

2025-26

VACCHO Budget Submission



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Acknowledgement

The Victorian Aboriginal Community Controlled Health Organisation acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present.

About VACCHO

The Victorian Aboriginal Community Controlled Health Organisation Inc. (VACCHO) is the peak Aboriginal and Torres Strait Islander health and wellbeing body representing 33 Aboriginal Community Controlled Organisations (ACCOs) in Victoria. Established in 1996, a key element of VACCHO's role is to provide informed advice to Government on better outcomes for Aboriginal people in Victoria in relation to health and wellbeing and ensure they can access culturally safe services. VACCHO's vision is that Aboriginal and Torres Strait Islander people have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. Community Control is the philosophy that underpins our approach and our sector's successes.

Please note the content of this document, including all features, materials, text, conceptual models, graphics and other like material is owned by VACCHO.

Executive summary

VACCHO's 2025-2026 budget submission acknowledges the continuing tight fiscal environment in Victoria and has prioritised eight projects that will deliver value for money and uplift the health and wellbeing of Aboriginal Victorians. Of the eight budget bids, four of them are aligned with the *Early Investment Intervention Framework* meaning if they are funded as outlined, they will deliver savings to the Victorian Government by diverting people away from costly tertiary services.

The Aboriginal population in Victoria is growing rapidly, with an annual growth rate of 3.8%, significantly higher than the broader population's 1.6%, and a median age of 24 compared to 38 in the broader population. Projections suggest the population could exceed 137,000 by 2036.¹ This youthful population and rapid growth provides opportunity and critical need for early intervention approaches so Aboriginal people in Victoria can live long and healthy lives. It is also increasing demand and putting pressure on ACCOs. Infrastructure and programs need to be scaled to meet this demand if Victoria is going to make progress towards its commitments in the National Agreement on Closing the Gap.

This budget submission collectively asks for \$150 million for these projects over an initial four-year period. However, many of these projects should be scaled up further and scaled out to more ACCOs so that Aboriginal Victorians can reap the benefits of these programs across the state in their local Communities. These bids would help the Victorian Government deliver on its commitments on Closing the Gap, the Royal Commission into Victoria's Mental Health System, the Yoorrook Justice Commission and Aboriginal Health and Wellbeing Partnership Agreement.

VACCHO calls on the Victorian Government to deliver this investment to further the Government's commitment to self-determination and enhancing the delivery of health and wellbeing through ACCOs.

¹ <https://www.vaccho.org.au/aboriginal-and-torres-strait-islander-population-growth-model/>

Budget Submission Overview

Bid	Amount	Government Commitment	Page
Healing Aboriginal Victoria	\$37,000,000 over four years	Royal Commission into Victoria's Mental Health System Recommendation 33.1	5
The Nest: Mental health supports for Aboriginal kids and their families	\$58,810,000 over four years	Royal Commission into Victoria's Mental Health System Recommendation 33.4	8
Our health is our wealth: A plan for a renewed and sustainable DDACL	\$15,430,000 over five years	Aboriginal Health and Wellbeing Partnership Action E.11.1	11
Our places, our way: Towards strategic asset management for ACCOs	\$9,180,000 over three years	Aboriginal Health and Wellbeing Partnership Action E.11.1	14
Strengthening lifelong oral and dental health for Aboriginal Victorians	\$15,570,000 over four years	Aboriginal Health and Wellbeing Partnership Agreement Domains 1,2&3	17
Supporting Aboriginal Women on the Journey into Motherhood	\$17,700,000 over four years	National Closing the Gap Target 2	19
Strengthening Indigenous Data Sovereignty and Governance in Cancer Research	\$3,510,000 over four years	Victorian Cancer Plan 2024-2028	22
Aboriginal-led model of custodial health care	\$2,000,000 over two years	Cultural Review into Adult Custodial Corrections System Recommendation 5.8	24
Total	\$159,000,000		

Healing Aboriginal Victoria

The Healing Aboriginal Victoria proposal will deliver an Aboriginal-led response to Recommendation 33.1 of the Royal Commission into Victoria's Mental Health System: to support Aboriginal social and emotional wellbeing by resourcing VACCHO's *Balit Durn Durn Centre for Aboriginal Social and Emotional Wellbeing* to establish two co-designed healing centres. The Healing Centres will deliver an accessible service – seven days per week, by walk in or referral – to support healing from intergenerational trauma and the impacts of colonisation. Funding of \$37 million over four years will establish a statewide *Healing Aboriginal Victoria Service* which will establish and manage the two Healing Centres.

