



YOORROOK

for Transformation

Third Interim Report
Volume 4



YOORROOK
Justice Commission

Cover photo: Scar Tree, Wotjobaluk Country.
Courtesy Uncle Jim Berg, Gunditjmara Elder.

The scarred Trees are a witness to a way of life, and freedom for People to roam at will throughout their own Country. They are a reminder of the past, and they are linked to all Trees. Take the memory of these scarred Trees with you forever. Share their story with your family.

UNCLE JIM BERG, GUNDITJMARA ELDER

From ‘Silent Witness – A window to the past’:
A personal collection of Scar Trees images and poems by Uncle Jim Berg, Gunditjmara Elder.

With tears on
the landscape
and scars on our
heart, our truth
needs to be told.¹

AUNTY JILL GALLAGHER

Published by order, or under the authority, of the
Parliament of Victoria, June 2025.

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1. Transcript of Aunty Jill Gallagher, 28 March 2024, 56 [35]–[45].

Contents

Part F: Health

06	Key facts and timeline	
20	Chapter 26: First Peoples and the Victorian health system	
	Introduction	23
	The health system	29
	Rights to health and healthcare	35
	Overview of the legislative and policy landscape in Victoria	36
	Oversight and accountability mechanisms	39
	Conclusion	40
50	Chapter 27: The past is the present	
	Introduction	55
	What Yoorrook heard	56
	The way forward	70
78	Chapter 28: Health inequities	
	Introduction	81
	What Yoorrook heard	82
	The way forward	102
	Recommendations	103
112	Chapter 29: Mental health and social and emotional wellbeing	
	Introduction	115
	What Yoorrook heard	118
	The way forward	138
	Recommendations	140
148	Chapter 30: Family violence	
	Introduction	151
	What Yoorrook heard	156
	The way forward	164
	Recommendations	165

170	Chapter 31: Racism, workforce and accountability	
	Introduction	173
	What Yoorrook heard	175
	The way forward	195
	Recommendations	196
204	Chapter 32: Health and the criminal justice system	
	Introduction	207
	What Yoorrook heard	212
	The way forward	224
	Recommendation	225
232	Chapter 33: Aboriginal community controlled healthcare	
	Introduction	235
	What Yoorrook heard	237
	The way forward	258
	Recommendation	259
	Part G: Housing	
266	Key facts and timeline	
272	Chapter 34: Housing overview and historical context	
	Introduction	275
	History of dispossession: the past is the present	280
	Conclusion: the legacy of dispossession	289
296	Chapter 35: Housing and First Peoples in Victoria	
	Introduction	299
	What Yoorrook heard	300
	The way forward	324
	Recommendations	326

Content warning

Please be aware that this report touches on sensitive material that may be distressing. Some chapters contain graphic descriptions and strong language. It touches on topics such as violence and massacres, systemic injustices against First Peoples including assimilation and protectionist policies, and the separation of families and policies of child removal, abuse within institutions, deaths in custody and healthcare settings, devastation of Country, desecration of cultural heritage and theft of Ancestor remains.

The report occasionally draws on historical sources which use antiquated racist language to refer to First Peoples and racist depictions of First Peoples.

The report contains references to self-harm and suicide.

The report contains stories and mention of First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you.

Services and Supports

In the case of an emergency (000).

Below are a series of support services that may be useful. Further support services, including for specialist services by area, are available on the [Yoorrook website](#).

13 Yarn

The first national crisis support line for mob who are feeling overwhelmed or having difficulty coping. They offer a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter.

Hours: 24/7

Phone: 13 92 76

Email: enquiries@13yarn.org.au

www.13yarn.org.au

First Peoples' Health and Wellbeing

First Peoples' Health and Wellbeing is an Aboriginal community controlled health service aiming to improve access to affordable primary health care in urban Melbourne. Clinics are located in Thomastown and Frankston, and online appointments are available.

Hours: Mon-Thurs 9:00am to 5:00pm, Fri 9:00am to 1:00pm

Email: info@fphw.org.au

www.firstpeopleshealthandwellbeing.org.au

Yarning SafeNStrong

The Victorian Aboriginal Health Service (VAHS) have established a free and confidential 24/7 counselling service for Aboriginal and Torres Strait Islander Peoples. Yarning SafeNStrong is available to people and families who need to have a yarn with someone about their wellbeing.

Hours: 24/7

Phone: 1800 959 563

Email: ysns@vahs.org.au

www.vahs.org.au/yarning-safenstrong

Part F

Health

First Peoples experience poorer health outcomes than non-First Peoples.¹

First Peoples in Victoria:

 **Are nearly twice as likely** to report poor health.²

 experience cancer at **nearly twice the rate.**³

 and have more than **twice the rate** of potentially preventable hospitalisations, compared to non-First Peoples.⁴

First Peoples in Victoria experience poor mental health.

First Peoples in Victoria are:

 **1.4 times more likely** to be diagnosed with depression or anxiety⁵

Nearly 2 times as likely to be hospitalised for mental health conditions⁶

Nearly 3 times as likely to die by suicide, compared to non-First Peoples.⁷

First Peoples are over-represented among family violence victim survivors.

 **6,578** incidents involving **First Peoples victim survivors** occurred in Victoria in 2024⁸
A likely underestimation of the true number.⁹

5.2% of Victorian victim survivors **identified as First Peoples** in 2023-24.¹⁰

10.3% of those presenting to **emergency departments for intimate partner violence injuries** were First Peoples in 2023-24.¹¹

First Peoples experience racism in the health sector.

 **20.6%** of First Peoples in Victoria reported experiencing racism in health settings in the previous 12 months in a 2022 survey.¹²

This rate was **nearly 3 times** the rate of non-First Peoples at 7.6%.¹³

First Peoples in Victoria left hospital against medical advice at **5 times** the rate of non-First Peoples in 2022-23.¹⁴

First Peoples are under-represented in the health workforce.

 **0.39%** of the Victorian public health workforce are First Peoples as of 30 April 2024.¹⁵

1% of Victorian Department of Health staff are First Peoples.¹⁶

Health timeline

Prior to 1790

First Peoples maintained sophisticated health and wellbeing systems and practices for millennia prior to colonisation.¹⁷

After 1790

Population loss and poor health are caused by the introduction of diseases such as smallpox, whooping cough, measles, influenza, syphilis and tuberculosis.¹⁸

1837

Report of the Parliamentary Select Committee on Aboriginal Tribes (British settlements) noted the poor state of First Peoples' health.¹⁹

1839

The growing European presence in the Port Phillip District led to the increased spread of diseases introduced among First Peoples.²⁰

Port Phillip Aboriginal Protectorate established (1839–49) to 'protect' First Peoples and oversee establishment of reserves.²¹ George Augustus Robinson appointed 'Chief Protector'.²² By 1841, stations existed at Narre Warren, the Goulburn River, Mount Rouse and Franklinford on the Loddon River.²³ The Protectors observed, treated and organised for First Peoples to receive medical treatment, although many First Peoples sought their own treatment. Whilst the Protectors were the first line of medical treatment, they were not medically trained.²⁴

1840

Massacres of First Peoples through the use of poison – Dja Dja Wurrung people at 'Blood Hole', Wulluwurrung/Nundadjali people at 'Wootong Vale' and 'Connell's Ford'.²⁵

1842

Massacres of First Peoples through the use of poison at 'Tarrone Station'.²⁶

1843

From 1843 to 1853 the Melbourne Mayor 'had the power to sign warrants and incarcerate Aboriginal people'.²⁷

1844

In 1844, Melbourne Council deliberately targeted First Peoples by passing a by-law preventing bathing in the Birrarung/Yarra River, knowing this would deny First Peoples access to their traditional waters.²⁸

1848

Massacres of Wemba Wemba/Wadi Wadi people through the use of poison at 'Beveridge Island'.²⁹

1849

Port Phillip Protectorate dissolved as recommended by the 1849 NSW Select Committee on the Aborigines, which complained of the cost of the protectorate and found the protectorate had failed 'achieve any of its objectives'.³⁰

By 1849, First Peoples could be accused of stealing for removing bark from trees (creating scar trees) to make shelter.³¹

1858

The Colonial Government established a Select Committee of the Legislative Council on the Aborigines to conduct an inquiry into Aboriginal welfare. Witnesses and correspondents described that First Peoples were starving due to the theft of their lands and resources and had suffered violence and ill-treatment from colonisers. The final report recommended the creation of reserves and led to the establishment of the Central Board.³²

1860

The Colonial Government established the 'Central Board Appointed to Watch over the Interests of Aborigines [sic]' (operated from 1860–1869).³³

1869

The Colonial Government passed the *Aborigines Protection Act 1869* (Vic). This established the Board for the Protection of the Aborigines (BPA).³⁴ Whilst some medical treatment was provided on and off reserves, it was limited and often determined by economics and illnesses were exacerbated by limited spending on housing and other needs on reserves and missions. Respiratory diseases were main causes of deaths on the reserves and missions overseen by the BPA.³⁵ First Peoples also continued to practice their own medical treatments.³⁶

1877

The Colonial Government appointed a Royal Commission on the Aborigines [sic] to consider the conditions of First Peoples and 'the best means of caring for and dealing with them in the future'. The report recommended the reserve system be retained.³⁷

The 1877 census estimated there were approximately 1067 Aboriginal people in the state, 486 living on a mission or reserve.³⁸

1880s

In the 1880s, A A Le Souef, the Director of the Zoological Gardens at Royal Park, forcibly transported residents from Coranderrk and held them without consent in a 'display camp' as part of the 1888 Centennial International Exhibition. The BPA had given Le Souef their approval.³⁹

1881–82

As a result of activism and protests from Coranderrk residents the Colonial Government held an inquiry into Coranderrk. Residents gave evidence of poor health and limited access to medical services, including the separation of parents from children when in hospital.⁴⁰

1886

The Colonial Government passed the *Aborigines Protection Act 1886* (Vic) (the Half-Caste [sic] Act). The Act amended the *Aborigines Protection Act 1869* (Vic) to exclude those who were of mixed parentage from reserves and missions. This limited further access to food, supplies such as clothing and medical treatment for those forcibly removed.⁴¹

1890

The Colonial Government passed the *Aborigines Act 1890* (Vic) (consolidated the 1886 Act and extended the powers of the Governor to separate First Peoples' children from their families).⁴²

1910

The Victorian Government passed the *Aborigines Act 1910* (Vic) which redefined Aboriginality to include 'Half castes [sic]', reinstating their access to assistance and to missions and reserves.⁴³

1915

The Victorian Government passed the *Aborigines Act 1915* (Vic) which consolidated the 1890 and 1910 Acts and reinstated the distinction between 'Half caste [sic]' and 'Full blood [sic]', again removing support from those of mixed parentage.⁴⁴

1937

Commonwealth and State Native Welfare Conference adopted assimilation as the national policy, although the war delayed its adoption.⁴⁵

1957

The Victorian Government passed the *Aborigines Act 1957* (Vic). The Act abolished the BPA and established the Aborigines Welfare Board (AWB) (operated 1957–1968, retained many of the Board's functions including for reserves). The Act formally adopted policies of assimilation, broadened the definition of Aboriginality to 'any person of Aboriginal descent' and described the function of the AWB as 'to promote the moral, intellectual and physical welfare' of First Peoples 'with a view to their assimilation in the general community'.⁴⁶

1966

Summary Offences Act 1966 made minor actions a criminal offense, including obstructing a foot path, begging in a public place, using indecent language or behaviour, failure to comply with a move-on direction.⁴⁷ Such minor offences have disproportionately impacted on First Peoples, particularly First Peoples with a disability or mental health conditions, contributing to their criminalisation.⁴⁸

1967

1967 Referendum led to the amendment of the Commonwealth Constitution, which meant First Peoples were included in the Census and the Federal Government could make laws with regards to First Peoples.⁴⁹

1968

Aborigines Welfare Board abolished and replaced with the Ministry of Aboriginal Affairs (established under the *Aboriginal Affairs Act 1967* (Vic) which operated from 1968–1975).⁵⁰

1971

The first Aboriginal Community Controlled Health Organisation (ACCHO), the Aboriginal Medical Service, was established in Redfern, NSW.⁵¹

The first Census where Aboriginal and Torres Strait Islander people were included was conducted.⁵²

1972

The Aboriginal Tent Embassy was set up in Canberra.⁵³

The Commonwealth Department of Aboriginal Affairs established.⁵⁴

1973

The Victorian Aboriginal Health Service (VAHS) was established.⁵⁵

Responsibility for Aboriginal Affairs transferred from the States (except Queensland) to the Commonwealth in 1973.⁵⁶

The Gough Whitlam Government released a 10-Year Plan for Aboriginal Health.⁵⁷

1975

The National Aboriginal and Islander Health Organisation (NAIHO) was formed.⁵⁸

The Australian Government passed the *Racial Discrimination Act 1975* (Cth).⁵⁹

1976

Victorian Aboriginal Child and Community Agency (VACCA) established.⁶⁰

1979

The Commonwealth House of Representatives Standing Committee on Aboriginal Affairs' Report on Aboriginal Health noted that little progress had been made in raising First Peoples' standards of health and that poor First Peoples' health was due to low standards of environmental and housing conditions, socio-economic factors, and inappropriate health services.⁶¹

1987

Royal Commission into Aboriginal Deaths in Custody (RCADIC) established (report delivered in 1991).⁶²

1989

The National Aboriginal Health Strategy Working Party released its final report. This led to the creation of the Aboriginal Health Development Group. The report highlighted the need for increased coordination within health systems, and integration with sectors like housing, employment and education. First Peoples' communities, dissatisfied with their limited representation on the Aboriginal Health Development Group, protested, resulting in the creation of the Aboriginal Advisory Group.⁶³

National Aboriginal Health Strategy (NAHS) was developed.⁶⁴

1990

The Aboriginal and Torres Strait Islander Commission (ATSIC) was established by the Bob Hawke Government.⁶⁵ ATSIC assumed national responsibility for Indigenous health.⁶⁶

1991

Victorian Government introduced the *Aboriginal Lands Act 1991* (Vic) which granted freehold title over three First Peoples burial sites.⁶⁷

1992

The National Commitment to Improved Outcomes for Aboriginal and Torres Strait Islander People was endorsed, providing a framework for agreements between the Commonwealth and State/Territory governments to improve programs and services for First Peoples.⁶⁸ Framework Agreements were developed and agreed to by all States and Territories in 1995. Victoria signed the Framework Agreement in 1996 (resigned in 2002).⁶⁹

1992

NAIHO became the National Aboriginal Community Controlled Health Organisation (NACCHO), the primary national body for First Peoples' Medical Services.⁷⁰

1995

Responsibility for First Peoples' health was transferred from ATSIC to the Commonwealth. Office for Aboriginal and Torres Strait Islander Health Services was established.⁷¹

1996

Commonwealth Minister for Health announced the establishment of the national health advisory forum, the Aboriginal and Torres Strait Islander Health Council.⁷²

Commonwealth Minister for Health launched the National Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan.⁷³

1997

NACCHO established a permanent secretariat in Canberra with government funding.⁷⁴

The Bringing Them Home Report (Stolen Generations) was published.⁷⁵

2003

Australian and State/Territory Governments endorsed the National Strategic Framework for Aboriginal and Torres Strait Islander health: framework for action by governments.⁷⁶ The framework built on the 1989 National Aboriginal Health Strategy.

2004

The Australian Government changed its delivery of First Peoples' health services to a 'whole of government approach' and transferred First Peoples' programs to mainstream agencies.⁷⁷

2005

Social and Emotional Wellbeing Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing 2004–09 was published.⁷⁸ This framework, developed by the Social Health Reference Group for the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group⁷⁹, outlined five key strategic directions to inform action.⁸⁰

Social Justice Report by Professor Tom Calma AO, the Aboriginal and Torres Strait Islander Social Justice Commissioner, called for Australian Governments to commit to achieving health and life expectancy equality for Aboriginal and Torres Strait Islander people within 25 years.⁸¹

2008

Prime Minister Kevin Rudd Government signed the Closing the Gap Statement and the first Closing the Gap agreement was put in place.⁸²

2009

The 'Closing the Gap on Indigenous Disadvantage: the Challenge for Australia' report was tabled in Parliament. This was the first report that outlined the Commonwealth Governments' progress towards the Closing the Gap targets.⁸³

2010

Launch of the National Congress of Australia's First Peoples' (a platform for Indigenous voices particularly in relation to policy discussion affecting health, housing and education).⁸⁴

The Lowitja Institute was established as a national body solely committed to Aboriginal and Torres Strait Islander health research.⁸⁵

2012

The Australian Government committed to a National Partnership Agreement on Indigenous Early Childhood Development, focusing on access to early education, maternal and child health services.⁸⁶

The Victorian Government released Koolin Balit, its strategic directions for First Peoples' health 2012–2022.⁸⁷

2013

The Australian Government released the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.⁸⁸

2016

The Victorian Royal Commission into Family Violence final report tabled into Parliament.⁸⁹

2017

A new National Funding Agreement for the health sector commenced.⁹⁰

Balit Murrup Aboriginal social and emotional wellbeing framework 2017–2027.⁹¹

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027.⁹²

2019

Partnership Agreement on Closing the Gap 2019–2029 signed by Federal and all State and Territory governments.⁹³

2020

A new National Agreement on Closing the Gap was signed.⁹⁴

2021

National Aboriginal and Torres Strait Islander Health Plan 2021–2031 was launched⁹⁵

Victorian Aboriginal Health and Wellbeing Partnership Forum Inaugural meeting.⁹⁶

The Royal Commission into Victoria's Mental Health System (RCVMHS) final report tabled into Parliament.⁹⁷

The Royal Commission into Aged Care Quality and Safety final report tabled into Parliament.⁹⁸

2022

Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing launched by the Victorian Aboriginal Community Controlled Health Organisation.⁹⁹

Closing the gap partnership forum established.

2023

Victorian Aboriginal Health and Wellbeing Partnership Agreement 2023–2033.¹⁰⁰

Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025.¹⁰¹

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability final report tabled into Parliament.¹⁰²

Timeline of Aboriginal organisations providing health and wellbeing services

1933
Australian Aborigines' League established by William Cooper.¹⁰³

1957
The Victorian Aboriginal Advancement League was established by Doug Nicholls and others.¹⁰⁴

1972
Gippsland & East Gippsland Aboriginal Co-Operative¹⁰⁵ (established 1972 as East Gippsland Aboriginal Women's Group, incorporated 1975 as East Gippsland Aboriginal Medical Services Co-operative Limited, name changed to Gippsland & East Gippsland Aboriginal Co-operative in 1978). Today it is a member of VACCHO.¹⁰⁶

1973
Victorian Aboriginal Health Service (VAHS) established and began providing services in Fitzroy.¹⁰⁷ Today it is a member of VACCHO.¹⁰⁸

Victorian Aboriginal Legal Service (VALS) established¹⁰⁹

Fitzroy Stars Football Club established (recommended in 1977).¹¹⁰

1970s
Elders began providing homelessness services for St Kilda 'parkies',¹¹¹ evolving initially into a hostel-rehab service and eventually into a rehab service formally established as Ngwala Willumbong in 1977 (established in 1977 as Ngwala Willumbong Co-operative Limited,¹¹² registration changed to Ngwala Willumbong Limited in 2015, currently registered as Ngwala Willumbong Aboriginal Corporation since 2019¹¹³). Today it is a member of VACCHO.¹¹⁴

1974
Murray Valley Aboriginal Cooperative (MVAC) established.¹¹⁵ Today it is a member of VACCHO.¹¹⁶

Njernda Aboriginal Corporation (Njernda)¹¹⁷ (originally called the Echuca Aboriginal Cooperative until 1990).¹¹⁸ Today it is a member of VACCHO.¹¹⁹

1975
Dandenong and District Aborigines Co-operative Ltd (DDACL) became incorporated (originally called Dandenong and District Aborigines Society Limited until 1996)¹²⁰

1976
The Victorian Aboriginal Child and Community Agency (VACCA) previously Victorian Aboriginal Child Care Agency established¹²¹ (started providing services in 1977¹²²).

1979
Ballarat and District Aboriginal Co-operative (BADAC) established.¹²³ Today it is a member of VACCHO¹²⁴ and WDAC.¹²⁵

Gunditjmara Aboriginal Cooperative¹²⁶ (incorporated 1982). Today it is a member of VACCHO¹²⁷ and WDAC.¹²⁸

Goolum Goolum Aboriginal Co-operative (GGAC)¹²⁹ established (incorporated 1983). Today it is a member of VACCHO¹³⁰ and WDAC.¹³¹

Late 1970s
Kirrae Health Service was established in the late 1970s by Brian and Maisie Davis.¹³² Today it is a member of VACCHO¹³³ and WDAC.¹³⁴

1980
Rumbalara Aboriginal Co-operative established and incorporated.¹³⁵ Today it is a member of VACCHO.¹³⁶

Wathaurong Aboriginal Co-operative established and incorporated.¹³⁷ Today it is a member of VACCHO¹³⁸ and WDAC.¹³⁹

1981
Yappera Children's Service Co-Operative Ltd (Yappera) established¹⁴⁰

1982
Koorie Information Centre opened (Fitzroy)¹⁴¹

Melbourne Aboriginal Youth, Sport and Recreation (MAYSAR) Co-operative Ltd established.¹⁴² Today it is a member of VACCHO.¹⁴³

1983
Cummeragunja Housing and Development Aboriginal Corporation established and incorporated¹⁴⁴ (also known as Viney Morgan Aboriginal Medical Service).

1984
Victorian Aboriginal Community Services Association Ltd (VACSAL) established.¹⁴⁵

1987
The Victorian Aboriginal Mental Health Network (VAMHN) established.¹⁴⁶

1987/91
Aboriginal Community Elders Services Inc (ACES) incorporated in 1987, accepting patients from 1991.¹⁴⁷ Today it is a member of VACCHO.¹⁴⁸

1988
Victorian Aboriginal Community Services Association Inc began.¹⁴⁹

1989
Rumbalara Football Netball Club registered as a sporting club.¹⁵⁰

1990
Mallee District Aboriginal Services (MDAS)¹⁵¹ established.¹⁵² Today it is a member of VACCHO.¹⁵³

1991
Winda-Mara Aboriginal Corporation established.¹⁵⁴ Today it is a member of VACCHO¹⁵⁵ and WDAC.¹⁵⁶

1992
Ramahyuck District Aboriginal Corporation registered.¹⁵⁷ Today it is a member of VACCHO.¹⁵⁸

1993
Moogji Aboriginal Council East Gippsland Inc established.¹⁵⁹ Today it is a member of VACCHO.¹⁶⁰

1994
Victorian Aboriginal Corporation for Language (VACL) established.¹⁶¹

Mungabareena Aboriginal Corporation formally incorporated.¹⁶² Today it is a member of VACCHO.¹⁶³

1996
Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is incorporated in 1996.¹⁶⁴

1999
Budja Budja Aboriginal Cooperative Ltd founded.¹⁶⁵ Today it is a member of VACCHO¹⁶⁶ and WDAC.¹⁶⁷

Lake Tyers Health & Children's Services Association Inc established.¹⁶⁸

2001
Bendigo and District Aboriginal Co-Operative (BDAC) established.¹⁶⁹ Today it is a member of VACCHO.¹⁷⁰

2002
Dhauwurd-Wurrung Elderly & Community Health Service established.¹⁷¹ Today it is a member of VACCHO¹⁷² and WDAC.¹⁷³

2003
Albury Wodonga Aboriginal Health Service (AWAHS) is incorporated.¹⁷⁴ Today it is a member of VACCHO.¹⁷⁵

2005
Mullum Mullum Indigenous Gathering Place (MMIGP) established.¹⁷⁶ Today it is a member of VACCHO.¹⁷⁷

2006
Boorndawan Willam Aboriginal Healing Service (BWAHS) established.¹⁷⁸ Today it is a member of VACCHO.¹⁷⁹

2007
Kirrip Aboriginal Corporation.¹⁸⁰ Today it is a member of VACCHO.¹⁸¹

Lakes Entrance Aboriginal Health Association (LEAHA) became an incorporated association. LEAHA commenced as an Elders Group in 2004.¹⁸²

2009/19
Oonah Health and Community Services Aboriginal Corporation (originally called Healesville Indigenous Community Services Association (HICSA)) registered in 2019. HICSA incorporated in 2009.¹⁸³ Today it is a member of VACCHO.¹⁸⁴

2009
First Peoples' Health and Wellbeing (FPHW) established, first known as Access Services for Koories¹⁸⁵

2010
First Peoples Disability Network established informally in 2010 and registered as a public company limited by guarantee in 2014.¹⁸⁶

Weenthunga Health Network established.¹⁸⁷ Today it is a member of VACCHO.¹⁸⁸

2012
Bubup Wilam Aboriginal Child and Family Centre was established under the Closing the Gap initiative.¹⁸⁹ Today it is a member of VACCHO.¹⁹⁰

2016
Nairn Marr Djambana officially launched.¹⁹¹

2018
Grandmothers Against Removals Victoria (GMAR Victoria) formed.¹⁹²

2023
Western District ACCO Collective (WDAC) established.¹⁹³

Endnotes

Key facts

1. All figures are Victorian. Victoria does not collect, report or share information on a wide range of health measures. This point was repeatedly made to Yoorrook by Ngaweeyan Maar-oo (the Victorian Government's implementation partner and shared-decision making body under the National Agreement on Closing the Gap) and others.

2. Alison Markwick et al, 'Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: a cross-sectional population based study' (2019) 7 *SSM-Population Health*, 3.

3. 624 per 100,000 of the population, compared to 314.6 per 100,000 respectively: Cancer Council Victoria, Figure 5: Trends in incidence and mortality for Aboriginal Victorians and Non-Aboriginal Victorians 2011–2020, '[Cancer statistics and trends for Aboriginal Victorians](#)' (Webpage, 2022).

4. 55 per 1,000 people, compared to 21.7 per 1,000 people respectively in 2022–21. Productivity Commission, Report on Government Services 2024, 10 [Primary and community health](#), Table 10A.66.

5. Victorian Agency for Health Information, [The health and wellbeing of Aboriginal Victorians. Findings from the Victorian Population Health Survey 2017](#) (Report, 2021), 8.

6. Australian Institute of Health and Welfare and National Indigenous Australians Agency, Aboriginal and Torres Strait Islander Health Performance Framework, Table D1.18.14 Vic.

7. Coroners Court of Victoria, *Suicides of Aboriginal and Torres Strait Islander people*; Victoria, 2018–2023 (Report, 7 March 2024).

8. Crime Statistics Agency, [Family Incidents by Aboriginal and Torres Strait Islander status](#) Affected Family Members by Aboriginal and Torres Strait Islander status, (Webpage, 2024).

9. Crime Statistics Agency, '[Explanatory notes](#)' (Webpage); Transcript of Nerita Waight, 13 June 2024, 4 [39]–[42], 5 [29]–[46].

10. Crime Statistics Agency, [Family Incidents by Aboriginal and Torres Strait Islander status](#) Affected Family Members by Aboriginal and Torres Strait Islander status (Webpage, 2024).

11. Crime Statistics Agency, Table 40. Number of emergency department patients by Aboriginal status and family violence type, 1 July 2019 to 30 June 2024, [Service Sector Data Tables](#), (Spreadsheet, 2024).

12. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120 (citing Victorian Population Health Survey).

13. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120 (citing Victorian Population Health Survey).

14. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120.

15. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 3 [18].

16. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 27 [153].

Timeline

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Chapter 26: First Peoples and the Victorian health system

Introduction	23
Limitations of the health and wellbeing data used in this report	25
First Peoples’ concepts of health, wellbeing and healing	26
The health system	29
Roles and responsibilities	29
Funding	33
Settings where healthcare is delivered	34
Rights to health and healthcare	35
International human rights law	35
The <i>Charter of Human Rights and Responsibilities Act 2006 (Vic)</i>	36
Overview of the legislative and policy landscape in Victoria	36
Key legislation on health and healthcare in Victoria	36
Key health and wellbeing policies	37
Oversight and accountability mechanisms	39
Safety and quality standards	39
Australian Health Practitioner Regulation Agency	39
Victorian Mental Health and Wellbeing Commission	39
Complaints mechanisms	40
Conclusion	40

My mother was born in a time when humanity was absent. My mother was born in a time when it was not safe to be Black. Yet there was no turning back. My mother experienced the pain of oppression and she bore the scars of dispossession. My mother was born in this country where she had no rights as an Aboriginal woman. She could not vote. She could not own land. And she could not practice her culture, and she needed permission to live. My mother felt the pain of discrimination and felt the weight of hate, and yet my mother survived to be a strong Aboriginal woman. It is because of her I can. Our culture is ancient, and our culture is strong, yet we still suffer the wrongs of the past.¹

AUNTY DR JILL GALLAGHER

Introduction

First Peoples in Victoria experience profound health injustice. Colonisation and colonial systems have inflicted systemic harms on First Peoples' health and wellbeing. These harms have compounded, resulting in the now well-described 'gap' in health and wellbeing outcomes between First Peoples and non-First Peoples. The healthcare system has also inflicted systemic harm on First Peoples. Over the last few decades, First Peoples' advocacy and health-related initiatives have driven important system reforms, including the establishment of the Aboriginal Community Controlled Organisation (ACCO) and Aboriginal Community Controlled Health Organisation (ACCHO) sector.²

In response to the long-term health inequity of First Peoples, the Victorian Government has initiated numerous government policies, frameworks and commitments that aim to deliver a culturally safe and responsive health system. Despite efforts to improve First Peoples' health and wellbeing, widespread health injustice remains and the health system continues to fail First Peoples.

Yoorrook's health inquiry examines historical and ongoing systemic injustices perpetrated against First Peoples in health and healthcare as outlined by Yoorrook's Letters Patent. This **first chapter** provides an overview of the health and healthcare inquiry, including a summary of the Victorian health system and outlines the key rights, legislation, policies and oversight and accountability mechanisms across the health system. Its purpose is to introduce the key components of the health sector and underscore the complexity of the system, providing context for the systemic injustices discussed in the following chapters.

The **second chapter** Chapter 27: The past is the present outlines how the process of colonisation – past and present – has impacted First Peoples' health and wellbeing. First Peoples maintained strong health and wellbeing practices prior to colonisation. When the colonisers arrived, they perpetrated profound harms against First Peoples through the disruption of traditional systems of health and wellbeing and government policies that severed connections with family, community and Country. For First Peoples, Victorian health services are places where significant harm is experienced due to racism, segregation practices, the removal of children from their families and institutionalisation.

The **third chapter** Chapter 28: Health inequities details the systemic health inequities experienced by First Peoples today, which stem from the historical and contemporary impacts of colonisation. The chapter explores various factors which influence health and wellbeing (the determinants of health), including factors which support good health and wellbeing including connection to culture, Country and community. First Peoples face inequity in health outcomes compared with non-First Peoples across many areas. Despite numerous government policies and commitments to improve health outcomes for First Peoples in Victoria, for many measures there has not been a demonstrable improvement.

The **fourth chapter** Chapter 29: Mental health and social and emotional wellbeing explores the inequities experienced by First Peoples in Victoria with respect to their mental health and social and emotional wellbeing (SEWB), and the mental health system. First Peoples often experience poor mental health and SEWB due to the historical and ongoing impacts of colonisation. The Victorian mental health system is failing to support the mental health and SEWB of First Peoples. The system fails to address the social and cultural aspects of mental health and SEWB for First Peoples. The mental health system is often reactive, rather than supporting good mental health and SEWB. First Peoples also experience high rates of compulsory treatment, seclusion and restraint. While the Victorian Government has made some steps towards more culturally safe services and reducing the use of seclusion and restraint, ongoing weaknesses in the current legislative framework and funding environment negatively impact First Peoples.

The **fifth chapter** Chapter 30: Family violence, explores how First Peoples face numerous and compounding injustices in relation to family violence. In Victoria, First Peoples experience high rates of family violence that stem from historical and ongoing colonisation and racism. The evidence presented to Yoorrook indicates that mainstream service responses to family violence are often reactive, punitive and culturally unsafe, which create further barriers for First Peoples to seek support. Rather than receiving proactive support, First Peoples’ often experience systemic injustice within the family violence system. ACCOs which do provide preventative and holistic support and have demonstrated success, are often chronically underfunded and resourced.

The **sixth chapter** Chapter 31: Racism, workforce and accountability demonstrates that the Victorian Government is failing to deliver healthcare that is culturally safe and free from racism. First Peoples in Victoria face high levels of racism in healthcare settings and the data show that the prevalence of racism is increasing, not reducing.³ The State is also not adequately growing the First Peoples workforce or ensuring workplaces are supportive and safe, despite the critical role of the workforce in the health sector. Furthermore, inadequate health system oversight and accountability mechanisms are resulting in a stream of unfulfilled government commitments and culturally unsafe mainstream services.

The **seventh chapter** Chapter 32: Health and the criminal justice system underscores that the delivery of healthcare to First Peoples in the criminal justice system is undermined by systemic racism. This manifests in punitive responses; First Peoples’ health needs being ignored, disbelieved or not identified; inadequate access to services; and a lack of oversight and accountability. Despite previous calls by Yoorrook and numerous inquiries for transformative change across the criminal justice system, the Victorian Government has, to date, failed to enact the reforms required.

The **final chapter** Chapter 33: Aboriginal community controlled healthcare highlights the strengths of ACCOs and the ongoing systemic injustices encountered by the sector. ACCOs offer holistic and culturally safe care that is tailored to the needs of the local community and recognises the wider social and cultural determinants of health. From the evidence available to Yoorrook, this model of holistic and culturally safe care is clearly delivering better health outcomes for First Peoples. Despite the crucial role and positive impacts of ACCOs, the sector remains severely underfunded and faces excessive reporting burdens.

Limitations of the health and wellbeing data used in this report

It is important to note that there are significant limitations with health and wellbeing data in Victoria. The Victorian Government does not collect, report or share information on a wide range of health measures for First Peoples. This systemic gap in data collection and reporting was highlighted to Yoorrook by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the peak body for Aboriginal Community Controlled Organisations (ACCOs) delivering health and wellbeing services in Victoria, and Ngaweeyan Maar-oo, the Victorian Government’s implementation partner and shared decision-making body under the National Agreement on Closing the Gap.⁴

This report presents some external data provided to Yoorrook by the State and publicly available data from external datasets. Where possible, the data presented is specific to Victoria. Where Victorian-specific data has been unavailable, this report has used national data, with appropriate caveats, to illustrate the scope of health inequities. In Victoria, data is not reported on:

- life expectancy⁵
- cultural safety measures across health services
- health outcomes in the criminal justice system
- implementation and effectiveness of health frameworks.

Recording on deaths from suicide in Victoria has only recently become available through the Australian Bureau of Statistics (ABS) annual Causes of Death report (see also Chapter 29: Mental health and social and emotional wellbeing).⁶

These gaps in data collection and reporting are a systemic barrier to accountability and reform. Without comprehensive data collection and transparent reporting, it is impossible to fully assess the extent of health inequities or measure progress towards their elimination.

Publicly reported data also has a strong focus on biomedical measures and does not reflect First Peoples’ holistic view of health and wellbeing. Presenting these figures without context of the wider driving influences that impact health can create deficit-based narratives which reinforce views that First Peoples are inherently susceptible to poor health and ‘eclipse the reasons underlying the statistical differences’.⁷ Deficit-based discourses can impact on health and wellbeing by reinforcing racist and pathologising views of First Peoples, and devaluing First Peoples cultures and strengths.⁸

[D]eficit data has been used for politically diverse purposes, including by Aboriginal and Torres Strait Islander advocates to highlight injustice and hold governments to account. However, divorced from context and frequently reiterated, such statistics can also form a narrative that homogenises and dehumanises Aboriginal and Torres Strait Islander people into an intractable ‘problem’ to be ‘dealt’ with. Worse, they can form part of a narrative that situates responsibility for inequalities wholly with Aboriginal and Torres Strait Islander people themselves, obscuring the ways entrenched structural inequalities are affecting health.⁹

NATIONAL CENTRE FOR INDIGENOUS STUDIES

Yoorrook acknowledges the many First Peoples who are striving to change the way health and wellbeing data are collected, analysed and reported across Australia.¹⁰

First Peoples’ concepts of health, wellbeing and healing

This section introduces key First Peoples concepts of health, wellbeing and healing, which are relevant to First Peoples’ lived experience of health and the delivery of healthcare in Victoria. These concepts are drawn upon and discussed further in subsequent chapters.

Health and wellbeing

For Aboriginal people, the concept of health encompasses the physical, social, emotional, and cultural wellbeing of individuals, families, wider kinship groups, and entire Communities. While physical health is important, equal value is placed on strengthening connections to mind, emotions, family, kinship, Community, culture, country, spirituality, and ancestors. Developing connectedness across all these elements empowers Aboriginal self-esteem, belonging, and pride ... In practice, this holistic understanding of physical, social, emotional, and cultural wellbeing requires a health system that is responsive to the needs of Aboriginal people within each of these elements.¹¹

VICTORIAN ABORIGINAL HEALTH AND WELLBEING PARTNERSHIP AGREEMENT 2022–2032

First Peoples’ understandings of health and wellbeing are holistic.¹² For First Peoples, health extends beyond the physical health of the individual to consider the social, emotional, cultural and spiritual dimensions of health and wellbeing of individuals, families and communities.¹³ The First Peoples’ Assembly of Victoria explained:

For First Peoples’, the concept of health and well-being is generally much broader and more holistic than for non-Indigenous people. It encompasses the physical, social, emotional, and cultural wellbeing of individuals, families, wider kinship groups, and Communities.¹⁴

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Health and wellbeing are influenced by the wider historical and ongoing ‘determinants’ of health including intergenerational and historical determinants, social determinants (e.g. education, housing, economic prosperity), cultural determinants, political determinants (e.g. self-determination), and the impact of racism on health (see Chapter 28: Health inequities for more discussion of determinants). For First Peoples, health encompasses the whole life course, from birth to death.¹⁵ Good health is also understood to encapsulate not just the absence of illness, but what it means to be healthy and well.¹⁶

Social and emotional wellbeing

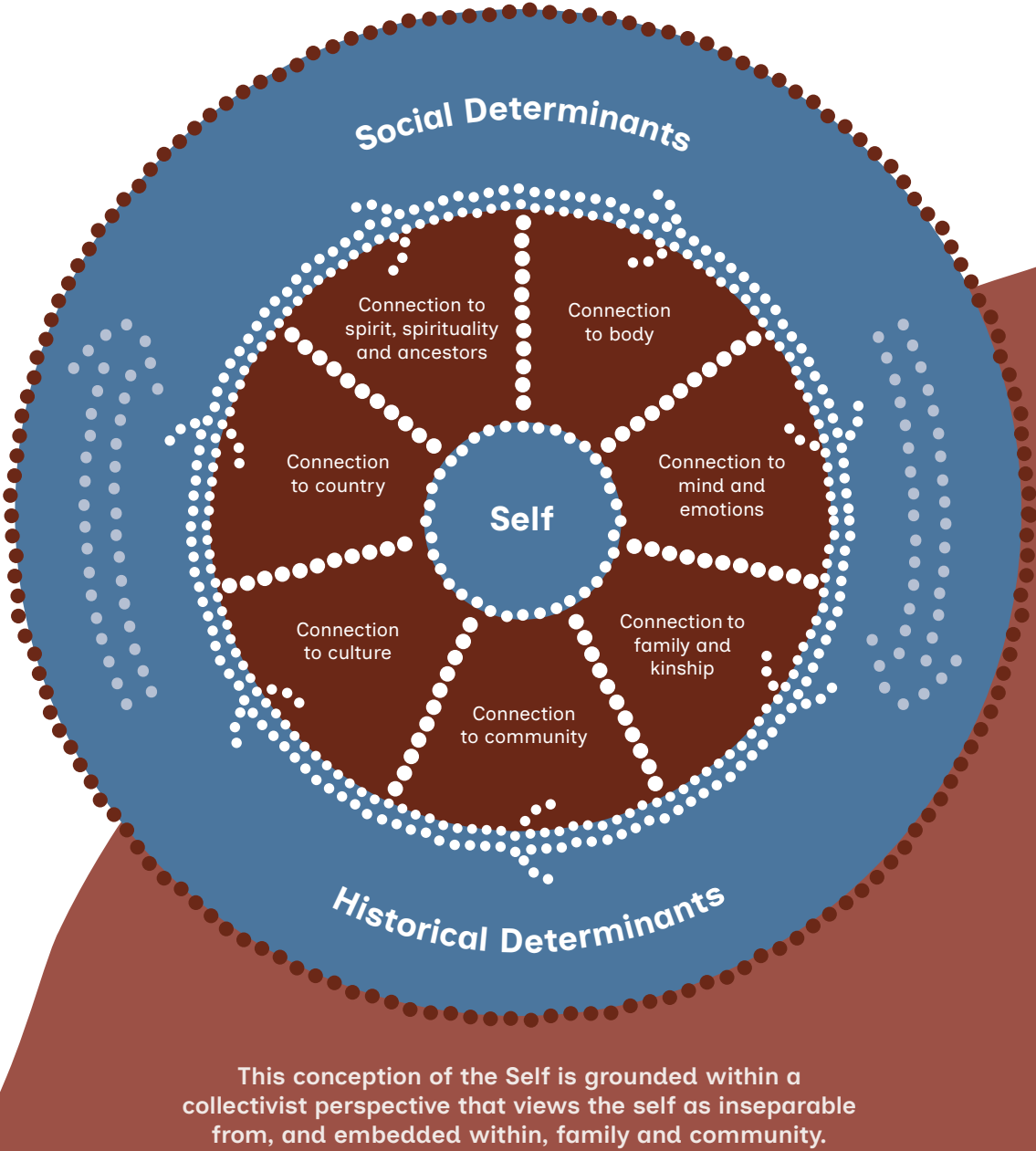
Social and emotional wellbeing (SEWB) is a holistic model that reflects First Peoples’ concepts of health and wellbeing and the multiple elements that influence it. Ngaweeyan Maar-oo explained the term:

[SEWB] captures the way in which Aboriginal and Torres Strait Islander people view the need for many elements to be balanced at a community and individual level to achieve health and wellbeing. SEWB considers the health and wellbeing of a physically healthy, culturally intact and spiritually connected Aboriginal and Torres Strait Islander person.¹⁷

NGAWEEYAN MAAR-OO

The SEWB framework (see Figure 26.1) was developed by First Peoples academics including Aunty Professor Pat Dudgeon (Bardi), Associate Professor Graham Gee and Dr Clinton Schultz (Gamilaroi).¹⁸ See also Yoorrook’s social and emotional wellbeing model designed by Nakia Cadd in *Yoorrook with Purpose*.¹⁹

Figure 26.1: First Peoples’ SEWB model (adapted from the original design developed by Gee et al 2014).²⁰



Disability and diversity

Before colonisation, people with a difference in ability were not pathologised or cast-out, but rather often fulfilled important roles within First Peoples’ social and cultural societies.²¹ CEO of the First Peoples Disability Network, Damian Griffis (Worimi) told Yoorrook how First Peoples conceptualised disability, being leaders in inclusion:

[I]n traditional language there is no comparable word to disability, and that’s a wonderful thing. So we tend to take people come as you are. So the way we describe disability in our communities is entirely appropriate. It’s impairment based. So it might be ‘brother can’t move around too well’, ‘cousin is a bit slower than everyone else’, ‘uncle doesn’t hear too well’, not said in a negative way but more about that’s what we need to think about this so this person can participate in community ... disability’s always been an accepted part of the human experience, from our perspective, and even more than that, we actually made accommodations or adaptations so that people could participate. There’s further evidence of that now with sign languages ... it’s not uncommon for a blind person to be a traditional healer ... or songman, or whatever it might be. So there is really strong evidence to show that we have always understood disability to be part of the human experience and that we are the thought leaders on inclusion.²²

DAMIAN GRIFFIS

Western conceptualisations and definitions of ‘disability’ do not align to First Peoples’ worldviews and perspectives on health, or disability. First Peoples with disability often actively participate in Aboriginal social life and this promotes their health and wellbeing. Therefore, First Peoples have called for a cultural model of inclusion which is more aligned to First Peoples views of disability and mitigated intersectional inequity.²³

Many First Peoples today live with disability and experience intersectional forms of discrimination and barriers to accessing culturally appropriate health and disability services. It is therefore critical to ensure that First Peoples receive equitable access to culturally appropriate disability support.²⁴

Healing

First Peoples’ concepts of healing incorporate multiple elements and embrace the determinants of health and wellbeing. For example, Professor Gregory Phillips (Waanyi, Jaru), a medical anthropologist, described healing as a spiritual process. This process involves cultural renewal and includes recovery from addictions and trauma.²⁵ VACCHO explained that First Peoples’ concepts of healing reflect their holistic view of health and wellbeing and address the multiple factors which influence it:

The Aboriginal concept of ‘healing’ is an inclusive term that enables health to be recognised as part of a holistic and interconnected Aboriginal view of health. The concept of healing embraces social, emotional, physical, cultural, and spiritual determinants of health and wellbeing.²⁶

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

See also Chapter 28: Health inequities and Chapter 29: Mental health and social and emotional wellbeing for more discussion of healing.²⁷

The health system

The following section provides an overview of the Australian and Victorian health systems with regard to governance, funding and key service providers.

WHAT IS A HEALTH SYSTEM?

The World Health Organization explains that: ‘A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities’.²⁸

Roles and responsibilities

Roles and responsibilities held by governments

The Australian health system is jointly run by Commonwealth, state and local governments.²⁹ An overview of the roles and responsibilities of each level of government with respect to the health system is outlined below.³⁰

The Commonwealth Government is responsible for:

- developing national health policy
- funding medical services through Medicare (the Medicare Benefits Schedule (MBS)) and access to medicines through the Pharmaceutical Benefits Scheme (PBS)
- providing funding to states and territories for public hospital services
- funding population-specific services, including ACCO-delivered primary health care, veteran health services and residential aged care services
- funding national health and medical research
- regulating medicines and medical devices
- supporting access to and regulating private health insurance.³¹

State and territory governments are responsible for:

- funding and managing public hospitals
- regulating private hospitals and other health premises
- regulating products with health impacts (e.g. alcohol and tobacco)
- delivering community-based services (including ACCOs), preventive services (e.g. screening and immunisation), delivering ambulance services and addressing health-related complaints.³²

The responsibilities of local governments vary across jurisdictions, but can include:

- delivering some community and home-based health and support services
- administering environmental health services (e.g. waste disposal, water fluoridation)
- administering public health (e.g. infectious disease immunisation and monitoring) and health promotion activities (e.g. facilitating access to community sporting and wellbeing programs)
- undertaking emergency management and supporting communities impacted by emergencies.³³

Roles and responsibilities held in Victoria

In Victoria, health services are delivered under a devolved governance model, with specific roles and responsibilities held by the Minister for Health, Department of Health and individual health services.³⁴

The Minister for Health is responsible for developing and maintaining a public health system that ‘delivers equitable health outcomes for all Victorians’.³⁵ The Minister sets the ‘policy direction for the health portfolio’³⁶ and is also responsible for appointing health service boards.³⁷

The Department of Health is responsible for proposing, developing and overseeing health policies and designing, regulating and funding the health system.³⁸ There are several divisions and offices within the Department of Health that support the Minister for Health to deliver their portfolio responsibilities. These divisions and offices are outlined in Table 26.1, drawing from evidence provided by Minister of Health the Hon Mary-Anne Thomas MP.³⁹

Table 26.1: Department of Health divisions and offices⁴⁰

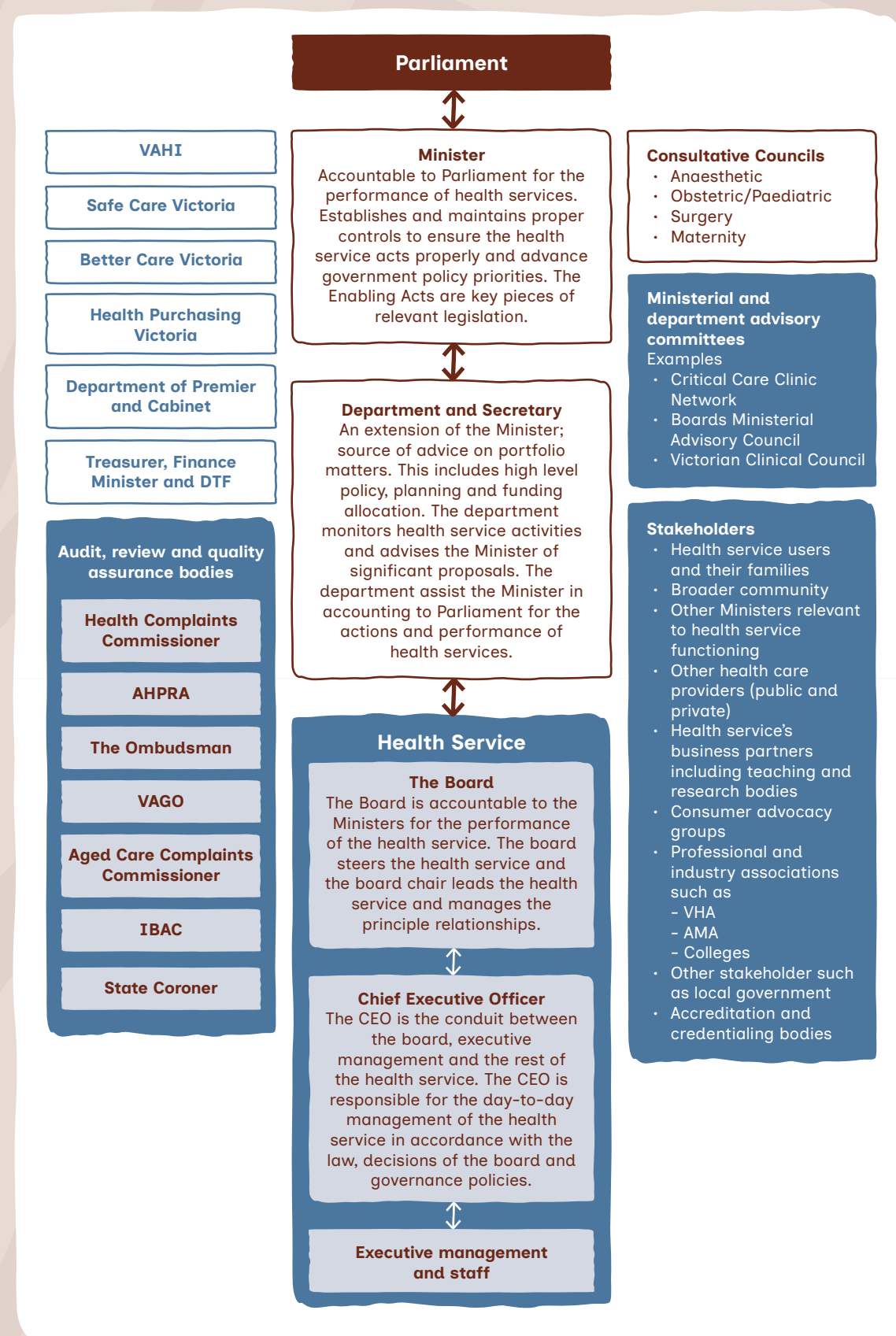
Division or Office	Responsibility
Community and Public Health	‘[F]ocuses on driving prevention of disease and injury with early intervention, improving population health and wellbeing outcomes and equity, and leading readiness for and response to health threats and broader emergencies’
Aboriginal Health and Wellbeing	‘[W]orks on driving, coordinating and advising on policy and strategic reform across Government to improve the health of First Peoples in Victoria’
Safer Care Victoria	‘[I]s the State’s healthcare quality and safety improvement agency and drives best practice across the healthcare sector by engaging with clinicians and consumers’
eHealth	‘[E]nables the department to achieve its strategic and operational objectives through the provision of enterprise technology (including shared services for DH [Department of Health]/DFFH [Department of Families, Fairness and Housing]), data, analytics and reporting, and digital technology for health services’
Health Funding, Finances and Investment	‘[D]elivers financial, funding, commercial and procurement expertise to focus on broader health sector budget and departmental spend and to support hospital and health service financial performance management, to improve revenue strategies and greater efficiency’
Hospitals and Health Services	‘[F]ocuses on ensuring people can access high quality hospital, ambulance and public aged care, and is responsible for the commissioning and performance of hospital and ambulance services’
System Planning	‘[P]rovides an integrated and joined-up approach to system planning and structural reform, including through clinical planning and asset management to improve health outcomes, health equity and influence the future shape of the health system’
People, Operations, Legal and Regulation	‘[P]rovides Ministerial and portfolio coordination, audit and risk, procurement and contract oversight, reporting and performance, legal services and integrity, workplace and employee relations, and health and environmental regulation’
Mental Health and Wellbeing	‘[R]esponsible for leading and implementing the recommendations of the Royal Commission into Victoria’s Mental Health System and stewarding the State’s mental health and alcohol and other drugs services’

Minister Thomas confirmed that, as of 30 April 2024, only 26 of the 2548 staff in the Department of Health are First Peoples, equating to 1 per cent.⁴¹

Health services are responsible for the delivery of services to the community and are led by independent boards.⁴² Health services operate in a fairly autonomous manner. Services operate ‘independently of the Department’ but are required to agree to an annual Statement of Priorities.⁴³ Statements of Priorities are funding agreements between the Department of Health and individual health services that set out the key performance targets, funding and any service priorities that must be met by health services.⁴⁴

Figure 26.2 is reproduced from a resource for Victorian health service boards published by the Victorian Department of Health.⁴⁵ It illustrates the complex structure of Victoria’s governance model, which involves multiple entities, agencies and stakeholders and interactions to support the delivery of health services.⁴⁶

Figure 28.2: Key stakeholders, entities and agencies in the Victorian public health sector (original source: Department of Health)⁴⁷



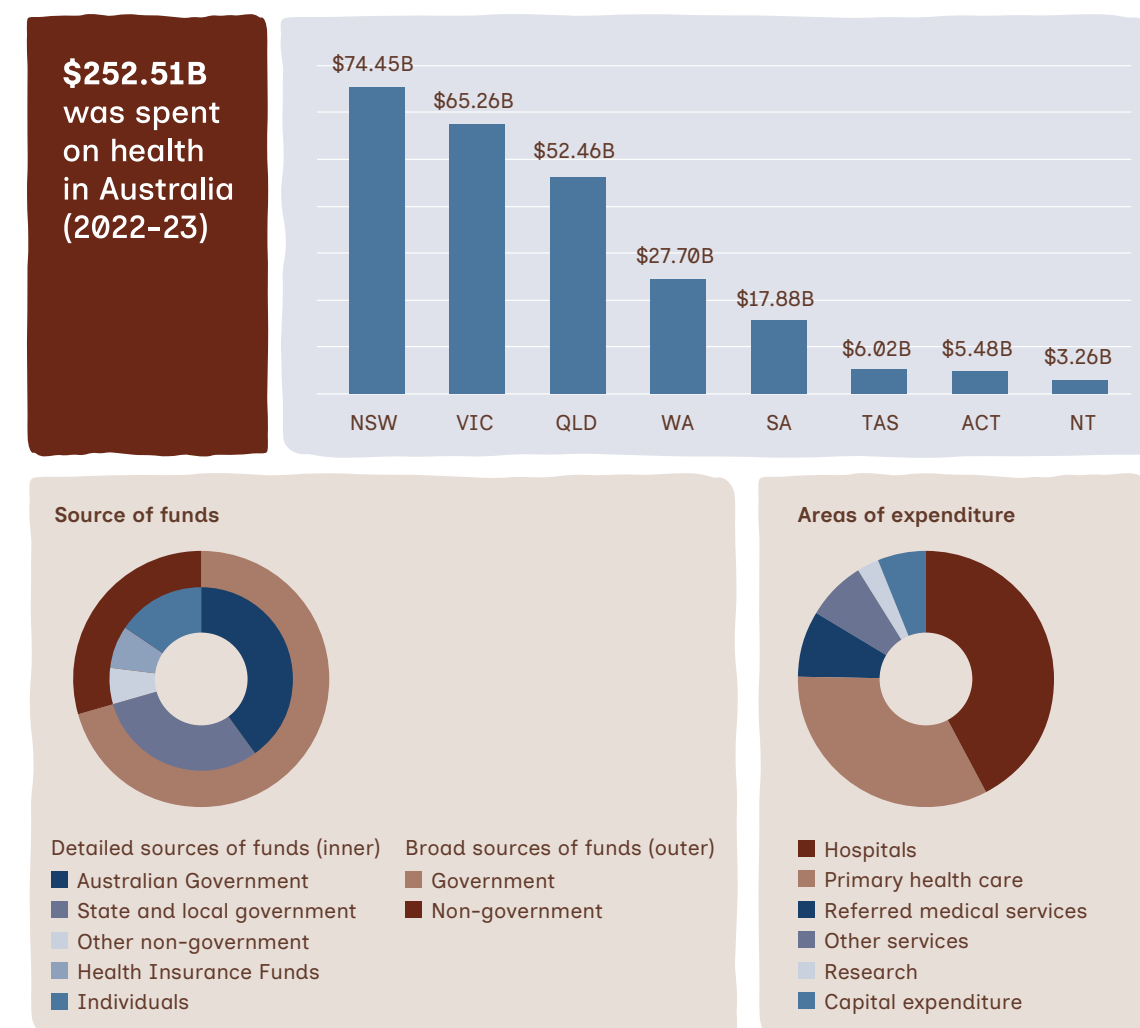
Other departments and agencies, including the Department of Families, Fairness and Housing also play a crucial role in delivering a wide range of services related to health and wellbeing.⁴⁸ These include family violence prevention and response, housing and homelessness, disability and children and families.⁴⁹

Funding

The funding arrangements for the Australian health system are complex.⁵⁰ As outlined earlier, all three levels of government contribute funding towards the health system.⁵¹ Funding for services is also provided by private health insurers, non-government organisation and individuals.⁵²

Figure 26.3 shows an interactive visualisation produced by the Australian Institute of Health and Welfare of health expenditure in Australia, including areas of expenditure by state/territory. A total of \$252.51 billion was spent on health in Australia in 2022-23.⁵³ A total of \$65.26 billion was spent on health in Victoria in 2022-23.⁵⁴ Victoria had the second highest level of spending by any state or territory in the Commonwealth, only exceeded by New South Wales. Both nationally and in Victoria, most health funding comes from the Commonwealth and state governments. Most health expenditure goes towards hospitals and primary health care.⁵⁵

Figure 28.3: Health expenditure 2022-23 (Australia) (original source: Australian Institute of Health and Welfare)⁵⁶



Settings where healthcare is delivered

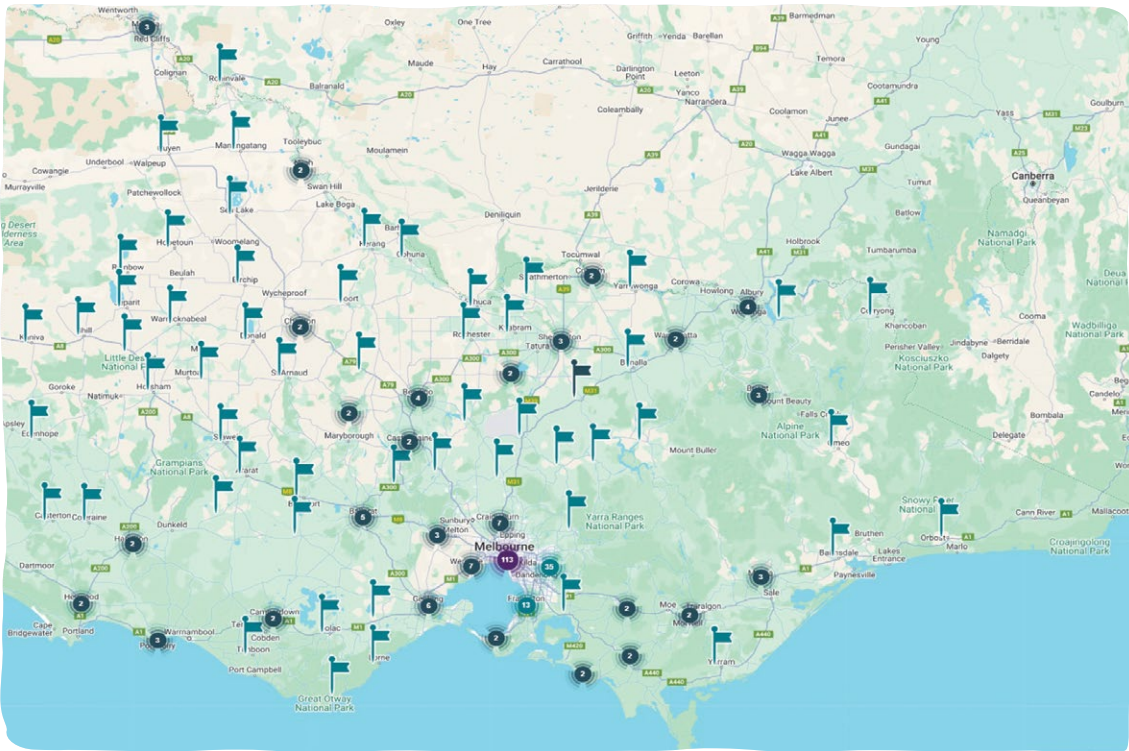
The Department of Health website details the health services and hospitals in Victoria.⁵⁷ These include ‘large public and private hospitals, rural and regional health services, specialist mother and child hospitals and small specialist rehabilitation and psychiatric hospitals’.⁵⁸ Healthcare is also delivered in settings outside the health system, such as prisons.

Mainstream health services and hospitals

There currently are 76 public health services and hospitals operating in Victoria (see Table 28.3 at the end of this chapter).⁵⁹

A service directory on the Victorian Agency for Health Information website displays an interactive map of health services and hospitals in Victoria (see Figure 26.4). A flag represents individual services and a number inside a circle represents multiple services in that location.

Figure 28.4: Health services and hospitals in Victoria (original source: Victorian Agency for Health Information)⁶⁰



Aboriginal Community Controlled Organisations

ACCOs and ACCHOs provide holistic, strengths-based, trauma-informed, integrated and culturally safe healthcare to First Peoples.⁶¹ ACCOs also deliver wraparound social services to support health and wellbeing.⁶²

ACCOs are community controlled, meaning ‘each independent and autonomous health service is controlled by the community it serves’.⁶³ This model enables the delivery of services that are tailored to meet the health needs of the local community.⁶⁴

The solution to each Community’s health needs is in the hands of that Community.⁶⁵

NGAWEEYAN MAAR-OO

VACCHO is the peak body for ACCOs delivering health and wellbeing services in Victoria.⁶⁶ There are 33 ACCOs that are members or associate members of VACCHO.⁶⁷ VACCHO explains that the holistic approach of ACCOs supports overall wellbeing:

ACCOs prioritise holistic approaches that address not only physical health but also consider cultural, social, and emotional factors that contribute to overall wellbeing.⁶⁸

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Despite their effectiveness, ACCOs remain chronically underfunded, receiving only 0.4 per cent of total Department of Health funding⁶⁹ and around 4 to 7 per cent of Department of Health funding allocated to primary and community care providers in 2022–23.⁷⁰ ACCOs also face an excessive administrative burden. An analysis completed by VACCHO of ACCO member data from 2020–21 found that ACCOs were required to provide a formal report to a funder on average every 2.7 business days.⁷¹ The strengths of ACCOs and the injustices experienced by these organisations are discussed further in Chapter 33: Aboriginal community controlled healthcare.

Rights to health and healthcare

International human rights law

The right to physical and mental health is a basic human right recognised in international human rights instruments referred to in Yoorrook’s Letters Patent. These include the *United Nations Declaration on the Rights of Indigenous Peoples* (‘UNDRIP’) and the *International Covenant on Economic, Social and Cultural Rights* (‘ICESCR’).⁷²

The Victorian Equal Opportunity and Human Rights Commission (VEOHRC) explained that the right to health ‘protects the right of all people to the enjoyment of the highest attainable standard of physical and mental health’.⁷³ The entitlements contained in the right to health include ‘a variety of goods, facilities, services and conditions necessary’ to realise the right to health.⁷⁴ The services, facilities and goods must be good quality, available, accessible and acceptable, which includes being culturally acceptable.⁷⁵ The First Peoples’ Assembly of Victoria underscored that the ‘right to health is fundamental’ and that all people should be able to access health services where and when they are needed:

Every person is entitled to the right to health, regardless of race, religion, political belief, economic or social condition. Everyone should have access to the health services they need, when and where they need them.⁷⁶

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

The right to health contributes to, and is dependent on, the realisation of other rights⁷⁷. These include the right to self-determination, participation in cultural life, adequate housing and an adequate standard of living.

UNDRIP recognises First Peoples’ right to be actively involved in determining and developing health programs for First Peoples and to deliver these through First Peoples-led organisations, where possible.⁷⁸ UNDRIP also protects First Peoples’ right to self-determination⁷⁹ and the right to maintain connections to Country⁸⁰, community⁸¹ and culture.⁸²

The Charter of Human Rights and Responsibilities Act 2006 (Vic)

In Victoria, human and cultural rights are protected in the *Charter of Human Rights and Responsibilities Act 2006* (‘*Charter*’).⁸³ The *Charter* includes some rights relating to health, such as the right to life⁸⁴ and the right to not be subjected to medical or scientific experimentation or treatment without full, free and informed consent, but it does not include an explicit right to health.⁸⁵ The *Charter* does not include the right to self-determination.⁸⁶

Overview of the legislative and policy landscape in Victoria

Key legislation on health and healthcare in Victoria

In Victoria, health and wellbeing care is governed by legislation. Table 26.2 provides an overview of the key legislation that supports the provision of healthcare.

Table 26.2: Key legislation governing health in Victoria

Act	Description
<i>Health Services Act 1988</i> (Vic) ⁸⁷	Governs the establishment and ongoing operation of health services in Victoria.
<i>Mental Health and Wellbeing Act 2022</i> (Vic) ⁸⁸	Contains a series of objectives and core principles to support people to achieve the highest standard of mental health and wellbeing. The mental health and wellbeing principles include requiring providers to respect people’s dignity, involve people in decisions about their treatment, and to provide culturally safe services. The Act provides the legal framework for compulsory assessment and treatment.
<i>Public Health and Wellbeing Act 2008</i> (Vic) ⁸⁹	Sets out the principles and powers to protect and promote public health and wellbeing.
<i>Corrections Act 1986</i> (Vic) ⁹⁰	Governs the establishment, management and welfare of people who are in Victorian prisons and outlines the right to access reasonable medical care and treatment.
<i>Children, Youth and Families Act 2005</i> (Vic) ⁹¹	Sets out the objectives and principles for the care and protection of children and young people in the youth justice and child protection systems.
<i>Youth Justice Act 2024</i> (Vic) ⁹²	This Act was introduced following recommendations made in <i>Yoorrook for Justice</i> to embed the rights of children and young people in all aspects of the youth justice system. ⁹³ The Act contains a number of provisions specific to First Peoples’ human and cultural rights. ⁹⁴
<i>Health Complaints Act 2016</i> (Vic) ⁹⁵	Outlines a framework to investigate and manage health service complaints.

The right to enjoy the highest attainable standard of physical and mental health is not specifically protected in the *Corrections Act 1986* (Vic), the *Children, Youth and Families Act 2005* (Vic) or the new *Youth Justice Act 2024* (Vic).⁹⁶

Key health and wellbeing policies

Victorian health policy frameworks

As discussed in Chapter 5: Accountability, the Victorian Government reported to Yoorrook that there are over 70 First Peoples’ strategies and frameworks.⁹⁷ Of these, 25 relate in some way to the health and wellbeing of First Peoples.⁹⁸ The primary policy frameworks are outlined below.

Victorian Aboriginal Affairs Framework (2018–23, extended to 2025)

The *Victorian Aboriginal Affairs Framework 2018–23* is an overarching whole-of-government framework that links existing strategies related to First Peoples together.⁹⁹ The framework was intended to finish in 2023 but was extended to 2025.¹⁰⁰ It is underpinned by a Victorian Government commitment to First Peoples’ self-determination.¹⁰¹ The framework covers six broad domains: children, family and home; learning and skills; opportunity and prosperity; health and wellbeing; justice and safety; and culture and country.¹⁰² The health and wellbeing domain establishes four goals:

- Aboriginal Victorians enjoy health and longevity
- Aboriginal Victorians access the services they need
- health and community services are culturally safe and responsive
- Aboriginal Victorians enjoy social and emotional wellbeing.¹⁰³

Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan (2017–27)

The *Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–27* (Korin Korin Balit-Djak) is an overarching plan that aims to ‘improve health, wellbeing and safety’ of First Peoples in Victoria.¹⁰⁴ There are five domains, with a series of actions contained within each domain.¹⁰⁵ These domains are:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.¹⁰⁶

Balit Murrup: Aboriginal social and emotional wellbeing framework (2017–27)

Minister for Mental Health the Hon Ingrid Stitt MP advised that the *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–27* (Balit Murrup) ‘is the primary framework to embed self-determination as the core principle to drive actions to improve the social and emotional wellbeing, resilience and mental health of First Peoples’ families, and communities’.¹⁰⁷ There are four key domains in the framework:

- improving access to culturally responsive services
- supporting resilience, healing and trauma recovery
- building a strong, skilled and supported workforce
- integrated and seamless service delivery.¹⁰⁸

Aboriginal Health and Wellbeing Partnership Agreement (2023–33) and Action Plan (2023–25)

The *Aboriginal Health and Wellbeing Partnership Agreement (2023–33)* commits Aboriginal Health and Wellbeing Partnership Forum members ‘to work together’ to reform the health system.¹⁰⁹ Members of the Aboriginal Health and Wellbeing Partnership Forum include representatives from the ACCO sector, mainstream services and the Department of Health.¹¹⁰

The *Aboriginal Health and Wellbeing Partnership Action Plan 2023–25* outlines the actions required to address the shared priorities identified by the Aboriginal Health and Wellbeing Partnership Forum.¹¹¹ It consists of five domains and 15 self-determined priorities to enhance First Peoples’ health and wellbeing.¹¹² The five domains are:

- prevention and early intervention are central to health
- culturally safe healthcare
- a self-determined health system
- working from a shared evidence base
- building a sustainable health sector.¹¹³

Key national policy relevant to health

The key national policy relevant to health and healthcare in Victoria is the National Agreement on Closing the Gap (National Agreement).

National Agreement on Closing the Gap (2020 – ongoing)

The National Agreement on Closing the Gap (National Agreement) is comprised of four priority reform areas and 19 socioeconomic targets across 17 outcome areas.¹¹⁴ The key outcomes that specifically relate to health include:

- outcome 1: Aboriginal and Torres Strait Islander people enjoy long and healthy lives
- outcome 2: Aboriginal and Torres Strait Islander children are born healthy and strong
- outcome 4: Aboriginal and Torres Strait Islander children thrive in their early years
- outcomes 10: Aboriginal and Torres Strait Islander people are not over-represented in the criminal justice system
- outcome 11: Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system
- outcome 12: Aboriginal and Torres Strait Islander children are not over-represented in the child protection system
- outcome 13: Aboriginal and Torres Strait Islander families and households are safe
- outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing
- outcome 17: Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision-making regarding their own lives.¹¹⁵

Each jurisdiction develops its own local implementation plan.¹¹⁶ In Victoria, the government’s implementation and shared decision-making partner is Ngaweeyan Maar-oo.¹¹⁷ Ngaweeyan Maar-oo is comprised of 13 ACCO representatives and nine Aboriginal Governance Forum delegates.¹¹⁸

Oversight and accountability mechanisms

Safety and quality standards

The Australian Commission on Safety and Quality in Health Care is responsible for leading and coordinating improvements in the quality and safety of healthcare in Australia.¹¹⁹ The Commission sets national safety and quality standards, which describe the level of care that patients and consumers can expect from health services.¹²⁰

In Victoria, all public health services must be regularly assessed against the National Safety and Quality Health Services (NSQHS) Standards.¹²¹ If a healthcare service meets the standards, they are recognised as achieving accreditation.¹²² The NSQHS Standards contain six actions that relate to the provision of safe and high-quality care for First Peoples.¹²³

The Victorian Department of Justice and Community Safety requires primary health service providers in public prisons to be accredited to the NSQHS Standards.¹²⁴ There are separate sets of standards that may be required to be met by organisations to deliver particular services.¹²⁵ For example, there are Royal Australian College of General Practitioner’s Standards for General Practice,¹²⁶ Aged Care Quality Standards,¹²⁷ Social Services Standards¹²⁸ and NDIS Practice Standards.¹²⁹ Each of these standards include at least one action that relates to the delivery of culturally safe care.¹³⁰

Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency works in partnership with 15 National Boards, which represent different health professions¹³¹ to ensure practitioners are ‘suitably trained, qualified and safe to practise.’¹³²

Health professionals who use a ‘protected title’ (for example ‘medical practitioner’) are required to be registered with the relevant National Board.¹³³ To register with a National Board, practitioners are required to meet the registration standards set by that board.¹³⁴ Practitioners need to meet these standards every year to be able to renew their registration.¹³⁵ There are no registration standards that relate to the delivery of care for First Peoples.¹³⁶

Victorian Mental Health and Wellbeing Commission

The Mental Health and Wellbeing Commission (MHCW) was established in September 2023 as one of the recommendations from the Royal Commission into Victoria’s Mental Health System.¹³⁷ The MHCW is an independent authority responsible for holding the government to account for the quality, safety and performance of the Victorian mental health and wellbeing system in Victoria.¹³⁸ The MHCW manages complaints about mental health and wellbeing services provided in public hospitals, provides system oversight and monitoring, conducts investigations, and reports on the quality, safety and performance of services.¹³⁹ Yoorrook is disappointed that there are only a limited number of First Peoples-specific resources on the MHCW webpage.

