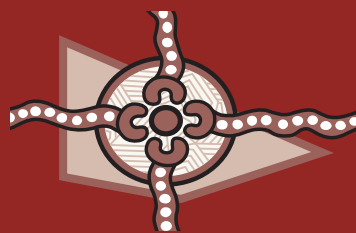




# **Communities Working for Health and Wellbeing:**

*Success stories from the Aboriginal Community  
controlled health sector in Victoria*



**VACCHO**



***Aboriginal Community Controlled  
Health Organisations work to  
'place Aboriginal people  
firmly in the driver's seat'.***

**Aboriginal VACCHO staff**



# **Communities Working for Health and Wellbeing:**

*Success stories from the Aboriginal Community  
controlled health sector in Victoria*

**Victorian Aboriginal Community Controlled Health Organisation  
and**

**Cooperative Research Centre for Aboriginal Health**





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## The Story of VACCHO

(Illustration by Lyn Briggs ©)

Melbourne Koori artist Lyn Briggs has captured on canvas the story and meaning of VACCHO. The painting, commissioned by the Organisation, illustrates its philosophy: it shows sitting groups throughout Victoria, symbolising the talking that must go on in Communities to achieve a better life for Kooris; it shows tracks, inspired by the old tracks, that represent the connection between VACCHO members and Aboriginal people across Australia; and shows figures that represent VACCHO members working on behalf of all Victorian Kooris at no central location. The painting is currently on display at VACCHO's secretariat in Fitzroy.



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VACCHO would also like to acknowledge the Cooperative Research Centre for Aboriginal Health (CRAH) for its ongoing support, and for making the realisation of this publication possible.

We are grateful for the use of the cover photograph showing the Geelong Wathaurong playgroup children. It was taken at the Melbourne Zoo in August 2006 where they performed as part of the launch for National Children's Week.

We also gratefully acknowledge the permission granted by individuals and Communities for VACCHO to use the other photos in this publication. And we thank Anke van der Sterren for her help with sourcing some of these images and for her expert proofing.

## Abbreviations

<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>ACES</b>	Aboriginal Community Elders Service
<b>AHW</b>	Aboriginal Health Worker
<b>BBVs</b>	Blood Borne Viruses
<b>CHP</b>	Child Health Promotion Project
<b>CRAH</b>	Cooperative Research Centre for Aboriginal Health
<b>DHS</b>	Department of Human Services (Victoria)
<b>NIASHS</b>	National Indigenous Australians' Sexual Health Strategy
<b>NHMRC</b>	National Health and Medical Research Council
<b>SRA</b>	Shared Responsibility Agreement
<b>STIs</b>	Sexually Transmitted Infections
<b>VACCA</b>	Victorian Aboriginal Child Care Agency
<b>VACCHO</b>	Victorian Aboriginal Community Controlled Health Organisation
<b>VAHS</b>	Victorian Aboriginal Health Service

# About VACCHO

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body that represents the collective of around twenty-five Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria. 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 strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal health.



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Aboriginal Community Controlled Health Organisations in Victoria are multifunctional service centres often referred to as Aboriginal co-operatives (co-ops) and offer more than simply medical services. Their programs also include services in aged care and disability, housing, drug and alcohol management, legal and justice support, and the prevention of family violence. They also have cultural and social and emotional wellbeing programs. These Aboriginal health organisations are unique in Australia. They are incorporated, controlled by the Community, and shape service delivery to meet the needs of the local Community they serve.

Being Community controlled means that all co-ops have annually elected Aboriginal boards, a majority Aboriginal staff and management, and the power to hire and fire both non-Aboriginal and Aboriginal staff who work at the service. Aboriginal Health Workers (AHWs) are integral to service delivery and carry out a number of roles. ACCHOs are also important Community spaces where people come together to maintain family and Community connections.



***Better health for Aboriginal people  
will only happen when Aboriginal people  
and their organisations are able  
to act on their own behalf.***

**National Aboriginal Health Strategy Working Party 1989**

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# Introduction

Aboriginal Community controlled health services in Australia grew from political activism and the fight for self-determination that gained momentum in the 1960s and 1970s. ACCHOs are unique in their ability to provide culturally responsive health services to their Communities, defining health as the social, emotional and cultural wellbeing of the whole community (NAHSWP 1989). The scope of ACCHOs has expanded from general practitioner and dental clinics to include the promotion of health and wellbeing through specialised services for youth, women, men, the elderly, and for those with special needs or particular health-related concerns. A holistic approach to health, a recognition of the needs and knowledge held in Aboriginal Communities, and an understanding of the importance of Community-driven solutions have been central to the development and evolution of the Aboriginal Community controlled health sector in Australia (Kaplan-Myrth 2003).

The philosophy of Aboriginal Community control is particularly strong in Victoria where VACCHO celebrated its 10th anniversary in 2006. VACCHO's member organisations are multi-functional Community organisations that have health as a key part of their responsibility, with some offering full health services. VACCHO works 'to ensure there is a strategic planning forum and a Community controlled political voice to represent Aboriginal people in their struggle for improved health status' (VACCHO 2006). Community control in health requires that ownership and management of the health-related initiatives and services be vested in the local Aboriginal Community, through a local Indigenous board of management. This emphasis on self-determination allows the local Community to decide on its priorities, policies, management structure, staff and service profile, within government funding guidelines (Shannon *et al.* 2006). As well as a desire for self-determination, Community control in health came about because the needs of Aboriginal Communities were too often not met by mainstream health services (Councillor 2003–04).

*Community control in health is about people owning it, having a say about their own health and having the opportunity to provide feedback... it is important to listen to the feedback that communities are providing... We have come a long way and are very lucky to have all 27 health services in Victoria but there is still a lot of work to be done and many challenges to be faced (Practice Manager).*

Despite the fact that the health status of Aboriginal populations in Victoria remains consistently below that of the larger community, there are many positive stories that have come out of ACCHOs over the past three decades. Because there is so much to be done, the positive outcomes, strong partnerships and Community capacity building that result from Community controlled health initiatives can easily be overshadowed by health inequalities, negative media reports and competition for limited state and federal funding. Too often, projects finish when funding ends. New projects begin and although the knowledge gained by those involved often influences future projects, many of the successes facilitated by Community controlled initiatives remain unrecognised. Findings get stored on a shelf as those involved in the project move on.

It doesn't end when it's over. One of the greatest strengths of Community controlled initiatives in health is the Community capacity building that accompanies any project... or study, long-term or short. By operating under the philosophy of Community control, initiatives have positive outcomes for the Communities involved. In commemoration of VACCHO's ten-year anniversary, the following pages highlight ten positive stories of projects, partnerships, openings of new facilities and opportunities for capacity enhancement that have grown out of ACCHOs across Victoria. A student from Canada volunteering with VACCHO collected these stories over a three-month period. The ten stories have been arranged under the themes of 'openings', 'partnerships', 'the ownership of research and building of evidence', 'capacity building', and 'flexibility and responding to Community needs'. These themes are embodied in the work of ACCHOs throughout Victoria and reflect the philosophy of Community control.