The Problem

The ongoing impact of colonisation, perpetrated through government policy and legislation, has resulted in profound intergenerational trauma, loss of Country and loss of Culture. It has contributed to catastrophic mental health and social emotional wellbeing outcomes among Aboriginal people in Victoria. This includes overrepresentation in negative outcomes across suicide rates, rates of children in out-of-home care, poor social emotional wellbeing, and the prevalence of premature mortality. Between 2019–2023, there was a 70% increase in mental health related emergency department presentations amongst the Aboriginal community.²

Distrust of the mainstream mental health system leads to many Aboriginal people accessing mental health services only at a point of crisis, meaning more expensive tertiary services, rather than preventative care or early intervention approaches. This results in disproportionately high rates of clinical deterioration for Aboriginal people as the options available through tertiary mental health services are not conducive to healing intergenerational trauma or upholding their cultural rights.

Solution

The two Healing Centres will provide the basis of a statewide service operating seven days a week on a walk-in and/or referral basis. At full capacity the Healing Centres will support 3,253 people annually across the two locations.

² Victorian Population Health Survey, 2023. Psychological distress by Aboriginal and Torres Strait Islander status, VAHI.

The Healing Centre model has been co-designed through 3,599 hours of community consultations and analysis of evidence-based best practice approaches of healing through both cultural and clinical approaches. The model is unique, placing an understanding of the nature of the trauma resulting from disconnection from Country, family and Culture at the centre.

The intersection of culturally informed social and emotional wellbeing, culturally informed mental health, and cultural and Community healing practices informs the healing practice of an individual's Culture and identity³.

The Healing Aboriginal Victoria Service will be implemented in a staged approach over the next four years. In the first year, a foundational team will support the establishment of the statewide Healing Aboriginal Victoria Service entity, recruit board and committee members and appoint delivery partners. Its second year will see services commence at 55% capacity. Its third year will boost service delivery to 70% and conduct a year-in-review of service delivery. Its fourth year will focus on continuing to increase capacity.



Figure 1: The co-designed Healing Centre Service Model

Project Budget (in millions)

Description	2025-26	2026-27	2027-28	2028-29	Total
Establishment of Healing Aboriginal Victoria Service entity	2.133	0.000	0.000	0.000	2.133
Departmental FTE	0.212	0.192	0.198	0.204	0.806
Development of two healing centres	0.000	8.792	10.876	14.390	34.058
Total cost	2.345	8.984	11.074	14.594	36.997

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Alignment to Government Priorities and Strategies

- **Royal Commission into Victoria’s Mental Health System 2021:** specifically, Recommendation 33.1 to “*build an Interim Recommendation 4 to support Aboriginal social and emotional wellbeing, and resource the Social and Emotional Wellbeing Centre to establish two co-designed healing centres*”
- **The National Agreement on Closing the Gap,** this proposal will contribute to closing the gap in life expectancy (target 1), a reduction in suicide (target 14), and an increase in the number and strength of Aboriginal languages being spoken (target 16).
- **Victorian Aboriginal Affairs Framework 2018–2023,** which has a focus on the ‘Transfer [of] power and resources to Communities’.
- **Balit Murrup Framework 2017–2027:** which articulates the Victorian Government’s Social and Emotional Wellbeing Framework.
- **Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025** which was endorsed by Cabinet and signed by the Ministers for Health and Minister for Treaty and First Peoples in May 2023.
- **Yoorrook for Justice report into Victoria’s Child Protection and Criminal Justice Systems:** which makes 46 recommendations for reform across five categories that the Victorian Government must uphold under the Treaty process.

The Nest™: Mental Health supports for Aboriginal Kids and their families

The Nest is a statewide, Aboriginal-led mental health and social emotional wellbeing service for Aboriginal children aged 0-11 years and their families. Developed through a two-year co-design process, it is the model determined by Aboriginal communities and the Victorian Government in response to Recommendation 33.4 of the Royal Commission into Victoria's Mental Health System: *"... to design and establish a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports."*

The Nest™ service model starts with the establishment of 'Local Nests' in regions across Victoria, located within health and wellbeing ACCOs, providing wrap-around multidisciplinary service teams with a consistent model of care and strong cultural components. A funding commitment of \$58,810,000 over four years will fill a critical gap in social, emotional and wellbeing services while supporting families to thrive together via a health-led program.