Yoorrook heard that although reforms to strengthen oversight and accountability of the mental health system are supported, there is concern that the MHCW could be a re-branding of the previous Mental Health Complaints Commission:

[The Victorian Aboriginal Legal Service] strongly supports reforms to improve oversight and accountability within the mental health system. However, we are concerned that the MHWBC is simply a rebranding of its predecessor, the Mental Health Complaints Commission, which drastically failed to provide effective oversight since its creation in 2014.¹⁴⁰

VICTORIAN ABORIGINAL LEGAL SERVICE

The Mental Health Complaints Commission received 14,000 complaints over a nine-year period and did not make any compliance orders.¹⁴¹

Complaints mechanisms

The *Health Complaints Act 2016* (Vic) sets out the legislative framework for making a complaint about a Victorian health service.¹⁴² The Department of Health website encourages individuals or family members to initially contact the health service where they received care to discuss the matter.¹⁴³ If the complaint is not resolved, the person can submit a complaint to the Department of Health.¹⁴⁴ Matters can also be raised with either the Health Complaints Commissioner, Mental Health and Wellbeing Commission or the Victorian Ombudsman.¹⁴⁵

Currently, there are no supports available on the Department of Health, Health Complaints Commissioner, Mental Health and Wellbeing Commission, Victorian Ombudsman or Department of Families, Fairness and Housing webpages to assist First Peoples with the complaints process. Chapter 31: Racism, workforce and accountability examines current complaint mechanisms and shows that these are not effective.

Conclusion

This chapter highlighted First Peoples’ holistic concepts of health and wellbeing, the complexity of the Victorian health system and the key rights, legislations, policies and oversight mechanisms that relate to First Peoples’ health and wellbeing and access to healthcare. This information provides the context for the following chapters in the health and healthcare series, which explore the systemic injustices experienced by First Peoples in Victoria across the different dimensions of health and the health system. These chapters set out the way forward to addressing the Victorian Government and the health system’s ongoing failures and enable health justice for First Peoples.

Table 26.3: Health services and hospitals in Victoria (original source: Department of Health)¹⁴⁶

Metropolitan Melbourne hospitals and health services	
Health service	Hospital
Alfred Health	The Alfred
	Caulfield Hospital
	Sandringham Hospital
Austin Health	Austin Hospital
	Heidelberg Repatriation Hospital
	Olivia Newton-John Cancer Wellness and Research Centre
	Royal Talbot Rehabilitation Centre
Calvary Bethlehem Melbourne	Calvary Health Care Bethlehem Ltd
Dental Health Services Victoria	The Royal Dental Hospital of Melbourne
Eastern Health	Angliss Hospital
	Box Hill Hospital
	Healesville and District Hospital
	Maroondah Hospital
	Peter James Centre
	Wantirna Health
	Yarra Ranges Health
Melbourne Health	Royal Melbourne Hospital — City Campus
	Royal Melbourne Hospital — Royal Park Campus
Mercy Public Hospitals Inc.	Mercy Hospital for Women
	Werribee Hospital for Women
Monash Health	Casey Hospital
	Cranbourne Integrated Care Centre
	Dandenong Hospital
	Kingston Centre
	Monash Medical Centre (Clayton Campus) and Monash Children’s Hospital
	Monash Medical Centre (Moorabbin Campus)
	Victorian Heart Hospital
	Moorabbin Hospital
	Pakenham Health Centre
Northern Health	The Northern Hospital
	Broadmeadows Hospital
	Bundoora Extended Care Centre
	Craigieburn Health Service
	Kilmore District Health

Metropolitan Melbourne hospitals and health services	
Health service	Hospital
Peninsula Health	Frankston Hospital
	Frankston Public Surgical Centre
	Golf Links Road Rehabilitation Centre
	Mornington Centre
	Rosebud Hospital
Peter MacCallum Cancer Centre	
Queen Elizabeth Centre	
St Vincent’s Health	Caritas Christi Hospice Ltd
	St George’s Health Service
	St Vincent’s on the Park
	St Vincent’s Hospital Melbourne
The Royal Children’s Hospital	
The Royal Victorian Eye and Ear Hospital	
The Royal Women’s Hospital	
Tweddle Child and Family Health Service	
Western Health	Western Hospital Footscray
	Sunbury Hospital
	Sunshine Hospital and Joan Kirner Women’s and Children’s
	Williamstown Hospital
	Bacchus Marsh and Melton Hospital

Rural hospitals and health services	
Health service	Hospital
Albury Wodonga Health	Albury Wodonga Regional Cancer Centre
	Albury Campus
	Wodonga Campus
Alexandra District Hospital	
Alpine Health	Bright Hospital
	Mount Beauty Hospital
	Myrtleford Hospital
Bairnsdale Regional Health Service	
Barwon Health	University Hospital Geelong
	McKellar Centre
	Barwon Health North
Bass Coast Health	Wonthaggi
	Phillip Island
Beaufort and Skipton Health Service	
Beechworth Health Service	

Rural hospitals and health services	
Health service	Hospital
Benalla Health	
Bendigo Health Care Group	Bendigo Hospital and Bendigo Cancer Centre
Boort District Health	
Casterton Memorial Hospital	
Central Gippsland Health Service	Heyfield Hospital
	Maffra Hospital
	Sale Hospital
Central Highlands Rural Health	Clunes Health
	Creswick Health
	Daylesford Health
	Kyneton Health
	Trentham Health
Cohuna District Hospital	
Colac Area Health	
Corryong Health	
Dhelkaya Health	Castlemaine Health
	Maldon Hospital
East Grampians Health Service	
East Wimmera Health Service	Birchip Campus
	Charlton Campus
	Donald Campus
	St Arnaud Campus
	Wycheproof Campus
Echuca Regional Health	
Gippsland Southern Health Service	Leongatha
	Korumburra
Goulburn Valley Health	Shepparton Campus
	Tatura Hospital
	Waranga Health
Grampians Health	Ballarat
	Edenhope
	Horsham
	Stawell
Great Ocean Road Health	Lorne Community Hospital
	Otway Health
Heathcote Health	
Hesse Rural Health Service	
Heywood Rural Health	
Inglewood and Districts Health Service	

Rural hospitals and health services	
Health service	Hospital
Kerang District Health	
Kooweerup Regional Health Service	
Kyabram and District Health Service	
Latrobe Regional Hospital	
Mansfield District Hospital	
Mallee Track Health and Community Service	Ouyen Campus
	Sea Lake Campus
Maryborough District Health Service	
Mildura Base Public Hospital	
Moyne Health Services	
NCN Health	Cobram Campus
	Nathalia Campus
	Numurkah Campus
Northeast Health Wangaratta	
Omeo District Health	
Orbost Regional Health	
Portland District Health	
Robinvale District Health Services	
Rochester and Elmore District Health Service	
Rural Northwest Health	
Seymour Health	
South Gippsland Hospital	
South West Healthcare	Camperdown Hospital
	Warrnambool Base Hospital
Swan Hill District Health	
Tallangatta Health Service	
Terang and Mortlake Health Service	
Timboon and District Healthcare Service	
West Gippsland Healthcare Group	
West Wimmera Health Service	
Western District Health Service	
Yarram and District Health Service	
Yarrawonga Health	
Yea and District Memorial Hospital	

Endnotes

1. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 56 [35]–[45].

2. See also Chapter 33: Aboriginal community controlled healthcare.

Throughout this report, Yoorrook has used ACCO (Aboriginal Community Controlled Organisation) as the preferred term/acronym generally, but has used retained the use of ACCHO (Aboriginal Community Controlled Health Organisation) when presenting quotes from evidence, and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For further discussion, see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage).

3. See for example, evidence presented in Chapter 31: Racism, workforce and accountability, which highlights that in Victoria in 2022, 20.6 per cent of First Peoples surveyed reported experiencing racism in health settings in the previous 12 months. This rate is nearly triple that reported by non-First Peoples (7.6 per cent) for the same period.

4. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 58; Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6, 13. See also Productivity Commission, ‘[Closing the Gap Information Repository Dashboard](#)’ (Webpage); Ngaweeyan Maar-oo, ‘[Ngaweeyan Maar-oo: Voice of and from the People](#)’ (Webpage, 2024).

5. Yoorrook notes, however, that although direct reporting is not conducted, the Department of Health does report on two proxy measures for cultural safety in health services: ‘Percentage of Aboriginal emergency department presentations who did not wait to be seen’ and ‘Percentage of Aboriginal admitted patients who left against medical advice’. While these two measures do not expressly measure cultural safety, they can indicate that a health service may not be operating in a way that is culturally safe. If First Peoples patients have high rates of leave events compared to non-First Peoples patients, it is highly likely to indicate equity issues in the healthcare First Peoples patients are receiving. See eg, Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 19 [110]–[112].

6. Australian Bureau of Statistics, ‘[Intentional self-harm deaths \(Suicide\) of Aboriginal and Torres Strait Islander people](#)’ (Webpage); Australian Bureau of Statistics (ABS), ‘[Technical Note: The impact of using multiple sources for deriving the Indigenous status of deaths in 2023 – changes for Victoria and coroner referred deaths](#)’ (Webpage).

7. Joanne Bryant, Reuben Bolt, Jessica Botfield, Kacey Martin, Michael Doyle, Dean Murphy, Simon Graham, Christy Newman, Stephen Bell, Carla Treloar, Annette Browne and Peter Aggleton, [Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy](#) (National Centre for Indigenous Studies, Australian National University, 2018). See also Joanne Bryant et al, ‘[Beyond deficit: ‘strengths-based approaches’ in Indigenous health research](#)’ (2020) 43 *Sociology of Health & Illness*; Scott Gorringe for IndigenousX, ‘[Aboriginal culture is not a problem. The way we talk about it is](#)’, *The Guardian* (Webpage, 15 May 2012).

8. William Fogarty et al, [Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy](#) (National Centre for Indigenous Studies, Australian National University, 2018); Joanne Bryant et al, ‘[Beyond deficit: ‘strengths-based approaches’ in Indigenous health research](#)’ (2020) 43 *Sociology of Health & Illness*.

9. William Fogarty et al, [Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy](#) (National Centre for Indigenous Studies, Australian National University, 2018), xi.

10. See for example Pat Dudgeon and Roz Walker, ‘Decolonising Australian Psychology: Discourses, Strategies, and Practice’ (2015) 3(1) *Journal of Social and Political Psychology*, 278.

11. Royal Australian College of General Practitioners, Submission 439, 2, citing Department of Health and Aboriginal Health and Wellbeing Partnership Forum, [Aboriginal Health and Wellbeing Partnership Agreement 2023–2033](#) (2023).

12. Witness Statement of Aunty Dr Alma Thorpe, 3 May 2022, 29 [186]; First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27, 33–34; Koorie Youth Council, Submission 95, 12–13; Lowitja Institute, Submission 30 (Criminal Justice), 7;

13. Lowitja Institute, Submission 30 (Criminal Justice), 7, citing Minette Salmon et al, *Defining the indefinable: descriptors of Aboriginal and Torres Strait Islander Peoples’ cultures and their links to health and wellbeing* (Report, 2019), 1. See also Ngaweeyan Maar-oo, Submission 662 (Health, Education, Housing), 6.

14. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27.

15. Witness Outline of Karinda Taylor, 7 December 2022, 1 [8], 2–3 [17].

16. Transcript of Aunty Dr Alma Thorpe, 4 May 2022, 194 [1]–[7].

17. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 18–19, citing Alison Brown et al, ‘Evaluation of an Aboriginal and Torres Strait Islander strengths based coaching program: A study protocol’ (2021) 21(1451) *BMC Public Health*.

18. See Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart and Kerrie Kelly, ‘Chapter 4 Aboriginal and Torres Strait Islander Social and Emotional Wellbeing’, in Pat Dudgeon, Helen Milroy and Roz Walker (eds), [Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#), (Commonwealth of Australia, 2014), 55–68.

19. Yoorrook Justice Commission, [Yoorrook with Purpose: Interim Report](#) (Report, June 2022), 10.

20. Royal Commission into Victoria’s Mental Health System, ‘[Aboriginal social and emotional wellbeing](#)’ (Fact Sheet), 4, reproduced from Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart and Kerrie Kelly, ‘Chapter 4 Aboriginal and Torres Strait Islander Social and Emotional Wellbeing’, in Pat Dudgeon, Helen Milroy and Roz Walker (eds), [Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#) (Commonwealth of Australia, 2014), 55–68.

21. Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 2 [12]–[13].

Scott Avery, [Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability](#)

(First Peoples Disability Network Australia, 2018); Stefanie Puszka et al, ‘Towards the decolonisation of disability: A systematic review of disability conceptualisations, practices and experiences of First Nations people of Australia’ (2022) 305 *Social Science & Medicine*, 115047.

22. Transcript of Damian Griffiths, 9 March 2023, 299 [32]–300 [14].

23. Scott Avery, [Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability](#)

(First Peoples Disability Network Australia, 2018), 24.

24. Scott Avery, [Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability](#)

(First Peoples Disability Network Australia, 2018).

25. Professor Gregory Phillips, Submission 580, 4.

26. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 33.

27. See also Paolo Balla et al, “‘Don’t let anybody ever put you down culturally it’s not good ...’”: Creating spaces for Blak women’s healing’ (2022) 70(3–4) *American Journal of Community Psychology*, 352–364, 8; Paola Balla et al, ‘Blak women’s healing: Cocreating decolonial praxis through research yarns’ (2023) 29(1) *Peace and Conflict: Journal of Peace Psychology*.

28. The World Health Organization, [Everybody business: strengthening health systems to improve health outcomes : WHO’s framework for action](#) (Framework, 2007), 2.

29. Australian Department of Health and Aged Care, ‘[The Australian Health System](#)’ (Webpage, 7 August 2019); Australian Institute of Health and Welfare, ‘[Health system overview](#)’ (Webpage, 2 July 2024).

30. Australian Institute of Health and Welfare, ‘[Health system overview](#)’ (Webpage, 2 July 2024).

31. Australian Institute of Health and Welfare, ‘[Health system overview](#)’ (Webpage, 2 July 2024).

32. Australian Institute of Health and Welfare, ‘[Health system overview](#)’ (Webpage, 2 July 2024).

33. Australian Institute of Health and Welfare, ‘[Health system overview](#)’ (Webpage, 2 July 2024); Victorian Department of Health, ‘[Local government immunisation services](#)’ (Webpage, 17 June 2024); Department of Government Services, Local Government, ‘[Resilience and emergency management](#)’ (Webpage).

34. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 9 [57].

35. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 7 [45].

36. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 7 [45].

37. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 9 [58].

38. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 9 [59].

39. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 9–10 [60].

Yoorrook notes that at the time she gave evidence in June 2024, Mary-Anne Thomas was Minister for Health and Minister for Ambulance Services. In December 2024, Melissa Horne became the new Minister for Health Infrastructure. See Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

40. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 9–10 [60].

41. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 27 [153].

42. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 10 [61].

43. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 11 [62].

44. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 11 [62]; Victorian Department of Health, ‘[Statements of Priorities](#)’ (Webpage).

45. Victorian Government, [The Director’s Toolkit. A resource for Victorian health service boards. Chapter 1: Victoria’s Health Service Governance model](#) (Guide, 2020).

46. Victorian Government, [The Director’s Toolkit. A resource for Victorian health service boards. Chapter 1: Victoria’s Health Service Governance model](#) (Guide, 2020), 19–20.

47. Victorian Government, [The Director’s Toolkit. A resource for Victorian health service boards. Chapter 1: Victoria’s Health Service Governance model](#) (Guide, 2020), 20.

48. Victorian Government, [The Director’s Toolkit. A resource for Victorian health service boards. Chapter 1: Victoria’s Health Service Governance model](#) (Guide, 2020), 19–20.

49. Victorian Department of Families, Fairness and Housing, ‘[Portfolios](#)’ (Webpage, 2024).

50. Australian Institute of Health and Welfare, [Australia’s health 2018](#) (Report, 2018), 43.

51. Australian Institute of Health and Welfare, [Australia’s health 2018](#) (Report, 2018), 43.

52. Australian Institute of Health and Welfare, [Australia’s health 2018](#) (Report, 2018), 43.

53. Australian Institute of Health and Welfare, ‘[Health expenditure Australia 2022–23](#)’, Spending by state, Visualisation 3: Spending by state (Webpage, 24 November 2024).

54. Australian Institute of Health and Welfare, ‘[Health expenditure Australia 2022–23](#)’, Spending by state, Visualisation 3: Spending by state (Webpage, 24 November 2024).

55. Australian Institute of Health and Welfare, ‘[Health expenditure Australia 2022–23](#)’, Spending by state, Visualisation 3: Spending by state (Webpage, 24 November 2024).

56. Australian Institute of Health and Welfare, ‘[Health expenditure Australia 2022–23](#)’, Spending by state, Visualisation 3: Spending by state (Webpage, 24 November 2024).

57. Victorian Department of Health, ‘[Hospitals and health services](#)’ (Webpage, 27 December 2024).

58. Victorian Department of Health, ‘[Hospitals and health services](#)’ (Webpage, 27 December 2024).

59. Victorian Department of Health, ‘[Public hospitals in Victoria](#)’ (Webpage, 16 December 2024). See also Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 11 [63].

60. Victorian Agency for Health Information, ‘[Hospitals and health services directory](#)’ (Webpage).

61. Throughout this report, Yoorrook has used ‘ACCO’ as the preferred term/acronym generally, but has used retained the use of ‘ACCHO’ when presenting quotes from evidence, and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For further discussion, see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage).

62. Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage); Victorian Aboriginal Community Controlled Health Organisation, [VACCHO Member Service Profile](#) (Fact Sheet).

63. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.

See also NACCHO, ‘[Aboriginal Community Controlled Health Organisations \(ACCHOs\)](#)’ (Webpage).

64. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.

65. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.

66. Victorian Aboriginal Community Controlled Health Organisation, ‘[About Us](#)’ (Webpage).

67. Victorian Aboriginal Community Controlled Health Organisation, ‘[Members](#)’ (Webpage).

68. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 72.

69. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 47 [259].

70. Transcript of Secretary Professor Euan Wallace, 17 June 2024, 56 [12]–[24].

71. This calculation is drawn from the VACCHO submission to Yoorrook which states, ‘VACCHO analysed FY20–21 funding to some of our ACCO Members and found that, on average, they were required to provide a formal report for every \$25,587 in funding received. This equated to having to report formally every 2.7 business days’. The funding agencies in this analysis were not specified. However, generally ACCOs are required to report to the Victorian Department of Health, other Victorian Government departments and agencies, Commonwealth departments and agencies, and other non-Government organisations: See Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 53.

See also Judith Dwyer, Kim O’Donnell, Josée Lavoie, Uning Marlina, Patrick Sullivan, [The Overburden Report: Contracting for Indigenous Health Services](#), Lowitja Institute (Report, 2011).

72. *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007); *International Covenant on Economic, Social and Cultural Rights*, opened for signature 19 December 1966, 993 UNTS 3 (entered into force 3 January 1976).

73. Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Education, Health and Housing), 18.

74. Office of the United Nations High Commissioner for Human Rights and the World Health Organization, [The Right to Health](#) (Fact Sheet), 5.

75. Office of the United Nations High Commissioner for Human Rights and the World Health Organization, [The Right to Health](#) (Fact Sheet), 4.

76. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27, citing World Health Organisation, *Constitution of the World Health Organisation* (1948), 1.

77. Office of the United Nations High Commissioner for Human Rights and the World Health Organization, [The Right to Health](#) (Fact Sheet), 6.

78. *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007) art 23.

79. *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007) art 4.

80. *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007) art 25.

81. *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007) art 9.

82. *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007) art 11.

83. *Charter of Human Rights and Responsibilities Act 2006* (Vic) (‘Charter’).

84. Victorian Aboriginal Legal Service, Submission 449 (Health), 19, citing *Charter of Human Rights and Responsibilities Act 2006* (Vic), s. 9.

85. Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Education, Health and Housing), 19.

86. Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Education, Health and Housing), 22.

87. *Health Services Act 1988* (Vic).

88. *Mental Health and Wellbeing Act 2022* (No. 39) (Vic).

89. *Public Health and Wellbeing Act 2008* (No. 46) (Vic).

90. *Corrections Act 1986* (No. 117) (Vic).

91. *Children, Youth and Families Act 2005* (No. 96) (Vic).

92. *Youth Justice Act 2024* (Vic).

93. Yoorrook Justice Commission, [Yoorrook for Justice: Inquiry into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2024), 331, Recommendation 36; Victorian Government, [Victorian Government Implementation Progress Report: Inquiry into Victoria’s Child Protection and Criminal Justice Systems](#) (Yoorrook for Justice) (Report, October 2024).

94. Victorian Government, ‘[Victorian Government Implementation Progress Report: Yoorrook for Justice – October 2024: Victoria’s first standalone Youth Justice Act](#)’ (Webpage, 18 October 2024).

95. *Health Complaints Act 2016* (No. 22) (Vic).

96. The recent *Youth Justice Act 2024* (Vic) establishes guiding principles for the youth justice system specific to Aboriginal children and young persons. See also Victorian Aboriginal Legal Service, Submission 499 (Health), 20.

97. Department of Premier and Cabinet, Response to questions taken on notice by Natalie Hutchins, Minister for Treaty and First Peoples on 18 April 2024 — 7 June 2024, 9 July 2024, Attachment B — First Peoples, Frameworks and Strategies, 3–11.

98. Policies listed as number 16, 17, 18, 19, 20, 21, 23, 24, 25, 26, 32, 33, 34, 35, 36, 49, 50, 52, 53, 54, 61, 64, 67, 69, 70 in Department of Premier and Cabinet, Response to questions taken on notice by Natalie Hutchins, Minister for Treaty and First Peoples on 18 April 2024 — 7 June 2024, 9 July 2024, Attachment B — First Peoples, Frameworks and Strategies, 3–11.

99. Victorian Government, [Victorian Aboriginal Affairs Framework 2018–2023](#) (October 2018). See also First Peoples – State Relations, ‘[Victorian Aboriginal Affairs Framework](#)’ (Webpage, 27 February 2024).

100. First Peoples – State Relations, ‘[Victorian Aboriginal Affairs Framework](#)’ (Webpage, 27 February 2024)

101. Witness Statement of Minister Natalie Hutchins MP, 18 March 2024, 26.

102. State of Victoria, [Victorian Aboriginal Affairs Framework 2018–2023](#) (October 2018).

103. State of Victoria, [Victorian Aboriginal Affairs Framework 2018–2023](#) (October 2018).

104. Victorian State Government, [Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027](#) (Strategy, 2017), 8.

105. Victorian State Government, [Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027](#) (Strategy, 2017), 8.

106. Victorian State Government, [Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027](#) (Strategy, 2017), 8.

107. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 9 [46].

108. Victorian Government, [Balit Murrup: Aboriginal social emotional wellbeing framework 2017–2027](#) (October, 2017), 11.

109. Victorian Aboriginal Community Controlled Health Organisation, Victorian Department of Health, [Aboriginal Health and Wellbeing Partnership Agreement 2023–2033](#) (Strategy, 2023), 4.

110. Victorian Aboriginal Community Controlled Health Organisation, Victorian, Department of Health, [Aboriginal Health and Wellbeing Partnership Agreement 2023–2033](#) (Strategy, 2023), 4.

111. Victorian Aboriginal Community Controlled Health Organisation, Victorian Department of Health, [Aboriginal Health and Wellbeing Partnership Agreement 2023–2033](#) (Strategy, 2023), 4.

112. Victorian Aboriginal Community Controlled Health Organisation, Victorian Department of Health, [Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025](#) (Strategy, 2023), 5–6.

113. Victorian Aboriginal Community Controlled Health Organisation, Victorian State Government, Department of Health, [Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025](#) (Strategy, 2023), 5–6.

114. Closing the Gap, ‘[National Agreement: Closing the Gap Targets and Outcomes](#)’ (Webpage).

115. Closing the Gap, ‘[National Agreement: Priority Reforms](#)’ (Webpage).

116. Closing the Gap, ‘[Implementation Plans](#)’ (Webpage).

117. Ngaweeyan Maar-oo translates to ‘a voice of and from the people’ in Gunditjmara dialect: Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.

118. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.

119. Australian Commission on Safety and Quality in Health Care, ‘[About us](#)’ (Webpage, 2024).

120. Australian Commission on Safety and Quality in Health Care, ‘[The NSQHS Standards](#)’ (Webpage, 2024).

121. This includes metropolitan, regional, subregional, local and small rural and multi-purpose services, clinical mental health services provided by public health services, public dental housed with health, or community health services: Victorian Government, Department of Health, ‘[Public hospital accreditation](#)’ (Webpage). See also Department of Health, Response to NTP— ‘Yoorrook Justice Commission Accountability Hearings Request for Information – Response’, 6 [20], produced by the State of Victoria in response to the Commission’s Notice to Produce dated 3 October 2024.

122. Australian Commission on Safety and Quality in Health Care, [Accreditation of health service organisations](#) (Fact Sheet, 2021).

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Chapter 27: The past is the present

Introduction	55
What Yoorrook heard	56
First Peoples were healthy and well before colonisation	56
Colonisation and the harmful impacts on health and wellbeing	57
Health system injustices	60
The development of ACCO health services	64
The past is the present: Contemporary challenges and ongoing impacts	68
The way forward	70

Content warning

Please be aware that this chapter discusses material that is likely to be emotionally confronting and cause distress. It includes discussion of frontier violence and massacres, including some details of individual massacres and the way in which they were carried out. It includes discussion of physical and sexual violence, including against women and children. It includes mention of policies of assimilation and protectionism, and child removal. It includes discussion of violence and discrimination perpetrated by people within the health system including denial of healthcare, allegations of segregation, abuse and neglect within healthcare system and hospitals.

It may reference historical sources which use antiquated racist language to refer to First Peoples.

This chapter contains stories and mention of First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you. Please see the support resources at [Keeping You Safe & Strong – Yoorrook Justice Commission](#).

**Every problem
Aboriginal Victorians
have today is a
direct result of past
policies, legislation,
and discriminatory
practice. This is the
past and the present.¹**

AUNTY MURIEL BAMBLETT

Introduction

Prior to colonisation First Peoples had flourishing health and wellbeing, and systems for promoting the health and wellbeing of people, families, communities and Country. Colonisation brought devastating loss of life and harms to First Peoples' health and wellbeing, including through dispossession of Country, destruction of traditional food sources and disruption of traditional ways of life,² frontier violence and massacres, and the unfettered spread of introduced diseases.³ Systematic exclusion from places of healing, coupled with formal and informal barriers to traditional and cultural practices, disrupted First Peoples' health and healing practices.⁴ Deliberate policies of protectionism and assimilation⁵; enforced unhealthy living conditions on missions and reserves⁶, and separation of families further entrenched these harms.

As colonisation progressed, the negative health effects of state policies and actions were compounded by the exclusion of First Peoples from healthcare services.⁷ Hospitals and health services, when provided, were provided differently for First Peoples.⁸ First Peoples were segregated from non-First Peoples into inferior care options.⁹ Healthcare settings were also sites of systematic harm including the removal of children and enforced institutionalisation, leading First Peoples to be fearful of health-care settings.¹⁰

First Peoples resisted and responded to these health system injustices by advocating for and driving change. In the 1970s, First Peoples activism led to the development of First Peoples-led health services. Despite the critical role of Aboriginal Community Controlled Organisations (ACCOs), the State has consistently imposed challenges on the sector.

The lingering impact of past policies combined with contemporary injustices in the health system continue to harm First Peoples' health and wellbeing today.¹¹ The State has acknowledged the health system's role in perpetuating harm.¹²

This chapter documents how First Peoples' experience of colonialism informs and is reflected in the inequitable health and wellbeing outcomes experienced by First Peoples today.

What Yoorrook heard

First Peoples were healthy and well before colonisation

Prior to colonisation, First Peoples’ societies maintained complex, strong and vibrant health and wellbeing practices. First Peoples practiced systems of traditional medicine and healing.¹³ The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) CEO Aunty Dr Jill Gallagher (Gunditjmara) described how First Peoples were healthy and well, using traditional health and healing modalities.¹⁴ She explained

Aboriginal people cared for this land for 65,000 years-plus and we did have our own ways of knowing, our own ways of being our own ways of doing. We had our lore, our own lore people. We had our own social structures. We had our own Elders and knowledge-keepers ... We had our own doctors, our own healers. We had our own medicines, and we cared for our communities.¹⁵

AUNTY DR JILL GALLAGHER

As outlined in the first chapter in this series, Chapter 26: First Peoples and the Victorian health system, people with a difference in ability often fulfilled important roles within First Peoples’ social and cultural societies,¹⁶ and this included acting as healers.¹⁷ Along with healers (sometimes also referred to as medicine men/women, or clevermen),¹⁸ First Peoples also practiced bush medicine, using plants and other resources in the environment to support health.¹⁹ For example, Yoorrook heard about ‘Old Man’s weed’, known to some groups as gukwonderuk, which has anti-inflammatory properties,²⁰ the ‘kangaroo apple’ which can be used for topical salves and as a form of birth control,²¹ and melaleuca, or tea tree, which is a natural anti-septic.²² See also Chapter 15: Earth, sea and living things for a discussion of issues relating to cultural and intellectual property of natural foods and botanicals.²³

Aunty Dr Jill Gallagher described an archaeological burial site where a man had been buried who would have been over 70 years old when he died who had lived with ‘spina bifida, which meant that he could not walk, hunt or look after himself. But his mob cared for him which enabled him to live a long life.’²⁴ The man was also buried with a medicine bag.²⁵

Aunty Dr Jill also described how the Museum of Victoria had the remains of an Aboriginal person with a small hole in their skull. She was told by scientists that this was the result of a surgery.

It was where an operation was performed on this person, I assume by his own Healers, as he apparently had pressure build up on his brain and they had to relieve it. They lifted his scalp and then with a stone tool they grinded a hole in his head to relieve the pressure. He lived after that.²⁶

AUNTY DR JILL GALLAGHER

Professor Julie Andrews (Wurundjeri Woiwurrung, Yorta Yorta, Wiradjuri) explained to Yoorrook how First Peoples maintained sustainable practices that preserved both environmental and community health:

We lived in harmony, and we knew how to live on our Country and not put our Country under duress.²⁷

PROFESSOR JULIE ANDREWS

The First Peoples’ Assembly of Victoria described how this holistic approach supported strong health and wellbeing:

Before colonisation, First Peoples were generally strong and healthy and enjoyed a lifestyle on their traditional lands, promoting good health. First Peoples practiced their culture, customs and traditional health practices and used their traditional medicine and knowledge to facilitate and fulfil their health needs.²⁸

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Communities also maintained sophisticated birthing practices. Aunty Dr Jill Gallagher recounted how ‘birthing was carried out in one’s own Country ... using traditions such as ... birthing tree[s]. Aunties would act as midwives giving physical and emotional support to women who were birthing’.²⁹ First Peoples continue to practice cultural health modalities today. However, racism and cultural safety in mainstream health services is a barrier to this.

See also Chapter 28: Health inequities for a discussion of barriers and enablers to birthing on Country today, and Chapter 31: Racism, workforce and accountability for a discussion of racism and lack of cultural safety in maternal health settings.

Colonisation and the harmful impacts on health and wellbeing

Colonisation has ravaged First Peoples’ health and wellbeing in many systemic and interconnected ways.³⁰ As VACCHO explained:

The arrival of European settlers in Australia led to the dispossession of land, loss of traditional livelihoods, and disruption of cultural practices among Aboriginal people ... Aboriginal people have been and are being forced to live in a society which is alien to them and where their ways of Knowing, Being and Doing — philosophy, culture, language — are viewed as being inferior to the dominant Western culture.³¹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Separation from Country and forced relocation

First Peoples have been harmed by iterative policies and practices of assimilation and protectionism. As outlined in Chapter 7: How colonisers stole Country, First Peoples were separated from their Country, and forcibly removed onto, between, and off missions and reserves.³²

Yoorrook received some evidence about the poor conditions on missions and reserves which negatively impacted on health and wellbeing. For example, Dr Markwick said:

The living conditions on the reserves, missions, and government stations were health damaging due to being overcrowded and unhygienic, a lack of / or access to medical care, being denied their traditional diet, and being given unhealthy and inadequate nutrition that was rich in starch and sugars and devoid of fresh fruit and vegetables ... These conditions also gave rise to epidemics of disease.³³

DR ALISON MARKWICK

First Peoples discussed the ongoing intergenerational trauma from these policies and practices (see also discussion of intergenerational trauma in Chapter 8: Impacts of Country being stolen).

Traditional health systems were disrupted

Colonisation severely disrupted First Peoples’ traditional health practices and knowledge systems.³⁴ First Peoples were removed from their Country and places of health and healing and were prevented from practicing traditional health and wellbeing and healing practices.³⁵

As Aunty Dr Jill Gallagher described:

Colonisation came and separated us and our communities, which impacted on our cultural ways of knowing, being and doing. Colonisation ... did so much damage, with massacres, slavery, incarceration. We were forced into missions and our children were taken from us. We couldn’t speak our language or pass on our lore for future generations.³⁶

AUNTY DR JILL GALLAGHER

Despite the oppressive control over First Peoples, First Peoples continued to resist and maintain traditional healing practices wherever possible, often in secret. As Aunty Dr Jill Gallagher described:

For those non-Aboriginal people who don’t know, but burying your baby’s placenta is introducing that baby to Mother Earth. That’s the whole concept and idea of it ... I remember the late Aunty Connie Hart, who was a very prolific traditional weaver, and she told me stories of when she lived on the mission, she used to have to sneak around with other women and teach them how to carry on that culture.³⁷

AUNTY DR JILL GALLAGHER

As outlined later in this chapter, and in Chapter 33: Aboriginal community controlled healthcare, First Peoples’ resistance continues today including through the work of ACCOs.

Impact on food security and environmental health

Health, food security and environmental wellbeing were severely disrupted by colonisation. Traditional food sources were damaged and disappeared rapidly,³⁸ including through the clearing of land for agriculture and grazing.³⁹ Forced displacement separated First Peoples from their hunting grounds and food sources.⁴⁰ As Uncle Johnny Lovett (Gunditjmara, Boandik) explained:

[B]ush tucker plants ... Yam Daisy they were the diets of our people ... It wasn’t just a kangaroo and fish ... we had Yam Daisies and things like that. And the Gum off the Wattle tree was a dual-purpose sort of a food ... we certainly did have a lot of food, if you knew where to look ... there was ... no cloven hoof animals to destroy it.⁴¹

UNCLE JOHNNY LOVETT

City of Melbourne noted that within just five years of the arrival of colonists in Naarm (Melbourne) that the murrnong (or yam daisy) had completely disappeared from the area around the Birrarung (Yarra River).⁴² Murnong is now critically endangered.⁴³ Changes to water courses further damaged food sources, including the widening of rivers and drainage of waterways, pollution of waterways from agriculture and mining, and coloniser fishing.⁴⁴ The City of Melbourne explained:

Eels were an important food source and part of Kulin people’s lives. The abundance of eels at certain times of year resulted in large ceremonial gatherings occurring, due to the abundance of food available. The development of the colonial-built environment on Wurundjeri Country and Bunurong Boon Wurrung Country not only altered the physical environment, but it also harmed the environment for animals, birds and fauna. Custodial and spiritual practices were disrupted.⁴⁵

CITY OF MELBOURNE

Uncle Andrew Gardiner (Wurundjeri) explained:

Our ancestors became malnourished and sick, as they could not hunt and gather their traditional foods.⁴⁶

UNCLE ANDREW GARDINER

Wurundjeri Woi-wurrung Cultural Heritage Aboriginal Corporation explained that food sources were further damaged by ‘intensive and intrusive agriculture’.⁴⁷

Introduction of disease, violence and massacres

The introduction of communicable diseases through colonisation had devastating impacts on First Peoples’ health.⁴⁸ Introduced diseases including smallpox, influenza, whooping cough, measles and tuberculosis decimated First Peoples.⁴⁹ Epidemiologist Dr Alison Markwick explained:

The Aboriginal and Torres Strait Islander population of Victoria was believed to be about 60,000 prior to colonisation in 1788, but reduced by two smallpox epidemics to about 15,000 by the time formal European settlement began in Victoria in 1835.⁵⁰

DR ALISON MARKWICK

As outlined in Chapter 7: How colonisers stole Country, First Peoples have been subjected extreme violence since invasion. Yoorrook heard how whalers and sealers stole First

Nations women and children, often keeping them in forced servitude.⁵¹ Colonisers perpetrated extreme physical violence and sexual violence against women (see also Chapter 30: Family violence).⁵²

First Peoples were massacred by colonisers through poisoning of waterways and food rations (typically flour rations laced with strychnine, arsenic or Plaster of Paris).⁵³ Recorded massacres involving poisoning of rations include the killing of Dja Dja Wurrung people at ‘Blood Hole’ in 1840, Wulluwurrung/Nundadjali people at ‘Wootong Vale’ and ‘Connell’s Ford’ in 1840, Wemba Wemba/Wadi Wadi people at ‘Beveridge Island’ in 1848, and Gunditjmara people at ‘Tarrone Station’ in 1842.⁵⁴ As outlined in Chapter 7: How colonisers stole Country, poisonings were harder to trace back to perpetrators. An anonymous submission to Yoorrook detailed:

[T]hey poisoned waterholes, laced flour with arsenic, shot indigenous peoples, stole their land.⁵⁵

ANONYMOUS 258

Uncle Johnny Lovett explained:

They were pretty ruthless. Aboriginal people had things put in their rations and mix things up when they came to the stations for their handouts, arsenic in the flour and ‘Plaster of Paris’ too. When they died, they just picked them up and chucked them in the river or burned them.⁵⁶

UNCLE JOHNNY LOVETT

Health system injustices

The health system inflicts harm on First Peoples. Yoorrook heard substantial evidence that the healthcare system has perpetrated systemic racism and discrimination against First Peoples,⁵⁷ including segregated healthcare, removal of children within healthcare systems and services, and the institutionalisation of people with disability and mental health challenges. As VACCHO stated that

[The history of systemic Aboriginal healthcare issues in Victoria is deeply intertwined with the legacy of colonisation].⁵⁸

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Segregation in healthcare

Yoorrook heard evidence of serious failures of health professionals in their duty to do no harm to First Peoples. For example, some First Peoples told Yoorrook about practices of segregation practiced by some hospitals (see box: Segregation in healthcare).

SEGREGATION IN HEALTHCARE: ‘DON’T TELL THEM THAT YOU’RE ABORIGINAL BECAUSE THEY’LL PUT YOU OUT ON THE VERANDAH’⁵⁹

First Peoples were refused care in hospitals or segregated from other patients.⁶⁰ The late respected Elder Aunty Fay Carter (Yorta Yorta, Dja Dja Wurrung) and others told Yoorrook that First Peoples were treated on hospital verandas⁶¹, including for serious medical conditions.⁶²

Aboriginal people were ... treated for serious problems on the verandah of the hospital. My Mummy’s brother, Uncle George, had really bad emphysema, and he was treated on the verandah. I recall that Aboriginal people were treated on the verandah until at least the 1970s.⁶³

AUNTY FAY CARTER

Aunty Fay Carter described her personal experience with hospital segregation:

The memory of hospital verandahs is something that is very strong in me ... when we were living down the Flats, somebody from the community would be in hospital in Mooroopna. We’d go to Mooroopna Hospital and our people would be on the verandah, they would not be in the ward. They were not allowed inside, they would be treated on the verandah.⁶⁴

AUNTY FAY CARTER

First Nations women were forced to receive maternity care and give birth on hospital verandas.⁶⁵ Aunty Fay Carter described:

I was born on the verandah of the Echuca Hospital, because Aboriginal women were not taken into the wards when there were non-Aboriginal women in there.⁶⁶

AUNTY FAY CARTER

Child removal in healthcare settings

Health services and hospitals were frequently sites where First Nations babies and children were removed from their families.⁶⁷ As Aunty Dr Alma Thorpe (Gunditjmara) described:

I remember the name of this place, it was in North Fitzroy, called ‘the Haven’. ... they’d be taken to the Haven at the Royal Women’s Hospital, and those babies wouldn’t be seen again.⁶⁸

AUNTY DR ALMA THORPE

Due to the threat of child removal and other harms, many First Peoples avoided seeking healthcare.⁶⁹ This well-founded fear of health settings as sites of risk and harm continues for First Peoples in Victoria. Uncle Larry Walsh (Dhaung Wurrung/Taungurung) told Yoorrook how he and his siblings were removed while his mother was in hospital giving birth.⁷⁰ His daughter, Isobel Paipadjerook Morphy-Walsh (Dhaung Wurrung) explained that her family has an ‘intense fear of doctors and hospitals’⁷¹, she said:

Our fear of hospitals ... it's reinforced by a whole bunch of other things, but it actually even stems from this basic moment where, you know, the basis of my father's first interaction with the medical system is knowledge that it can be used to take either himself or his mother away.⁷²

ISOBEL PAIPADJEROOK MORPHY-WALSH

Minister for Health the Hon Mary-Anne Thomas MP⁷³ formally acknowledged this history:

In Victoria health services played a role in the devastating process of removing First Peoples' children from their families and were often the location from which that process commenced. As Minister for Health, I formally and unreservedly apologise for the impact this has had and continues to have on those individuals, their families, community, and their descendants.⁷⁴

MINISTER MARY-ANNE THOMAS MP

First Peoples children and young people continue to be significantly over-represented in the child protection system (see *Yoorrook for Justice*)⁷⁵ and healthcare services continue to be key sites where families experience contact with the child protection system (see also Chapter 31: Racism, workforce and accountability).

Institutionalisation and mental health system impacts

First Peoples with disabilities or mental health conditions experienced particularly severe treatment in healthcare settings. First Peoples with disability were often institutionalised, rather than receiving quality healthcare.⁷⁶ As CEO of the First Peoples Disability Network Damian Griffis (Worimi) explained:

When the English came, they quickly built institutions ... very notorious institutions were built very early on ... all of them were designed so that people were separate from the rest of society ... they were often built on top of hills or by rivers. So people couldn't escape. The number of Aboriginal people that were placed in those institutions is unknown ... even within my own family history, I'm aware of family members who ended up there ... And they, in fact, died there.⁷⁷

DAMIAN GRIFFIS

Institutionalisation particularly affected First Peoples with disabilities. Parents were often coerced into giving up children with disabilities, often within healthcare settings.⁷⁸ These children were forced to live in institutions with terrible conditions. This led to what some survivors call the 'Forgotten Generation'.⁷⁹ As Damian Griffis explained:

Coerced removal of children with disabilities was very common up until 20 years ago. It was common for the system, usually health professionals, to say to parents that there was no hope for children with disabilities and the best option for them were to be placed in institutions.⁸⁰

DAMIAN GRIFFIS

The full extent of these practices remains unknown, with Damian Griffis noting that 'there needs to be a process of truth-telling around these institutions. Some Aboriginal people with disability would have died there, and their story is largely unknown'.⁸¹

The story of Charles 'Monty' Foster illustrates the devastating impact of child removal and institutionalisation on First Peoples' families (see Case study: Charles 'Monty' Foster).

First Peoples children and young people with a disability continue to be significantly over-represented in the child protection and criminal justice systems.⁸² This is discussed in further detail in *Yoorrook for Justice*.⁸³

CASE STUDY: CHARLES 'MONTY' FOSTER

Donna, Tina, Joanne and Sonny Wright (Kerrupjmara, Gunditjmara) told Yoorrook about their grandfather Charles 'Monty' Foster.⁸⁴

In June 1954, while Monty was working near Port Fairy and his wife Lyall was hospitalised with tuberculosis, their children Eunice (aged nine), Gloria and Ronnie (aged six) were taken into police custody.⁸⁵ Despite the children being cared for by extended family, the police report claimed that Monty 'leaves his children without food'⁸⁶ and a magistrate later concluded the children were neglected.⁸⁷

Despite strong resistance from the family, the children were sent to Melbourne's Royal Park Receiving Centre, and were later transferred to the Ballarat Orphanage.⁸⁸ Monty regularly hitchhiked from Heywood to Ballarat to visit them, but the trauma of losing his children eventually led to an emotional breakdown.⁸⁹

Monty was transported to Melbourne to the Prince Henry's Hospital's psychiatric ward,⁹⁰ and then to Kew Mental Hospital, where he died in January 1959 at just 53 years old.⁹¹ Despite having his wife Lyall's contact details, the hospital failed to inform his family of his passing and buried him in a pauper's grave without ceremony.⁹²

When Lyall learned of his death, she discovered he had died from 'malnutrition and bed sores', suggesting severe neglect in care.⁹³ Monty's family explained:

We know that he really died from a broken heart because his children had been taken away from him, where they meant everything to him.⁹⁴

DONNA, TINA, JOANNE AND SONNY WRIGHT

In 1992, Monty's daughter Eunice Wright (nee Foster), and her husband Jimmy Wright took out a loan to have Monty's body repatriated to Tae Rak (Lake Condah).⁹⁵ The Wright family explained that they were 'shocked' to find that Monty's body 'had been mutilated, chopped up and put into the cheapest and smallest box'.⁹⁶ They said:

The desecration of his body, and the findings of the Coroner's report, show how inhumanely he was treated in both the final stage of his life, and his death, in a facility where he was supposed to be looked after.⁹⁷

DONNA, TINA, JOANNE AND SONNY WRIGHT

The family finally gave Monty a proper burial at Tae Rak (Lake Condah):

We had a huge family funeral for Grandfather's repatriation, all the grandkids and great-grandchildren attended. It was a proper burial with love, dignity, respect and honour.⁹⁸

DONNA, TINA, JOANNE AND SONNY WRIGHT

Lyall was 75 when Monty was finally repatriated, and she passed away just two weeks later. As the Wrights explained:

Mum believed that Gran was waiting for Grandfather to come home and couldn't die before he was returned to his Country. She is now buried with him in the cemetery at Lake Condah.⁹⁹

DONNA, TINA, JOANNE AND SONNY WRIGHT

The development of ACCO health services

The embedded racism and exclusion First Peoples experienced in the health system were counteracted by the development of a First Peoples-led health sector in the 1970s. Alan Brown (Gunditjmara), an ambassador of the Victorian Aboriginal Health Service (VAHS), explained that the Fitzroy precinct in Naarm (Melbourne) contained multiple leading health services. However, First Peoples continued to experience inequitable outcomes:

We are/were in one of the best health precincts possibly in Australia, maybe the rest of the world and we were dying 22 years younger. That’s how life was in the 70s. And that’s why people organised and that’s why people met and decided that we needed to do something about it.¹⁰⁰

ALAN BROWN

First Peoples’ activism drove change. The Victorian Aboriginal Child and Community Agency (VACCA) told Yoorrook that Aboriginal Community Controlled Organisations (ACCOs) in Victoria ‘were all born from Aboriginal political activism’.¹⁰¹ Aunty Dr Alma Thorpe highlighted that when the ACCO sector was established, part of the motivation for services was to ensure First Peoples had a voice:

One of the inspirations for the health services was the Black Power movement in the 1970s and having a voice. We never had a voice until the 1970s, when we set up a hundred and something health services across Australia. Part of the role of the health service was to believe in who you were and bring back some of who you were, to make people feel good about themselves.¹⁰²

AUNTY DR ALMA THORPE

The voice of ACCOs remains strong. Alan Brown explained that advocacy continues to be a key part of ACCOs work:

[T]here is a clear connection between the history of this organisation and the political advocacy of our community. They are hand in glove, they go together.¹⁰³

ALAN BROWN

The first Aboriginal Community Controlled Health Organisation (ACCHO) to be established in Australia was the Redfern Aboriginal Medical Service in 1971.¹⁰⁴ In Victoria, the development of ACCHOs began with the Gippsland and East Gippsland Aboriginal Co-Operative (known at the time as the East Gippsland Aboriginal Women’s Group) in 1972.¹⁰⁵ In 1973, VAHS was established in Fitzroy.¹⁰⁶ The National Aboriginal Community Controlled Health Organisation (NACCHO) was established in 1976 (initially known as the National Aboriginal and Islander Health Organisation).¹⁰⁷ Other First Peoples-led services soon followed across the state (see box: Timeline of establishment of key ACCOs).

TIMELINE OF ESTABLISHMENT OF KEY ACCOS DELIVERING HEALTH AND WELLBEING SERVICES

The following timeline outlines the establishment of some key Victorian ACCOs in the health and wellbeing space. Please note this is not a comprehensive list. Some services are also presented in the Health timeline, and other health chapters.

1957

Aboriginal Advancement League (originally Victorian Aborigines Advancement League).¹⁰⁸

1972

Gippsland & East Gippsland Aboriginal Co-Operative (known at the time as the East Gippsland Aboriginal Women’s Group).¹⁰⁹

1973

Victorian Aboriginal Health Service (VAHS).¹¹⁰

1974

Murray Valley Aboriginal Cooperative .¹¹¹

1974

Njernda Aboriginal Corporation (originally called the Echuca Aboriginal Cooperative until 1990).¹¹²

1975

Dandenong and District Aborigines Co-operative (originally Dandenong and District Aborigines Society).¹¹³

1977

Victorian Aboriginal Child and Community Agency (VACCA), known as Victorian Aboriginal Child Care Agency until 2024.¹¹⁴
Ngwala Willumbong Aboriginal Corporation (originally Ngwala Willumbong Aboriginal Co-operative).¹¹⁵

1979

Ballarat and District Aboriginal Co-operative.¹¹⁶
Gunditjmara Aboriginal Cooperative.¹¹⁷
Goolum Goolum Aboriginal Co-operative.¹¹⁸

1980

Rumbalara Aboriginal Cooperative.¹¹⁹
Wathaurong Aboriginal Co-operative.¹²⁰

1981

Yappera Children’s Service Co-Operative.¹²¹

1984

Victorian Aboriginal Community Services Association Ltd (VASCAL).¹²²

1987

Aboriginal Community Elders Services (ACES).¹²³

1990

Mallee District Aboriginal Services (originally called Mildura Aboriginal Corporation).¹²⁴

1991

Winda-Mara Aboriginal Corporation.¹²⁵

1992

Ramahyuck District Aboriginal Corporation.¹²⁶

1993

Moogji Aboriginal Council East Gippsland.¹²⁷

1994

Victorian Aboriginal Corporation for Languages.¹²⁸
Mungabareena Aboriginal Corporation.¹²⁹

1996

Victorian Aboriginal Community Controlled Health Organisation (VACCHO).¹³⁰

The Victorian Aboriginal Health Service (VAHS): A pioneer in community control

The establishment of VAHS in 1973¹³¹, driven by the advocacy of Aunty Dr Alma Thorpe and her mother the late respected Elder Aunty Edna Brown (Gunditjmara), marked a turning point in First Peoples’ healthcare. Aunty Edna Brown has reflected:

When we first started we thought we needed a service as our aboriginal people won’t go to hospital and it was important that they should have health care. A lot of them ... won’t go and sit up in the public hospital so some of us in the organisation thought that we would find a place and start up.¹³²

AUNTY EDNA BROWN

VAHS delivered a holistic approach to healthcare. As Aunty Dr Alma Thorpe explained:

When we talk about health, the concept of health was the whole of the person. It was a holistic concept of health, not just medical. You didn’t look at people as a person with one particular thing. We looked at them as a whole of a person.¹³³

AUNTY DR ALMA THORPE

VAHS was established in Gertrude Street, Fitzroy. Alan Brown told Yoorrook that VAHS and many other ACCOs ‘have their roots in Fitzroy, because our community was based in Fitzroy from early on’.¹³⁴ Despite many challenges, the First Peoples community in Fitzroy worked together to care for one another:

Yes, tough times ... But the other part of that picture and that story is the things that we’ve heard from people who lived them times ... and every time they tell you about living in Fitzroy, growing up in them tough times, they’ve got a smile on their face. You know because there’s lots of love. There was love, there was connectedness. There was sharing, there was caring, there was safety.¹³⁵

ALAN BROWN

This deep care for community is embedded in the organisation as Alan Brown described: ‘Caring for community is embedded in our history in Fitzroy and embedded in who we are. It actually is part of what VAHS is’.¹³⁶

VAHS quickly became a critical hub for First Peoples in Melbourne, particularly serving those most excluded from mainstream healthcare. The service became known as a ‘home away from home’,¹³⁷ especially for ‘Parkies’ — First Peoples living rough who had previously avoided healthcare entirely.¹³⁸ As Aunty Dr Alma Thorpe described:

For us it was all about ... getting a way for people young and old to connect to identity as blackfellas in the conditions of that time. For some of the people stolen from family, they didn’t know anything till they came to Fitzroy.¹³⁹

AUNTY DR ALMA THORPE

The service rapidly expanded its offerings to meet community needs. For example, in 1974 the dental service was established,¹⁴⁰ in 1975 VAHS introduced specialist services including paediatrics, ophthalmology, gynaecology and obstetrics,¹⁴¹ and in 1977 the Fitzroy Stars Gym was established which actively supported health and wellbeing.¹⁴² In 1981 VAHS and the Victorian Aboriginal Legal Service (VALS) established the Aboriginal Funeral Fund (see box: First Peoples-led funeral supports).¹⁴³

In 1981 the Aboriginal Health Worker education program was initiated.¹⁴⁴ Koorie College, also known as Koori Kollij, was opened in 1982 and ran until 1990.¹⁴⁵ During this time,

284 Aboriginal Health Workers graduated from Koori Kollij (see also Chapter 23: Tertiary overview and historical context).¹⁴⁶

Despite high demand and clear community benefit, VAHS faced constant funding challenges. In 1979, staff worked without pay for four months to keep the service running.¹⁴⁷ Similar funding crises occurred in 1981.¹⁴⁸ Nevertheless, VAHS’s influence grew, with the service providing guidance to help establish other Aboriginal health services across Victoria and interstate.¹⁴⁹

FIRST PEOPLES-LED FUNERAL SUPPORTS

First Nations leaders such as the late respected Elder Aunty Edna Brown (Gunditjmara), Uncle Stewart Murray (Wamba Wamba) and Uncle Jim Berg (Gunditjmara) championed self-determined funeral services in Victoria. Appalled by First Peoples being buried as paupers, Aunty Edna Brown would organise fundraising events to help First Peoples families to pay for funerals,¹⁵⁰ and would advocate on behalf of families with funeral agencies.¹⁵¹ Aunty Edna Brown has previously written of this time:

Before we started the Health Service ... it was very difficult if anyone died to pay for their funerals as no one had enough money. So I started running little raffles and things and I’ve been doing that for about twenty seven years. If anyone dies we will help them with the funeral expenses.¹⁵²

AUNTY EDNA BROWN

As her daughter Aunty Dr Alma Thorpe remembered: ‘It was about dignity. When you died, you died in dignity and went home in dignity’.¹⁵³

In the 1980s, Uncle Stewart Murray of the Aboriginal Advancement League acquired a hearse and the Victorian Aboriginal Funeral Service was formalised.¹⁵⁴ The service supported the return of people to Country and was even commissioned for the repatriation of ancestral remains.¹⁵⁵

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996 as the peak First Peoples-led health and wellbeing body in Victoria.¹⁵⁶ As Aunty Dr Jill Gallagher explained:

VACCHO is a peak body for Aboriginal health and wellbeing in the State of Victoria ... Our role is to try and influence governments, try to influence government decision-making, their policymaking and also how they provide funding to Aboriginal community-controlled organisations.¹⁵⁷

AUNTY DR JILL GALLAGHER

VACCHO represents 33 ACCOs¹⁵⁸ across Victoria, building their capacity and advocating on their behalf.¹⁵⁹ The organisation emerged from recognition of the need for a unified voice for the sector, connecting organisations and lobbying for systemic change.¹⁶⁰ VACCHO is discussed further in subsequent health chapters, in particular Chapter 33: Aboriginal community controlled healthcare.

The past is the present: Contemporary challenges and ongoing impacts

The historical injustices in the health system continue to affect First Peoples’ health outcomes and access to care today.

Intergenerational impacts on health and wellbeing

First Peoples spoke about the ongoing impact of intergenerational and historical determinants on health and wellbeing. For example, Aunty Dr Alma Thorpe described intergenerational trauma from harmful policies and practices contributes to poor health outcomes among First Peoples today.¹⁶¹ These themes are discussed further in Chapter 28: Health inequities (see sub-heading ‘Historical and intergenerational determinants’) and Chapter 8: Impacts of Country being stolen (see sub-heading ‘Intergenerational trauma’).

Ongoing harms of the health system and barriers to access

Historical and ongoing experiences of systemic injustice also create barriers to accessing healthcare. As Aunty Dr Jill Gallagher explained:

We know that Aboriginal people weren’t allowed into hospitals, being told to wait and be treated outside. Women gave birth on the verandahs, meaning the first experience an Aboriginal baby had was one of racism and exclusion. That’s our lives. That’s how our lives started and continued.¹⁶²

AUNTY DR JILL GALLAGHER

Health system injustices continue today. These injustices are described in subsequent chapters in the health and healthcare series, for example, Chapter 28: Health inequities touches on various health outcomes and the experiences of First Peoples in accessing the health system; Chapter 29: Mental health and social and emotional wellbeing explores the inequities experienced by First Peoples in the mental health system; Chapter 30: Family violence details how First Peoples experience compounding injustice in the family violence system; Chapter 31: Racism, workforce and accountability details how racism and lack of cultural safety in the health system broadly continue to harm First Peoples; and Chapter 32: Health and the criminal justice system discusses the inadequacies and racism in the justice health context.

Consequently, many First Peoples remain reluctant to engage with mainstream health services due to a fear of discrimination, lack of cultural safety, historical trauma, and valid concerns about child removal (see also Chapter 31: Racism, workforce and accountability).¹⁶³ In the 2022 Victorian Population Health Survey, almost a quarter (20.6 per cent) of First Peoples surveyed reported experiencing racism in health settings in the last year.¹⁶⁴ In 2022–23, First Peoples in Victoria left hospital against medical advice at five times the rate of non-First Peoples.¹⁶⁵ The impact is particularly severe in mental health care. In 2022–23, First Peoples in Victoria experienced mental health¹⁶⁶ and self-harm related¹⁶⁷ emergency department presentations at a rate much higher than non-First Peoples and were far more likely to be subject to compulsory assessment and treatment orders than non-First Peoples.¹⁶⁸

Barriers for ACCOs

Despite facing many ongoing injustices, ACCOs continue to provide vital services that support the health and wellbeing of First Peoples in Victoria. As Alan Brown explained:

Community control ... has depth and it has integrity and it has culture connected to it and it has community connected to it. That’s one of the key principles about VAHS ... the person that they are seeing is one of the owners of the organisation.¹⁶⁹

ALAN BROWN

Despite significant challenges in funding and resources, ACCOs have demonstrated remarkable resilience and effectiveness (see Chapter 33: Aboriginal community controlled healthcare).¹⁷⁰ For example, in 2022–23, ACCOs received \$92 million in funding from the Department of Health.¹⁷¹ This represents only 0.4 per cent of the Department of Health’s total health service funding¹⁷² and around 4 per cent to 7 per cent of Department of Health funding allocated to primary and community care providers in 2022–23.¹⁷³ Nevertheless, these services have continued to provide essential care.

Another example of the investment in ACCOs can be seen in aged care. For example, there is increasing demand for aged care services that is not matched with investment in ACCOs. The number of First Peoples eligible for aged care has increased significantly. Between the 2016 and 2021 censuses, the number of First Peoples in Victoria aged 55 and over grew from 5990 to 8916.¹⁷⁴ Despite this increase in demand, only two ACCOs in Victoria have received funding to establish residential aged care facilities.¹⁷⁵

The administrative burden on these organisations is also substantial. As detailed in other chapters (see e.g. Chapter 26: First Peoples and the Victorian health system and Chapter 33: Aboriginal community controlled healthcare), on average, ACCOs are required to provide a formal report for every \$25,587 in funding received, equating to having to formally report to funders every 2.7 business days.¹⁷⁶

The way forward

Despite the ongoing challenges, First Peoples have shown remarkable strength, resilience and leadership in developing healthcare solutions. Professor Raymond Lovett (Ngiyampaa) shared his vision for the future:

My 15-year-old son [inspires me for the future]. ... I want to see a future for him where he’s free to be who he wants to be, to be proud of where he comes from, proud of his heritage, free to practise his culture unencumbered, and that the rest of society values that.¹⁷⁷

PROFESSOR RAYMOND LOVETT

Yoorrook heard that several elements are crucial for improving First Peoples’ health outcomes. Firstly, there is an ongoing need for truth-telling and understanding that the past informs the present. A critical step in this journey is for all Victorians to develop a shared understanding that colonialism and racism is perpetuated by current day practices. As Professor Raymond Lovett explained:

We need to deal with the underlying issue that stops us from investing in equity, which is racism. If we have to talk about racism and why we can’t invest or why we can’t create equity, we need to talk about settler colonisation.¹⁷⁸

PROFESSOR RAYMOND LOVETT

Secondly, healing approaches that address trauma are critically important to transform health and wellbeing outcomes. As Uncle Ross Morgan (Yorta Yorta) stated: ‘Unless people can deal with their underlying trauma, nothing is really going to change’.¹⁷⁹

Finally, health system reform that enables true self-determination in healthcare is essential. As outlined in Chapter 33: Aboriginal community controlled healthcare, First Peoples-led services are effective in improving health outcomes for First Peoples. Investing in and empowering First Peoples-led healthcare services is essential for addressing health inequities and achieving better outcomes for First Peoples (see Chapter 33: Aboriginal community controlled healthcare).

Endnotes

1. Transcript of Aunty Muriel Bamblett, 6 December 2022, 95 [34]–[35].

2. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 12.

3. First Peoples’ Assembly of Victoria, Submission 490 (Health, Education, Housing), 27; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 55 [1]–[26]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 12.

4. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27]–[31]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 12; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 55 [17]–[23]; Transcript of Uncle Johnny Lovett, 29 April 2022, 87 [17]–[37].

5. Victorian Aboriginal Child Care Agency, Submission 77 (Child Protection, Criminal Justice), 7.

6. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 33, citing

Charles Dunford Rowley, *The destruction of Aboriginal society* (Penguin, 1986).

7. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27]–[31].

8. See, e.g., Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27]–[31].

9. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27]–[31].

10. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 2 [10]; Witness Statement of Aunty Dr Alma Thorpe, 3 May 2022, 21 [127]–[129]; Transcript of Damian Griffis, 9 March 2023, 301 [11]–[12], 302 [8]–[14]; Witness Outline of Damian Griffis, 2 March 2023, 2–3 [IV]–[V].

11. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 46 [10]–[20], 55 [16]–[26].

12. See, e.g., Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 2 [5]–[11]; Transcript of Deputy Secretary Jodie Geissler, 17 June 2024, 6 [30]–[32]; Transcript of Secretary Professor Euan Wallace, 17 June 2024, 36 [41]–37 [2].

13. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 47 [25]–[30]; Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 1 [6]–[8], 2 [12]–[15]; First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27.

14. Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 2 [12]–[15].

15. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 47 [21]–[30].

16. See also Scott Avery, *Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability* (First Peoples Disability Network Australia, 2018); Stefanie Puszka et al, ‘Towards the decolonisation of disability: A systematic review of disability conceptualisations, practices and experiences of First Nations people of Australia’ (2022) 305 *Social Science & Medicine*, 115047.

17. Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 2 [12]–[13].

18. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 48 [37]–[39]; Transcript of Uncle Larry Walsh, 20 May 2022, 174 [34]; Transcript of Uncle Brendan Kennedy, 24 April 2024 (Part 1), 8 [16]–[40].

19. Transcript of roundtable with First People of Millewa Mallee Aboriginal Corporation, 5 December 2023, 8, 14–15; Transcript of roundtable with Nimmie-Caira Land and Water Aboriginal Corporation, 7 December 2023, 3, 18; Transcript of roundtable with Nindi-Ngujarn Ngarigo Monero, 13 November 2023 (Part 2), 38; Jacqueline Healy, ‘The Art of Healing: Australian Indigenous Bush Medicine— Collections Creating Connections’ in Ross L Jones, James Waghorne and Marcia Langton (eds), *Dhoombak Goobgoowana A History of Indigenous Australia and the University of Melbourne Volume 1: Truth* (University of Melbourne, 2024), 455–468; University of Melbourne / Treahna Hamm, ‘[Yorta Yorta Bush Medicine First Aid Kit](#)’ (Webpage); Roy Henry Patterson and Jennifer Jones, ‘[“Knowledge cost ya nothing and is not heavy to carry around”: Taungurung bush tucker, bush medicine and bushcraft](#)’ in *On Taungurung Land; Sharing History and Culture* (ANU Press, 2020). See also Australian Indigenous HealthInfoNet, ‘[Traditional healing and medicine](#)’ (Webpage).

20. Latin name: Centipeda cunninghamii. See Transcript of Uncle Brendan Kennedy, 24 April 2024 (Part 1), 37 [20]–[25]; See also University of Melbourne / Kathrine Clarke, ‘[Gukwonderuk \(Wotjobaluk\) or Old Man’s Weed \(Centipeda cunninghamii\)](#)’ (Webpage).

21. Lionel Lauch, Submission 969, 19.

22. Transcript of roundtable with First People of Millewa Mallee Aboriginal Corporation, 5 December 2023, 14–15 (note ‘melaleuca’ was transcribed as ‘Maluka’).

23. See also Federation of Victorian Traditional Owner Corporations, *Victorian Traditional Owner Native Foods and Botanicals Strategy* (April 2021).

24. Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 2 [12]–[13].

25. Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 2 [12]–[13].

26. Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 2 [14].

27. Transcript of Professor Julie Andrews, 26 March 2024, 50 [2]–[3].

28. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27.

29. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 48 [25]–[38].

30. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 55 [10]–[26]; First Peoples’ Assembly of Victoria, Submission 378 (Land, Sky, Waters), 23.

31. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 12.

32. Transcript of Uncle Jim Berg, 27 March 2024, 47 [25]–[27], 47 [45]–48 [3]; Zoe Laidlaw, ‘Settler-Colonial Philanthropy and Indigenous Dispossession’ in Ross L Jones, James Waghorne and Marcia Langton (eds), *Dhoombak Goobgoowana: A History of Indigenous Australia and the University of Melbourne* (Melbourne University Press, 2024) vol 1, 22, 43, citing Jan Critchett, *Untold Stories: Memories and Lives of Victorian Kooris* (Melbourne University Press, 1998), 122–49.

33. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 33, citing Charles Dunford Rowley, *The destruction of Aboriginal society* (Penguin, 1986).

34. First Peoples’ Assembly of Victoria, Submission 490 (Health, Education, Housing), 27; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 12.

35. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27]–[31]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 12; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 55 [17]–[23]; Transcript of Uncle Johnny Lovett, 29 April 2022, 87 [17]–[37].

36. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 55 [17]–[23].

37. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 49 [9]–[14].

38. Federation of Victorian Traditional Owner Corporations, Submission 376 (Land, Sky, Waters), 10.

39. Wurundjeri Woi-wurrung Cultural Heritage Aboriginal Corporation, Submission 661 (Economic Prosperity), 1.

40. Transcript of Professor Richard Broome, Associate Professor Katherine Ellinghaus and Dr Bill Pascoe, 26 March 2024, 25 [14]–[31], 48 [43]–[45]; Federation of Victorian Traditional Owner Corporations, Submission 376 (Land, Sky, Waters), 10; Zane Ma Rhea, ‘Knowing Country, Knowing Food: Food Security and Aboriginal-Settler Relations in Victoria’ (2012) 35 *The Artefact*, 20.

41. Transcript of Uncle Johnny Lovett, 29 April 2022, 87 [17]–[37].

42. City of Melbourne, Submission 952, 17.

43. Wurundjeri Woi-wurrung Cultural Heritage Aboriginal Corporation, Submission 661, 1.

44. City of Melbourne, Submission 952, 16–8; Witness Statement of Ngarra Murray, Co-Chair of First Peoples’ Assembly of Victoria, 17 April 2024, 17.

45. City of Melbourne, Submission 952, 17.

46. Transcript of Uncle Andrew Gardiner, 29 April 2024, 3.

47. Wurundjeri Woi-wurrung Cultural Heritage Aboriginal Corporation, Submission 661 (Economic Prosperity), 1. See also Witness Statement of Ngarra Murray, Co-Chair of First Peoples’ Assembly of Victoria, 11 April 2024, 17 [44]–[45].

48. Victorian Aboriginal Child and Community Agency, Submission 77 (Criminal Injustice, Child Protection), 48; First Peoples’ Assembly of Victoria, Submission 378 (Land, Sky, Waters), 23; Transcript of Professor Richard Broome, 26 March 2024, 20 [26]–21 [26]; Taungurung Land and Waters Council Aboriginal Corporation, Submission 596 (Land, Sky, Waters 1), 4; Waluwin Foundation, Submission 486, 3.

49. Richard Broome, *Aboriginal Victorians: A History since 1800* (Allen & Unwin, 2nd ed, 2024) 91–2; Len Smith, Janet McCalman, Ian Anderson, Sandra Smith, Joanne Evans, Gavan McCarthy, and Jane Beer, ‘[Fractional Identities: The Political Arithmetic of Aboriginal Victorians](#)’ (2008) 38(4) *Journal of Interdisciplinary History* 533, 535; Victorian Aboriginal Child and Community Agency, Submission 77 (Criminal Injustice, Child Protection), 48; Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 32.

50. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 32, quoting Janet McCalman Len Smith, Ian Anderson, Ruth Morley, and Gita Mishra, ‘[Colonialism and the Health Transition: Aboriginal Australians and Poor Whites Compared, Victoria, 1850–1985](#)’ (2009) 14(3), *History of the Family*, 253.

51. Anonymous 11, Submission 11, 2; Dyan Summers, Submission 488, 1; Aunty N’arweet Carolyn Briggs, Submission 402, 9. See also Australian Dictionary of Biography ‘[Louisa Briggs \(1836–1925\)](#)’; Installation film ‘First Peoples’ permanent exhibition Bunjilaka, Melbourne Museum, ‘[The Story of Louisa Briggs](#)’; Marie Fels, ‘[“I Succeeded Once”: The Aboriginal Protectorate on the Mornington Peninsula, 1839–1840](#)’ (ANU E Press, 2011), 9–10, 135, 325–392.

52. Witness Statement of Aunty Dr Alma Thorpe, 3 May 2022, 18 [107]; Transcript of Aunty Glenys Watts, 6 December 2022, 77 [39]–[42]; Witness Outline of Aunty Glenys Watts, 6 December 2022, 2 [19]; Transcript of Uncle Johnny Lovett, 28 April 2022, 91 [30]–[40]; Witness Statement of Uncle Jack Charles, 23 April 2022, 14–15.

53. Transcript of Professor Julie Andrews, 26 March 2024, 50–1; Transcript of Uncle Johnny Lovett, 29 April 2022, 94 [23]–[50]; Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 9; Dr Joseph Toscano, Submission 82 (Attachment 2), 13, 15, 29.

54. Centre for 21st Century Humanities, Colonial Frontier Massacres in Australia, 1788–1930, ‘[Introduction](#)’ (Webpage, accessed 2 May 2025) <<https://c21ch.newcastle.edu.au/colonialmassacres/introduction.php>>; Centre for 21st Century Humanities, Colonial Frontier Massacres in Australia, 1788–1930, ‘[Blood Hole massacre](#)’ (Webpage, accessed 2 May 2025) <<https://c21ch.newcastle.edu.au/colonialmassacres/detail.php?r=515>>; Centre for 21st Century Humanities, Colonial Frontier Massacres in Australia, 1788–1930, ‘[Wootong Vale](#)’ (Webpage, accessed 2 May 2025) <<https://c21ch.newcastle.edu.au/colonialmassacres/detail.php?r=1103>>; Centre for 21st Century Humanities, Colonial Frontier Massacres in Australia, 1788–1930, ‘[Connell’s Ford](#)’ (Webpage, accessed 2 May 2025) <<https://c21ch.newcastle.edu.au/colonialmassacres/detail.php?r=524>>; Centre for 21st Century Humanities, Colonial Frontier Massacres in Australia, 1788–1930, ‘[Tarrone Station](#)’ (Webpage, accessed 2 May 2025) <<https://c21ch.newcastle.edu.au/colonialmassacres/detail.php?r=531>>; Centre for 21st Century Humanities, Colonial Frontier Massacres in Australia, 1788–1930, ‘[Beveridge Island](#)’ (Webpage, accessed 2 May 2025) <<https://c21ch.newcastle.edu.au/colonialmassacres/detail.php?r=553>>; Ian D Clark, 1995, ‘[Scars in the Landscape: a register of massacre sites in western Victoria, 1803–1859](#)’ (Aboriginal Studies Press, 1995), 28–9, 32–3, 44–5, 52, 54, 62, 97, 158, 183; See also Witness Exhibit of Dr Bill Pascoe, ‘[Colonial Violence in Victoria](#)’, 27; Dr Bill Pascoe, Submission 1517.