The stories collected here represent only a small portion of the positive outcomes achieved by ACCHOs in this state; there are many more to be documented and told. They are only the first instalment of the 'good news stories' that VACCHO would like to continue to collect and publish.



***Community control is about self-determination, reconciliation and providing culturally appropriate services.***

***But it is also more than that; it is about cultural history, cultural identity and a having a 'place' to identify with.***

**Aboriginal ACCHO Executive**

# Openings

ACCHOs have fought long and hard for many of their facilities. Without the support of the local Aboriginal Community, Community control would be non-existent. Opening new facilities requires extensive funding, advocacy, resources, planning, partnership-building and effort by both the ACCHOs and the Communities involved. These next two stories exemplify the hard work, perseverance and commitment needed to open new facilities and provide new services

## Lake Tyers Community Health Centre

The Lake Tyers Community is located at Bung Yarnda on Gunai/Kurnai country in the East Gippsland region of Victoria. Originally the land of the Gunai/Kurnai people, it became home to Indigenous people from all over the state who were forcibly removed from their homelands and placed in the Lake Tyers government reserve. Some of these same families were later forced to leave the reserve and 'assimilate' into townships (Koorie Heritage Trust 2006). The Crown land was returned to the Community as a freehold lease in 1971.

With the help of a dedicated group of Community members, 2006 saw the opening of the new Lake Tyers Community Health Centre. The Centre has been well planned: railings line the walls for those with mobility problems and there is an indoor garage for ambulances and Centre vehicles. The new building is spacious and light, painted in bright colours and with high ceilings. It contains a large waiting room and reception, complete with a children's play area, as well as consultation and patient rooms, and specialist rooms that will eventually be used for dialysis and dental care.

The sun was shining as people gathered for the Centre's opening on the afternoon of 16 May 2006. In attendance were many Community members, young and old, as well as committed current and former Centre staff. Present as well were representatives from Gippsland Lakes Community Health, and from the federal, state and local governments. The Centre was officially opened by the Commonwealth Minister for Agriculture, Fisheries and Forestry and local member for Gippsland, the Honourable Peter McGauran MP.

Known as the 'Four Aunts', Josie Mullett, Lorraine Sellings, Joan Saunders and the late Ivy Marks formed the committee that had been working towards the establishment of this health centre for more than twenty years. Aunty Ivy Marks has since passed on but her contribution to the development of the Lake Tyers Community Health Centre will never be forgotten. Aunty Joan, Aunty Lorraine and Aunty Josie were all on hand to participate in the opening. Their involvement won't stop there as they also act as Community representatives on the Centre's board of directors.





At the opening, Aunty Joan spoke briefly of the history and work of the committee and described how the Community had worked together to bring about the long-awaited opening. Speaking as a representative of the next generation, Leanne Tregonning emphasised the fact that 'prevention is better than a cure', while outlining the Community's hopes to bring to the Centre specialists in diabetes and kidney disease, as well as a paediatrician. The Centre also benefits people from surrounding Communities and is working towards extending the availability of services from four to five days a week.

The remarkable perseverance and Community effort put into the creation of the Centre, and the hard work of the board of directors was widely acknowledged at the opening:

*A great deal of thought has gone in to making sure the Health Centre meets the needs of the Community. We want the highest quality of health care for the Community and patients and the objective of the health centre is to meet the needs of the Community while providing services in a respectful, comfortable and effective way (Hon. Peter McGauran).*

The new Health Centre at Lake Tyers realises the hopes and dreams of a great many people.



## Gana N Burri Birthing Room

Koori birthing services in Shepparton and the surrounding areas started many years ago at the Cummergunja Mission: a local Yorta Yorta woman known as Nanny Nora held knowledge about traditional birthing practices. She was supported by Matron Baker from the Echuca Hospital, and was trained in contemporary birthing practices. The two women worked together to deliver many babies in the region (Rumbalara Aboriginal Co-operative 2006). Since the 1950s, birthing practices have evolved and today the Rumbalara Birthing Service continues the work and the partnerships that were first initiated by Nanny Nora. The Birthing Service has been operating for more than thirteen years and has seen healthier mothers and babies taking advantage of one-on-one antenatal and post-natal care. Two midwives from Goulburn Valley Health joined the team at Rumbalara and, in negotiation with the hospital, have been successful in dedicating one of the delivery suites to Indigenous women.

The official opening of the Gana N Burri Birthing Room at the Goulburn Valley Base Hospital was held on 4 July 2006. The room has been dressed with culturally sensitive materials to help the Indigenous women giving birth feel more comfortable, welcomed and relaxed during the birthing process. The curtains, pillows and sheets are silk-screened with Indigenous designs. The women are also given sarongs to wear during the birth process. This room has been a long time in the making, and the partnership between Goulburn Valley Health and the Rumbalara Birthing Service has been strengthened and developed over this time.

For all those involved, and for the women who will use the room, the opening signifies recognition from the wider community. The birthing program provides Koori women with a nurturing clinical experience during the emotional and spiritual journey of giving birth. The partnership between Rumbalara and Goulburn Valley Health enables increased continuity of care. Pregnancy support workers and midwives from the hospital participate in the weekly antenatal clinic at Rumbalara as well as working within the hospital setting.

*The room is named, Gana N Burri, which means 'mother and Baby' in Yorta Yorta, and the girls know that it's our room. The girls in the Community know about the room and look forward to using it (Pregnancy Support Worker).*





***Working with government to build the program was definitely a challenge... For this we have had to develop a very strong partnership with the department; we have been holding hands very tightly every step of the way.***

**Njernda Executive**

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# Partnerships

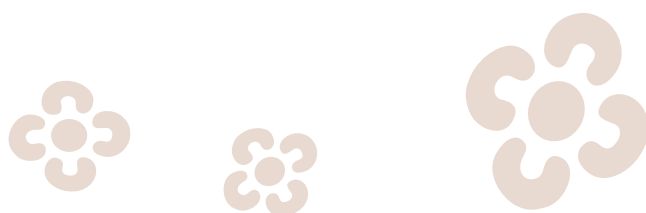
All stories of ACCHO successes owe a great deal to the building of strong, long-standing partnerships. These partnerships exist at many different levels, between Community boards, ACCHO staff, and Community members as well as federal, state, regional and local organisations and funding bodies. Everyone involved benefits from these partnerships as each partner brings their expertise and unique perspective to a project. These next stories emphasise the positive outcomes and the potential for future successes that result from a variety of partnerships that ACCHOs have established with governmental agencies, local businesses, and international and non-government organisations.

