



VACCHO

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INC.

5-7 Smith Street, Fitzroy 3065  
Postal Address: PO Box 1328  
Collingwood 3066  
Ph: 03 9419 3350  
Fax: 03 9417 3871  
vaccho@tpgi.com.au  
ICN No: A0033017C

**Barry Wakelin MP**  
**House of Representatives**  
**Standing Committee on Aboriginal**  
**& Torres Strait Islander Affairs**  
**Parliament House**  
**Canberra ACT 2600**

CAPACITY BUILDING  
INQUIRY  
Submission No. ....28.....

Dear Mr Wakelin,

**Capacity building in Indigenous Communities**

Please find attached the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) submission to the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs. VACCHO is the peak health body that directs and advocates health policy on behalf of 25 Aboriginal Community Controlled Health Organisations.

The issues in and surrounding capacity building have long been of great importance to the Victorian Aboriginal Community and it's therefore highly appropriate that VACCHO presents a submission to the committee and looks forward to seeing the committees recommendations.

Yours truly,

Daniel James  
Executive Assistant, VACCHO



**Victorian Aboriginal Community Controlled Health Organisation  
Submission to House of Representatives Standing Committee on  
Aboriginal and Torres Strait Islander Health**

**Inquiry into Capacity Building in Indigenous Communities**

**AUGUST 2002**

## **Introduction:**

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body that represents a collective of 26 Aboriginal Community Controlled Aboriginal Community Controlled Health Services (ACCHS). VACCHO advocates and directs health policy under the guidance of its membership.

VACCHO endorses the philosophy and practice of community control.

VACCHO aims to improve health outcomes for Aboriginal people through:

- ❖ Working on our membership's behalf to help develop and implement a planned and practical approach to improving Aboriginal Community Controlled Health Services;
- ❖ Working with the State and Federal Governments to ensure increased allocation of resources and a coordinated approach to the funding and delivery of Aboriginal Community Controlled Health Services through establishing a basic health infrastructure for Aboriginal people;
- ❖ Increasing the knowledge and skill level of those involved in community controlled health organisations;
- ❖ Increasing and maintaining the participation of community controlled Aboriginal Community Controlled Health Services in VACCHO policy direction.

Medical issues affecting Aboriginal people vary and have both long and short-term impacts on the health status of the whole community.

*"It is not merely a matter of the provision of doctors, hospitals, medicines. Health to Aboriginal peoples is a matter of determining all aspects of their life including control over their physical environment, of dignity, of community self esteem, and of justice." (National Aboriginal Health Strategy Working Party, 1989)*

The implementation of a community controlled and holistic model of health service provision is essential to improving health outcomes for Aboriginal people. VACCHO is continuously working towards the goal of each Aboriginal community having it's own community-based, locally owned, culturally appropriate and adequately resourced primary health care facility.

## **Capacity Building and the Victorian Aboriginal Community Controlled Health Sector**

Capacity building has long been an issue central to the long-term sustainability of the Aboriginal Community Controlled Health Sector. The sector has been established in the Aboriginal community for over 25 years and has made a positive impact on the lives of thousands of Indigenous people throughout the country.

Although ACCHS provide an invaluable service to the Aboriginal community and play a vital role in the health and well being it is fair to say that the majority ACCHS are struggling through burden of poor facilities and general lack of proper resourcing. Long-term sustained capacity building is one of the key approaches to Aboriginal health that will help ensure the viability of the sector well into the future. In 2001 VACCHO released, "Current Workforce and Future Needs Analysis" the report was the culmination of community consultations that VACCHO conducted with each of its members. The report highlighted the dilemmas that many communities face.

The report concluded, "According to the research many ACCHS are under staffed and under resourced; there are currently only 29 General Practitioners and 34 Aboriginal Health Workers working in 21 ACCHS in Victoria. 50% of respondents did not have a doctor and 90% required additional doctors for their service, while 65% responded that they did not have enough Aboriginal Health Workers." These figures highlight the need to build capacity at a basic service delivery level, however there are numerous aspects to capacity building in the Aboriginal community.

### **Capacity Building and what means to the Victorian Aboriginal Community**

Capacity building was one of the main talking points at a two-day forum VACCHO held in November 2001. The forums purpose was for VACCHO to consult its membership on the policy implications of the "Aboriginal and Torres Strait Islander Health Strategy: Draft for discussion". Capacity Building in Aboriginal communities was workshopped as a central issue that should be considered in the development of any National strategy dealing with Aboriginal Health.

The community, through the workshops, determined that there are three key aspects that constitute "capacity building":

- 1. Political Capacity**
- 2. Economic Capacity**
- 3. Education & Skill Base**

## **Political Capacity**

It is necessary to improve the ability of the Aboriginal Community Controlled Health Sector to become a political player. As a general rule it is safe to say that at a policy level the ACCHS sector utilizes most of its capacity being reactive instead of proactive. While NACCHO (National Aboriginal Community Controlled Health Organisation) and VACCHO do provide policy advice and advocate on behalf of the health needs of Aboriginal people both organisations and their affiliates throughout the nation lack the capacity to take an active political role in broader Australian health policy.

### **Capacity to engage in Government structures**

It is necessary to build relationships with Governments at all levels and their agencies. There are already attempts by Governments both State and Federal to build relationships and working partnerships with Aboriginal community organisations. While Government has the capacity to engage and develop strategies for communities the same cannot be said about the capacity of the communities themselves. In many instances ACCHS are funded by Government's to develop regional strategies and localised health plans without having the expertise to develop health policy.