55. Anonymous 258, Submission 258, 2.

56. Witness Statement of Uncle Johnny Lovett, 27 April 2022, 11 [65].

57. See Witness Statement of Aunty Fay Carter, 29 April 2022, 3–4 [10], 7 [30]; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 54 [16]–[22]; Transcript of Isobel Paipadjerook Morphy-Walsh, 20 May 2022, 184 [18]–186 [8].

58. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health, Housing), 12.

59. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [28].

60. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27]–[31].

61. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27], 7 [30]; Transcript of Aunty Fay Carter, 2 May 2022, 150 [32]–[41], 159 [40]–[46]; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 54 [16]–[22].

62. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [30].

63. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [30].

64. Witness Statement of Aunty Fay Carter, 29 April 2022, 7 [27].

65. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 54 [16]–[22]; Witness Statement of Aunty Fay Carter, 29 April 2022, 3–4 [10].

66. Witness Statement of Aunty Fay Carter, 29 April 2022, 3–4 [10].

67. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 21 [128]–[129].

68. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 21 [128].

69. Transcript of Uncle Larry Walsh and Isobel Paipadjerook Morphy-Walsh, 20 May 2022, 129 [7]–[10], 184 [2]–[8]; Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 2 [11]; Barry Jacobs, Submission 284, 2.

70. Transcript of Uncle Larry Walsh and Isobel P Morphy-Walsh, 20 May 2022, 129 [1]–[5], 130 [44]–131 [3].

71. Witness Statement of Isobel Paipadjerook Morphy-Walsh, 20 May 2022, 4 [20].

72. Transcript of Uncle Larry Walsh and Isobel Paipadjerook Morphy-Walsh, 20 May 2022, 129 [7]–[10].

73. Yoorrook notes that at the time she gave evidence in June 2024, Mary-Anne Thomas was Minister for Health and Minister for Ambulance Services. In December 2024, Melissa Horne became the new Minister for Health Infrastructure. See Premier of Victoria the Hon Jacinta Allan MP, [‘A Strong And Focused Team To Build Homes And Help Families’](#) (Media Release, 19 December 2024).

74. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 2 [10]. See also Transcript of Deputy Secretary Jodie Geissler, 17 June 2024, 6 [30]–[32]; Transcript of Secretary Professor Euan Wallace, 17 June 2024, 36 [41]–37 [2].

75. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023). See also Witness Outline of Damian Griffis, 2 March 2023, 2 [IV].

76. Transcript of Damian Griffis, 9 March 2023, 300 [16]–301 [46]. See also box: Case study: Charles ‘Monty’ Foster.

77. Transcript of Damian Griffis, 9 March 2023, 300 [43]–301 [7].

78. Transcript of Damian Griffis, 9 March 2023, 301 [11]–[12], 302 [8]–[14]; Witness Outline of Damian Griffis, 2 March 2023, 2 [IV], 2–3 [V].

79. Witness Outline of Damian Griffis, 2 March 2023, 2 [14]–[15]; Transcript of Damian Griffis, 9 March 2023, 302 [8]–[14].

80. Witness Outline of Damian Griffis, 2 March 2023, 2 [14].

81. Witness Outline of Damian Griffis, 2 March 2023, 3 [16].

82. Witness Outline of Damian Griffis, 2 March 2023, 2 [IV]. See also Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023).

83. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023).

84. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 1 March 2023, 1–3, 4–7.

85. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 4 [28]–5 [36]; Tony Wright, [‘Monty’s Last Dance Tells Us about His Home – and Ours’](#), *The Guardian* (30 January 2021).

86. Witness Exhibit, [‘Victoria Police Form dated 3 June 1954’](#).

87. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 1 March 2023, 5 [35]; Tony Wright, [‘Monty’s last dance tells us about his home – and ours’](#), *The Guardian* (Webpage, 30 January 2021).

88. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 5 [36]–[38].

89. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 2 [12]–[14].

90. Prince Henry’s Hospital was located at on St Kilda Road, Melbourne until 1991 when it closed.

91. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [15]; Tony Wright, [‘Monty’s Last Dance Tells Us about His Home – and Ours’](#), *The Guardian* (30 January 2021).

92. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [16].

93. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [17].

94. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [17].

95. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [20].

96. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [20].

97. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [20].

98. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [20].

99. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 1 March 2023, 3 [20].

100. Transcript of Alan Brown, 4 June 2025, 11 [5]–[8].

101. Victorian Aboriginal Child and Community Agency, Submission 77 (Child Protection, Criminal Injustice), 18.

102. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 28 [180].

103. Transcript of Alan Brown, 4 June 2025, 15 [33]–[34].

104. NACCHO, [‘Aboriginal Community Controlled Health Organisations \(ACCHOs\)’](#) (Webpage); NACCHO, [‘Our Story’](#) (Webpage); Michael Hemingway [‘Annexure C – A History of the Victorian Aboriginal Health Service’](#) from Michael Hemingway, *Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service*, (PhD thesis, University of Melbourne), 2012, 8–9.

105. Witness Outline of Shellee Strickland, 6 December 2022, 1 [3].

106. Victorian Aboriginal Health Service, [‘About VAHS’](#) (Webpage, 2025).

107. Originally called the National Aboriginal and Islander Health Organisation, became NACCHO in 1992: NACCHO, [‘Aboriginal Community Controlled Health Organisations \(ACCHOs\)’](#) (Webpage).

108. Richard Broome, *Fighting Hard: The Victorian Aborigines Advancement League* (AIATSIS, 2015), xi, 39–41; Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024, 3 [27]; Aboriginal Advancement League ‘About AAL’ (Webpage, [webpage down for maintenance]).

109. Witness Outline of Shellee Strickland, 6 December 2022, 1 [3].

110. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 54 [11]–16]; Gavin Brown, Submission 796 [\(Video Submission\)](#), 3, 5–7; Victorian Alcohol and Drug Association, Submission 458 (Attachment — Interview with Craig Holloway, Victorian Aboriginal Health Service), 2.

111. Murray Valley Aboriginal Cooperative, [‘About the Murray Valley Aboriginal Cooperative’](#) (Webpage, 2024).

112. ‘Njernda means “to know our living culture” in Wemba Wemba language.’: Witness Outline of Tracey Dillon and Aunty Hazel Hudson, 9 December 2022, 1 [3].

113. Dandenong and District Aborigines Co-operative Ltd, [‘DDACL History’](#) (Webpage).

114. Victorian Aboriginal Child and Community Agency, [‘About: Our history’](#) (Webpage); Victorian Aboriginal Child and Community Agency, [‘A renewed name, continued purpose: supporting Aboriginal children and communities’](#) (Webpage); Victorian Aboriginal Child and Community Agency, Submission 472 (Health).

115. National Aboriginal Community Controlled Health Organisation, [‘Ngwala Willumbong Co-operative Ltd’](#) (Webpage).

116. Ballarat and District Aboriginal Co-operative, [‘About us’](#) (Webpage).

117. Gunditjmara Aboriginal Cooperative, [‘Our Story’](#) (Webpage, 2023).

118. Goolum Goolum Aboriginal Co-operative, [‘About us’](#) (Webpage).

119. Kaiela Institute, Submission 668 (Economic Prosperity), 29; Site Visit Summary — Rumbalara Elders Facility Site Visit, 31 January 2024; Witness Outline of Felicia Dean, 7 December 2022, 1[II].

120. Wathaurong Aboriginal Co-operative, [‘Home’](#) (Webpage).

121. Witness Outline of Stacey Brown and Kim Do, 9 December 2022, 1 [3].

122. Victorian Aboriginal Community Services Association Ltd (VASCAL), [‘History’](#) (Webpage).

123. ACES incorporated in 1987, and accepted patients from 1991: Aboriginal Community Elders Services Inc, [‘About us’](#) (Webpage); Site Visit Summary – Aboriginal Community Elders Service Site Visit, 19 February 2024.

124. Mallee District Aboriginal Services, [‘Your MDAS Board’](#) (Webpage).

125. Winda-Mara Aboriginal Corporation, [‘About’](#) (Webpage).

126. Ramahyuck District Aboriginal Corporation, [‘About Ramahyuck’](#) (Webpage).

127. National Aboriginal Community Controlled Health Organisation, [‘Moogji Aboriginal Council East Gippsland Inc’](#) (Webpage).

128. Witness Outline of Dr Aunty Vicki Couzens, 28 March 2024; Transcript of Dr Aunty Vicki Couzens, 28 March 2024, 25 [8]–[20]; Victorian Aboriginal Corporation for Languages, [‘Home’](#) (Webpage).

129. Mungabareena Aboriginal Corporation, [‘About Us’](#) (Webpage).

130. Transcript of Aunty Dr Jill Gallagher, 6 December 2022, 117 [41]–[46]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 2; VACCHO, [‘Our History’](#) (Webpage).

131. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 4.

132. Witness Exhibit, [‘Life Story of Edna Brown and covering letter from Margaret McGregor and Annette Street’](#).

133. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 29 [186].

134. Transcript of Alan Brown, 4 June 2025, 10 [12]–[14].

135. Transcript of Alan Brown, 4 June 2025, 10 [18]–[23].

136. Transcript of Alan Brown, 4 June 2025, 10 [30]–[31].

137. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 28 [177].

138. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 29 [186].

139. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 28 [181].

140. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 4; Victorian Aboriginal Health Service, [‘About VAHS’](#) (Webpage).

141. Michael Hemingway [‘Annexure C – A History of the Victorian Aboriginal Health Service’](#) from Michael Hemingway, *Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service* (PhD thesis, University of Melbourne) , 2012, 24.

142. Victorian Aboriginal Health Service, [‘About VAHS’](#) (Webpage).

143. Michael Hemingway [‘Annexure C – A History of the Victorian Aboriginal Health Service’](#) from Michael Hemingway, ‘Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service’ (PhD thesis, School of Historical Studies & School of Population Health, University of Melbourne, 2012), 13–19; Victorian Aboriginal Health Service, [‘About’](#) (Webpage).

144. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 4.

145. Transcript of Alan Brown, 4 June 2024, 16 [10]–[15]; Michael Hemingway [‘Annexure C – A History of the Victorian Aboriginal Health Service’](#) from Michael Hemingway, ‘Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service’ (PhD thesis, School of Historical Studies & School of Population Health, University of Melbourne, 2012), 36–40, 43; Shannon Woodcock et al, ‘Black Power Education in Melbourne: Koori Kollij in Historical Context’ (2023) 18(1-2) *Histories of People and Place*.

146. Transcript of Alan Brown, 4 June 2024, 16 [10]–[15]. Shannon Woodcock et al, ‘Black Power Education in Melbourne: Koori Kollij in Historical Context’ (2023) 18(1-2) *Histories of People and Place*.

147. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 4.

148. Victorian Aboriginal Health Service, [‘About VAHS’](#) (Webpage).

149. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 4.

150. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [167]–[170].

151. Michael Hemingway [‘Annexure C – A History of the Victorian Aboriginal Health Service’](#) from Michael Hemingway, *Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service*, PhD thesis, School of Historical Studies & School of Population Health, University of Melbourne, 2012), 23; Deadly Story, [‘Victorian Aboriginal Health Service – VAHS’](#) (Webpage).

152. Witness Exhibit, [‘Life Story of Edna Brown and covering letter from Margaret McGregor and Annette Street’](#).

153. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [169].

154. Jim Berg, ‘This is my journey’ in Shannon Faulkhead, Jim Berg (eds), *Power and the Passion: Our Ancestors Return Home* (Koorie Heritage Trust, 2010), 7; Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [171]; First Peoples State Relations, ‘[Glen Peters: A Much Loved Nurturer of His Community](#)’, *Aboriginal Honour Roll Inductees* (Webpage, 26 September 2019).

155. Nakari Thorpe, ‘[Mungo Man: The Final Journey Home](#)’, *National Indigenous Television* (Webpage, 12 July 2018); Transcript of Uncle Gary Murray, 26 April 2024, 25 [39]–[45].

156. Transcript of Aunty Dr Jill Gallagher, 6 December 2022, 117 [36]–[41]; Victorian Aboriginal Community Controlled Health Organisation, ‘[Over 25 Years Strong](#)’, *Our History* (Webpage).

157. Transcript of Aunty Dr Jill Gallagher, 6 December 2022, 117 [36]–[39].

158. The Victorian Aboriginal Community Controlled Health Organisation outlines that ‘ACCO’ is the preferred acronym in Victoria. This chapter generally uses ‘ACCO’ to align with this preference. See Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage). Yoorrook has used ‘ACCHO’ when this acronym has been used in the evidence submitted to Yoorrook and when discussing First Peoples-led health organisations or services specifically.

159. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 3.

160. Victorian Aboriginal Community Controlled Health Organisation, ‘[Over 25 Years Strong](#)’, *Our History* (Webpage).

161. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 15 [89]–[92].

162. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 54 [18]–[23].

163. Victoria Legal Aid, Submission 423 (Education, Health and Housing), 10–12.

164. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024), 120, citing 2022 Victorian Population Health Survey. See also Chapter 31: Racism, workforce and accountability

165. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024), 120.

166. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 6 [23].

167. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024), 123.

168. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15–16 [74].

Yoorrook acknowledges that this observation is based on the interpretation of data sets with several limitations, which are acknowledged in Deputy Secretary Whetton’s statement. For example: the data relied upon in determining a client’s region is based on the postcode given by the client in relation to the first compulsory order made in a financial year, and clients may therefore be counted in multiple regions. Yoorrook accepts that caution is required when comparing health services to one another: Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15–16 [74].

169. Transcript of Alan Brown, 4 June 2024, 9 [22]–[34].

170. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 4; Victorian Aboriginal Health Service, Witness Exhibit ‘Presentation to the Yoorrook Justice Commission — June 2024’, 8, 12–14, 19–20; Michael Hemingway ‘[Annexure C – A History of the Victorian Aboriginal Health Service](#)’ from Michael Hemingway, *Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service*, (University of Melbourne, PhD thesis), 2012, 8–9; Deadly Story, ‘[Victorian Aboriginal Health Service – VAHS](#)’ (Webpage).

171. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 47 [259].

172. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 47 [259].

173. Transcript of Secretary Professor Euan Wallace, 17 June 2024, 56 [12]–[24].

174. Australian Bureau of Statistics, ‘[Victoria: 2016 Census Aboriginal and/or Torres Strait Islander People QuickStats](#)’ (Webpage); Australian Bureau of Statistics, ‘[Victoria: 2021 Census Aboriginal and/or Torres Strait Islander People QuickStats](#)’ (Webpage).

175. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 75.

Yoorrook acknowledges that the Commonwealth government is responsible for residential aged care funding.

176. This calculation is drawn from the VACCHO submission, which details how VACCHO analysed member ACCO data for the financial year 2021–21. While the funding agencies are not specified, it is likely the funders include the Victorian Department of Health, other Victorian Government agencies, Commonwealth agencies and other non-government organisations. See Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 53.

177. Transcript of Professor Raymond Lovett, 28 May 2024, 27 [25]–[29].

178. Transcript of Professor Raymond Lovett, 28 May 2024, 5 [1]–[4].

179. Witness Outline of Uncle Ross Morgan, 5 March 2023, 3–4 [25].

Chapter 28: Health inequities

Introduction	81
What Yoorrook heard	82
The determinants of First Peoples’ health and wellbeing	82
First Peoples experience health inequities	89
The way forward	102
Recommendations	103

**If you ain't got good health,
you got nothing.¹**

DJA DJA WURRUNG CLANS ABORIGINAL CORPORATION

**The scars of colonisation, they
run deep. Echoing through
generations, shaping the very
fabric of Aboriginal life ... leaving
enduring marks on our health
outcomes ... perpetrating a cycle
... that is so difficult to break.²**

AUNTY DR JILL GALLAGHER

Please be aware that this chapter discusses sensitive content including discussion of self-harm and suicide, life expectancy and deaths of First Peoples.

The chapter draws on external statistics including data about people who have passed away – Yoorrook recognises that each statistic represents a person, with a family who is grieving their loss.

It contains stories and mention of First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you. Please see the support resources at [Keeping You Safe & Strong – Yoorrook Justice Commission](#).

Introduction

As a result of the ongoing effects of colonialisation, First Peoples experience profound health inequity. Systemic injustice drives the significant health inequities experienced by First Peoples through interconnected social, cultural, historical and political factors (the determinants of health). As a result, First Peoples suffer high rates of disease, experience systemic discrimination in healthcare settings and die younger than non-Indigenous Victorians.

Health policies, programs and funding often not adequately address the true causes of health inequity – that is, the determinants of health, or invest in initiatives which support the health and wellbeing of First Peoples.³

The gap in health outcomes between First Peoples and non-First Peoples are well established and long-standing. However, reporting on these health inequities is often focused on bio-medical measures and does not reflect First Peoples' holistic views of health and wellbeing. Reporting on these measures without the context of determinants of health and wellbeing, and without investing in these determinants can reinforce deficit-based narratives which situate First Peoples as inherently susceptible to poor health, attribute health gaps to individual behaviours, and 'eclipse the reasons underlying the statistical differences'.⁴ Deficit-based discourses can impact on health and wellbeing by reinforcing racist and pathologising views of First Peoples, and devaluing First Peoples cultures and strengths.⁵

The health system often exacerbates these injustices due to a lack of cultural safety, the presence of racism and a relative absence of First Peoples health professionals. The result is a toxic and unhealthy environment where First Peoples are more likely to need healthcare but less likely to receive the care that they need. Yoorrook heard many stories of traumatic experiences in the health system and the devastating ramifications of those experiences on lives, families and communities.

Since the 1970s, Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs)⁶ in Victoria have tried to ameliorate health injustices through the provision of First Peoples-led health care services. As outlined in the previous chapter, Chapter 27: The past is the present, these services were often set up without support or funding, running off the generosity and free labour of staff. These organisations have achieved much, but underfunding, excessive administration and the huge backlog of unmet care for First Peoples mean that

ACCOs alone cannot meet the need (see Chapter 33: Aboriginal community controlled healthcare).

The response by successive governments in Victoria to the calamitous state of First Peoples health has been to launch a range of policy frameworks and strategies. There are 25 policies related to the health and wellbeing of First Peoples.⁷ Yet these contemporary policies, like all their predecessors, are consistently failing to meet their objectives. The State is continuing to fail to:

- fund the commitments it makes
- deliver on its own much-repeated commitments to address systemic racism in healthcare
- provide adequate investment in First Peoples' health services and prevention
- support First Peoples' self-determination in health.

Minister for Health the Hon Mary-Anne Thomas MP⁸ has acknowledged that: 'The health indicators of First Peoples in Victoria reflect the legacy of intergenerational trauma and the impacts of systemic racism'.⁹ However, acknowledgment without action perpetuates harm.

This chapter details the depth and breadth of ill-health for First Peoples in Victoria.

What Yoorrook heard

The determinants of First Peoples' health and wellbeing

The health and wellbeing of First Peoples is shaped by interconnected social, cultural, historical and political factors, known as 'determinants' of health.¹⁰ These determinants can either protect and strengthen health when properly supported or undermine it when neglected or damaged.¹¹

See box: Determinants of First Peoples' health and wellbeing for a description of key determinants on health and wellbeing.

DETERMINANTS OF FIRST PEOPLES' HEALTH AND WELLBEING

Five key determinant categories influence First Peoples' health outcomes:

- **social determinants:** These often include socio-economic factors like education, housing, economic prosperity and environmental factors. Social determinants like education levels, employment, income and housing security account for around a third of the health gap between Indigenous and non-Indigenous Australians.¹²
- **historical and intergenerational determinants:** These are the historical and ongoing impacts of colonisation that impact health,¹³ including frontier violence and massacres, forcible removal of First Peoples from Country and child removal policies.¹⁴ Historical and intergenerational determinants, such as colonial violence, have been found to be associated with poorer health and SEWB outcomes in First Peoples.¹⁵
- **cultural determinants:** These include connection to Country, family, kinship, language and cultural practices.¹⁶ Cultural determinants are important protective factors for First Peoples' health and wellbeing.¹⁷
- **racism as a determinant:** Racism has direct and indirect impacts on health and wellbeing.¹⁸ For example, some research suggests that racism explains more than a third of the health gap between First Peoples and non-First Peoples in Victoria.¹⁹
- **political determinants:** These include issues of political justice, including land justice, rights to self-determination and sovereignty.²⁰ External research indicates that self-determination and community control are associated with improved health outcomes, particularly mental health and social and emotional wellbeing (SEWB).²¹ See also Chapter 37: Political life.

The Australian Institute of Health and Welfare (AIHW) has suggested that social determinants (including employment status, household income and education levels) account for 35 per cent of the health gap experienced between Aboriginal and Torres Strait Islander peoples, and non-Indigenous Australians.²² Dr Marwick emphasised in her submission that 'it is the social determinants that make the largest impact on health' followed by 'behavioural risk factors, access to quality healthcare, and genetic inheritance'.²³ The Lowitja Institute also highlighted how social and cultural factors shape health outcomes:

It is widely acknowledged by Aboriginal and Torres Strait Islander experts and peak health organisations that there are several 'non-medical and behavioural influences on health'. The constellation of these 'social and cultural determinants' impact significantly on the health and wellbeing of our peoples and communities.²⁴ LOWITJA INSTITUTE

The health gap between First Peoples and non-Indigenous Australians is impacted by these factors, with employment status, household income and education levels explaining 35 per cent of the health gap.²⁵ Despite the influence of various determinants on health and wellbeing, they are often not acknowledged or afforded sufficient investment in the health system.²⁶

The determinants of First Peoples' health and wellbeing are interconnected and combine to impact individual and community health.²⁷ For example, housing insecurity can exacerbate effects of other social factors, including education access and family safety and wellbeing.²⁸ Understanding these connections is crucial to strategies and

policies that aim to address the dire state of First Peoples’ health. Aunty Dr Jill Gallagher (Gunditjmara), CEO of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), explained that these determinants act as:

the invisible shackles that constrain us as Aboriginal people.²⁹

AUNTY DR JILL GALLAGHER

A holistic approach to health that recognises and addresses all determinants is essential for improving First Peoples’ health outcomes and supporting healing. This requires both addressing negative impacts and strengthening protective factors across all determinant categories. Of the five key determinant categories, the historical and intergenerational determinants require particular attention. They fundamentally shape all other determinants and continue to have profound impacts on First Peoples’ health outcomes today, as evidenced in testimony to Yoorrook and emerging research.

Historical and intergenerational determinants

The previous chapter, Chapter 27: The past is the present, outlined some of the past and ongoing impacts of colonisation. These historical determinants include ‘the historical context of colonisation and its ongoing impacts’, including the ‘impact of past government policies and the extent of historical oppression and cultural displacement’.³⁰ For example, Aunty Dr Jill Gallagher described how the trauma of historical determinants continue to ‘live on today’³¹, she said:

If we’re to truly understand the health and wellbeing of Aboriginal communities today, we must first reckon with colonial legacy. The scars of colonisation, they run deep. Echoing through generations, shaping the very fabric of Aboriginal life.³²

AUNTY DR JILL GALLAGHER

Professor Raymond Lovett (Ngiyampaa) told Yoorrook about new research from the Mayi Kuwayu cohort study of Aboriginal health, exploring the impact of distal and proximal colonial risk factors on First Peoples’ health and wellbeing.³³ Distal settler colonial risk factors refer to exposures that occurred to previous generations, such as the forcible removal of First Peoples from their lands.³⁴ The Mayi Kuwayu study examined the effect of these historical events on the health of First Peoples who did not directly experience these events, but whose family members experienced them.³⁵ Professor Lovett explained that distal risk factors impact the health of First Peoples in the present day:

63 per cent of people in that almost 13,000 sample have identified a distal risk factor ... when we look at those people’s outcomes ... we still see residual impacts across a whole bunch of health and wellbeing outcomes.³⁶

PROFESSOR RAYMOND LOVETT

First Nations academic, Associate Professor Graham Gee described the impacts:

[T]he average Australian thinks, ‘That’s over, it’s done in the past.’ What they are not realising is how profound that loss of human life was in that genocide and how many Elders and how much cultural knowledge was devastated ... in the dispossession of land and resources and how that fragmented families and communities who were then removed through legislation and the removal of children from their families and suppressed their language and their knowledge.³⁷

ASSOCIATE PROFESSOR GRAHAM GEE

Yoorrook heard about the work of renowned Emeritus Professor Judy Atkinson (Jiman, Bundjalung) on intergenerational trauma which argues that colonisation goes through various periods or stages, that create intergenerational harms for First Peoples³⁸ and indicates that ‘intergenerational trauma often doesn’t fade away with time, but gets worse with each generation.’³⁹

Yoorrook also about the [Historical Frontier Violence](#), a First Peoples-led research project exploring the contemporary impacts of historical frontier violence, which builds on the work of the [Colonial Frontier Massacres](#) project.⁴⁰ Researchers from the [Historical Frontier Violence](#) project made a submission to Yoorrook sharing preliminary research findings⁴¹ which indicate that First Nations children living in areas with recorded historical massacres experience poorer developmental outcomes (including physical health outcomes, cognitive and communication skills, and emotional development)⁴² when compared to First Nations children in areas with no known or recorded historical massacres.⁴³ The impact of historical violence on developmental outcomes was correlated with higher numbers of recorded massacres, with poorer outcomes among children living areas with more than four recorded massacres.⁴⁴ No differences in developmental outcomes were observed in non-Indigenous children. The researchers argue that the differences in outcomes observed between First Nations children and non-Indigenous children indicates that the results are likely not related to other ‘community-level factors’ within these areas/communities (e.g. geographic remoteness) as these factors would impact both First Peoples and non-Indigenous children.⁴⁵

Colonisation has resulted in First Peoples living with intergenerational trauma that impacts health and social and emotional wellbeing (see also Chapter 8: Impacts of Country being stolen).⁴⁶ Historical and ongoing colonisation, and harmful State policies,⁴⁷ cause trauma that ‘is chronic and intergenerational’.⁴⁸ Yoorrook was told that chronic stress and intergenerational trauma are associated with poor health outcomes, including lower life expectancy, chronic diseases, depression and risk for suicide.⁴⁹

VACCHO is the peak body for Aboriginal Community Controlled Organisations (ACCOs) delivering health and wellbeing services in Victoria.⁵⁰ VACCHO explained that:

The ongoing effects of colonisation have led to significant inequalities and poorer health outcomes for Aboriginal people across Australia.⁵¹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

As the Your Community Health submission emphasised, health ‘inequities must be understood in the context of intergenerational trauma and ongoing interpersonal and structural racism’.⁵² Similarly, Aunty Charmaine Clarke (Gunditjmara) explained:

We get sick more often because of the stress from intergenerational trauma. It is not genetic, but rather brought on by the environment we’re in.⁵³

AUNTY CHARMAINE CLARKE

The First Peoples’ Assembly of Victoria told Yoorrook that:

The intergenerational impact and trauma of colonisation are still being felt by First Peoples today and continue to be passed down to current generations.⁵⁴

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

First Peoples also spoke about intergenerational resistance, strength and healing in the face of intergenerational harms.⁵⁵ As Associate Professor Graham Gee said, ‘of course there’s the flip side, there is intergenerational resilience that communities have managed to resist that’.⁵⁶ Similarly, Dr Bill Pascoe explained that ‘[e]ach generation has a new form of violence against it, and they develop new forms of resistance to it.’⁵⁷

The harms of colonisation have driven First Peoples to seek justice. In the VACCHO submission to Yoorrook on child protection and criminal justice, an anonymous contributor explained:

[Traumas] ... are passed down as if they were precious family heirlooms. And in a way, they are. The trauma and injustices spur us to seek justice for those wrongs committed against us and our Ancestors, and to create a fairer, more equitable future for those to come behind us.⁵⁸

ANONYMOUS, VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The Wamba Wemba Aboriginal Corporation described the ‘intergenerational collective resistance’ of their people for land justice and recognition of their rights.⁵⁹ Sheree Lowe (Peek Whurrung, Kirrae Whurrung, Djab Whurrung) is the Executive Director of SEWB at VACCHO. Sheree Lowe described how First Peoples have ‘generational strength’, assisted by generations of Elders paving the way for better outcomes for their mobs since invasion.⁶⁰ Associate Professor Gregory Phillips (Waanyi, Jaru) described healing as a process, comprised of recovery from trauma and addictions and cultural renewal.⁶¹ A young person from the Bunjilwarra male youth group explained how intergenerational resilience has been passed down to him:

I’m always proud of who I am. I have always grown up with this strength. I am not sure where it comes from. It is just inside of me. I just feel like it is something worth fighting for. I am not just going to sit back; I will do everything I can to try and fight for my people and make them stronger. I guess it is because I have seen many black people in Australia that have come from a family with generations of trauma.⁶²

BUNJILWARRA MALE YOUTH GROUP

The ongoing impact of colonisation,⁶³ including on health, was acknowledged by State representatives.⁶⁴ The historic and ongoing failures of the health system were also acknowledged.⁶⁵ For example, Minister Thomas stated:

The State has been complicit in a system that ... continues to lead to intergenerational trauma, poor health outcomes for First Peoples, reduced life expectancies, and significant negative impacts on First Peoples’ social and emotional wellbeing.⁶⁶

MINISTER MARY-ANNE THOMAS MP

Cultural determinants

Yoorrook heard of the importance of cultural determinants for health and wellbeing.⁶⁷ Cultural determinants, including connection to Country, family, kinship, language and cultural practices,⁶⁸ are important protective factors for First Peoples’ health and wellbeing.⁶⁹ For example, a population survey of Victorians found that around half of the Aboriginal participants reported having attended at least one Aboriginal cultural event in the previous year – and 70.8 per cent of Aboriginal adults who had attended a cultural event reported good to excellent health, compared to 59.4 per cent who did not attend any events.⁷⁰

The health and wellbeing of First Peoples is intricately linked to Country and culture, including having access to Country, and the health of Country (see Chapter 6: Country).⁷¹ The Victorian Aboriginal Legal Service described how culture ‘is a protective factor that strengthens Aboriginal people’s cultural identity and therefore supports individual social and emotional wellbeing’.⁷² The Lowitja Institute also outlined the protective impacts of culture:

Culture plays a significant protective role in our peoples’ individual, and community lives. For us, culture is central to understanding the relationship between self and Country, kin, community and spirituality— all of which are key factors of health and wellbeing. Connection to culture strengthens our identity, community bonds and our communal and individual resilience in the face of ongoing racism and inequity. Throughout our culturally diverse nations, cultural practices kept us strong and healthy for millennia.⁷³

LOWITJA INSTITUTE

Barriers to cultural determinants can also impact negatively on health and wellbeing. Colonisation has impacted First Peoples’ ability to connect with culture, community and Country.⁷⁴

Yoorrook heard how First Peoples are working to revive and revitalise language, cultural practices, and ceremony.⁷⁵ For example, Aunty Diane Kerr (Wurundjeri) described how Wurundjeri people were prevented from engaging in cultural practices.⁷⁶ She described how cultural revitalisation programs are helping to heal the next generation:

Coming of age ceremony ... is very important to me. We didn’t get the opportunity to go through that ... two years ago when we did coming of age it was the first one in 185 years. I think it was very important because we found that a lot of our youth are struggling, struggling with identity . Since the ceremony ... our girls have grown very strong and they’ve taken up different roles that they’ve picked for themselves, and I’m glad that we started it again and we’ll continue to do that because we need our own history and living history. We’re a living culture. We haven’t died out ... it’s important that we keep our ceremony. It helps us heal. It helps us connect to our Country.⁷⁷

AUNTY DIANE KERR

Healthcare services need to acknowledge First Peoples’ cultural needs and determinants. Health and wellbeing is also impacted by access to culturally safe services, and Yoorrook heard that more action is needed to ensure mainstream services are culturally safe for First Peoples (see Chapter 29: Mental health and social and emotional wellbeing; Chapter 30: Family violence; Chapter 31: Racism, workforce and accountability). ACCOs provide culturally safe health and wellbeing services, but struggle with insufficient and unsustainable funding to meet demands⁷⁸ (see Chapter 33: Aboriginal community controlled healthcare).

THE HEALING POWER OF COUNTRY: THE LATE AUNTY EUNICE WRIGHT

Yoorrook heard many powerful stories about connection to Country and health and wellbeing.⁷⁹ The children of Aunty Eunice Wright (Kerrupjmara Gunditjmara), Aunty Donna, Aunty Tina, Joanne and Sonny Wright, described how their mother's connection to Country.⁸⁰

[T]hree years before we lost mum she got very sick. She was gonna die ... she was under palliative care, and ... they didn't want to let her get out of hospital. I said, 'Please, can we just take her out the mish?' One day they gave us. So she was out ... in that cabin ... she was yelling out to her ancestors and her Elders and telling them to help her and we didn't think she was going to make it through ... but she lived for an extra three years after that. So she come real good after ... The power of this place for mum, is a whole other level.⁸¹

AUNTY TINA WRIGHT

And then when we did lose her, the week that we did lose her ... it was stated if she ever got sick – because we were back and forth in Melbourne. If she ever got sick in Melbourne she was to come home and pass on country ... she got really sick ... and we kissed her ... goodbye ... She ended up going into unconsciousness in Melbourne and the air flight ambulance said, 'If she passes on the road do you want us to stop?' And we said 'No.' We convoyed behind her. So she was unconscious when she left ... we were ... crying all the way up ... expecting her to be gone by the time we got [there] ...

AUNTY TINA WRIGHT

But before that happened, the ambulance said 'What's the plan if anything happens on the way?' And we just said, 'Keep driving'.

AUNTY DONNA WRIGHT

'Keep going' ... and we got there and mum was sitting up having a cup of tea, eating sandwiches on the bed.

AUNTY TINA WRIGHT

She got home and she come to life, yeah, didn't she?

JOANNE WRIGHT

She got so much energy. You know, when you're – it did it to her. You could feel it. Even if you're not from here, you can feel the power of this place. I do. And it gave her so much strength. And it just kept her, kept her up for a couple of days so she could yarn to us and laugh with us, hey, and then she went to sleep. So I just feel the power of this place. It's just beyond.⁸²

AUNTY TINA WRIGHT

Racism as a determinant of health

Historical racism, structural racism and interpersonal experiences of racism impact on health and wellbeing. There is extensive and well-established research detailing the damaging health impacts of racism on physical and mental, social and emotional wellbeing of First Peoples.⁸³ Yoorrook heard that racism is a key driver of poor health and wellbeing among First Peoples,⁸⁴ and particularly for poor SEWB and risk of suicide.⁸⁵ Associate Professor Graham Gee described the impact of racism on First Peoples' health as 'literally poisonous'⁸⁶ and VACCO said that 'it is killing us'.⁸⁷

Dr Alison Markwick submitted research to Yoorrook which suggests that 'perceived racism' explains more than a third (34 per cent) of the gap in self-reported health between First Peoples and non-First Peoples in Victoria.⁸⁸ By comparison, smoking accounted for 32 per cent of the gap.

Professor Raymond Lovett told Yoorrook the Mayi Kuwayu study has found that racial discrimination impacts on various health outcomes including general physical health, chronic health conditions (including heart disease and diabetes), health behaviours (e.g. smoking, alcohol use, gambling), mental health (including depression, anxiety and psychological distress) and SEWB (e.g., feeling disconnection from culture).⁸⁹ The Mayi Kuwayu Study has also found that interpersonal racism (or 'everyday racism') accounted for half of all psychological distress in Aboriginal and Torres Strait Islander peoples.⁹⁰

Yoorrook heard that racism towards First Peoples increased with the 2023 Voice referendum leading debate and result (see also Chapter 37: Political life).⁹¹ Minister for Mental Health the Hon Ingrid Stitt MP⁹² told Yoorrook that there was a subsequent increase in presentations to Victorian emergency departments for self-harm and risk for suicide after the referendum result.⁹³

Racism in the health and wellbeing service system is discussed in more detail in Chapter 31: Racism, workforce and accountability.

First Peoples experience health inequities

Yoorrook heard about various health and wellbeing outcomes and experiences, and their determinants. Many First Peoples recounted personal experiences of the burden of ill health in families and communities, and traumatic experiences and devastating effects on their lives, families and communities.

While many health and wellbeing outcomes were discussed, some health issues were particularly salient, including:

- general health and wellbeing,
- social and emotional wellbeing, mental health and intergenerational trauma (for discussion see Chapter 29: Mental health and social and emotional wellbeing),
- harmful use of alcohol and other drugs,
- interpersonal and family violence (for discussion see Chapter 30: Family violence),
- maternal and early child outcomes,
- food security, nutrition and body weight.

The intersectionality of health and wellbeing outcomes and determinants was also noted. These key health outcomes and inequities are discussed in turn, except for mental health and social and emotional wellbeing which is discussed in Chapter 29: Mental health and social and emotional wellbeing, and family violence which is discussed in Chapter 30: Family violence. In addition, the health of people in the criminal justice system, including access to disability supports, is discussed in Chapter 32: Health and the criminal justice system.

Overall health and wellbeing

There is clear evidence of the historical and intergenerational impacts of colonisation. Despite this, contemporary health inequality is often treated in the health sector as the result of deficiencies and poor behavioural choices of First Peoples themselves. As Co-Chair of the First Peoples’ Assembly of Victoria, Rueben Berg (Gunditjmara) explained to Yoorrook:

[W]hen we are highlighting ... discrepancies in outcomes for the First Peoples ... there could be a tendency for some people to ... get the impression that there’s some sort of inherent deficiency in First Peoples that would mean they have these discrepancies. And that would be completely ... wrong conclusion to draw from this. Regardless of who anybody was, if they were placed in the same shoes of First Peoples across these generations, and experienced the same discrimination and exclusion, they would find themselves in the same position ... We can point to cases where First Peoples have been able to succeed despite these hardships ... but it’s about the odds. The likelihood that Aboriginal people are able to overcome all these things and succeed is so low, and the vast majority of our people can’t do that because of all these compounding things.⁹⁴

RUEBEN BERG, CO-CHAIR OF THE FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Assessment of the full extent of health inequality is difficult. Data relating to the health of First Peoples in Victoria is intermittent and incomplete in its coverage.⁹⁵ What data does exist however, indicates that First Peoples in Victoria experience poorer health compared to non-First Peoples.⁹⁶ For example, an analysis of the Victorian Population Health Surveys from 2011, 2012 and 2014 found that First Peoples in Victoria were twice as likely to self-report their health as poor compared to non-Indigenous Victorians.⁹⁷

Chronic conditions and hospitalisations

First Peoples in Victoria have high rates of chronic diseases and are more likely to live with multiple long-term health conditions.⁹⁸ In the 2022–23 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), 82.8 per cent of First Peoples respondents in Victoria reported one or more current long-term health conditions. Common chronic conditions reported among First Peoples included eye/sight problems (47.6 per cent), asthma (24 per cent), ear/hearing problems (15.3 per cent), and back problems (18.9 per cent).⁹⁹

As of 2020, nearly twice as many First Peoples in Victoria experienced cancer compared to non-First Peoples, 624 First Peoples per 100,000 of the population, compared to 314.6 non-First Peoples per 100,000.¹⁰⁰ Roughly twice as many First Peoples in Victoria have diabetes or high blood sugar compared to non-First Peoples: 12 per cent of First Peoples and 6 per cent of non-First Peoples in Victoria (aged 18 and over).¹⁰¹

First Peoples experience high rates of hospitalisation. Chronic illness accounts for more than half of all potentially preventable hospital visits for First Peoples in Victoria.¹⁰² The separation rate of potentially preventable hospitalisations for chronic conditions among First Peoples in Victoria in the 2021–2022 was 29.5 per 1000 people, compared to 10.8 hospitalisations per 1000 people among non-First Peoples.¹⁰³

These rates do not reflect the full picture of health inequality. As discussed elsewhere, First Peoples do not access healthcare at the level appropriate to their health needs. This reluctance to access mainstream health services has been attributed by AIHW as due in part to an ‘inadequate supply of Indigenous primary health care services and an inequitable share of mainstream programs’.¹⁰⁴ Racism and unequal treatment in healthcare settings is also a contributing factor as detailed in Chapter 31: Racism, workforce and accountability.

In Victoria, the age standardised rate of hospitalisations (excluding for dialysis) per 1000 people was 464.8 for First Peoples and 363.4 for non-First Peoples (from July 2017 to June 2019).¹⁰⁵ The comparative hospitalisation rates vary by category of illness, but in almost all cases First Peoples are over-represented. First Peoples in Victoria are hospitalised at almost twice the rate for mental health and behavioural disorders, injury, poisoning and other consequences of external causes, and over twice the rate for care involving dialysis, respiratory diseases, endocrine, nutritional and metabolic disease, and diseases of the skin and subcutaneous tissue.¹⁰⁶

Life expectancy

Due to systemic health inequities and ongoing effects colonisation First Peoples have significantly lower life expectancy than non-First Peoples in Australia.¹⁰⁷ Life expectancy is a commonly used measure of overall health,¹⁰⁸ and the gap in life expectancy has been evident in Australian health reporting since collections began. One of the targets in the National Agreement on Closing the Gap (National Agreement) is to close the gap in life expectancy by 2031.¹⁰⁹ The Australian Government is not on track to meet this target.¹¹⁰

The Victorian Government does not reliably measure or report on life expectancy data,¹¹¹ even though this target has been part of the National Agreement for more than a decade.¹¹² VACCHO submitted:

Despite the Council of Australian Governments agreeing the six Closing the Gap targets in 2008, including life expectancy ... the Victorian government is still unable to report what the life expectancy of Aboriginal people in Victoria is.¹¹³

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Yoorrook consistently heard from First Peoples about disparities in life expectancy and its impacts.¹¹⁴ Due to the systemic health inequities that First Peoples experience, life expectancies are shorter, and First Peoples are often experiencing the loss of friends and family. As one roundtable participant said, ‘[W]e are constantly in sorry business. Every day of our lives’.¹¹⁵ Sorry business and the burden of losing family and attending funerals has ripple effects on families. For example, Uncle Ross Morgan (Yorta Yorta) described the unrelenting loss of life:

In the Aboriginal community, we deal with ... three or four deaths a month. Our community is never out of grieving. By the time you’ve dealt with the grief or loss of a loved one ... someone else is passing ... We are losing people constantly and in grief constantly.¹¹⁶

UNCLE ROSS MORGAN

Then when I was about 7 years old, my Uncle and Aunty that I was living with died on the same day. It was just loss, after loss, after loss.¹¹⁷

UNCLE ROSS MORGAN

Uncle Michael ‘Mookeye’ Bell (Gunditjmara, Boandik) reflected on the loss of family members at an early age:

You know, not just Mum, but a lot of the Elders, their families, siblings, Uncle Johnny and Aunty Tina’s mob passed away early. We lost a lot of — my generations have gone early before they were 50.¹¹⁸

UNCLE MICHAEL ‘MOOKEYE’ BELL

Uncle Dennis Fisher (Waka Waka) told Yoorrook about the burden of low life expectancies and sorry business:

I have seen too many of my people dying at a very early age. We are lucky if we get to 50 years old. I don't want my people to die at a very young age.¹¹⁹

UNCLE DENNIS FISHER

Dr Aunty Vicki Couzens (Keerray Wooroong Gunditjmara) stressed the urgency of addressing the health issues and life expectancy of First Peoples in Victoria:

We need action urgently, because although we have Elders in Victoria now, there are not that many in the age groups upwards from myself/ my age group (I am 64 years old) who are left and able to provide that Eldership and cultural support to our families and communities. We have lost a lot of people, and we don't have time to waste.¹²⁰

AUNTY DR VICKI COUZENS

The Victorian Aboriginal Legal Service told Yoorrook that family reunions to connect Stolen Generations survivors to their lost family are often occurring at cemeteries of loved ones: '[M]any of the reunions are now held at the gravesite of family members who have passed away'.¹²¹

These issues are discussed further in Elder and aged care services, and box: First Peoples-led funeral and burial services.

Maternal and early childhood health

As outlined in the previous chapter, Chapter 27: The past is the present, there is a history in Victoria of segregation practices within hospitals for women giving birth, sexual and reproductive harm within hospitals, and hospitals and healthcare services were often complicit in the removal of children.¹²² This history, coupled with ongoing cultural safety concerns means that some First Peoples avoid hospitals for maternal care. The Victorian Aboriginal Child and Community Agency (VACCA) explained:

The perception of antenatal and maternity services being culturally unsafe, and a fear of being reported to child protection, has an impact on whether Aboriginal women access care during their pregnancy.¹²³

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Chapter 31: Racism, workforce and accountability, discusses child protection reporting within hospitals in further detail.¹²⁴

The data collected by the State indicates that in Victoria, maternal and early child outcomes are generally poorer for First Peoples families.¹²⁵ First Peoples babies are more than twice as likely to be classified as low birth weight compared to non-First Peoples babies (12.6 per cent compared to 6.0 per cent respectively).¹²⁶ VACCHO noted that low birth weight is a key indicator of health and equity; it is associated with increased risk of various negative health outcomes 'including illness, poor development, perinatal death, and poorer health in adulthood'.¹²⁷

Ensuring a child has a happy and healthy start to life is inherently linked to the health and wellbeing of the mother — and commences before a child is born.¹²⁸

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Yoorrook heard that greater investment and access to culturally safe maternity and maternal child health services is required to better support First Nations families during pregnancy and into early childhood. Antenatal and maternity care can offer an opportunity to engage parents and families in broader healthcare to support the health and wellbeing of families. As VACCHO explained, pregnancy 'is often linked with an increase in health seeking behaviour, and can, therefore, act as an opportunity for greater engagement with wider health and social support services'.¹²⁹ Positive relationships between women and services can enable greater access to social supports and reduce the likelihood of contact with the child protection system:

If an expectant mother establishes a positive connection with MCH services, these act as a gateway and link mothers and families to other support services, such as housing and family violence support ... and reduces the likelihood of a child and/or family contact with the child protection system.¹³⁰

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Catherine Chamberlain (Trawlwoolway) and other academics have described how the transition to parenthood can also offer 'a unique ... opportunity for emotional healing and development' for parents.¹³¹ This period of transition can be triggering for those who have experienced trauma, which 'can impede the capacity of parents to nurture and care for their children'.¹³² On the other hand:

A positive strengths-based focus during this often-optimistic period has the potential to transform the 'vicious cycle' of intergenerational trauma into a 'virtuous cycle' that contains positively reinforcing elements. When parents can manage trauma responses and provide love and nurturing care, this love is returned by children, and trauma responses can be relearned, promoting healing in the parent, and optimal development for the infant.¹³³

CATHERINE CHAMBERLAIN

There is a pressing need for greater government investment in supporting the health and wellbeing of families. Executive Director of Ngaweeyan Maar-oo Lisa Briggs (Gunditjmara) told Yoorrook that the State needs to shift from focusing on the child protection and justice systems towards supporting families during pregnancy and the early years:

[T]he focus is ... with incarceration. It's with child protection. It's actually not with growing babies and making them healthy from the womb all the way until their first maternal and child health visit ... there are significant things that the government needs to re-shift and refocus on ... if they're really fair dinkum about meeting the generational changes required for our children.¹³⁴

LISA BRIGGS

VACCHO also highlighted that many First Nations women are ‘experiencing culturally unsafe care’ when giving birth.¹³⁵ This lack of safety exists because there are limited remote maternal and child health services,¹³⁶ and because mainstream services in tertiary hospitals ‘rarely accommodate for traditional midwives and cultural birthing practices’.¹³⁷ Yoorrook heard that First Peoples families require maternal care that accounts for their cultural practices, including an appreciation of the importance of birthing on-Country.¹³⁸ Sheree Lowe explained that connections to cultural practices are interrupted when birthing in hospital, which ‘can put shame on the mother and the baby’ when trying to navigate questions such as ‘who is in the birthing suite, do you get to keep the placenta afterwards’.¹³⁹

Disconnection from Country also impacts women’s access to secret-sacred cultural sites and practices, particularly birthing on Country.¹⁴⁰

DJIRRA

We birth on country ... And we can’t even do that anymore ... these places have been taken from us and these cultures we ... need to get back to them.¹⁴¹

PARTICIPANT, GUNAIKURNAI LAND AND WATER ABORIGINAL CORPORATION
ROUNDTABLE

[O]ur women need to be able to birth on country again. It’s the strongest aspect of connection ... they took them into hospitals to break connection. ... if our women want to have children on the land ... there needs to be a place for them to do that. Because that’s where the afterbirth flows into the land and the connection is maintained and strengthened. And that needs to become a part of who we are again.¹⁴²

PARTICIPANT, GUNAIKURNAI LAND AND WATER ABORIGINAL CORPORATION
ROUNDTABLE

Yoorrook repeatedly heard of the need to invest in First Peoples services and supports.¹⁴³ VACCHO called for government investment in First Peoples-led Koori Maternity Services and maternal and child health services ‘to ensure that Aboriginal people have access to the culturally safe, holistic care that they need’.¹⁴⁴ First Peoples-led services are discussed further in Chapter 33: Aboriginal community controlled healthcare.

There is much work to be done to improve cultural safety in mainstream health services. However, Yoorrook visited two mainstream health services that are working to increase the cultural safety of their maternity services by redesigning models of care.¹⁴⁵ The Galinjera Maternity Program and the Nangak Baban Murrup Maternity Group Practice are programs available to First Nations women and women having a baby at Western Health and the Mercy Hospital for Women, respectively.¹⁴⁶ Western Health prepared a case study that shares Khloe and Afrin’s recent positive experience of birthing their first baby through Galinjera (see box: Galinjera Maternity Program).

GALINJERA MATERNITY PROGRAM: CASE STUDY PROVIDED BY WESTERN HEALTH¹⁴⁷

The Galinjera Maternity Program team at Western Health provided Yoorrook with the following case study.

‘Established in 2017, Galinjera at Joan Kirner Women’s and Children’s (JKWC) at Sunshine Hospital is a small team of dedicated midwives, obstetricians, social workers and a Koori Maternity Service worker. Women are cared for by a known and trusted midwife, who has appropriate cultural training and is on-call, throughout pregnancy, birth and during the early parenting period. The midwives are part of Western Health’s Midwifery Group Practice (MGP) model. Since 2017, Galinjera has supported approximately 403 Aboriginal and Torres Strait Islander people with a total of 406 babies birthed.

One of these families, Khloe and Afrin, described their recent experience of birthing their first baby through Galinjera.

“The whole experience was amazing,” Khloe said.

“I am Koori and we are a rainbow family, and our midwife was also Koori, so we bonded, and she accepted us for who we are.”

Their primary Registered Midwife Sarah Clarke is from the Muthi Muthi clan.

“Khloe’s birth was high-risk, and I was there to ensure Khloe retained her autonomy when navigating the hospital system, and to support the establishment of a therapeutic relationship based on connection, trust and respect.”

Khloe and Afrin said having one person that they knew and trusted throughout the pregnancy, birth and after their baby was born made them feel supported.

“If you trust someone, you can ask them anything about culture or medical questions and it makes everything easier,” Afrin said.

Research has revealed the profound impact continuity of midwifery care can have on clinical outcomes, satisfaction rates with care and birth experiences, with a positive impact on reducing preterm birth.

Galinjera aims to enhance not replace existing supports. It’s embedded in Western Health’s MGP and works collaboratively with the Koori Maternity Service and Wilim Berrbang (Aboriginal Health Unit). By delivering holistic healthcare that responds to the cultural, spiritual, social, emotional and physical needs of the First Nations community, Galinjera aims to improve clinical outcomes, such as increasing the number of babies born full term at a healthy weight. It continues to evolve to respond to the needs of the community with improvement to the identification of First Nations women and babies and enhanced referral processes.”¹⁴⁸

Alcohol and other drugs

Harmful alcohol and other drug use is often associated with poor mental health and social and emotional wellbeing. First Peoples are heavily over-represented in alcohol and other drug treatment service settings. In Victoria, First Peoples make up 10 per cent of clients in alcohol and other drug services.¹⁴⁹ As explained by the Victorian Alcohol and Drug Association, over-representation in treatment service settings does not necessarily mean that First Peoples use alcohol or other drugs more than non-Indigenous people.¹⁵⁰ In fact, First Peoples are more likely to abstain from alcohol compared to non-Indigenous Australians.¹⁵¹ For example, 2022–23, First Nations people were 1.2 times as likely to have consumed no alcohol in the last year compared to non-Indigenous Australians.¹⁵² Nevertheless, First Peoples do use alcohol experience greater risks for alcohol-related harm.¹⁵³

Yoorrook heard that the use of alcohol and other drugs is linked to historical and ongoing harms of colonisation.¹⁵⁴ For example, alcohol and other drugs may be used to cope with cultural disconnection,¹⁵⁵ intergenerational trauma¹⁵⁶ and racism.¹⁵⁷ VACCHO explained: ‘Loss of cultural practices, identity, and community support can contribute to individuals seeking solace through substance use’.¹⁵⁸ Similarly, Victorian Alcohol and Drug Association told Yoorrook, ‘alcohol and other drugs is ... a consequence of the continuing impacts of colonisation and a response to trauma’.¹⁵⁹

Many First Nations people told Yoorrook about the connection between trauma and alcohol and other drugs for First Peoples communities in Victoria. Anita Mobourne (Wamba Wamba, Yorta Yorta, Gunditjmarra, Wotjobaluk) in her submission explained that ‘addictions are symptoms’ of intergenerational trauma.¹⁶⁰ Uncle Ross Morgan (Yorta Yorta) described that ‘our men and women are good at pushing down the trauma with drug or drink ... I’ve lost family and so many mates to drugs and alcohol’.¹⁶¹ Aunty Dr Alma Thorpe (Gunditjmarra) explained that alcohol and other drugs ‘are a way of overcoming, hiding and deadening these feelings of trauma’.¹⁶²

Yoorrook heard that following the closure of missions and reserves, many First Nations people, particularly men ended up without work, homeless, and sleeping rough, often in public parks and lane-ways. Yoorrook also heard many accounts of survivors of the Stolen Generations ending up homeless and without any support,¹⁶³ and turning to alcohol and drugs to cope.¹⁶⁴ These people were sometimes referred to as ‘parkies’ or ‘lane-boys’ (see also Chapter 34: Housing overview and historical context). Aunty Dr Alma Thorpe described how many of these people struggled with trauma and addiction issues,¹⁶⁵ and were reluctant to engage with health services.¹⁶⁶ She described how her father, who was a lane-boy, was impacted by these systemic injustice:

My dad used to be a rag and bone man because men had no work. They used to go around to Toorak. We never went hungry. They were beggars. They would go and do a bit of a job, find some way to earn a crust, because men had no work. My dad was an alcoholic. This was in those days of the Depression. He would cook for us, and he taught me a lot, a wonderful man. My dad died in Collingwood in a vacant allotment ... He might have been a street man, but he was a very clever, very smart man. He died of alcoholism. But they [the parkies] never gave up. They had a strength within them.¹⁶⁷

AUNTY DR ALMA THORPE

As Aunty Tina Wright (Kerrupjmarra Gunditjmarra) explained:

[A]fter all their trauma, they picked up the bottle ... they self-medicated ... there was no support services back in them days for anyone ... been ripped from your home, torn apart from your family ... a lot of them picked up the bottle to help deal with that.¹⁶⁸

AUNTY TINA WRIGHT

Uncle Ross Morgan told Yoorrook that First Peoples need greater support services that address trauma and healing:

Unless people can deal with their underlying trauma, nothing is really going to change. Drugs and alcohol ... it’s a way of helping people to deal with their underlying trauma. People turn to drink or drugs as it’s the only way they can cope. There is no opportunity for young people to deal with their traumas and past history.¹⁶⁹

UNCLE ROSS MORGAN

Uncle Ross described how he addressed his own addictions by addressing trauma. ‘I had to go back and look at myself to deal with my trauma, and to push my own addictions back’.¹⁷⁰ Similarly young people in a talking group led by Bunjilwarra reflected:

You cannot change the past, like the past happened, and now you have to deal with it. But we don’t really have a model of how we deal with it. That’s why we got to drugs and alcohol.¹⁷¹

BUNJILWARRA MALE YOUTH GROUP

Despite the need for healing and recovery through addressing trauma, Yoorrook heard how the service and policy response to alcohol and drug issues is often punitive. For example, mental health and alcohol and drugs are drivers of contact with the child protection system.¹⁷² Yoorrook also heard about First Peoples with alcohol and other drug issues are often met with a punitive police response.¹⁷³

Access to alcohol and drug withdrawal and rehabilitation services is a barrier for First Peoples to receive support.¹⁷⁴ Mainstream services are not always culturally safe for First Peoples, and lack flexibility, for example restricting phone calls and visiting hours.¹⁷⁵ There are also long wait times (approximately three months) for clients to be able to access a mainstream withdrawal centre.¹⁷⁶

There are a few key ACCOs working in the alcohol and drug space. Ngwala Willumbong Aboriginal Corporation (Ngwala Willumbong) that provides drug and alcohol residential rehabilitation, outreach support, and other holistic support services.¹⁷⁷ Located in St Kilda are two Ngwala Willumbong residential rehabilitation centres – Winja Ulupna Women’s Recovery Centre (10 beds), and Galiamble Men’s Recovery Centre (16 beds). In Shepparton there is one men’s centre – Yitjawdik Men’s Recovery Centre (12 beds). Bunjilwarra Koori Youth Alcohol and Drug Healing Service (Bunjilwarra) is a 12-bed residential youth alcohol and drug facility for Aboriginal young people (aged between 16 and 25 years),¹⁷⁸ located on the Mornington Peninsula.¹⁷⁹ Bunjilwarra is the only alcohol and drug service for First Nations young people in Victoria.¹⁸⁰

Currently, there are no Aboriginal-led withdrawal treatment services in Victoria.¹⁸¹ Staff at Ngwala Willumbong told Yoorrook that this is ‘the biggest service gap area’.¹⁸² Yoorrook heard there is a need for First Peoples-led withdrawal and detox services.¹⁸³

Yoorrook heard there is also a need for more First Peoples-led services generally, including for young people, women, and people in regional areas.¹⁸⁴

Health inequities extend beyond healthcare access to fundamental issues of food security and nutrition. These challenges reflect broader systemic inequities. Poor nutrition, high rates of obesity and high rates of food insecurity contribute to poor health outcomes. First Peoples in Victoria are more likely to have higher body mass, and to be classified as overweight or obese (compared to non-Indigenous Victorians).¹⁸⁵ A 2008 Victorian Population Health Survey indicated that a quarter (24.7 per cent) of First Nations adults were obese, compared to 17.5 per cent of non-Indigenous Victorians.¹⁸⁶

Yet colonisation has impacted First Peoples’ food security (see also Chapter 27: The past is the present). Moreover, as epidemiologist Dr Alison Markwick observes, there is a physiological association between stress levels, food insecurity and obesity, and a measure such as ‘obesity’ is far more complex than individual behaviours or choices.¹⁸⁷ Poverty and other social determinants of health leave First Peoples reliant on foods that are more affordable, which are more often highly processed and high in sugar and fat.¹⁸⁸ First Peoples in Victoria are more than three times as likely to run out of food and not be able to afford to buy more than non-First Peoples.¹⁸⁹ In 2022, 25.4 per cent of adult First Peoples in Victoria reported running out of food in the past 12 months, compared to 7.7 per cent of non-First Peoples.¹⁹⁰

This link is not always reflected in government frameworks, which tend to focus on increasing nutritional knowledge and changing individual food behaviours.¹⁹¹ Evidence to Yoorrook highlighted how health policy was often plagued by an issue termed ‘lifestyle drift’. This happens when ‘governments start out discussing the upstream social determinants before “drifting” to downstream health behaviours of individuals as the policy solutions’.¹⁹² However, as Dr Alison Markwick explains:

If an individual cannot afford healthy food, no amount of social marketing and education will change that.¹⁹³

DR ALISON MARKWICK

Denise Sweet (Bundjalung, Gumbyrngirr) highlighted the need for more community-based supports, including mutual aid and financial assistance.¹⁹⁴ This is particularly important for Elders, kinship carers and new mothers who are struggling with the cost of living.¹⁹⁵ The National Aboriginal Community Controlled Health Organisation (NACCHO) recommended ‘long-term investment in community-controlled, local food production’, including employment of First Peoples in agriculture and support for traditional food production and consumption.¹⁹⁶

Elder and aged care services

Yoorrook heard that First Peoples are ‘concerned that Victoria’s aged care system is not adequately serving the needs of their Elders, families and communities’.¹⁹⁷ This includes Stolen Generations survivors who are ‘entering their later years’.¹⁹⁸ VACCA explained that ‘aged care policy has failed to adequately consider the unique needs of Stolen Generations’.¹⁹⁹ Stolen Generations have the right to be surrounded by culture and community, especially given the trauma inflicted on them by the government:

Given that the trauma inflicted upon Stolen Generations was enacted by government, government has a duty of care to ensure that they have access to Aboriginal-led, culturally connected aged care supports. The Stolen Generations have a right to spend their later years surrounded by community and culture, a right which has previously been stolen from them.²⁰⁰

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

There is a high demand for residential aged care services²⁰¹ and this is likely to increase. The number of First Peoples eligible for aged care has grown exponentially in recent

years.²⁰² Between the 2016 and the 2021 censuses, the number of First Peoples in Victoria aged 55 and over grew from 5990 to 8916.²⁰³ VACCHO told Yoorrook:

As older Aboriginal people and Elders continue to live longer lives, the need for culturally safe residential aged care services is becoming more and more urgent.²⁰⁴

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Despite this high level of need, First Peoples face barriers to accessing services. The Royal Commission into Aged Care Quality and Safety reported that First Peoples ‘do not access aged care at a rate commensurate with their level of need’.²⁰⁵ That Royal Commission highlighted that a lack of culturally safe care across the aged care system is one of the barriers to access for First Peoples.²⁰⁶

The lack of cultural safety in mainstream aged care services was also raised with Yoorrook. Aboriginal Community Elders Service (ACES) is a holistic ACCO that provides support services to older people and Elders, including residential aged care, semi-independent living, and programs for people living at home in the community.²⁰⁷ ACES explained that many Elders have transferred from mainstream services to ACES.²⁰⁸ This is because there is little or no cultural sensitivity in the mainstream services.²⁰⁹

Minister for Ageing Ingrid Stitt²¹⁰ acknowledged that Victoria’s aged care services do not provide culturally safe care or meet First Peoples’ needs:

I acknowledge that aged care services in Victoria have not adequately met First Peoples’ individual and community needs and that many older First Peoples have not been afforded access to culturally safe or appropriate care.²¹¹

MINISTER INGRID STITT MP

Yoorrook heard that there is a pressing need for ACCO-led residential aged care services.²¹² Currently, there are only two ACCOs in Victoria that are funded to deliver residential aged care services – ACES and Rumbalara Aboriginal Co-operative (Rumbalara).²¹³ Rumbalara is a community controlled organisation providing holistic health and wellbeing, and housing services (including health, family services, drug and alcohol, housing and aged care services).²¹⁴

VACCHO explained that ‘the current funding arrangements constrain their capacity and undermine their ability to sustain the necessary workforce’.²¹⁵ Funding constraints are resulting in ACCOs providing services from their own resources.

Yoorrook heard that ACES and Rumbalara do not currently receive specific funding for the delivery of palliative care services.²¹⁶ Despite this, these ACCOs are still providing palliative care services. As Lisa Briggs explained ‘Rumbalara and ACES have carried the load far too long’.²¹⁷

Yoorrook also heard that for First Peoples, Elders have a critical role in communities and it is essential that they can access high quality and culturally safe care in their later years. As Aunty Dr Alma Thorpe described:

If you don’t care for your old people, you care for nobody.²¹⁸

AUNTY DR ALMA THORPE

Staff at ACES also told Yoorrook:

[Y]ou can't have your culture, your history, and your identity without Elders. If our young people are to be strong in who they are, they've got to get the knowledge from somewhere. And the people that are best set to give that are our Elders.²¹⁹

ABORIGINAL COMMUNITY ELDERS SERVICE

Minister Stitt acknowledged that the Victorian Government could be doing more to support ACCOs to deliver aged care services:

I acknowledge that there is an opportunity for Government to be doing more in this space to support ACCOs to extend their concept of 'ageing in place' and 'ageing on country'.²²⁰

MINISTER INGRID STITT MP

First Peoples-led funeral and burial services

As outlined in the previous chapter, Chapter 27: The past is the present, First Peoples have worked tirelessly to make culturally safe and affordable funeral and burial supports available to community.²²¹ Yoorrook heard many stories of Ancestors being buried in unmarked graves, away from Country and without family ever being notified.²²² As outlined in Chapter 27: The past is the present, in the 1940s and 50s, the late respected Elder Aunty Edna Brown (Gunditjmara) would organise fundraising events to assist First Peoples to pay for funerals.²²³ After the establishment of the Victorian Aboriginal Health Service (VAHS) in 1973, requests for services to drive people back to Country for burial shortly followed.²²⁴ Using a station wagon borrowed from the Victorian Aboriginal Legal Service, volunteer drivers such as Uncle Jim Berg (Gunditjmara) transported people on their final journey home to Country.²²⁵ In the 1980s, Uncle Stewart Murray (Wamba Wamba) of the Aboriginal Advancement League acquired a hearse and the Victorian Aboriginal Funeral Service was formalised.²²⁶

In 1992, Aunty Edna Brown inspired the purchase and development of Weeroona Cemetery on Wurundjeri country.²²⁷ Weeroona Cemetery is a 'final resting place' for First Peoples.²²⁸ As discussed in Chapter 27: The past is the present, being buried on Country is culturally significant for many First Peoples, their families and their descendants. Uncle Jim Berg shared:

Each time when we travel back to Fram [Framlingham] ... I get the feeling of being surrounded and enclosed in a cocoon by our Ancestors, who are saying 'Welcome back to Country'. For many years when I went back to Fram, the cemetery was the only place I visited. I would always visit the cemetery to pay respect to our Ancestors. As I walked around the cemetery I would often think about the power, the passion and the inner strength our Ancestors needed to maintain their spiritually, dignity and their identity, and just to have even survived through the early years of mission life.²²⁹

UNCLE JIM BERG

Yoorrook heard that due to the economic inequities that First Peoples continue to experience today, some families continue to fundraise to help cover the financial costs of funerals and burials. For example, a participant at a roundtable with the Loddon Mallee Aboriginal Reference Group said:

[W]e've dropped back to the years when I was a child, driving around with my mother and my aunties, with a bucket or a hat around, trying to get money for burials and funerals.²³⁰

PARTICIPANT, LODDON MALLEE ABORIGINAL REFERENCE GROUP, ROUNDTABLE

Yoorrook heard that burial services are so prohibitively expensive that many families struggle to afford a dignified burial, which exacerbates the trauma and stress on grieving families.²³¹ Uncle Gary Murray (Dhudhuroa, Yorta Yorta, Barapa Barapa, Dja Dja Wurrung, Wamba Wemba, Wergaia, Wiradjeri, Waywurru) shared:

Everybody knows that in 2024, it is going to cost you about 15 grand to bury somebody ... That causes a lot of stress and trauma on families.²³²

UNCLE GARY MURRAY

Due to health inequities and the burden of sorry business some First Peoples families have funeral insurance.²³³ Yoorrook heard concerning evidence that the financial pressures of funerals and burials is further exacerbated by predatory insurance providers.²³⁴

Some ACCOs provide funeral related services or assistance. The Aboriginal Advancement League continues to run a funeral support service based in Naarm (Melbourne).²³⁵ Some financial support is also available for funerals under redress schemes for survivors of the Stolen Generations.²³⁶

There is a need for greater recognition and funding for First Peoples-led organisations to ensure affordable and culturally safe funeral and burial services are available to First Peoples.²³⁷ The State needs to invest more to make these services more accessible and enable all First Peoples dignity in death. As a participant at a roundtable with Loddon Mallee Aboriginal Reference Group told Yoorrook: 'our Aboriginal Funeral Fund has to be supported'.²³⁸

The way forward

Colonisation has inflicted profound harms to the health and wellbeing of First Peoples that continue to persist today. First Peoples experience health inequities that are driven by past and ongoing determinants of health and impacts of colonisation. As Uncle Dennis Fisher stated:

| Things will never get better unless the government closes the gaps it created.²³⁹

UNCLE DENNIS FISHER

Systemic change is urgently required to address health inequities and achieve health justice for First Peoples. The *Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025* recognises that ‘a focus on prevention is crucial to achieving improved health and wellbeing outcomes for Aboriginal people’.²⁴⁰

The State is clearly not delivering on the commitments of the First Peoples health-related programs, frameworks and policies currently being implemented. Whilst some improvements in health and wellbeing outcomes have been made, the Victorian health system is failing to address the biggest drivers of the health inequities experienced by First Peoples – the determinants of health. Greater investment is needed in prevention and early help, including supporting the cultural determinants of health. Likewise, the harmful impacts of historical and intergenerational determinants, social inequities and racism must be addressed. There is a need for health policy and investment in services which address the social determinants of health, particularly with regards to food security, nutrition and body weight.

First Peoples-led services have demonstrated success in supporting the health and wellbeing of First Peoples (see also Chapter 30: Family violence, and Chapter 33: Aboriginal community controlled healthcare) as they deliver holistic services that self-determining are which support cultural determinants. However, ACCOs and First Peoples-led services are critically underfunded and resourced. Greater investment in First Peoples-led services is therefore needed, particularly in alcohol and other drug support services, and Elders and aged care services.

There is also a need to address the intersectional needs of aspects of First Peoples communities, including services which are appropriate for young people, and LGBTQIA+ people.

As explored in subsequent chapters (see e.g. Chapter 31: Racism, workforce and accountability), mainstream health services must also improve their cultural capacity in supporting First Peoples, particularly with respect to maternal care and the early years.

Recommendations

RECOMMENDATION 70

Led by First Peoples, the Victorian Government must (working with the Federal Government, where necessary):

- a. Increase funding to First Peoples-led health services to ensure they are sufficiently resourced to deliver to First Peoples, regardless of where they live, a similar range of services, including:
 - i. maternal and child health services;
 - ii. financial support programs for those struggling with cost of living and food security; and
 - iii. alcohol and drug services (including withdrawal and residential rehabilitation services).
- b. Fund First Peoples-led organisations to deliver:
 - i. a holistic range of aged care services, both residential and non-residential; and
 - ii. palliative care services.

RECOMMENDATION 71

Led by First Peoples, the Victorian Government must expand and fund ACCOs to deliver accessible and culturally safe funeral and burial services.

Endnotes

1. Transcript of roundtable with Dja Dja Wurrung Clans Aboriginal Corporation, 25 November 2023, 15.

2. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 46 [9]–[15].

3. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 3, 20–2, 133–9; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 46 [10]–[20]; Associate Professor Gregory Phillips, Submission 580, 2–3.

4. William Fogarty et al, [Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy](#) (National Centre for Indigenous Studies, Australian National University, 2018). See also Joanne Bryant et al, ‘[Beyond deficit: ‘strengths-based approaches’ in Indigenous health research](#)’ (2020) 43 *Sociology of Health & Illness*; Scott Goringe for IndigenousX, ‘[Aboriginal culture is not a problem. The way we talk about it is](#)’, *The Guardian* (Webpage, 15 May 2012).

5. William Fogarty et al, [Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy](#) (National Centre for Indigenous Studies, Australian National University, 2018); Joanne Bryant et al, ‘[Beyond deficit: ‘strengths-based approaches’ in Indigenous health research](#)’ (2020) 43 *Sociology of Health & Illness*.

6. Throughout this report, Yoorrook has used ACCO (Aboriginal Community Controlled Organisation) as the preferred term/acronym generally, but has retained the use of ACCHO (Aboriginal Community Controlled Health Organisation) when presenting quotes from evidence, and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For more discussion see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage).

7. Policies listed as number 16–21, 23–26, 32, 33–36, 49–50, 52–54, 61, 64, 67, 69–70 in Department of Premier and Cabinet, Response to questions taken on notice by Natalie Hutchins, Minister for Treaty and First Peoples on 9 July 2024, Attachment B – First Peoples, Frameworks and Strategies, 3–11.

8. Yoorrook notes that at the time she gave evidence in June 2024, Mary-Anne Thomas was Minister for Health, Minister for Health Infrastructure and Minister for Ambulance Services. In December 2024, Melissa Horne became the new Minister for Health Infrastructure. Minister Thomas remains the Minister for Health and the Minister for Ambulance Services. See Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

9. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 12 [73].

10. Australian Institute of Health and Welfare, ‘[Determinants of Health for Indigenous Australians](#)’ (Webpage, 2 July 2024); Transcript of Associate Professor Graham Gee, 14 June 2024, 64–6; Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 4; World Health Organization (WHO), ‘[Social Determinants of Health](#)’, *Health Topics* (Webpage).

11. Transcript of Aunty Dr Jill Gallagher and Sheree Lowe, 27 May 2024, 52 [4]–53 [5]; Transcript of Associate Professor Graham Gee, 14 June 2024, 57–8, 61–4.