## Yakapna Centre

The media is always quick to report stories of family violence and abuse in Aboriginal Communities across Australia. Not surprisingly, the amount of media coverage providing sensationalised negative depictions of Aboriginal family breakdown greatly outnumbers positive accounts of Communities working to address and resolve child and family issues. In partnership with the Victorian Government's Department of Human Services (DHS) Child Protection and Family Services (Child Protection) and the Victorian Aboriginal Child Care Agency (VACCA), the Aboriginal Community in Echuca spent four years developing a new program, based in the Yakapna Centre at Njernda Aboriginal Corporation, to address these issues proactively, seeking to promote a Healing Journey for families.

*The Yakapna Centre enables the Njernda Aboriginal Corporation, Child Protection and the regional Lakidjeka program to work in partnership, to provide families and children with opportunities to address the social and economic factors that have led to Child Protection and/or Police intervention. [The Lakidjeka program is run by the Victorian Aboriginal Child Care Agency to respond to notifications to Protective Services on a statewide basis.] The longstanding practice of child removal has not provided widespread opportunities for breaking the cycle. All too often the cycle is perpetuated when we do not deal with the 'reason why'. This Healing Journey will ask families to identify and address the reason why, with our support and guidance (Njernda Aboriginal Corporation 2005).*

The Njernda Aboriginal Corporation in Echuca works towards developing and implementing services that provide a range of holistic and culturally sensitive programs for the local Aboriginal Community. In providing a holistic model of care based on self-healing through trust, honesty, communication and accountability, the Yakapna Centre, which has been developing since 2002 and was opened in April 2006, is seen as an enormous step in promoting and supporting the Healing Journey of families and children (Njernda Aboriginal Corporation 2005). The need for Aboriginal organisations to move from focusing on crisis-oriented immediate responses to the provision of more proactive, preventive and health-promoting services has been widely recognised. The service delivery model of the Yakapna Centre is an example of the positive potential of this transition.





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Prior to the implementation of this new service model, the mainstream service network associated with children and families in Echuca had historically supported the removal of children at risk from their homes. It seldom focused on working proactively with families to empower them to identify lasting strategies of prevention to support positive change. When dealing with families in crisis, the Yakapna Centre recognises the importance of a holistic approach. This incorporates all aspects of Aboriginal health and wellbeing, including social, cultural, physical, environmental, psychological, spiritual, emotional, family, Community and individual factors. By providing an intensive support service coupled with culturally sensitive therapeutic practices, the Yakapna service delivery model works to prevent children being placed outside of their home because of safety concerns. Where this is not possible, it also works to facilitate the safe return of children to the care of their families following placement in the out-of-home care system.

*Really, what the service delivery model does is it provides families with an option other than the removal of children... that option never existed before... it is the first model of its kind (Njernda Executive).*

The Healing Journey supported by the service delivery model of the Centre is a fourteen-week program, broken into components or phases that are tailored to the needs of individual families. The first phase, or 'The Crossroads', starts after Child Protection has received a notification or referral concerning a family and has made contact with the Lakidjeka program. This phase includes an intervention and risk assessment leading to the intake of a family into the Yakapna Centre, and involves goal-setting and case-planning. Phase two, 'The Healing Gateway and Pathway', consists of three weeks of self-development and healing with the aim of reconnecting parents and children with cultural, traditional and spiritual strengths. Phase three, 'Learning to Fly', involves the Centre staff stepping back, encouraging parents to use their newly found skills and strengths to move forward more independently. Phase four, 'The Journey Home', helps families to prepare for their return home by developing an exit plan, identifying support networks, preparing the home, and organising essential services to be delivered to the home. Phase five, 'The Journey that Is Life', is described as a time of celebration for the family, where they return home and head off on their path, with four weeks of post-program support.

The Yakapna Centre will provide the Aboriginal Community of Echuca with a proactive approach to dealing with family issues that allows the families to work with the Centre to strengthen and rebuild their relationships.

## Rumbalara Home Ownership Program

In Shepparton and the surrounding area, only 44 per cent of the Aboriginal population were homeowners as opposed to 74 per cent of the general population (ABS 1998). There has been a home ownership program for the Aboriginal Community in Shepparton for a long time, but the Community rarely accessed it. Under the scheme anyone who lived in a Community house in the region was given the opportunity to purchase that house at a reduced market value: however, nobody ever took up the offer. Even at a reduced value the cost of housing was still too much of a barrier for those on low incomes; it was still too difficult for Aboriginal people from the Community to save the money for a deposit.

'Aboriginal Home Ownership—Fact, Fantasy or Fiction', a paper prepared by the Rumbalara Aboriginal Community in May 2005 to highlight all these housing issues, gained the support of the federal government, resulting in three years of funding from Family and Community Services and Indigenous Affairs for a new initiative, the Rumbalara Home Ownership Program. Through this program, the Aboriginal Community housing in Shepparton in 2006 consisted of fifty-seven federally funded housing units. The Rumbalara Home Ownership Program now has a Shared Responsibility Agreement (SRA) with Youngs & Co. Real Estate, a partnership that makes the purchase of a home accessible for those living in Community housing.

*This is the only SRA of this type in Victoria, but if it works out it might act as a model. We have had to endure a lot of hard times in the past with evictions and a lot of other housing issues, but it is all part of the process. In the long-term, it's all about self-determination. So, [as the project gets underway], we are now working on getting into land development and real estate* (Executive Manager, Rumbalara Home Ownership Program).

The Rumbalara Home Ownership Program won't be the solution for everyone. The fact that some Elders and others will not be able to take advantage of it has been recognised. To overcome this, the program coordinators want to encourage families to apply for home loans together. The key to the program is providing clients with access to a financial counsellor who will then work with them until they are debt free.

*It might take several years, but the financial counsellor can help get people on their feet so that they can achieve their goals* (Executive Manager).

The formula that has been developed for the program sets out the guidelines for providing a reduction to the market price of housing. After a house has been part of the Community housing scheme for three years, it can then be purchased at a reduced price. Other factors, such as the age of the house and the amount of time someone has lived in it, are included in the equation to reduce the cost of the home further. Coupled with access to the financial counsellors provided through the program, the Community housing purchasing scheme is now much more accessible to Community members.

*Housing has been a big issue for a long time in our Community. We are trying to be proactive about it and move towards self-determination in housing which will have many positive long-term outcomes. A lot of our people have grown up in the housing commissions and other social housing projects and not that there is anything wrong with that, but I think that it is time for us to move on, and move towards home ownership* (Executive Manager).