It is not enough to develop structures through which communities can "influence" the decision making of health departments; structures need to be put in place so that communities determine health priorities and control policy and programs.

In the majority of instances the only person within a community capable of dealing with or responding to Government officer is the Chief Executive Officer of the organisation. This often proves too much of a burden on the CEO. The CEO is often requested to attend planning forums and workshops to provide feedback or to feed into to Government policy and processes. Such forums and workshops are often hundreds of kilometres away from their organisations and require overnight travel. The CEO is central not only to the policy/political well being of an organisation, he/she is essential to the day-to-day running of the organisation. ACCHS are rarely funded adequately enough to develop a succinct middle management structure.

ACCHS need to have policy officers on the ground to be fully capable of developing health strategies from a grass roots level as well as responding to policies/strategies that come from a government level.

The employment of policy officers within community organisations could also enable a more co-ordinated approach to planning at a statewide level. VACCHO could receive clearer policy and political guidance across the state. Regional planning would develop as a greater priority for ACCHS as they would be equipped with the human resources to undertake such process. Such planning would certainly empower the community and would be a positive step towards true self-determination.

### **Aboriginal employment within the Public Service**

The Victorian Bracks government recently launched the, "Wur-cum barra strategy". The strategy is aimed at increasing the employment opportunities for Aboriginal people within the Victorian Public Service. The strategy aims at increasing the numbers of Aboriginal people employed within the Victorian Public Service by 230 to increase the total to 472.

While the principle of increased employment opportunities in the public service is to be applauded. However, unless it is matched by an increase in the human resource capacity of the Aboriginal Community Controlled Sector it may prove to be fruitless. Aboriginal communities will continue to lack the capacity to engage in government processes despite an increase in the public service workforce. An obvious result of the increase may be a better understanding among government departments and agencies. However, public servants cannot speak on behalf of the Aboriginal community; they are employed to implement government policy. The power of policy will continue to remain within government structures while the Aboriginal community will continue to be reactive to policy development.

The same dilemma will continue to remain regardless of the increase in Indigenous people working within the public service; capacity must be built up within communities to deal with government bureaucracy and planning. Apart from service delivery and infrastructure it is at the planning and policy development stage of service provision that Aboriginal Community Controlled Health Services severely lack capacity.

### **Parliamentary Representation**

Aboriginal people currently don't have a voice in the House of Representatives or the Victorian Legislative Assembly. While it is important to increase community involvement at a grass roots level it is also important for Aboriginal people to have representation at a parliamentary level. The Aboriginal community needs to be empowered at all levels of the political process in Australia. Building the capacity of indigenous Australians at a political level will have inevitable flow-on affects for the broader Aboriginal community.

VACCHO is not advocating the introduction of a quota system for Aboriginal people within Parliaments across Australia. However Aboriginal people need to be more actively encouraged to participate in political representation at all levels of government. Governments should reflect the diversity of its constituents.

### **Economic Capacity**

Economic development in Aboriginal communities is a fundamental aspect to capacity building. Economic capacity need is broad ranging and can involve areas as broad ranging and diverse as the building of information systems through to the funding of vehicles for Aboriginal Health Worker outreach services. The provision of needs-based funding should be the priority for funding agencies. The community must be able to determine its own needs.

### **Development of Sustainable Models**

The development of sustainable models of operation and practice is very much dependant on the human expertise within any particular ACCHS. As highlighted earlier in this paper in the majority of circumstances there are usually only one or two people within any given organisation that are capable of dealing with strategic or policy development.

Sustainable models need to be developed across the entire ACCHS sector. While each community has its own individual characteristics, a base model of practice can be applied. Basic information and reporting computer systems, access to Medicare etc. These are all basic and systems that every ACCHS should have access to.

### **Basic Housing Infrastructure**

ACCHS need to have basic infrastructure in order to deal with the need of their community. The infrastructure needs of ACCHS vary greatly. Some Aboriginal Community Controlled Health Services don't require in further assistance in terms of their capacity to house GP's

and allied health specialists. However there are also many Aboriginal Community Controlled Health Services that are in dire need of support. There have been several instances where a doctor or an allied health professional has approached a community interested in working in the ACCHS, but unfortunately due to a lack of infrastructure to house any extra staff the health service has been unable to employ the health professional.

### **Education & Skills Base**

Increasing the knowledge and skills base as well as recognising the existing expertise within the Aboriginal community is fundamental to the long-term health of Aboriginal people. It is through education and training that people's self-esteem is lifted and future leaders within the community come to the fore.

Once again this requires Governments to take a holistic approach to the plight of Indigenous people in this country. The development of a sound education and skills base will require not only a major policy effort within the education sector but also a major effort within other portfolios such as health.

In the past there have been trends in encouraging Aboriginal people into careers. This has resulted in mix results. There are still too few Aboriginal GP's, lawyers and professionals generally. The main problem with previous attempts to encourage Aboriginal people into specific professions has been the lack of consultation with Aboriginal people as to what they actually want to do in their working life. The establishment of an Aboriginal Youth Careers Forum in which Aboriginal people are given the opportunity to articulate their own interest and directions.

In conclusion Capacity Building is the buzz term of the moment. It is a term however, that seems to encapsulate the very need, both long term and short term, of the Victorian Aboriginal Community. It is therefore vital that the issues outlined within this paper are addressed in a collaborative manner with community and governments at all levels.