The Problem

The Royal Commission identified a critical service gap for Aboriginal children aged 0-11 years, whose mental health needs are too complex for general practitioners but not severe enough for specialised mental health services, which results in late or crisis-point access to care. The loss of connection to family, Culture, and Community, along with feelings of instability, significantly contribute to higher rates of mental illness and suicide among Aboriginal children in Victoria.

Despite ongoing reforms, access to appropriate mental health and social and emotional wellbeing services for Aboriginal children remains low. Less than 1% of Aboriginal children aged 0-11 accessed community mental health services in recent years.

The expansion of Social and Emotional Wellbeing (SEWB) teams, a key initiative from the Royal Commission, is underway, but most of these teams focus on adults rather than children. This lack of early intervention leads to over-representation in the tertiary end of the mental health system, with significant increases in

emergency department presentations and hospital outpatient clinic visits for mental health and wellbeing issues among Aboriginal children.

More than 1 in 10 Aboriginal children in Victoria have been removed from their families, almost twice the national rate⁴, leading to higher rates of mental health conditions compared to those not in the system. There is currently no health-led Aboriginal-led response that addresses the mental health needs of Aboriginal children and their families.

Solution

Since 2023, VACCHO has worked with the Department of Health to co-design a solution to recommendation 33.4 of the Royal Commission into Victoria's Mental Health System. A rigorous, two-year co-design process followed that engaged:

- 5 expert advisory groups
- 14 in-depth family engagements
- 5 engagement workshops with SEWB and mental health workforce
- A 3-day on-country service design workshop
- 2 'testing back' workshops with design retreat participants.

This process resulted in the development of a service model framework called '**The Nest™**'.

The Nest™ will be a statewide, Aboriginal-led intensive social emotional wellbeing service for Aboriginal children aged 0-11 years and their families. It will be delivered by ten health and wellbeing ACCOs across the state with a statewide implementation support team based at VACCHO's Balit Durn Durn Centre to ensure statewide consistency and support continuous quality improvement, reporting, evaluation and capacity building.

There will be two **Local Nests** in each of five regions in Victoria. They will provide comprehensive care and support for Aboriginal families with children aged 0-11 years who are experiencing developmental, emotional, relational and behavioural challenges, and who require intensive SEWB care and support. Local Nests will have a Nest Coordinator, a Senior Cultural Advisor, a Family Engagement Practitioner,

⁴ Productivity Commission OOH rate for Aboriginal and Torres Strait Islander children is 57.2 per 1,000. However, Aboriginal children and young people in Victoria were removed and placed into care at a rate of 102.9 per 1,000 Aboriginal and Torres Strait Islander children – 22.5 times the rate of non-Indigenous children and almost twice that of the national average for Aboriginal children.

and four Family Practitioners who would each manage a caseload of approximately 12 cases per month, of varying complexity. These multidisciplinary teams will provide child and family therapy, plan pathways and guide service access to specialist services.

Project Budget

Description	2025-26	2026-27	2027-28	2028-29	Total
10 Local Nests across 5 regions	3.476	12.345	18.101	18.808	52.730
Statewide Implementation Support	0.949	0.995	1.616	1.715	5.275
Departmental FTE	0.212	0.192	0.198	0.204	0.806
Total cost	4.637	13.562	19.915	20.727	58.811

Alignment to Government Priorities and Strategies

- **Royal Commission into Victoria's Mental Health System**; specifically, Recommendation 33.4 to "resource the Victorian Aboriginal Community Controlled Health Organisation, in partnership with an Infant, Child and Youth Area Mental Health and Wellbeing Service, to design and establish a culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports".
- **Aboriginal Health and Wellbeing Partnership Agreement**; specifically, domains 1, 2 and 3. This Agreement and Action plan were endorsed by Cabinet in May 2023.
- **Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027**, which articulates the Victorian Government's Social and Emotional Wellbeing Framework.
- **Early Intervention Investment Framework**, that aims to move funding to early interventions to improve the lives of Victorians and deliver better outcomes across the service system.

Our Health Is Our Wealth: A Plan for a Renewed and Sustainable DDACL

Dandenong and District Aborigines Co-operative Ltd (DDACL) is currently operating out of inadequate emergency accommodation. Funding is required to secure interim accommodation for DDACL to enable delivery of culturally safe, holistic health and wellbeing services to the 13,500 local Aboriginal and Torres Strait Islander community members. An effective ACCO in the South- Eastern suburbs is a critical priority given the Aboriginal population is projected to increase to 24,650 people by 2037⁵

The Problem

Investment in more culturally appropriate infrastructure to facilitate effective holistic models of care has been a priority for the ACCO sector for some time but has not been met with Government action.