The Rumbalara Home Ownership Program recognises that many problems in housing and home ownership are tied to other factors: social problems, gambling and other issues may have to be dealt with prior to venturing into home ownership. Working in partnership with the real estate agents and providing access to a financial counsellor can help to address some of the financial barriers that stand in the way of home ownership.

*At the end of the day it comes down to three steps: increasing home ownership, involvement in the real estate market and securing clear title to properties. We have all these properties but we don't have clear title. For us to truly become independent we need clear title... It's really about giving people the opportunity and supporting them in their efforts to purchase a house* (Executive Manager).

## SNAKE Condoms

The SNAKE Condom initiative is the result of a partnership between VACCHO, the Mildura Aboriginal Health Service, Cummins & Partners (a Melbourne-based advertising agency) and Marie Stopes International Australia (an organisation providing sexual and reproductive health education). SNAKE Condoms are an example of the positive potential of collaboration between the Aboriginal Community controlled health sector and non-government organisations.

Marie Stopes International Australia approached VACCHO to form a partnership:

*VACCHO and Marie Stopes International Australia recognised that there was a very real, unmet need for education about safer sexual practices and contraception among young Aboriginal people* (Marie Stopes International Australia & VACCHO 2004).

The Aboriginal Community faces high rates of infant mortality, teenage pregnancy and sexually transmitted infections (STIs). The SNAKE condom initiative was developed in response to the issues highlighted in the PhotoVoice initiative, which first gave Indigenous youth the opportunity to express their concerns related to sexual health. The PhotoVoice initiative was a result of a collaboration between Mildura, Shepparton and Warrnambool Aboriginal Community controlled health services. It enabled the youth involved to advocate for change and provided insight into the sexual health issues facing young people. Three key sexual health themes emerged from PhotoVoice: the need for access to contraception, information and HIV/AIDS education. The SNAKE condom social marketing project was developed to address these themes. Community focus group discussions among Aboriginal youth highlighted the need to create an Indigenous branded condom that would be acceptable and easily accessible for Aboriginal youth.

The SNAKE condom project is based on a social marketing, peer education approach, which applies commercial marketing techniques and resources to achieve social benefits rather than commercial profit. The pilot for the SNAKE project was held in Mildura where the Aboriginal Health Worker (AHW) was instrumental in recruiting local young people, who then formed a focus group and were trained as peer sellers. The youth also worked with an advertising agency to develop the branding and slogans for the social marketing of the SNAKE condom, and helped with the design of the packaging, which they wanted to be 'cool', accessible and culturally relevant. The condoms were launched at 'Snakefest' in Mildura and 15,000 were sold in the first three months following the launch. The condoms are sold in packs of three—strawberry, chocolate and vanilla; red, black and yellow—and correspond with Koori colors.

*In Aboriginal cultures the snake is a very symbolic animal; it is believed to have formed the waterways in dreamtime and is also part of certain totems, or animals representing certain families or individuals that are then protected by those who are under the totem* (Program Manager).

Marie Stopes International Australia had had previous experience in condom social marketing for Indigenous populations in other countries; in Mongolia, the condom brand is 'Trust', and in Fiji it's 'Try-Time'. In 2006, the organisation was running similar social marketing projects in seventeen countries and working with partners in forty-two countries worldwide.

The Communities that roll out the SNAKE condom brand train local youth as peer sellers; in Mildura the youth developed hand signals to signify 'looking for a condom' or 'condoms available for sale'. The peer sellers would then circulate at parties and in bars making condoms more accessible to youth at the times when they most need them. The two top youth sellers were also taken to the 2004 international AIDS conference in Bangkok, an excellent learning opportunity for these two young women.

*It's about accessibility; free condoms can only be accessed through the Health Services and only from 9–5... Youth didn't want to go into chemists to buy them either* (Program Coordinator).





Selling condoms in packages of three was also found to make them more accessible; cheaper than larger packages and more useful and cheaper than purchasing single condoms. The follow-up research found that women in the focus groups felt more empowered and comfortable using the SNAKE branded condoms than other store-bought or freely distributed brands. The pilot also suggested that people were happy to pay AUS\$2 per pack, and would even pay \$3 for the condoms, although those involved decided to freeze the price at \$2 to make their purchase simpler and more accessible (people often have \$2 in change in their pockets, while they may not have \$3).

The project has also found that the brand has had a great crossover to the non-Indigenous population. At \$2 per pack, the condoms are generally seen as a good deal. Comedic radio ads and catchy tongue-in-cheek slogans have seen the brand widely accepted by the larger community. SNAKE also provides incentives, for both the retailers and the purchasers of the brand. While retailers make a small profit on the condoms, those who purchase them can then return the barcodes from the packaging for free merchandise—hats, T-shirts, etc.—that has been designed to incorporate the youth-oriented slogans. The slogans, chosen by the young people involved in the pilot, include: 'Trouser Snakes are the Deadliest', 'Wanna See My Snake?', 'Is that a Snake in Your Pocket?', and 'Snake is Back... Swell!'

The success of the project to date is directly related to its partnership with VACCHO, which has the connections to the Aboriginal Communities around Victoria and has provided the support that SNAKE needed to get off the ground and become a success.

*The reason that a lot of the things that the sexual health unit at VACCHO have worked on have been successful, and the reason the work has won several national awards, is because of the partnerships that were involved. Someone was quoted as saying 'it's not just a one night stand', and in relation to confronting the sexual health issues in Aboriginal Communities, this is particularly true. I truly believe in Community control but because Aboriginal Health is under-resourced, the only way to effectively run these projects is by providing resources, constantly negotiating and working in partnerships (Program Coordinator).*

***Community control is based on  
the three 'Cs'; projects need to be  
Community driven, Community developed  
and Community implemented...***

***If it isn't Community driven,  
it isn't going to work...***

***The Community has to be on board  
every step of the way.***

**Aboriginal ACCHO CEO**

# Flexibility and Meeting the Needs of the Community

Many of the success stories coming from ACCHOs throughout Victoria are due to the fact they are able to support projects that are Community initiated. Community-initiated programs and research are a fundamental component of Community control. The focus of ACCHOs on responding to and meeting the needs of Community members, and their ability to be flexible in doing so, has contributed to many of their positive outcomes.

## Baia-Lak Birrah Lii Playgroup Program at Wathaurong Aboriginal Co-operative Ltd

*Having access to health services has a positive impact on the health status of Aboriginal families in Victoria...Families who aren't connected to health co-ops have visibly worse health status than those who are well connected* (Project Team Member).