12. Australian Institute of Health and Welfare, ‘[Determinants of Health for Indigenous Australians](#)’ (Webpage, 2 July 2024); Australian Institute of Health and Welfare, ‘[5. Tier 2. Determinants of Health](#)’, *Aboriginal and Torres Strait Islander Health Performance Framework Summary Report* (Webpage). See also Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 1.

13. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 4.

14. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 4. See also Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023).

15. For example, see Associate Professor Julie Moschion, Submission 903, 10–12; Transcript of Professor Raymond Lovett, 28 May 2024, 8 [32]–9 [14], 10 [1]–11 [8].

Professor Raymond Lovett also provided Yoorrook a confidential copy of a journal article under review titled ‘The genealogy of Settler-colonisation in Australia and relation to Aboriginal and Torres Strait Islander people’s wellbeing in Australia’.

16. Djirra, Submission 411 (Education, Health and Housing), 17.

17. Victorian Agency for Health Information, ‘[The health and wellbeing of Aboriginal Victorians: findings from the Victorian Population Health Survey 2017](#)’ (Webpage, 2019).

18. Department of Health and Human Services, *Racism in Victoria and What it Means for the Health of Victorians* (Report, 2017) 24–7; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 80; First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 18–9; Transcript of Associate Professor Graham Gee, 14 June 2024, 56 [21]–[30].

19. For example, Alison Markwick and colleagues found that: ‘Perceived racism explained 34% of the gap in self-reported health status between Aboriginal and non-Aboriginal Victorians, followed by: smoking (32%)’: See Alison Markwick, Zahid Ansari, Darren Clinch, John McNeil, ‘Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: a cross-sectional population based study’ (2019) 7 (1) *SSM-Population Health*, 1, 5; See also Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 1.

20. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 4.

21. Lowitja Institute, [Indigenous Nation Building and the Political Determinants of Health and Wellbeing](#) (Discussion Paper, 2022), 6, 9, 14–6, 27. See also Michael J Chandler and Christopher Lalonde, ‘[Cultural Continuity as a Hedge against Suicide in Canada’s First Nations: Culture and Suicide](#)’ (1998) 35(2) *Transcultural Psychiatry*, 212–213.

22. Australian Institute of Health and Welfare, ‘[Determinants of Health for Indigenous Australians](#)’ (Webpage, 2 July 2024); Australian Institute of Health and Welfare, ‘[5. Tier 2. Determinants of Health](#)’, *Aboriginal and Torres Strait Islander Health Performance Framework Summary Report* (Webpage).

23. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 18; Department of Health and Human Services 2017, *Racism in Victoria and what it means for the health of Victorians*, State Government of Victoria, Melbourne).

24. Lowitja Institute, Submission 30 (Child Protection), 7, citing Ian Anderson, Fran Baum and Michael Bentley (eds), [Beyond Band aids: Exploring the Underlying Social Determinants of Aboriginal Health](#); Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin.

25. Australian Institute of Health and Welfare, ‘[Determinants of Health for Indigenous Australians](#)’ (Webpage, 2 July 2024); Australian Institute of Health and Welfare, ‘[5. Tier 2. Determinants of Health](#)’, *Aboriginal and Torres Strait Islander Health Performance Framework Summary Report* (Webpage).

26. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 3, 20–2, 133–9; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 46 [10]–[20]; Associate Professor Gregory Phillips, Submission 580, 2–3.

27. Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 18; Australian Institute of Health and Welfare, [Determinants of health for Indigenous Australians](#) (Webpage, 2 July 2024).

28. Djirra, Submission 411 (Education, Health and Housing), 11; First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 36.

29. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 46 [18]–[20].

30. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 4.

31. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 55 [16]–[26].

32. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 46 [8]–[10].

33. Transcript of Professor Raymond Lovett, 28 May 2024, 8 [32]–9 [14], 10 [1]–11 [8].

34. Transcript of Professor Raymond Lovett, 28 May 2024, 8 [11]–[40].

35. Transcript of Professor Raymond Lovett, 28 May 2024, 11 [32]–12 [17].

Professor Raymond Lovett also provided Yoorrook a confidential copy of a journal article under review titled ‘The genealogy of Settler-colonisation in Australia and relation to Aboriginal and Torres Strait Islander people’s wellbeing in Australia’

36. Transcript of Professor Raymond Lovett, 28 May 2024, 11 [33]–[36].

37. Transcript of Associate Professor Graham Gee, 14 June 2024, 63 [17]–[25].

38. Transcript of Dr Bill Pascoe, 26 March 2024, 49 [41]–[45]; Victorian Aboriginal Child and Community Agency, Submission 77 (Criminal Injustice, Child Protection); See also Judy Atkinson, *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia* (Spinifex Press, 2002), 59–73.

39. Transcript of Dr Bill Pascoe, 26 March 2024, 49 [41]–[45], citing generally the work of Professor Atkinson e.g. Judy Atkinson, *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia* (Spinifex Press, 2002).

40. Associate Professor Julie Moschion, Submission 903, reporting on preliminary findings of the ARC project: Melbourne Institute, Applied Economic & Social Research, ‘[Historical Frontier Violence: Drivers, legacy and the role of truth-telling: Linking the past to the present](#)’.

41. see Associate Professor Julie Moschion, Submission 903, reporting on preliminary findings of the ARC project: Melbourne Institute, Applied Economic & Social Research, ‘[Historical Frontier Violence: Drivers, legacy and the role of truth-telling: Linking the past to the present](#)’.

42. Researchers used the Australian Early Development Census to measure developmental outcomes, for further details see Associate Professor Julie Moschion, Submission 903, 10.

43. Associate Professor Julie Moschion, Submission 903, 10.

44. Associate Professor Julie Moschion, Submission 903, 10–11.

45. Associate Professor Julie Moschion, Submission 903, 10–11.

46. Transcript of Sheree Lowe, 27 May 2024, 67 [1]–[15]; Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Justice), 2–3.

47. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Justice), 2–3.

48. Jane McKendrick and Marjorie Thorpe, ‘The impact of forced internal migration on Australian Aboriginal people’ (2014) 17(3) *Australian Journal of Grief and Bereavement*, 90.

49. Your Community Health, Submission 413, 4, citing Kathomi Gatwiri, Darlene Rotumah and Elizabeth Rix, ‘[BlackLivesMatter in Healthcare: Racism and Implications for Health Inequity among Aboriginal and Torres Strait Islander Peoples in Australia](#)’ (2021) 18(9) *International Journal of Environmental Research and Public Health*, 4399. See also Jane McKendrick and Marjorie Thorpe, ‘The impact of forced internal migration on Australian Aboriginal people’ (2014) 17(3) *Australian Journal of Grief and Bereavement*, 90.

50. Victorian Aboriginal Community Controlled Health Organisation, ‘[About Us](#)’ (Webpage).

51. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Justice), 2–3.

52. Your Community Health, Submission 413, 4.

53. Witness Outline of Aunty Charmaine Clarke, 7 December 2022, 7 [23].

54. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27.

55. Witness Outline of Aunty Eva Jo Edwards, 6 December 2022, 2 [27–29]; Paolo Balla et al, “‘Don’t let anybody ever put you down culturally it’s not good ...’: Creating spaces for Blak women’s healing’ (2022) 70(3–4) *American Journal of Community Psychology*.

See also the concept of post-traumatic growth and resilience. For example in Catherine Chamberlain, ‘Healing the Past by Nurturing the Future: Aboriginal parents’ views of what helps support recovery from complex trauma: Indigenous health and well-being: targeted primary health care across the life course’ (2021) 22 *Primary Health Care Research & Development*; Kim Usher et al, ‘Indigenous resilience in Australia: A scoping review using a reflective decolonizing collective dialogue’ (2021) 9 *Frontiers in Public Health*.

56. Transcript of Associate Professor Graham Gee, 14 June 2024, 64 [8]–[9].

57. Transcript of Dr Bill Pascoe, 26 March 2024, 50 [1]–[2].

58. This quote is from a VACCHO staff member who wished to remain anonymous: Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Justice), 5.

59. Wamba Wemba Aboriginal Corporation, Submission 349 (Land, Sky, Waters), 14.

60. Transcript of Sheree Lowe, 14 June 2024, 69 [37]–[43].

61. Associate Professor Gregory Phillips, Submission 580, 4, citing Gregory Phillips, *Addictions and Healing in Aboriginal Country* (Aboriginal Studies Press, 2003).

62. Bunjilwarra Male Youth Group, Submission 329, 9.

63. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 19 [76]; Witness Statement of Minister Vicki Ward MP, 27 March 2024, 2 [iv].

64. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 2 [3]; Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 49 [268].

65. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 2 [5]–[10].

66. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 49 [268].

67. Witness Outline of Karinda Taylor, 8 December 2022, 1 [2]; Transcript of Dr Jacyntha Krakouer, 8 December 2022, 227 [48]–228 [2]; Djirra, Submission 348 (Land, Sky, Waters), 13; Anonymous 451, Submission 451, 7; Anonymous 559, Submission 559, 1; Anonymous 911, Submission 911, 1; Suzanne Coates, Submission 576, 1; Zach Smith, Submission 665 ([Video Submission](#)), 3; Keicha Day, Submission 379, 9–10.

68. Djirra, Submission 411 (Education, Health and Housing), 17.

69. For example, see Paola Balla et al, “Don’t let anybody ever put you down culturally it’s not good ...”: Creating spaces for Blak women’s healing (2022) 70(3–4) *American Journal of Community Psychology*, 352–364; Lowitja Institute, [Culture is Key: Towards cultural determinants-driven health policy](#) (Report, 2020); Jessica K Weir, Claire Stacey Kara Youngeotob, [The benefits associated with caring for country: Literature review](#) (AIATSIS, 2011); Kingsley et al “If the land is healthy ... it makes the people healthy”: The relationship between caring for Country and health for the Yorta Yorta Nation, Boonwurrung and Bangerang Tribes (2009) *Health & Place*, 15(1), 291–299.

70. Victorian Agency for Health Information, ‘[The health and wellbeing of Aboriginal Victorians: findings from the Victorian Population Health Survey 2017](#)’ (Webpage, 2019).

71. See also Djirra, Submission 348 (Land, Sky, Waters), 17; Federation Victorian Traditional Owners Corporation, Submission 376 (Land, Sky, Waters), 19; Zach Smith, Submission 665 ([Video Submission](#)), 3.

72. Victorian Aboriginal Legal Service, Submission 339 (Land, Sky, Waters), 15.

73. Lowitja Institute, Submission 30 (Criminal Justice), 8. See also Djirra, Submission 411 (Health, Education, Housing), 17, citing Lowitja Institute, [Journeys to Healing and Strong Wellbeing: Final Report](#) (Report, 2018).

74. Chapter 7: How colonisers stole Country explores how First Peoples have been separated from Country and culture, and Chapter 8: Impacts of Country being stolen explores some of the impacts.

75. Aunty N’arweet Carolyn Briggs, Submission 402 ([‘N’arweet Carolyn Briggs](#)’); Aunty Diane Kerr, Submission 23 ([‘Wurundjeri Barrarrook’ video](#)); Transcript of Professor Raymond Lovett, 28 May 2024, 12.

76. Aunty Diane Kerr, Submission 23 ([‘Wurundjeri Barrarrook’ video](#)).

77. Aunty Diane Kerr, Submission 23 ([‘Wurundjeri Barrarrook’ video](#)).

78. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 72.

79. See for example, Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 60 [42]–[47]; Transcript of Aunty Hazel Hudson, 7 December 2022, 147 [5]–[20].

80. Transcript of Donna, Tina, Joanne and Sonny Wright, 1 March 2023, 34 [30]–35 [20].

81. Transcript of Donna, Tina, Joanne and Sonny Wright, 1 March 2023, 34 [30]–35 [20].

82. Transcript of Donna, Tina, Joanne and Sonny Wright, 1 March 2023, 34 [30]–35 [20].

83. For example, Katherine Thurber et al, ‘[Prevalence of Everyday Discrimination and Relation with Wellbeing among Aboriginal and Torres Strait Islander Adults in Australia](#)’ (2021) 18(12) *International Journal of Environmental Research and Public Health*; D M Macedo et al, ‘Effects of Racism on the Socio-Emotional Wellbeing of Aboriginal Australian Children’ (2019) 18(1) *International Journal For Equity In Health*; Yin Paradies, ‘A Systematic Review of Empirical Research on Self-reported Racism and Health’ (2006) 35(4) *International Journal of Epidemiology* 888; Ann Larson et al ‘It’s enough to make you sick: the impact of racism on the health of Aboriginal Australians’ (2007) 31(4) *Australian And New Zealand Journal Of Public Health*, 322–329; Naomi Priest et al, ‘Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth’ (2011) 194(10) *Medical Journal of Australia*, 546–550; Naomi Priest et al, ‘Racism and health among urban Aboriginal young people’ (2011) *BMC Public Health*, 11, 1–9

84. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 80; First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 18–9; Transcript of Associate Professor Graham Gee, 14 June 2024, 56 [21]–[30].

85. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 24, citing Pat Dudgeon, Abigail Bray and Roz Walker, ‘Mitigating the impacts of racism on Indigenous wellbeing through human rights, legislative and health policy reform’ (2023) 218(5) *Medical Journal of Australia*, 203–5; William Dressler, Kathryn Oths, and Clarence Gravlee, ‘Race and Ethnicity in Public Health Research: Models to Explain Health Disparities’ (2005) 34 *Annual Review of Anthropology*, 231–52; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 69 [11]–[24].

86. Transcript of Associate Professor Graham Gee, 14 June 2024, 46 [25].

87. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health, Housing), 80.

88. For example, Alison Markwick and colleagues found that: ‘Perceived racism explained 34% of the gap in self-reported health status between Aboriginal and non-Aboriginal Victorians, followed by: smoking (32%)’: See Alison Markwick, Zahid Ansari, Darren Clinch, John McNeil, ‘Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: a cross-sectional population based study’ (2019) 7 (1) *SSM-Population Health*, 1, 5; See also Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 1.

89. Kathleen Thurber et al, ‘Prevalence of everyday discrimination and relation with wellbeing among Aboriginal and Torres Strait Islander adults in Australia’ (2021) 18(22) *International Journal Of Environmental Research And Public Health*, 6577.

90. Transcript of Professor Raymond Lovett, 28 May 2024, 14; Kathleen Thurber et al ‘Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study’ (2022) *The Lancet*.

91. See e.g. Transcript of Nerita Waight, 27 May 2024, 16 [14]–[26]; Transcript of Uncle Lionel Bamblett, 4 June 2024, 50 [41]–[45]; Transcript of Antoinette Gentile, 14 June 2024, 77 [7]–[20]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 14; Anonymous 323, Submission 323, 2.

See also Chapter 37: Political life.

92. Yoorrook notes that since October 2023, Ingrid Stitt has been Minister for Mental Health, Minister for Ageing, and Minister for Multicultural Affairs.

93. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 6 [23]; Transcript of Minister Ingrid Stitt MP, 17 June 2024, 89 [10]–[15].

94. Transcript of Rueben Berg, 28 May 2024, Co-Chair of the First Peoples’ Assembly of Victoria, 72 [42]–73 [18]. See also [a brief video of Rueben Berg’s evidence](#) on the Yoorrook website.

95. All data presented in this section are Victorian. Victoria does not provide data to the AIHW or Australian Bureau of Statistics (ABS) on a number of key measurements, including incident rates of cancer, cardiovascular and respiratory diseases, high blood pressure, and mortality beyond rates of hospitalisations. ‘National incidence rates’ on these topics are also exclusive of Victorian data. Therefore, these have been omitted.

96. See, for example, Australian Government, *Closing the Gap Report* (2020); Australian Institute of Health and Welfare, *Australian Burden of Disease Study Impact and causes of illness and death in Aboriginal and Torres Strait Islander people* (Summary Report, 2021), 1; Department of Health, ‘[Aboriginal and Torres Strait Islander Victorians](#)’ (Webpage, 2023); Department of Health and Human Services, *Korin Korin Balit Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027* (August 2017), 14.

97. Alison Markwick et al, ‘Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: a cross-sectional population based study’ (2019) 7 *SSM-Population Health*, 3.

98. Alison Markwick et al, ‘Inequalities in the social determinants of health of Aboriginal and Torres Strait Islander people: a cross-sectional population-based study in the Australian state of Victoria’ (2014) 13 *International Journal for Equity in Health*, 91–103.

99. Australian Bureau of Statistics, ‘[National Aboriginal and Torres Strait Islander Health Survey 2022–2023](#)’, [Tables 2–4 Selected health characteristics, by remoteness, state and territory, sex and Indigenous status](#), Table 3.3 (Data Download, 2024).

100. Cancer Council Victoria, ‘Cancer statistics and trends for Aboriginal Victorians’, Figure 5 (Webpage, 2022).

101. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘[Tier 1 – Health status and outcomes 1.09 Diabetes](#)’, Figure 1.09.3 (Webpage, 2023), citing AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19 and National Health Survey 2017–18, Table D1.09.2.

102. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 110, citing Report on Government Services 2024.

103. Productivity Commission, ‘[Report on Government Services 2024](#)’, E Health; [10. Primary and Community Health](#)’, Table 10.A66 (Data Download, 2024).

104. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘Tier 1 Health Status and Outcomes 1.02 Top reasons for hospitalisation’ (Webpage, 2023).

105. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘Tier 1 Health Status and Outcomes 1.02 Top reasons for hospitalisation’, [Data tables: 1.02 Top reasons for hospitalisation](#), Table D1.02.1 (Data Download, 2023).

106. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘Tier 1 Health Status and Outcomes 1.02 Top reasons for hospitalisation’, Table D1.02.5 (Data Download, 2023).

107. As at 2020–22, the life expectancy gap between First Peoples and non-First Peoples was 8.8 years for males and 8.1 years for females. See Productivity Commission, [Figure CtG1.1 Difference in estimated life expectancy for Aboriginal and Torres Strait Islander children and non-Indigenous children at birth](#), Closing the Gap data dashboard (Dashboard, 2024).

108. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘[1.19 Life expectancy at birth](#)’ [1.19 Life expectancy at birth](#) (Webpage 21 May 2024).

109. Commonwealth Government, ‘[Closing the Gap](#)’, Closing the gap targets and outcomes (Webpage).

110. Australian Productivity Commission, ‘[Socio-economic outcome area 1: Aboriginal and Torres Strait Islander people enjoy long and health lives](#)’ (Webpage).

111. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 34–35 [202]–[204].

112. Yoorrook acknowledges that the Australian Bureau of Statistics (ABS) has previously determined that statistically reliable life expectancy estimates cannot be produced for First Peoples in Victoria and the Victorian Agency for Health Information is working with the Registry of Births Deaths and Marriages to be able to provide these data in the future; see Witness Statement of Mary Anne Thomas MP 14 June 2024, 34 [202]–[204].

113. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 58.

114. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 28; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 10, 58–59.

115. Transcript of roundtable with Wurundjeri Woi-wurrung Cultural Heritage Aboriginal Corporation, 10 November 2023, 23. See also Transcript of roundtable with Nindi-Ngujarn Ngarigo Monero, 13 November 2023 (Part 1), 13.

116. Witness Outline of Uncle Ross Morgan, 5 March 2023, 3 [24].

117. Witness Outline of Uncle Ross Morgan, 5 March 2023, 1 [6].

118. Transcript of Uncle Michael ‘Mookeye’ Bell, 25 March 2024, 6 [36]–[38].

119. Uncle Dennis Fisher, Submission 560, 6.

120. Witness Outline of Dr Aunty Vicki Couzens, 28 March 2024, 9 [78].

121. Victorian Aboriginal Legal Service, Submission 339 (Land, Sky, Waters), 22.

122. See also Witness Statement of Aunty Alma Thorpe, 4 May 2022, 21 [128]–[129]; Meryle Maxwell, Submission 12, 1.

123. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 20.

124. See also Witness Outline of Karinda Taylor, 8 December 2022, 4 [VI]–5 [VII].

125. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 29–33.

126. Birthweight ‘is a key indicator of infant health and a principal determinant of a baby’s chance of survival and good health’: Australian Institute of Health and Welfare, [‘Health of mothers and babies’](#) (Webpage, 23 November 2023). See also Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 9, citing survey conducted by the Victorian Agency for Health Information; Safe Care Victoria, Victoria’s Mothers, [Babies and Children 2020](#) (Report, 2022).

127. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 18, citing Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander mothers and babies (2023).

128. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 13.

129. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 13.

130. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 13.

131. Catherine Chamberlain, Graham Gee, Stephanie Janne Brown, Judith Atkinson, Helen Herrman, Deirdre Gartland, Karen Glover, Yvonne Clark, Sandra Campbell, Fiona Mensah, Caroline Atkinson, Sue Brennan, Helen McLachlan, Tanja Hirvonen, Danielle Dyall, Naomi Ralph, Stacey Hokke, Jan Nicholson, [‘Healing the Past by Nurturing the Future—co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study’](#) (2019) 9(6) *BMJ Open*, 2 (citations omitted).

132. Catherine Chamberlain et al, [‘Healing the Past by Nurturing the Future—co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study’](#) (2019) 9(6) *BMJ Open*, 2.

133. Catherine Chamberlain et al, [‘Healing the Past by Nurturing the Future—co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study’](#) (2019) 9(6) *BMJ Open*, 2.

134. Transcript of Lisa Briggs, 27 May 2024, 20 [10]–[25].

135. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 14.

136. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 14.

137. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 14.

138. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 13.

139. Transcript of Sheree Lowe, 27 May 2024, 52 [25]–[30].

140. Djirra, Submission 348 (Land, Sky, Waters), 16.

141. Transcript of roundtable with Gunaikurnai Land and Water Aboriginal Corporation, 30 November 2023 (Part 3), 22.

142. Transcript of roundtable with Gunaikurnai Land and Water Aboriginal Corporation, 30 November 2023 (Part 3), 22.

143. Wamba Wemba Aboriginal Corporation, Submission 349 (Land, Sky, Waters), 13; Djirra, Submission 348 (Land, Sky, Waters), 14; Paolo Balla et al, “‘Don’t let anybody ever put you down culturally it’s not good ...’”: Creating spaces for Blak women’s healing’ (2022) 70(3–4), *American Journal of Community Psychology*, 352–364.

144. Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection, Criminal Injustice), 14.

145. Site Visit Summary – Western Health Galinjera Maternity Program, 15 March 2024; Site Visit Summary – Mercy Hospital Nangnak Baban Murrup Maternity Group Practice, 15 March 2024.

146. Site Visit Summary – Western Health Galinjera Maternity Program, 15 March 2024; Site Visit Summary – Mercy Hospital Nangnak Baban Murrup Maternity Group Practice, 15 March 2024.

147. The following case study was provided by the Western Health, Galinjera Maternity Program team. See also Site Visit Summary – Western Health Galinjera Maternity Program, 15 March 2024.

148. Western Health, Galinjera Maternity Program team

149. Victorian Alcohol and Drug Association, Submission 458 (Literature review of the Alcohol and other Drug (AOD) sector), 10, citing Australian Institute of Health and Welfare, Alcohol and other drug treatment services in Australia: Annual report (state and territory summaries: Victoria).

150. Victorian Alcohol and Drug Association, Submission 458 (AOD Literature Review), 10.

151. Victorian Alcohol and Drug Association, Submission 458 (AOD Literature Review), 10; AIHW, [‘Alcohol, tobacco & other drugs in Australia’](#) (Webpage, 25 February 2015), citing the AIHW National Drug Strategy Household Survey (NDSHS) 2022–23 (2024c Table 10.1); Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, [‘Tier 2 – Determinants of health: 2.16 Risky alcohol consumption’](#) (Webpage); Dennis Gray et al, [‘Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people’](#) (2018) 18(1) *Australian Indigenous Health Bulletin*, 7.

152. AIHW, [‘First Nations people’s use of alcohol, tobacco, e-cigarettes and other drugs’](#) (Webpage, 29 February 2024), citing the AIHW National Drug Strategy Household Survey (NDSHS) 2022–[2023

153. Victorian Alcohol and Drug Association, Submission 458 (AOD Literature Review), 10; Jacynta Krakouer, Melissa Savaglio, Karinda Taylor, and Helen Skouteris, [‘Community-based models of alcohol and other drug supports for First Nations Peoples in Australia: A systematic review’](#) (2022) 41(6) *Drug and Alcohol Review*, 1418–1427; Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, [‘Tier 2 – Determinants of health: 2.16 Risky alcohol consumption’](#) (Webpage); Dennis Gray et al, [‘Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people’](#) (2018) 18(1) *Australian Indigenous Health Bulletin*, 7.

154. Victorian Alcohol and Drug Association, Submission 458 (AOD Literature review), 2; Witness Statement of Aunty Alma Thorpe, 3 May 2022, 15 [89]; Kirrae Clarke, Submission 575, 1.

155. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 18.

156. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 14 [77], 15 [89], 26 [158], 33 [211].

157. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Educating, Housing), 24, citing Elizabeth Pascoe and Laura Smart Richman, [‘Perceived discrimination and health: A meta-analytic review’](#) (2009) 135(4), *Psychological Bulletin*, 531–554.

158. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 18.

159. Victorian Alcohol and Drug Association, Submission 458 (AOD Literature Review), 2. See also Elizabeth Dale et al, ‘A Delphi yarn: Applying Indigenous knowledges to enhance the cultural utility of SMART Recovery Australia’ (2020) 16(2) *Addiction Science & Clinical Practice*; Dennis Gray et al, [‘Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people’](#) (2018) 18(1) *Australian Indigenous Health Bulletin*, 7.

160. Anita Mobourne, Submission 297, 76–77.

161. Witness Outline of Uncle Ross Morgan, 6 March 2023, 3 [22]–[24].

162. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 15 [89].

163. Transcript of Aunty Tina Wright, 1 March 2023, 19 [44]–[49].

164. Anita Mobourne, Submission 297, 94–95.

165. Witness Statement of Aunty Alma Thorpe, 3 May 2022, 25–26 [153]–[157].

166. Witness Statement of Aunty Alma Thorpe, 4 May 2022, 26 [158]–[160].

167. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 4 [14].

168. Transcript of Aunty Tina Wright, 1 March 2023, 19 [44]–[49].

169. Witness Outline of Uncle Ross Morgan, 6 March 2023, 3 [25]–[26].

170. Witness Outline of Uncle Ross Morgan, 6 March 2023, 3 [22]–[24].

171. Bunjilwarra Male Youth Group, Submission 329, 6–7.

172. Royal Australian College of General Practitioners, Submission 439, 2. See also SAFeST Start Coalition, Submission 40, 10–12, citing Jacynta Krakouer, [‘Journeys of connecting: Understanding cultural connection for First Nations children and young people in out-of-home care in Victoria, Australia’](#) (PhD Thesis, University of Melbourne, 2022), 42–45.

173. Witness Outline of Aunty Vickie Roach, 12 December 2022, 8 [VII]. See also Vickie Roach, [‘The System Is Not Failing. It is Working to Harm First Nations People’](#) (2022) 301(2) *Journal of Prisoners on Prisons*; Vickie Roach, [‘Judge not-lest ye be judged’](#) (2008) 33(1) *Alternative Law Journal*, 2–4. See also

Submissions to the 2021 Inquiry into the use of cannabis in Victoria including from [Victoria Legal Aid](#), [Victorian Aboriginal Legal Service](#), [Victorian Alcohol and Drug Association](#).

174. Submission of Victorian Alcohol and Drug Association, Submission 458 (Interview with Andrew Morrison, Your Community Health), 4.

175. Summary of site visit to Ngwala Willumbong, 9 February 2024; Victorian Alcohol and Drug Association, Submission 458 (Literature review of AOD system), 26; Submission of Victorian Alcohol and Drug Association, Submission 458 (Interview with Nayuka Hood, Uniting), 11.

176. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024.

177. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024. See also Ngwala Willumbong Aboriginal Corporation, [‘Home’](#) (Webpage).

178. Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024; Bunjilwarra Male Youth Group, Submission 329, 15.

179. Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024.

180. Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024; Koorie Youth Council, Submission 95, 18; Victorian Alcohol and Drug Association, Submission 458 (Literature review of AOD system), 16–17.

181. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024, 1; Witness Statement of Minister Ingrid Stitt MP, 17 June 2024, 48 [272].

182. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024, 1; Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024.

183. Victorian Alcohol and Drug Association, Submission 458 (Literature review of AOD system), 5, 18, 21; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 74; Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 3, 9.

184. Victorian Alcohol and Drug Association, Submission 458 (Literature review of AOD system); 12; Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 3, 9; Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024; Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024; Bunjilwarra Male Youth Group, Submission 329, 16–21; Koorie Youth Council, Submission 95, 18; Transcript of Aunty Dr Jill Gallagher, 6 December 2022, 123 [48]–124 [17]; Mungabareena Aboriginal Corporation, Submission 995 (Community Group 1), 10; Mungabareena Aboriginal Corporation, Submission 995 (Community Group 2), 7–9.

185. Alison Markwick, Submission 394 (Thesis, [‘Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health’](#)), 144–145, citing Victorian Population Health Survey.

186. Dr Alison Markwick, Submission 394 (Thesis, [‘Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health’](#)), 144–145, citing Victorian Population Health Survey.

187. Dr Alison Markwick, Submission 394 (Thesis, [‘Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health’](#)), 145; Human Rights Law Centre, Submission 60, 5.

188. Dr Alison Markwick, Submission 394 (Thesis, [‘Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health’](#)), 145, citing Derek Headey and Harold Alderman, ‘The relative caloric prices of healthy and unhealthy foods differ systematically across income levels and continents’ (2019) 149(11) *Journal of Nutrition*.

189. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 46, citing Victorian Population Health Survey data.

190. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 46, citing Victorian Population Health Survey data.

191. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 146–148, citing Emily Morgan and Tony Worsley, ‘Expert perspectives on fruit and vegetable consumption in Australia’ (2011) 26(1) *American Journal of Health Promotion* 10–13. See also Amanda Lee and Nicole Turner, ‘[We can close the Indigenous nutrition gap – here’s how](#)’ (Webpage, 16 February 2016); Human Rights Law Centre, Submission 60, 5; SAFeST Start Coalition, Submission 40, 12.

192. Dr Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 134, citing Gemma Carey, ‘Re-Conceptualising Public Health Interventions in Government: A Response to Recent Commentaries’ (2016) 5(9) *International Journal of Health Policy and Management* 569–70.

193. Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 147.

194. Denise Sweet, Submission 90, 17. See also Pay the Rent, ‘[For Mob: Community Initiatives](#)’ (Webpage); Mutual Aid, ‘[Indigenous Mutual Aid](#)’ (Webpage).

195. Denise Sweet, Submission 90, 17. See also Murray et al, ‘[Sharing the tracks to good tucker: identifying the benefits and challenges of implementing community food programs for Aboriginal communities in Victoria](#)’ (2014) 20(4) *Australian Journal of Primary Health*, 373–378.

196. National Aboriginal Community Controlled Health Organisation, [Submission to House of Representatives Standing Committee on Agriculture, Inquiry into Food Security in Australia](#) (December 2022).

197. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 32.

198. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 11.

199. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 11.

200. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 11.

201. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024, 3.

202. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024, 3.

203. Australian Bureau of Statistics, ‘[Victoria 2016 Census Aboriginal and/or Torres Strait Islander people QuickStats](#)’ (Webpage, 2017); Australian Bureau of Statistics, ‘[Victoria 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats](#)’ (Webpage, 2022).

204. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 75.

205. Australia, *Royal Commission, Aged Care Quality and Safety* (Final Report, Executive Summary, 2021), 67. See also First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 32.

206. Australia, *Royal Commission, Aged Care Quality and Safety* (Final Report, Executive Summary, 2021), 67.

207. Site Visit Summary – Aboriginal Community Elders Service site visit, 19 February 2024; Aboriginal Community Elders Service Inc, ‘[Programs](#)’ (Webpage); Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 31.

208. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024, 2.

209. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024, 2.

210. Yoorrook notes that since October 2023, Ingrid Stitt has been Minister for Mental Health, Minister for Ageing, and Minister for Multicultural Affairs.

211. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 3 [10].

212. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 75.

213. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 75. Transcript of Lisa Briggs, 27 May 2024, 40 [43]–41 [13]; HB7 Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 50 [285].

214. Rumbalara Aboriginal Co-operative, ‘[Services](#)’ (Webpage); Transcript of Felicia Dean, 7 December 2022, 147 [48]–148 [12]; Site Visit Summary – Rumbalara Elders Facility Site Visit, 31 January 2024.

215. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 75.

216. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024, 2.

217. Transcript of Lisa Briggs, 27 May 2024, 41 [6].

218. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 29 [187].

219. Site Visit Summary – Aboriginal Community Elders Service (ACES) Site Visit, 19 February 2024, 5.

220. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 11 [61].

221. See Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [167]–[174]; Uncle Jim Berg, Submission 464 ([Video Submission](#)).

222. Witness Outline of Donna, Tina, Joanne and Sonny Wright, 14 February 2023, 3 [16]; Transcript of Aunty Charmaine Clarke, 7 December 2022, 217 [46]–[49]; Transcript of Uncle Robbie Thorpe (Djuran Bunjilinee), 27 March 2024, 55 [31]–[33]; Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [167].

223. Witness Exhibit, ‘[Life Story of Edna Brown](#)’; Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [168].

224. Jim Berg, ‘This is my journey’ in Shannon Faulkhead and Jim Berg (eds), *Power and the Passion: Our Ancestors Return Home* (Museums Victoria Publishing, 2022), 5.

225. Jim Berg, ‘This is my journey’ in Shannon Faulkhead and Jim Berg (eds), *Power and the Passion: Our Ancestors Return Home* (Museums Victoria Publishing, 2022), 5.

226. Transcript of Uncle Gary Murray, 26 April 2024, 25 [44]–[45]; Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [171]; Jim Berg, ‘This is my journey’ in Shannon Faulkhead and Jim Berg (eds), *Power and the Passion: Our Ancestors Return Home* (Museums Victoria Publishing, 2022), 7; First Peoples State Relations, ‘[Glen Peters](#)’, *Aboriginal Honour Roll inductees* (Webpage, 26 September 2019).

227. Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 27 [174].

228. Weeroona Aboriginal Cemetery ‘[Weeroona Cemetery: Final Resting Place for Aboriginal Community Members](#)’ (Webpage, 2022).

229. Jim Berg, ‘This is my journey’ in Shannon Faulkhead and Jim Berg (eds), *Power and the Passion: Our Ancestors Return Home* (Museums Victoria Publishing, 2022), 4.

230. Transcript of roundtable with Loddon Mallee Aboriginal Reference Group (LMARG), 8 March 2024, 25.

231. Transcript of Uncle Gary Murray, 26 April 2024, 44 [46]–45 [13].

232. Transcript of Uncle Gary Murray, 26 April 2024, 44 [47]–45 [2].

233. Consumer Action Law Centre, Submission 1433.

234. Consumer Action Law Centre, Submission 1433, 11–12, 32–33.

The insurance provider Aboriginal Community Benefit Fund (ACBF)/Youpla collapsed in March 2022. Benefits programs have been established since to support the families of fund members to conduct sorry business, however more should be done to ensure ‘that similar predatory businesses offering policies targeting First Nations consumers are forced out of the market, and also that ensuring culturally appropriate, safe and low-cost product options are available for First Nations people who want to be able to put money away to cover the costs associated with Sorry Business.’: Consumer Action Law Centre, Submission 1433, 33.

235. Aboriginal Advancement League ‘[Victorian Aboriginal Funeral Service](#)’ (Webpage, [currently down for maintenance]).

236. Transcript of Ian Hamm, 8 December 2022, 257 [29]–[50].

237. Transcript of roundtable with Loddon Mallee Aboriginal Reference Group (LMARG), 8 March 2024, 25–26; Transcript of Uncle Gary Murray, 26 April 2024, 44 [46]–45 [13]; Consumer Action Law Centre, Submission 1433.

238. Transcript of roundtable with Loddon Mallee Aboriginal Reference Group (LMARG), 8 March 2024, 25–26.

239. Uncle Dennis Fisher, Submission 560, 5.

240. Aboriginal Health and Wellbeing Partnership Forum (AHWPF), [Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023–2025](#) (Strategy, May 2023), 7.

Chapter 29: Mental health and social and emotional wellbeing

Introduction	115
What Yoorrook heard	118
Victorian First Peoples' experiences of social and emotional wellbeing	118
Current mental health inequities and mental health service delivery	122
The State's response to the Royal Commission into Victoria's Mental Health System	127
Mental health system injustices and impacts	130
The way forward	138
Recommendations	140

[A]n emergency-led response to mental health crisis has been traumatic and harmful for many First Peoples and has led to significant other consequences including over-involvement of the justice system in the lives of First Peoples needing mental health support.¹

DEPUTY SECRETARY KATHERINE WHETTON

Please be aware that this chapter discusses sensitive content including discussion of self-harm and suicide, intergenerational trauma, abuse and deaths within institutions, and child removal.

The chapter draws on external statistics including data about people who have passed away – Yoorrook recognises that each statistic represents a person, with a family who is grieving their loss.

This chapter contains stories and mention of First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you. Please see the support resources at [Keeping You Safe & Strong – Yoorrook Justice Commission](#).

Introduction

First Peoples in Victoria face profound mental health inequities and ongoing systemic injustices in the mental health system, resulting from both historical and contemporary failures of the State. Yoorrook received an immense volume of evidence detailing the mental health and social and emotional wellbeing (SEWB) experiences of First Peoples. Available external data, though limited, highlights these inequities, including experiences of mental health challenges, and psychological distress, self-harm and deaths by suicide, high rates of mental health hospitalisations, and compulsory assessment or treatment orders. Of concern, is the indication from this data that mental health outcomes for First Peoples in Victoria may be worsening, not improving.

The mental health system is failing to address the needs of First Peoples. The limitations of the Victorian mental health system in addressing the needs of all Victorians are longstanding, well documented and persistent, despite numerous inquiries and recommendations for reform. In recognising the enduring and systemic issues, the Victorian Government established the Royal Commission into Victoria's Mental Health System in 2019.² The Royal Commission into Victoria's Mental Health System made nine recommendations in its interim report and 65 recommendations in its final report, with Recommendation 33 *Supporting Aboriginal Social and Emotional Well-being* being particularly relevant to First Peoples. This recommendation called for mental health services that are culturally safe, and trauma informed, and for Aboriginal organisations to be involved in delivering mental health services. First Peoples organisations and the Aboriginal community controlled sector have long called for Aboriginal-led mental health and SEWB services.³

One of the State's responses to the Royal Commission into Victoria's Mental Health System was legislating the *Mental Health and Wellbeing Act 2022* (Vic) ('MHWB Act'). The MHWB Act includes a cultural safety principle that requires mental health and wellbeing service providers to provide culturally safe and responsive treatment and care to First Peoples. This treatment and care must be appropriate to, and consistent with First Peoples cultural and spiritual beliefs and practices. Despite these legislative reforms, the evidence presented to Yoorrook highlighted ongoing weaknesses in the current legislative and policy framework that negatively impact First Peoples. This chapter examines systemic failures and injustices relating to First Peoples' mental health and SEWB, including discriminatory practices, inadequate cultural safety and barriers to accessing appropriate care.

KEY EXTERNAL DATA ON MENTAL HEALTH EXPERIENCES

Psychological Distress: First Peoples in Victoria are 1.5 times more likely to report ‘high’ or ‘very high’ levels of psychological distress than non-First Peoples.⁴ In 2022, 35 per cent of all First Peoples in Victoria reported ‘high’ or ‘very high’ levels of psychological distress.⁵

Anxiety and Depression: In 2017, 38.3 per cent of First Peoples adults in Victoria reported being diagnosed with depression or anxiety,⁶ compared to 27.3 per cent for non-Indigenous people.⁷

Mental-health related hospitalisation: First Peoples in Victoria were hospitalised for mental health-related conditions at nearly double the rate (32.3 per cent) of non-Indigenous people (16.6 per cent) (between July 2017 and June 2019).⁸ The rate of hospitalisation of First Peoples adults for mental health conditions in Victoria increased by 87 per cent between 2006–07 and 2018–19.⁹

In-patient Mental Health Service use: First Peoples represent 3.5 per cent of admissions to Victorian mental health services.¹⁰ First Peoples represent 5.3 per cent of people who are secluded and 4.6 per cent of people who are restrained in Victorian facilities.¹¹

Compulsory Treatment: Over the past five years in Victoria, 21.3 per cent of all admitted First Peoples clients had at least one compulsory assessment or treatment order¹² compared to 18.9 per cent for Victorian non-First Peoples clients.¹³

Suicide: Data from the Coroners Court of Victoria indicates that between 2018 and 2023:

- First Peoples made up an average of 3.1% of people who were suspected or confirmed to have died by suicide.
- the average annual crude rate¹⁴ of death by suicide was nearly three times as high among First Peoples compared with non-Indigenous people (28.4 and 10.8 per 100,000 population, respectively).¹⁵

The delivery of mental health and social and emotional wellbeing care

Support and care for people experiencing challenges with their mental health and SEWB is delivered through a variety of services. These are funded by different entities, including Commonwealth and State Government, individuals and private health insurers.¹⁶

The Commonwealth government provides funding for services, supports and subsidises medications via:¹⁷

- the Medicare Benefits Schedule (MBS)
- the Pharmaceutical Benefits Scheme (PBS)
- Primary Health Networks
- National Disability Insurance Scheme (NDIS)

In Victoria, mental health services include area-based services and statewide specialised services.¹⁸ Area-based services are funded by the State to deliver community-based and inpatient care for children and adolescents, adults and older adults.¹⁹ Statewide and specialist mental health services are delivered in the community and in hospitals by government, non-government and private organisations.²⁰ A summary of the range of supports and services delivered by these services is outlined in Table 29.1.

Table 29.1: The public mental health system in Victoria²¹

Area-based clinical services*	
Child and adolescent services/child and youth services**	• acute inpatient services
	• autism assessment
	• consultation and liaison psychiatry
	• continuing care
	• day programs
	• intensive mobile youth outreach services
Adult services	• school-based early intervention programs
	• acute community intervention services
	• acute inpatient services
	• psychiatric assessment and planning units
	• secure extended care and inpatient services
	• continuing care
	• consultation and liaison psychiatry
	• community care units
	• prevention and recovery care (PARC)
	• early psychosis (18–25 years)
Aged services (65+ years)	• youth PARC (18–25 years)
	• acute inpatient services
	• aged mental health bed-based services
Statewide specialist services	• aged mental health community teams
	• Aboriginal services
	• brain disorder services
	• dual diagnosis services
	• dual disability services
	• eating disorder services
	• mother and baby services
	• neuropsychiatry
	• personality disorder services
	• torture and trauma counselling
	• Victorian Institute of Forensic Mental Health (Forensicare)
	• Victorian Transcultural Mental Health Transition support units

* Delivery of activities varies between areas. Some services have separate teams for the various activities; others operate ‘integrated teams’ that perform a number of different functions.

** Service models for children and young people vary across the state. Some areas have child and adolescent mental health services (0–18 years); some have child and youth mental health services (0–25 years); and others have specific services for adolescents (12–18 years) or youth (18–24 years).

What Yoorrook heard

Victorian First Peoples’ experiences of social and emotional wellbeing

For First Peoples, concepts of health and wellbeing are holistic and extend beyond the physical health of the individual to consider the social, emotional, cultural and spiritual dimensions of health and wellbeing of individuals, families and communities.²² For example, the concept of SEWB is a multidimensional concept that is broader and more holistic when compared with clinical mental health outcomes or mental health experiences among non-First Peoples (see also Chapter 26: First Peoples and the Victorian health system).²³ SEWB includes mental health but also includes broader domains of health and wellbeing including connection to Country, community and culture.²⁴ Ngaweeyan Maar-oo explained that the concept of SEWB ‘captures the way in which [First Peoples] view the need for many elements to be balanced at a community and individual level to achieve health and wellbeing’.²⁵

Yoorrook heard that colonisation has inflicted profound harm on First Peoples and their SEWB.²⁶ The intergenerational impacts of historical violence, such as the Stolen Generations and ongoing child removal, are determinants that were discussed by First Peoples as particularly impactful for their SEWB.²⁷ Intergenerational trauma echoes through generations and impacts the lives of many First Peoples.²⁸

In a submission from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), an anonymous VACCHO staff member explained:

These traumas dampen our spirit. They negatively impact our social and emotional wellbeing (SEWB), our mental health, and our sense of self-worth ... These traumas do not simply disappear as the sun sets on those directly brutalised over the last two centuries. They stay with us ... These are collective traumas that are expressly felt by us all.²⁹

ANONYMOUS CONTRIBUTION, VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

VACCHO told Yoorrook about the importance of hope for SEWB in First Peoples.³⁰ While hope can enable resilience, the lack of hope ‘[signifies] a pervasive sense of despair and resignation’.³¹ As VACCHO CEO Aunty Dr Jill Gallagher said, ‘The lack of hope ... it can kill you. It can destroy you.’³²

Hope ... represents the belief in the possibility of positive change, improvement, and a better future. It serves as a crucial motivator, influencing individual and collective resilience, well-being, and the pursuit of goals. In the context of Aboriginal and Torres Strait Islander communities, hope holds particular significance, as historical injustices, socio-economic disparities, and ongoing challenges have created complex and entrenched issues. The loss of hope within these communities can exacerbate social issues, hinder community cohesion, and contribute to mental health challenges. The concept of the loss of hope being generational can be understood through the transmission of trauma, socio-economic challenges, and the perpetuation of systemic inequalities over time. ³³

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

First Peoples’ resilience and healing

Yoorrook also heard stories of strength, resilience and healing (see also ‘First Peoples’ concepts of health, wellbeing and healing’ in Chapter 26: First Peoples and the Victorian health system). Yoorrook received evidence about First Peoples’ experiences of healing and the importance of cultural determinants of health, particularly connecting with Country, family and community, in supporting healing (see also ‘Cultural determinants’ in Chapter 28: Health inequities).

Culture is critical to health and wellbeing, and for healing. For example, a roundtable participant at Nimme-Caira Land and Water Aboriginal Corporation explained:

You can go to the river ... make a little fire and smoke yourself and talk to the water and just be – because that is the medicine ... that’s the hospital there. It’s not an actual building. It’s free for all. That’s the way it was made for us.³⁴

PARTICIPANT, NIMMIE-CAIRA LAND AND WATER ABORIGINAL CORPORATION ROUNDTABLE

Anonymous submissions to Yoorrook reflected on the importance of culture for health, wellbeing and healing:

Aboriginal culture for me is my backbone. It’s my strength.³⁵

ANONYMOUS 451

I was determined to be a good Mother and break the cycle. I never got hugs but I learned to hug my kids. I struggle to put my past behind me and deal with my mental health and trauma, I heal through my paintings ... I like to re-connect with culture by going home, visi[ti]ng family ... at the cemetery, and walking on land.³⁶

ANONYMOUS 205

Country is the centre of my being. Without Country I am lost.³⁷

ANONYMOUS 559

Yoorrook heard that Western mental health models do not align with First Peoples concepts of healing. For example, staff at VAHS explained: ‘the therapeutic models that are funded are very individualistic ... it doesn’t acknowledge collective healing or collective trauma and ways of healing’.³⁸ As outlined in Chapter 28: Health inequities, First Peoples are working to revive and revitalise culture which is helping the heal the next generation.³⁹ For example, Yoorrook heard about the revitalisation of Wurundjeri cultural practices and ceremonies.⁴⁰ Yoorrook also heard about the Blak women’s healing project led by Paola Balla (Wemba-Wemba, Gunditjmara).⁴¹ Through this project, women re-connect with culture including cultural practices like weaving, bush-dyeing, and Wayapa Wuurrk – a First Peoples meditation and storytelling approach similar to Dadirri.⁴²

Greater recognition of First Peoples’ healing, particularly through supporting cultural determinants is needed.⁴³ For example, in a submission to Yoorrook from VACCHO, an anonymous community member shared:

I had Western counselling and that has helped me. But the Western knowledge I had gained wasn't touching my spirit. Not healing me holistically. I began to immerse myself far more openly in cultural practises, it transformed me. And my Aunties told to keep that connection back to Country. To pick the gum leaves, keep the sandalwood oil to put on my body or have in my diffuser at home. I have dried leaves and rocks and dirt from the desert. They told me that then when I returned home, to go out bush in that Country. Connect with people so you can find local supports there as well. Find peace in that Country because healing is everywhere, I hear my Aunts say. I realised that it was more than just one element that I needed. To heal from my past, my trauma, and my grief. I realised that I needed to go and seek all those elements to help me feel normal again.⁴⁴

ANONYMOUS CONTRIBUTION, VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Social and emotional wellbeing and the delivery of care

First Peoples' holistic understandings of health, SEWB, and healing, are not reflected in the design and delivery of mainstream mental health services. The predominant models of mental health treatment in Western contexts are largely clinical and biomedical. They focus on diagnosing and treating mental illnesses through medication, psychotherapy and other clinical interventions, rather than focusing on the promotion of mental wellbeing or prevention of illness. These models often emphasise individual pathology and symptom management, with a strong reliance on practices derived from Western scientific methodologies that often do not meet the cultural needs of First Peoples. These approaches tend to compartmentalise mental health, treating it as separate from other aspects of a person's life and environment.⁴⁵

VACCHO is the peak body for Aboriginal Community Controlled Organisations (ACCOs) delivering health and wellbeing services in Victoria.⁴⁶ VACCHO explained:

A predominance in academic literature, of Western biomedical notions of defining, assessing, diagnosing, and treating mental health conditions greatly influence models of care in clinical settings, where Western treatment models are prioritised.⁴⁷

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Whilst Western concepts of health and wellbeing are prioritised in mainstream mental health delivery, First Peoples ways of knowing, being and doing are minimally recognised and implemented. As outlined above, First Peoples' concepts of SEWB are holistic and encompass a broader range of factors that contribute to wellbeing than are recognised in mainstream services. VACCHO told Yoorrook that despite this, there continues to be minimal recognition and resourcing for addressing the SEWB needs of First Peoples in mainstream services:

The Victorian Government has a multitude of frameworks, plans and strategies which talk about supporting Aboriginal ways of knowing, being and doing, however there remains inadequate recognition and minimal resourcing of the implementation of the Aboriginal SEWB model in service systems. The persistent minimising of the model and privilege of clinical Western medicine reveals systems-level stigma and discrimination.⁴⁸

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Western mental health services often do not meet the needs of First Peoples. The clinical and biomedical focus of mainstream mental health services often fails to address the cultural and social determinants of health that are crucial for First Peoples. For instance, VACCHO highlighted that mainstream services frequently overlook the protective role that culture and connection to Country have on First Peoples' SEWB.⁴⁹ This oversight can result in misdiagnosis and inappropriate treatment, as the cultural context and holistic needs of First Peoples are not adequately considered.⁵⁰

Minister for Mental Health the Hon Ingrid Stitt MP⁵¹ acknowledged that 'Western systems which preference clinical care do not go far enough in supporting First Peoples' holistic understanding of health and social and emotional wellbeing'.⁵² Minister Stitt also acknowledged that 'not enough is being done to provide culturally safe services across the system to support First Peoples across Victoria.'⁵³

The State acknowledged that the State's failure to incorporate First Peoples' holistic approaches to SEWB in the mental health system causes harm. For example, Deputy Secretary of the Mental Health and Wellbeing Division at the Department of Health, Katherine Whetton told Yoorrook:

The mainstream mental health care system in Victoria is based on colonial structures and Western models of care that do not embrace First Peoples' holistic approach to social and emotional wellbeing. As a result, the system has perpetuated harm against First Peoples in far too many cases. This is not just historical. I acknowledge that the Western system to this day does not appreciate First People's ways of Knowing, Being and Doing. This includes not understanding the First People's model of social and emotional wellbeing, which is grounded in connection to Country, Culture and Kinship and ancestry.⁵⁴

DEPUTY SECRETARY KATHERINE WHETTON

To better serve First Peoples communities, mental health services need to incorporate culturally informed understandings of SEWB. This includes recognising the importance of cultural identity, community connections and traditional practices in promoting mental health and SEWB. By integrating these elements, mental health services can become more responsive and effective for First Peoples, fostering environments where holistic healing and wellbeing are prioritised.⁵⁵

In addition to improving the design and delivery of mainstream mental health services, there is a critical need for ongoing investment in ACCOs⁵⁶ to provide SEWB care and support First Peoples' health and wellbeing. The Victorian Aboriginal Legal Service (VALS) highlighted the significant expertise and experience of ACCOs in SEWB and the provision of care to First Peoples:

Aboriginal Community Controlled Health Organisations (ACCHOs) are experts in Aboriginal SEWB and the provision of culturally safe and trauma-informed healthcare services.⁵⁷

VICTORIAN ABORIGINAL LEGAL SERVICE

To support overall health and wellbeing, a comprehensive approach that recognises the complex connections between physical, mental and emotional health is vital.⁵⁸ VACCHO explained that ACCOs deliver holistic healthcare that acknowledges the determinants of health and incorporates SEWB programs, community engagement and cultural practices.⁵⁹ VALS also called for continued support and investment in ACCOs to deliver SEWB care across Victoria.⁶⁰

Current mental health inequities and mental health service delivery

I acknowledge that not enough has been done to support the mental health and social and emotional wellbeing of First Peoples.⁶¹

MINISTER INGRID STITT MP

First Peoples in Victoria are over-represented in all available statistics relating to poor mental health outcomes, mental health hospitalisation and compulsory treatment. However, as VACCHO noted these data are limited, with significant and important data gaps relating to First Peoples outcomes.⁶² For example, the State currently does not provide comprehensive coverage of First Peoples suicide rates in Victoria's Closing the Gap Agreement reporting.⁶³ Relatedly, there has been a lack of broad engagement with First Peoples communities and organisations on the design and delivery of Victoria's Strategy towards the Elimination of Seclusion and Restraint. This was acknowledged by Deputy Secretary Whetton.⁶⁴

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

The Royal Commission into Victoria's Mental Health System was established in 2019. It investigated the prevention of mental illness and suicide, support of people recovering from mental illness and their carers and families, service delivery and accessibility, and intersectionality between mental illness and alcohol and drug use.⁶⁵

The Royal Commission into Victoria's Mental Health System published its final report in 2021.⁶⁶ It found that Victoria's existing mental health system had 'catastrophically failed to live up to expectations and was underprepared for current and future challenges'.⁶⁷ The following major themes were found:

- demand for services has overtaken capacity
- community-based services are undersupplied
- the system neglects the 'missing middle' of people with needs too 'complex' to be treated by primary care but not 'severe' enough for specialist mental health services
- accessing help is difficult and inequitable
- the system is driven by crisis
- service delivery is poorly integrated and overlooks the lived experience and needs of people living with mental illness and their families and carers.⁶⁸

The Royal Commission into Victoria's Mental Health System also found that:

- promotion of good mental health and wellbeing and prevention of mental illness was inadequate
- the social factors that influence mental health and wellbeing are not recognised
- trauma is unseen
- culturally safe services are not always accessible for First Peoples
- investment in the mental health system is inadequate
- human rights are breached
- dignity is disregarded.⁶⁹

The Royal Commission into Victoria's Mental Health System made nine interim report recommendations, followed by 65 recommendations in the final report. Recommendations included replacing the *Mental Health Act 2014* (Vic),⁷⁰ improving responses to mental health crises,⁷¹ actions to eliminate seclusion and restraint⁷² and actions to ensure compulsory treatment is only used as a last resort.⁷³ There were three recommendations specific to First Peoples.

Recommendation 33 ('Supporting Aboriginal social and emotional wellbeing')⁷⁴ of the Royal Commission into Victoria's Mental Health System included recommendations that the Victorian Government should:

- 'support Aboriginal social and emotional wellbeing, and resource the Social and Emotional Wellbeing Centre to establish two co-designed healing centres'.⁷⁵
- 'resource Infant, Child and Youth Area Mental Health and Wellbeing Services to support Aboriginal community-controlled health organisations by providing primary consultation, secondary consultation and shared care'.⁷⁶
- 'resource Aboriginal community-controlled health organisations to commission the delivery of culturally appropriate, family-oriented, social and emotional wellbeing services for children and young people'.⁷⁷
- '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'.⁷⁸

Recommendation 27 ('Facilitating suicide prevention and response initiatives')⁷⁹ of the Royal Commission into Victoria's Mental Health System included 'enabling Aboriginal people to design culturally safe 'community gatekeeper training' for Aboriginal people'.⁸⁰

Interim report recommendation 4 ('Aboriginal social and emotional wellbeing')⁸¹ recommended that the Victorian Government expand and support SEWB teams through:

- 'dedicated recurrent funding to establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal community-controlled health organisations, with statewide coverage within five years'.⁸²
- 'scholarships to enable Aboriginal social and emotional wellbeing team members to obtain recognised clinical mental health qualifications from approved public tertiary providers, with a minimum of 30 scholarships awarded over the next five years'.⁸³
- 'recurrent funding for the Victorian Aboriginal Community Controlled Health Organisation to develop, host and maintain the recommended Aboriginal Social and Emotional Wellbeing Centre in partnership with organisations with clinical expertise and research expertise in Aboriginal mental health'.⁸⁴

The Victorian Government announced its commitment to implement all 65 recommendations made in the final report on 2 March 2021⁸⁵ (in addition to the nine recommendations in the interim report). Since then, the *Mental Health Act 2014* has been repealed and replaced by the *Mental Health and Wellbeing Act 2022* (Vic) ('MHWB Act').⁸⁶ The Balit Durn Durn Centre for Excellence in Social and Emotional Wellbeing (the Balit Durn Durn Centre) was also launched in May 2022, by VACCHO alongside the then Deputy Premier of Victoria and then Minister for Mental Health, James Merlino MP.⁸⁷

MENTAL HEALTH AND WELLBEING ACT 2022 (VIC)

In September 2023, the *Mental Health and Wellbeing Act 2022 (Vic)* ('MHWB Act') was introduced, replacing the *Mental Health Act 2014*.⁸⁸ The introduction of a new Act was one of the recommendations of the Royal Commission into Victoria's Mental Health System.⁸⁹

The Act includes a series of Mental Health and Wellbeing Principles, including a Cultural Safety Principle.⁹⁰ Under the MHWB Act, these principles must be properly considered by mental health and wellbeing providers when making decisions under the Act.⁹¹ Providers must also make all reasonable efforts to comply with the principles when performing one of the functions under the Act.⁹²

The Cultural Safety Principle in the MHWB Act⁹³

Section 27 of the MHWB Act provides:

1. mental health and wellbeing services are to be culturally safe and responsive to people of all racial, ethnic, faith-based and cultural backgrounds.
2. treatment and care is to be appropriate for, and consistent with, the cultural and spiritual beliefs and practices of a person living with mental illness or psychological distress. Regard is to be given to the views of the person's family and, to the extent that it is practicable and appropriate to do so, the views of significant members of the person's community. Regard is to be given to Aboriginal and Torres Strait Islander people's unique culture and identity, including connections to family and kinship, community, Country and waters.
3. treatment and care for Aboriginal and Torres Strait Islander peoples is, to the extent that it is practicable and appropriate to do so, to be decided and given having regard to the views of elders, traditional healers and Aboriginal and Torres Strait Islander mental health workers.

Only mental health and wellbeing providers are required to 'make all reasonable efforts to comply with' the Cultural Safety Principles.⁹⁴ The Victorian Aboriginal Legal Service (VALS) explained that other entities who use powers under the MHWB Act must 'give proper consideration to' the Cultural Safety Principle, but they are not required to 'make all reasonable efforts to comply with' the principle⁹⁵ (for example, police and health professionals exercising powers in response to mental health crises).⁹⁶

The MHWB Act also introduced new provisions to support a shift to a health-led response for mental health crises.⁹⁷ The provisions include new principles and an expansion of powers to allow additional groups of health professionals, such as paramedics, to be able to take a person into care and control during a mental health crisis.⁹⁸ VALS highlighted that the powers of Protective Services Officers⁹⁹ have also been expanded and police continue to retain significant powers under the MHWB Act.¹⁰⁰

BALIT MURRUP: ABORIGINAL SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK 2017–2027

The *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027* (Balit Murrup) is the State's most recent strategic response to the dire state of mental health among First Peoples in Victoria. Now into its eighth year of delivery, Balit Murrup acknowledges that colonisation, intergenerational trauma, racism, discrimination, marginalisation and disadvantage have resulted in the adverse mental health outcomes experienced by First Peoples.¹⁰¹

The Balit Murrup framework is led by the Department of Health. As stated by Minister Stitt, it: 'is the primary framework to embed self-determination as the core principle to drive actions to improve the social and emotional wellbeing, resilience and mental health of First Peoples' families, and communities'.¹⁰² The framework describes four key domains for enacting this improvement:¹⁰³

1. improving access to culturally responsive services
2. supporting resilience, healing and trauma recovery
3. building a strong, skilled and supported workforce
4. integrated and seamless service delivery.

Each domain contains several strategic priorities, which are supported by a series of 28 immediate actions and 26 longer-term deliverables.¹⁰⁴ The framework states that the immediate actions in the strategy were to be completed in the first four years of the framework.¹⁰⁵

Yoorrook was told that despite these commitments, progress on implementation has been slower than stated. Minister Stitt told Yoorrook that: '*Balit Murrup* was initially introduced without specific funding, and this means that some actions have not been carried out'.¹⁰⁶

Deputy Secretary Whetton advised that of the 28 immediate actions 'approximately half' were funded and 'they are either completed or part way through'.¹⁰⁷ Deputy Secretary Whetton also stated that 'a number of actions ... will now be ... picked up as part of the Royal Commission implementation'.¹⁰⁸

Minister Stitt advised that the Victorian Government provided funding for the following initiatives under Balit Murrup:

- 'improving mental health outcomes for Aboriginal and Torres Strait Islander People with moderate to severe mental illness (Demonstration Projects) initiative'
- 'Aboriginal Mental Health Traineeship Program'
- 'clinical and therapeutic mental health positions'.¹⁰⁹

Balit Murrup states that one of its key purposes is to support Victorian Aboriginal people, families and communities to achieve and sustain the highest attainable standard of SEWB and mental health.¹¹⁰ Despite these ambitions, Yoorrook heard that greater access to culturally informed mental health and SEWB support is needed. For example, VACCHO said:

Achieving balance between clinically effective responses with culturally informed solutions, including access to psychosocial support and cultural healing, remains a significant problem in Victoria, requiring targeted responses that are unique to the regional and cultural context.¹¹¹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Minister Stitt acknowledged monitoring and evaluation of Balit Murrup was not adequately resourced, so it is unclear what progress has been made under the framework in improving mental health and SEWB outcomes for First Peoples.¹¹² She said:

I acknowledge that, from its conception, the *Balit Murrup* framework was not adequately resourced to monitor and evaluate the framework. I acknowledge that there have not been enough resources dedicated to evaluating frameworks to improve First Peoples’ social and emotional wellbeing. As a result, there is no mechanism to ascertain what improvements there have been in the 8 years that *Balit Murrup* has been in place.¹¹³

MINISTER INGRID STITT MP

Minister Stitt told Yoorrook that ‘some aspects of work under Balit Murrup have been evaluated’¹¹⁴ and ‘an evaluation of Balit Murrup will be undertaken in 2025–2026’.¹¹⁵

The State’s response to the Royal Commission into Victoria’s Mental Health System

The State has set aside considerable funding to implement recommendations from the Royal Commission into Victoria’s Mental Health System (see box: Royal Commission into Victoria’s Mental Health System). Minister Stitt told Yoorrook that \$5.1 billion dollars was allocated in total across the 2021–22 and 2022–23 State budgets¹¹⁶ to rebuild the mental health system following the Royal Commission into Victoria’s Mental Health System.¹¹⁷ From this funding, \$116 million was allocated to First Peoples’ SEWB to implement interim report recommendation 4 and recommendation 33.¹¹⁸ Minister Stitt accepted that the current level of funding has ‘not been sufficient to deliver substantive change in mental health responses and outcomes for First Peoples’.¹¹⁹ Minister Stitt advised that starting from 2025–26, \$32.3 million dollars in recurrent funding will be provided annually for First Peoples’ SEWB.¹²⁰ From this funding, \$21.559 million will be provided to ACCOs for up to 25 SEWB teams.¹²¹

First Peoples-led gatekeeper training

Recommendation 27.1.c of the Royal Commission into Victoria’s Mental Health System relates to First Peoples designing culturally safe community gatekeeper training to support suicide prevention. The State told Yoorrook that ‘[t]he Department’s Suicide Prevention and Response Office funded LivingWorks Australia to design and deliver a pilot program of community gatekeeper training’.¹²² This pilot is completed and the evaluation showed that the training had a positive impact.¹²³ Deputy Secretary Whetton explained that the ‘training had supported community members to be able to be the gatekeeper ... to be a person who is safe in the community to talk to, wrap a social network around someone who might be thinking about suicide’.¹²⁴

Despite these positive initial steps, the program is not currently being delivered.¹²⁵ Deputy Secretary Whetton noted that the Department of Health would ‘be proposing as part of the next budget process that we would be seeking funding to be able to roll [the program] out more generally’.¹²⁶

Minister Stitt told Yoorrook that the Balit Durn Durn Centre for Excellence in Social and Emotional Wellbeing (Balit Durn Durn Centre):

The Balit Durn Durn Centre is leading the co-design of a First Peoples-led approach to suicide prevention and response. This co-design process will ensure that suicide prevention and response efforts in Victoria are designed and shaped by First Peoples communities and community-controlled organisations.¹²⁷

MINISTER INGRID STITT MP

Minister Stitt said ‘[t]he Balit Durn Durn Centre has also led and supported the drafting of key sections of the forthcoming *Victorian Suicide Prevention and Response Strategy 2024–34*’.¹²⁸

Aboriginal Social and Emotional Wellbeing Centre

Interim recommendation 4.3 of the Royal Commission into Victoria’s Mental Health System outlined that VACCHO should receive recurrent funding to develop, maintain and host an Aboriginal Social and Emotional Wellbeing Centre. In May 2022, the Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing (the Balit Durn Durn Centre) was launched by VACCHO.¹²⁹ Yoorrook heard that the State will provide \$2.169 million per year in recurrent funding to the Balit Durn Durn Centre.¹³⁰ The Department of Health told Yoorrook: ‘Reporting on the activities, expenditure and results of the Balit Durn Durn Centre is conducted by VACCHO. This includes financial acquittals to the department, as outlined in the Aboriginal Mental Health & Wellbeing Partnership’.¹³¹

Healing centres

Recommendation 33.1 of the Royal Commission into Victoria’s Mental Health System called for the Social and Emotional Wellbeing Centre (now the Balit Durn Durn Centre) to be resourced to develop two co-designed healing centres. Minister Stitt informed Yoorrook that ‘the Department is funding the Balit Durn Durn Centre to lead a co-design process with First Peoples communities and community-controlled organisations to develop the Healing Centres’ service model’.¹³²

However, other witnesses told Yoorrook that government red tape is undermining the importance and urgency of implementing the necessary reforms to support First Peoples’ SEWB. VACCHO advised that the Balit Durn Durn Centre has progressed recommendations to advance First Peoples’ SEWB, including ‘facilitating two co-design processes’ and ‘the development of an Aboriginal-led suicide response strategy’.¹³³ However, initiatives to address the Royal Commission findings rely on budget bidding and approval.¹³⁴

The Victorian Aboriginal Child and Community Agency also raised that there continues to be a high level of need for healing supports while the healing centres are being developed:

VACCA understands that the co-design process for development of the healing centres is ongoing. However, there is still a significant and immediate need for accessing to therapeutic, trauma informed healing supports within community. It is well documented through research and VACCA’s own practice experience, that there is currently a significant lack of culturally safe health, mental health, and wellbeing services, particularly for our children and young people. The co-design process for the healing centres does not offset the responsibility of the Victorian Government to fund specialised therapeutic and clinical supports for Aboriginal peoples, such as through our Aboriginal Children’s Healing Team program, or through NJN, as we know there is still an ongoing need for these services.¹³⁵

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Crisis support networks and safe spaces

Several recommendations (8, 9 and 10) of the Royal Commission into Victoria’s Mental Health System involved the establishment of ‘a comprehensive, network system of crisis supports’ to ‘support a shift towards a health-led response to mental health crises’.¹³⁶ These included improved access to response from services,¹³⁷ developing ‘safe spaces’ and respite facilities,¹³⁸ and ensuring responses from emergency services are led by health professionals instead of police, wherever possible.¹³⁹

The Royal Commission into Victoria’s Mental Health System proposed that the majority of the activities within the crisis supports and safe spaces recommendations should be delivered by the end of 2024.¹⁴⁰ Yoorrook heard from State and First Peoples witnesses that the response by the Victorian Government to of the crisis supports and safe spaces recommendations has been slow. Deputy Secretary Whetton told Yoorrook:

This is a complex, multi-year reform program that requires careful sequencing. The [Royal Commission into Victoria’s Mental Health System] proposed the majority of these activities be delivered by the end of 2024. However, given the ongoing health system impacts from COVID-19, it is no longer safe nor possible to implement these changes this year.¹⁴¹

DEPUTY SECRETARY KATHERINE WHETTON

Minister Stitt told Yoorrook:

As with all 74 of the RCVHMS’s [Royal Commission into Victoria’s Mental Health System] recommendations, the Victorian Government remains committed to fully implementing these reforms. However, following the COVID-19 pandemic, the continued and significant operating impacts on emergency responders and the health sector have meant that this timeframe cannot be achieved safely. The implementation pathway needs to reflect this.¹⁴²

MINISTER INGRID STITT MP

For these crisis supports and safe spaces recommendations, the State has developed ‘a phased implementation approach to support the successful delivery of this reform’.¹⁴³ Minister Stitt outlined the phases for implementation:

- 1. ‘enhancing the mental health system’s capacity to respond to mental health crisis’
- 2. ‘transitioning the use of care and control powers to paramedics’
- 3. ‘changes to call-taking and dispatch’.¹⁴⁴

Minister Stitt advised that ‘[t]he timing of the implementation of these activities will depend on system readiness and future government decisions’.¹⁴⁵ When asked about how many years the Department thinks it will take to fully implement recommendation 10, Deputy Secretary Whetton responded, ‘We are not able to put a time frame on that just at the moment’.¹⁴⁶ She further explained that the introduction of the new *MHWB* Act is an ‘important initial step towards implementing health-led responses under recommendation 10’.¹⁴⁷

However, VALS told Yoorrook that ‘the new *MHWB* Act is not robust enough’ to support the shift to health-led crisis responses.¹⁴⁸ In the *MHWB* Act, police retain significant powers (such as the power to apprehend, detain and transport) and Protective Services Officers¹⁴⁹ powers in responding to mental health crisis have been expanded.¹⁵⁰ VALS noted that as a result of:

historical and contemporary violence perpetrated by police against Aboriginal communities, Aboriginal people often have a well-founded distrust in police, which can lead to further escalation if police are present and involved in responding to mental health crises.¹⁵¹

VICTORIAN ABORIGINAL LEGAL SERVICE

While the State delays the full implementation of these critical recommendations, inappropriate police responses continue, as highlighted by VALS:

The Commission’s recommendations have been implemented in part, through the new *MHWB* Act, which commenced in September 2023. However, the Government has delayed the shift to health-led responses to mental health crises on the basis that paramedics are not yet equipped to take on this role, and has not provided a timeframe for implementing this reform. In the meantime, we continue to see inappropriate police responses to mental health crises, including criminalisation and use of force, as well as disrespectful and undignified treatment.¹⁵²

VICTORIAN ABORIGINAL LEGAL SERVICE

Mental health system injustices and impacts

Hope ... represents the belief in the possibility of positive change, improvement, and a better future. It serves as a crucial motivator, influencing individual and collective resilience, well-being, and the pursuit of goals.

