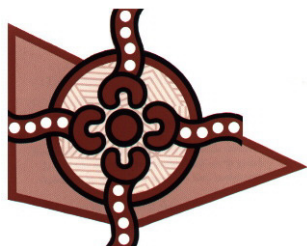


# Victorian Aboriginal Community Controlled Health Organisation Inc.



5–7 Smith Street,  
Fitzroy, 3065  
Postal Address:  
PO Box 1328  
Collingwood, 3066, Vic.  
E-Mail [@vaccho.com.au](mailto:@vaccho.com.au)  
Ph: 03 9419 3350  
Fax: 03 9417 3871

## *VACCHO submission to the Senate Inquiry on the Administration of Indigenous Affairs.*

### **Introduction**

ATSIC was established by an Act of the Commonwealth Parliament in 1984.

Local communities beginning in the 1960's established indigenous community organisations. These organisations began to establish state and national peak organisations in the early 1970's.

In April 2004 a government bill was introduced to abolish ATSIC and ATSISS and distribute the staff and responsibility for these activities to various government departments. The passage of the bill will have significant implications for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and its members.

### **Organisation description**

The Victorian Aboriginal Community Controlled Health Organisation is the peak body of Aboriginal community controlled health organisations. VACCHO has twenty-five members each providing health services to its local Aboriginal community.

VACCHO, in its current form, was founded in 1996 and currently represents twenty-five members across Victoria. Each member is an Aboriginal community controlled organisation. Most are multifunctional services with health as a key part of their responsibility and some are stand alone health services. The role of VACCHO is to build the capacity of its membership and to advocate for issues on their behalf. Capacity is built among members through ongoing training for workers, through support networks, workforce development and through leadership on particular health areas. Advocacy is carried out at a state and national level on all issues relating to Aboriginal health with a range of community and government agencies.

Aboriginal community controlled health organisations have a proud history as sustainable, democratic, grounded organisations building community while effectively providing services to the community. Some of VACCHO's members have been providing services to their local community for over thirty years.

VACCHO is committed to improving the well being of Aboriginal people in Victoria. This is supported by our commitment to maximise the capacity of the Aboriginal community in determining their health and wellbeing by ensuring community participation and community ownership.

**VACCHO is guided by the following principals:**

- *Health does not simply mean the physical wellbeing but refers to the social, emotional and cultural wellbeing of the whole community.*
- *Aboriginal people have a whole of life view incorporating the cyclical concept of life, death and the relationship to the land.*
- *Through the development of a strong state peak body in VACCHO, strong members and strong partnerships with mainstream agencies VACCHO seeks to enable equity of access to health services for all Aboriginal people in Victoria with an aim of achieving equality in health outcomes.*
- *Community control is the key strength in the community.*
- *Each Aboriginal community needs its own community based, locally owned, culturally appropriate and adequately resourced, primary health care facility.*
- *Aboriginal Health services will strive to achieve the state where every individual is able to achieve their full potential as a human being and as a member of their community.*
- *Aboriginal Community Controlled Organisations are best placed to deliver services to Aboriginal people*

An executive board governs the Victorian Aboriginal Community Controlled Health Organisation. Board members are elected from representatives of Aboriginal Community Controlled Health organisations (ACCHOs) across Victoria.

The current board is made up of:

|                              |                                      |
|------------------------------|--------------------------------------|
| Justin Mohamed (Chair)       | Rumbalara Health Service, Shepparton |
| Karlene Dwyer (deputy chair) | Njernda Health House, Echuca         |
| Lyn McInnes (treasurer)      | Watherong, Geelong                   |
| Robert (Jumbo) Pearce        | GEGAC, Bairnsdale                    |
| Kelvin King                  | Dhauwurd-wurrung, Portland           |

VACCHO currently has thirty staff that provide support to ACCHOs in a range of areas. The areas of VACCHO's work include administrative support, a registered training unit, Koori maternity services, mental health and spiritual and emotional wellbeing support, workforce development, sexual health and policy.