Figure 2 DDACL's main office had to be closed down in August 2024 due to asbestos

Since the imminent threat of asbestos exposure and structural failure of DDACL's main office in August 2024, emergency accommodation has been leased in Cranbourne which has enabled temporary reinstatement of services. This arrangement does not meet several of DDACL's key requirements, is poorly located

⁵ <https://www.vaccho.org.au/aboriginal-and-torres-strait-islander-population-growth-model/>

and has fragmented their facilities, preventing service integration and creating operational inefficiencies.

Despite major building defects being known to Government for over a decade, two previous business case attempts to remedy the issues, and multiple visits by Government representatives, DDACL has received no substantial funding and is now at crisis point. Without an interim accommodation solution, DDACL will need to cease some services to their population of 13,500 people. Due to the lack of earlier investment, the economic cost to remedy the situation has increased.

Solution

To enable DDACL to sustain service delivery and avoid further service closures, funding for the fit-out and lease of interim accommodation, as well as funding to support planning towards a long-term asset solution, is needed.

Four options were considered and methodically assessed:

- Upgrade the existing facilities
- Demolish the existing facilities and construct new purpose-built facilities
- Acquire a new site and construct new purpose-built facilities
- Lease interim accommodation and undertake planning towards long-term asset solution.

The fourth option was assessed as the most economical at this juncture given the urgent need and fiscal environment of Government.

This project embodies the state government's commitment to self-determination as stated in the Victorian Aboriginal Affairs Framework 2018–2025: 'Aboriginal Victorians are empowered to own and drive safe, relevant and accessible responses to meet their needs and a focus on the 'transfer[of] power and resources to communities'.

Project budget (in millions)

Description	2025-26	2026-27	2027-28	2028-29	2029-30	Total
Capital fit-out costs	5.069	4.640	0.000	0.000	0.000	9.709
Lease operating expenditure	0.617	0.635	0.654	0.674	0.694	3.275
Long-term planning costs	1.335	1.11	0.000	0.000	0.000	2.445
Total cost	7.021	6.385	0.654	0.674	0.694	15.429

Alignment to Government Priorities and Strategies

- **Aboriginal Health and Wellbeing Partnership Agreement and Action Plan:** endorsed by Cabinet in May 2023 which demonstrates a partnership between the Victorian Government and ACCOs to transition towards a self-determined, community controlled and culturally safe health and wellbeing service sector for Aboriginal people. This proposal addresses part of action E.11.1.
- **Partnership Agreement on Closing the Gap,** which is the agreement between the Commonwealth Government, state and territory governments, the Coalition of Aboriginal and Torres Strait Islander Peak organisations and the Australian Local Government Association.
- **Victorian Aboriginal Affairs Framework 2018-2023,** which has a focus on the 'Transfer[of] power and resources to communities'.
- **The Department of Health Strategic Plan 2023-2027 (2024 update),** which recognises the unacceptable disparities in health and outcomes between Aboriginal Victorians and non-Indigenous Victorians.
- **Yoorrook Justice Commission** – investigating the historical and ongoing injustices faced by First Peoples in Victoria, particularly in health.

Our Places, Our Way: Towards Strategic Asset Management For Health and Wellbeing ACCOs

Action E.11.1 of the Aboriginal Health and Wellbeing Partnership Agreement Action Plan commits the Victorian Government to develop business cases for capital funding to meet the immediate, medium and long term identified infrastructure needs of at least 12 sites. Health and Wellbeing ACCOs are not adequately resourced to conduct the required preliminary planning and mapping that would inform an infrastructure business case process. This proposal will prepare the sector to be ready for infrastructure funding opportunities that will ultimately improve access to health services for Aboriginal people, improve cultural safety of services and avoid further service closures.

The Problem

Health and Wellbeing ACCOs have been shown to produce better health outcomes for Aboriginal people when compared with mainstream services, however they suffer from a chronic lack of infrastructure investment. This has resulted in ACCO assets that are in terminal decline; 82% of Victorian Health and Wellbeing ACCO buildings assessed are in 'very poor' or 'poor to moderately fair' condition and will require full to partial replacement in the next 10-15 years.