In the context of Aboriginal and Torres Strait Islander communities, hope holds particular significance, as historical injustices, socio-economic disparities, and ongoing challenges have created complex and entrenched issues. The loss of hope within these communities can exacerbate social issues, hinder community cohesion, and contribute to mental health challenges. The concept of the loss of hope being generational can be understood through the transmission of trauma, socio-economic challenges, and the perpetuation of systemic inequalities over time. ¹⁵³

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

As outlined earlier, First Peoples’ experiences of mental health and SEWB are unique from non-Indigenous people, and the current mental health system does not align to these perspectives, or support cultural determinants and healing. Minister Stitt said:

I acknowledge the strength, resilience and leadership of First Peoples in Victoria in advocating and working for First Peoples’ social and emotional wellbeing. I acknowledge that First Peoples have an innate understanding of physical, social and emotional wellbeing and its connection with Country, culture, Community and family. These connections are not well-understood or supported by our existing mental health system. In failing to understand and support this holistic concept of wellbeing, we have failed First Peoples in Victoria. ¹⁵⁴

MINISTER INGRID STITT MP

Mental health experiences and challenges

Yoorrook heard the First Peoples experience mental health and SEWB challenges at high rates due to the historical and ongoing impacts of colonisation, or determinants or health (see Chapter 28: Health inequities).¹⁵⁵ Mental health and SEWB is impacted by historical or intergenerational determinants (e.g. historical frontier violence, intergenerational trauma, child removal),¹⁵⁶ and social determinants (e.g. education, housing, economic prosperity and contact with child protection and justice systems).¹⁵⁷ Yoorrook also heard that cultural determinants, including connection to Country, culture and community, are key protective factors for SEWB.¹⁵⁸ In contrast, racism is toxic to SEWB.¹⁵⁹ For example, Professor Raymond Lovett told Yoorrook the Mayi Kuwayu study has found that interpersonal racism (or ‘everyday racism’) accounts for roughly half of all psychological distress among First Peoples.¹⁶⁰

Self-harm and suicide

Due to the historical and ongoing impacts of colonisation, First Peoples communities are highly impacted by issues of self-harm and suicide. First Peoples experience higher risk for self-harm and suicide. National data indicates the rate of death by suicide is more than twice as high for First Nations people compared to non-Indigenous people.¹⁶¹ Determining the extent of self-harm and suicide among First Peoples in Victoria, and the effectiveness of policy is challenging. Yoorrook heard that the Victorian Government does not report data on suicide deaths for First Peoples in Victoria as part of its reporting for the National Agreement on Closing the Gap.¹⁶² VACCHO told Yoorrook that this ‘is a serious failing of the Victorian Government’.¹⁶³

The existing quantitative data on deaths by suicide among First Peoples in Victoria is limited. However, the data indicates that the burden of suicide is higher for First Peoples

compared with non-Indigenous people in Victoria. For example, the Coroner’s Court has recently reported that between 2018 and 2023, First Peoples made up an average of 3.1% of people who were suspected or confirmed to have died by suicide in Victoria.¹⁶⁴ This data indicates that First Peoples in Victoria died at nearly three times the rate of non-Indigenous Victorians.¹⁶⁵

Yoorrook heard about the personal, family and community impacts of suicide among First Peoples. The Victorian Alcohol and Drug Association made a submission to Yoorrook in which they attached transcripts from interviews with Aboriginal health staff and organisations.¹⁶⁶ In one interview with Craig Holloway (Yorta Yorta) from VAHS, he explained:

I think the other thing the departments and the funders forget is, if you look at suicide rates or death rates, they just see figures. We see aunties, uncles, cousins, brothers, sisters. They’re people to us. And we probably know, in Victoria, of say the suicides, there’s a good chance we would either know all of them, either personally or through their family connections. Governments will never understand that. ¹⁶⁷

CRAIG HOLLOWAY

Yoorrook heard how self-harm and suicide impact First Peoples through the historical and ongoing impacts of colonisation, and determinants of health. For example, Yoorrook heard that mental health challenges and risk for suicide are higher in children in out-of-home care, and their families.¹⁶⁸ Minister for Mental Health the Hon Ingrid Stitt MP¹⁶⁹ told Yoorrook that there was a subsequent increase in presentations to Victorian emergency departments for self-harm and risk for suicide associated with the aftermath of the 2023 Voice referendum result and increases in racism.¹⁷⁰ Research from overseas has suggested that self-determination and community-control is associated with reductions in risk for suicide among Indigenous peoples.¹⁷¹

Yoorrook heard about systemic issues within the mental health system including a critical lack of suicide crisis support services, particularly in regional areas.¹⁷² Yoorrook heard there is a need for greater suicide prevention initiatives for First Peoples, including those to increase the awareness of the signs and risks for suicide, and how to support loved ones.¹⁷³

Yoorrook also heard there is a greater need for support services for bereaved families.¹⁷⁴ Aunty Nellie Flagg (Wemba Wemba, Dja Dja Wurrung, Barpa Barpa, Boon Wurrung) has worked in suicide prevention, including working with families who have been bereaved by suicide. She explained some of the changes bereaved families would like to see:

One of the things that, as we travelled around, was that a lot of the families felt unheard and they felt alone, and it’s a very traumatic time to go through. I’ve lost some nephews through this suicide and it’s just, you know, tragic journey that you’re travelling and sometimes you feel, you know, supported whilst it happened but after a little while you feel like you’re left to struggle by yourself. ¹⁷⁵

AUNTY NELLIE FLAGG

Yoorrook heard about deaths from suicide occurring within state institutions and services, including deaths of children within child protection and out-of-home care¹⁷⁶ and among parents and families who have had children removed.¹⁷⁷

Yoorrook also heard about suicides occurring in hospitals. For example, the recent death of a First Nations woman at a Victorian hospital was raised with Yoorrook.¹⁷⁸ CEO of VACCHO, Aunty Dr Jill Gallagher (Gunditjmara) explained:

Makalie Watts-Owens was a vibrant 24-year-old Aboriginal woman whose life was tragically cut short. Her grieving mother, Sharon Watts, is demanding answers from St Vincent’s Hospital in Melbourne after Makalie died by suicide within the hospital mental health facility ... Makalie had moved from Adelaide to Melbourne to pursue a Bachelor of Arts at the University of Melbourne and was due to graduate this year. She had a profound passion for justice, aspiring to become a lawyer and work in child protection. Our community has lost a future leader. In sharing Makalie’s story, we call for accountability and systemic change to prevent such tragedies from happening again.¹⁷⁹

AUNTY DR JILL GALLAGHER

Yoorrook received an anonymous submission from a First Nations person detailing their experience of being let down by the police and the Coroners Court following the death of their brother by suicide.¹⁸⁰ Anonymous 1110 explained that though their brother was reported missing by their father, when police found his abandoned car they did not consider his disappearance suspicious or investigate further.¹⁸¹ He was found dead 17 days later, a short distance from where he had originally left his car.¹⁸² Anonymous 1110 shared the how the police response to the distressing incident has impacted them:

If [the police] just did their job, I could have buried my brother in dignity. I didn’t have an opportunity to say my goodbyes. I didn’t get to kiss him and ... I didn’t get what I needed. That was ripped away from my family because police didn’t want to follow through on their job. They didn’t take it serious. And that’s not fair that. I don’t get to move on now. I don’t have that closure with my brother. And every day since then, I always think he’s still here. I always think I can just ring him up and I can’t. Because I didn’t do what I needed to do for myself to know that my brother was gone so I can mentally move on. And I don’t think that’s fair that his kids got that ripped away from them. His sibling got that ripped away. All because the police just seen it as another black person and didn’t want to do their job. And we have to suffer for that.¹⁸³

ANONYMOUS 1110

Anonymous 1110 further stated that they had contacted the Coroners Court to try to see their brother.¹⁸⁴ However, they were told that due to the condition of their brother’s body they were not allowed to see him, as it was in their ‘best interest’.¹⁸⁵ Anonymous 1110 shared the pain this inflicted:

I hated the fact that somebody has got to make that choice for me. I don’t care if my brother was impossible to see, I don’t. I would have dealt with that in my own way because that’s something I personally needed and it got ripped away yet again.¹⁸⁶

ANONYMOUS 1110

Compulsory assessment and treatment

Yoorrook heard that a lack of access to voluntary mental health care and ongoing racism in the mental health system are contributing to high rates of compulsory treatment for First Peoples. First Peoples are more likely to be subject to compulsory assessment and treatment orders than non-Indigenous people.¹⁸⁷ In the past five years, 21.3 per cent of all admitted First Peoples clients had at least one compulsory assessment or treatment order placed on them compared with 18.9 per cent of non-First Peoples clients.¹⁸⁸

VALS explained some of the reasons for the higher rates of compulsory treatment for First Peoples:

Under resourcing and limited access to voluntary mental health care and support contributes to the use of compulsory treatment as a default response. For Aboriginal communities, ongoing racism within the mental health system and a lack of culturally safe mental health care and support is also a key factor contributing to high rates of compulsory treatment.¹⁸⁹

VICTORIAN ABORIGINAL LEGAL SERVICE

WHAT IS COMPULSORY ASSESSMENT AND TREATMENT?

The *MHWA* Act provides a legal framework for compulsory assessment and treatment orders.¹⁹⁰ A compulsory assessment order enables the assessment of a person who appears to be experiencing mental illness to determine whether they are experiencing a mental illness and if they require compulsory treatment under a temporary treatment order.¹⁹¹ Compulsory treatment orders can be made by the Mental Health Tribunal.¹⁹² The Mental Health Tribunal is an independent tribunal that is made up of three people.¹⁹³ A hearing is held by the Tribunal to determine if a compulsory treatment order is made for a person.¹⁹⁴

VALS told Yoorrook that ‘[c]ompulsory mental health assessment and treatment undermines human rights, is discriminatory and disempowering, and often leads to trauma which can undermine mental health’.¹⁹⁵ VALS explained that for First Peoples, compulsory treatment compounds trauma and obstructs self-determination and healing:

For Aboriginal people, compulsory treatment also compounds historical and intergenerational trauma. It can be viewed as an ongoing form of colonial oppression, and an abrogation of rights that disempowers and obstructs self-determination and healing.¹⁹⁶

VICTORIAN ABORIGINAL LEGAL SERVICE

Deputy Secretary Whetton acknowledged ‘the deeply harmful effects of compulsory treatment on First Peoples’¹⁹⁷ and told Yoorrook:

The available data on compulsory assessment and treatment orders reveals a shameful and disturbing picture of the prevalence of compulsory treatment against First Peoples in Victoria.¹⁹⁸

DEPUTY SECRETARY KATHERINE WHETTON

‘ANDREW’S STORY’

Victoria Legal Aid provided the following case study.

I am from Trowenna (Tasmania) and the Palawa Nation, I am Nuenonne — Nyunoni Language Group. I have lived in Naarm (Melbourne) for the best part of a decade. I am all the intersections that the police hate in a person; Aboriginal, Gay, HIV positive, living with disability, an Educated Warrior ... and, worst of all, PROUD about it. Throughout my life, I have experienced racism and discrimination, and systemic injustice.

I’ve been the target of hate crimes and police violence.

The mental health system can and has destroyed lives unnecessarily. When I was under compulsory mental health treatment, it was as if I had found myself in a foreign country and I was being held. The question was: who was holding me and why?

My first time in a mental health unit, I wasn’t provided with any information or my legal rights.

I’ve experienced coercion by the treating team, and been told that if I didn’t stay in hospital they would withdraw my emergency housing offer. They also instructed my housing provider to evict me because it was easier to help me if homeless. Luckily I managed to negotiate to have the notice for eviction withdrawn. I am currently in social housing but have been concerned about raising my mental health and health issues with them.

I found a Post-It note on a wall in the mental health unit and the words: ‘Independent Mental Health Advocacy’. Thank God I’d paid attention at school and was able to deduct that these words meant help! Help is the understatement.

If it had not been for IMHA and my amazing advocate, and them talking me through the situation I was in, in simple language I could understand, I probably would have been put on a six- or 12-month order that the hospital had no right to put me on — and which would have meant I would have lost my home, my job, my possessions and worst of all, my beautiful little dog who had never spent a night away from me in seven years. IMHA saved my life.¹⁹⁹

As outlined previously, the Mental Health Tribunal holds hearings and makes decisions about whether compulsory treatment orders are put in place.²⁰⁰ Yoorrook heard that Tribunal hearings and processes are culturally unsafe for First Peoples:

The MHT is not a culturally safe space for Aboriginal people. This is in part because of the historical and contemporary role that courts and tribunals have played, and continue to play in dispossessing, disempowering, and destroying Aboriginal Communities. It is also because of the inherent power imbalances, systemic racism, and limitations in the legislation, process, composition and approach of the tribunal.²⁰¹

VICTORIAN ABORIGINAL LEGAL SERVICE

Yoorrook was told that there is often a lack of clear information and support provided to individuals when leaving compulsory treatment. This absence of information can have far-reaching consequences.²⁰² VACCHO explained that a lack of follow-up support can lead to loss of employment, housing instability and contact with child protection services.²⁰³

This lack of comprehensive support undermines the effectiveness of treatments and perpetuates the cycle of disadvantage.²⁰⁴

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The Royal Commission into Victoria’s Mental Health System made recommendations to reduce the use of compulsory assessment and treatment.²⁰⁵ This included reform of compulsory assessment and treatment legislation²⁰⁶ and action to ensure ‘compulsory treatment is only used as a last resort’,²⁰⁷ including setting ‘targets to reduce the use and duration of compulsory treatment on a year-by-year basis’.²⁰⁸

The State’s response to these recommendations was to establish an *Independent Review of Victoria’s Compulsory Treatment Criteria and Decision-making Laws*.²⁰⁹ Deputy Secretary Whetton told Yoorrook that an ‘Independent Review of Compulsory Treatment was established in response to [Royal Commission into Victoria’s Mental Health System] recommendations for legislative reform of compulsory treatment and assessment powers’.²¹⁰ The review was intended to examine the criteria for compulsory assessment and compulsory treatment in the *MHWB Act*,²¹¹ to ‘consider how the *MHWB Act* can be aligned with other decision-making laws’, and ‘make recommendations to government about how the compulsory assessment and treatment and decision-making provisions in the *MHWB Act* should be amended’.²¹²

The Independent Review Panel commenced work in October 2022.²¹³ The Panel ceased work in July 2023, but did not deliver a report at that time.²¹⁴ Instead the Department of Health was due to deliver its advice to government on the issue by June 2024.²¹⁵ Deputy Secretary Whetton told Yoorrook that the department will provide advice to the government that draws on the Panel’s work later in 2024.²¹⁶ At the time of writing there are no publicly available updates on the progress of this report. VALS expressed concerns about this review by the department as it ‘is no longer independent’ and ‘is being conducted in an opaque and non-transparent manner’.²¹⁷ Yoorrook awaits the outcomes of the review and the government’s policy and legislative response to it. Timely change must occur.

Seclusion and restraint in mental health settings

Restrictive practices, including seclusion, physical restraints, mechanical restraints and chemical restraints infringe human rights and cause harm.²¹⁸ Yoorrook heard how restrictive practices impact First Peoples’ wellbeing in the mental health sector. VALS said:

VALS strongly opposes the use of restrictive practices in mental health settings ... These practices infringe human rights and are inherently harmful and traumatic.²¹⁹

VICTORIAN ABORIGINAL LEGAL SERVICE

WHAT IS SECLUSION AND RESTRAINT?

There are different types of restrictive practices that are used in mental health services.

A restrictive intervention or **restrictive practice** refers to any practice that restricts freedom of movement. This includes the use of restraint and seclusion.

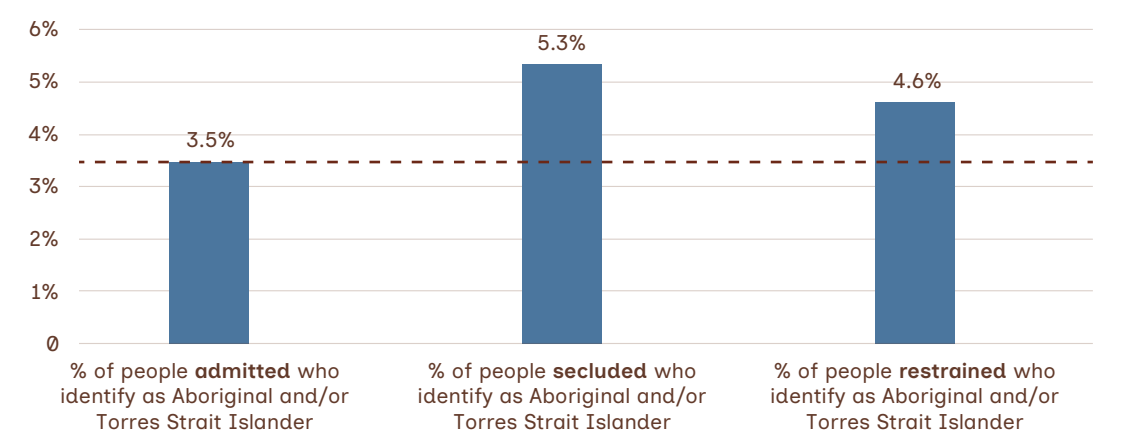
Seclusion is when a person is confined to a room or any other enclosed space that they cannot leave.²²⁰

Restraint is when a person is restrained in some way to restrict movement.²²¹ There are multiple forms of restraint, including

- bodily restraint to prevent or restrict physical movement. This can include physical actions taken by a person using their own body (physical restraint), or the use of a device or other external mechanism (mechanical restraint).²²²
- chemical restraint which involves the administration of drugs to control a person’s behaviour or movement.²²³

First Peoples are being secluded and restrained at higher rates than non-First Peoples. A 2022 report by the Victorian Mental Illness Awareness Council outlines that while First Peoples represent 3.5 per cent of admissions to mental health services, First Peoples represent 5.3 per cent of people who are secluded and 4.6 per cent of people who are restrained (Figure 29.1).²²⁴ These figures indicate that First Peoples in Victoria are significantly overrepresented among those who are secluded or restrained.

Figure 29.1: Proportion of First Peoples admitted to mental health services in Victoria and subjected to seclusion and restraint (original source: Victorian Mental Illness Awareness Council).²²⁵



The Royal Commission into Victoria’s Mental Health System recommended that the government ‘act immediately to reduce the use of seclusion and restraint in mental health and wellbeing service delivery ... to eliminate these practices within 10 years’ (recommendation 54(1)).²²⁶ The Royal Commission also recommended that the Chief Officer for Mental Health and Wellbeing should develop and lead a strategy to reduce seclusion and restraint (recommendation 54(3)).²²⁷ Deputy Secretary Whetton told Yoorrook that the Department of Health is currently developing the strategy to reduce the use of seclusion and restraint, and seeking to finalise it in 2025.²²⁸ Deputy Secretary Whetton said the strategy will aim to support change across three areas that were raised by the Royal Commission:

- ‘improve transparency surrounding the use of restrictive interventions and accountability for their use’
- ‘lead and support changes in workforce practice’ and
- ‘ensure that the voice of consumers of mental health services informs planning and implementation’.²²⁹

In June 2023, a discussion paper was released that identified the proposed principles and areas of priority for the strategy. However, Deputy Secretary Whetton told Yoorrook that despite the over-representation of First Peoples among those people to whom seclusion and restraint are applied, there has not been broad engagement with First Peoples:

The proposed principles and areas of priority for the Strategy (released in June 2023) seek to embrace and embed First Peoples’ wisdom in the design and delivery of the Strategy. However, I recognise that the Department’s work on the Strategy to date has not reflected broad engagement with First Peoples’ communities and organisations.²³⁰

DEPUTY SECRETARY KATHERINE WHETTON

Yoorrook heard that the *MHWB* Act introduced several reforms around the use of restrictive interventions.²³¹ VALS explained that despite these changes, strong oversight and accountability mechanisms are needed, and legislative reforms are required to further reduce the use of seclusion and restraint.²³²

The way forward

Evidence before Yoorrook highlights that the Victorian mental health system continues to fail First Peoples and their families and communities. Despite the tireless work and advocacy of First Peoples organisations, and government policies and responses to the Royal Commission into Victoria’s Mental Health System, mental health and wellbeing outcomes for First Peoples remain inequitable. In some cases, they are worsening.

To improve the care provided to First Peoples communities, it is critical that the SEWB needs of First Peoples are recognised and supported in the design and delivery of mainstream mental health services. As well as improving mainstream services, ongoing support and investment in ACCOs is also required to ensure First Peoples can access comprehensive SEWB care across Victoria. There is also a need for greater investment in prevention and programs which support the SEWB of First Peoples, not just tertiary mental health services.

The State has made slow progress implementing the Royal Commission recommendations discussed in this chapter. While Yoorrook acknowledges the impacts of the COVID-19 pandemic on progress, the Victorian Government must prioritise the implementation of the Royal Commission’s ‘ambitious reform agenda’.²³³ This is critical for creating a mental health system that is responsive to needs, addresses inequities and is integrated, inclusive, collaborative and contemporary.²³⁴ As a matter of urgency, the State should progress recommendations for health-led responses to mental health crises, compulsory assessment and treatment, and seclusion and restraint. The State must seek input from First Peoples and mental health experts to ensure these reforms are progressed in a culturally and clinically safe manner.

The *MHWB* Act is an important mechanism to increase cultural safety in mental health and wellbeing services, support the shift to health-led responses to mental health crises and support the elimination of seclusion and restraint. However, Yoorrook heard that there are opportunities to strengthen the Act to embed necessary safeguards and enhance compliance by services and providers. Amending the *MHWB* Act will enable the intent of the key Royal Commission recommendations relating to First Peoples to be realised.

Recommendations

RECOMMENDATION 72

The Victorian Government must:

- a. Develop a regulatory framework to increase compliance with the Cultural Safety Principle set out in section 27 of the *Mental Health and Wellbeing Act 2022* (Vic); and
- b. Amend section 27 of the *Mental Health and Wellbeing Act 2022* (Vic) to require that all entities involved in the response, treatment, or care of First Peoples comply with the Cultural Safety Principle.

RECOMMENDATION 73

The Victorian Government must:

- a. Amend the *Mental Health and Wellbeing Act 2022* (Vic) to replace the Health Led Response Principle with robust statutory obligations on both Victoria Police and health professionals in relation to First Peoples, removing all Protective Service Officer powers to respond to mental health crises and significantly investing in health-led responses and divesting from Victoria Police.
- b. Introduce and fund a compulsory workforce training requirement for police to facilitate a health-led response in relation to First Peoples.

RECOMMENDATION 74

The Victorian Government must develop a robust and publicly available strategy to reduce compulsory assessment and treatment of First Peoples on the basis that compulsory treatment is a ‘last resort.’

RECOMMENDATION 75

In relation to First Peoples, the Victorian Government must:

- a. Review the implementation of the *Mental Health and Wellbeing Act 2022* (Vic) relating to restrictive interventions.
- b. Assess the extent to which the Government is ‘acting immediately’ to ensure restrictive interventions is only used as a last resort.
- c. Develop a regulatory framework for the reduction of restrictive interventions to give effect to section 125 of the *Mental Health and Wellbeing Act 2022* (Vic).

RECOMMENDATION 76

In relation to First Peoples, the Victorian Government must require mental health service providers and government agencies to report publicly on an annual basis on:

- a. Their use of restrictive interventions and compulsory assessment and treatment;
- b. Steps taken to comply with the obligation to reduce and eventually eliminate restrictive interventions;
- c. Compliance with the Cultural Safety Principle; and
- d. Responses to mental health crises including exercise of police powers and the transition to health-led crisis responses.

RECOMMENDATION 77

The Victorian Government must ensure that First Peoples’ complaints against police in relation to the exercise of powers under the *Mental Health and Wellbeing Act 2022* (Vic) are not investigated by police.

RECOMMENDATION 78

The Victorian Government must improve the responsiveness of the Mental Health Tribunal by:

- a. Increasing First Peoples-led support before and representation on the Tribunal.
- b. Enabling the Mental Health Tribunal to hear First Peoples’ stories and receive relevant cultural information, including the way in which connection to culture, community, kin and Country can support good mental health and wellbeing.
- c. Empower the Mental Health Tribunal to make findings and orders in relation to mental health services and treating teams.

Endnotes

1. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 11 [52].

2. State of Victoria, *Royal Commission into Victoria’s Mental Health System: Final Report Summary* (Report, February 2021), 2.

3. See for example, Pat Dudgeon et al, *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people* (Closing the Gap Clearinghouse, 2014); Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart, Kerrie Kelly, ‘Aboriginal and Torres Strait Islander social and emotional wellbeing’, in Pat Dudgeon, Helen Milroy, Roz Walker (eds), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (Australian Government Department of the Prime Minister and Cabinet, 2nd ed, 2014), 55–68.

4. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024), 123.

5. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024), 123.

6. Victorian Agency for Health Information, *The health and wellbeing of Aboriginal Victorians, Findings from the Victorian Population Health Survey 2017* (Report, 2021), 8.

7. Victorian Agency for Health Information, *The health and wellbeing of Aboriginal Victorians, Findings from the Victorian Population Health Survey 2017* (Report, 2021), 8

8. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘[Tier 1 – Health status and outcomes: 1.18 Social and emotional wellbeing](#)’, [Data tables: 1.18 Social and emotional wellbeing](#), Table D1.18.14 Vic (Data download, 2020). See also Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘Tier 1 Health Status and Outcomes 1.02 Top reasons for hospitalisation’, Table D1.02.5 (Data Download, 2023).

9. Australian Government, Aboriginal and Torres Strait Islander Health Performance Framework, ‘[Tier 1 – Health status and outcomes: 1.18 Social and emotional wellbeing](#)’, [Data tables: 1.18 Social and emotional wellbeing](#), Table D1.18.20 (Data download, 2020), drawing from AIHW analysis of National Morbidity Database.

10. Victorian Mental Illness Awareness Council (VMIAIC), *How Safe is My Hospital? Seclusion Report #3* (Report, 2022), 60.

11. Victorian Mental Illness Awareness Council (VMIAIC), *How Safe is My Hospital? Seclusion Report #3* (Report, 2022), 60.

12. This data reflects estimates current as of May 2024, See Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15–16 [74].

13. This data reflects estimates current as of May 2024, See Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15–16 [74].

14. Note that ‘crude rate’ refers to the number of deaths by suicide in a given year per 100,000 people in the population and is not adjusted to account for age profiles of populations/cohorts.

15. Coroners Court of Victoria, *Suicides of Aboriginal and Torres Strait Islander people; Victoria, 2018–2023* (Report, 7 March 2024).

16. Australian Institute of Health and Welfare, ‘[Australia’s mental health system](#)’ (Webpage, 2024).

17. Australian Institute of Health and Welfare, ‘[Australia’s mental health system](#)’ (Webpage, 2024).

18. Victorian Government, ‘[About Victoria’s mental health services](#)’ (Webpage, 2024).

19. Victorian Government, ‘[Area-based services](#)’ (Webpage, 2024).

20. Victorian Government, ‘[Statewide and specialist mental health services](#)’ (Webpage, 2024).

21. Victorian Government, *Victoria’s mental health and wellbeing services annual report 2022–23* (October 2023), 70.

22. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 4, 27. See also Chapter 26: First Peoples and the Victorian health system.

23. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 27; Lowitja Institute, Submission 30 (Criminal Justice), 7, citing Minette Salmon et al, *Defining the indefinable: descriptors of Aboriginal and Torres Strait Islander Peoples’ cultures and their links to health and wellbeing* (Report, 2019), 1; Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.

24. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 4, citing Graham Gee et al, *Chapter 4 Aboriginal and Torres Strait Islander Social and Emotional Wellbeing*, in Pat Dudgeon, Helen Milroy and Roz Walker (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Commonwealth of Australia, 2014), 55–68.

25. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 18–19, citing Alison Brown et al, ‘Evaluation of an Aboriginal and Torres Strait Islander strengths based coaching program: A study protocol’ (2021) 21(1451) *BMC Public Health*.

26. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 12.

27. Witness Statement of Uncle Larry Walsh, 19 May 2022, 7–10; Witness Outline of Donna, Tina, Joanna and Sonny Wright, 1 March, 2–3 [12]–[17], 8 [60]–[62]; Djirra, Submission 411 (Education, Health and Housing), 12.

28. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 14, 17; Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection and Criminal Justice), 5. See also Witness Statement of Uncle Larry Walsh, 19 May 2022, 9 [44].

29. This quote was from a VACCHO AOD Workforce Project Officer who requested anonymity, Victorian Aboriginal Community Controlled Health Organisation, Submission 41 (Child Protection and Criminal Justice), 5.

30. Victorian Aboriginal Community Controlled Health Organisation Submission 445 (Health, Education, Housing), 13–14.

31. Victorian Aboriginal Community Controlled Health Organisation Submission 445 (Health, Education, Housing), 13–14.

32. Transcript of Aunty Jill Gallagher, 28 March 2024, 59 [26]–[29].

33. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 13–14 (citations omitted).

34. Transcript of roundtable with Nimmie-Caira Land and Water Aboriginal Corporation, 7 December 2023, 24.

35. Anonymous 451, Submission 451, 7.

36. Anonymous 205, Submission 205, 2.

37. Anonymous 559, Submission 559, 1.

38. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 10.

39. Aunty Diane Kerr, Submission 23 (‘[Wurundjeri Barrarrook’ video](#)); Transcript of Professor Raymond Lovett, 28 May 2024, 12.

40. Aunty Diane Kerr, Submission 23 (‘[Wurundjeri Barrarrook’ video](#)).

41. Paolo Balla et al, “‘Don’t let anybody ever put you down culturally it’s not good ...’”: Creating spaces for Blak women’s healing’ (2022) 70(3–4) *American Journal of Community Psychology*, 352–364, 8; Paola Balla et al, ‘Blak women’s healing: Cocreating decolonial praxis through research yarns’ (2023) 29(1) *Peace and Conflict: Journal of Peace Psychology*.

42. Paolo Balla et al, “‘Don’t let anybody ever put you down culturally it’s not good ...’”: Creating spaces for Blak women’s healing’ (2022) 70(3–4) *American Journal of Community Psychology*, 352–364, 8. See also Miriam–Rose Ungunmerr, ‘To be listened to in her teaching: Dadirri: Inner Deep Listening and Quiet Still Awareness’ (2017) 3(1) *EarthSong Journal: Perspectives in Ecology, Spirituality and Education*.

43. Witness Outline of Uncle Ross Morgan, 6 March 2023, 3 [25]–[26].

44. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 37.

45. Victorian Aboriginal Community Controlled Health Organisation, Balit Durn Durn Centre, [Response to Compulsory Treatment and Assessment](#), 7–8.

46. Victorian Aboriginal Community Controlled Health Organisation, ‘[About Us](#)’ (Webpage).

47. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 37.

48. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 35.

49. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 12–13.

50. Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters), 13.

51. Yoorrook notes that since October 2023, Ingrid Stitt has been Minister for Mental Health, Minister for Ageing, and Minister for Multicultural Affairs.

52. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 3 [6].

53. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 3 [8].

54. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 2 [3].

55. See First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing); Victorian Aboriginal Community Controlled Health Organisation, Submission 340 (Land, Sky, Waters).

56. Throughout this report, Yoorrook has generally used Aboriginal Community Controlled Organisation (ACCO) as the preferred term, but has retained the use of Aboriginal Community Controlled Health Organisation (ACCHO) when presenting quotes from evidence, and when discussing First Peoples-led health organisations, services or the ACCHO sector specifically. For more discussion see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage).

57. Victorian Aboriginal Legal Service, Submission 449 (Health), 16.

58. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 63.

59. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 63.

60. Victorian Aboriginal Legal Service, Submission 449 (Health), 31.

61. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 12 [68].

62. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 5–11, 58–60.

63. Witness Statement of Minister Mary–Anne Thomas MP, 14 June 2024, 34–36 [198]–[212]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 11, 58.

Yoorrook notes that the Coroners Court of Victoria reports the number of possible suicides annually using a ‘holistic process to ensure that First Peoples Victorians are accurately identified’. Yoorrook acknowledges that the Department of Health ‘is assessing this approach as a means of reporting age-standardised mortality rates due to suicide for Aboriginal and Torres Strait Islander people in Victoria’; see Witness Statement of Minister Mary–Anne Thomas MP, 14 June 2024, 35 [206]–[207].

See also Coroners Court of Victoria, *Increasing public data to inform Aboriginal and Torres Strait Islander suicide prevention* (Media Release, 3 February 2021).

64. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 18 [80].

65. Victoria, *Royal Commission into Victoria’s Mental Health System*, Letters Patent, 1–6.

66. Royal Commission into Victoria’s Mental Health System, ‘[Home](#)’ (Webpage).

67. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 3.

68. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 8–11.

69. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 11–13, 16–18.

70. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), Recommendation 42.

71. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 44–46, Recommendations 8, 9, 10.

72. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 90, Recommendation 54.

73. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 91, Recommendation 55.

74. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 69, Recommendation 33.

See also Royal Commission into Victoria’s Mental Health System, *Aboriginal social and emotional wellbeing* (Fact Sheet).

75. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 69, Recommendation 33.1.

76. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 69, Recommendation 33.2.

See also Royal Commission into Victoria’s Mental Health System, *Infant, child and youth mental health and wellbeing services* (Fact Sheet).

77. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 69, Recommendation 33.3.

78. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 69, Recommendation 33.4.

79. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 63, Recommendation 27.

80. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 63, Recommendation 27(1)(c).

81. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 105, Interim Report Recommendation 4.

82. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 105, Interim Report Recommendation 4.1

83. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 105, Interim Report Recommendation 4.2

84. Victoria, *Royal Commission into Victoria's Mental Health System: Summary and Recommendations* (Final Report, February 2021), 105, Interim Report Recommendation 4.3

85. Victorian Government, '[Statement From The Premier](#)' (Media Release, 2 March 2021).

86. *Mental Health and Wellbeing Act 2014* (Vic) s 1(i).

87. Balit Durn Durn, '[Launching the Balit Durn Durn Centre](#)' (Webpage); Victorian Government, '[Aboriginal Victorians To Lead Mental Health Reforms](#)' (Media Release, 17 May 2022).

88. Department of Health, '[Key changes from the Mental Health Act 2014](#)' (Webpage, 14 January 2025); '[Mental Health and Wellbeing Act 2022 Handbook](#)' (Webpage, 14 January 2025).

89. Department of Health, '[Mental Health and Wellbeing Act 2022 Handbook](#)' (Webpage, 14 January 2025).

90. Department of Health, '[Mental Health and Wellbeing Act 2022 Handbook](#)' (Webpage, 14 January 2025).

91. Department of Health, '[Key changes from the Mental Health Act 2014](#)' (Webpage).

92. Department of Health, '[Key changes from the Mental Health Act 2014](#)' (Webpage).

93. *Mental Health and Wellbeing Act 2022* (Vic) s 27.

94. *Mental Health and Wellbeing Act 2022* (Vic) s 29.

95. Victorian Aboriginal Legal Service, Submission 449 (Health), 29.

96. Victorian Aboriginal Legal Service, Submission 449 (Health), 29.

97. Victoria State Government, Department of Health, *Comparison of key provisions: Mental Health and Wellbeing Act 2022 and the Mental Health Act 2014* (Fact Sheet), 3.

98. Victoria State Government, Department of Health, *Comparison of key provisions: Mental Health and Wellbeing Act 2022 and the Mental Health Act 2014* (Fact Sheet), 4.

99. Victoria Legal Aid defines protective services officers as 'armed and uniformed officers who have the power to apprehend, arrest, search and fine people in designated places, such as railway stations': Victoria Legal Aid, '[Protective services officers](#)' (Webpage, 7 November 2023).

100. Victorian Aboriginal Legal Service, Submission 449 (Health), 32.

101. State of Victoria, Department of Health and Human Services, [Balit Murrup Aboriginal Social And Emotional Wellbeing Framework 2017-2027](#) (October 2017), 10.

102. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 9 [46].

103. Victorian Government, [Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027](#) (October, 2017), 12.

104. Victorian Government, [Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027](#) (October, 2017), 11, 36-47; Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 82 [34]-[35].

105. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 82 [34]-[35].

106. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 19 [107].

107. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 82 [37]-[38].

108. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 82 [43]-[46].

109. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 9 [46]. See also Department of Health, Response to NTP-004-002 – 'Yoorrook Justice Commission Health Workstream Request for Information – Response', 12, provided by the State of Victoria in response to the Commission's Request for Information.

110. State of Victoria, Department of Health and Human Services, [Balit Murrup Aboriginal Social And Emotional Wellbeing Framework 2017-2027](#) (Policy, October 2017), 8.

111. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 38.

112. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 43 [241]-[242].

113. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 43 [241]-[242].

114. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 43 [243].

115. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 43 [244].

116. \$3.8 billion was allocated in the 2021-22 State budget and an additional \$1.3 billion was provided in the 2022-23 State budget: Transcript of Minister Ingrid Stitt MP, 17 June 2024, 78 [9]-[21].

117. Transcript of Minister Ingrid Stitt MP, 17 June 2024, 78 [9]-[21].

118. Transcript of Minister Ingrid Stitt MP, 17 June 2024, 78 [21]-[29]; Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 10 [53].

119. Minister Stitt accepted the statement put to her by Counsel assisting in Transcript of Minister Ingrid Stitt MP, 17 June 2024, 78 [39]-[43].

120. Transcript of Minister Ingrid Stitt MP, 17 June 2024, 78 [45]-79 [1].

121. Transcript of Minister Ingrid Stitt MP, 17 June 2024, 79 [3]-[8]. See also Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 14 [78].

122. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 17 [95]. See also Department of Health, Response to NTP-004-002 – 'Yoorrook Justice Commission Health Workstream Request for Information – Response', 4, provided by the State of Victoria in response to the Commission's Request for Information.

123. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 90 [27]-[44].

124. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 90 [28]-[31].

125. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 90 [46]- 91 [1].

126. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 90 [38]-[40].

127. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 17 [97].

128. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 17 [98].

129. Department of Health, Response to NTP-004-002 – 'Yoorrook Justice Commission Health Workstream Request for Information – Response', 7, provided by the State of Victoria in response to the Commission's Request for Information.

130. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 15 [85].

131. Department of Health, Response to NTP-004-002 – 'Yoorrook Justice Commission Health Workstream Request for Information – Response', 8, provided by the State of Victoria in response to the Commission's Request for Information.

132. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 33 [192].

133. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 60.

134. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 60.

135. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 27.

136. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 24-25 [139]-[140].

137. Victoria, [Royal Commission into Victoria's Mental Health System](#) (Final Report: Summary and Recommendations, February 2021) 44, Recommendation 8.

138. Victoria, [Royal Commission into Victoria's Mental Health System](#) (Final Report: Summary and Recommendations, February 2021) 45, Recommendation 9.

139. Victoria, [Royal Commission into Victoria's Mental Health System](#) (Final Report: Summary and Recommendations, February 2021) 46, Recommendation 10.

140. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 25 [141]; Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 11 [56].

141. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 11 [56].

142. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 25 [142].

143. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 25 [143].

144. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 26 [148].

145. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 26 [149].

146. Transcript of Deputy Secretary Katherine Whetton, 17 June 2024, 93 [4].

147. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 11 [58].

148. Victorian Aboriginal Legal Service, Submission 449 (Health), 32.

149. Victorian Legal Aid defines protective services officers as 'Protective services officers are armed and uniformed officers who have the power to apprehend, arrest, search and fine people in designated places, such as railway stations': Victoria Legal Aid, '[Protective Services Officers](#)' (Webpage, 7 November 2023).

150. Victorian Aboriginal Legal Service, Submission 449 (Health), 32-3.

151. Victorian Aboriginal Legal Service, Submission 449 (Health), 32.

152. Victorian Aboriginal Legal Service, Submission 449 (Health), 32.

153. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 13-14 (citations omitted).

154. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 3 [9].

155. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 10, 19, 24, 26-28; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 7, 11-17, 19; Transcript of Associate Professor Graham Gee, 14 June 2024, 63 [29]-65 [12], 66 [1]-[30].

156. Associate Professor Julie Moschion, Submission 903, reporting on preliminary findings of the ARC project: Melbourne Institute, Applied Economic & Social Research, '[Historical Frontier Violence: Drivers, legacy and the role of truth-telling: Linking the past to the present](#)'. See also Transcript of Dr Bill Pascoe, 26 March 2024, 49 [41]-[45], citing generally the work of Professor Atkinson e.g. Judy Atkinson, *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia* (Spinifex Press, 2002).

See also Chapter 7: How colonisers stole Country which explores how First Peoples have been separated from Country and culture, and Chapter 8: Impacts of Country being stolen which explores these impacts including intergenerational trauma.

157. Transcript of Sheree Lowe, 27 May 2024, 66 [14]-[18]; Lowitja Institute, Submission 331 (Land, Sky, Waters), 6-8, 13; Witness Outline of Aunty Charmaine Clarke, 7 December 2022, 6-7; Transcript of Aunty Glenys Watts, 6 December 2022, 90 [4]-[20]; Witness Outline of Aunty Marjorie Thorpe, 14 April 2024

158. Victorian Aboriginal Legal Service, Submission 339 (Land, Sky, Waters), 15.

159. Victoria Legal Aid, Submission 423 (Health, Education, Housing), 4; Transcript of Associate Professor Graham Gee, 14 June 2024, 56 [15]-[29]; Dr Alison Markwick, Submission 394 (Thesis, '[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)'); Victorian Aboriginal Legal Service, Submission 448 (Education), 21, citing Macedo, D M et al, 'Effects of Racism on the Socio-Emotional Wellbeing of Aboriginal Australian Children' (2019) 18(1) *International Journal for Equity in Health*.

160. Transcript of Professor Raymond Lovett, 28 May 2024, 14; Kathleen Thurber et al 'Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous-non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study' (2022) *The Lancet*.

161. Australian Institute of Health and Welfare, '[Suicide & self-harm monitoring: Deaths by suicide among First Nations people](#)' (Webpage, 3 February 2025). Closing the Gap Information Repository, '[Socio-economic outcome area 14](#)' (Data dashboard).

162. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 34-36 [198]-[212].

163. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 10.

164. Coroners Court of Victoria, [Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018-2023](#) (Report, 7 March 2024), 7.

165. Coroners Court of Victoria, [Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2023](#) (Report, 7 March 2024), 7–8.

Note that ‘Crude rate’ refers to the number of deaths by suicide in a given year per 100,000 people in the population and is not adjusted to account for age profiles of populations/cohorts.

Caution should be exercised when analysing trends in deaths by suicide for First Nations people due to data quality issues, including the under-identification of First Nations people in deaths data and the uncertainties in estimating and projecting the size and structure of the First Nations population over time. The data may also be impacted by the willingness of an individual to identify as Aboriginal and/or Torres Strait Islander and how this willingness may change over time due to a variety of factors. Further, the Coroners’ notice to Births Deaths and Marriages does not note Indigenous status in Victoria or New South Wales. See Australian Institute of Health and Welfare, Indigenous Mental Health & Suicide Prevention Clearinghouse, [Investigating enhancements of Indigenous data in suicide-relevant data sets](#) (Report, 2022), 6.

Since the Koori Engagement Unit was established at the Coroners Court of Victoria in 2019, it has made a concerted effort to improve the identification of First Peoples among the deaths referred to the Coroner in Victoria. This involves a system with five points at which the deceased person may be identified as Aboriginal and/or Torres Strait Islander.

166. Victorian Alcohol and Drug Association, Submission 458.

167. Victorian Alcohol and Drug Association, Submission 458 (Interview with Craig Holloway, Victorian Aboriginal Health Service (VAHS)).

168. Witness Outline of Aunty Charmaine Clarke, 7 December 2022, 6–7; Transcript of Aunty Glenys Watts, 6 December 2022, 90 [4]–[20]; Witness Outline of Aunty Marjorie Thorpe, 14 April 2024.

169. Yoorrook notes that since October 2023, Ingrid Stitt has been Minister for Mental Health, Minister for Ageing, and Minister for Multicultural Affairs.

170. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 6 [23]; Transcript of Minister Ingrid Stitt MP, 17 June 2024, 89 [10]–[15].

171. Lowitja Institute, [Indigenous Nation Building and the Political Determinants of Health and Wellbeing](#) (Discussion Paper, 2022), 6, 9, 14–6, 27; See also Michael J Chandler and Christopher Lalonde, ‘[Cultural Continuity as a Hedge against Suicide in Canada’s First Nations: Culture and Suicide](#)’ (1998) 35(2) *Transcultural Psychiatry*, 212–213.

172. Mungabareena Aboriginal Corporation, Submission 995 (Community Group 1); Mungabareena Aboriginal Corporation, Submission 996 (Community Group 2); Transcript of Shellee Strickland, 7 December 2022, 149 [38]–[41].

173. Transcript of Aunty Nellie Flagg, 14 June 2024, 52 [9]–[11]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 17, 41.

174. Transcript of Aunty Nellie Flagg, 14 June 2024, 52 [9]–[11]; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 17, 41.

175. Transcript of Aunty Nellie Flagg, 14 June 2024, 52 [5]–[11].

176. See Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, August 2024), 152, 189, 191. See also Anonymous 451, Submission 451; Commission for Children and Young People, *Lost, Not Forgotten; Inquiry into children who died by suicide and were known to Child Protection* (Report, 2019).

177. Transcript of Aunty Glenys Watts, 6 December 2022, 90 [4]–[20].

178. Site Visit Summary — St Vincents’ Hospital site visit, 23 May 2024, 4–6; Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 71 [15]–72 [31]; Summary of roundtable with Koorie Youth Council, 8 April 2024.

179. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 71 [15]–72 [31].

180. Anonymous 1110, Submission 1110, 6.

181. Anonymous 1110, Submission 1110, 6.

182. Anonymous 1110, Submission 1110, 6.

183. Anonymous 1110, Submission 1110, 6.

184. Anonymous 1110, Submission 1110, 6–7.

185. Anonymous 1110, Submission 1110, 6–7.

186. Anonymous 1110, Submission 1110, 7.

187. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 16 [74].

188. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15–16 [74].

Yoorrook acknowledges that this observation is based on the interpretation of data sets with a number of limitations, which are acknowledged in Deputy Secretary Whetton’s statement. For example, the data relied upon to determine a client’s region is based on the postcode given by the client in relation to the first compulsory order made in a financial year, and clients may therefore be counted in multiple regions. Yoorrook accepts that caution is required when comparing health services to one another: Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15–16 [74].

189. Victorian Aboriginal Legal Service, Submission 449 (Health), 35.

190. Department of Health, ‘[Compulsory Assessment and Treatment: Regulation of Compulsory Assessment and Mental Health Treatment in Victoria](#)’ (Webpage, 29 August 2023).

191. Independent Mental Health Advocacy, ‘[Types of Compulsory Orders](#)’ (Webpage, 25 August 2023).

192. Department of Health, ‘[Treatment Orders](#)’ (Webpage, 26 September 2023).

193. Department of Health, ‘[Mental Health Tribunal](#)’ (Webpage, 13 August 2023).

194. Department of Health, ‘[Treatment Orders](#)’ (Webpage, 26 September 2023).

195. Victorian Aboriginal Legal Service, Submission 449 (Health), 34.

196. Victorian Aboriginal Legal Service, Submission 449 (Health), 34.

197. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 13 [65].

198. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 13 [65].

199. Victoria Legal Aid, Submission 423 (Health, Housing, Education), 12.

200. Department of Health, ‘[Mental Health Tribunal](#)’ (Webpage, 13 August 2023).

201. Victorian Aboriginal Legal Service, Submission 449 (Health), 38.

202. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 38.

203. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 38.

204. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 38.

205. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021) 78, 91, Recommendations 42, 55.

206. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021) 78, Recommendation 42.

207. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021) 91, Recommendation 55.1.

208. Victoria, [Royal Commission into Victoria’s Mental Health System](#): Summary and Recommendations (Final Report February 2021) 91, Recommendation 55.2.

209. Engage Victoria, ‘[Independent Review of Compulsory Treatment and Decision-Making Laws](#)’ (Webpage, 9 June 2023); Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 13 [67].

210. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 13 [66]; Engage Victoria, ‘[Independent Review of Compulsory Treatment and Decision-Making Laws](#)’ (Webpage, 9 June 2023).

211. Engage Victoria, ‘[Independent Review of Compulsory Treatment and Decision-Making Laws](#)’ (Webpage, 9 June 2023). See also Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 13 [67].

212. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 13 [67].

213. Engage Victoria, ‘[Independent Review of Compulsory Treatment and Decision-Making Laws](#)’ (Webpage, 9 June 2023).

214. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15 [73].

215. Engage Victoria, ‘[Independent Review of Compulsory Treatment and Decision-Making Laws](#)’ (Webpage, 9 June 2023).

216. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 15 [73].

217. Victorian Aboriginal Legal Service, Submission 449 (Health), 34.

218. Department of Health, ‘[Restrictive Interventions](#)’ (Webpage, 2 February 2024); Australian Law Reform Commission, ‘[Restrictive Practices in Australia](#)’ (Webpage, 20 May 2014); Victorian Aboriginal Legal Service, Submission 449 (Health), 39.

219. Victorian Aboriginal Legal Service, Submission 449 (Health), 39.

220. Department of Health, ‘[Restrictive Interventions](#)’ (Webpage, 2 February 2024); Australian Institute of Health and Welfare, Mental health, ‘[Seclusion and restraint](#)’ (Webpage, 30 April 2024).

221. Australian Institute of Health and Welfare, Mental health, ‘[Seclusion and restraint](#)’ (Webpage, 30 April 2024).

222. Department of Health, ‘[Restrictive Interventions](#)’ (Webpage, 2 February 2024).

223. Department of Health, ‘[Restrictive Interventions](#)’ (Webpage, 2 February 2024).

224. Victorian Mental Illness Awareness Council (VMIAC), [How Safe is My Hospital? Seclusion Report #3](#) (Report, 2022), 60.

225. Victorian Mental Illness Awareness Council (VMIAC), [How Safe is My Hospital? Seclusion Report #3](#) (Report, 2022), 60.

226. Victoria, [Royal Commission into Victoria’s Mental Health System](#) (Final Report: Summary and Recommendations, February 2021), 90.

227. Victoria, [Royal Commission into Victoria’s Mental Health System](#) (Final Report: Summary and Recommendations, February 2021), 90; Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 17 [76].

228. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 18 [78]–[79].

229. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 17 [76].

230. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 18 [80].

231. Victorian Aboriginal Legal Service, Submission 449 (Health), 41–2.

232. Victorian Aboriginal Legal Service, Submission 449 (Health), 42–3.

233. Victoria, *Royal Commission into Victoria’s Mental Health System: Summary and Recommendations* (Final Report, February 2021), 4.

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Chapter 30: Family violence

Introduction	151
The family violence system in Victoria	153
What Yoorrook heard	156
Scale and nature of family violence in Victoria	156
Impacts of family violence	156
Barriers to accessing family violence and healthcare support	157
Compounding health injustices	159
Current service system failures	160
Aboriginal-led solutions and best practices	162
The way forward	164
Recommendations	165

We are tired of seeing our women being killed, seriously injured or missing, whether that be by a person who uses violence or because of failed government systems and processes, which see our women incarcerated and die. We need a new narrative about family violence that makes Aboriginal women and our experiences visible. We need government to listen and hear us. Aboriginal women deserve better.¹

ANTIONETTE GENTILE

Please be aware that this chapter discusses sensitive content including discussion of physical, emotional, and sexual violence and abuse, institutional abuse and racism, including cases where this has contributed to the death of First Peoples, self-harm and suicide, and child removal.

The chapter draws on external statistics including data about people who have passed away due to family violence – Yoorrook recognises that each statistic represents a person, with a family who is grieving their loss.

This chapter contains stories and mention of First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you. Please see the support resources at [Keeping You Safe & Strong – Yoorrook Justice Commission](#).

Introduction

Family violence is one of the most significant health injustices faced by First Peoples in Victoria. Family violence manifests as both a contemporary critical public health concern and a symptom of ongoing colonial violence. Historical trauma intersects with contemporary systemic racism and discrimination.² As such, the intergenerational trauma continues to shape experiences of family violence in First Peoples communities.

Historical records demonstrate the deep roots of this violence. Inaugural Co-Chair of the First Peoples' Assembly of Victoria Marcus Stewart (Taungurung) described this to Yoorrook:

Women experienced specific forms of normalised violence on a male-dominated colonial frontier, such as sexual slavery and domestic servitude. Oral histories, as well as documentary evidence received by the Assembly, record European sealers raiding camps to kidnap women for their swimming and sealing skills, exacerbating conflict, and severing cultural and family connections by taking women to other locations far from Country.³

MARCUS STEWART, INAUGURAL CO-CHAIR OF FIRST PEOPLES' ASSEMBLY OF VICTORIA

CEO of the Victorian Aboriginal Child and Community Agency (VACCA) Aunty Muriel Bamblett (Yorta Yorta, Dja Dja Wurrung, Taungurung, BoonWurrung) articulated:

At the centre of all of it is racism ... racism ... is intertwined with family violence ... [the] belief that Aboriginal women are not equal to other women, nor are valued by society.⁴

AUNTY MURIEL BAMBLETT

The health system's response to family violence experienced by First Peoples has been characterised by systemic barriers, cultural insensitivity and a failure to recognise the interconnectedness of health, wellbeing and cultural safety.⁵ These institutional failures have created a healthcare environment that often compounds, rather than alleviates, the health impacts of family violence.⁶

Throughout the health inquiry, Yoorrook focused on family violence experienced by First Peoples in the context of health and wellbeing. Most of the evidence Yoorrook received during this inquiry related to physical violence perpetrated against First Peoples women. For this reason, throughout this chapter the term family violence is used to refer to these circumstances. However, Yoorrook recognises that family violence encompasses many types of abuse and violence and can occur in a range of relationships (see box: What is family violence?).⁷

This chapter examines the profound health injustices experienced by First Peoples in relation to family violence. This chapter explores systemic barriers to healthcare access, analysing the compounding effects of intersecting systems, and identifies the critical role of Aboriginal-led solutions in addressing these challenges.

WHAT IS FAMILY VIOLENCE?

Family violence is an umbrella term used to refer to violence that occurs in the context of family, family-like or intimate relationships.⁸ It includes any abuse or violence that occurs in the context of a current or past intimate relationship or family (including extended families, kinship networks and communities).⁹ This can include physical, sexual, emotional or psychological, elder, economical or financial, and cultural abuse, and forms of coercive control, or any repeated behaviour that causes fear and distress. Most people who use family violence are men, and most victim-survivors are women and their children.¹⁰ However, family violence can, and does, occur in a range of relationships.¹¹

Family violence impacts the whole family, including children who witness family violence. The interaction between family violence and child protection is discussed in *Yoorrook for Justice*.¹²

KEY VICTORIAN STATISTICS: FIRST PEOPLES AND FAMILY VIOLENCE

From September 2023 to September 2024, 10.5 per cent of total family violence incidents involved First Peoples as a victim-survivor, perpetrator or both (10,397 of 98,816 total incidents).¹³

The number of First Peoples ‘affected family members’¹⁴ in Victoria rose by 16.2 per cent between 2023 and 2024 (from 5659 to 6578).¹⁵

In the 2023–24 financial year, 10.3 per cent of those who presented to emergency departments for injuries relating to ‘intimate partner violence’ identified as Aboriginal.¹⁶

In 2023–24, 48.2 per cent of First Peoples accessing Specialist Homelessness Services in Victoria reported experiencing family violence.¹⁷

In the 2022–23 financial year in Victoria, there were 5575 notifications to child protection for First Peoples children and young people where family violence was identified – the highest number since records began.¹⁸ First Peoples children and young people represented 11.5 per cent of all notifications to child protection where family violence was identified.¹⁹

The family violence system in Victoria

The Minister for Prevention of Family Violence is responsible for overall coordination of the Victorian Government’s response to family violence. Family Safety Victoria, a division of the Department of Families, Fairness and Housing (DFFH), is responsible for the corresponding government portfolio, leading and coordinating whole-of-Victorian-government family violence policy. Family Safety Victoria delivers family and sexual violence services across Victoria, including The Orange Door network, victim-survivor support services, sexual assault support services and perpetrator interventions.

DFFH has stewardship responsibility for specialist family violence services and primary prevention. Police, courts and justice agencies also play a critical role, as reflected in witness statements and evidence presented to Yoorrook.

Yoorrook notes that the phrase ‘family violence system’ is often used to refer to the network of government agencies, laws, policies, services, technologies, people and processes that work together to prevent and respond to family and sexual violence. The family violence system goes beyond health and encompasses justice agencies that respond to family and sexual violence offending and provide legal protection and justice for victim-survivors. These include Victoria Police, the court system, Corrections Victoria, Victims of Crime and legal assistance services.

The family violence system also includes:

- services that work with victim-survivors
- services that work with people who use violence
- other community service providers
- housing agencies
- education providers
- health services
- federal institutions, bodies and services
- the network of Aboriginal Community Controlled Organisations (ACCOs) that deliver services to First Peoples
- the statewide and local governance structures that oversee self-determined responses to family violence for First Peoples communities in Victoria.

ACCOs that deliver family violence support services to First Peoples provide holistic support including psychosocial support, legal assistance, and prevention and early-intervention services. Examples of key ACCOs in this space include Djirra, VACCA, the Victorian Aboriginal Legal Service (VALS), and Dardi Munwurro. Many of these services have demonstrated success but are often chronically under-resourced.²⁰ For more discussion, see Aboriginal-led solutions and best practices, and Chapter 33: Aboriginal community controlled healthcare.

An effective response to family violence requires a holistic approach across a range of services, including healthcare services. Accordingly, this chapter refers to both the healthcare system (narrowly) and to the family violence system (more broadly) as the context requires.

THE VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

In 2015, the Royal Commission into Family Violence was established to investigate and evaluate policies and services for family violence prevention, victim-survivor support, accountability for perpetrators and systemic responses to family violence.²¹

The final report was published in March 2016.²² The Royal Commission found that Victoria’s existing approach failed to adequately respond to the scale and impact of the harm caused by family violence. It found that services were not equipped to identify family violence, victim-survivor support services were fragmented, a lack of information sharing between agencies compromised victim-survivor safety and that there was inadequate investment in prevention and early intervention.²³

The Victorian Royal Commission into Family Violence made 227 recommendations, including calling for reform of risk assessment and management frameworks²⁴ and the introduction of Support and Safety Hubs.²⁵ There were nine recommendations specific to First Peoples, including adequately funding Aboriginal Community Controlled Organisations (ACCOs) and incorporating requirements in mainstream organisations’ funding agreements to improve the cultural safety of services.²⁶

Yoorrook heard that there were limitations of the recommendations as they related to First Peoples. For example, the Victorian Aboriginal Child and Community Agency (VACCA) said ‘there were significant gaps in the Royal Commission’s recommendations as they pertained to Aboriginal communities’,²⁷ and that ‘none of the Royal Commissions’ recommendations spoke to the right to Aboriginal self-determination to be respected and embedded within the sector’.²⁸

The Victorian Government announced that it had fully implemented all 227 recommendations on 28 January 2023.²⁹ This included the development of the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM)³⁰ and the establishment of The Orange Door network.³¹ The Orange Door rollout was completed in October 2022. The Department of Families, Fairness and Housing (DFFH) told Yoorrook that The Orange Door is ‘committed to embedding Aboriginal self-determination principles and works with Aboriginal communities and services with the aim of ensuring Aboriginal people receive culturally safe and appropriate service responses’.³² DFFH told Yoorrook that they have taken steps to strengthen cultural safety in The Orange Door network, including through localised training to all staff.³³

DFFH provided evidence to Yoorrook that it has developed the *Dhelk Dja: Safe Our Way* agreement in partnership with members of the Dhelk Dja Partnership Forum.³⁴ The agreement ‘commits Aboriginal communities, Aboriginal services and government to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence’.³⁵ As part of this policy, the Dhelk Dja Family Violence Fund was established, providing a flexible pool of \$18.2 million in funding over two years (2021–22 and 2022–23). This funding was available to eligible First Peoples organisations and community groups to deliver First Peoples-led tailored responses for victim-survivors and people who use violence. Between 2019–20 and 2022–23, two separate funding rounds supported a total of 80 time-limited projects across four streams.³⁶ The projects aimed to deliver frontline family violence services, workforce capacity building, holistic healing and prevention activities targeted to Aboriginal women and children and those who use violence.³⁷

However, First Peoples organisations questioned the Victorian Government’s assertion that the recommendations have been implemented in full.³⁸ For example, VACCA told Yoorrook:

VACCA is concerned with this assertion, and believes ongoing work is required for the government to claim full implementation ... It is VACCA’s contention that the policy intent behind many of the Royal Commission’s recommendations have not been fully executed.³⁹

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

The Victorian Government’s assertion that it has implemented recommendation 146, to prioritise adequate funding for ACCOs,⁴⁰ was raised in evidence before Yoorrook. Nerita Waight (Yorta Yorta, Narrandjeri), CEO of the Victorian Aboriginal Legal Service (VALS) was asked if she agreed that it has been implemented, to which she replied: ‘No’.⁴¹

VACCA further advised Yoorrook that ‘the term of the Family Violence Reform Implementation Monitor, which was responsible for monitoring implementation of the recommendations, was not extended. This creates a gap in accountability in surveying government efforts to respond to family violence’.⁴² The Family Violence Reform Implementation Monitor and office concluded its work as of 31 May 2023.⁴³

What Yoorrook heard

As outlined Chapter 26: First Peoples and the Victorian health system, as a result of colonisation First Peoples have been subjected to physical and sexual violence by colonisers.⁴⁴ Today First Poeples continue to be harmed by family violence, and to experience compounding health injustice and service system failures that compound these system injustices.

Scale and nature of family violence in Victoria

The scale of family violence affecting First Peoples in Victoria represents a significant public health crisis that continues to worsen.⁴⁵ First Peoples in Victoria experience high rates of family violence (see box: Key Victorian statistics: First Peoples and family violence), and current data likely underestimates the extent of family violence given that family violence it is often under-reported.⁴⁶

Yoorrook heard that family violence against First Nations women is largely perpetrated by non-Indigenous men,⁴⁷ and is driven by ongoing racism and misogyny.⁴⁸ Despite a persistent racist stereotype that ‘violence is inherent to Aboriginal culture’⁴⁹, evidence suggests that both historical and current family violence is largely perpetrated by non-Indigenous men.⁵⁰ As noted by Aunty Muriel Bamblett:

Violence against Aboriginal women and children ... is an ongoing and enduring issue ... I don’t see significant change ... today our women are more likely to experience intimate partner or family violence at the hands of non-Aboriginal men.⁵¹

AUNTY MURIEL BAMBLETT

In its submission to Yoorrook on family violence, VACCA highlighted research that shows the majority of First Nations women have non-Indigenous partners.⁵² VACCA suggested that it can be extrapolated that it is likely that non-Indigenous men are responsible for much of the violence perpetrated against First Nations women.⁵³ VACCA noted that practitioners have also observed in their work that violence being perpetrated against Aboriginal women is largely carried out by non-Indigenous men.⁵⁴

Djirra, a First Peoples-led family violence prevention and legal service, also told Yoorrook that most of the women accessing their services have experienced violence from a non-Indigenous partner.⁵⁵

Impacts of family violence

Family violence impacts every aspect of Aboriginal women’s lives ... It is the leading cause of homelessness for Aboriginal women and children, the key driver for removing children from their mothers, families and communities, and a primary cause of harm and criminalisation of Aboriginal women.⁵⁶

ANTOINETTE GENTILE

Family violence has long-term impacts on health, including serious physical trauma such as acquired brain injuries.⁵⁷ Family violence also has long-term impacts on mental health and social and emotional wellbeing.⁵⁸

National research demonstrates the clear link between family violence and poor health outcomes. For example, the Australian Burden of Disease Study 2018 revealed the extensive health impacts of intimate partner violence on First Peoples women. The study estimated that family violence contributed to:

- 20 per cent of depressive disorders
- 26 per cent of anxiety disorders
- 28 per cent of early pregnancy loss
- 62 per cent of homicide and violence injuries
- 32 per cent of suicide and self-inflicted injuries
- 10 per cent of alcohol use disorders.⁵⁹

First Nations women experience high rates of hospitalisations and death due to family violence. National data from 2022–23 demonstrates that First Nations women aged 15 and over were 34 times as likely to be hospitalised for injuries from family violence as non-Indigenous women.⁶⁰

National data from 2010 to 2023 also shows that Indigenous women were up to seven times more likely to die by homicide compared to all Australian women.⁶¹ Almost three quarters of First Peoples women who died by homicide were killed by a current or former intimate partner.⁶²

Barriers to accessing family violence and healthcare support

First Peoples face significant barriers when seeking family violence and other support services, Health consequences are often exacerbated by barriers to reporting family violence to the police, which would provide an avenue for referrals to appropriate healthcare and other support.

These barriers to help seeking extend to healthcare settings, where First Peoples women often face discrimination and culturally unsafe practices. These barriers reflect deeply embedded systemic racism and cultural insensitivity in Victoria Police and Victorian health services. VALS highlighted that First Peoples women experience barriers that stem from racism when seeking assistance from the police:

Aboriginal women are far less likely to seek assistance from police in circumstances of violence or report cases of abuse because of a mistrust of police. This justified mistrust stems from the deeply racist system that police operate within and the consistent failures by police to protect Aboriginal women.⁶³

VICTORIAN ABORIGINAL LEGAL SERVICE

CEO of VALS, Nerita Waight (Yorta Yorta, Narrandjeri), described these systemic failures:

When you told the police of what happened to you or perhaps even showed them your injuries, you were belittled and not believed. You were turned away, told to go somewhere else. When you should have been offered sympathy and medical assistance, you were instead put in handcuffs.⁶⁴

NERITA WAIGHT

A significant barrier to accessing help for family violence among First Peoples is the fear of misidentification as a perpetrator of family violence. First Nations women reporting family violence to police are more likely to be identified as offenders.⁶⁵ This misidentification has severe consequences at multiple levels, as explained by VACCA:

Firstly, misidentification means that there is a lack of accountability toward the actual person using violence which places women and children at risk of harm ... For women, these include further criminalisation if they are subjected to criminal charges, child removal, employment and financial instability.⁶⁶

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

This violence inflicted by the system creates further barriers to much-needed supports. Yoorrook was told that the fear of misidentification and threat of child removal deters many from seeking assistance. For example, Djirra explained that some Aboriginal women experiencing family violence are reluctant to access support due to concerns about their children being removed:

Aboriginal women experiencing family violence are often reluctant to seek medical advice and support ... our women report to us their worries about the risk of their children being removed due to mandatory reporting requirements. Again, this is even more so in regional Victoria where options are even narrower or non-existent.⁶⁷

DJIRRA

Yoorrook heard that First Peoples’ unique health and wellbeing needs are not incorporated into the design and delivery of services, which also impacts access to care and support. Nerita Waight gave evidence about the response to the Royal Commission into Family Violence, explaining that it was not culturally specific to First Peoples women: ‘It wasn’t about the specific needs that they had as a community, what they needed to support them, what those unique responses looked like. It took a very mainstream lens’.⁶⁸ This has impacted access to care for First Peoples women:

[O]ur women don’t access those spaces because they’re not meant for them. They are not designed for them.⁶⁹

NERITA WAIGHT

Dr Melanie Heenan is Deputy Secretary of Family Safety Victoria, in the DFFH. Deputy Secretary Heenan told Yoorrook that there have been increases in self-referrals and police referrals to The Orange Door support service since the Victorian Royal Commission into Family Violence.⁷⁰ The Orange Door provides ‘initial support to adults, children and young people in need’⁷¹ and refers First Peoples clients to the broader service offerings of ACCOs.⁷²

Yoorrook heard that many First Peoples women do not trust mainstream services such as The Orange Door support service because of concerns that mandatory reporting to child protection may occur when family violence is disclosed.⁷³ Yoorrook acknowledges that Victorian workers in The Orange Door network are not mandated to report to child protection.⁷⁴ Under The Orange Door Service Model, before any risk assessment consultation takes place with community-based child protection involving a First Peoples client or family group, a consultation with the Aboriginal Practice Lead must occur to ensure a culturally safe response. The Aboriginal Practice Lead must also be included in the consultation with community-based child protection.⁷⁵

Under The Orange Door Practice Guidance, referrals to The Orange Door (including referrals from child protection) involving families or individuals who have been identified as First Peoples are prioritised as Tier 1. This means they should be assigned a practitioner within 48 hours and continue to be prioritised during periods of high demand.⁷⁶

Practitioners from ACCOs in The Orange Door network work with families and local First Peoples services to determine appropriate service choices from the broader service offerings by ACCOs.⁷⁷

Compounding health injustices

The health impacts of family violence are significantly compounded by intersecting systemic failures. As stated by Nerita Waight:

The damage and trauma that government agencies inflict on Aboriginal women is interconnected, compounding and in many ways has been described as worse than that of the family violence they experience. The interactions of all these different agencies have led to a situation in which Aboriginal women live in a culture of fear.⁷⁸

NERITA WAIGHT

Yoorrook heard specific concerns about family violence against LGBTQIA+ people⁷⁹ and Elders,⁸⁰ highlighting the need for intersectional approaches to family violence services and healthcare responses.⁸¹ The impact of family violence on First Peoples with disabilities, particularly those with acquired brain injuries from violence, requires specialised healthcare and other family violence responses that are often lacking in current service provision.⁸²

Family violence is also a key factor in child protection involvement. For example, in Victoria in 2022–23, there were 5575 notifications to child protection for Aboriginal children and young people where family violence was identified.⁸³ Antoinette Gentile (Wollithiga Yorta Yorta), deputy CEO of Djirra, described First Nations women’s experiences of attempting to access help for family violence and the risk of child protection involvement:

Violence in the home is a major risk factor for child protection involvement and Aboriginal child removal. Djirra has supported women who have reported violence to police only to be issued with a warrant for their arrest and this is often over poverty related offending such as unpaid fines. This catch-22 situation prevents Aboriginal women from reporting family violence, or intervention order breaches, which then leads to Aboriginal women being unsafe.⁸⁴

ANTOINETTE GENTILE

The mainstream family violence system’s failure to provide culturally safe care compounds barriers to seeking help. As Djirra explains:

Settler housing, health and education systems, programs and policies cannot understand or meet the needs of our women children and communities: these come from a background and legislative framework that was designed to and continues to marginalise First Nations people.⁸⁵

DJIRRA

The compounding impact of intersecting injustice is particularly evident in the intersection of housing insecurity, family violence and health. In 2023–24, 48.2 per cent of First Peoples accessing Specialist Homelessness Services in Victoria reported experiencing family violence.⁸⁶

VALS Principal Managing Lawyer of Aboriginal Families Law Juergen Kaehne reflected on the cycle of housing insecurity and family violence:

It's a compounding problem. So the mother loses her accommodation, children are taken away because she has got nowhere to stay. Then she goes to apply for new housing, and she is told she can't get one because she has got no family, no children. So it's a circular problem and mum is stuck in the circle.⁸⁷

JUERGEN KAEHNE

In evidence, Deputy Secretary Heenan recognised the systemic harm linked to family violence, and the need for a different approach, stating:

The interaction between family violence and other service systems is often significant. Family violence is the leading cause of homelessness in Australia, and it is a key driver of First Peoples children into out-of-home care. This is why culturally safe initiatives to prevent and respond to family violence are vital to keeping First Peoples women and children safe, and keeping First Peoples children with their family.⁸⁸

DEPUTY SECRETARY DR MELANIE HEENAN

Current service system failures

The Victorian service system's response to family violence affecting First Peoples remains predominantly reactive and punitive rather than preventative and focused on healing. Nerita Waight describes this systemic failure:

The family violence system in Victoria operates primarily as a reactive emergency measure, characterised by punitive measures towards people using violence at the end of the line rather than a proactive, preventive approach. We need to be focusing on the front-end and prioritise holistic services.⁸⁹

NERITA WAIGHT

Yoorrook also heard that punitive responses to family violence do not solve the issue but can exacerbate it, leading to further violence. For example, Nerita Waight stated:

We know that a carceral and a police response to what is effectively a social problem does not prevent, treat or solve the issue of family violence in our communities. Given Aboriginal women are over-policed as perpetrators but under-policed as victims, more police doesn't solve a thing. Incarcerating somebody for a short period of time doesn't actually do anything, because we know that people return to our communities sometimes more violent than what they went in because of the violence of incarceration, the lack of appropriate supports, the lack of healing.⁹⁰

NERITA WAIGHT

This reactive and punitive response negatively impacts both users of violence and victim-survivors. Families are disconnected and children may be taken into care, away from community and Country. As outlined above, this approach also creates further barriers to accessing help. VACCA submitted:

Research demonstrates that both police inaction, through failures to respond or enforce the law, as well as police action, through misidentification and the criminalisation of women who experience violence, are sources of harm for Aboriginal women who come into contact with police. These experiences lead to fear and mistrust of police, which in turn make Aboriginal women who are at risk of serious harm or death, less likely to contact police when they need help.⁹¹

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Yoorrook further heard that users of violence rely on the threat of these consequences as a means of coercive control, known as 'systems abuse'.⁹² Juergen Kaehne described the process where users of violence weaponise the system against First Peoples women:

[V]ery often it's the mother who is presenting as hysterical, because the father may well have called the police and/or many times before said, 'When they come, they're going to say that I should take the children away.' And so she is hysterical and she presents as hysterical. To look at him who is calm and quiet and, you know, a scratch on his face, they look at her who is hysterical and crying, and go, 'Well, we are making this call based on this observation, based on our code of practice.'⁹³

JEURGEN KAEHNE

In an anonymous submission to Yoorrook, one individual (Anonymous 1110) shared their experience of systems abuse by a former partner and misidentification.⁹⁴ They described their experience with the police:

[W]hen [the Police] came, I tried to show the police the holes in my walls ... my TV that was broken, broken furniture. They didn't want a bar of it. They just instantly took me as a perpetrator. They'd just seen a black woman and like, she's done wrong.⁹⁵

ANONYMOUS 1110

Anonymous 1110 also described how their child was removed. They explained to Yoorrook that they told police:

[Y]ou're putting my daughter into an arms of somebody who was known to be an alcoholic, that I've been trying to tell you that it is not safe to be around my child. And you're removing my child to be in his hands.⁹⁶

ANONYMOUS 1110

Antoinette Gentile told Yoorrook that the threat of compounding injustice can lead women to 'stay in an unsafe environment'.⁹⁷

The Royal Commission into Family Violence highlighted 'the many ways the family violence system fell short, including the ways it was continuing to fail First Peoples'.⁹⁸ Despite the Victorian Government's 2023 announcement that all 227 of the Royal Commission's recommendations had been implemented,⁹⁹ this failure continues. VALS reported that 'family violence continues to exert a significant and detrimental impact on Aboriginal communities' and 'rates of family violence experienced by Aboriginal women and children only continue to escalate'.¹⁰⁰

VALS also highlighted that since the State's announcement of implementing the Royal Commission recommendations, critical family violence funding for ACCOs has been reduced or not renewed:

Since this announcement VALS has also seen the non-renewal or cutting of critical funding for ACCOs in family violence case management, and prevention and early intervention programs, as well as significant cuts to family violence departmental staff. In many instances, funding was provided on a short-term basis, often described by the Victorian Government as funding for 'trials.' This funding has been allowed to lapse by the decision of the Victorian Government. Such an approach undermines any progress made since the 2016 Royal Commission and puts at risk the lives of Aboriginal women and children.¹⁰¹

VICTORIAN ABORIGINAL LEGAL SERVICE

The then Minister for the Prevention of Family Violence, the Hon Vicki Ward MP,¹⁰² accepted that greater investment is required to protect Aboriginal women and children: ‘It requires ongoing and strengthened investment, whether it comes to prevention, whether it comes to response, to supporting people who have experienced family violence and whether it also includes the work with people who are using violence or at risk of using violence’.¹⁰³

Aboriginal-led solutions and best practices

ACCOs deliver holistic family violence support services to First Peoples, including psychosocial support, legal assistance, and prevention and early-intervention services. Evidence presented to Yoorrook demonstrates the effectiveness of First Peoples-led holistic responses to family violence.¹⁰⁴ Successful Aboriginal-led programs which are often holistic and include prevention,¹⁰⁵ are under-resourced by the State.¹⁰⁶ Programs like Dardi Munwurro’s behaviour change programs and Djirra’s programs such as Dillybag and Koori Women’s Place demonstrate the effectiveness of culturally grounded, holistic approaches.¹⁰⁷

Deputy Secretary Heenan said that ‘where there has been improvement’ in the State’s family violence policy response, it has been in increasing the number of specialist ACCOs that support victim-survivors.¹⁰⁸ DFFH provided evidence to Yoorrook that the 2023–24 State Budget provided \$25.5 million over four years and \$6.8 million ongoing in new sustainable funding for family violence services delivered by ACCOs.¹⁰⁹

Deputy Secretary Hennan acknowledged:

I think First Nations responses from ... victim survivors to those who are using violence have been far more innovative and effective, because of the holistic nature of programs that have been delivered.¹¹⁰

DEPUTY SECRETARY DR MELANIE HEENAN

Despite the effectiveness of First Peoples-led services in preventing and addressing family violence, Yoorrook heard many of these services need greater levels of investment, including long-term and sustainable funding.¹¹¹ For example, Nerita Waight said:

There is a critical need for Aboriginal-lead preventive, early help and specialist family violence intervention supports that are trauma informed and therapeutic. This includes early access to legal supports as part of a holistic wraparound service system ... You cannot address the scourge of family violence with punitive response. You need to invest in supports and services that address the underlying reasons for violence and attitude towards women. This requires long-term, flexible funding allocated to ACCOs who can provide a specialist response.¹¹²

NERITA WRIGHT

Antoinette Gentile articulated how more support for holistic, First Peoples-led services, and greater self-determination is needed:

We need to support Aboriginal women who experience violence by providing early, culturally safe, holistic support that connects our women and children to culture and community, helps build resilience and wellbeing, and aids in their recovery and, more importantly, their healing. We need this across the state, and that requires substantial investment in self-determined solutions that work for our women.