The playgroup run out of the Wathaurong Health Service in Geelong has been extremely successful. It is fundamentally different from a childcare program because, although childcare is an element of the program, parents are much more involved and participate in related programs that operate as part of the playgroup. Representatives from the Community, AHWs and the playgroup coordinator were all involved in the design of the program from the beginning. With limited funding to put together a six-week pilot project, those involved were quick to realise that they did not have the resources to address the macro issues that affect families, such as poverty, housing problems, or family breakdown. Instead, they focused on offering specific support to address issues that were identified by the Community: financial difficulties, stress and smoking.

The program, named Baia-Lak Birrah Lii (meaning 'To Build Strong Children' in Wathaurong language), worked to help participants deal with these problems by providing access to financial advice and stress-relieving massage, as well as organising for a maternal and child health worker to come to the playgroup once a week to answer any questions and provide information to parents. Offering families cost-free, Community-based support to deal with stress and financial counselling has the potential to strengthen the general health of Koori children (Adams 2006). Baia-Lak Birrah Lii also ran a smoking cessation Quit Program offering free nicotine replacement therapy that was much appreciated by the mothers.

*Ten mothers turned up to start out the program, and because one mother with seven kids managed to give up, it made the others think 'well if she can do it I can do it'* (Social Networks Project Coordinator).

In all, four women were successful in quitting; two had been smokers for more than thirty years.

*I used to think, if mothers smoke, leave them alone, they have bigger things to worry about, but now I think differently. Giving them the opportunity to take just a little more control of their life can make a big difference* (Social Networks Project Coordinator).

All of the women who completed the program had very different experiences in working to stop smoking, and used a combination of approaches to quit, including nicotine patches, the smoking cessation drug Zyban, nicotine gum and going 'cold turkey'. However, it was the supportive environment of the Quit meetings that was recognised by many of the participants as the most important element of the program.





*Without the Quit program there is no way I would have quit on my own. It was the support that was the most important thing and knowing that you were not alone, that other people were going through the same kind of thing (Quit Program participant).*

*The support the program provided was great. We all had a ball. Without the group working towards quitting together, I don't think it would have worked for me... I have tried to quit many times before, but sometimes you need a little kick... I am saving about \$120 a week. I really didn't think it would work for me, but with all the support, it did (Quit Program participant).*

The Quit Program was open to both men and women, but only women ended up attending the six-week session. However, two of the AHWs from Wathaurong have completed the Quit Program training and, following the success of the first women's program, interest and funding have been secured to run a men's Quit Program.

Although the six-week pilot is now over, the relationships that it helped forge between the Aboriginal Health Service and mainstream services in the Community are ongoing. Prior to the six-week playgroup trial, the Health Service had had very little contact with maternal and child health services in the region. The maternal and child health nurses are now more involved with the Health Service and want to run an ongoing Koori-specific program. Since the financial advice sessions finished, more Aboriginal families have continued to seek out such advice. Although the pilot program lasted only six weeks, it created a lot of momentum. With the opening of the new Wathaurong Health Centre in 2007, and after the success of the pilot, the playgroup program is ready to expand and may also include a daycare program. Funding for a Koori Maternity Service has also been secured from the DHS.

*The success of programs is always dependent on place and the dynamics of the Communities involved. This is why the philosophy of Community control lends itself to a greater potential for success (Social Networks Project Coordinator).*

## Aboriginal Community Elders Service: Spiritual Healing Program

Originally set up as a nursing home, the Aboriginal Community Elders Service (ACES) in Melbourne's Brunswick East, now includes the Community Aged Care and Wunga disability care program, and a day care program. ACES delivers high-care nursing and houses an independent living area for the Elders who access the residential services. The Community Aged Care Program is funded through the Australian Government's Department of Health and Ageing to support sixty-nine recipients. ACES has initiated a unique Spiritual Healing and Respite Program for Elders from the Community.

*As an aged care nursing home and with a degree of flexibility in our funding, we've been able to make some huge changes to meet the needs of the Elders. Our respite care includes spiritual healing respite... [for] Elders who don't come from Melbourne, we've developed a program to send them home, just to touch base with their land. There is always a big difference when an Elder has gone home; either they return to us healthier or they are ready to rest. The program is designed around case planning—each individual's needs are totally different. The most important part about it is to ensure that they are able to stay as independent as possible* (Project Manager).

Aged care and respite packages exist across Victoria. However, ACES is unique in that it is able to maintain a high degree of self-determination resulting in flexible funding for its respite packages, built around a case management framework.

*We're funded differently so we've been able to develop programs that respond to the needs of Elders. I have a great staff who are willing to help and take the Elders to do these things. I used to often say, I don't feel right about taking this Elder who is dying home, but we have to learn to do that early enough so that they can get home. You don't always have high needs, sometimes the low needs can make up for the high needs. It's the very frail and elderly that you have got to look after and if they have high needs, so be it and if they have ten needs, so be it* (Project Manager).

ACES has a history of providing innovative care for Elders and has acted as a model for many Communities. The Spiritual Healing Respite Program is relatively new and has, at the time of writing, only twelve packages of funding for the cases being managed (including funding for a carer to accompany and care for the Elder involved). However, the overwhelmingly positive Community response, the interest in the program from other Communities throughout Victoria, and the positive impact on the Elders who have taken part, demonstrates the positive potential of flexible service provision that meets the needs of Community members.

*We work 24/7 with our Elders. We have a 72-year-old Elder running ACES, that just shows the strength and the passion of the Elders... the spiritual healing is the thing that we are most proud of* (Project Manager).





***There is a lot that we know, as  
Health Workers and employees of ACCHOs,  
about the health of our people,  
but we need the research to back it up  
and to get further funding.***

***Too often the project ends with the  
funding and the results of the project fade  
without being written up or built upon.***

Practice Manager

# Building Research and Evidence

All data sources are limited, but Indigenous people are particularly under-represented in data-sets, particularly in statistical data at state and national levels (Waples-Crowe 2005). To secure funding and to get Aboriginal health issues on the agenda, providing 'evidence' in the form of statistical data has become increasingly important. With their close connection to Aboriginal Communities, ACCHOs are now carrying out valuable research as well as delivering services.

## Well Person's Health Check

*The Well Person's Health Check is a Community-based program designed to help you keep well and to detect and treat some illnesses which you might not know you have. The check is for everyone whether you feel well or not. It is carried out by a team of doctors and Health Workers working with your local health service and the Community (VACCHO 2006).*

The health status of Indigenous Australians remains consistently below that of the general population. The Aboriginal Community faces higher morbidity and mortality rates in infants, youth, adults and Elders, with low birth weights, injury, accidents and suicide, as well as circulatory, respiratory and renal disease taking their toll and contributing to shorter life expectancies (Waples-Crowe 2005). Most data-sets under-represent Aboriginal people and getting accurate health statistics is difficult. In Victoria, the Well Person's Health Check attempted to address these shortcomings. In 1999, in response to the National Indigenous Australians' Sexual Health Strategy (NIASHS), the Sexual Health Unit at VACCHO developed the Well Person's Health Check program with the support of the Melbourne Sexual Health Centre (MSHC & VACCHO 1999). The goals of the program included: preventing the spread of STIs and blood borne viruses (BBVs) by improving diagnosis and treatment, removing barriers to screening and ensuring confidentiality; building the capacity of Aboriginal Communities and increasing awareness about STIs and BBVs; building effective partnerships; and continuously evaluating and improving the program as needed.