A lack of culturally safe assets coupled with poor accessibility impacts engagement with services, undermines self-determination and prevents progress towards closing the health gap between Aboriginal and Torres Strait Islander and non-Indigenous peoples.

Available infrastructure funding is oversubscribed, highly competitive and not scaled to meet the extensive needs of ACCOs. This means that infrastructure works are reactive rather than strategic and driven by asset failure, which ultimately increases long-term costs.

Solution

This funding will enable foundational activities to support the establishment of a strategic capital planning and asset management framework for the health and wellbeing ACCO sector in Victoria.

This will support these ACCOs to effectively plan and manage their assets, and by extension their services and programs, through a self-determined approach.

These foundational activities will fall into three categories: strategic activities which include mapping the state-wide services model, planning guidelines for the sector, and developing a framework for the Health and Wellbeing ACCO perpetual infrastructure fund; activities at prioritised sites which include site investigations, feasibility studies, concept designs and cost planning; and enabling activities which includes workforce modelling, Community engagement, government and project management.

In addition to enabling these ACCOs to model and plan to meet their projected growth and demand in a self-determined approach, these activities will also support:

- the avoidance of further service closures,
- improve access to health services for Aboriginal people,
- improve cultural safety of services,
- deliver greater value for money for government, and
- increase capability in the ACCO sector.

Project Budget (in millions)

Description	2025-26	2026-27	2027-28	Total
ACCO Sector Strategic Capital Planning and Asset Management Framework				
a) Strategic activities	0.491	0.963	0.471	1.925
b) Prioritised sites	0.314	0.668	0.354	1.335
c) Enabling activities	1.891	2.655	1.374	5.920
Total				9.180

Alignment to Government Priorities and Strategies

- **Aboriginal Health and Wellbeing Partnership Agreement and Action Plan:** endorsed by Cabinet in May 2023 which demonstrates a partnership between the Victorian Government and ACCOs to transition towards a self-determined, community controlled and culturally safe health and wellbeing service sector for Aboriginal people. This proposal addresses part of actions B.2.5, E.11.1 and E.11.2.

- **Partnership Agreement on Closing the Gap**, which is the agreement between the Commonwealth Government, state and territory governments, the Coalition of Aboriginal and Torres Strait Islander Peak organisations and the Australian Local Government Association.
- **Victorian Aboriginal Affairs Framework 2018–2023**, which has a focus on the 'Transfer[of] power and resources to Communities'.
- **The Department of Health Strategic Plan 2023–2027 (2024 update)**, which recognises the unacceptable disparities in health and outcomes between Aboriginal Victorians and non-Aboriginal Victorians.
- **Yoorrook Justice Commission** – investigating the historical and ongoing injustices faced by First Peoples in Victoria, particularly in health.

Strengthening Lifelong Oral And Dental Health For Aboriginal Victorians

This proposal supports Victorian Health and Wellbeing ACCOs to improve oral and dental health service provision for Aboriginal and Torres Strait Islander people, to address the high rates of disease and barriers that affect access to services. Funding of \$15.565 million over four years will deliver an additional 9,000 episodes of care per year of preventive oral healthcare and general dental care to Aboriginal people. This will be achieved through flexible support to health and wellbeing ACCOs, who will develop self-determined strategies to increase access for their communities to oral health and dental services.

The Problem

Aboriginal people in Victoria continue to see major access barriers to public oral and dental healthcare. Many of these barriers are deeply systemic, for example:

- The community dental funding model in Victoria is outdated and unfit for purpose. It does not provide flexibility or incentives to help sustain high quality, culturally safe dental care. This has made it difficult for health and wellbeing ACCOs to establish, integrate, and sustain oral and dental healthcare services within their broader models of primary health.
- When attempting to access dental services through a mainstream provider, there is often confusion and misinformation about cost and wait times.
- We see an extremely concerning level of racism within mainstream public dental services. It leads to denials of service, offers of undignified access, and overall judgment and blame for a person's oral health status.

As a result of these barriers, Aboriginal people experience disproportionately high rates of oral health complications. These inequities often mean that Aboriginal people, especially children and Elders, experience untreated pain and discomfort, and in many parts of Victoria, they may have no option but to seek hospital care.

Oral and dental complications affect levels of confidence and self-esteem, and in some cases, they can interfere with our basic needs, including the ability to eat. That's why equitable access to oral and dental healthcare is an important issue of human rights, and we cannot allow the continued systemic failures that we currently see.