ANTOINETTE GENTILE

MESSAGE TO ABORIGINAL WOMEN IMPACTED BY FAMILY VIOLENCE

Nerita Waight, CEO of the Victorian Aboriginal Legal Service (VALS) shared this message to Aboriginal women impacted by family violence:

I want to speak directly to Aboriginal women who have been affected by family violence. We know that you have to be the heroes in your own lives far too often. When you reached out for help the system didn’t protect you. It didn’t protect your children ...

When you should have been offered sympathy and medical assistance, you were instead put in handcuffs. When you should have been protected, you were labelled the perpetrator and were criminalised and punished. When you should have access to safe housing and appropriate supports for you and your children ... When you should have been able to keep caring for your children in a place of safety, all of you impacted by violence, your children taken from you. When you should have been offered culturally appropriate counselling and wellbeing services so that you had an opportunity to heal, you instead were forced to navigate a system after retraumatising system to try and get your children back. The system shouldn’t be the one that seeks to harm you ...

We also speak to women impacted by family violence who have not been able to share their stories, perhaps because it’s too hard, perhaps because it takes a measure of faith you don’t have in a system that has continually failed you. We know that you’re out there. We know that you are having to do it tough ... We also acknowledge so many women impacted by family violence who are not able to tell their stories, because they are not here ...

We also want to acknowledge that it’s hard and we want you to reach out. We also know that as an ACCO sector we haven’t been able to deliver the self-determined solutions that we want to, that you need us to because the funding isn’t there, because it’s needed to build another prison. Hopefully this Commission, which has been such an instrument for change will make government question its choices and redirect its resources to where they need to be.¹¹³

NERITA WRIGHT

The way forward

The evidence presented to Yoorrook demonstrates the urgent need for transformative change in how Victoria’s health system responds to family violence affecting First Peoples. As Auntie Muriel Bamblett stated: ‘Until we own facts that family violence is real, that racism is a critical driver of gender violence, our efforts continue to fail especially in mainstream government responses’.¹¹⁴

Yoorrook heard that there is a need to replace the State’s reactive response with a proactive approach that prioritises prevention and early intervention.¹¹⁵ The underlying drivers of family violence must be addressed, including social determinants such as housing and education,¹¹⁶ and racism towards First Peoples women.¹¹⁷

First Peoples victim-survivors must receive culturally appropriate and timely support that addresses trauma and support healing.¹¹⁸ The evidence received by Yoorrook demonstrates the need for greater cultural safety in mainstream family violence services and health services. Greater accountability is required to address the racism experienced by victim-survivors of family violence in a range of areas, including emergency services, family violence services and hospitals. There is also a need for improved coordination between health, housing and family violence services.¹¹⁹

Greater support and resourcing for First Peoples-led services is critical. As articulated by Antoinette Gentile, achieving meaningful change requires ‘substantial investment in self-determined solutions that work for our women’.¹²⁰ The health system must move beyond tokenistic responses to embrace genuine partnership with First Peoples in addressing family violence. Long-term, sustainable funding for First Peoples-led organisations and programs is needed.¹²¹

Recommendations

RECOMMENDATION 79

Led by First Peoples, the Victorian Government must fund the establishment of a Victorian First Peoples prevention of family violence peak body bestowed with legislative powers including to oversee the introduction and implementation of family violence death review mechanisms for formal reporting.

RECOMMENDATION 80

Led by First Peoples, the Victorian Government must provide sustainable, long-term funding to ACCOs to:

- a. Expand existing services and deliver new initiatives to respond to family violence; and
- b. Establish First Peoples Women’s Centres for First Peoples women affected by family violence, including a comprehensive suite of culturally safe, holistic specialist and preventative supports such as SEWB, mental health, alcohol and drug support and crisis accommodation.

RECOMMENDATION 81

Led by First Peoples, the Victorian Government must:

- a. Invest in primary prevention initiatives (e.g. universal prevention programs for all Victorians) which address racism, before family violence occurs; and
- b. Develop and invest in initiatives to educate, prevent and reduce the likelihood of escalation of behaviour and/or repeat offences of users of violence once they have been identified.

Endnotes

1. Transcript of Antoinette Gentile, 14 June 2024, 79 [27]–[32].

2. Transcript of Aunty Muriel Bamblett, 6 December 2022, 103 [12]–[23].

3. Witness Statement of Marcus Stewart, inaugural Co-Chair of the First Peoples’ Assembly of Victoria, 29 April 2022, 26–27 [73].

4. Transcript of Aunty Muriel Bamblett, 24 June 2024, 51 [31]–[44].

5. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 11.

6. Transcript of Nerita Waight, 13 June 2024, 6 [31]–[37].

7. See also discussion of Elder abuse and violence within LGBTQIA+ relationships in Transcript of Aunty Muriel Bamblett, 24 June 2024, 66–68.

8. Family violence is generally the preferred term among First Peoples.

See Australian Institute of Health and Welfare, ‘[Family, domestic and sexual violence: Glossary](#)’ (Webpage, 6 November 2024); Victorian Government, [Dhelk Dja: Safe Our Way: Strong Culture, Strong Peoples, Strong Families](#) (Agreement); Victorian Government, Family Violence Lived Experience Strategy, ‘[Preferred terminology](#)’ (Webpage, 12 April 2022); Safe+Equal, ‘[What is family violence?](#)’ (Webpage). See also generally *Family Violence Protection Act 2008* (Vic).

9. Victorian Government, [Dhelk Dja: Safe Our Way: Strong Culture, Strong Peoples, Strong Families](#) (Agreement).

10. See Victorian Government, Family Violence Lived Experience Strategy, ‘[Preferred terminology](#)’ (Webpage, 12 April 2022).

11. Victorian Government, Family Violence Lived Experience Strategy, ‘[Preferred terminology](#)’ (Webpage, 12 April 2022); Transcript of Nerita Waight, 13 June 2024, 4 [29]–[37].

12. See for example, Yoorrook Justice Commission, *Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems* (Report, 31 August 2023), 127–134, 147, 152, 215–217, 262.

13. Crime Statistic Agency, ‘[Affected Family Members by Aboriginal and Torres Strait Islander status](#)’, *Victim Survivors of Family Violence, Aboriginal Status (Unique Victims)*, Year ending September (Data dashboard, 2024).

Note that the data on the Crime Statistic Agency dashboard are updated regularly and are subject to some change.

14. According to the Crime Statistic Agency: ‘An ‘affected family member’ is the individual who is deemed to be affected by events occurring during a family incident’: Crime Statistic Agency, ‘[Affected Family Members by Aboriginal and Torres Strait Islander status](#)’, *Affected Family Members by Aboriginal and Torres Strait Islander status* (Data Dashboard, 2024).

15. Crime Statistics Agency, ‘[Affected Family Members by Aboriginal and Torres Strait Islander status](#)’, *Family Incidents by Aboriginal and Torres Strait Islander status* (Data dashboard, 2024).

Note that the data on the Crime Statistic Agency dashboard are updated regularly and are subject to some change.

16. Crime Statistics Agency, [Service Sector Data Tables, Table 40: Number of emergency department patients by Aboriginal status and family violence type, 1 July 2019 to 30 June 2024](#) (Data Download, 2024).

17. This compares to 42.9 per cent of non-Indigenous people accessing Specialist Homelessness Services in Victoria reported experiencing family violence. See Australian Institute of Health and Welfare, [Data Tables: Specialist Homelessness Services Annual Data Report 2023–2024](#), Table INDIGENOUS.2: Clients and support periods, by Indigenous status and sex, and by state and territory, 2023–24, *CLIENTS.43: Clients by client groups, by Indigenous status and sex, and by state and territory, 2023–24* (Data download, 2024).

18. Victorian Government, Victorian Aboriginal Affairs Framework (VAAF) Data Dashboard, ‘[Goal 3: Aboriginal families and households thrive](#)’, 3.1.3 *Notifications to child protection for children and young people where family violence is identified* (Data dashboard, 2023).

19. Victorian Government, Victorian Aboriginal Affairs Framework (VAAF) Data Dashboard, ‘[Goal 3: Aboriginal families and households thrive](#)’, 3.1.3 *Notifications to child protection for children and young people where family violence is identified* (Data dashboard, 2023).

20. See for e.g. Witness Outline of Alan and Corree Thorpe, 14 December 2022, 3–4 [15]–[18]; Summary Report – Dardi Munwurro Site Visit, 6 February 2023; Deloitte, [Strengthening Spirit and Culture: A cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#) (Report, November 2021); Transcript of Antoinette Gentile, 14 June 2024, 80.

See also Chapter 33: Aboriginal community controlled healthcare.

21. Victoria, *Royal Commission into Family Violence, Letters Patent*, 1–2; Victorian Government, ‘[About the Royal Commission into Family Violence](#)’ (Webpage, 2023).

22. Victorian Government, ‘[About the Royal Commission into Family Violence](#)’ (Webpage, 2023).

23. Victoria, *Royal Commission into Family Violence: Summary and Recommendations* (Report, March 2016) 6.

24. Victoria, *Royal Commission into Family Violence: Summary and Recommendations* (Report, March 2016) 19–20, Recommendation 1.

25. Victoria, *Royal Commission into Family Violence: Summary and Recommendations* (Report, March 2016) 24–25, Recommendation 37–40.

26. Victoria, *Royal Commission into Family Violence: Summary and Recommendations* (Report, March 2016) 33, Recommendations 144–152.

27. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 14.

28. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 14.

29. Victorian Government, ‘[Landmark Royal Commission Recommendations Implemented](#)’ (Media Release, 28 January 2023).

30. Victorian Government, [Family Violence Multi-Agency Risk Assessment and Management Framework](#) (Framework, 2018).

31. Victorian Government, [The Orange Door Service Model](#) (Model, 2019).

32. Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 5, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024.

33. Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 5, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024.

34. Witness Statement of Minister Vicki Ward MP, 27 March 2024, 7 [19]–[20]; Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 19–21 [75]–[84].

35. Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 2, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024.

36. Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 2, 7–8, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024. See also Victorian Government, ‘[Successful applicants announced for Dhelk Dja Family Violence Funds](#)’ (Webpage, 23 June 2021).

37. Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 2, 7–8, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024. See also Victorian Government, ‘[Successful applicants announced for Dhelk Dja Family Violence Funds](#)’ (Webpage, 23 June 2021).

38. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 14. See also Victorian Aboriginal Legal Service, Submission 494 (Family Violence), 13.

39. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 14.

40. Victoria, *Royal Commission into Family Violence: Summary and Recommendations* (Report, March 2016) 33, Recommendation 146.

41. Transcript of Nerita Waight, 13 June 2024, 30 [17].

42. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 14.

43. Victoria State Government, ‘[The Family Violence Reform Implementation Monitor](#)’ (Webpage, 18 August 2023).

44. Transcript of Aunty Muriel Bamblett, 6 December 2022, 103 [12]–[23]; Transcript of Aunty Muriel Bamblett, 24 June 2024, 51 [31]–[44]; Transcript of Nerita Waight, 13 June 2024, 4 [44]–5 [20]; Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 11; Witness Statement of Uncle Jack Charles, 23 April 2022, 5 [26]; Witness Outline of Aunty Vickie Roach, 12 December 2022, 2–3 [8]–[15].

45. See also Chay Brown et al, ‘[The report on murdered and missing Indigenous women and children fails to hold anyone to account. It’s not enough](#)’, *The Conversation* (Webpage, 16 August 2024); The Senate, [Legal and Constitutional Affairs References Committee: Missing and murdered First Nations women and children](#) (Report, August 2024).

46. Transcript of Nerita Waight, 13 June 2024, 4 [39]–[42], 5 [29]–[44]; Transcript of Antoinette Gentile, 14 June 2024, 75 [40]–76 [34]; Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 10, citing Matthew Willis, [Non-disclosure of family violence in Australian Indigenous communities](#) (2011).

47. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 12.

48. Transcript of Aunty Muriel Bamblett, 24 June 2024, 51 [31]–[44]; Victorian Aboriginal Legal Service, Submission 494 (Family Violence), 11–13; Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 6, citing Maile Arvin, Eve Tuck, Angie Morrill, ‘Decolonizing feminism: Challenging connections between settler colonialism and heteropatriarchy’ (2013) 25(1) *Feminist Formations*, 8–34.

49. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 12, citing Irene Watson, ‘Aboriginality and the violence of colonialism’ (2009) 8(1) *Borderlands*.

50. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 12; Djirra, Submission 411 (Education, Health and Housing), 8.

51. Transcript of Aunty Muriel Bamblett, 24 June 2024, 51 [31]–[44].

52. Nicholas Biddle, [Indigenous and Non-Indigenous Marriage Partnerships](#) (Australian National University, 2011), 3–4.

53. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 12; Lily Brown, ‘[Why we need to educate journalists about Aboriginal women’s experience of family violence](#)’, *The Conversation* (Webpage, 25 November 2016).

54. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 12.

55. Djirra, Submission 411 (Education, Health and Housing), 8.

56. Transcript of Antoinette Gentile, 14 June 2024, 74 [20]–[24].

57. Transcript of Antoinette Gentile, 14 June 2024, 76 [36]–[45].

58. Transcript of Antoinette Gentile, 14 June 2024, 76 [1]–[6].

59. Australian Institute of Health and Welfare, ‘[Australian Burden of Disease Study 2018: Interactive data on risk factor burden among Aboriginal and Torres Strait Islander people](#)’ (Webpage, 10 March 2022).

60. 650 per 100,000 (an estimated total of 2600 females) First Nations females hospitalised, compared with 19 per 100,000 (an estimated total of 2300 females) non-Indigenous females : Australian Institute of Health and Welfare, ‘[Family and Sexual Violence: Aboriginal and Torres Strait Islander People](#)’ (Webpage, 28 February 2025).

61. Samantha Bricknell and Hannah Miles, [Homicide of Aboriginal and Torres Strait Islander women](#), Australian Institute of Criminology (2024, Statistical Bulletin). 5, 8.

62. Samantha Bricknell and Hannah Miles, [Homicide of Aboriginal and Torres Strait Islander women](#), Australian Institute of Criminology (2024, Statistical Bulletin). 5, 8.

63. Victorian Aboriginal Legal Service, Submission 494 (Family Violence), 12.

64. Transcript of Nerita Waight, 13 June 2024, 10 [12]–[31].

65. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024), 138; Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 34.

66. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 34–35.

67. Djirra, Submission 411 (Education, Health and Housing), 18.

68. Transcript of Nerita Waight, 13 June 2024, 13 [44]–[46].

69. Transcript of Nerita Waight, 13 June 2024, 14 [1]–[2].

70. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 10 [29], citing Victorian Government, ‘The Orange Door Annual Service Delivery Report 2021–22 (Report, 2023).

71. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 15 [56].

72. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 15–16 [54]–[59].

Please note that throughout this report Yoorrook has used ACCO (Aboriginal Community Controlled Organisation) as the preferred term/acronym generally, but has used retained the use of ACCHO (Aboriginal Community Controlled Health Organisation) when presenting quotes from evidence, and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For more discussion see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘The Victorian ACCO Model’ (Webpage).

73. Djirra, Submission 411 (Education, Health and Housing), 9; Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 34. See also Transcript of Deputy Secretary Dr Melanie Heenan, 20 June 2024, 15–16 [54]–[59]; Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 5–6, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024.

74. Transcript of Deputy Secretary Dr Melanie Heenan, 20 June 2024, 41 [27]–[33].

75. Department of Families, Fairness and Housing, Responses to Questions taken on notice by The Hon Vicki Ward MP, Minister for Prevention of Family Violence, and Dr Melanie Heenan, Deputy Secretary, Family Safey Victoria on 20 June 2024, 5 [16].

76. Witness Statement of Acting Associate Secretary Argiri Alisandratos, 24 April 2023, 24 [51]; Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 16 [59].

77. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 15 [57]; Witness Statement of Acting Associate Secretary Argiri Alisandratos, 24 April 2023, 24 [53].

78. Transcript of Nerita Waight, 13 June 2024, 6 [31]–[37].

79. Yoorrook uses the acronym LGBTQIA+ to refer to lesbian, gay, bisexual, transgender, queer, and asexual people, people with intersex variations, and other people who do not identify as heterosexual or cisgender.

See Transcript of Aunty Muriel Bamblett, 24 June 2024, 66–68.

80. Transcript of Aunty Muriel Bamblett, 24 June 2024, 66–68.

81. Transcript of Aunty Muriel Bamblett, 24 June 2024, 67 [6]–[10].

82. Transcript of Antoinette Gentile, 14 June 2024, 76 [12]–77 [2].

83. Victorian Government, 3.1.3 Notifications to child protection for children and young people where family violence is identified, Goal 3: Aboriginal families and households thrive, Victorian Aboriginal Affairs Framework Data Dashboard (Dashboard, 2023).

84. Transcript of Antoinette Gentile, 14 June 2024, 75 [1]–[7].

85. Djirra, Submission 411 (Education, Health and Housing), 9.

86. This compares to 42.9 per cent of non-Indigenous people accessing Specialist Homelessness Services in Victoria reported experiencing family violence. See Australian Institute of Health and Welfare, [Data Tables: Specialist Homelessness Services Annual Data Report 2023–2024](#), Table INDIGENOUS.2: Clients and support periods, by Indigenous status and sex, and by state and territory, 2023–24, CLIENTS.43: *Clients by client groups, by Indigenous status and sex, and by state and territory, 2023–24* (Data download, 2024).

87. Transcript of Juergen Kaehne, 13 June 2024, 17 [36]–[40].

88. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 6, referring to research by Australia Institute of Health and Welfare, *Specialist homelessness services annual report 2021–22* (2022) and Commission for Children and Young People, *Always was, always will be Koori children: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria* (2016).

89. Transcript of Nerita Waight, 13 June 2024, 8 [14]–[17].

90. Transcript of Nerita Waight, 13 June 2024, 8 [4]–[11].

91. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 36, referencing Emma Buxton-Namisyk, ‘Domestic violence policing of First Nations women in Australia; ‘Settler’ frameworks, consequential harms and the promise of meaningful self-determination’ (2022) 62(6) *The British Journal of Criminology*, 1323–1340.

92. See, eg: Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 17, 41.

93. Transcript of Juergen Kaehne, 13 June 2024, 23 [34]–[40].

94. Anonymous 1110, Submission 1110.

95. Anonymous 1110, Submission 1110, 4.

96. Anonymous 1110, Submission 1110, 4.

97. Transcript of Antoinette Gentile, 14 June 2024, 81 [15]–[17].

98. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 6 [10].

99. Victoria State Government, ‘[The family violence recommendations](#)’ (Webpage).

100. Victorian Aboriginal Legal Service, Submission 494 (Family Violence), 10.

101. Victorian Aboriginal Legal Service, Submission 494 (Family Violence), 13.

102. Yoorrook notes that at the time she gave evidence in June 2024, Vicki Ward was Minister for the Prevention of Family Violence, but that in December 2024 she became Minister for Emergency Services, Minister for Natural Disaster Recovery, and Minister for Equality. As of December 2024, Natalie Hutchins became the Minister for Prevention of Family Violence and the Minister for Women. See Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

103. Transcript of Minister Vicki Ward MP, 20 June 2024, 20 [26]–[29].

104. See for e.g. Witness Outline of Alan and Coree Thorpe, 14 December 2022, 3–4 [15–18]; Summary Report – Dardi Munwurro Site Visit, 6 February 2023; Deloitte, ‘[Strengthening Spirit and Culture: A cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#)’, (Report, November 2021); Transcript of Antoinette Gentile, 14 June 2024, 80.

See also Chapter 33: Aboriginal community controlled healthcare.

105. Witness Outline of Alan and Coree Thorpe, 14 December 2022, 3–4 [15–18]; Summary Report – Dardi Munwurro Site Visit, 6 February 2023, 3; Deloitte, ‘[Strengthening Spirit and Culture: A cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#)’, (Report, November 2021); Transcript of Antoinette Gentile, 14 June 2024, 80 [27]–[45].

106. See Chapter 33: Aboriginal community controlled healthcare.

107. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 292, 300, 348.

108. Transcript of Deputy Secretary Dr Melanie Heenan, 20 June 2024, 27 [11]–[16].

109. Department of Families, Fairness and Housing, ‘*DFFH background paper in response to the Yoorrook Justice Commission’s Health RFI*’, 3, produced by the State of Victoria in response to the Commission’s Request for Information dated 30 November 2024.

110. Transcript of Deputy Secretary Dr Melanie Heenan, 20 June 2024, 27 [22]–[25].

111. See for e.g. Witness Outline of Alan and Coree Thorpe, 14 December 2022, 3–4 [15]–[18]; Summary Report – Dardi Munwurro Site Visit, 6 February 2023; Deloitte, [Strengthening Spirit and Culture: A cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#) (Report, November 2021); Transcript of Antoinette Gentile, 14 June 2024, 80. See also Chapter 33: Aboriginal community controlled healthcare.

112. Transcript of Nerita Waight, 13 June 2024, 9 [13]–[19].

113. Transcript of Nerita Waight, 13 June 2024, 10 [13]–11 [5].

114. Transcript of Aunty Muriel Bamblett, 24 June 2024, 52 [41]–[43].

115. Witness Statement of Minister Vicki Ward MP, 27 March 2024, 8 [30]; Djirra, Submission 411 (Education, Health and Housing), 17–18; Transcript of Nerita Waight, 13 June 2024, 7 [45]–8 [25].

116. Djirra, Submission 411 (Education, Health and Housing), 12–16; Transcript of Nerita Waight, 13 June 2024, 9 [35]–[42].

117. Transcript of Aunty Muriel Bamblett, 24 June 2024, 52, 53 [25]–[32].

118. Djirra, Submission 411 (Education, Health and Housing), 17.

119. Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 19, 26–27, 45.

120. Transcript of Antoinette Gentile, 14 June 2024, 79 [38]–[43].

121. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 292, 300, 348.

Chapter 31: Racism, workforce and accountability

Introduction	173
What Yoorrook heard	175
Racism, discrimination and cultural safety	175
First Peoples health workforce	183
Oversight and accountability	189
The way forward	195
Recommendations	196

[H]ospitals have not been places of care and healing for many First Nations people.¹

DEPUTY SECRETARY JODIE GEISSLER

Please be aware that this chapter discusses sensitive content including discussion of institutional abuse and racism, including cases where this has contributed to the death of First Peoples, and topics of self-harm and suicide, and child removal.

It contains stories and mention of First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you. Please see the support resources at [Keeping You Safe & Strong – Yoorrook Justice Commission](#).

Introduction

Racism is endemic across the Victorian health system. Yoorrook received a significant body of evidence outlining the extent of racism in the sector, the different forms of racism and the significant harms experienced by First Peoples as a result. The contemporary and historical presence of racism in Victoria’s health system is uncontested. As the Royal Australian College of General Practitioners (RACGP), stated:

Experiences of racism are common among Aboriginal people in healthcare settings and the link between racism and health is well established. Episodes of racism create major barriers to healthcare access and can lead to a compromised quality of medical care.²

ROYAL COLLEGE OF GENERAL PRACTITIONERS

Mainstream health settings are often places of harm instead of healing for First Peoples. Despite the strategies, policies and programs that have long committed to making change, stigmatisation and racial bias remain prevalent at all levels of the system. The State has continually failed to deliver high quality and culturally safe services. The outcome is a health sector that denies First Peoples equitable access to the care they need.

The vital role of First Peoples staff in improving the cultural safety of mainstream services is acknowledged in the various First Peoples health workforce plans developed by the State. Yet, despite these plans and the commitments made in them, the number of First Peoples staff in the sector remains well below population parity. Yoorrook also heard evidence that mainstream health services are failing to provide safe workplaces. Workplace-based racism remains a common experience for First Peoples health staff.

Weak oversight and lack of accountability mechanisms in the current strategies and policies contribute to the continuation of racism in the Victorian health system. The State has acknowledged these weaknesses, but has not yet adequately addressed them. Rather, Yoorrook heard that the continued launch of First Peoples health strategies without the funding necessary for their implementation further undermines efforts to eliminate or at least substantially reduce the prevalence of racism.

This chapter details evidence from Yoorrook’s inquiries into racism and lack of cultural safety in the Victorian health system.

KEY TERMS: RACISM AND CULTURAL SAFETY

Racism has underpinned the colonial project in Australia since invasion.³ Racism is a complex phenomenon that can take many forms and occurs in different ways at different levels. The most common forms of racism include:

- **systemic or institutional racism:** The Department of Health defines systemic or institutional racism as ‘when the control of, and access to, societal resources serve to maintain or exacerbate the unequal distribution of opportunity across ethnic groups’.⁴ The Victorian Aboriginal Legal Service (VALS) explained that this includes the ‘ways that laws, policies and practices produce a discriminatory outcome for racial or cultural groups’.⁵
- **interpersonal racism:** The Department of Health defines interpersonal racism as ‘where the interactions between people serve to maintain or exacerbate the unequal distribution of opportunity across ethnic groups’.⁶

Racism can also become **internalised** ‘where a person incorporates attitudes, beliefs and/or ideologies within their world view that serves to maintain or exacerbate the unequal distribution of opportunity across ethnic groups’, including through internalised dominance or internalised oppression.⁷

Cultural safety for First Peoples includes ‘fostering an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity and experience’.⁸

It is critical to note that **racism** and **cultural safety** are related but distinct concepts. Racism in healthcare settings creates culturally unsafe environments. However, the elimination of racism alone will not lead to culturally safe care. These terms should not be used interchangeably.

See also Appendix B: Glossary.

What Yoorrook heard

Racism, discrimination and cultural safety

I am wary of hospitals and police. I still am to this day. Both these institutions have been places where I have received direct discrimination and racism all throughout my life.⁹

UNCLE LARRY WALSH

Racism is pervasive

Despite the recent implementation of both national and statewide frameworks targeting racism in the mainstream healthcare system, institutional racism continues to be viewed as the largest barrier to achieving health equity and better health outcomes for Aboriginal and Torres Strait Islander peoples and therefore to Closing the Gap.¹⁰

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

People die because of racism in our health services. We can do better. We must do better.¹¹

MINISTER MARY-ANNE THOMAS MP

First Peoples have the right to access health services without discrimination,¹² but racism directed at First Peoples ‘remains a common experience in healthcare settings’.¹³ Executive Director of the Social and Emotional Wellbeing (SEWB) Unit at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Sheree Lowe (Peek Whurrung, Kirrae Whurrung, Djab Whurrung) explained that VACCHO has ‘got an endless supply of case studies of where people have been mistreated in our health systems and wellbeing systems based on being Aboriginal’.¹⁴ More critically, racial biases ‘influence diagnosis and treatment decisions and levels of care in some circumstances’.¹⁵

The pervasive nature of racism in the health system is well documented. Multiple studies demonstrate the high level of racism experienced by First Peoples seeking healthcare.¹⁶ For example, a 2022 survey found that in Victoria, 20.6 per cent of First Peoples surveyed reported experiencing racism in health settings within the previous 12 months.¹⁷ This rate was nearly triple that reported by non-First Peoples (7.6 per cent) for the same period.¹⁸ The data also indicate that the experience of racism in health settings is increasing. The proportion of First Peoples reporting a racism experience was up from the 14.4 per cent reported in 2018.¹⁹

Interpersonal racism and discrimination are exacerbated by systemic racism. Yoorrook heard from multiple witnesses that ‘[s]ystemic racism across the health sector remains endemic’.²⁰ The Aboriginal Justice Caucus explained that institutional racism is ‘particularly insidious’ and ‘reflects organisational failures to understand the impacts of policies and processes on Aboriginal people’.²¹

The government is well aware of the extent and harm of racism towards First Peoples in the state’s health system. Minister for Health and Minister for Health Infrastructure the Hon Mary-Anne Thomas MP²² acknowledged that ‘[h]ospitals can be unsafe places for First Peoples’ in ways that other Victorians cannot ‘begin to comprehend’.²³ She recognised that First Peoples experience racism ‘as patients and staff [and] by other staff and [from] other patients’.²⁴ Minister Thomas further stated:

No patient should experience racism from their healthcare worker, nor should any First Peoples healthcare worker experience racism at work.²⁵

MINISTER MARY-ANNE THOMAS MP

Experiences of racism

Racism takes various forms, all with their own sets of related harms. Victoria Legal Aid explained that First Peoples experience discrimination in the form of denied access to healthcare, the type of services received and being subjected to racism and derogatory comments from healthcare professionals:

First Nations clients have told us they experience discrimination in the form of denial of access to healthcare services, discriminatory terms on which the services were provided, and being subjected to other detrimental treatment in connection with the delivery of the service. For example, clients reported derogatory, prejudiced, and racist comments from healthcare professionals, and being told they are not welcome to access general healthcare services.²⁶

VICTORIA LEGAL AID

Yoorrook heard that people who experience racism are more likely to report being in poor health (as compared to people who did not experience racism).²⁷ VACCHO cited research that ‘perceived racism explained 34% of the gap in self-reported health status between Aboriginal and non-Aboriginal Victorians’ (compared to 32 per cent for smoking and 13 per cent for excessive alcohol consumption).²⁸ Yoorrook also heard that racism has long-term adverse effects on mental health (including depression and suicidal ideation) and reduces access to employment, housing and education.²⁹

Evidence was also received about the presence of unconscious bias and ignorance among staff in health services.³⁰ Your Community Health explained that a lack of knowledge among healthcare staff compromises cultural safety:

Unintended racism through lack of knowledge also has a negative impact on Aboriginal peoples. Aboriginality continues to be challenged based on skin colour and appearance, questions such as ‘what % Aboriginal are you?’ and ‘you don’t look Aboriginal’ remarks are harmful and compromise cultural safety. Comments such as these point to the lack of awareness [of] healthcare staff.³¹

YOUR COMMUNITY HEALTH

Intersectional experiences of discrimination in health settings were also raised in evidence. For example, First Peoples Disability Network Damian Griffis (Worimi) the CEO of First Peoples Disability Network highlighted an experience of racism:

We had a man recently with quadriplegia who was having spasms on a hot day. He presented to hospital because it is very dangerous to be dehydrated when you have quadriplegia. He was falling ill very quickly, but the hospital’s first response was, ‘have you been drinking?’. That’s common for Aboriginal people, and for people with cerebral palsy. We’re facing massive assumptions all the time.³²

DAMIAN GRIFFIS

In another example, Karinda Taylor (Wamba Wamba) CEO of First Peoples’ Health and Wellbeing pointed out that ‘Aboriginal people are clinically classified as “high-risk” as a basis for excluding them from standard maternal healthcare’.³³ This often results in First Peoples women not being able to birth at their nearest hospital and being subjected to ‘a higher level of monitoring throughout their pregnancy’.³⁴

Racism imposes barriers to accessible healthcare and affects the quality of medical care.³⁵ VACCHO explained that racism is a significant barrier to First Peoples’ attending their local health service, stating: ‘Staff at a rural ACCO [Aboriginal Community Controlled Organisation] advised that their Community won’t attend the local hospital because it is so racist and would drive 100km further to go to another one’.³⁶

Racism can also contribute to delays in receiving care. Your Community Health noted:

The impact of racism in healthcare, and fear of racism, can often mean people avoid seeking support, ‘If you have a bad experience, then you don’t want to go back, and you wait until you’re really sick to go and see someone.’ People often choose not to seek healthcare because racism within healthcare services is experienced as being worse than poor health.³⁷

YOUR COMMUNITY HEALTH

Yoorrook heard that racism also directly impacts the quality of care delivered to First Peoples.³⁸ The Victorian Equal Opportunity and Human Rights Commission (VEOHRC) explained that racism and unconscious bias can impact clinical decision making and health outcomes experienced by First Peoples:

First Nations people experience behaviour that is informed by racial prejudice and unconscious bias in health settings, which also have a bearing on clinical decision-making and health outcomes.³⁹

VICTORIAN EQUAL OPPORTUNITY AND HUMAN RIGHTS COMMISSION

First Peoples shared accounts of racism in hospitals, including racist attitudes and biases held by healthcare professionals.⁴⁰ For example, Uncle Larry Walsh (Daung Whurrung/ Taungurung) attended the hospital with pancreatitis. He received delayed support as he was repeatedly assumed to be experiencing alcohol dependence, leading to him discharging himself early:

In one incident recently when I was taken to the emergency department in Bendigo Hospital for gall stones and pancreatitis attack at the same time. My GP had even sent ahead my latest test results and notes showing that this was the case. Despite this I and my daughter ... were asked repeatedly if I was an alcoholic. ... I had not had a drink for 6 months ... A lot more happened in this hospital visit but it got to the point where I discharged myself as opposed to deal with the lack of care and racist assumptions and attitudes towards me.⁴¹

UNCLE LARRY WALSH

Yoorrook heard that identifying as First Peoples frequently leads to differential treatment. An anonymous submission to Yoorrook described the experience of an Aboriginal person who was monitored by a security guard during a surgery, after they identified as Aboriginal on their intake forms, and this experience has meant they no longer self-identify:

One time, I had to have surgery, but ... I was aware there was a security guard actually in the operation theatre because I ticked the identity of Aboriginal background. So, I actually don’t do that anymore.⁴²

ANONYMOUS 323

Other witnesses told Yoorrook that they no longer identify as First Peoples in hospital settings due to fear of racism.⁴³ But non-identification impacts access to supports specifically provided for First Peoples, such as Aboriginal Hospital/Health Liaison Officers (AHLOs) — see box: Aboriginal Hospital/Health Liaison Officers (AHLOs).

Experiences of stigmatisation and discrimination also colour First Peoples’ willingness to engage with the health system. For example, the fear of child protection involvement or police contact in health settings was highlighted as a barrier to seeking healthcare.⁴⁴ Michael Graham (Dja Dja Wurrung, Wiradjuri), CEO of the Victorian Aboriginal Health Service (VAHS) and Co-Chair of Ngaweeyan Maar-oo, said of hospitals:

It’s also a place where if you go in there with a couple of bruises they think family violence straightaway. For our Elders it’s the place you go to die. So those things are always on people’s minds and I don’t know if you can ever remove that or if it will ever be removed. It will take many years of good service for that to happen.⁴⁵

MICHAEL GRAHAM

These fears are not unfounded. Being identified as First Peoples in the health system raises the likelihood of being reported to regulatory bodies. The Victorian Aboriginal Child and Community Agency (VACCA) told Yoorrook that ‘[r]acism within both antenatal and maternal and child health services contributes to the overrepresentation of Aboriginal babies in unborn reports to child protection’.⁴⁶ VACCA referred to the high proportion of pre-birth reports from health professionals concerning First Peoples babies, stating:

Whilst data specifically on the source of unborn reports is not available, health professionals were responsible for almost 11 per cent of notifications in 2021–22, coming after the police (27 per cent) and school professionals (19.5 per cent).⁴⁷

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Yoorrook notes, for context, that health workers represent four of the ten listed professions required to undertake mandatory reporting under the *Children, Youth and Families Act 2005* (Vic).

VALS provided a case study illustrating the experience of one of their clients who took their child to the emergency department for a broken arm and was misled to believe that child protection services were commencing an investigation (see Case study: VALS client experience at an Emergency Department).⁴⁸

Minister Thomas acknowledged that racism in the health system leads to unfair reporting of First Peoples to regulatory bodies:

There are many factors that contribute to systemic racism within the Victorian healthcare system. This includes a pervasive bias, both conscious and unconscious, of racist stereotypes that some healthcare providers and practitioners have towards First Peoples. This results in unfair reporting of First Peoples to regulatory bodies, failing to listen to First Peoples about their valid health concerns and ultimately the poorer outcomes that First Peoples experience when they seek healthcare in Victorian healthcare settings.⁴⁹

MINISTER MARY-ANNE THOMAS MP

CASE STUDY: VALS CLIENT EXPERIENCE AT AN EMERGENCY DEPARTMENT

VALS provided Yoorrook with the following case study.⁵⁰

Our client took their 1-year-old child to a public Emergency Department to receive care for a broken arm.

The hospital notified Child Protection based on mandatory reporting obligations however, Child Protection did not commence an investigation due to lack of merit. Despite this, the doctor contacted our client’s wife (not Aboriginal) on multiple occasions (including 10pm on a Sunday night), lied to her about Child Protection involvement and pressured her to re-present to the hospital without her husband. The doctor said he believed the child was at risk because the father “ticked too many boxes”. During their engagement with the hospital, the family were not provided any support by an Aboriginal Liaison Officer.

The family were incorrectly led to believe that Child Protection had commenced an investigation and spent weeks fearing that Child Protection would become involved and that their child would be removed.

Both parents were left fearful of the hospital system as a result of their treatment and received psychological support for anxiety and ongoing fear and mistrust of doctors. The parents are also reluctant to identify their child’s Aboriginality to any government institution for fear of subsequent personal bias and further abuses of power by those in positions of authority.⁵¹

Cultural safety is lacking

[I]f care delivered in our hospitals is not culturally safe then it is not care.⁵²

MINISTER MARY-ANNE THOMAS MP

As outlined earlier (see box: Key terms), Cultural safety involves creating environments ‘where there is no assault, challenge or denial’ of First Peoples identities and experiences.⁵³ In the healthcare context, VACCHO explained that cultural safety is the provision of ‘quality service that considers and respects the cultural identity, values and norms of the peoples accessing the service’.⁵⁴

Cultural safety is a concept that goes beyond the absence of overt racism or even cultural competence. Cultural safety is about being open-minded and respecting the identities and customs of all people who are culturally different from yourself and/or most of society. Embedding cultural safety into organisational practice creates safe and welcoming environments where individuals thrive and form respectful and collaborative partnerships.⁵⁵

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Racism and culturally unsafe care are driving First Peoples patients away from the care they often desperately need. To determine the cultural safety of health services, the Department of Health uses two direct measures – the rate of people leaving a health service before discharge is recommended, and the rate of people not waiting for care after being triaged in the emergency department.⁵⁶ In 2022–23, there were 881 First Peoples in Victoria who left hospital against medical advice.⁵⁷ The proportion of First Peoples in Victoria that left hospital against medical advice was 12.8 per 1000 people

compared to 2.5 per 1000 people for non-First Peoples.⁵⁸ This translates to First Peoples leaving hospital against medical advice at 4.9 times the rate of non-First Peoples.⁵⁹

Minister Thomas told Yoorrook about the experience of Sissy Austin (Gunditjmara) who attended an emergency department after being physically assaulted and receiving a significant head injury.⁶⁰ While in the emergency department, Sissy became distressed due to confusion resulting from her head injury.⁶¹ Despite her head injury, she was asked to leave.⁶² A nurse provided Sissy with a self-discharge form and Sissy was discharged and left the hospital at 1am with no follow-up support or information.⁶³ Minister Thomas said: ‘She signed that piece of paper and, without fully knowing what it meant, what Sissy had done is discharge herself from the hospital.’⁶⁴ Minister Thomas told Yoorrook that Sissy’s experience was brutal and dehumanising:

I’ve seen the data as it relates to a discharge against medical advice. What this story tells us and shows us is the real human impact of that ... data and what Sissy experienced was brutal and dehumanising. And it is completely unacceptable to me. It is the true story behind the data that tells us that First Peoples do not feel culturally safe in our health services. And with stories and experiences such as Sissy, is it any wonder?⁶⁵

MINISTER MARY-ANNE THOMAS MP

Yoorrook heard about instances of culturally unsafe care in hospitals.⁶⁶ Culturally unsafe care can have serious,⁶⁷ and sometimes fatal, consequences.⁶⁸

Yoorrook also heard about the deaths of Mathew Luttrell (Yorta Yorta) and of Harley Larking (Palawa, Nunga) in the health system. The coronial inquests into these deaths identified a lack of cultural competence of staff and the failure of mainstream services to deliver culturally specific care.⁶⁹ These examples are discussed in box: Inquest into the passing of Harley Larking and box: Inquest into the passing of Matthew LuttrellMathew Luttrell.

INQUEST INTO THE PASSING OF HARLEY LARKING⁷⁰

VALS provided the following case study of the Inquest into the passing of Harley Larking:

Harley Larking was a proud Palawa and Nunga man, who passed away in 2016 at the age of 23 years. At the time of his death, Harley was an involuntary patient at NorthWestern Mental Health (NWMH) in Epping. VALS represented Harley’s mother and senior next of kin in the coronial inquest, which concluded in 2020.

In the coronial findings, the Coroner highlighted that the lack of cultural competency of nurses and other support staff contributed to an environment where Aboriginal mental health workers were intermittently refused access to Harley Larking, and their advice and recommendations were not given adequate weight.

The Coroner recommended that all inpatient psychiatric staff at NWMH must undertake regular training in cultural competence in mental health clinical practice. In its response to the coronial findings, NWMH indicated that in 2020, they implemented a mandatory E-learning package for all clinical staff.⁷¹

INQUEST INTO THE PASSING OF MATHEW LUTTRELL⁷²

VALS provided the following case study of the Inquest into the passing of Mathew Luttrell:

Mathew Luttrell was a proud Yorta Yorta man and a father who loved his children and his partner. He was a hard worker and a Carlton Blues supporter.

Mr. Luttrell passed away in Mildura in 2018, a day after being discharged from the Mildura Base Hospital, without a discharge plan. Mathew had been admitted voluntarily to the hospital following a suicide attempt. VALS represented Mr. Luttrell’s family in the coronial inquest, which concluded in 2023.

The Coroner found that Mildura Base Hospital failed to ensure that Mathew Luttrell was provided culturally-specific care and treatment during his in-patient stay, and also failed to provide culturally-specific follow-up options or support for his discharge. The Coroner also found that there was a failure to provide Mathew with care and treatment in a way that responded to his complex health needs and afforded him with cultural safety, dignity and respect.

The Coroner made a number of recommendations to improve the cultural competency of the Mildura Base Hospital, including the following:

- All staff at the Mental Health Unit must complete mandatory cultural awareness training, including refresher training on a recurrent basis.
- All hospital policies must be reviewed by the Director of Aboriginal Health and the Aboriginal Health Unit (AHU), with a view to improving their cultural appropriateness.
- All AHU staff must have culturally appropriate clinical supervision arrangements.
- All clinicians must be advised of the role of the AHU during induction, and be required to document steps taken to contact AHU in relation to Aboriginal patients, including any reasons why contact has not been made.

In response to the coroner’s findings, Mr. Luttrell’s son, Aidan Luttrell, made the following statement:

‘Dad should not have died, he should have received the healthcare he needed. We always knew that, and we are glad that the Coroner agrees.

This has been a very long and tough process, but we hope that it will be worth it. We hope that the Hospital will implement the Coroner’s recommendations so that other families don’t have to go through this.

Aboriginal people deserve access to culturally appropriate care.’⁷³

Yoorrook heard about racism and lack of cultural safety in the mental health system (see also Chapter 29: Mental health and social and emotional wellbeing). First Peoples researcher Associate Professor Graham Gee told Yoorrook:

[T]he current mental health system is just culturally unsafe, full stop. We are just not there yet. I can't count the number of community members who have had horrendous experiences with medical professions who are either blatantly racist or just out of ignorance have just, you know, floored them with some outrageous stereotypes.⁷⁴

ASSOCIATE PROFESSOR GRAHAM GEE

Ngaweeyan Maar-oo is the Victorian Government's implementation partner and shared decision-making body under the National Agreement on Closing the Gap.⁷⁵ Ngaweeyan Maar-oo told Yoorrook that the health sector's enactment of cultural safety measures is 'inconsistent, sporadic and heavily relies on the actions of individual employees, rather than the broader organisation'.⁷⁶ Ngaweeyan Maar-oo explained that 'the training available focuses on providing information and examples of good practice, rather than evaluating how cultural safety is applied in practice'.⁷⁷

[T]here needs to be more onus on organisations to assess and address their own cultural safety as it relates to their staff, clients and services.⁷⁸

NGAWEEYAN MAAR-OO

Ngaweeyan Maar-oo also highlighted that '[c]ultural safety requires the decolonialisation of systems and structures to address institutional racism'⁷⁹ and that:

[T]he government must deeply examine its own systems, structures, and operations to confront institutionalised racism and fundamentally change its decision-making approach, which has consistently overlooked the priorities, cultures, and knowledge of Aboriginal and Torres Strait Islander peoples.⁸⁰

NGAWEEYAN MAAR-OO

Minister Thomas told Yoorrook that health services have a responsibility to deliver healthcare that is culturally safe:

The onus is on health services to provide culturally safe care, not on First Peoples to complete care in culturally unsafe settings.⁸¹

MINISTER MARY-ANNE THOMAS MP

The Victorian Government has attempted to improve the cultural safety of mainstream health services through different mechanisms. These include the *Aboriginal and Torres Strait Islander Cultural Safety Framework*,⁸² the health services Statement of Priorities (SOP)⁸³ and the Aboriginal Cultural Safety Fixed Grants (ACSGG).⁸⁴

These policy mechanisms are currently ineffectual. The evidence provided to Yoorrook on cultural safety training provides an example. Minister Thomas explained that health services are required 'to demonstrate delivery of best-practice First Peoples Cultural Safety Training to all health service employees'.⁸⁵ However, Minister Thomas's evidence indicated that there is very little enforcement of this requirement.⁸⁶ Minister Thomas told Yoorrook that:

The survey information before the Commission indicates that cultural safety training for staff is being delivered by a majority of health services. However, this training is not necessarily being provided to all staff and is understood to be of variable quality.⁸⁷

MINISTER MARY-ANNE THOMAS MP

Minister Thomas admitted that '[c]ultural safety has not been taken seriously across our health service system',⁸⁸ and 'there is absolutely a need for so much more to be done'.⁸⁹

Minister Thomas committed to Yoorrook that the requirement for health services to deliver cultural safety training will become 'a mandatory priority for health services in their 2024–25 SOPs'.⁹⁰ Minister Thomas said the Department of Health will 'develop and implement an anti-racism strategy'⁹¹ and is working with VACCHO to develop cultural safety standards and accreditation for health services:

The Department has supported VACCHO to commence the development of cultural safety standards and accreditation for health services, and I would like to see Government align measurements for cultural safety to this work, with accountability for adherence and implementation by health service shared back to community.⁹²

MINISTER MARY-ANNE THOMAS MP

These initiatives are welcomed by Yoorrook, but without monitoring and consequences for non-compliance, cultural safety measures will likely remain poorly implemented in the health sector.

First Peoples health workforce

A robust First Peoples health workforce is critical to building cultural safety in the Victorian health system and its services and programs. VACCHO explained that the presence of First Peoples workers in the health system can support the integration of First Peoples' perspectives and needs into service delivery and care, and increase the capacity of services to deliver cultural safe care.⁹³ However, Yoorrook heard that the State is failing to invest in growing and supporting the First Peoples health workforce.

There are few First Peoples working in the Victorian health system. First Peoples represent just 0.39 per cent of the public hospital workforce.⁹⁴ However, the number of First Peoples staff in the public hospital workforce has increased from 256 First Peoples in 2016, to 574 in 2024.⁹⁵

Data on the First Peoples health workforce in Victoria is limited, scattered or simply not available. In response to Yoorrook's request for information on the number of First Peoples staff employed or engaged in public mainstream frontline health services (such as hospitals and Ambulance Victoria), the Department of Health responded:

The department does not hold this information due to the governance structure of the health system in Victoria. Under this system, Ambulance Victoria and hospital staff are not employed by the department, which means that the department does not hold information on staffing profiles of individual health services as a matter of course. Individual health services are best placed to respond to requests for information concerning their employees.⁹⁶

DEPARTMENT OF HEALTH

Information about First Peoples staff working in private hospitals was also requested but Yoorrook was similarly advised that the Department of Health did not hold these data.⁹⁷

Therefore, Yoorrook was unable to ascertain how the First Peoples workforce within health settings were distributed or derive patterns of employment. However, indications suggest that most First Peoples staff are employed in lower-level positions. For example, of the 38 health services that received ACSFG funding⁹⁸ in 2023, ‘only three hospitals reported employing First Peoples staff in leadership roles’.⁹⁹

ABORIGINAL HOSPITAL/HEALTH LIAISON OFFICERS (AHLOs)

Aboriginal Hospital Liaison Officers (AHLOs), also known as Aboriginal Health Liaison Officers, or Koori Mental Health Liaison Officers in mental health services — are First Peoples staff who work in health services to support First Peoples patients and their families.

The late respected Elder Uncle Kevin Coombs (Wotjobaluk, Wemba Wemba, Wiradjuri) was instrumental in establishing the hospital liaison program in the 1970s.¹⁰⁰

In Victoria, 38 health services receive funding under the Aboriginal Cultural Safety Fixed Grant (ACSGF) program to support improvements in the cultural safety of services.¹⁰¹ The ACSFG is designed to fund the development and implementation of cultural safety plans. These cultural safety plans are required to cover eight action areas, including the employment of AHLOs and other First Peoples health staff.¹⁰²

AHLOs are highly valued among First Peoples as they help to ensure health services deliver culturally appropriate care.¹⁰³ However, AHLOs face many challenges. They are often under-resourced, under-paid and under-valued, and there is poor career progression.¹⁰⁴ There is no national or state strategy for the AHLO workforce and their wellbeing. Under the Improving Care for Aboriginal Patients (ICAP) program, the Victorian Department of Health funds one role at VACCHO to be a point of contact for the AHLO workforce and to organise statewide meetings.¹⁰⁵ The need for more AHLOs was highlighted in the Victorian Royal Commission into Mental Health,¹⁰⁶ and was noted by the Department of Health’s Aboriginal Cultural Safety in Hospitals Collaboration Project.¹⁰⁷

First Peoples staff in the Department of Health

The representation of First Peoples staff in the Department of Health is lacking. The Department of Health advised Yoorrook that, as of 30 April 2024, it employed 26 First Peoples staff, with First Peoples making up 1.02 per cent of the total department’s workforce.¹⁰⁸ Of the 26 First Peoples staff, nine hold leadership positions (at VPS level 6 or higher) or 1.1 per cent of Department of Health leadership positions.¹⁰⁹

The Department of Health provided Yoorrook with information on the number of First Peoples staff working across different areas of the department as of October 2023.¹¹⁰ Of the 31 First Peoples staff working at the department as of 31 October 2023:

- 38.7 per cent worked in ‘Mental Health’,
- 25.8 per cent worked in ‘Public Health’,
- 12.9 per cent worked in ‘Aboriginal Health’,
- 6.5 per cent working in ‘Corporate Services’,
- 6.5 per cent worked in ‘Health Infrastructure’,
- 3.2 per cent worked in ‘Commissioning and System Improvement’,
- 3.2 per cent worked in ‘Reform and Medical Research’,
- 3.2 per cent worked at Safer Care Victoria.¹¹¹

Minister Thomas acknowledged that the under-representation of First Peoples in the health workforce impacts both patients and the workforce:

Under-representation can present a barrier for patients in accessing culturally appropriate care (including respectful treatment, empowerment and inclusion in decision-making), and can result in First Peoples working in healthcare carrying increased cultural load in trying to deliver appropriate services and upskill their workplaces in culturally safe practices. Most often without any additional support, monetary or workload adjustments.¹¹²

MINISTER MARY-ANNE THOMAS MP

Racism and cultural safety towards First Peoples health workers

Despite the crucial role that the First Peoples workforce holds, public agencies are failing to provide a safe workplace for those staff.¹¹³ In 2018, a cultural safety audit of the workplace environment in a State Government department found that ‘only 12% of Aboriginal staff felt culturally safe’.¹¹⁴

First Peoples staff experience racism from patients.¹¹⁵ VACCHO told Yoorrook that First Peoples staff working in mainstream services reported that ‘patients sometimes say they don’t want to be looked after by them’ and are ‘being told to wash their hands’.¹¹⁶

First Peoples staff also experience racism from other non-Indigenous health professionals.¹¹⁷ For example, in a roundtable with AHLO staff, Yoorrook heard that First Peoples staff are often questioned by non-First Peoples staff about their qualifications and identity.¹¹⁸

The Lowitja Institute published a national report on supporting the First Peoples health workforce in 2020, which also highlighted the multiple forms of racism experienced by First Peoples health staff including ‘covert or unwitting discrimination and overt racism’.¹¹⁹

For example, one ACCO staff member reflected:

Where I came from is I got my degree the same way as the non-Aboriginal and Torres Strait Islander people got their degree, but you don't always feel like that because you're asked 'Oh what helped you get ... to where you [are] ... was there a special scheme you went through?' You're questioned a lot. Then they question your Aboriginality on top of that.¹²⁰

LOWITJA INSTITUTE

Yoorrook heard from First Peoples staff who reflected on how their roles and contribution to the health sector is minimised. For example, in a roundtable with AHLO staff, participants told Yoorrook that they feel undervalued in their workplace at times.¹²¹ VACCHO also told Yoorrook:

In mainstream settings, the Aboriginal and Torres Strait Islander health and wellbeing workforce feel their cultural knowledge is ignored and excluded.¹²²

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

First Peoples staff expressed dissatisfaction with their pay and job conditions. Yoorrook heard that the awards AHLOs are employed under are not consistent and do not reflect, recognise, or remunerate the experience, knowledge and skillset of AHLOs, or the reality of the pressures and demands on staff.¹²³ First Peoples staff also regularly work outside of rostered hours to ensure First Peoples are able to receive the care they need:

A staff member explained he regularly gets called out-of-hours to arrange and facilitate health appointments, which means the person gets the care they need, but results in never being able to 'switch off'.¹²⁴

YOUR COMMUNITY HEALTH

First Peoples staff also expressed frustration with a perceived lack of career and development options.¹²⁵ VACCHO explained that when there are training opportunities, First Peoples staff encounter multiple barriers to accessing the opportunities, including financial barriers and managing caring and kinship obligations.¹²⁶

Cultural load

Yoorrook also heard about the pressure and expectations placed on First Peoples staff. First Peoples staff often feel obligated to improve the cultural safety of their workplace and can experience lateral violence for organisation decisions that are outside of the staff member's control.¹²⁷

Cultural load is additional physical, mental and emotional burden shouldered by First Peoples to provide cultural education and represent culture in a workplace setting, often without recognition or additional resources.¹²⁸ As VACCHO explained, 'the Aboriginal health workforce are expected to take on additional demands and expectations, such as educating their non-Aboriginal colleagues around culture and racism or taking on responsibilities as a member of the Community'.¹²⁹

First Peoples staff are frequently tasked with unpaid education and advocacy roles in the sector. For example, in a roundtable with AHLO staff, one participant told Yoorrook that they communicate with hospital executives to explain the challenges experienced by First Peoples staff and advocate for better staff supports.¹³⁰ In another example, staff at Your Community Health explained that they commonly need to 'advocate for and educate healthcare professionals on the health assessments and benefits they are entitled to'.¹³¹ One staff member shared:

[D]octors don't know about the closing the gap medications, it's up to clients to know and then educate them. It's the same as pharmacists. For a lot of people, it's hard to speak up as they are worried about judgement and prejudice, so they go without.¹³²

YOUR COMMUNITY HEALTH

ACCOs¹³³ also are often under pressure to support mainstream providers to increase the cultural safety of their services. Much of this work is unpaid.¹³⁴ Despite this, First Peoples continue to perform this work.¹³⁵ As VAHS CEO Michael Graham explained 'we put ourselves as ... executives, managers, staff through that pain of overburden because we just want to care for our community'.¹³⁶ But there is a significant cost. Michael Graham explained the impact this has on VAHS's core business of caring for community:

The pressure on us as an organisation to teach people cultural safety is huge, you know. It's almost its own entity within our service and that takes us away from our primary core business of delivering health care ... Everybody wants to know what cultural safety is and for us to tick the boxes and all that, but there's a lot of time factors [with] those things and it's a huge body of work.¹³⁷

MICHAEL GRAHAM

The calls on ACCOs to do this cultural safety support work is currently unsustainable. The First Peoples' Health and Wellbeing highlighted that while enhancing the cultural safety of mainstream providers is necessary and important, there is potential for the number of organisations seeking support to increase exponentially.¹³⁸ First Peoples cannot be left with the work of eliminating racism and improving cultural safety of mainstream services, alone and unfunded:

The work of eliminating racism (individual and systemic) and improving the cultural awareness and safety of mainstream organisations and sectors cannot fall to Aboriginal people and organisations alone, and certainly not without adequate supports, recognition and reimbursement of Aboriginal people who are doing the work.¹³⁹

FIRST PEOPLES' HEALTH AND WELLBEING

Cultural load expectations can even be placed on First Peoples patients. Yoorrook heard that not only are First Peoples often expected to provide education to healthcare professionals but that this can come at the expense of the care that they were initially seeking:

And I remember thinking that I need to see a therapist, I was told that I needed to see a therapist. I've seen a lot since. [laughs] But I'll just say, what I recognised in therapy is that I became the therapist for other people. Which was actually even more soul-destroying because you're actually not getting your issues, you're actually educating people about your own identity. And so you're doubly burdened.¹⁴⁰

PARTICIPANT, BOONWURRUNG LAND AND SEA COUNCIL ROUNDTABLE

Building the First Peoples health workforce

Expanding the First Peoples health workforce is required as a key enabler of culturally safe healthcare.¹⁴¹ This need is overtly recognised by the Victorian Government. Its current approaches to support and expand the workforce include:

- Victorian Health Workforce Strategy (2024–34)
- Victorian Aboriginal Health and Wellbeing Partnership Agreement (2023–33)
- Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan (2023–25)
- Victorian Aboriginal Health and Wellbeing Workforce Strategy (2022–26).¹⁴²

The ACSFG program is another mechanism established to support the First Peoples workforce. Minister Thomas told Yoorrook that the ‘ACSGF is designed to support health services to improve cultural safety in acute settings’.¹⁴³ Minister Thomas told Yoorrook that there have been 38 health services in receipt of an ACSFG (as of June 2024).¹⁴⁴ Each service that receives an ACSFG is required to submit an annual cultural plan (see also box: Aboriginal Hospital/Health Liaison Officers (AHLOs)).¹⁴⁵ These cultural safety plans are required to cover eight cultural safety action areas, including ‘CEO/executive leadership’ and ‘Employment of Aboriginal hospital liaison officer/Aboriginal health staffing’.¹⁴⁶ However, Minister Thomas informed Yoorrook that a review of the ACSFG reports in September 2023 revealed that:

[J]ust 15 hospitals said that they had a First Peoples employment plan. This is clearly insufficient.¹⁴⁷

MINISTER MARY-ANNE THOMAS MP

Minister Thomas noted that she intends ‘to mandate First Peoples employment plans for the 38 health services receiving ACSFGs’.¹⁴⁸ Yoorrook supports the mandating of First Peoples employment plans in health services.¹⁴⁹

Oversight and accountability

I feel like we fall on hope a lot. We hope it’s going to change. We hope we’re making a difference. We can only just sit at the table and keep pushing ... but without any kind of accountability mechanisms or anything like that, it’s just hope.¹⁵⁰

MICHAEL GRAHAM

There is a lack of government accountability for health policies and programs that are not delivering on their commitments. A lack of appropriate funding for health policies and programs is a consistent issue (see also Chapter 5: Accountability). Yoorrook heard that government continues to offer commitments of action without appropriate resourcing to ensure they can be delivered. VACCHO highlighted that the government publishes strategies and plans without funding to fulfil their commitments:

Another example of how Government commitment can be fleeting is the surfeit of plans and strategies that are publicised without funding dedicated to implement them, meaning their intentions are often left unfulfilled. This is why nothing changes.¹⁵¹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The National Agreement on Closing the Gap

The State is not delivering on its commitments under the National Agreement on Closing the Gap (National Agreement). The objective of the National Agreement is to ‘overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians’.¹⁵² VALS explained that ‘[d]espite signing onto the Agreement, governments face little accountability to deliver on these commitments’.¹⁵³ The First Peoples’ Assembly of Victoria also reflected:

[A] recent review of the National Agreement on Closing the Gap revealed many instances where government actions contradicted their commitments and policies, showing a clear gap between what is said and what is done.¹⁵⁴

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Minister Thomas acknowledged that limited progress has been made to address health inequity experienced by First Peoples, including through the National Agreement:

I also acknowledge the limitations of the National Closing the Gap Agreement, including Victoria’s participation in the development of Implementation Plans. Closing the Gap was intended to address health inequity for First Peoples, however limited progress has been made. In Victoria, this is in part due to a lack of Investment.¹⁵⁵

MINISTER MARY-ANNE THOMAS MP

Yoorrook also heard that the Victorian Government does not report on a number of targets in the National Agreement.¹⁵⁶ VACCHO explained that data is not reported in Victoria for:

- ‘Life Expectancy (target 1)’
- ‘Housing and access to essential services (target 9b)’
- ‘Family safety (target 13; Victoria did in 2018/19 but has not since)’
- ‘Languages spoken (target 14; Victoria did in 2018/19 but not since)’
- ‘Digital inclusion (target 17)’¹⁵⁷

As discussed in Chapter 26: First Peoples and the Victorian health system, the Australian Bureau of Statistics has only recently started reporting on deaths from suicide in Victoria in the annual Causes of Death Report.¹⁵⁸

Minister Thomas acknowledged that ‘First Peoples’ Life expectancy ... are not reported for Victoria as part of its Closing the Gap reporting.’¹⁵⁹ The Minister also acknowledged the ongoing gaps in data collection for First Peoples across the health sector and that this is a significant barrier to improving healthcare for First Peoples:

I acknowledge that data concerning First Peoples in the health system are limited and fragmented ... It is unacceptable that, despite multiple initiatives focused on ‘Closing the Gap’, data collection for First Peoples remains so deficient. I acknowledge that this is a major limitation to the State’s ability to improve healthcare for First Peoples.¹⁶⁰

MINISTER MARY-ANNE THOMAS MP

Minister Thomas told Yoorrook that she is committed to working with First Peoples to improve data collection across the health system:

I am committed to improving data collection in this area and will continue to support research and quality improvement initiatives, informed by First Peoples health partners and in partnership with the First Peoples community to improve health outcomes for all First Peoples in Victoria.¹⁶¹

MINISTER MARY-ANNE THOMAS MP

State Government First Peoples’ health strategies

The State’s failure to deliver outcomes is also apparent in its own health strategies. The current SEWB framework is *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017–27* (Balit Murrup).¹⁶² Balit Murrup aims to improve First Peoples’ SEWB and mental health through a series of initiatives.¹⁶³ Balit Murrup is now eight years into its 10-year time frame.

Evidence received by Minister for Mental Health the Hon Ingrid Stitt MP¹⁶⁴ outlined that ‘Balit Murrup was initially introduced without specific funding, and this means that some actions have not been carried out’.¹⁶⁵ It was also acknowledged by the Minister that Balit Murrup was not resourced adequately to evaluate the framework.¹⁶⁶ Therefore, it is unclear if improvements in SEWB and mental health have been delivered.¹⁶⁷

The introduction of a strategy without the requisite funding to allow appropriate implementation was apparent with other strategies too. The *Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan 2023–25*¹⁶⁸ was endorsed by government, but funding has not been allocated to implement it:

The Cabinet of the Victorian Government endorsed the Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan 2023–2025 in May 2023 but has not set aside funding to implement it. This means that Government departments and VACCHO have to make submissions through the annual Victorian government budget process before beginning implementation. This in itself is [an] extremely costly and time-consuming process and holds no guarantee of success despite the Cabinet having already endorsed the actions.¹⁶⁹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The implementation plan for the Royal Commission into Victoria’s Mental Health System is another example of non-resourced commitments. VACCHO told Yoorrook that the Balit Durn Durn Centre has progressed recommendations to advance First Peoples’ SEWB (see also Chapter 29: Mental health and social and emotional wellbeing).¹⁷⁰ However, initiatives to address the Royal Commission findings rely on budget bidding and approval.¹⁷¹ VACCHO explained that this process undermines the importance and urgency of implementing the necessary reforms:

[T]he intent of the Royal Commission is impeded by the necessity to engage in budget bidding. This bureaucratic requirement, while seemingly procedural, introduces a layer of complexity and potential injustice to the pursuit of systemic reform essential for Aboriginal SEWB. The requirement to bid for budget allocations implies that the very initiatives intended to address critical issues highlighted by the Royal Commission, and subsequently demanded by the community, are contingent on fiscal approval. This process introduces delays and uncertainties that undermine the urgency and importance of implementing recommended reforms.¹⁷²

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Even strategies designed to overcome the problem of strategies not delivering on their commitments are similarly affected. Yoorrook heard that the Victorian Government has made commitments to ‘identify or establish an independent, Aboriginal-led evaluation and review mechanism to monitor its work to transform the way it works with Aboriginal communities and organisations and achieves impact’.¹⁷³ VALS highlighted that this work has stalled:

In Victoria, the Government’s commitment to establish an Aboriginal-led evaluation and review mechanism has stalled. The Productivity Commission has recommended that these mechanisms must be established without delay and should be governed and led by Aboriginal people.¹⁷⁴

VICTORIAN ABORIGINAL LEGAL SERVICE

It is beyond time that the Victorian Government was held accountable for the commitments it makes to First Peoples. As VACCA stated:

VACCA recommends that rather than seeking new strategies, the Victorian Government should look to provide ongoing and effective investments to deliver upon commitments outlined in existing frameworks and strategies, and in ACCO and ACCHOs across the state.¹⁷⁵

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Weak oversight and accountability of mainstream health services

Despite the Victorian Government implementing instruments to improve and monitor cultural safety, mainstream health services face little oversight and accountability to deliver them. A key reason is that the government does not enforce its own policies regarding cultural safety.

Under The Health Service Policy and Funding Guidelines health services have requirements in relation to cultural safety. As outlined earlier, health services are required to ‘demonstrate delivery of best-practice Aboriginal cultural safety training to all health service employees’.¹⁷⁶ However, Minister Thomas told Yoorrook that despite this requirement being in place since 2021–22, ‘there is very little enforcement of this requirement’.¹⁷⁷ Similarly, under the Health Service Policy and Funding Guidelines, government-funded healthcare organisations are required to ensure the Aboriginal and Torres Strait Islander Cultural Safety Framework ‘guides local policy, service development and practice’.¹⁷⁸ Minister Thomas told Yoorrook that ‘Government has not taken steps to ensure that health services are adhering to this policy requirement’.¹⁷⁹

In another example, cultural safety is deemed a ‘priority’ in the Department’s Statement of Priorities (SOPs) with health services.¹⁸⁰ This priority ‘is expressed in flexible terms and does not contain specific mandatory actions or standards, including in relation to cultural safety training’.¹⁸¹ Minister Thomas told Yoorrook that ‘the subjective nature of this priority makes it difficult for the Department to evaluate the quality or completeness of its implementation’.¹⁸² The Minister also highlighted that the accountability mechanisms for qualitative (non-numerical) priorities such as cultural safety are ‘not strong’.¹⁸³

In a roundtable discussion with AHLOs, Yoorrook heard that ACSFG funding is insufficient to cover operational costs and service provision.¹⁸⁴ Yoorrook heard the grants cover staff wages, with very little left for service provision and staff professional development. Obtaining additional funding from hospitals and other organisations to support service provision is time-consuming and takes away from caring and advocating for patients.¹⁸⁵

We had to do lots of submissions for funding. We had to do project after project. And it took us away from our core passion of caring for our patients because we had to do all this other work.¹⁸⁶

PARTICIPANT, ABORIGINAL HEALTH LIAISON OFFICERS ROUNDTABLE

Minister Thomas also highlighted that:

Currently, under the ACSFGs, health services in receipt of a grant are required to report on cultural safety training. However, Government needs to improve accountability for the Fixed Grants, including minimum requirements for reporting and clarity on consequences for failing to provide adequate information.¹⁸⁷

MINISTER MARY-ANNE THOMAS MP

Yoorrook also heard there is a lack of transparency about how much funding each health service receives from the ACSFG and the funding provided as part of the national funding model.¹⁸⁸

The failure of the Victorian Government to hold mainstream health services accountable has significant consequences for First Peoples. As VALS explained, it is limiting improvements in health outcomes and leading to the loss of lives:

In our practice, we continue to see how the lack of accountability is leading to loss of life and a failure to achieve significant progress in Aboriginal health outcomes.¹⁸⁹

VICTORIAN ABORIGINAL LEGAL SERVICE

The First Peoples Assembly of Victoria also called for greater accountability for cultural safety within the Victorian health system:

There needs to be more accountability within mainstream healthcare services to ensure they provide First Peoples’ quality, culturally safe care. First Peoples should be able to access both mainstream services and services provided by ACCOs in accordance with their right to self-determination.¹⁹⁰

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Minister Thomas and Minister Stitt both indicated they were committed to improving the accountability of mainstream services.¹⁹¹ Minister Thomas also recognised that increased accountability of government and health services is needed, otherwise commitments are just empty promises:

I recognise that Victoria’s health system needs to work better as a whole to improve First Peoples health and wellbeing outcomes. This includes ensuring that there ... is increased accountability on both the Victorian Government and mainstream health services to implement commitments in the National Agreement on Closing the Gap and Victoria’s Aboriginal Health and Wellbeing Partnership Agreement. Otherwise, commitments can be empty promises.¹⁹²

MINISTER MARY-ANNE THOMAS MP

The health complaints process is fundamentally flawed

Making a complaint about racism or lack of culturally safe care is cumbersome, difficult and unlikely to be effective.¹⁹³ Individuals are encouraged to raise complaints about a health service directly with the health service where the person received the care.¹⁹⁴ If the matter is unable to be resolved, the individual can submit a complaint to the Department of Health, the Health Complaints Commissioner or the Mental Health and Wellbeing Commission.