# Well Persons Health Check

Take control of your health ~ Koories in control



Communities  
Working for  
Health and  
Wellbeing

**Come and get your health checked and receive your showbag**

Lyn Briggs

This painting shows how the "message" of Holistic Health, through "Well Persons Health Checks" enables Healthworkers and communities to work together, to achieve "Good Health of the Whole Community".



when...

where...

time...

For more information

call the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) tel: 9419 3350



*Although VACCHO coordinated the Well Person's Health Check and was in a good position to do so because of their connection to the Community, the individual health checks were owned by the local Community and the staff from the local Health Service were trained and used in the delivery of the service* (VACCHO Executive).

The Well Person's Health Check involved a screening program for all aspects of health. Measurements (height, weight, waist and hip) were taken from all participants as well as blood pressure readings, urine tests, eye tests and tests for diabetes. The health checks could also include blood tests and Pap smears.

*Although we coordinated the Well Person's Health Check, we couldn't have done it without the partnerships and relationships we built with the Communities involved. Having Melbourne Sexual Health working with us was important, as they helped to insure that confidentiality was maintained, and were able to help with contact tracing and notifying people of positive tests. But often the local knowledge outdid the contact tracers so we had to work together* (VACCHO Executive).

In all, 1446 people were screened in eleven Communities between 1999 and 2002. The screening was carried out at ACCHOs in Morwell, Mildura, Lake Tyers, Robinvale, Swan Hill, Warrnambool, Portland, Framlingham, Shepparton, Echuca, Wodonga and Bairnsdale. Workshops on the concept of the Well Person's Health Check, as well as STI and BBV education and prevention, were run prior to the screenings. Each Community then had their own Health Workers involved in carrying out the health checks.

*The Well Person's Health Check was unique at each Community, dependent on each Community's needs, the skills of the AHWs at the [local] Health Service, the Community's resources and the population* (MSHC & VACCHO 1999).

Although many Communities requested that the Well Person's Health Check return to their area, and feedback from evaluations suggested that 90 per cent of participants would like the program to return at least once a year, resources are not available for a continued program. However, the Well Person's Health Check provided the evidence base to identify areas of need in the Communities, and the data has informed the foundation of many of the partnerships and programs run out of VACCHO and its member organisations.

*Really, the Well Person's Health Check provided the only real statistics there are of the incidence of sexually transmitted infections and other health issues in Aboriginal Communities statewide* (Project Staff Member).



## Koori Maternity Program at the Victorian Aboriginal Health Service

*The Maternity Program is part of the Women's and Children's Unit at the Victorian Aboriginal Health Service (VAHS). The model of antenatal care that is provided at VAHS is a midwifery model whereby the Midwife and Aboriginal Health Workers provide antenatal and postnatal care to the women in the Community with the overall aim of reducing infant morbidity and mortality (VAHS 2005).*

The program grew out of the needs highlighted by the women in the Community. Previously, there was no service or program focused on Koori women, who felt alienated from mainstream health services. Through the Alternative Birthing Project, VAHS located funding for a three-year pilot project that was to involve both midwives and AHWs. The midwife at VAHS realised that Aboriginal women weren't attending health checks in the hospital; too often they were only going to appointments when they first became aware of their pregnancy and then again at delivery. With no support, and in the face of an unwelcoming hospital environment, women often failed to show up for appointments. As a result, pregnant women were receiving limited health information. The DHS began funding a Koori Maternity Service at VAHS in 2000.

The midwife who was with the program when it started was really supportive and worked with AHWs to build their experience and knowledge in maternity-related health care.

*One of the most important elements in the project was the communication between the midwife, the Health Workers and the General Practitioners.*

*The midwife recognised the importance of communication, negotiation and referral. She was the first to work within a shared care framework (Practice Manager).*

The training and the shared care framework increased the information that both AHWs and Koori women had access to.

*We are lucky enough to have a clinical component that is very strong at the Health Service and we make sure that the Health Workers are involved in the clinical side of things. At VAHS a Health Worker does not only have an advocacy role or transport role... the nurses work to train the Health Workers in increasing clinical capacities (Practice Manager).*

The fact that there was such a dedicated team involved in the Koori Maternity Program, and so much collaboration within the program, increased the confidence of the women who used the service. The

program focused on overall social welfare: Boorai classes were developed (both ante- and postnatal) and they also supported an increase in the partner's role in the pregnancy. Parenting groups evolved that were geared towards both men and women, and focused on child development, feeding and other issues that involve both parents. The whole Women's and Children's Unit works as a team, despite the fact that funding is separate for all the different components within the unit.

*The team is able to pick up on what it is that individual families need (Practice Manager).*





The AHWs are able to gauge when a woman is struggling and needs increased support. They also help to break down the language barriers that can exist in consultations with General Practitioners.

*By providing a holistic Maternity Program women have the opportunity to have ongoing contact with the Maternity staff following delivery of their babies (VAHS 2005:12).*



There was no training available in Victoria to train maternity health workers when the program started. This meant that the workers needed to go away for a four-week training session in two two-week blocks.