Solution

While oral disease is one of the costliest health conditions to treat, it is also one of the most preventable. This proposal seeks to directly fund at least nine ACCOs to deliver an additional 9,000 episodes of preventative oral healthcare and general dental care per year. ACCOs will self-determine the greatest opportunity for impact in their Community. Opportunities could include:

- Increase the resourcing of Dental Practitioners (including Oral Health Therapists) within multi-disciplinary ACCO primary healthcare teams
- Increase the number of Australian Health Practitioner Regulation Agency (AHPRA) registered Aboriginal Health Practitioners qualified to apply fluoride varnish
- Increase integration of oral health assessment and provision of oral health education within Aboriginal health checks, including increased screening for oral disease and embedding preventive treatments
- Establish culturally safe and trauma-informed warm referral partnerships with mainstream services.

Participating ACCOs will be invited to propose self-determined implementation approaches during the procurement process based on Community needs and priorities.

Project Budget (in millions)

Description	2025-26	2026-27	2027-28	2028-29	Total
ACCO Program Delivery	1.800	3.728	3.860	3.997	13.385
Departmental Support	0.024	0.000	0.000	0.000	0.024
Program Support, Monitoring & Evaluation	0.445	0.462	0.478	0.771	2.156
Total	2.269	4.190	4.338	4.768	15.565

Alignment to Government Priorities and Strategies

- **Aboriginal Health and Wellbeing Partnership Agreement**: specifically, domains 1,2 & 3. This Agreement was endorsed by Cabinet in May 2023 which demonstrates a partnership between the Victorian Government and ACCOs to transition towards a self-determined, community controlled and culturally safe health and wellbeing service sector for Aboriginal people.
- **Early Intervention Investment Framework**, that aims to move funding to early interventions to improve the lives of Victorians and deliver better outcomes across the service system.

Supporting Aboriginal Women on the Journey into Motherhood

We want our boorai (children) to have the best start in life. ACCO-led antenatal and postnatal care initiatives are effective in the reduction of preterm birth rates, a key indicator for positive health outcomes and a Closing the Gap indicator. Funding of \$17.704 million over four years will expand the capacity of at least 10 Victorian Health and Wellbeing ACCOs to deliver culturally safe, multi-disciplinary and continuous antenatal care to an additional 3,000 women. This will result in a reduction of the incidence of preterm birth, low birthweight and stillbirth, and decrease the rate of child removal.

The Problem

For nearly 25 years, our Koori Maternity Services (KMS) have supported thousands of Aboriginal women on their journeys into motherhood. KMS teams work within ACCOs to provide comprehensive and culturally safe healthcare and support during pregnancy, including to uplift and sustain intensive access to wrap-around social services, and to advocate for women when it's time to go into hospital.

We see amazing outcomes when Aboriginal women have access to an integrated, multi-disciplinary, Aboriginal-led model of care such as KMS. But the reality is that fewer than half our Communities have access to this model, and in places where it is available, we simply don't have enough capacity to keep up with the demand for services. In most parts of the state, there are no KMS teams resourced, and Aboriginal women are reliant on one-size-fits-all mainstream models of care.

This inequity means that we continue to see the following barriers and concerns:

- Most mainstream approaches to antenatal and perinatal healthcare are not comprehensive enough, and are too episodic, to adequately meet the needs of Aboriginal women, their families, and their babies.
- In many mainstream services, there is very little wrap-around support provided, and no continuity of care, and Aboriginal women and their families face the confusing and disempowering burden of having to navigate the health system alone.
- Aboriginal women and their families continue experiencing racism and discrimination when accessing mainstream healthcare.

- We continue to see child protection investigations triggered when it's recognised that families are unable to access culturally safe and trusted wrap-around services. While many of these investigations are closed, the trend is an alarming driver of child removal within Aboriginal communities.

These system failures are unacceptable injustices. They lead to adverse health outcomes in pregnancy among Aboriginal women, including a disproportionately high rate of preterm birth, stillbirth, and stress – including psychological distress. Access to culturally safe maternity and birthing care is a human right, and for Aboriginal women it is enshrined in the UN Declaration of the Rights of Indigenous People and the National Agreement on Closing the Gap.

Solution

This funding will directly support 10 health and wellbeing ACCOs to expand their capacity to deliver culturally safe, multi-disciplinary and continuous antenatal and postnatal care.

