to increase supports and resources for Aboriginal organisations to respond to the NDIS.
- e. Advocate for the Commonwealth Government to build and promote cultural safety of the Victorian disability sector through the NDIS.
- f. Ensure all Aboriginal children with a disability in out-of-home care are appropriately identified and provided with relevant supports.
- g. Ensure all departmental policy and programs are adopting 'designing for diversity' principles, creating and sustaining a health and human services system that is inclusive, non-discriminatory and accessible for everyone.
- h. Undertake activities targeted at ensuring mainstream services interface with the NDIS and provide broader disability supports in ways that are responsive to the needs of Aboriginal Victorians.

In 10 years, success will look like:

- All Aboriginal people with a disability have access to the culturally safe supports they require to live healthy self-determined lives.

Next steps

Reforming the Victorian health and human services system to support Aboriginal self-determination in improving health, wellbeing and safety outcomes recognises that Aboriginal people and communities need to lead the design, implementation, governance, monitoring and evaluation of Victorian Aboriginal health, wellbeing and safety initiatives.

Implementation, governance and accountability

Achieving the vision of *Korin Korin Balit-Djak* will require significant effort from all parts of the Victorian health and human services system, Aboriginal communities, Aboriginal organisations, the funded sector and government agencies. Implementation will require system reform across the broader cultural and social determinants of health, wellbeing and safety. Flexible place-based solutions at the local level that embody the principle of Aboriginal self-determination will be prioritised to focus efforts.

Embodying the principle of Aboriginal self-determination, locally place-based divisional implementation plans will be developed with Aboriginal communities to support the delivery of actions detailed within this plan. Guided by Aboriginal communities, the department is developing an overarching statewide implementation guide to drive system reform from within the department. Rolling implementation plans will be refreshed every three years over the 10 year lifespan of this plan in consultation with Aboriginal communities and organisations.

The accompanying *Aboriginal governance and accountability framework* provides a mechanism for oversight and implementation of *Korin Korin Balit-Djak* over the next 10 years.

Monitoring and evaluating outcomes

A detailed evaluation approach will be developed with key Aboriginal research, evaluation and service delivery organisations in consultation with Aboriginal communities. The design, development and delivery of the evaluation plan, and the subsequent monitoring and evaluation of Aboriginal health, wellbeing and safety, will be Aboriginal community-led. This will ensure the use of Aboriginal indicators, methods and measures of success, as well as the employment of independent Aboriginal researchers and evaluators. Central to this approach is the function of Aboriginal communities holding the department to account for improving Aboriginal health, wellbeing and safety.

Aboriginal measures of success will inform the department's outcomes framework. This will help track whether our combined efforts are advancing self-determination in Aboriginal health, wellbeing and safety, improving outcomes over time and will ensure efforts can be focused on what really matters to Victorian Aboriginal communities.

Appendix 1: Consultations

The development of this plan has been strongly guided by the aspirations of Victorian Aboriginal communities. From January 2016, the department held over 50 consultation meetings with Victorian Aboriginal communities, Aboriginal organisations, the funded sector, and other government departments to consult on the development of *Korin Korin Balit-Djak*.

Statewide public symposiums and forums

Open symposium at Richmond Football Club, Melbourne, February 2016

Open symposium at Richmond Football Club, Melbourne, June 2016

Aboriginal Community and Partnership Forum, December 2016

Focus groups

Loddon Mallee Aboriginal Reference Group (Bendigo)

Lowitja Institute

Victorian Aboriginal Child Care Agency (VACCA) consultation

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) consultation meeting

Community meetings

Ararat open community consultation

Bairnsdale open community consultation

Casey/Doveton open community consultation

Dandenong community consultation meeting

Geelong open community consultation meeting

Gippsland open community consultation meeting

Gunditjmara Elders Lunch

Hastings open community consultation meeting

Kunghah Aboriginal sisters, girls, brotherboys and gender diverse Aboriginal community retreat

Latrobe Aboriginal Advisory Group

Loddon Mallee Aboriginal Reference Group (Echuca)