Minister Thomas explained that the department has only received three complaints from First Peoples and the Minister has received none:

I have never received a complaint from a person who identifies as First Peoples ... I see that as a recognition that that system does not work, and, indeed, an examination of complaints within the Department, I believe, demonstrated that only three complaints had ever been received from First Peoples.¹⁹⁵

MINISTER MARY-ANNE THOMAS MP

A key problem is that individuals must lodge complaints with the health service where the issue occurred. Minister Thomas told Yoorrook that she understands that ‘it can be difficult to raise a complaint directly with a service that you have lost trust in’.¹⁹⁶

It can also be challenging for independent assessment of a complaint to be undertaken when a health service is investigating itself. Epidemiologist Professor Raymond Lovett (Ngiyampaa) highlighted the need for independent mechanisms:

Where do those people report to if they want to make a complaint about their treatment? It is often into this system that is designed to protect the system itself, not necessarily the client. So there has to be independent mechanisms for investigations, that are external to the entity being investigated.¹⁹⁷

PROFESSOR RAYMOND LOVETT

Minister Thomas told Yoorrook that ‘it is a real concern that we have complaints mechanisms that do not work for First Peoples’¹⁹⁸ and that:

We can’t effect change unless there is accountability back to the health service where harms have been caused.¹⁹⁹

MINISTER MARY-ANNE THOMAS MP

The way forward

I acknowledge that the Victorian healthcare system has historically failed and continues to fail to support First Peoples to receive timely, safe and respectful care. I also acknowledge this failure is not just through the absence of treatment and services but harm that was caused, and continues to be caused to First Peoples in the Victorian healthcare system ... First Peoples do not have equitable access to healthcare or the same health outcomes as other Victorians due to racism, discrimination, and a lack of cultural safety in mainstream health settings.²⁰⁰

MINISTER MARY-ANNE THOMAS MP

The evidence set out in this chapter highlighted how the Victorian Government is failing to deliver high quality and culturally safe care to First Peoples and address injustices across the Victorian health system.

It is critical that the State acts to eliminate racism from the health system. The Victorian Government must also prioritise and increase investment in the cultural safety of mainstream services. Ongoing support and further investment in First Peoples-led organisations is also required to develop culturally safe service standards for health services to protect First Peoples patients, families and staff.

The Victorian Government must take urgent action to better grow and support the First Peoples workforce and ensure safe workplaces. Investment is required to implement the workforce actions included in the *Victorian Aboriginal Health and Wellbeing Partnership Forum Action Plan* and increase opportunities for First Peoples leadership and representation across the health system.

Investing in the Aboriginal and Torres Strait Islander workforce invests in Community.²⁰¹

NGAWEEYAN MAAR-OO

Oversight and accountability mechanisms across government and health services urgently need to be strengthened. This will better ensure the Victorian Government delivers on commitments, there is robust oversight of mainstream health services and health outcomes are transformed. As Zach Smith (Gunai), said:

I’d love to see ... a complete transformation in like the education, justice and health spaces. I think especially for young mob, these are the areas that kind of fall flat in delivering the services that our young people are entitled to.²⁰²

ZACH SMITH

Recommendations

RECOMMENDATION 82

Led by First Peoples, the Victorian Government must:

- a. Take legislative, administrative and other steps to eliminate racism against First Peoples from Victorian health settings;
- b. Legislate and fund the development of cultural safety service standards to be met by public and community health services (including those operating in custodial health settings). The standards should protect the cultural safety of First Peoples patients and families and First Peoples staff; and
- c. Explore the feasibility of setting up an accreditation process to assess services against the cultural safety service standards that is appropriately resourced and led by a First Peoples organisation with experience in the health sector.

RECOMMENDATION 83

The Victorian Government must:

- a. Fund all workforce actions in the Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan, with a focus on extending student placements, internships, cadetships and graduate placements; and
- b. Increase First Peoples’ leadership and representation in the Department of Health, health services and health service boards. This must be reported on in annual reports.

Endnotes

1. Transcript of Deputy Secretary Jodie Geissler, 17 June 2024, 6 [29]–[30].

2. Royal Australian College of General Practitioners, Submission 439, 5.

3. See also ‘introduction to racism’ in Chapter 19: Racism and cultural safety.

4. Department of Health and Human Services, *Racism in Victoria and what it means for the health of Victorians* (Report, 2017).

5. Victorian Aboriginal Legal Service, Submission 449 (Health), 18.

6. Department of Health and Human Services, *Racism in Victoria and what it means for the health of Victorians* (Report, 2017).

7. Department of Health and Human Services, *Racism in Victoria and what it means for the health of Victorians* (Report, 2017).

8. Department of Health, ‘Aboriginal and Torres Strait Islander cultural safety framework – Part 1’ (2021), 7, citing Williams 2008. See also Department of Health, ‘[Aboriginal and Torres Strait Islander cultural safety](#)’ (Webpage).

9. Witness Statement of Uncle Larry Walsh, 19 May 2022, 16 [82].

10. Victorian Aboriginal Community Controlled Health Organisation, [Position Statement: Institutional Racism and Cultural Safety](#) (Position Statement, 31 August 2023), 2.

11. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 28 [14]–[15].

12. Victoria Legal Aid, Submission 423 (Education, Health and Housing), 10, citing *Charter of Human Rights and Responsibilities 2006* (Vic) s 8; *Racial Discrimination Act 1975* (Cth) s 10.

13. Your Community Health, Submission 413, 3.

14. Transcript of Sheree Lowe, 27 May 2024, 63 [43]–[44].

15. Chloë FitzGerald and Samia Hurst, ‘[Implicit Bias in Healthcare Professionals: A Systematic Review](#)’ (2017) 18 *BMC Medical Ethics*, 1.

Note that ‘accounts of racism that seek to quantify individual attitudes or prejudices are seeking to provide an authoritative account of the phenomenon so that it may be addressed, but the utility of this account is directly linked to and ultimately limited by the assumptions about race on which it is based’: See Chelsea Watego, David Singh, and Alissa Macoun, *Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System* (Discussion Paper, May 2021), 19.

16. ‘Table 13: Institutional Settings, by Ethnicity, Gender and Age’ in Katie Blair et al, [Challenging Racism Project 2015–16 National Survey Report](#) (Report, 2017) 11; Reconciliation Australia, [Australian Reconciliation Barometer 2014](#) (Report, 2015), 37; Reconciliation Australia, [2022 Australian Reconciliation Barometer](#) (Report, 2022), 5.

17. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120 (citing Victorian Population Health Survey).

18. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120 (citing Victorian Population Health Survey).

19. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120 (citing Victorian Population Health Survey).

20. See First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 30. See also Djirra, Submission 411 (Education, Health and Housing), 8; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 22–23, 39; Victorian Aboriginal Legal Service, Submission 449 (Health), 18.

21. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 19.

22. Yoorrook notes that at the time she gave evidence in June 2024, Mary-Anne Thomas was Minister for Health and Minister for Ambulance Services. In December 2024, Melissa Horne became the new Minister for Health Infrastructure. See Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

23. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 3 [15].

24. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 3 [15].

25. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 3 [15].

26. Victoria Legal Aid, Submission 423 (Education, Health and Housing), 11.

27. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 23, citing Alison Markwick, Zahid Ansari, Darren Clinch, and John McNeil, ‘Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: A cross-sectional population based study’ (2018) 29(7) *SSM – Population Health*.

28. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 23, citing Alison Markwick, Zahid Ansari, Darren Clinch, and John McNeil, ‘Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: A cross-sectional population based study’ (2018) 29(7) *SSM – Population Health*.

29. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 24, citing Pat Dudgeon, Abigail Bray and Roz Walker, ‘Mitigating the impacts of racism on Indigenous wellbeing through human rights, legislative and health policy reform’ (2023) 218(5) *Medical Journal of Australia*, 203–5; William Dressler, Kathryn Oths, and Clarence Gravlee, ‘Race and Ethnicity in Public Health Research: Models to Explain Health Disparities’ (2005) 34 *Annual Review of Anthropology*, 231–52.

30. Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Education, Health and Housing), 10; Witness Outline of Karinda Taylor, 7 December 2022, 5 [47]–[50].

31. Your Community Health, Submission 413, 6.

32. Witness Outline of Damian Griffis, 2 March 2023, 3 [17].

33. Witness Outline of Karinda Taylor, 7 December 2022, 2 [10].

34. Witness Outline of Karinda Taylor, 7 December 2022, 2 [11].

35. Royal College of General Practitioners, Submission 439, 5.

36. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 39.

37. Your Community Health, Submission 413, 7.

38. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 13.

39. Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Education, Health and Housing), 10.

40. Charmaine Sellings, Submission 452; Sissy Pettit Havea, Submission 519, 1; Anonymous 597, Submission 597, 1; Victorian Alcohol and Drug Association, Submission 458 (Interview with Andrew Morrison, Your Community Health), 5; Victoria Legal Aid, Submission 423 (Education, Health and Housing), 11; Summary of roundtable Koorie Youth Council, 8 April 2024; Anonymous 92, Submission 92.

41. Witness Statement of Uncle Larry Walsh, 19 May 2022, 16 [82].

42. Anonymous 323, Submission 323, 5.

43. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 6, served on the State of Victoria on 29 May 2024.

44. Victoria Legal Aid, Submission 423 (Education, Health and Housing), 11; Transcript of Michael Graham, 4 June 2024, 35 [1]–[7].

45. Transcript of Michael Graham, 4 June 2024, 35 [3]–[7].

46. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 20.

47. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 20.

48. Victorian Aboriginal Legal Service, Submission 449 (Health), 18–9.

49. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 11 [67].

50. Victorian Aboriginal Legal Service, Submission 449 (Health), 18–9.

51. Victorian Aboriginal Legal Service, Submission 449 (Health), 18–9.

52. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 8 [13]–[14].

53. Department of Health, ‘Aboriginal and Torres Strait Islander cultural safety framework – Part 1’ (2021), 7, citing Williams 2008. See also Department of Health, ‘[Aboriginal and Torres Strait Islander cultural safety](#)’ (Webpage).

54. Victorian Aboriginal Community Controlled Health Organisation, ‘[Aboriginal Cultural Safety Training](#)’ (Webpage).

55. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 82–3.

56. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 19 [110]–[112].

57. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120, citing Victorian Admitted Episodes Data Collection.

58. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120, citing Victorian Admitted Episodes Data Collection.

59. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024), 120, citing Victorian Admitted Episodes Data Collection.

60. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 4 [34]–5 [2].

61. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 5 [4]–[8].

62. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 5 [4]–[8].

63. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 5 [8]–[13].

64. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 5 [12]–[19].

65. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 5 [18]–[23].

66. For example, an anonymous submission to Yoorrook detailed the experiences of a First Nations man in the hospital system and the lack of culturally safe care, experiences of racism, and poor treatment he experienced. This submission details how the man was suffering with kidney stones and had surgery in May 2023. He did not receive appropriate discharge information. He also suffered complications from the surgery that were not identified until September 2023. He told Yoorrook that in May 2024 he was continuing to struggle with communication from the hospital and understanding how best to care for his health. See Anonymous 558, Submission 558.

67. For example, see Anonymous 253, Submission 253; Victorian Aboriginal Health Service (VAHS), Submission 672 (VAHS Fitzroy Group 2), 3–4, 11–14; Victorian Aboriginal Health Service (VAHS), Submission 671 (VAHS Fitzroy Group 1), 3–4; Sissy Pettit Havea, Submission 519, 1; Sandy Barber, Submission 15 (Part 1 of 2), 10; Mathew Leeder, Submission 388, 2–4; Barry Jacobs, Submission 284, 3–5; Anonymous 92, Submission 92, 6–7.

68. See e.g. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 42–3; Victorian Aboriginal Legal Service, Submission 449 (Health), 27–8; Anonymous 11, Submission 11.

69. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 42–3; Victorian Aboriginal Legal Service, Submission 449 (Health), 27–8.

70. VALS provided Yoorrook with this case study: Victorian Aboriginal Legal Service, Submission 449 (Health), 27.

71. Victorian Aboriginal Legal Service, Submission 449 (Health), 27.

72. VALS provided Yoorrook with this case study: Victorian Aboriginal Legal Service, Submission 449 (Health), 27–8. See also Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 42–3.

73. Victorian Aboriginal Legal Service, Submission 449 (Health), 27–8.

74. Transcript of Associate Professor Graham Gee, 14 June 2024, 57 [42]–58 [2].

75. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 58; Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6, 13. See also Productivity Commission, ‘[Closing the Gap Information Repository Dashboard](#)’ (Webpage); Ngaweeyan Maar-oo, ‘[Ngaweeyan Maar-oo: Voice of and from the People](#)’ (Webpage, 2024).

76. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 38.

77. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 38.

78. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 37.

79. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 38.

80. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 38.

81. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 12 [76].

82. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 15 [88].

83. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 18 [102]–[103].

84. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [93].

85. Since 2021–22 under the Policy and Funding Guidelines: Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16–17 [96].

86. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16–17 [96].

87. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 17 [97].

88. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 14 [14].

89. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 14 [16].

90. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [92]. See also Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 21 [126].

91. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 15 [4]–[5].

92. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 19 [113].

93. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45.

94. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 3 [18].

95. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 33 [196].

96. Department of Health, ‘Yoorrook Justice Commission Health Workstream Request for Information — Response’, 22, produced by the State of Victoria in response to the Commission’s Request for Information.

97. Department of Health, ‘Yoorrook Justice Commission Health Workstream Request for Information — Response’, 22, produced by the State of Victoria in response to the Commission’s Request for Information.

98. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [93].

99. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [94].

100. Witness Statement of Uncle Kevin Coombs, 24 May 2022, 13–14 [74]–[76]; Transcript of Uncle Kevin Coombs, 26 May 2022, 212 [1]–[9].

101. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [93].

102. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 21 [127]; Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 1, served on the State of Victoria on 29 May 2024.

103. See for e.g. Jeanette Sharma, Submission 616 (Health), 1.

104. Witness Statement of Deputy Secretary Katherine Whetton, 11 June 2024, 28–29 [116]–[127]; Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, served on the State of Victoria on 29 May 2024; Expert Reference Group, [Seeing the Clear Light of Day: Expert Reference Group on Decriminalising Public Drunkenness \(Report to the Victorian Attorney-General, August 2020\)](#), 97, citing Social Compass, Improving Cultural Responsiveness of Victorian Hospitals Final Report (2016); State of Victoria, [Royal Commission into Victoria’s Mental Health System: Final Report – Volume 3](#) (Report, February 2021), 187.

105. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 3, served on the State of Victoria on 29 May 2024.

106. Victoria, *Royal Commission into Victoria’s Mental Health System*, Final Report, Volume 3, 191–192. See also Victorian Aboriginal Community Controlled Health Organisation, *Balit Durn Durn (2020)*, 49–51; Expert Reference Group, *Seeing the Clear Light of Day: Expert Reference Group on Decriminalising Public Drunkenness Report to the Victorian Attorney-General* (Report, August 2020).

107. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 32 [185]–[190].

108. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 27 [153].

109. Due to machinery of Government changes, the figures outlined above include Safer Care Victoria, but do not include the Victorian Health Building Authority (VHBA) (which has three First Peoples staff).

See Department of Health, Response to NTP-004-002 — ‘Yoorrook Justice Commission Health Workstream Request for Information – Response’, 22, produced by the State of Victoria in response to the Commission’s Request for Information; Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 27 [153].

110. Department of Health, Response to NTP-004-002 — ‘Yoorrook Justice Commission Health Workstream Request for Information – Response’, 22, produced by the State of Victoria in response to the Commission’s Request for Information.

111. This information was provided by the Department of Health as at 31 October 2023. The Department noted that ‘while encouraged to do so, responses to an employee’s Indigenous status during the intake process are not currently mandatory and so the data collected may not be a complete representation of the department’s employees.’: Department of Health, Response to NTP-004-002 — ‘Yoorrook Justice Commission Health Workstream Request for Information – Response’, 22, produced by the State of Victoria in response to the Commission’s Request for Information.

The percentage of staff has been shown but the count was suppressed due to low numbers and the risk of identifying individual staff members.

112. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 3 [18].

113. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45.

114. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45, citing Victorian Aboriginal Community Controlled Health Organisation, [Cultural Safety and Self Determination: A Necessary Relationship](#) (2021).

This is discussed in further detail in Chapter 36: Economic prosperity.

115. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45.

116. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45.

117. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 5, served on the State of Victoria on 29 May 2024. See also Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45.

118. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 5, served on the State of Victoria on 29 May 2024.

119. Janine Bailey et al, [We Are Working for Our People: Growing and Strengthening the Aboriginal and Torres Strait Islander Health Workforce](#), Lowitja Institute (Project Report, August 2020), 25.

120. Janine Bailey et al, [We Are Working for Our People: Growing and Strengthening the Aboriginal and Torres Strait Islander Health Workforce](#), Lowitja Institute (Project Report, August 2020), 25.

121. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 2, served on the State of Victoria on 29 May 2024.

122. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 45.

123. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 2, served on the State of Victoria on 29 May 2024.

See also discussion of the ACCHO Award in Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing).

124. Your Community Health, Submission 413, 11.

125. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 47.

126. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 47.

127. Your Community Health, Submission 413, 11.

128. See Appendix B: Glossary. See also Diversity Council Australia/Jumbunna Institute (Brown, C., D’Almada-Remedios, R., Gilbert, J. O’Leary, J. and Young, N.) *Gari Yala (Speak the Truth): Centreing the Work Experiences of Aboriginal and/or Torres Strait Islander Australians*, Sydney, Diversity Council Australia/Jumbunna Institute, 2020, citing Mark Ragg, ‘[The Enormous Load on Aboriginal and Torres Strait Islander Leaders](#)’, Croakey (Webpage, 28 November 2019).

129. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 46.

130. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 3, served on the State of Victoria on 29 May 2024.

131. Your Community Health, Submission 413, 9.

132. Your Community Health, Submission 413, 9.

For an explanation of Closing the Gap Pharmaceutical Benefits Scheme (PBS) billing and medications, see Services Australia, ‘[Closing the Gap PBS co-payment for health professionals](#)’ (Webpage); Australian Government Department of Health and Aged Care, ‘[Cheaper medicines: First Nations](#)’ (Webpage).

133. Throughout this report, Yoorrook has used ACCO (Aboriginal Community Controlled Organisation) as the preferred term/acronym generally, but has used retained the use of ACCHO (Aboriginal Community Controlled Health Organisation) when presenting quotes from evidence, and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For more discussion see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage).

134. First Peoples’ Health and Wellbeing, Submission 623, 7.

135. Transcript of Michael Graham, 4 June 2024, 35 [33]–[39].

136. Transcript of Michael Graham, 4 June 2024, 35 [37]–[39].

137. Transcript of Michael Graham, 4 June 2024, 34 [33]–[39].

138. First Peoples’ Health and Wellbeing, Submission 623, 7.

139. First Peoples’ Health and Wellbeing, Submission 623, 7.

140. Summary of roundtable with Boonwurrung Land and Sea Council, 23 November 2023, 2–3.

141. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 12 [69].

142. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 12 [69].

143. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [93].

144. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [93].

145. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [93]; Department of Health, Victoria State Government, [Aboriginal Cultural Safety Fixed Grant Requirements: Cultural Safety Planning and Reporting](#) (October 2022), 8.

146. Department of Health, Victoria State Government, [Aboriginal Cultural Safety Fixed Grant Requirements: Cultural Safety Planning and Reporting](#) (October 2022), 7–8.

147. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 16 [94].

148. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 28 [159].

149. Yoorrook also acknowledges that Minister Thomas proposed to mandate the preparation of First Peoples employment plans for larger health services that do not receive ACSFGs but which serve a significant local Aboriginal population.

150. Transcript of Michael Graham, 27 May 2024, 39 [43]–[46].

151. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 59.

152. Closing the Gap, ‘[Objective and Outcomes](#)’ (Webpage); Australian Governments and Coalition of Aboriginal and Torres Strait Islander Peak Organisations, [National Agreement on Closing the Gap](#) (Agreement, July 2020) 3 [15].

153. Victorian Aboriginal Legal Service, Submission 449 (Health), 23.

154. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 29.

155. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 4 [22].

156. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 58.

157. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 58.

158. Australian Bureau of Statistics, ‘[Intentional self-harm deaths \(Suicide\) of Aboriginal and Torres Strait Islander people](#)’ (Webpage); Australian Bureau of Statistics (ABS), ‘[Technical Note: The impact of using multiple sources for deriving the Indigenous status of deaths in 2023 – changes for Victoria and coroner referred deaths](#)’ (Webpage).

159. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 34 [199]. Yoorrook acknowledges that ‘the Department does not provide or ‘own’ the data for these Closing the Gap measures. The Australian Bureau of Statistics is the official data source. The measures are calculated using the Australian Bureau of Statistics’ population count, and the Life Tables and Cause of Death datasets.’ Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 34 [200].

160. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 35 [208].

161. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 35 [204].

162. See Department of Health and Human Services, Victorian Government, [Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017–2017](#) (Policy, 2017).

163. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 9 [46].

164. Yoorrook notes that Minister Stitt is also the Minister for Ageing and the Minister for Multicultural Affairs.

165. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 19 [107].

166. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 43 [241]–[242].

167. Witness Statement of Minister Ingrid Stitt MP, 12 June 2024, 43 [241]–[242].

168. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 59–60.

169. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 59–60.

170. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 60.

171. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 60.

172. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 60.

173. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 81, discussing Australian Governments and Coalition of Aboriginal and Torres Strait Islander Peak Organisations, [National Agreement on Closing the Gap](#) (Agreement, July 2020) 13 [67]; Victorian Government, [Victorian Aboriginal Affairs Framework 2018–2023](#) (Policy, 2018) 58–59.

174. Victorian Aboriginal Legal Service, Submission 449 (Health), 23. See also Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 81.

175. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 37.

176. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 49 [265].

177. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 49 [265].

178. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 15 [88].

179. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 15 [88].

180. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 12 [75], 18 [104].

181. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 18 [106].

182. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 18 [106].

183. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 18 [107].

184. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 2, served on the State of Victoria on 29 May 2024.

185. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 2, served on the State of Victoria on 29 May 2024.

186. Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 2, served on the State of Victoria on 29 May 2024.

187. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 49 [267].

188. Yoorrook notes that information on the ACSFC is not published or made available to AHLs.

Summary of roundtable with Aboriginal Health Liaison Officers (AHLs), 14 March 2024, 2, served on the State of Victoria on 29 May 2024.

189. Victorian Aboriginal Legal Service, Submission 449 (Health), 22.

190. First Peoples' Assembly of Victoria, Submission 490 (Education, Health and Housing), 29.

191. Witness Statement of Minister Ingrid Stitt MP, 14 June 2024, 7 [32], 8 [41], 13 [70]; Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 12 [72], 14 [86], 51 [283].

192. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 51 [283].

193. Anonymous 253, Submission 253, 2; Anonymous 558, Submission 558; Victorian Alcohol and Drug Association, Submission 458 (Interview with Andrew Morrison, Your Community Health), 19–21; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 39–40.

194. Department of Health, [‘Department of Health feedback and complaints’](#) (Webpage). See also Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Education, Health and Housing); Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing) 44–45.

195. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 12 [18]–[22].

196. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 29 [164].

197. Transcript of Professor Raymond Lovett, 28 May 2024, 23 [33]–[36].

198. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 13 [34]–[35].

199. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 13 [35]–[36].

200. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 2 [5]–[6], 2 [8].

201. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 32, citing Lowitja Institute, [We Are Working for Our People: Growing and strengthening the Aboriginal and Torres Strait Islander health workforce](#) (Report, 2020).

202. Zach Smith, Submission 665 ([Video Submission](#)), 2.

Chapter 32: Health and the criminal justice system

Introduction	207
What Yoorrook heard	212
Creating cycles of harm	212
First Peoples’ healthcare needs are not identified	215
Oversight and accountability is inadequate	221
The way forward	224
Recommendation	225

What does it say that in Victoria, more Aboriginal people have died in prison during the last 10 years than in the preceding 30? It tells me that government has failed and is continuing to fail. They are locking our people up and then neglecting our care.¹

AUNTY DR JILL GALLAGHER

Please be aware that this chapter discusses sensitive content including discussion of violence and abuse, institutional abuse and racism, including cases where this has contributed to the death of First Peoples, deaths in custody, self-harm and suicide.

The chapter presents some data about people who have passed away – Yoorrook recognises that each statistic represents a person, with a family who is grieving their loss.

This chapter contains references to First Peoples who have passed away.

We suggest readers consider their wellbeing before, during and after reading. If you are distressed by material in this report, or if you or a loved one require support, there are services to support you. Please see the support resources at [Keeping You Safe & Strong – Yoorrook Justice Commission](#).

Introduction

Due to the historical and ongoing impacts of colonisations, First Peoples are heavily over-represented in the Victorian criminal justice system.² First Peoples who have contact with the justice system often have complex health and wellbeing needs shaped by intergenerational trauma and ongoing systemic discrimination,³ including mental health challenges, disability, alcohol and other drug dependence, or have been a victim-survivor of family violence.⁴

When First Peoples enter state systems, the government assumes responsibility for their care, but the criminal justice system is not a safe place for First Peoples. Systemic racism in Victoria's justice system continues to perpetuate cycles of harm and Yoorrook heard of a systemic failure to identify and address First Peoples' underlying health needs. The harms to First Peoples' health and wellbeing in the criminal justice system is exacerbated by a lack of understanding or care about the health services First Peoples need. Evidence presented to Yoorrook indicated that institutions frequently fail to identify or properly respond to health needs, or to provide holistic services.⁵ Rather than providing culturally appropriate support, Yoorrook heard that the system compounds trauma through punitive approaches.

These systemic injustices are not new. As outlined in *Yoorrook for Justice*, First Peoples have been criminalised since colonisation began.⁶ There have also been numerous inquiries and recommendations for reform in the justice system, including with regards to justice health. This includes the Royal Commission into Aboriginal Deaths in Custody more than 30 years ago.⁷ Yet, despite the weight of these inquiries amounted over decades, the State has largely failed to implement meaningful change.⁸

Recent investigations of the justice system revealed a continuation of systemic failures in healthcare delivery. For example, the 2024 Victorian Ombudsman's *Investigation into healthcare provision for Aboriginal People in Victorian prisons* (Victorian Ombudsman Review)⁹ found that prison healthcare delivery does not align with commitments made by the government regarding: First Peoples' self-determination, the delivery of healthcare at an equivalent standard to that delivered to the community, or ensuring continuity of care.¹⁰ The 2022 *Cultural Review of the Adult Custodial Corrections System* (the Cultural Review) also identified consistent failures of private and public prisons in the provision of health and wellbeing support.¹¹

Both these inquiries made recommendations for significant change, but the evidence presented to Yoorrook indicates the State’s implementation of the recommendations has been slow to date.

This chapter examines how systemic racism undermines healthcare delivery in the criminal justice system. This includes reactive rather than preventative approaches, inadequate assessment and identification of health needs, poor continuity of care and lack of accountability.

THE DELIVERY OF HEALTHCARE IN THE JUSTICE SYSTEM

Justice Health sits within the Victorian Department of Justice and Community Safety (DJCS) and is responsible for the delivery of healthcare to people who are in prison and in youth justice precincts.¹² The delivery of healthcare in custodial settings is contracted out to a range of private and public health service providers.¹³

Since 1 July 2023, healthcare in women’s prisons has been delivered by public health providers.¹⁴ Primary health services have been contracted out to private and not-for-profit health providers in all men’s prisons in Victoria.¹⁵ Table 32.1, with information provided by DJCS, lists the public and private health service providers that deliver healthcare at different facilities.¹⁶ Primary healthcare in youth justice precincts is delivered by public or community health providers, with mental health services delivered through Orygen’s Custodial Forensic Youth Mental Health Services. This includes the operation of the mental health unit at Cherry Creek Youth Justice Precinct.

Secondary mental health services are provided in all Victorian prisons by Forensicare. Secondary mental health services include psychiatric nurses, psychologists, psychiatrists and residential voluntary mental health units.

Table 32.1: Contracted health service providers at Victorian correctional facilities and youth justice precincts as of 14 October 2024 (Source: DJCS)¹⁷

	Facility	Primary health provider	Forensic mental health provider
Youth justice centres	Parkville Youth Justice Precinct (reception site)	Cohealth	Orygen Health
	Cherry Creek Youth Justice Precinct	Barwon Health	Orygen Health
Adult prison facilities — women	Dame Phyllis Frost Centre (reception site)	Western Health	Forensicare
	Tarrengower	Dhelkaya Health	

	Facility	Primary health provider	Forensic mental health provider
Adult public prison facilities — men	Barwon	GEO Healthcare	Forensicare
	Beechworth		
	Hopkins		
	Judy Lazarus (transition centre)		
	Karreenga		
	Langi Kal Kal		
	Loddon		
	Melbourne Assessment Prison (reception site)		
	Marngoneet		
	Middleton		
	Metropolitan Remand Centre (reception site)		
Adult private prisons	Western Plains (will commence taking prisoners from mid-2025)		
	Fulham	GEO Group Pty Ltd	N/A
	Port Phillip Prison	St Vincent’s Custodial Health	Forensicare
	Ravenhall	GEO Group Pty Ltd	Forensicare

Recent investigations of the justice system revealed a continuation of systemic failures in healthcare delivery. The Victorian Ombudsman Review¹⁸ found that prison healthcare delivery does not align with commitments made by the government (see box: Victorian Ombudsman Review), especially with regard to:

- First Peoples’ self-determination
- the delivery of healthcare at an equivalent standard to that delivered to the community
- ensuring continuity of care.¹⁹

Similarly, the Cultural Review, which examined private and public prisons,²⁰ identified that ‘racism, controlled access to expressions of culture, safety and lack of culturally appropriate healthcare and wellbeing support had led to terrible experiences within the adult custodial corrections system’ (see box: The Cultural Review).²¹

Recommendations from these inquiries have not been implemented in a timely way. As outlined previously, there have been multiple reports examining the systemic failings of the criminal justice system.²²

THE CULTURAL REVIEW: *THE CULTURAL REVIEW OF THE ADULT CUSTODIAL CORRECTIONS SYSTEM*

In 2021, an expert panel was established by the Minister of Corrections to undertake the *Cultural Review of the Adult Custodial Corrections System* (Cultural Review).²³ The review examined the ‘historical, social, attitudinal and systems influences that shape the way in which things get done in the adult custodial corrections system’.²⁴ It looked at the cultural safety and quality of healthcare delivered to First Peoples in custody.²⁵

The final report, *Safer Prisons, Safer People, Safer Communities*, was published in December 2022.²⁶ The report highlighted that ‘the system is not working and that it is having devastating, intergenerational impacts on Aboriginal people and communities’.²⁷ In relation to health services, the Cultural Review found that ‘the healthcare system within the adult custodial correction system requires an overhaul — with particular attention to the needs of Aboriginal people’.²⁸

The review made 86 recommendations²⁹ to reform the adult corrections system. These include:

- providing safer health services and continuity of care
- taking a public health approach to healthcare
- developing a model of care for custodial healthcare
- increasing the number of First Peoples staff in leadership positions
- improving accountability for the delivery of culturally responsive services.³⁰

The Victorian Government’s response to the Cultural Review outlined that ‘[t]he Government supports the reform directions set out in the Report and acknowledges long-term change and future investment will be required to ensure our prisons, people and communities are safe’.³¹ The Department of Justice and Community Safety (DJCS) and the Aboriginal Justice Caucus formed the ‘Cultural Review Implementation Subgroup of the Rehabilitation and Reintegration Collaborative Working Group’ of the Aboriginal Justice Forum.³² Yoorrook was advised that this group’s workplan includes developing cultural safety standards, reviewing several cultural spaces in prisons and developing a model of culturally responsive throughcare for First Peoples in custody.³³

The Victorian Government is developing an implementation plan for the Cultural Review. The implementation plan has been provided to ‘key stakeholders’ for consultation, including Victorian Aboriginal Legal Service (VALS), but at the date of writing the plan has not been released publicly.³⁴ DJSC told Yoorrook that it has made ‘substantial progress’ towards implementing some recommendations of the Cultural Review. This includes:

- appointing a new Deputy Commissioner for Workforce and Aboriginal Outcomes
- providing ‘Aboriginal health checks’
- launching an Aboriginal workforce strategy and a recruitment strategy for Aboriginal Wellbeing Officers
- conducting a review of all cultural spaces across Victorian prisons for accessibility and suitability.³⁵

VICTORIAN OMBUDSMAN REVIEW: *INVESTIGATION INTO HEALTH PROVISION FOR ABORIGINAL PEOPLE IN VICTORIAN PRISONS*

The Victorian Ombudsman’s *Investigation into health provision for Aboriginal people in Victorian prisons* examined the healthcare delivered to First Peoples in Victorian prisons.³⁶ It assessed the extent to which First Peoples’ needs are being met, healthcare is ‘adequate to ensure the best health outcomes’ and what is required to ensure healthcare ‘is culturally safe, continuous and of an equivalent standard and quality’ as is available in the community.³⁷

The Ombudsman’s report was published in March 2024.³⁸ The report highlighted that ‘Australian and Victorian Governments have made many commitments to Aboriginal peoples’ self-determination, consultation and evidence-based health policy. However, these commitments appear to end at the prison gates’.³⁹ The report found that the healthcare system in Victorian prisons ‘is failing to meet the needs of Aboriginal people and is not ensuring their best health outcomes’.⁴⁰ While the report acknowledged some changes have been made in the way prison healthcare is provided,⁴¹ it found that these reforms have not achieved the change called for by previous inquiries.⁴²

The report made five recommendations, which aim to:

- ‘involve Aboriginal Community-Controlled Organisations in designing and delivering holistic custodial health services’
- ‘increase Justice Health’s capacity to oversight healthcare provision to Aboriginal people’
- ‘find ways to vary the current custodial primary health contracts to provide oversight that is more culturally safe and responsive to Aboriginal people’
- ‘develop an audit framework to regularly assess the clinical effectiveness and cultural responsiveness of healthcare delivery to Aboriginal people across all Victorian prisons’
- ‘increase the number of Aboriginal health professionals in Victoria and better support their career development’.⁴³

The Victorian Department of Justice and Community Safety (DJCS) accepted one recommendation in full, and accepted the remaining four recommendations in principle, noting that implementation was reliant on additional funding.⁴⁴

In a response to Yoorrook, DJCS stated: ‘In total, DJCS has identified 10 deliverables that will be implemented in response to the recommendations, many of which reflect work that is already underway in response to the recommendations from the Coronial Inquest into the passing of Veronica Nelson’.⁴⁵ The department further advised that ‘[a]s at September 2024, DJCS have marked 2 of the 10 deliverables as complete’.⁴⁶

What Yoorrook heard

Creating cycles of harm

The evidence given to Yoorrook indicates that the fundamental failure of the criminal justice system to provide adequate healthcare is often due to a reactive and punitive approach to First Peoples’ needs. This creates a cycle in which health issues are treated as behavioural problems requiring control, and there is a lack of compassionate care delivered. Yoorrook heard that this reactive approach compounds injustice. For example, Professor Stuart Kinner of the Murdoch Children’s Research Institute highlighted how system failures cascade:

The criminal justice system is in many ways the ‘end point’ that people reach when other systems have failed: family support, education, housing, mental health, disability services.⁴⁷

PROFESSOR STUART KINNER

The systemic failure extends to disability support, as First Peoples Disability Network Australia CEO Damian Griffis (Worimi) explained:

Prison also compounds disabilities — if you don’t go into prison with a psycho-social disability, then you’re likely to come out with one. Then once you’re in prison, there’s little support available to support your disability.⁴⁸

DAMIAN GRIFFIS

First Peoples with disability face particular challenges navigating intersecting systems. The Victorian Aboriginal Child and Community Agency (VACCA) observed that the ‘intersection of health, wellbeing and social outcomes ... compound disadvantage and systemic barriers to service system access and discrimination within the service system’.⁴⁹ As Dan Nicholson from Victoria Legal Aid emphasised, these systemic failures create a reinforcing cycle:

One could make similar observations about the mental health system, the education system, housing, of all these systems that are not functioning to support people properly, providing culturally controlled or culturally safe support. People then end up, because of the failings in those systems, engaging in the criminal justice system.⁵⁰

DAN NICHOLSON

Access to healthcare in the justice system is used to punish and control

The prioritisation of security over healthcare in prison settings creates a dangerous environment. The result can be that medical care becomes a tool for behaviour management rather than a fundamental right.⁵¹ The Aboriginal Justice Caucus explained that because health services in prisons in Victoria are under the jurisdiction of the DJCS and not the Department of Health, this means that security is prioritised over the health and wellbeing of the patients:

[S]ecurity concerns and ‘management’ of prisoners are prioritised over independent medical services that are in the best interests of the patient.⁵²

ABORIGINAL JUSTICE CAUCUS

The Aboriginal Justice Caucus further explained how medical staff face competing priorities⁵³ between patient care and correctional demands, fundamentally compromising healthcare delivery:

Medical staff in prisons are influenced by ‘dual loyalty’ or conflicting demands from their employer and the patient. As a result, medical decision making and interactions with patients are influenced by the correctional culture of management and security rather than health outcomes, which leads to limited quality and availability of care.⁵⁴

ABORIGINAL JUSTICE CAUCUS

Healthcare staff and health service providers have clear mandates regarding duty of care to people in custody.⁵⁵ These are stipulated in the *Healthcare Services Quality Framework for Victorian Prisons 2023* (Quality Framework),⁵⁶ and the National Safety and Quality Health Service (NSQHS) Standards.⁵⁷ DJCS requires that all primary health service providers in public prisons must meet the NSQHS Standards.⁵⁸ All health service providers are required to work closely with Aboriginal Community Controlled Health Organisations (ACCHOs).⁵⁹

Yoorrook heard evidence of First Peoples’ health concerns being dismissed, ignored, misdiagnosed, under-diagnosed or met with a punitive rather than a healthcare response.

Yoorrook also heard that First Peoples are being denied healthcare services in prisons.⁶⁰ Victorian Aboriginal Community Controlled Health Organisation (VACCHO) CEO Aunty Dr Jill Gallagher (Gunditjmara) described experiences of First Peoples women being denied health services as a means of control:

[A] couple of Aboriginal women prisoners have told me ... a correctional officer would withhold them access to that medical appointment that they have made as a punitive measure to keep them in control or punish them.⁶¹

AUNTY DR JILL GALLAGHER

Similarly, VALS CEO Nerita Waight (Yorta Yorta, Narrandjeri) stated that she had heard from many First Peoples in the justice system that ‘if they get into a dispute with a corrections officer, then access to healthcare is hampered’.⁶²

VALS also highlighted the denial of healthcare services, describing an example of what they referred to as ‘arbitrary and punitive reduction of opioid substitution therapy’.⁶³ Veronica Nelson (Gunditjmara, Dja Dja Wurrung, Yorta Yorta, Wiradjuri) died in 2020 at the Dame Phyllis Frost Centre (a maximum security women’s prison located in outer Melbourne) due to complications arising from drug withdrawal and other pre-existing conditions.⁶⁴ Based on the coronial inquest, the Coroner made recommendations regarding opioid substitution therapy. VALS noted that in response, the Victorian

Department of Justice and Community Safety issued an Interim Practice Instruction for health service providers to improve access to the therapy (effective from June 2023).⁶⁵ VALS expressed continuing concern that, despite this instruction, people in custody are continuing to be ‘removed from pharmacotherapy programs for disciplinary reasons’.⁶⁶ To access these programs, individuals must consent to the rules of the program, including collecting medication at specified times and ‘treating correctional staff with respect’.⁶⁷ According to VALS:

Failure to comply with these rules may lead to the person being rapidly and involuntarily withdrawn from the Program, which demonstrates the prioritisation of management and security over health outcomes. Removal of medication should never be used as a disciplinary measure to punish or incentivise certain behaviours.⁶⁸

VICTORIAN ABORIGINAL LEGAL SERVICE

Yoorrook notes that a new position statement was issued by DJCS on 1 July 2024⁶⁹ which rescinded the Interim Practice Instruction. The new position statement explicitly provides that access to medication-assisted treatment for opioid dependence will only be withheld or withdrawn when it is no longer considered clinically appropriate or safe (e.g. due to side effects, interaction with other medications, etc.), or where non-compliance presents a clinical risk.⁷⁰ Yoorrook has been advised by DJCS that its ‘data indicate that prescribing practices and access to treatment is increasing under the new position statement’.⁷¹

VALS further outlined fundamental conflicts in the system’s approach to drug use and dependence:

Currently, a system that criminalises drug use is responsible for treating the very health condition for which the person is often imprisoned for. This is an undeniable conflict. Coupled with a culture of stigma, this results in neglect and inadequacies in the provision of treatment, further surveillance of drug users and the removal of treatment as punishment.⁷²

VICTORIAN ABORIGINAL LEGAL SERVICE

The Aboriginal Justice Caucus noted that in most other jurisdictions across Australia, custodial healthcare services are the responsibility of health departments rather than justice departments.⁷³ Western Australia is the only other jurisdiction that manages custodial healthcare services within a justice department.⁷⁴ The Aboriginal Justice Caucus called for the transfer of responsibility, stating that ‘the Department of Health contains higher levels of health expertise and experience in health delivery than DJCS’.⁷⁵ VALS also called for the transfer of responsibility for prison healthcare to the Department of Health.⁷⁶

First Peoples’ healthcare needs are not identified

First Peoples seeking help are ignored and disbelieved

Structural racism manifests in the delivery, or lack of delivery, of health services in the criminal justice system. Yoorrook heard that First Peoples seeking assistance are often ignored, disbelieved or have their concerns minimised and dismissed. This can result in First Peoples being left without treatment or in pain and, at worst, can lead to their death.

The coronial inquest into the death of Veronica Nelson in the Dame Phyllis Frost Centre found that in the days before her death, she was suffering from extreme vomiting, was struggling to walk and repeatedly requested help. In the 36 hours Ms Nelson was held at Dame Phyllis Frost Centre, she used the intercom 49 times to request assistance.⁷⁷ At various times, she was told ‘the intercom is for emergencies only’ and ‘it’s not an emergency, stop asking’.⁷⁸ When heard ‘wailing and calling out for her late father’, Ms Nelson was told ‘she needed to stop screaming because she was keeping other prisoners awake’.⁷⁹ Coroner McGregor commented:

The sounds of Veronica’s last pleading calls for help echoed around the courtroom when played during the inquest, prompting me to ponder how the people who heard them and had the power to help her did not rush to her aid, send her to hospital, or simply open the door of the cell to check on her.⁸⁰

CORONER SIMON MCGREGOR

The Coroner went on to find that Veronica Nelson received ‘cruel and inhumane treatment’⁸¹ and ‘did not have access to health services equivalent to those available to her in the community’.⁸² Further, he found that the failures of Correct Care Australia to provide an equivalent standard of healthcare, and of Justice Health to ensure its delivery, ‘causally contributed to her passing’.⁸³

DJCS told Yoorrook that the State has made progress in implementing the recommendations of the inquest into the Passing of Veronica Nelson.⁸⁴ For example, it said that changes implemented to date include:

- revising procedures for reviewing deaths in custody
- ‘training requirements for health staff, including [alcohol and other drug] use, withdrawal and prescribing’
- ‘requirements to provide culturally safe and appropriate care and to provide access to Aboriginal health workers or practitioners’.⁸⁵

VACCHO referred to similar experiences of First Peoples whose health concerns were dismissed while in prison.⁸⁶ For example:

[A]n Aboriginal man currently in Dhurringile prison recounted how at Ravenhall prison last year the healthcare provided was so bad that he ended up in St Vincent’s hospital needing urgent care for COPD [Chronic Obstructive Pulmonary Disease]. He had repeatedly sought consultations and treatment but was always rebuffed and was told the difficulty in his lungs was probably due to having had COVID previously.⁸⁷

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The two recent reports addressing First Peoples’ health experiences in the justice system described the difficulties First Peoples face in getting the healthcare they need. The Cultural Review reported that ‘[w]ithout exception, every Aboriginal person in custody that we spoke to reported serious challenges in accessing medical treatment’.⁸⁸

Similarly, the Victorian Ombudsman Review found that health concerns are routinely ignored (see also box: Victorian Ombudsman Review).⁸⁹ The report stated:

A number of people said that they are routinely ignored or disbelieved when attempting to access healthcare, and that as a result felt they needed to exaggerate their symptoms, make a fuss or even engage in self-harm in order to get medical attention.⁹⁰

VICTORIAN OMBUDSMAN

First Peoples in prison also told Yoorrook about the challenges they experience when trying to access medical care and medications. For example, the quotes below are from various people being held at the Metropolitan Remand Centre who wish to remain anonymous:

I’ve been trying to get access to rehab for over 6 months. Nothing [ever] happens. No one accepts me.⁹¹

I’ve been asking for my teeth to get fixed for 12 months. I barely have any teeth but they never do anything about it.⁹²

About once a month my correct meds aren’t on the trolley and its impossible to fight for the right ones.⁹³

Also once your script runs ou[t] it’s a nightmare to sort it out. You’re in hell.⁹⁴

VOICES OF ABORIGINAL MALE PRISONERS AT THE METROPOLITAN REMAND CENTRE

Evidence of inadequate access to care is also reflected in data provided by DJCS. These data reported that in adult public prisons in 2023–24, only 79 per cent of appointments for non-urgent care were scheduled within required timeframes.⁹⁵

First Peoples’ healthcare needs are under-diagnosed or misdiagnosed

The failure to properly identify and diagnose First Peoples’ health conditions perpetuates cycles of harm and criminalisation.⁹⁶ VACCA reported that health issues are routinely ‘missed, suggesting that health checks are not happening as they should’.⁹⁷ The Aboriginal Justice Caucus called for ‘much greater investment in education and awareness and services for diagnosis and assessment’.⁹⁸

In its submission to Yoorrook, the Victorian Alcohol and Drug Association included a series of interviews it conducted with people working in the alcohol and drug sector. In one interview, Craig Holloway (Yorta Yorta) from the Victorian Aboriginal Health Service described a common pattern in which First Peoples in contact with the justice system often have undiagnosed medical conditions or disabilities.⁹⁹ He said:

And because I had been around for a while ... you sort of sit there and you look at a young fella and you go, something’s not right ... I would say eight out of 10 times, that kid had come back with an undiagnosed ABI [Acquired Brain Injury]. Yep. That kid’s been sitting in prison for three and a half years. ... And then when you look at his whole history, you go, oh my goodness. If this kid would’ve been assessed when he should have been, would he have even been sent to the prison in the first time?¹⁰⁰

VICTORIAN ALCOHOL AND DRUG ASSOCIATION

Community-led organisations expressed particular concern about poor screening for cognitive disabilities, including acquired brain injury (ABI) and Foetal Alcohol Spectrum Disorder (FASD). For example, VACCA reported:

VACCA routinely sees cases in which health issues are missed, suggesting that health checks are not happening as they should. One common example is in relation to eye and ear problems. In VACCA’s experience, too often these issues are simply attributed to bad behaviour and rather than addressing the cause of the problem, ear and eye problems are not picked up until a child enters the education system, where they are dealt with as a behavioural rather than health problem, through punishment and exclusion.¹⁰¹

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

The Aboriginal Justice Caucus called for greater investment in earlier assessment and diagnosis of health conditions, stating:

There needs to be much greater investment in education and awareness and services for diagnosis and assessment. Proper recognition of and responses to the needs of individuals with ABI and other disabilities are invaluable both during their period of incarceration but can also assist with rehabilitation and may reduce the likelihood of reoffending.¹⁰²

ABORIGINAL JUSTICE CAUCUS

Sarah Schwartz from VALS described the impact of inadequate healthcare:

One client with an intellectual disability lost access to disability supports when entering custody and was instead held for months in a cell for 23 hours a day. Another client told us about delays in receiving emergency medical assistance after they had had a stroke. Other clients say that they have to wait weeks to see a GP and months for specialists. They speak of being denied prescriptions they received in the community, and of health practitioners with no cultural training.¹⁰³

SARAH SCHWARTZ

Healthcare in prisons is inadequate

Evidence outlined throughout this chapter demonstrates that healthcare delivered in prisons is inadequate. This was highlighted in the Victorian Ombudsman Review and the Cultural Review. These reviews largely collected evidence prior to 1 July 2023.

The State acknowledged in correspondence that many of the reforms to the justice healthcare system in recent years have been driven by First Peoples’ advocacy. This includes advocacy by the Aboriginal Justice Caucus, Aboriginal Community Controlled Organisations and Yoorrook.¹⁰⁴

Despite clear obligations to provide equivalent care, the prison healthcare system systematically fails to meet First Peoples’ basic health needs.¹⁰⁵ For example, First Peoples in custody do not have access to an equivalent level of healthcare services as that available to the general community.¹⁰⁶ *Yoorrook for Justice* recommended implementing the recommendations of the Cultural Review reforms to ensure equivalent health standards.¹⁰⁷ Despite this recommendation, the Victorian Ombudsman Review found that:

The current system is ... at odds with government commitments to Aboriginal people’s self-determination, equivalency and continuity of healthcare, and improving health outcomes to reduce the over-representation of Aboriginal people in prisons.¹⁰⁸

VICTORIAN OMBUDSMAN

The Victorian Ombudsman Review report concluded that reforms aimed at improving healthcare

have not brought about the substantive, system-wide change that previous inquiries and Government commitments have acknowledged is required to ensure that Aboriginal people in Victoria’s prisons can access continuous, equivalent and culturally safe healthcare.¹⁰⁹

VICTORIAN OMBUDSMAN

Like the Cultural Review and *Yoorrook for Justice*, the investigation determined that:

The Government needs to work with Aboriginal community representatives to implement an Aboriginal-designed and Aboriginal-delivered model of healthcare for Aboriginal people in prison.¹¹⁰

VICTORIAN OMBUDSMAN

In evidence heard by Yoorrook, the DJCS Secretary and Minister for Corrections and Youth Justice acknowledged the failings of the department highlighted in the Cultural Review and the Victorian Ombudsman Review. Yoorrook heard that since the handing down of these reports, progress towards significant system-wide reform has been made in response to the findings of the Coronial Inquest into the passing of Veronica Nelson.¹¹¹ While there is significantly more work to be done, Yoorrook notes that DJCS has assessed 18 of the 37 deliverables identified in response to the Coroner’s recommendations as complete as of October 2024.¹¹² A further seven have been assessed as complete pending review by the Rehabilitation and Reintegration Collaborative Working Group.¹¹³ Yoorrook acknowledges that this has translated into a number of reforms in the period since 1 July 2023 which, due to their timing, were not captured in the evidence presented at its hearings.¹¹⁴ These include the implementation of a new primary healthcare service model and quality framework, and regular health checks for First Peoples in custody, consistent with Medicare Benefit Scheme item 715.¹¹⁵

Lack of access to Medicare and the Pharmaceutical Benefits Scheme

Another fundamental barrier to equivalent care is that people in Victorian prisons cannot access Medicare or the Pharmaceutical Benefits Scheme (PBS), because health services in prisons are arranged and funded by the State.¹¹⁶ The Aboriginal Justice Caucus highlighted that this limits access to services which would otherwise be subsidised by the Commonwealth, and which are ‘too expensive to offer at scale in prisons’.¹¹⁷ These include annual health checks for Aboriginal and Torres Strait Islander people, access to allied mental health services and mental health treatment plans.¹¹⁸

In July 2023, in response to the recommendations of the Cultural Review, Justice Health introduced new requirements for providers in adult public prisons to deliver ‘Aboriginal health checks’. These are based on the Medicare item 715 annual health check that is available in the community.¹¹⁹ DJCS told Yoorrook that GEO Healthcare carried out a total of 958 Aboriginal health checks in 2023–24.¹²⁰ VALS noted, however, this reform is unlikely to substantially improve outcomes without further changes:

Ultimately, Aboriginal Health Checks are about early detection and prevention and require accessible, culturally safe and consistent follow up to improve health outcomes.¹²¹

VICTORIAN ABORIGINAL LEGAL SERVICE

The Aboriginal Justice Caucus explained how creating access to Medicare and the PBS in the justice system could support continuity of care:

Access to Medicare and PBS for people who are incarcerated would also support in-reach services provided by ACCHOs, who currently provide culturally safe healthcare services, including Aboriginal Health Checks, through access to both Commonwealth and State/Territory Government funding.¹²²

ABORIGINAL JUSTICE CAUCUS

The urgent need for better continuity of care is highlighted by Professor Stuart Kinner’s evidence about mortality risks. Professor Kinner highlighted that the risk of death for Aboriginal women following their release from prison is approximately 13 times higher than that of women in the general population. For First Peoples men the risk is five times higher than the general male population.¹²³

The State prevents First Peoples’ access to community-led services

Incarceration disrupts continuity of care by severing trusted relationships with healthcare providers in the community. As noted by the Aboriginal Justice Caucus, ACCHOs provide ‘culturally safe and trauma-informed primary healthcare’ that incarcerated people cannot access.¹²⁴ Such disruption in healthcare can have serious consequences. Principal Lawyer at Djirra Anne Lenton explained:

[T]here’s a real lack of continuity of healthcare. So say, for example, if you had a psychiatrist that you worked really well with, the moment that you enter prison that relationship ends. And that’s incredibly disruptive.¹²⁵

ANNE LENTON

VALS stated that by severing First Peoples’ connections to ACCHOs, the justice system undermines both immediate healthcare needs and longer-term healing.¹²⁶

In an interview with the Victorian Alcohol and Drug Association, Craig Holloway from the Victorian Aboriginal Health Service highlighted the missed opportunity for better care delivered by First Peoples in the justice system.¹²⁷ He said:

[W]hy isn’t there an Aboriginal health service that have got the skills, the highly trained staff probably know a lot of the people that are in there, so you’ve got that instant connection.¹²⁸

CRAIG HOLLOWAY IN VICTORIAN ALCOHOL AND DRUG ASSOCIATION

VALS described how the justice system also impedes building trust with providers in prisons:

Doctor-patient continuity is ... rare within the current healthcare system. Due to a variety of factors, including movement between prisons, understaffing and cost cutting, people in prison do not develop ongoing relationships with particular medical professionals, which undermines trust. This is particularly important for Aboriginal people, who continue to face discrimination and exploitation from institutions, including medical professionals.¹²⁹

VICTORIAN ABORIGINAL LEGAL SERVICE

VALS also highlighted significant barriers to accessing external healthcare:

The security element of the prison acts a deterrence to access care. Clients are often deterred from accessing treatment in the community because of the humiliating conditions and traumatic conditions experienced by clients when they are transferred to and from prison. For example, clients are handcuffed and shackled while walking through hospitals, guards are present in the clinic room.¹³⁰

VICTORIAN ABORIGINAL LEGAL SERVICE

The Aboriginal Justice Caucus emphasised that ACCHOs are best positioned to provide culturally safe health and wellbeing care, including in prisons:

For decades, ACCHOs have been providing culturally safe and trauma-informed primary healthcare (and other services) to Aboriginal communities in Victoria. This is not the case for Aboriginal people in custody, who are forced to access healthcare from the mainstream healthcare system, which is not culturally safe.¹³¹

ABORIGINAL JUSTICE CAUCUS

VALS and the Aboriginal Justice Caucus called for VACCHO and other ACCHOs to ‘be at the forefront of prison healthcare’.¹³² The Aboriginal Justice Caucus explained:

The trust developed between ACCHOs and their clients in the provision of custodial healthcare would enable and encourage continuity of care, connecting people in with their community health providers. On a broader scale, this connection can encourage people to address underlying causes of offending over time which reduces recidivism and increases community safety. ACCHOs should not, and do not want to be used to plug holes in the failings of for-profit healthcare providers. They should be empowered to deliver their services for Aboriginal people in prisons in the way they see fit.¹³³

ABORIGINAL JUSTICE CAUCUS

VACCHO emphasised that this approach aligns with self-determination:

It is accepted that Aboriginal people should have the choice of accessing health care from Aboriginal Community-Controlled Organisations (ACCOs) aligning with the principle of self-determination and recognising the importance of culturally safe healthcare to improving health and wellbeing outcomes. The same logic should apply inside prisons and other healthcare settings.¹³⁴

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

DJCS told Yoorrook that the State is working in partnership with VACCHO to design a model and develop a capacity-building strategy for ACCHOs to deliver in-reach prison services. Project governance groups for this initiative were set to be established by October 2024.¹³⁵

Oversight and accountability is inadequate

The lack of effective oversight and accountability mechanisms allows systemic failures in healthcare delivery to persist, with devastating consequences for First Peoples in custody.¹³⁶ The Aboriginal Justice Caucus highlighted the human cost of inadequate oversight:

How many more lives are to be lost and loved ones left grieving before there is a re-imagining of the current system, and real accountability? The mechanisms in place are not working and continue to fail Aboriginal people and communities. The circumstances of these tragedies provide a strong indicator of the extent and effectiveness of implementation of RCIADIC [the Royal Commission into Aboriginal Deaths in Custody] recommendations by the Victorian Government since 1991 to prevent such deaths from occurring.¹³⁷

ABORIGINAL JUSTICE CAUCUS

Despite multiple inquiries and reports over three decades since the Royal Commission into Aboriginal Deaths in Custody (RCIADIC), transformative change has not occurred. The Aboriginal Justice Caucus stated that the change needed had been impeded by a lack of Government accountability for meaningful implementation of recommendations.¹³⁸ The long-term nature of this failure of accountability is echoed in the 2023 inquest into Veronica Nelson’s tragic death. The inquest found multiple systemic failings in health assessment, care provision and accountability mechanisms.¹³⁹ Coroner McGregor observed:

Governments have had the answers to the problems identified in Veronica’s case for over 30 years. The findings and recommendations of RCIADIC were reasonable and implementable, and they should have resulted in the type of widespread systemic changes that could have prevented the tragedy of Veronica’s passing from occurring.¹⁴⁰

CORONER SIMON MCGREGOR

In his final finding, Coroner McGregor concluded: ‘I find that, had the RCIADIC recommendations been successfully implemented by the Government and its agencies, Veronica’s passing would have been prevented’.¹⁴¹

Coroner McGregor identified a disturbing ‘don’t ask/don’t tell arrangement’ between DJCS and healthcare providers that ‘goes part way to explaining how so many continual and repeated systemic failings were permitted to occur’.¹⁴² He went on to recommend revision of custodial healthcare auditing to ensure independent, comprehensive, transparent and regular oversight that enhances health outcomes.¹⁴³

DJCS told Yoorrook the *Healthcare Services Quality Framework for Victorian Prisons 2023* ‘improve[s] the focus on Aboriginal cultural rights and strengthen[s] expectations of cultural competence for providers’. Quality Domain Five of the framework outlines 22 requirements for health service providers, including in relation to governance. The framework requires meaningful working arrangements with ACCHOs and embedding Aboriginal cultural values in health programs and services.¹⁴⁴ DJCS also told Yoorrook that despite this new framework, only 69 per cent of the GEO Healthcare workforce had completed their annual cultural awareness refresher training (compared to 85 per cent of the Western Health workforce and 100 per cent of the Dhelkaya Health workforce).¹⁴⁵ Yoorrook acknowledges that by 3 January 2025, 86.8 per cent of GEO Healthcare workforce had completed their annual cultural awareness refresher training.¹⁴⁶

First Peoples peak organisations commented on accountability failings by the State. For example, the Aboriginal Justice Caucus emphasised fundamental problems with oversight:

The system is failing by not providing a robust independent oversight system of prison healthcare providers. This includes monitoring of contracts, independent auditing and scrutiny, clinical oversight and robust mechanisms for reviewing any deaths in custody that relate to access to healthcare.¹⁴⁷

ABORIGINAL JUSTICE CAUCUS

VALS expressed concerns about the Cultural Review’s implementation plan:

We are concerned that the 2-year Implementation Plan for the Cultural Review does not prioritise the development of a framework to effectively [monitor] and report on health outcomes. Until the Department ensures that the new healthcare model will actually improve the quality of healthcare being provided in prisons, the new Healthcare Services Quality Framework is worthless.¹⁴⁸

VICTORIAN ABORIGINAL LEGAL SERVICE

VALS noted that two key recommendations from the Cultural Review had not been prioritised, which it described as ‘a major shortcoming’.¹⁴⁹ Recommendation 2.3 is the establishment of an independent Inspectorate of Custodial Services, including an Aboriginal Inspector.¹⁵⁰ Recommendation 2.4 is the implementation of the *Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment*, which supplements the 1984 *United Nations Convention Against Torture*.¹⁵¹

Professor Stuart Kinner pointed to broader transparency issues:

Victoria’s DJCS seems uniquely reluctant to share data about the health of those in custody or permit independent research or monitoring of these matters. One might argue that ‘plausible deniability’ is the lesser of two evils: in other words, the criticism levelled at DJCS for its apparent lack of transparency may be less consequential than the criticism that would be levelled if a full and unadulterated view of the system were possible.¹⁵²

PROFESSOR STUART KINNER

The Aboriginal Justice Caucus emphasised:

To enable the Aboriginal Community to hold Government to account and improve the healthcare experience of Aboriginal people in prison, greater transparency of and access to data is of paramount importance.¹⁵³

ABORIGINAL JUSTICE CAUCUS

First Peoples in custody face significant barriers to making complaints, including lack of awareness of processes, lack of culturally appropriate services, fear of reprisals, inadequate access to legal representation and a sense that nothing will change.¹⁵⁴ The Aboriginal Justice Caucus further explained:

For individuals who are incarcerated at the time of making a complaint, there are multiple obstacles which deter/prevent individuals from accessing many of these bodies, including limited awareness of complaints processes and limited access to prison legal services. In addition, the high cost of making a phone call from prison also acts as a barrier (only the Ombudsman and VLA has a free call service).¹⁵⁵

ABORIGINAL JUSTICE CAUCUS

In their submissions to Yoorrook, the Aboriginal Justice Caucus and VALS called for significant reforms to the provision of healthcare in the criminal justice system for First Peoples. These include:

- transfer of oversight management of prison healthcare from DJCS to the Department of Health
- further changes to reviews into deaths in custody
- revisions to auditing and scrutiny systems for all healthcare providers
- reforms to monitoring systems focused on measuring healthcare outcomes
- greater data transparency and reporting
- establishment of an independent oversight body for prison complaints
- resourcing for dedicated legal services for people in prison, with First Peoples legal services.¹⁵⁶

The way forward

Despite three decades of reviews and inquiries, together with thousands of findings and recommendations for reform, First Peoples are still entering the criminal justice system with unmet health needs. Once in the system, poor health and wellbeing outcomes are driven by healthcare systems which are reactive, often inaccessible and culturally unsafe.

Reform is needed on multiple levels. Early intervention is required in the form of disability screening and assessment for First Peoples involved in, or at risk of involvement in, the criminal justice system. There should be a particular focus on screening for disabilities, including cognitive disabilities (including FASD, ABI) and hearing impairment. These assessment processes should be led and implemented by First Peoples-led organisations.

The delivery of self-determined, First Peoples-led services achieve better health and wellbeing outcomes.¹⁵⁷ First Peoples have the right to access First Peoples-led, culturally safe healthcare services, but this is not currently possible for most people in prisons in Victoria. Yoorrook calls for the Victorian Government to ensure that First Peoples in custody can access primary healthcare, social and emotional wellbeing support, specialist care and disability support that is culturally safe and at an equivalent standard as that provided in the community.

Yoorrook urges that the government to transfer the responsibility for the oversight and management of healthcare in custodial settings from DJCS to the Department of Health. This will ensure a focus on health outcomes, rather than on security and prisoner management concerns.

To support continuity of care, the State should call on the Commonwealth to make Medicare and the PBS available to people in custody. Yoorrook notes that Medicare and the PBS are funding sources for health services and key components of the public health system, rather than a service delivery model for health services in and of themselves.

Yoorrook acknowledges that Justice Health has previously worked with the Victorian Department of Health to advise the Commonwealth on the benefits and risks of expanding PBS eligibility in custody. This advice acknowledged the benefits of PBS funding but noted that any expansion of PBS (or Medicare) to custodial settings would require additional system reforms to ensure there are no unintended consequences for service delivery models. These reforms may include, for example, not capping the funding or number of appointments a person may access due to Medicare or PBS requirements, or any other limitations on services driven by an inability to provide a Medicare card.¹⁵⁸

Finally, Yoorrook reiterates the recommendations made in *Yoorrook for Justice*:

- the implementation of recommendations from the Cultural Review
- the establishment of independent monitoring and evaluation of the criminal justice system
- the uplift of cultural competence and compliance with human and cultural rights in the criminal justice system.¹⁵⁹

Oversight and accountability mechanisms must be put in place to measure and report on health and wellbeing outcomes. These mechanisms should be accompanied by transparent evaluation and data reporting aligned with the principles of First Peoples data sovereignty. In addition, Yoorrook supports all the recommendations from the Victorian Ombudsman Review.

Recommendation

RECOMMENDATION 84

Led by First Peoples, the Victorian Government must:

- a. Transfer oversight and responsibility of First Peoples’ prison healthcare from the Department of Justice and Community Safety to the Department of Health.
- b. Provide First Peoples people in custody with primary healthcare, social and emotional wellbeing support, specialist services and access to disability supports at equivalent standard to that provided in the community, as well as ensuring First Peoples’ cultural safety.
- c. Work with the Federal Government to ensure that First Peoples in prison have access to the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS).
- d. Revise the system for auditing and scrutiny of custodial healthcare services, to ensure that there is a robust oversight of all providers of prison healthcare (both public and private) and public reporting of the outcomes.
- e. Reform the prison complaints process to ensure that First Peoples’ prison complaints, including complaints against private prisons and contractors, are handled by an appropriately resourced independent oversight body with sufficient powers to refer matters for criminal investigation. The body must be accessible to First Peoples in prison and complainants must have adequate legislative protection.

Endnotes

1. Transcript of Aunty Dr Jill Gallagher, 27 May 2024, 72 [46]–73 [2].
2. See e.g. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 14, 20, 50–1, 236–8, 253–261.
3. James Ogloff et al, *Koori Prisoner Mental Health and Cognitive Function Study* (Final Report, 2013) 13; Australia, *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (Final Report, September 2023) vol 8, 36–38.
4. Department of Justice and Community Safety, *Women in the Victorian Prison System* (Report, 2019), 10.
5. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 48.
6. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 50–1, 64–7.
7. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 236–8. See also see Australia, *Royal Commission into Aboriginal Deaths in Custody* (National Report, April 1991).
8. For example, see Australia, *Royal Commission into Aboriginal Deaths in Custody* (National Report, April 1991).
9. The Victorian Ombudsman is ‘an independent officer of the Victorian Parliament whose principal functions are to resolve complaints about, enquire into and investigate administrative actions taken in or by Victorian state government and public organisations, including departments, statutory bodies and local councils.’ : Victorian Ombudsman, [Role of the Ombudsman](#) (Policy, September 2020).
10. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) 152 [7823].
11. Victorian Government, ‘[Cultural Review of the Adult Custodial Corrections System](#)’ (Webpage, 2023). See also Kristen Hilton et al, *Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System* (Report, December 2022), 456.
12. Corrections Prisons & Parole Victoria, ‘[About Justice Health](#)’ (Webpage, 2025).
13. Corrections Prisons & Parole Victoria, ‘[About Justice Health](#)’ (Webpage, 2025).
14. Victorian Government, [Cultural Review of the Adult Custodial Corrections System: Victorian Government Response](#) (Victorian Government Response, March, 2024), 8.
15. Primary health at Port Phillip Prison is provided by St Vincent’s Custodial Health, which is a division of St Vincent’s Hospital (Melbourne) Limited, a denominational hospital under the *Health Services Act 1988* (Vic).
16. Victorian Government, Response to NTP — ‘*Justice Health; Introductory Summary for YJC Counsel; October 2024*’, 3, produced by the State of Victoria on 18 October 2024 in response to the Commissions Notice to Produce dated 25 September 2024.
17. Victorian Government, Response to NTP — ‘*Justice Health; Introductory Summary for YJC Counsel; October 2024*’, 3, produced by the State of Victoria on 18 October 2024 in response to the Commissions Notice to Produce dated 25 September 2024.

18. The Victorian Ombudsman is ‘an independent officer of the Victorian Parliament whose principal functions are to resolve complaints about, enquire into and investigate administrative actions taken in or by Victorian state government and public organisations, including departments, statutory bodies and local councils.’ : Victorian Ombudsman, [Role of the Ombudsman](#) (Policy, September 2020).
19. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) 152 [7823].
20. Victorian Government, ‘[Cultural Review of the Adult Custodial Corrections System](#)’ (Webpage, 2023).
21. Kristen Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 456.
22. A summary of previous inquiries and reviews published in the past 10 years is also available in Appendix E: Health policy frameworks, oversight bodies and previous reviews.
23. Victorian Government, ‘[Victorian Government response to the Cultural Review of the Adult Custodial Corrections System](#)’ (Webpage, 2023).
24. Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 3.
25. Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 495–561.
26. Victorian Government, ‘[Victorian Government response to the Cultural Review of the Adult Custodial Corrections System](#)’ (Webpage, 2023).
27. Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 27.
28. Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Correctiaons System](#) (Report, December 2022), 29.
29. Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 40–83.
30. Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 64–9.
31. Victorian Government, [Cultural Review of the Adult Custodial Corrections System: Victorian Government Response](#) (Victorian Government Response, March, 2024).
32. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 20, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.
33. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 20, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

34. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 19–20, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024. See also Victorian Aboriginal Legal Service, Submission 449 (Health), 66.
35. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 19–20, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.
36. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (Report, March 2024), 14.
37. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024), 14.
38. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024).
39. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024), [71], 21.
40. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024), [72], 21.
41. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024), [75], 21.
42. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024), [77], 21.
43. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (March 2024), [82], 22.
44. Recommendations 1, 2 and 3 were accepted in principle by the Department of Justice and Community Safety (DJCS), noting that implementation will be reliant on funding. Recommendation 4 was accepted by DJCS. Recommendation 5 was accepted in principle by DJCS, noting that implementation will be reliant on funding and that only part c of this recommendation is within the Department’s direct control. Recommendation 5 was also accepted in principle by the Department of Health and the Department of Jobs, Skills, Industry and Regions. Victorian Ombudsman, [Investigation into health provision for Aboriginal people in Victorian prisons](#) (Report, March 2024), 158–61.
45. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 31, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.
46. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 31, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

- A further four deliverables were marked as ‘on track’: DJCS to partner with the ACCHO sector to develop an Aboriginal led model of healthcare (a project group has been convened); design and implement a plan to build culturally responsive healthcare across Justice Health (design of the plan is underway); implementing the first stage of the Health Service Quality Framework in private prisons, with the implementation of the Aboriginal Health Check (agreement has been reached with two of three private men’s prisons); and develop a cultural safety audit (a cultural safety self-assessment audit toolkit has been developed and, at the time of writing, was due to commence in three sites in October 2024): Department of Justice and Community Safety, Justice Health, Response to NTP-005-010 — ‘*Victorian Ombudsman Recommendation Implementation*’, 2, produced by the State of Victoria in response to the Commission’s Request for Information dated 24 September 2024.
47. Witness Outline of Professor Stuart Kinner, 16 December 2022, 5 [V].
48. Witness Outline of Damian Griffis, 2 March 2023, 4 [30].
49. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 26.
50. Transcript of Dan Nicholson, 15 December 2022, 491 [6]–[24].
51. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 43.
52. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 43.
53. Yoorrook notes that the roles of healthcare staff are distinct from corrections staff. Healthcare staff have a duty of care and responsibility to ensure access to medical treatment and healthcare. Corrections staff have a role to ensure the good order of the custodial facility, support the safe and humane management of a person in custody, and provide access to services (including rehabilitation services).
54. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 43.
55. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.
56. Department of Justice and Community Safety, [Healthcare Services Quality Framework for Victorian Prisons 2023: Justice Health](#) (2023).
57. Australian Commission on Safety and Quality in Health Care, [National Safety and Quality Health Service Standards](#) (Second edition, 2021).
58. Department of Justice and Community Safety, Response to NTP-005-010 — ‘*DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information*’, 31, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.
59. Criterion: Aboriginal Cultural Safety. See Department of Justice and Community Safety, [Healthcare Services Quality Framework for Victorian Prisons 2023: Justice Health](#) (2023), 31–32.
60. Yoorrook acknowledges that there are certain limited circumstances in which access to health staff must be denied (e.g. when the prison is locked down). Yoorrook also notes that opportunities for direct engagement with health staff vary across facilities, taking into account the security levels of individual locations.
61. Transcript of Aunty Dr Jill Gallagher, 6 December 2022, 129 [27]–[30].
62. Transcript of Nerita Waight, 14 December 2022, 442 [40]–[41].
63. Victorian Aboriginal Legal Service, Submission 449 (Health), 50.

64. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023).

65. Victorian Aboriginal Legal Service, Submission 449 (Health), 63.

66. Victorian Aboriginal Legal Service, Submission 449 (Health), 63.

67. Victorian Aboriginal Legal Service, Submission 449 (Health), 63.

68. Victorian Aboriginal Legal Service, Submission 449 (Health), 63.

69. Department of Justice and Community Safety (DJCS), [Position Statement – Medication Assisted Treatment for Opioid Dependence](#) (July 2024). See also Correction, Prisons & Parole, ‘[Medication Assisted Treatment for Opioid Dependence – Position Statement](#)’ (Webpage).