ACCOs will self-determine the greatest opportunity for impact within their Community. These opportunities could include:

- Employing additional clinicians such as midwives, Aboriginal Health Practitioners, and other health professionals within multi-disciplinary teams
- Increase capacity through place-based partnerships with other services such as establishing shared care arrangements with hospitals and Midwifery Group Practices (MGPs)
- Integrate perinatal care and Maternal and Child Health services to increase continuity of care postpartum

In addition to the expected improvement in infant health outcomes (reduction to the incidence of preterm birth and low birthweight), this proposal seeks to keep families together and decrease the rate of child protection interventions. Preterm babies are at a significantly higher risk of being removed from their families.⁶ However early intervention through ACCO-led antenatal care has been shown to reduce these risks.

⁶ McLachlan, H.L., Newton, M., McLardie-Hore, F.E., et al. *Translating Evidence into Practice: Implementing Culturally Safe Continuity of Midwifery Care for First Nations Women in Three Maternity Services in Victoria, Australia.* *eClinicalMedicine*, 47, 101415, 2022. Available at: <https://doi.org/10.1016/j.eclinm.2022.101415>

Project Budget (in millions)

Description	2025-26	2026-27	2027-28	2028-29	Total
ACCO Program Delivery	3.750	3.883	4.021	4.164	15.818
Departmental Support	0.024	0.000	0.000	0.000	0.024
Program Support, Monitoring & Evaluation	0.354	0.506	0.381	0.622	1.862
Total	4.128	4.389	4.402	4.785	17.704

Alignment to Government Priorities and Strategies

- **National Agreement on Closing the Gap**; specifically, Outcome 2 and its agreed Target that 'By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent'
- **The Yoorrook for Justice report**; specifically, Recommendation 10 which is a commitment to addressing '*bias and build expertise in working safely and effectively with First Peoples and families to address their social and emotional needs during and after pregnancy*'. The Victorian Government has provided in-principal support for this recommendation.
- **Victorian Aboriginal Affairs Framework 2018-2023**; where Goal 1 is to ensure 'Aboriginal children are born healthy and thrive'.
- **Department of Health Strategic Plan 2023-2027 (2024 update)**; where strategic direction 4 is aimed at 'Improving Aboriginal health and wellbeing'
- **Early Intervention Investment Framework**, that aims to move funding to early interventions to improve the lives of Victorians and deliver better outcomes across the service system.

Strengthening Indigenous Data Sovereignty and Governance in Cancer Research

Aboriginal and Torres Strait Islander people need a voice in cancer research within Victoria. Supporting cancer researchers to embed Indigenous data sovereignty and Indigenous data governance in their work, will lead to research outcomes that will benefit Aboriginal and Torres Strait Islander cancer prevention and care.

The Problem

For too long Aboriginal and Torres Strait Islander people have been subjected to research priorities that aren't aligned with our values and research methodologies that have discriminated against our people. As a result, many Aboriginal and Torres Strait Islander people no longer trust research processes to be safe spaces where their interests are represented.

Despite Victoria being a world leader in cancer research, institutions and researchers report a lack of knowledge, understanding and confidence in establishing and sustaining Indigenous Governance models that effectively enable and retain Aboriginal and Torres Strait Islander participation. This results in many researchers often being unable to demonstrate the anticipated equity outcomes of their research.

Solution

The development of this framework will increase the confidence and capability of cancer researchers to operationalize Indigenous data governance. This will strengthen self-determination and the voice of Aboriginal and Torres Strait Islander people in cancer research. It will provide an opportunity for Community to determine research priorities, inform data collection practices and govern the interpretation and use of that data.

This framework will provide researchers with access to guidelines and best practice advice to:

- co-design appropriate governance models
- operationalise the AIATSIS code of ethics in research involving Aboriginal and Torres Strait Islander people
- translate knowledge cross-culturally and inter-disciplinarily

- partner effectively through increased confidence in relational and translational ways of working
- recruit and retain Aboriginal and Torres Strait Islander people to participate and provide leadership in governance or co-governance arrangements
- effectively translate governance decisions into practice with a focus on increasing the awareness and responsiveness of researchers to discrimination and identified drivers of inequity.