**VACCHO's position on a post ATSIC environment.**

The demise of ATSIC and ATSI is likely to have a significant impact on VACCHO and its members including:

- Increased demands on VACCHO and its members for consultation, advice, coordination from several government departments.
- the lack of Indigenous focus, experience & knowledge in the mainstream government departments.
- the operation of staff from departments who do not have an Indigenous focus and will compete with a 'broader policy agenda' will find it difficult to prioritise Indigenous issues.
- The lack of coordination among departments and levels of government when responding to Indigenous health Issues.
- The difficulty in developing policy expertise and experience in the area of Indigenous issues when it is seen as a tertiary part of a department's activities.
- The poor historical record of government departments in addressing Indigenous disadvantage.

- A lack of investment in community controlled and developed policy development processes.

### **A Community Controlled Alternative**

With the demise of ATSIC and ATSIS, VACCHO would submit that the resources previously under ATSIC/ATSIS control should be placed under the management of Indigenous peak organisations at State and National levels where they exist and that in those areas where no State or National peaks currently exist a community controlled organisation should be sponsored and fostered.

These peak organisations would be accountable through a community based democratic structure. Their direction and priorities would be set by their members, which in turn would be controlled at the grass roots level by active Indigenous participation in their membership and boards of management.

There currently exist peak bodies at the national level for Health, Legal Aid, Justice and Childcare. Community organisations at a State level exist in areas such as housing but lack a National peak organisation.

The allocation of resources previously tied up with ATSIC and ATSIS to Indigenous community peaks would ensure the sustainability of peak organisations and ensure the allocation of these resources was under the control of the communities at which they are targeted.

Although funding is a vital resource to address Indigenous disadvantage, sustainable peak organisations with the capacity to attract and retain staff with the skills and knowledge to address the issues faced by the Indigenous community are also essential.

Mainstream services and mainstream government departments do not have a record of success in addressing Indigenous disadvantage. In the area of health this relative disadvantage is well documented. Life expectancy for Indigenous Australians remains at third world levels.

Another aspect to the abolition for VACCHO is the dispersal of positions previously under ATSIC and ATSIS control to a wide range of government departments. This dispersion will increase the amount of agencies Indigenous organisations must interact with thus increasing workloads. There is already significant demand on Aboriginal community organisations to respond to Government requests. There is no balanced increase in the capacity provided to community organisations under this bill to meet the increased policy, consultation and expertise required to engage equally in the environment created by the passage of this bill.

In practice a whole of government approach often means that small under resourced and volunteer driven agencies are often expected to respond and report to each layer and all sections of government. Services are largely under-resourced to respond to the diversity and complexity of requests for assistance and advice by governments.

Proposals to replace ATSIC and ATSIS with dedicated one stop shops for access to government services & advice could only be effective if resources and infrastructure

is invested with the community to facilitate its participation in a partnership with government.

Most Aboriginal community based organisations lack the resources to engage with requests to the level that represents community view.

The dispersal of ATSIC and ATSI staff across a range of departments will lead to a fragmentation of networks and expertise among departmental offices. The placing of public servants with responsibility for Indigenous issues in units of departments without an Indigenous focus will dilute their expertise and the policy momentum and focus.

Government departments on the basis of record do not have expertise in communicating with Indigenous communities and addressing Indigenous issues. The dispersal of current ATSIC and ATSI positions will reduce the incentive in those public servants to develop expertise in Indigenous affairs. It will also dilute the priority and coordination among departments in addressing Indigenous issues.

This Bill addresses the structure of the governments response to Indigenous issues but does not address the baseline resources required to achieve an equality of health and social outcomes. In the area of health alone the AMA estimates that an injection of \$300M per annum is required to address indigenous disadvantage in health outcomes. (AMA Indigenous Health Discussion Paper, AMA 2001)

The bill also ignores the existence of Aboriginal community controlled structures that existed prior to the establishment of ATSIC and will continue to act should ATSIC be dissolved.

## **Conclusion**

If it is decided that a new structure is required to address Indigenous disadvantage and health issues it is vital that Indigenous people are included in the process. In Victoria the best engagement with the Indigenous community can be achieved by addressing Indigenous community organisations through their peak organisations.

These organisations require resources to participate as equals in the policy and planning discussion. These demands of working with government are in addition to requirements and demands that these community organisations face in the fulfilment of their funded service delivery duties.

As stated these organisations are accountable through a community based democratic structure. Funding the peaks is the most logical method for improvement, as these peak bodies and community organisations were set up by and are directly accountable to their communities.

Given the role the government has played, historically, it is clear that the engagement of Indigenous communities is essential in addressing the issues that affect the lives of Indigenous people.