Mildura open community consultation

Portland open community consultation

Warrnambool open community consultation meeting

Community sector meetings

Aboriginal Eye Health Advisory Group consultation

Aboriginal Health Managers network meeting

Aboriginal Housing Victoria

Alzheimer's Australia consultation

Balit Narum, Aboriginal disability consultation

Barwon South West Regional Aboriginal Health Committee

Beyond Blue consultation

Eastern *Koolin Balit* Regional Committee

Eastern Metro Health and Wellbeing Network

Gippsland community sector meeting

Grampians community sector meeting

Indigenous Eye Health

Koolin Balit Regional Committee consultation meeting – Eastern Metro

Koolin Balit Regional Committee consultation meeting – West Division

Mallee District Aboriginal Services Board meeting

Mental Health Complaints Commission consultation

Parks Victoria consultation

Primary Health Network representative consultation

Rumbalara Aboriginal Cooperative consultation

Victorian Koorie Community Housing Program Forum

Warrnambool community sector consultation

Wathaurong Aboriginal Cooperative consultation

Victorian Aboriginal Child Care Agency (VACCA)

Victorian Aboriginal Community Controlled Organisation (VACCHO)

Victorian Council of Social Services (VCOSS)

Victorian Healthcare Association

Across government consultations

The department has consulted with DHHS program areas as well as with other Victorian Government departments

Written submissions

Aboriginal Family Violence Prevention and Legal Service Victoria

Budja Budja Aboriginal Cooperative

Community member A

Community member B

Indigenous Eye Health in Victoria

Inner/Urban South Community Health worker

Appendix 2: Expert Panel membership

Anne Congleton – Chairperson

Deputy Secretary, Community Participation, Health and Wellbeing

Antoinette Braybrook

Chief Executive Officer, Aboriginal Family Violence Prevention and Legal Service Victoria

Antoinette Gentile

Director, Koorie Justice Unit, Department of Justice and Regulation

Andrew Jackomos

Commissioner for Aboriginal Children and Young People

Angela Singh

Executive Director, Koorie Outcomes Division, Early Childhood and School Education Group, Department of Education and Training

Associate Professor Gregory Philips

Academic and Research Fellow at Baker IDI Heart and Diabetes Institute

Jason Mifsud

Executive Director, Aboriginal Victoria, Department of Premier and Cabinet

Jill Gallagher

Chief Executive Officer, Victorian Aboriginal Community Controlled Health Organisation

Joshua Smith

Director Diverse Communities, Department of Premier and Cabinet

Michael Bell

Chairperson, Victorian Aboriginal Children and Young People's Alliance

Professor Muriel Bamblett

Chief Executive Officer, Victorian Aboriginal Childcare Agency

Nova Peris

Principal Adviser, Sport and Recreation Participation, Department of Health and Human Services

Romlie Mokak

Chief Executive Officer, Lowitja Institute

Rachel Davis

Director, Aboriginal Victoria, Department of Premier and Cabinet

Wayne Muir

Chief Executive Officer, Victorian Aboriginal Legal Service



List of abbreviations and terminology

Aboriginal organisation	<p>For the purposes of this policy, an Aboriginal organisation is defined as:</p> <p>An Aboriginal organisation:</p> <ul style="list-style-type: none"> • that guarantees control of the body by Aboriginal people and guarantees that the body will function under the principle of self-determination • is initiated by and for a local Aboriginal community • is based in a local Aboriginal community • is governed by an Aboriginal body which is elected by the local Aboriginal community • delivers holistic and culturally appropriate services and supports to the community which controls it.
ACCHOs	Aboriginal community-controlled health organisations
ACCOs	Aboriginal community-controlled organisations and other Aboriginal organisations
AHV	Aboriginal Housing Victoria
AIS	Aboriginal Information System app
BRHS	Bairnsdale Regional Health Service
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CQI	Continuous quality improvement
DPC	Department of Premier and Cabinet
Elders	Refers to Aboriginal community Elders and older Aboriginal people
Gathering Places	Refers to all Gathering Places and other programs utilising the Gathering Place model
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients (program)
KMS	Koori Maternity Services
LGBTI	Lesbian, gay, bisexual, trans and gender diverse, and intersex
LMARG	Loddon Mallee Aboriginal Reference Group
NCAFP	National Congress of Australia's First Peoples
NGO	Non-government organisation
VACCA	Victorian Aboriginal Childcare Agency
VACCHO	Victorian Aboriginal Community Controlled Health Organisation

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