Project Budget (in millions)

Description	2025-26	2026-27	2027-28	2028-29	Total
Program FTE	0.164	0.173	0.181	0.191	0.709
Program Costs	0.109	0.262	0.269	0.531	1.171
IDS/IDG training & governance	0.100	0.500	0.510	0.520	1.630
Total	0.373	0.935	0.960	1.242	3.510

Alignment to Government Priorities and Strategies

- ***Victorian Cancer Plan 2024-2028***: which seeks to address the inequities in cancer outcomes for Aboriginal and Torres Strait Islander people.
- ***Victorian Aboriginal Affairs Framework 2018-2023***, which has a focus on the 'Transfer[of] power and resources to Communities'.
- ***Korin Korin Balit-Djak Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027*** – the government's plan to advance self-determination and improve the health, well-being and safety of Aboriginal people within Victoria.

Aboriginal-led model of custodial health care

ACCOs have been shown to produce better health outcomes for Aboriginal people when compared with mainstream services, this remains true in custodial settings. Since the Royal Commission into Aboriginal Deaths in Custody in 1991, multiple reviews and investigations have recommended the development of an Aboriginal-led model of custodial healthcare. Funding of \$2,000,000 over two years will develop a proof of concept in one adult men's prison that can be adapted and expanded across the State.

The Problem

Aboriginal people are overrepresented in Victoria's prison system. The Royal Commission into Aboriginal Deaths in Custody stated that Aboriginal people are more likely to die than non-Indigenous Australians in custody. A lack of cultural safety and experiences of racism often prevent Community from using health services. This is the same for Aboriginal people in prison. The Victorian Ombudsman's Investigation into healthcare provision for Aboriginal people in Victorian prisons found that Aboriginal people in prison received poor healthcare and that healthcare staff lack cultural knowledge. Ultimately this results in:

- delays in access to healthcare
- inadequate mental health support
- a lack of trauma-informed care and services to treat trauma
- prison officers blocking access to healthcare
- barriers such as the attitudes held by some custodial and healthcare staff.

Solution

It is proposed that an Aboriginal-led model of health care be delivered by an ACCO to improve access to culturally safe healthcare at one prison site in Victoria. This process will be self-determined, better meet the health needs of Aboriginal people by providing culturally safe, holistic health services and will provide a proof-of-concept for a broader roll out of an Aboriginal-led model of health care across Victorian prisons.

Part of the solution is to develop a capacity building plan for the ACCO sector so that there is an Aboriginal health workforce ready to work in custodial settings. This recognises the skills and experience required to deliver effective healthcare in custodial settings.

There is precedent for this model. Winnunga Nimmitjyah Aboriginal Health and Community Services ('Winnunga') has implemented a parallel, stand-alone model of care at the Alexander Maconochie Centre in Canberra. A 2022 evaluation of patient experience found that Winnunga provided highly satisfactory, timely, respectful and culturally safe care to their patients⁷.

Project Budget (in millions)

Description	2025-26	2026-27	Total
Service delivery	0.750	0.750	1.500
Capacity building	0.150	0.150	0.300
Monitoring & Evaluation	0.050	0.150	0.200
Total	0.950	1.050	2.000

Alignment to Government Priorities and Strategies

- ***Cultural Review of the Adult Custodial Corrections System***; specifically, Recommendation 5.8 which recommended that the Department of Justice and Community Safety 'commission a Victorian Aboriginal community-controlled health organization, peak body or Aboriginal consultancy service to develop a model of care for Aboriginal people in custody'.
- ***The Yoorrook for Justice Report into Victoria's Child Protection and Criminal Justice System***; which recommended that the government take all required steps to reform the Victorian prison system in line with the above Cultural Review.
- ***The Victorian Ombudsman's Investigation into healthcare provision for Aboriginal people in Victorian prisons***; which highlighted that the healthcare in Victorian prisons does not meet the needs of Aboriginal people and is at odds with government commitments to Aboriginal peoples' self-determination.
- ***The Coronial Inquest into the passing of Veronica Nelson***; specifically, recommendation 25 that the Department of Justice and Community Safety work with VACCHO to build VACCHO's capacity to provide in-reach health services in prisons.

⁷ Arthur, L. et al. Evaluating Patient Experience at a Novel Health Service for Aboriginal and Torres Strait Islander Prisoners: A Pilot Study. Journal of the Australian HealthInfoNet. 2022; vol3(1).

- *The Royal Commission into Aboriginal Deaths in Custody*; that recommended the review of the provision of health services to Aboriginal people in custody and specifically highlighted the involvement of Aboriginal Health Services (recommendation 152).