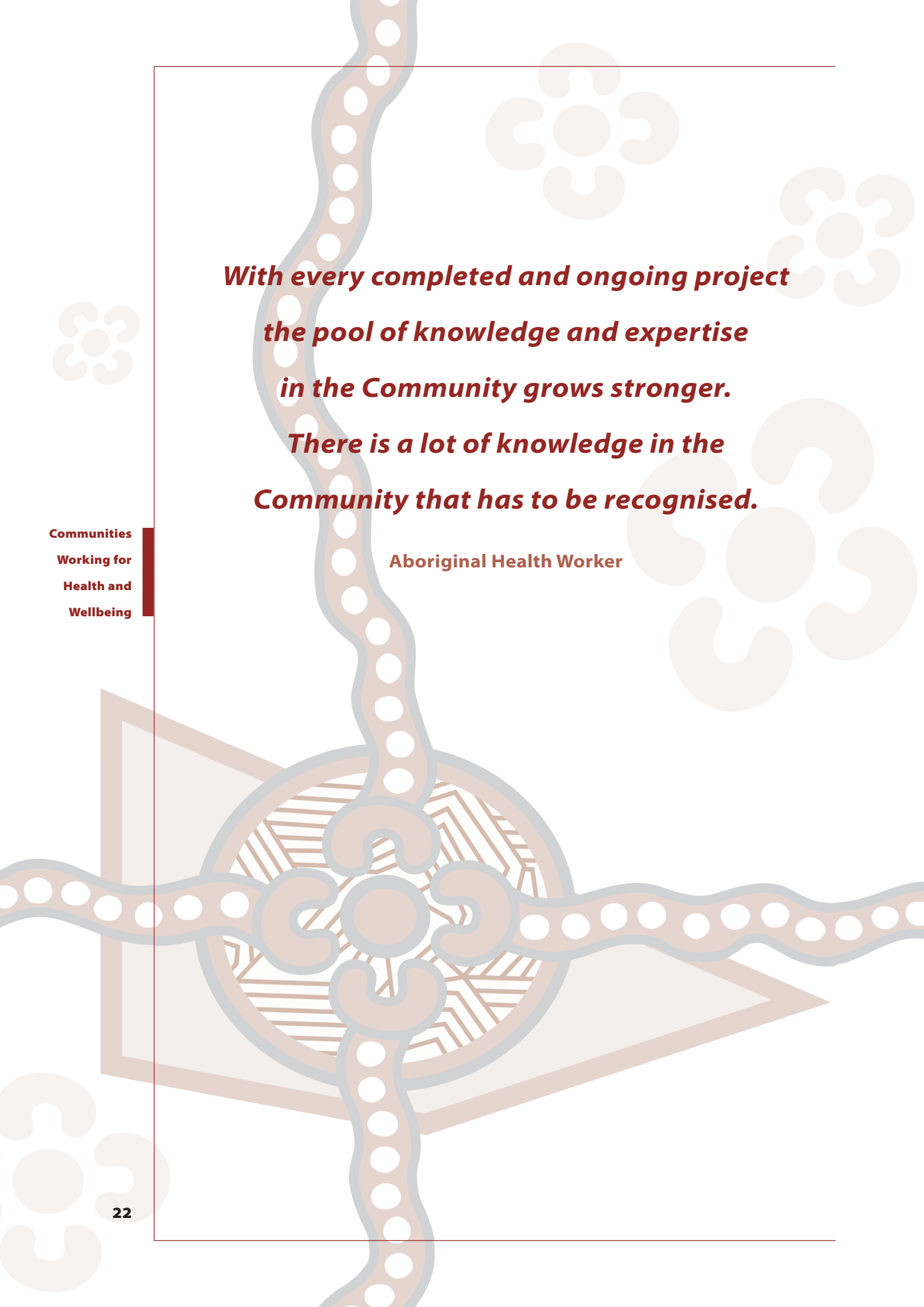
*All the girls that we sent graduated from the program (8 women), although it wasn't easy for them to be away from their families for so long. One of them is still here, the others are working in other areas, but they are still proactive about referring Community members... you don't lose the workers, you keep the knowledge in the Community (Practice Manager).*

The Koori Maternity Program has had lasting, ongoing, positive impacts in the Community. Women coming through the program have increased antenatal attendance and, as a result of the shared care agreement between the hospital and the Health Service, more of the antenatal appointments are now held at VAHS. A men's health clinic has also started at the Health Service, in response to women's concerns that men are often left out and need their own support programs. Midwives are also able to do a lot of data collection through the program.

*We now have evidence that since the program has started, there has been an increase in the birth weights of babies born in the Community despite all the media attention that has been given to Aboriginal Communities facing low birth weights (Practice Manager).*

According to the World Health Organization, birth weight is the single most important indicator of health status. While the average birth weight for all non-Indigenous babies in Victoria (2000–02) was reportedly 3368 grams, the average for Indigenous babies over that same time period was 3178 grams. With average birth weights of 3236 grams (2002–03), 3494 grams (2003–04) and 3291 grams (2004–05), the VAHS Koori Maternity Program figures continue to be higher than the average birth weight for Indigenous babies (including national and state-wide data). The results indicate a positive impact of the program on birth weights in the Community (VAHS 2005).





***With every completed and ongoing project  
the pool of knowledge and expertise  
in the Community grows stronger.  
There is a lot of knowledge in the  
Community that has to be recognised.***

**Aboriginal Health Worker**

**Communities  
Working for  
Health and  
Wellbeing**

# Capacity Building

ACCHOs across Victoria employ and train Community members, enhancing the skill-base of the Community and providing valuable opportunities for Indigenous youth, as the leaders of tomorrow, to become involved in both the Community and the health sector. Capacity building in this context includes the certification opportunities, training, hands-on learning and skill building within the Community that occurs during the implementation of, and as a result of, Community controlled initiatives. As a coordinating body in the Community controlled health sector in Victoria, VACCHO is unique in that it is able to respond to the training needs identified by its member organisations. It is also able to lobby at the state and national levels for resources, including curriculum changes and accreditation concerns, identified by the ACCHOs in Victoria.

## Study of Young People's Health and Wellbeing and Dulap Bininang Meeting Place

The Study of Young People's Health and Wellbeing was carried out at VAHS and was initiated as an outcome of the Child Health Promotion (CHP) project. When the CHP project was coming to an end, the project team asked the Community which health-related issues needed to be addressed: the health of young people and drug use were identified as immediate concerns. The Study of Young People's Health and Wellbeing was initiated to address Community concerns with regards to the health and wellbeing of young Koori people aged twelve to twenty-five years. The funding for the study was given to VAHS to manage. It was a groundbreaking project as it was one of the first longitudinal studies of its kind that was fully Community controlled. The study belonged to the Community, particularly to the young people of the Community.

*The project was built around an agenda that was set by the Community. It was Community driven; Community members were recruited to staff the project and Community members were involved in assessing the ethics of the project*  
(Project Coordinator).

Securing National Health and Medical Research Council (NHRMC) funding requires approval from a registered ethics committee. To maintain a high degree of Community control, VAHS set up its own registered ethics committee and lobbied against the NHRMC's requirement that this committee include a minister of religion. As a result of this lobbying, the regulations concerning the make-up of ethics committees have been changed to accept an Elder in place of a minister of religion. All of the results of the project had to be approved by the VAHS Board before they could be published. The study employed a non-Indigenous chief investigator, Indigenous research assistants, Indigenous peer interviewers and an Indigenous manager. Peer interviewers, aged between fourteen and twenty-five years, were trained to administer a computerised survey and to conduct health checks for the project.

The first stage of the Study of Young People's Health and Wellbeing found that many young Kooris were uncomfortable accessing health services at VAHS and that they wanted to have a separate clinic service for youth. As a result, the Dulap Bininang Meeting Place was established, which provided a homework centre staffed with tutors, activities to develop life skills, creative and recreational activities, guest speakers, monthly outings, nutritious meals, periodic dental nights and an after hours health care clinic for youth-access only (Garrow, van der Sterren & DBMP Committee 2001). This meant that youth who would otherwise be uncomfortable accessing services at VAHS, because of confidentiality concerns, were given the opportunity to access services in their own, separate setting.



*Because the Community is very close-knit, you can't necessarily go into the Health Service (VAHS) without running into an aunty, uncle, sister, brother, or cousin, and this can be awkward for youth (Project Coordinator).*

Dulap Bininang not only removed some of the barriers faced by youth when accessing services, but also facilitated the data collection for the Study of Young People's Health and Wellbeing. The project tracked young people over time. All the data were collected in two rounds, using a random sampling methodology (Holmes *et al.* 2002). Flexibility in the process of data collection was key to the success of the program; peer interviewers were willing to meet with the youth involved on their own terms.

Unfortunately, Dulap Bininang is no longer operating. Run on a mostly voluntary basis, it had minimal funding and the second round of the Study of Young People's Health and Wellbeing has now finished. However, the positive outcomes of the project persist because of the learning, training and skill-building the project supported in the Community. Dulap Bininang and the study were effective in promoting other health services within VAHS, with many of the youth who participated in the project wanting to have the general health checks that were offered through the project.

Both the Study of Young People's Health and Wellbeing and the Dulap Bininang Meeting Place empowered young Indigenous people by providing them with services to deal with their health concerns and increasing their ability to access these services. However, it is the capacity building that the two programs encouraged within the Community, particularly among the youth involved as peer interviewers and research assistants, that best demonstrates their ongoing positive impacts. Although the programs are no longer operating, the benefits from this capacity building that their initiatives supported in the Community are still being felt today.



# Reflections

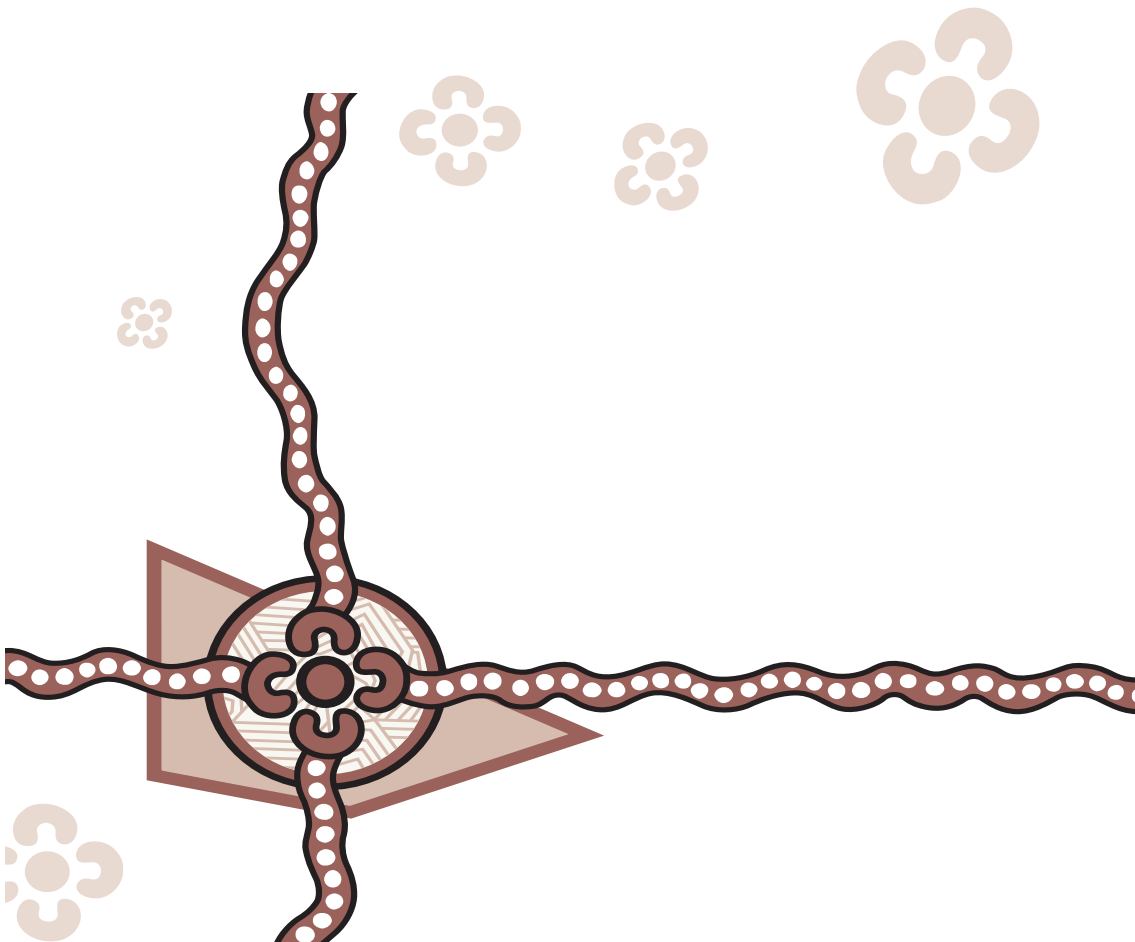
Our ten stories of successful health initiatives not only celebrate ten years of VACCHO activities, but also recognise the determination of the Aboriginal Community controlled health services movement to create services and programs that reflect the values and needs of Aboriginal people.

These stories also highlight the commitment, hard work, and perseverance of ACCHOs, and other Community groups and individuals across Victoria to promote the long-neglected health and wellbeing of Indigenous people. They also demonstrate the value of partnerships between funding bodies, health organisations, Communities and individuals at federal, state, regional and local levels.

Fundamental to the Community controlled health services movement is the recognition that wider social issues determine health and wellbeing. These issues are core elements in our success stories, reflected through culturally appropriate birthing services and sexual health initiatives, well person's health checks and specific youth health services, family violence programs, home ownership and financial counselling initiatives, maternal and child health services and playgroups, smoking cessation programs, appropriate aged care and respite care for Community Elders, training programs for Health Workers, and research into young people's health and wellbeing.

All these activities and programs enhance Aboriginal health and wellbeing at service-delivery level, build beneficial partnerships, advance knowledge-gathering activities through research and evidence-based studies, and, most importantly, promote capacity building at all levels of the Community, an accrual of benefit that results in increasing Aboriginal Community control of health and wellbeing services.

**Communities  
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***We don't want to be consulted;  
we want to be at the table.  
That is Community control.  
The original concept has to  
come from the Community.***

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