70. Department of Justice and Community Safety (DJCS), [Position Statement – Medication Assisted Treatment for Opioid Dependence](#) (July 2024), 1. See also Correction, Prisons & Parole, ‘[Medication Assisted Treatment for Opioid Dependence – Position Statement](#)’ (Webpage).

71. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

72. Victorian Aboriginal Legal Service, Submission 449 (Health), 62.

73. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 43.

74. Nous Group, [National review of First Nations health care in prisons: Literature summary report](#) (Report, 25 January 2024), 15–16.

75. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 43.

76. Victorian Aboriginal Legal Service, Submission 449 (Health), 13.

77. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) [45]. See also, discussion in: Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 368.

78. Coroners Court of Victoria, *Inquest into the Passing of Veronica Nelson* (30 January 2023) [24], [25].

79. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) [41].

80. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) [49].

81. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023), Appendix B, 3 [18].

82. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023), Appendix B, 3 [19].

83. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023), Appendix B, 3 [30]–[31].

84. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 31, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

85. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 29–30, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

86. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 48, quoting Sarah Schwartz, ‘[Indigenous Victorians pay a high price when prisons prioritise profit](#)’, *The Age* (Webpage, 3 November 2022).

87. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 49.

88. Kristen Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 515.

89. Victorian Ombudsman, *Investigation into healthcare provision for Aboriginal people in Victorian prisons* (March 2024) [251].

90. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) [251].

91. Voices of Aboriginal Male Prisoners at the Metropolitan Remand Centre, Submission 1111 (Group 1), 3.

92. Voices of Aboriginal Male Prisoners at the Metropolitan Remand Centre, Submission 1111 (Group 1), 3.

93. Voices of Aboriginal Male Prisoners at the Metropolitan Remand Centre, Submission 1112 (Group 2), 1.

94. Voices of Aboriginal Male Prisoners at the Metropolitan Remand Centre, Submission 1112 (Group 2), 1.

95. Department of Justice and Community Safety, Response to NTP-005-010 — ‘Health Service Provider Performance Summary FY 2023–24’, 5, produced by Department of Justice and Community Safety in response to the Commission’s Notice to Produce dated 4 October 2024.

96. Victorian Alcohol and Drug Association, Submission 458 (Interview with Craig Holloway, Victorian Aboriginal Health Service), 23–24.

97. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 16.

98. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 33.

99. Victorian Alcohol and Drug Association, Submission 458 (Interview with Craig Holloway, Victorian Aboriginal Health Service).

100. Victorian Alcohol and Drug Association, Submission 458 (Interview with Craig Holloway, Victorian Aboriginal Health Service), 23–24.

101. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 16.

102. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 33.

103. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 49, quoting Sarah Schwartz, ‘[Indigenous Victorians pay a high price when prisons prioritise profit](#)’, *The Age* (3 November 2022).

104. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

105. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) [72]–[74].

106. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 368–371.

The report pointed to the findings of the Cultural Review, and called for reform to ensure ‘that Aboriginal people can access quality and culturally appropriate health care of an equivalent standard to what they would access in the community’: Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 371. See discussion in the Cultural Review: Kristin Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 687–684.

107. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), recommendation 43.

108. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) [74].

109. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) [77].

110. Victorian Ombudsman, [Investigation into healthcare provision for Aboriginal people in Victorian prisons](#) (March 2024) [80].

111. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

112. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

113. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

See further Department of Justice and Community Safety, Response to NTP-005-010, ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 29–47, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

114. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

115. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

See further Victorian Government, [Cultural Review of the Adult Custodial Corrections System; Victorian Government Response](#) (Victorian Government Response, March, 2024).

116. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 369. As the Aboriginal Justice Caucus told Yoorrook, this is because section 19(2) of the *Health Insurance Act 1973* (Cth) provides that Medicare rebates are not payable to health services provided by, on behalf or, or under an arrangement with a State government, see for example Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 35.

117. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 35.

118. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 35.

119. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 43–44, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024; Australian Government, Department of Health and Aged Care, ‘[Annual health checks for Aboriginal and Torres Strait Islander people](#)’ (Webpage, 3 June 2022); Australian Government, Department of Health and Aged Care, MBS Online Medicare Benefits Schedule, ‘[Medicare Benefits Schedule – Item 715](#)’ (Webpage).

120. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 43–44, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

121. Victorian Aboriginal Legal Service, Submission 449 (Health), 66.

122. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 35.

123. Witness Outline of Professor Stuart Kinner, 16 December 2022, 2 [6]–[8].

124. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 42.

Please note throughout this report Yoorrook has used ACCO (Aboriginal Community Controlled Organisation) as the preferred term/acronym generally, but has used retained the use of ACCHO (Aboriginal Community Controlled Health Organisation) when presenting quotes from evidence and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For more discussion see Chapter 33: Aboriginal community controlled healthcare and Appendix B: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, ‘[The Victorian ACCO Model](#)’ (Webpage).

125. Transcript of Anne Lenton, 13 December 2022, 356 [13]–[15].

126. Victorian Aboriginal Legal Service, Submission 449 (Health), 54.

127. Victorian Alcohol and Drug Association, Submission 458 (Interview with Craig Holloway, Victorian Aboriginal Health Service), 12.

128. Victorian Alcohol and Drug Association, Submission 458 (Interview with Craig Holloway, Victorian Aboriginal Health Service), 12.

129. Victorian Aboriginal Legal Service, Submission 449 (Health), 54.

130. Victorian Aboriginal Legal Service, Submission 449 (Health), 54.

131. Victorian Aboriginal Legal Service, Submission 449 (Health), 54.

132. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 41; Victorian Aboriginal Legal Service, Submission 449 (Health), 57.

133. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 41.

134. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 72.

135. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 30, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

136. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 11–12.

137. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 30.

138. See, eg: Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 11–12.

139. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) findings 19, 22, 23, 26–37, 39–49.

140. *Inquest into the Passing of Veronica Nelson* (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) [864].

141. Inquest into the Passing of Veronica Nelson (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) finding 51.

142. Inquest into the Passing of Veronica Nelson (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) [858]; see also, findings 44, 45 and 46.

143. Inquest into the Passing of Veronica Nelson (Coroners Court of Victoria, Coroner McGregor, 30 January 2023) recommendation 18.

144. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 32–33, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

145. Department of Justice and Community Safety, Response to NTP-005-010 — ‘DJCS Response to Yoorrook Justice Commission’s Accountability (HB8) Request for Information’, 50, produced by the State of Victoria in response to the Commission’s Notice to Produce dated 4 October 2024.

146. Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025.

147. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 38.

Yoorrook acknowledges that DJCS has changed its internal review process to increase external oversight, including by ensuring that an Aboriginal Justice Caucus representative sits on the Aboriginal expert panel that oversees the DJCS review of any Aboriginal person who passes away in custody.

148. Victorian Aboriginal Legal Service, Submission 449 (Health), 69.

149. Victorian Aboriginal Legal Service, Submission 449 (Health), 69.

150. Victorian Aboriginal Legal Service, Submission 449 (Health), 69; Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 42–43.

151. Victorian Aboriginal Legal Service, Submission 449 (Health), 69; Kirsten Hilton et al, [Safer Prisons, Safer People, Safer Communities: Final Report of the Cultural Review of the Adult Custodial Corrections System](#) (Report, December 2022), 43.

152. Witness Outline of Professor Stuart Kinner, 16 December 2022, 5 [29].

153. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 43.

154. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 44–46. See also Victorian Aboriginal Legal Service, Submission 449 (Health), 70–72.

155. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 45.

Yoorrook acknowledges further evidence it has received from the DJCS clarifying that under Commissioner’s Requirements 4.2.1 – Prisoner Telephone System, a number of other calls are both free and exempt from recording: Correspondence from the Department of Justice and Community Safety (DJCS) to Yoorrook, 7 March 2025. See also Corrections, Prisons and Parole, ‘[Commissioner’s Requirements – Part 4](#)’ (Webpage).

156. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 23–24; Victorian Aboriginal Legal Service, Submission 449 (Health), 13–14.

157. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 195–197.

158. See Nous Group, *National Review of First Nations Health Care in Prisons: Final Report* (11 July 2024), 18–20.

159. Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), recommendations 3, 4, 5, 6 and 7.

Chapter 33: Aboriginal community controlled healthcare

Introduction	235
What Yoorrook heard	237
ACCO model of holistic and culturally safe care	237
ACCOs deliver better health-related outcomes	244
The State is failing to adequately resource and support ACCOs	247
The way forward	258
Recommendation	259

Local [Aboriginal Community Controlled Organisations] encourage flourishing communities supported by culturally safe care, which is achieved by seizing back community control of services from the settler-state.¹

LOWITJA INSTITUTE

Introduction

For First Peoples in Victoria, culturally safe health and wellbeing services are accessible through Aboriginal Community Controlled Organisations (ACCOs).² Beginning as just a few health services in Fitzroy the 1970s (see Chapter 26: First Peoples and the Victorian health system), ACCOs now play an increasingly important role in supporting and enhancing the health and wellbeing of First Peoples. At their core, ACCOs are services that are established and operated by the local Aboriginal community,³ and accountable to that community.⁴

The development of the ACCO health sector was, and continues to be, a response to the endemic systemic injustice in the Victorian health system. The provision of health services by First Peoples for First Peoples was necessitated by the long-term failures of the State. These include failures to support First Peoples' right to health, to deliver culturally safe healthcare services and address the prevalence of racism towards First Peoples across all sectors of the mainstream health system. The need for the ACCO sector continues to grow.

The broad-ranging benefits of First Peoples-led health services and initiatives have been well documented over the last forty years. The success of ACCOs in supporting First Peoples' health outcomes, the trust held by First Peoples towards ACCOs, the services they provide and the capacity of ACCOs to engage deeply with their communities are now widely recognised by First Peoples, the Victorian Government and the health and medical bureaucracy.

In recognition of the tangible benefits delivered by ACCOs, the Victorian Government has long made commitments of support. Yet, despite the public statements and the range of State policies and frameworks purporting to facilitate the work of ACCOs, Yoorrook heard that there has been a consistent failure to deliver on these commitments to date.⁵ Within the health sector, neither decision-making nor power has yet been shared. Instead, the ACCO sector is constrained by insufficient, piecemeal and prescriptive funding regimes, onerous reporting requirements, lack of infrastructure provision and inequitable workforce policies.

This chapter highlights the critical role and benefits of First Peoples-led health services. It then explores the systemic injustices experienced by ACCOs and the adverse effects this has on First Peoples health. This chapter concludes by outlining the way forward to ensuring the ACCO sector is adequately supported and resourced.

WHAT ARE ABORIGINAL COMMUNITY CONTROLLED ORGANISATIONS (ACCOS) AND ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATIONS (ACCHOS)?

An Aboriginal Community Controlled Organisation (ACCO) is an organisation which is controlled ‘by the community it serves’.⁶ ACCOs can deliver a wide range of services, including health and wellbeing services.⁷ Under the National Agreement on Closing the Gap (National Agreement), the definition of Aboriginal Community Controlled Organisations (ACCOs) includes the following four elements:⁸

- ‘incorporated under relevant legislation and not-for-profit’
- ‘controlled and operated by Aboriginal and/or Torres Strait Islander people’
- ‘connected to the community, or communities, in which they deliver the services’
- ‘governed by a majority Aboriginal and/or Torres Strait Islander governing body’.⁹

An Aboriginal Community Controlled Health Organisation (ACCHO) is an ACCO that delivers primary healthcare services. The National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak organisation for ACCHOs, defines an ACCHO as ‘a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management’.¹⁰

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak organisation for ACCOs delivering health and wellbeing services in Victoria. VACCHO has explained, ‘[i]n Victoria, the acronym ACCO is preferred, as it better reflects the broader range of healthcare and social services offered in Victorian compared to other states’.¹¹ Throughout this report, Yoorrook has used the acronym ACCO to align with this preference. However, the term ACCHO has been used when presenting direct quotes from Yoorrook evidence and when discussing First Peoples-led health organisations or services specifically (see also Glossary).

ACCOS deliver a unique model of care that includes a broad range of culturally responsive and community specific services to support the health and wellbeing of First Peoples. VACCHO explained that ‘ACCOS prioritise holistic approaches that address not only physical health but also consider cultural, social, and emotional factors that contribute to overall wellbeing’.¹²

The Victorian ACCO model,¹³ published by VACCHO, outlines key foundational principles and elements that underpin the purpose and design of ACCOs.

ACCOS often have key foundational principles to uphold First Peoples’ concepts of health and health, and the rights of Indigenous peoples. Key elements of ACCOs include:

- ‘self-determination and community control’
- ‘connectedness and belonging’
- ‘action to address the determinants of health’.¹⁴

A 2018 evidence review by Megan Campbell, Jennifer Hunt, David Scrimgeour, Maureen Davey, and Victoria Jones highlighted that ACCOs contribute to improving First Peoples’ health and wellbeing in multiple ways, including the provision of comprehensive primary care, community control, employment and training and improving the wider health system.¹⁵

What Yoorrook heard

ACCOS embody the resilience and determination of First Peoples. As outlined in Chapter 27: The past is the present, the ACCO health sector emerged in Victoria in the 1970s, in response to historical and ongoing injustices and barriers to accessing health and wellbeing services. First Peoples built the sector from the ground up, and today ACCOs play a critical role in supporting and enhancing the health and wellbeing of First Peoples.

ACCOS are controlled and delivered by First Peoples, which ensures that the health and wellbeing services they provide are tailored to the local community and their priorities.¹⁶ In this way, ACCOs are self-determination in action. The Victorian Aboriginal Health Service (VAHS) was established in 1973 and was one of the first ACCOs delivering healthcare in Victoria.¹⁷ VAHS has continued to provide services which are self-determining to this day. Alan Brown (Gunditjmara), an ambassador of VAHS, explained how ACCOs reflect self-determination in action:

| It’s us expressing our self-determination and that’s what community control is.¹⁸

ALAN BROWN

ACCO model of holistic and culturally safe care

From their relatively modest beginnings in the 1970s (see Chapter 27: The past is the present), ACCOs provide a broad range of health and wellbeing related services across Victoria. Yoorrook heard that ACCOs deliver programs and initiatives that are responsive to First Peoples’ needs. ACCOs provide healthcare services that are specific to their local communities and ‘programs are tailored as needs and demands change’.¹⁹

Ngwala Willumbong Aboriginal Corporation (Ngwala Willumbong) is an ACCO that was established in the 1970s by Elders.²⁰ In response to the high numbers of ‘parkies’, survivors of the Stolen Generations and others who were homeless,²¹ Ngwala Willumbong was originally established as a halfway house for parkies, who were often also struggling with drug and alcohol use.²² Over time, in line with shifting needs of the community, Ngwala Willumbong transitioned from a housing service, to a drug and alcohol rehabilitation service.²³ Today Ngwala Willumbong provides drug and alcohol residential rehabilitation, outreach support, and other holistic support services.²⁴ Staff at Ngwala Willumbong told Yoorrook that ‘it’s never a one shoe fits all when it comes to interventions and the type of services that we provide for our community’.²⁵

Dardi Munwurro is an Aboriginal-led family violence service that provides holistic services and programs.²⁶ Coree Thorpe (Yorta Yorta, Gundjitmara, Gunai, Wurundjeri), a staff member of Dardi Munwurro, explained that connection and engagement with First Peoples communities is critical to the development of new programs and initiatives that respond to the needs of community:

| [W]e continually talk about new programs and new initiatives but that’s all from the connection with our community members. We learn from them and we hear them and we then try to enact that change to support that so that they know that we are invested in the community, into the work, into the families. I think that’s a really important part of what we do and how we do it.²⁷

COREE THORPE

ACCOs deliver services that are much broader than biomedical health services. The ACCO model of care recognises the impact of broader social and cultural determinants of health.²⁸ Care models therefore may include clinical services, cultural services, social and emotional wellbeing (SEWB) supports, children and youth services, aged care services, disability services and justice services.²⁹ In some cases, ACCOs also provide ‘wrap-around support in the areas of employment, housing, justice, addiction, early childhood care and education’.³⁰

VACCHO, the peak body for ACCOs in Victoria, has 33 ACCO members. Figure 33.1 provides an overview of the current services offered by VACCHO members. Table 33.1 provides greater detail demonstrating the true breadth of these services.

Figure 33.1: Services provided by VACCHO members.³¹

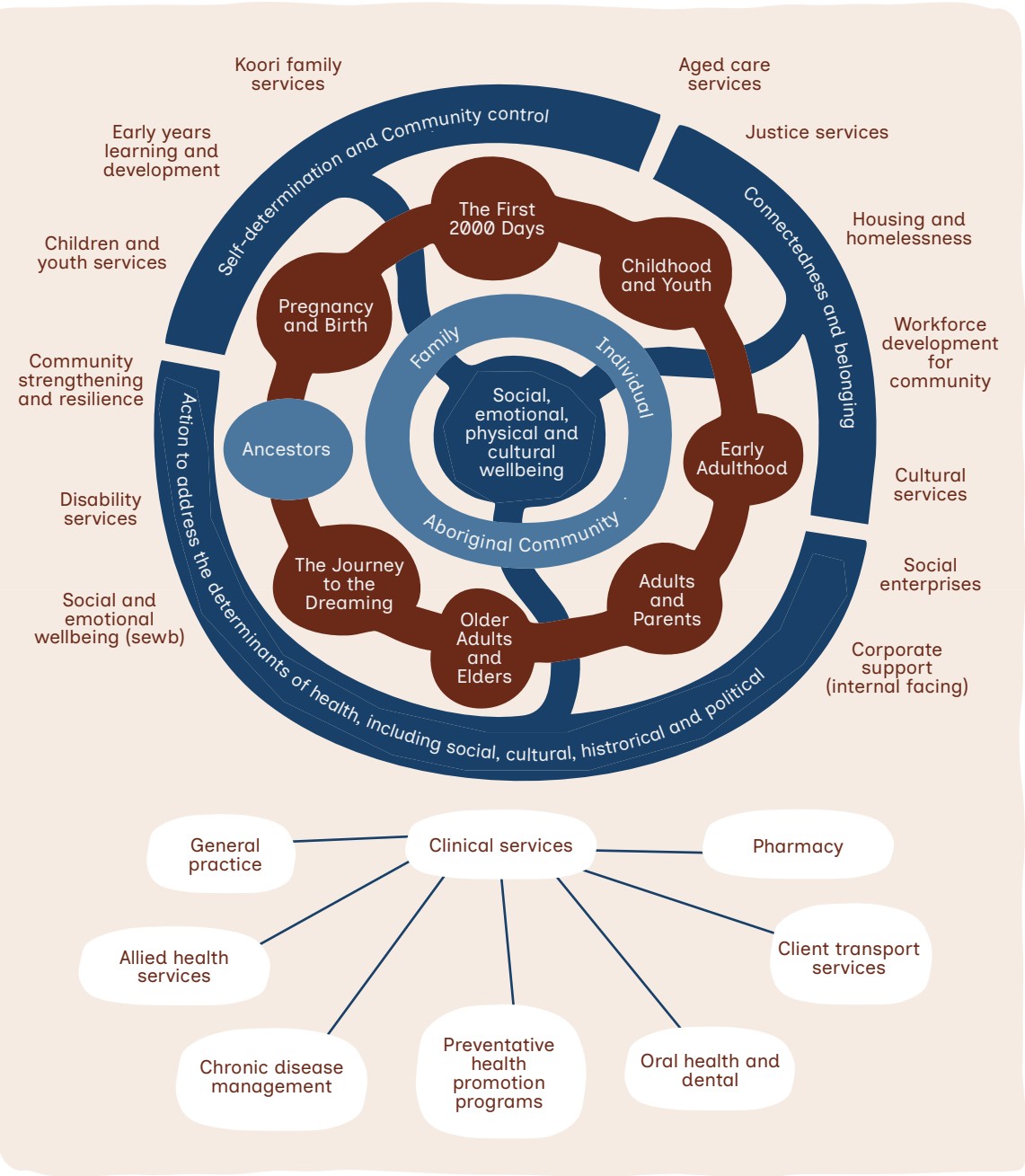


Table 33.1: Breadth of services provided by VACCHO members

Breadth of services provided by VACCHO members		
Self determination and community control		
Koori family services - visiting nurses (ANFPP) - Aboriginal children in Aboriginal care (Section 18) - foster care programs - residential services - kinship care - Aboriginal family preservation and reunification program - intensive family services - keeping children safe in culture (Cultural planning) - family violence - AFLDM diversion program - integrated family services - out of home care - care hub programs (Families and community) - Aboriginal family-led decision making (AFLDM) - therapeutic counselling for families	Early years learning and development - playgroup - maternal and child health - Koori preschool assistance - Aboriginal Best Start - Koori maternity services - bush kindergartens - Koori families as first educators - connected beginnings	Children and youth services - holiday programs - school transport services - youth groups - homework groups - leadership programs - after school programs - Koori youth engagement
Connectedness and belonging		
Aged care services - personal care - My Aged Care access support - residential aged care - specialised supports - respite services - domestic assistance - home maintenance - Elders facility - Elders group - palliative care - Elder social supports - home care packages	Justice services - Koori youth justice support - sheriff support - court support - men's behavioural change program - Koori offender support - pre-release support - crisis intervention - justice support - youth diversion - night patrol	Housing and homelessness - transitional support - homelessness program - housing referral and assistance - shelters/emergency accommodation - Aboriginal private rental assistance program - supportive accommodation assistance program (SAAP) - Tenancy/rental properties
Workforce development for community - traineeship programs - career development - leadership programs - mentor support	Cultural services - confirmation of Aboriginality - sorry business support - cultural awareness/safety - women's groups - men's groups - Welcome to Country & smoking ceremony - cultural tourism - journey to the Dreaming	Social enterprises - opportunity shop - traditional foods wholesaler - gymnasium - hospitality - farm/land management service - consulting services (such as RAPs) - glass manufacturing
Corporate support (internal facing) - quality, risk and compliance - reform implementation - finance management - information, communication and technology (ICT) - special projects - workforce development - communications and marketing - operational management - administration support - human resources		

Breadth of services provided by VACCHO members		
Action to address the determinants of health, including social, cultural, historical and political		
Community strengthening and resilience - community gatherings - food relief - natural disaster preparation and response - pandemic preparation and response - climate change adaptation and mitigation	Disability services - domestic assistance - early childhood intervention - therapeutic support services - individual skills development - disability social supports - support coordinators - NDIS access support - respite services - personal care - home maintenance	Social and Emotional Wellbeing (SEWB) - financial wellbeing - dual diagnosis - healing services - sobering up centres - spiritual wellbeing - mental health services - counselling services - drug and alcohol residential services - drug and alcohol treatment - detox/recovery programs - Bringing Them Home
Clinical services		
General Practice - GP consultations - health assessments - chronic disease diagnosis - immunisations & vaccinations - visiting specialists - paediatrics - clinical palliative care	Allied Health Services - physiotherapy - massage therapy - eye and ear health - dietary/nutrition - exercise physiotherapy - optometry - podiatry - speech therapy - audiology	Chronic Disease Management - blood borne virus - chronic obstructive airways disease - chronic kidney disease - cardiovascular disease - asthma (and education) - diabetes (and education)
Preventative Health Promotion Programs - tobacco cessation - screening programs - sexual health - health promotion (based on community needs)	Oral Health and Dental - general dental - preventative oral health - specialist dental (e.g. root canal)	Pharmacy
Client Transport Services - medical service related appointments - pharmacy support (including Webster packs)		

Expertise, advocacy and resistance

ACCOs deliver services dedicated to the communities they serve. Yoorrook heard about the commitment of ACCO staff to improving the health and wellbeing of First Peoples. The Western District ACCO Collective (WDAC) is a representative collective of eight ACCOs in western Victoria – Ballarat and District Aboriginal Co-operative, Budja Budja Aboriginal Co-operative, Dhauwurd Wurrung Elderly and Community Health Service, Goolum Goolum Aboriginal Co-operative, Gunditjmara Aboriginal Co-operative, Kirrae Health Service, Wathaurong Aboriginal Co-operative, Winda-Mara Aboriginal Co-operative (see Case study: WDAC).³² WDAC member ACCOs provide holistic and wrap-around support from pregnancy to end of life. WDAC explained that their member ACCOs and workers ‘go above and beyond’ to support their communities.³³

Our ACCOs all run specialist wraparound health and wellbeing support services for our families and communities from pregnancy through to the Dreaming. Our services are run by Community, for Community. Our holistic, wraparound services include cultural and community engagement, primary and allied health, social and emotional wellbeing and recovery, maternity services, early childhood, youth programs, family services, homelessness and housing, NDIS, and Aged Care services.³⁴

WESTERN DISTRICT ACCO COLLECTIVE

Bunjilwarra Koori Youth Alcohol and Drug Healing Service (Bunjilwarra) is a 12-bed residential youth alcohol and drug facility for Aboriginal young people (aged between 16 and 25 years).³⁵ It is managed by the Youth Support and Advocacy Service (YSAS) and VAHS, and is located in Hastings on the Mornington Peninsula (Bunurong / Boon Wurrung Country).³⁶ Bunjilwarra is the only alcohol and drug service for First Nations young people in Victoria.³⁷ Yoorrook heard about the holistic support that staff at Bunjilwarra provide. For example, a young person from the Bunjilwarra male youth group said:

[A]fter coming out of prison ... and off the drugs, we get good help from Uncle Pat and all the workers.³⁸

BUNJILWARRA MALE YOUTH GROUP

Anonymous submissions to Yoorrook also detailed the holistic, culturally-appropriate support they received from staff at Bunjilwarra.³⁹

It has been good at Bunjilwarra. I like doing some of the cultural stuff. I never really did any paintings before, now I have been painting and it helps me with my ADHD. I like my Aboriginality more now. Uncle Pat has treated [me] more like a niece ... than my own uncles have. I love all the staff at Bunjilwarra.⁴⁰

ANONYMOUS 307

I arrived at Bunjilwarra ... It’s probably been the best thing that has ever happened to me ... I have gotten along with all the staff ... The programs at Bunjilwarra have been amazing.⁴¹

ANONYMOUS 492

Yoorrook was told that many ACCOs offer services and supports that surpass funding requirements ‘because they are critically needed by individuals and families’.⁴²

Yoorrook heard about the significant expertise and experience of ACCOs in the provision of care to First Peoples. The Victorian Aboriginal Legal Service (VALS) stated:

Aboriginal Community Controlled Health Organisations (ACCHOs) are experts in Aboriginal SEWB and the provision of culturally safe and trauma-informed healthcare services.⁴³

VICTORIAN ABORIGINAL LEGAL SERVICE

Alan Brown (VAHS) explained: ‘This is our business. We are the experts in our business. We didn’t create the problems, but we know the solutions’.⁴⁴

The Aboriginal Community Elders Service (ACES) was established by Elders in 1987 in response to the high numbers of Elders who were experiencing housing insecurity.⁴⁵ ACES is located in Brunswick East (Wurundjeri Country). Today it provides holistic support services to older people and Elders, including residential aged care, semi-independent living, and programs for people living at home in the community.⁴⁶ Yoorrook heard that ACES advocacy remains strong today, working to ensure that Elders are part of the conversations being held with State ministers.⁴⁷

ACES was born out of [Elders’] strength, their leadership and their advocacy.⁴⁸
When people look at ACES, I want them to look at ACES as ‘ageing’, not as just a residential aged care facility. Because we are more than that. We do more than that.⁴⁹

ABORIGINAL COMMUNITY ELDERS SERVICE

ACCOs are also establishing innovative models to lead change. An example of this is WDAC. An overview of the history and current work that WDAC is leading is presented in the box below.

CASE STUDY: WDAC

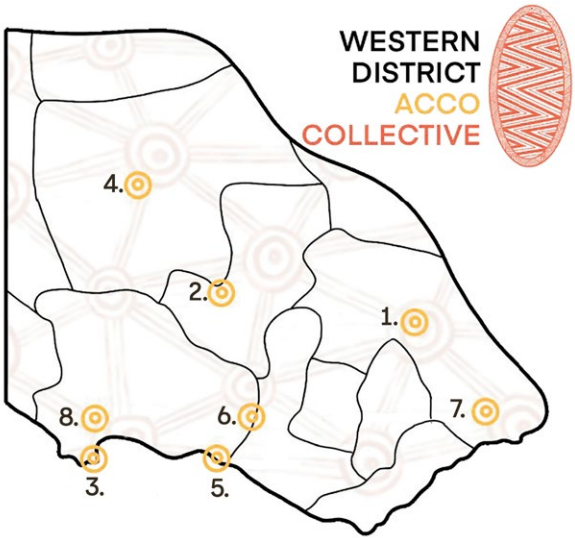
WDAC provided the following case study.⁵⁰

‘The Western District ACCO Collective (WDAC) are a strategic representative body of Aboriginal Community Controlled Organisations (ACCOs) across the western districts of Victoria. WDAC came together in 2022 to formalise the long-standing solidarity and partnership of our Communities and Aboriginal Community Controlled Organisations (ACCOs), coming together as a strong voice to advocate for the self-determination of our rural and regional Western District Communities.

WDAC is our Western District’s self-determination in action, changing the way we do business. We will call others to us and work on our own terms.

Western District ACCO
Collective members include:

- 1. Ballarat & District Aboriginal Co-operative
- 2. Budja Budja Aboriginal Co-operative
- 3. Dhauwurd Wurrung Elderly & Community Health Service
- 4. Goolum Goolum Aboriginal Co-operative
- 5. Gunditjmara Aboriginal Co-operative
- 6. Kirrae Health Service
- 7. Wathaurong Aboriginal Co-operative
- 8. Winda-Mara Aboriginal Co-operative



We are an ACCO collective working together to give Community a voice to all levels of government and to support each other with one goal — to better serve Community by addressing, advocating and reforming current systems.

Regional Governance: The role and purpose of WDAC

WDAC is a united group of ACCOs from across Victoria’s Western District that advocate as a strong voice at the highest levels for our Communities’ needs and aspirations.

As a collaborative regional Aboriginal governance structure, we stand stronger together as WDAC, in advocating for our Communities. WDAC is accountable to and prioritises the self-determined needs and aspirations of our Western Districts’ families, Communities and ACCOs. WDAC brings a strong collective voice to support local and regional self-determination in decision-making processes by:

- advocating together at regional, state, and national forums for our families, Communities and ACCOs.
- centring our advocacy in Aboriginal ways of knowing, being and doing to lead, design and facilitate the solutions to achieve equity and beyond for our Communities.
- advocating for ongoing, equitable and significant funding for our ACCOs’ Community and cultural strengthening, infrastructure, workforce, and services that we deliver “our way”.
- holding government and partners to account at local and regional levels, to ensure that all Aboriginal funding is self-determined and led by Aboriginal families, communities and ACCOs.
- supporting whole of Community approaches to address the ongoing harm of systemic racism that disproportionately impacts Aboriginal communities.

ACCOs deliver better health-related outcomes

The positive impact of ACCOs on First Peoples’ health outcomes was widely evidenced during Yoorrook’s inquiry. Yoorrook heard regularly that ACCOs contribute to a wide range of positive health impacts for First Peoples, their families and communities. Alan Brown told Yoorrook that VAHS has received feedback from clients:

People have said to us, ‘You have saved my life’ ... There’s challenges all the time but we get through it, and ... simply make a difference.⁵¹

ALAN BROWN

The evidence also indicates that First Peoples-led healthcare delivers better outcomes for First Peoples.⁵² This was acknowledged by mainstream health providers. For example, in its submission to Yoorrook, the Royal Australian College of General Practitioners (RACGP) stated:

The [ACCO] sector has contributed to significant health improvements for Aboriginal people. Outcomes have been especially evident in the areas of child and maternal health, detection and management of chronic disease, sexual health and mental health, and social and emotional wellbeing.⁵³

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

State representatives also recognised the effectiveness of ACCOs in the Victorian health system. Then Secretary of the Department of Health Professor Euan Wallace⁵⁴ noted: ‘I am committed to placing more Aboriginal health care in Aboriginal hands ... because it works’.⁵⁵ Similarly, Deputy Secretary of Family Safety Victoria within the Department of Families, Fairness and Housing (DFFH), Dr Melanie Heenan told Yoorrook:

Not only is [self-determination] a human right, but we know that we achieve better outcomes when First Peoples take the lead in designing and delivering programs and services for First Peoples.⁵⁶

DEPUTY SECRETARY DR MELANIE HEENAN

Yoorrook heard about Dardi Munwurro, an Aboriginal-led family violence service that provides holistic services including preventative programs.⁵⁷ Staff from Dardi Munwurro, Alan Thorpe (Gundai) and Coree Thorpe (Yorta Yorta, Gunditjmara, Gunnai, Wurundjeri) told Yoorrook about the effectiveness of their programs.⁵⁸ Yoorrook heard about a cost-benefit analysis conducted in 2021 of Dardi Munwurro men’s healing programs, including the Men’s Healing and Behaviour Change program, Ngarra Jarranounith Place, and the Journeys Program (Bramung Jaarn).⁵⁹ This report found that people who accessed the services experienced improvement in many areas including an increase in feeling connected to culture, a reduction in alcohol and other drug use, an increase in engagement with education and employment, and a reduction in the use violence.⁶⁰ Alan Thorpe and Coree Thorpe explained:

[T]he report demonstrates that we’re reducing incarceration, we’re reducing housing issues, we’re reducing substance abuse, we’re healing, we’re addressing family violence.⁶¹

ALAN THORPE AND COREE THORPE

Rumbalara Aboriginal Co-operative (Rumbalara) is a community controlled organisation providing holistic health and wellbeing, and housing services (including health, family services, drug and alcohol, housing and aged care services).⁶²

CEO of Rumbalara Felicia Dean (Yorta Yorta, Taungurung) said:

Rumbalara is a very large Aboriginal community controlled organisation and it provides whole of life services, from birth to death, and we try to provide services that honour and support our community.⁶³

FELICIA DEAN

Yoorrook heard about the Rumbalara positive ageing and disability program in Shepparton (Yorta Yorta Country).⁶⁴ The Rumbalara Elders Facility provides wraparound services to Elders to support them to live independently.⁶⁵ These programs are successful, with Rumbalara stating that they believe that such programs contribute to increased life expectancy for their Elders living in the independent living units.⁶⁶

We can wrap the services around them and they’re still able to live independently at home or ... they’ve got someone to help, assisting them with their care, they’re living longer ... when you provide holistic care, which is what we’ve been talking about for years and years and years, that actually works.⁶⁷

RUMBALARA ELDERS FACILITY

Other examples of holistic First Peoples-led health and wellbeing services include gathering places. Gathering places are community hubs that connect First Peoples and promote the importance of culture to positive health. Fostering a culturally safe space to learn and practise culture,⁶⁸ gathering place activities can include art and music, language, sharing food, performing ceremony and storytelling.⁶⁹

Yoorrook heard about the importance of community gatherings to support healing during times of hardship. CEO of VACCHO, Aunty Dr Jill Gallagher (Gunditjmara) gave evidence about Camp Jungai, an important gathering place, and described how First Peoples received support there in the aftermath of the 2023 Voice Referendum (see box: Camp Jungai: Back to Jungai for healing).⁷⁰

There are many formal and informal First Peoples gathering places in Victoria, including Camp Jungai, the Aunty Alma Thorpe Gathering Space (run by Dardi Munwurro),⁷¹ Barooka Healing Centre,⁷² Barrbunin Beek Aboriginal Gathering Place,⁷³ Mullum Mullum Indigenous Gathering Place and Boorndawan Willam Healing Service,⁷⁴ Maya Healing Centre,⁷⁵ Wandarraah meeting place,⁷⁶ Warrenyan and Mininjaku,⁷⁷ Warrakoo⁷⁸ and the Wiimpatja Healing Centre (run by Mallee District Aboriginal Services).⁷⁹

Despite their importance, Yoorrook heard gathering places often receive minimal funding. Funding also tends to be short term in nature, and many programs struggle to keep going long term.⁸⁰ Victorian Aboriginal Child and Community Agency (VACCA) CEO Aunty Muriel Bamblett (Yorta Yorta, Dja Dja Wurrung, Taungurong, BoonWurrung) highlighted the importance of gathering places for healing:

[I]n Victoria, we have a number of healing services. We have got Nargneit Birrang, which is a healing program but it’s never been fully rolled out, we know what we have got to do, it is just trying to get government to see that as critical for Aboriginal people that we need to bring about healing.⁸¹

AUNTY MURIEL BAMBLETT

CAMP JUNGAI: BACK TO JUNGAI FOR HEALING

Camp Jungai is a meeting place on Taungurung Country that hosts gatherings, camps and events for First Peoples communities.⁸² In the wake of the 2023 referendum outcome, more than 300 First Nations people from across Victoria gathered for a weekend at Camp Jungai to connect to culture and heal.⁸³ Aunty Dr Jill Gallagher recalled to Yoorrook how connection, culture and ceremony helped the community feel strong during this hard time. This demonstrated the importance of gathering places as safe spaces where First Peoples can build confidence and belonging by sharing and growing culture:

[T]here was a man in his 70s who wore ochre and painted up for the first time in his life ... There were children that attended this forum that used ochre and danced with the dancers ... some of those children have never done that before ... [W]e don't often have a lot of opportunity to do that ... [A]fter the referendum, there was a lot of sadness — and there still is. We were wondering where to from here ... This little boy here has never had face paint on his face in a ceremony, never done a ceremony, and he loved every minute of it. And that's what happens when we practice and grow our culture and our experiences. So I think it's really important.⁸⁴

AUNTY DR JILL GALLAGHER

Pictured below: Camp Jungai Mob Gathering November 2023 (provided by Aunty Jill Gallagher)⁸⁵



The State is failing to adequately resource and support ACCOs

Our vision about wellbeing isn't matched by the resources or a government agenda ... It doesn't work. It's failed.⁸⁶

VICTORIAN ABORIGINAL HEALTH SERVICE

Despite the positive impacts of First Peoples-led services, the Victorian Government is failing to adequately resource and support ACCOs. As VAHS told Yoorrook: 'We've got self-determination at the moment with shackles on'.⁸⁷

This failure to resource and support is demonstrated by funding inequities. The Victorian Government is not investing in ACCOs at a level comparable with mainstream health services. In 2022–23, only 0.4 per cent of Department of Health funding allocations went to ACCOs.⁸⁸

As can be seen in Table 33.1, 94 per cent of the total Department of Health budget goes towards funding hospitals, 5.6 per cent goes towards community health services, and only 0.4 per cent goes towards ACCOs.

Table 33.2: Percentage of Victorian Department of Health's total budget for ACCO and mainstream health service funding for 2022–23⁸⁹

Funding type	ACCOs	Community health services	Hospitals
Fixed term 1-year	4.4%	26.4%	69.2%
Multi-year	0.7%	23.9%	75.4%
Ongoing	0.2%	3.9%	96.0%
Total Department of Health Budget allocated	0.4%	5.6%	94.0%

Minister for Health the Hon Mary-Anne Thomas MP⁹⁰ told Yoorrook that '[t]he disparity in funding between mainstream hospitals and ACCOs arises in part because, while the States are responsible for funding hospitals, the Commonwealth Government is largely responsible for funding primary care through the Medicare Billing Scheme'.⁹¹

However, Minister Thomas acknowledged that ACCOs are not receiving an equitable level of funding from the Victorian Department of Health:

ACCOs do not receive equitable funding considering the range of services they provide to First Peoples community, who experience significantly poorer health and wellbeing outcomes compared to non- First Peoples Victorians.⁹²

MINISTER MARY-ANNE THOMAS MP

Minister Thomas said that ACCOs should receive greater equity in funding, indicating that she believed greater funding equity will benefit the entire health system:

ACCOS should receive greater equity in funding, particularly for the prevention services they provide that are grounded in Culture. In addition to improving First Peoples’ health and wellbeing, this will reduce costs on the rest of Victoria’s health system.⁹³

MINISTER MARY-ANNE THOMAS MP

Yoorrook also heard evidence of the ongoing failure to involve ACCOs in the design of health services and programs. As WDAC stated, ‘too often the Victorian government expects [ACCOS] to deliver services that ACCOs have had no involvement in designing’.⁹⁴ The following case study (see Case study: Undermining of Self-Determination) outlines the barriers faced when trying to self-determine the scope and approach of a local service for the Public Intoxication Response Service.⁹⁵

CASE STUDY: ‘UNDERMINING OF SELF-DETERMINATION AND ENACTING OF HEALTHCARE ASSIMILATION VIA PROCUREMENT AND FUNDING OF ACCO SERVICES BY DEPARTMENT OF HEALTH’⁹⁶

WDAC provided Yoorrook with the following case study.

‘An example of healthcare assimilation enacted by the Victorian Department of Health ... is their implementation of the 2023 Public Intoxication Response Service (PIR). [The Department of Health] invited Victorian ACCOs to submit for funding for the PIR Service, on the agreement that each ACCO could self-determine our scope and approach of service provision based on our knowledge of our Communities. After extensive consultation and with the support of [the Department of Health], WDAC ACCOs submitted applications focused on self-determined, Culturally and Clinically excellent approaches to provide a culturally appropriate, responsive, and reflexive response for our Community members to prevent their involvement with the Justice system.

ACCOS received verbal approval from [the Department of Health] that applications had been successful in November 2023. However, ACCOs were informed at the end of November 2023, that ACCOs would be expected to conform to [the Department of Health’s] PIR Service Framework that will not be complying with the Victorian Government’s commitment to self-determination, and which included several significant and unexpected changes to the scope of service including:

- a broadened definition of intoxication, to include other drugs
- expanded referral sources including public transport and licenced venues
- referrals that do not include Police background information, adding significant undermining of our ACCOs’ duty of care to Community, as well as risking failure to comply with our obligations under Child Safety and MARAM [Multi-Agency Risk Assessment and Management] commitments in our Family Services’ agreements.

This is a key example of the ways that [the Department of Health] does not enact the principle of self-determination, and the resulting and significant misalignments between ACCOs effective, self-determined approaches and [the Department of Health’s] centralised funding assumptions.’⁹⁷

Funding is insufficient, piecemeal and prescriptive

The Victorian Government is not funding ACCOs consistently or adequately.⁹⁸ Yoorrook heard that the government does not value ACCOs, and this is reflected in the funding ACCOs receive. For example, VACCHO said:

the Victorian Government does not see [ACCOS] as an equal part of the health and wellbeing system in Victoria as it does public health agencies. This means that ACCOs do not enjoy the same predictability of funding that public health agencies do, often being left out of government initiatives and schemes and fighting for whatever is leftover in the budget.⁹⁹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Members of the ACCO sector further told Yoorrook that there is a critical need for greater funding to be able to meet demand for services and provide optimal care to First Peoples. For example, staff from VAHS described funding challenges:

A major challenge for VAHS in the delivery of clinical and SEWB services is access to adequate ongoing funding to provide optimal primary health and wellbeing care. Demand for services continues to grow as VAHS expands services across metropolitan Melbourne and there is a need to be able to offer the full suite of VAHS services in all locations.¹⁰⁰

VICTORIAN ABORIGINAL HEALTH SERVICE

Michael Graham (Dja Dja Wurrung, Wiradjuri), CEO of VAHS and Co-chair of Ngaweeyan Maar-oo, explained that current levels of funding are not sufficient:

It’s kind of like we’re in a war situation where we just can’t keep up with the needs, and you know that’s not fair on the people who are in need.¹⁰¹

[W]e’re talking about closing these gaps, you know, by 2031 ... But we’re not going to close the gap by 2031. It’s just not going to happen. There’s no real investment going into health and wellbeing ... it’s just dribs and drabs.¹⁰²

MICHAEL GRAHAM

Staff at Ngwala Willumbong also described how current funding and investment is unsustainable:

I think there can be a lot more investment ... in terms of our residential rehabs ... we haven’t had a state investment of financial support from the state government — I don’t know for how long.¹⁰³

NGWALA WILLUMBONG

Yoorrook heard that current levels of funding do not reflect health needs. While many First Peoples experience multiple and complex conditions, ‘[f]unding is typically allocated on a per capita basis, rather than a needs basis or appropriate economic weightings’.¹⁰⁴ This ‘results in critical underfunding of the ACCO sector’.¹⁰⁵ Ngaweeyan Maar-oo is the Victorian Government’s implementation partner and shared decision-making body under the National Agreement on Closing the Gap.¹⁰⁶

Ngaweeyan Maar-oo called for a shift in the way ACCOs are funded:

There also needs to be a shift from per capita funding ... to needs based funding that is targeted at preventions and sufficiently addresse[s] multiple and complex needs.¹⁰⁷

NGAWEEYAN MAAR-OO

The Department of Health and other funders also strictly control how ACCO funds are used. Yoorrook heard that this top-down approach frequently fails to consider what local communities want and need. As VAHS stated:

It is around funding ... [The] government’s just not listening to us ... [T]hey’re putting money into program that ... they want us to take on and we take them on, but they’re not looking at what does our community want, what do we need.¹⁰⁸

VICTORIAN ABORIGINAL HEALTH SERVICE

Ngaweeyan Maar-oo explained that ACCOs ‘are also often in competition with mainstream service providers for funding’.¹⁰⁹ Ngaweeyan Maar-oo further explained that ‘[n]ot all money for Aboriginal programs is committed to ACCOs, meaning non-Aboriginal and mainstream organisations are able to apply for funding to deliver services to Aboriginal people without the expertise, experience and cultural safety frameworks in place’.¹¹⁰

The lack of adequate funding to ACCOs has continued despite the Victorian Government signing on to the National Agreement. VACCA is a large ACCO and the peak organisation representing Aboriginal children in Victoria and nationally are the lead Aboriginal child and family support organisation.¹¹¹ In its submission to Yoorrook, VACCA pointed to the Productivity Commission’s recent damning review of progress on the National Agreement:

Priority Reform 2 commits governments to strengthening the ACCO sector to ensure we have the necessary resources to deliver quality, holistic and culturally safe services to Aboriginal peoples. Yet thus far we have failed to see meaningful whole-of-government action toward this commitment.¹¹²

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

The failure to adequately resource ACCOs has negative flow-on effects for the ACCO workforce. Yoorrook heard repeatedly that ACCOs provide services and supports that ‘go above and beyond funding requirements’.¹¹³ VAHS explained that this takes a toll on workforce wellbeing and retention:

The Aboriginal workforce in ACCHOs do not work a strict 9am–5pm day. Support goes well beyond their paid capacity into their family and community life, and this takes a toll on workforce wellbeing and retention. An issue funders fail to understand.¹¹⁴

VICTORIAN ABORIGINAL HEALTH SERVICE

Minister Thomas acknowledged the important role of the ACCO sector and that ‘continuing to invest in that sector and strengthening that sector is absolutely critical’.¹¹⁵ The Minister further said that ‘[f]unding should be allocated by Government having regard to need and priority’, and that ‘[g]reater effort needs to be spent on ensuring increased funding equity for First Peoples, given the gap in health and wellbeing outcomes’.¹¹⁶

Short-term and fragmented funding

ACCOs frequently receive short-term funding agreements rather than longer term, streamlined funding. Yoorrook heard that this ‘piecemeal’ approach to funding ACCOs contributes to ‘burdensome’ reporting to meet key performance indicators.¹¹⁷

The State’s tendency to repeat the funding of pilots, rather than providing overall program funding, is particularly problematic.

VALS run a program called, Baggarrook, meaning woman in Woi-wurrung, to support Aboriginal women in their transition out of prison and back into the community. VALS CEO Nerita Waight (Yorta Yorta, Narrandjeri) explained how short term funding stifles ACCOs:

We also see that time and time again we’re told we need to endlessly pilot responses ... first off it will be two years, then it will be another year, then it will be another six months or in case of Baggarrook it just rolls over every 12 months.¹¹⁸

NERITA WAIGHT

Bendigo and District Aboriginal Co-operative CEO Dallas Widdicombe (Dharug) told Yoorrook that investment is needed to ensure the sustainability of successful initiatives:

We are all sick of pilots. We are not a pilot community ... There needs to be more planning and more investment.¹¹⁹

DALLAS WIDDICOMBE

VACCHO gave evidence that funding is fragmented and ‘comes in dozens of separate grants, which are rarely recurrent even though they are for ongoing service delivery’.¹²⁰ VACCHO said that funding is not streamlined across government departments, which misaligns with ACCOs holistic and integrated approach to health and wellbeing.¹²¹

The Victorian Government is aware of the problems short-term funding creates. Minister Thomas acknowledged:

[T]he short-term funding models historically used to fund ACCHOs and ACCOs have constrained the ability of these organisations to effectively serve their communities by creating administrative burdens and limiting the ability of these organisations to hire and retain First Peoples staff.¹²²

MINISTER MARY-ANNE THOMAS MP

Minister Thomas told Yoorrook that she is ‘committed to transitioning funding arrangements to a self-determined, long-term, outcomes-based funding (OBF) approach for First Peoples’ health services’.¹²³ The OBF project is comprised of four proposed components that will be implemented in a phased approach.¹²⁴ Its actions include:

- shifting from one-year funding agreements to four-year agreements (stage 1)
- reducing the number of reports required by the Department of Health (stage 2)
- transitioning from activity-based reporting to ACCO self-determined outcomes (stage 3)
- pooling funding across program streams to enable greater flexibility (stage 4).¹²⁵

Minister Thomas told Yoorrook that stage 1 is complete, stage 2 is underway, and further work is required for stages 3 and 4.¹²⁶

Minister Thomas also admitted that in 2023–24 ‘despite the OBF reforms, 47 per cent of the Department’s funding to ACCOs is short-term’.¹²⁷ Yoorrook expects the department to ensure this ongoing pattern of short-term funding does not persist into 2024–25.

Prescriptive funding arrangements do not support holistic care

Another complaint from ACCOs related to the narrow funding of service provision. Yoorrook heard that prescriptive funding agreements, framed around discrete health services, limits the ability of ACCOs to provide holistic care and respond to the needs of communities. VAHS explained:

Western definitions of wellbeing and mental health often focus on clinical aspects ... [V]ery rarely do they reflect the breadth of SEWB models of care. This has a direct impact as to how programs are funded.¹²⁸

VICTORIAN ABORIGINAL HEALTH SERVICE

The lack of recognition results in ACCOs continually having to ‘justify the need for culturally safe and holistic programs that address the needs of individuals, families and communities’.¹²⁹ As Ngaweeyan Maar-oo highlighted, ‘[o]verly prescriptive guidelines constrain ACCOs from flexibly responding to the needs of community members’.¹³⁰

Yoorrook also heard that current funding models do not align with First Peoples’ ways of being. VAHS explained that ‘the therapeutic models that are funded are very individualistic ... [I]t doesn’t acknowledge collective healing or collective trauma and ways of healing’.¹³¹ VAHS stated that as a result,

it’s almost blaming of our community members that we can’t heal because the healing models that are funded don’t match our ways of healing.¹³²

VICTORIAN ABORIGINAL HEALTH SERVICE

VACCHO told Yoorrook that ‘it is time that the Victorian Government truly recognise, praise, support and fund this crucial part of the health and wellbeing sector’¹³³ and stated:

Redesigning funding models for ACCOs to enable recurrent, outcome-focussed approaches will enable a sustainable, economical and empowered Aboriginal health sector.¹³⁴

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

This disconnect between First Peoples and Western understandings of health and wellbeing is also an issue. Minister Thomas acknowledged that current funding models do not recognise the importance of First Peoples’ connections to culture:

Our current system and funding agreements do not sufficiently recognise the importance of connection to culture for the social and emotional wellbeing of First Peoples. This includes through the provision of space and time for community to meet and talk in the culturally safe places that only ACCOs can provide.¹³⁵

MINISTER MARY-ANNE THOMAS MP

Minister Thomas further acknowledged that current funding models are at odds with First Peoples’ holistic models of care:

Funding and investment systems for ACCHOs and ACCOs have been framed around programmatic, siloed activities and outputs rather than on cohort-wide systems that allow a broader, interconnected focus on the social and cultural determinants of health. I recognise that this is incompatible with First Peoples’ models of care that prioritise the provision of holistic, prevention-focused, strengths-based, trauma-informed and culturally appropriate services.¹³⁶

MINISTER MARY-ANNE THOMAS MP

Onerous reporting requirements

Fragmented funding through numerous funding agreements creates ‘a uniquely high reporting burden’.¹³⁷ Victorian ACCOs report being overburdened with preparing reports to meet funding agreements. For example, Darren Lovett (Gunditjmara) of the VAHS told Yoorrook of the large number of reports that VAHS is required to prepare across a high volume of funding agreements:

[A]t last count we had about 105 reports we have to do per year ... we have got about 60 or 70 funding streams and it’s probably more now ... it equates to a report every two and a half days.¹³⁸

DARREN LOVETT

This high reporting burden is a long-established, unresolved issue. The Lowitja Institute is a national community controlled health research institute.¹³⁹ The Lowitja Institute has outlined the heavy reporting burden of ACCOs. For example, the overburden project found that ACCHOs across Australia can have up to 51 separate funding grants that require reporting (with an average of 22).¹⁴⁰

Another study by the Lowitja Institute of Victorian ACCOs found that ‘current funding arrangements result in an over-burdensome amount of procedural accounting that can undermine the efforts of ACCHOs to deliver integrated, safe, comprehensive health and community services’.¹⁴¹ This study also conducted a case-study analysis of Rumbalara’s funding arrangements for the 2013–14 financial year, which showed that Rumbalara had 48 separate funding agreements with 12 different agencies (five Victorian Government departments, three Commonwealth departments, and four NGOs or other organisations).¹⁴² In the 2013–14 financial year, Rumbalara was required to produce 409 reports across ten different databases.¹⁴³ The researchers noted that this was likely an underestimation as some agreements were not yet recorded in the database used by the researchers.¹⁴⁴

VACCHO told Yoorrook about an analysis it conducted of its members’ funding in the 2020–21 financial year, which suggested that some ACCOs are preparing reports every two to three days. VACCHO told Yoorrook:

[O]n average, [ACCOs] were required to provide a formal report for every \$25,587 in funding received. This equated to having to report formally every 2.7 business days.¹⁴⁵

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Reporting against funding agreements can also result in ACCOs replicating reporting across multiple systems.¹⁴⁶

First Peoples’ Health and Wellbeing is an ACCO providing services in Melbourne (Thomastown and Frankston). First Peoples’ Health and Wellbeing explained that they regularly report the same information:

Program grants from two different areas within one government department can result in us having to report the same performance information and narrative multiple times per year, and year after year.¹⁴⁷

FIRST PEOPLES’ HEALTH AND WELLBEING

The State’s relentless monitoring of ACCOs through this reporting diverts time and resources from caring for First Peoples communities. VACCHO explained:

The burden of fulfilling extensive reporting obligations to funders can divert valuable time and resources away from core missions of ACCOs, which is delivering essential services to Aboriginal and Torres Strait Islander communities.¹⁴⁸

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALH ORGANISATION

Despite the duplication and burden, ACCOs continue to fulfil their requirements to ensure they can provide services to First Peoples. As Nerita Waight explained:

We don’t get our funding and ... That also means then community suffer, and that’s why Aboriginal Community-Controlled Organisations like my own don’t miss our reporting or our accountabilities.¹⁴⁹

NERITA WAIGHT

Minister Thomas accepted that the ‘constant reporting is just a continuation of the ongoing surveillance of colonisation, where First Peoples are constantly surveilled as a way of keeping First Peoples controlled’.¹⁵⁰

Infrastructure funding is not adequate or equitable

The Victorian Government is failing to provide ACCOs with adequate infrastructure funding. VACCHO explained that ACCOs are largely funded for the delivery of services only. Infrastructure costs are mostly not included in the funding agreements:

State and Commonwealth governments still largely fund ACCO’s service delivery through project-based funding, and the actual cost of infrastructure development and maintenance is not within the cost structure. As a result, ACCOs are also left scrambling to cover the associated upkeep to maintain safe premises.¹⁵¹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Inadequate infrastructure investment has significant consequences. Yoorrook heard that a lack of infrastructure funding is affecting the services and standard of care delivered to First Peoples.¹⁵² Lack of physical infrastructure is also a barrier to service expansion:

[O]ne of the significant challenges for VAHS, in terms of expanding its workforce ... is the physical infrastructure or the lack thereof.¹⁵³

VICTORIAN ABORIGINAL HEALTH SERVICE

The State has long acknowledged the inadequacy of ACCO infrastructure. A 2013 Department of Planning and Community Development report found that of the 50 buildings that were inspected across 32 organisations, 17 were not suitable for current functions and 21 did not meet current standards or were non-compliant.¹⁵⁴

The report attributed the under-investment in capital programs for First Peoples-led organisations to a lack of clarity about which agency is responsible for ACCO infrastructure. VACCHO told Yoorrook:

The lack of clarity regarding government agency responsibility for infrastructure projects for Indigenous organisations has inevitably led to under-investment in capital programs. As multi-purpose Indigenous organisations provide a range of services to Aboriginal communities, funding of infrastructure is not the responsibility of a single government department.¹⁵⁵

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

The report recommended the establishment of an Aboriginal and Torres Strait Islander Infrastructure Investment Framework.¹⁵⁶ VACCHO pointed out that neither this framework nor any alternative strategy has been developed since this report was delivered more than a decade ago.¹⁵⁷ As a result, there is currently no dedicated infrastructure funding available to ACCOs for major capital works. The Victorian Government’s Aboriginal Community Infrastructure Fund is only able to fund upgrades rather than new developments.¹⁵⁸

Minister Thomas agreed that ‘the failure of inadequate infrastructure for delivery of health services compromises the standard of health care provided’.¹⁵⁹ Minister Thomas also acknowledged that failure to provide adequate infrastructure funding can impact the ability to provide services to First Peoples communities:

I acknowledge that to date [ACCOs] have not received adequate infrastructure funding, and in some cases, this impacts their ability to deliver their critical services and supports to community.¹⁶⁰

MINISTER MARY-ANNE THOMAS MP

The Victorian Government is also failing to provide ACCOs with equitable infrastructure funding. Evidence was received that there have been recent investments in the infrastructure of public hospitals, but ACCOs did not receive an equitable level of infrastructure funding:

We have had the Northern Hospital recently expanded and provided dollars for that. Where was the dollars for VAHS to expand as part of that mechanism?¹⁶¹

LISA BRIGGS

[T]he Dandenong Aboriginal Co-op ... [i]t’s very old and it’s battling along and it’s falling apart ... [L]ess than 2ks up the road, is the big hospital, and it got hundreds of millions of dollars to upgrade ... but no investment into helping the Dandenong Aboriginal Co-op where they are preventing people from going to hospital. No investment at all.¹⁶²

MICHAEL GRAHAM

Minister Thomas acknowledged that ‘ACCOs have not received funding equity when it comes to infrastructure’.¹⁶³ She said work has commenced to ensure ACCOs receive the infrastructure investment that is required:

Victorian Health Building Authority ... is now working with VACCHO on a pipeline of work in order to provide that necessary investment into our ACCOs. But I don’t want to pretend that that is enough.¹⁶⁴

MINISTER MARY-ANNE THOMAS MP

VACCHO told Yoorrook that the Department of Health has committed to preparing business cases for ACCO infrastructure for government consideration.¹⁶⁵ One proposal is for the acquisition of land and capital funding for a minimum of 12 sites.¹⁶⁶ VACCHO noted that ‘[t]his is welcome but is dependent on the Department of Health successfully bidding for money in Victorian Government budget processes, and will not cover all ACCOs’.¹⁶⁷ A second proposal is for an ACCO Perpetual Infrastructure Fund.¹⁶⁸ This would provide ongoing funding for maintenance, minor capital works, planning and management for ACCOs.¹⁶⁹ VACCHO explained that ‘[e]stablishing such a fund would meet the Victorian Government’s commitment to transfer power and resources under the Self-Determination Reform Framework’.¹⁷⁰

State failure to support the ACCO workforce

ACCOs are the largest employer of First Peoples across Victoria.¹⁷¹ Yet evidence indicates that the ACCO workforce does not receive equitable award conditions, development and training opportunities, or employment entitlements.

Yoorrook heard that the Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award (ACCHO Award) does not currently include paid parental leave.¹⁷² First Peoples’ Health and Wellbeing explained that their organisation bears the cost of paid parental leave for their employees (paying the difference between the Government-funded parental leave scheme and the employee’s salary).¹⁷³ They highlighted that ‘[t]his is yet another additional cost of operating an ACCHO that is not faced by similar mainstream community services’.¹⁷⁴

The ACCHO Award is also not included in the Portable Long Service Benefits Scheme. This means employees covered by that award are not able to access the scheme, which usually applies to people employed in ‘community service work’.¹⁷⁵ The scheme applies to employees covered by other community sector awards (including the Social Community, Home Care and Disability Services Industry Award 2010 and the Children’s Services Award 2010).¹⁷⁶ This omission impacts both ACCHOs and staff employed under the award:

This limits recruitment opportunities for [First Peoples’ Health and Wellbeing] but also significantly disadvantages people (predominantly Aboriginal people) who are employed under the ACCHO Award, in terms of economic and career development.¹⁷⁷

FIRST PEOPLES’ HEALTH AND WELLBEING

There is also limited funding available for ACCO workforce development and training.¹⁷⁸ Ngaweeyan Maar-oo highlighted that:

[T]here needs to be targeted investment in to develop and maintain a skilled, qualified and supported workforce in the ACCO sector, and in mainstream sectors who interact with Aboriginal and Torres Strait Islander people.¹⁷⁹

NGAWEEYAN MAAR-OO

Ngaweeyan Maar-oo stated that supporting the workforce must also include entitlements to promote and protect staff wellbeing:

Aboriginal and Torres Strait Islander staff in ACCOs need access to respite, additional leave, counselling, and other supports to manage vicarious trauma and prevent burnout. There also needs to be better resources to manage and reduce the cultural load placed on Aboriginal and Torres Strait Islander staff, which can include the expectation to educate non-Aboriginal people, participate in advisory boards or work in racist systems.¹⁸⁰

NGAWEEYAN MAAR-OO

Failure to share decision-making power limits effectiveness

Failing to consistently involve First Peoples in decision-making is limiting the effectiveness of health policies and services. The Aboriginal Justice Caucus provides state-wide Aboriginal representation, leadership comprises the Aboriginal community members of the Aboriginal Justice Forum. It comprises nine Chairs of the Regional Aboriginal Justice Advisory Committees and includes Aboriginal representatives of Aboriginal peak bodies and some Aboriginal Community Controlled Organisations. The Aboriginal Justice Caucus explained that inconsistently involving First Peoples in decisions and policies that impact them leads to poor quality and culturally unsafe services:

This piecemeal approach to the incorporation of Aboriginal perspectives ... undermines effectiveness in relation to the delivery of high quality, culturally safe services for Aboriginal people.¹⁸¹

ABORIGINAL JUSTICE CAUCUS

The lack of First Peoples’ input in decision making results in missed opportunities for service innovation and redesign that aligns with First Peoples’ needs. Yoorrook heard that the expertise of ACCOs in designing and delivering culturally-safe models of care is not recognised by government.¹⁸² Ngaweeyan Maar-oo said: ‘ACCOs are often narrowly viewed as operational entities, who deliver required services rather than providing strategic advice to government’.¹⁸³ Ngaweeyan Maar-oo further explained that ‘[f]ailure to support ACCOs to participate in co-design limits the effectiveness of government policy and undermines self-determination.’¹⁸⁴

The absence of Aboriginal-led input, based on lived experience and cultural understanding continues to result in governments maintaining control over important program elements, opting for business-as-usual approaches with generic models and narrow reporting requirements, rather than allowing ACCOs to innovate and design services that align with community needs.¹⁸⁵

NGAWEEYAN MAAR-OO

The way forward

The solutions are complex, but there is one thing we do know: we don’t need another ‘Close The Gap’ statement of intent. We need action, and most importantly we need Aboriginal health to be put in Aboriginal hands.¹⁸⁶

AUNTY DR JILL GALLAGHER

Throughout Yoorrook’s health and healthcare inquiry, State representatives have acknowledged that the Victorian Government and the health system have failed First Peoples, families and communities. It is clear to Yoorrook that the Victorian Government and the health system are failing to address health inequities experienced by First Peoples and uphold First Peoples’ right to health.

The many examples of excellent service provision detailed in this chapter demonstrate the crucial role that ACCOs play in health and related sectors. Grounded in a holistic understanding of health, ACCOs deliver better health and life outcomes for First Peoples in Victoria across the entire life cycle.

Despite this, the State continues to fail to support ACCOs. In addition to a chronically inequitable support for basic infrastructure, essential internal resources are diverted so that ACCOs can compete for already insufficient and piecemeal service delivery funding. The onerous reporting burden diverts further resources.

Yoorrook heard consistent acknowledgement by State actors that ACCOs possess the expertise to meet the holistic health needs of First Peoples in Victoria. Yet, as with other sectors, true support is hindered by a reluctance to hand over decision-making and support a self-determined health system.

Reform is needed on multiple levels. The State is clearly not delivering on the commitments of the First Peoples health-related programs, frameworks and policies currently being implemented. The Victorian Government cannot do this alone and must work with First Peoples to enact change. There is a critical need for greater funding, resourcing and decision-making power to enable ACCOs to deliver self-determined and meet demand for their holistic services.

Yoorrook urges the Victorian Government to implement all recommendations set out in this inquiry to ensure self-determination underpins the health system, that support equitable health outcomes and achieve health justice for First Peoples.

Recommendation

RECOMMENDATION 85

Led by First Peoples, the Victorian Government must:

- a. Develop a model for an equitable proportion of funding to ACCOs delivering health services immediately.
- b. According to a clear published plan and timeline, transition all Victorian Government departments’ funding for ACCOs’ service delivery (where those ACCOS are delivering health services) to outcomes-focussed recurrent funding that includes indexation.
- c. Establish an ACCO Perpetual Infrastructure Fund to provide long-term ongoing self-determined minor capital, maintenance, planning and management resources for ACCOs delivering health services across all holistic wrap-around services.
- d. Prioritise pay parity, training, upskilling and leadership development of all staff in the ACCO sector in accordance with the *Victorian Health Workforce Strategy* and ensure that ACCOs delivering health services have a self-determining role in how this is implemented.

Endnotes

1. Daryle Rigney, Simone Bignall, Alison Vivan, Steve Hemming, [Indigenous Nation Building and the Political Determinants of Health and Wellbeing: Discussion Paper](#), Lowitja Institute (Discussion Paper, 2022), 4.
2. Throughout this report, Yoorrook has used ACCO (Aboriginal Community Controlled Organisation) as the preferred term/acronym generally, but has used retained the use of ACCHO (Aboriginal Community Controlled Health Organisation) when presenting quotes from evidence, and when discussing First-Peoples-led health organisations, services or the ACCHO sector specifically. For further discussion, see Appendix: Glossary. See also Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage).
3. Victorian Aboriginal Health Service, Witness Exhibit, ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 13.
4. Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage).
5. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 37; Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 8; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 52; Transcript of Michael Graham, 4 June 2024, 17 [25]–[29].
6. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6.
7. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 72.
8. Australian Governments and Coalition of Aboriginal and Torres Strait Islander Peak Organisations, [National Agreement on Closing the Gap](#) (Agreement, July 2020) 8 [44].
9. Australian Governments and Coalition of Aboriginal and Torres Strait Islander Peak Organisations, [National Agreement on Closing the Gap](#) (Agreement, July 2020) 8 [44].
10. National Aboriginal Community Controlled Health Organisation, [‘Aboriginal Community Controlled Health Organisations \(ACCHOs\)’](#) (Webpage).
11. Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage).
12. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 72.
13. Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage).
14. Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage).
15. Megan Campbell, Jennifer Hunt, David Scrimgeour, Maureen Davey, and Victoria Jones, ‘Contribution of Aboriginal Community-Controlled Health Services to Improving Aboriginal Health: An Evidence Review’ (2018) 42(2) *Australian Health Review* 218, 219–222.
16. Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage); Victorian Aboriginal Health Service, Witness Exhibit, ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 13.

17. Michael Hemingway [‘Annexure C – A History of the Victorian Aboriginal Health Service’](#) from Michael Hemingway, *Community Control: Aboriginal Self-determination and Australian Settler Democracy – A History of the Victorian Aboriginal Health Service* (PhD thesis, University of Melbourne, 2012); Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 4; Transcript of Alan Brown, 4 June 2025, 10 [12]–[14]; Witness Statement of Aunty Dr Alma Thorpe, 4 May 2022, 28; Witness Exhibit, [‘Life Story of Edna Brown and covering letter from Margaret McGregor and Annette Street’](#).
18. Transcript of Alan Brown, 4 June 2024, 9 [19]–[20].
19. Victorian Aboriginal Health Service, Witness Exhibit, ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 13.
20. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024, 1.
21. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024, 1; Transcript of Aunty Geraldine Atkinson, Inaugural Co-Chair of First Peoples’ Assembly of Victoria, 13 December 2022, 329 [1]–[33]; Witness Statement of Uncle Larry Walsh, 19 May 2022, 20 [102]; Transcript of Uncle Larry Walsh, 20 May 2022, 127 [46]–[48].
22. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024.
23. Ngwala Willumbong means dry place in the Pitjantjatjara language: Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024; Ngwala Willumbong Aboriginal Corporation, [‘About us’](#) (Webpage).
24. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024. See also Ngwala Willumbong Aboriginal Corporation, [‘Home’](#) (Webpage).
25. Site Visit Summary – Ngwala Willumbong site visit, 9 February 2024, 2.
26. Summary Report – Dardi Munwurro Site Visit, 6 February 2023; Witness Outline of Alan and Coree Thorpe, 13 December 2022. See also Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 300, 348, 373, 437.
27. Transcript of Coree Thorpe, 14 December 2022, 397 [1]–[5].
28. Victorian Aboriginal Community Controlled Health Organisation, [‘The Victorian ACCO Model’](#) (Webpage).
29. Victorian Aboriginal Community Controlled Health Organisation, [‘VACCHO Member Service Profile’](#) (Online Infographic, July 2024).
30. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 62.
31. Victorian Aboriginal Community Controlled Health Organisation, [‘VACCHO Member Service Profile’](#) (July 2024).
32. See also Wathaurong Aboriginal Co-operative, [‘Launch Of Western District ACCO Collective \(WDAC\)’](#) (Webpage, 7 June 2023); Western District ACCO Collective, Submission 427 (Health), 1; Transcript of roundtable with Western District ACCO Collective, 6 February 2024.
33. Western District ACCO Collective, Submission 427 (Health), 5.
34. Western District ACCO Collective, Submission 427 (Health), 2;

35. See also Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024; Bunjilwarra Male Youth Group, Submission 329, 15.
36. Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024.
37. Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024; Koorie Youth Council, Submission 95, 18; Victorian Alcohol and Drug Association, Submission 458 (Literature review of AOD system), 16–17.
38. Bunjilwarra Male Youth Group, Submission 329, 15.
39. Anonymous 307, Submission 307, 2; Anonymous 492, Submission 492, 2.
40. Anonymous 307, Submission 307, 2.
41. Anonymous 492, Submission 492, 2.
42. Victorian Aboriginal Health Service, Witness Exhibit, ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 13.
43. Victorian Aboriginal Legal Service, Submission 449 (Health), 16.
44. Transcript of Alan Brown, 4 June 2024, 21 [2]–[3].
45. ACES was incorporated in 1987, and accepted patients from 1991: Site Visit Summary – Aboriginal Community Elders Service site visit, 19 February 2024, 1. Aboriginal Community Elders Service Inc, [‘About us’](#) (Webpage).
46. Site Visit Summary – Aboriginal Community Elders Service site visit, 19 February 2024; Aboriginal Community Elders Service Inc, [‘Programs’](#) (Webpage); Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 31; Aboriginal Community Elders Service Inc, [‘Residential Care’](#) (Webpage); Aboriginal Community Elders Service Inc, [‘Outreach Care Program’](#) (Webpage).
47. Site Visit Summary – Aboriginal Community Elders Service site visit, 19 February 2024, 1, 5.
48. Site Visit Summary – Aboriginal Community Elders Service site visit, 19 February 2024, 1.
49. Site Visit Summary – Aboriginal Community Elders Service site visit, 19 February 2024, 1.
50. Western District ACCO Collective (WDAC) Case Study; See also Western District ACCO Collective, Submission 427 (Health), 1–3.
51. Transcript of Alan Brown, 4 June 2024, 8 [22]–[25].
52. Djirra, Submission 411 (Education, Health and Housing), 17, citing Odette Pearson et al, ‘Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia’ (2020) 20 *BMC Public Health* 1859: 1–13, 11.
53. Royal Australian College of General Practitioners, Submission 439, 3, citing David P Thomas, Richard F Heller and Jennifer M Hunt, ‘Clinical Consultations in an Aboriginal Community-Controlled Health Service: A Comparison with General Practise’ (1998) 22(1) *Australian and New Zealand Journal of Public Health* 86, 86–91.
54. Yoorrook notes that at the time he gave evidence in June 2024, Professor Euan Wallace was Secretary of the Department of Health. As of 28 February 2025, he concluded this role, and his successor was Jenny Atta. See Premier of Victoria the Hon Jacinta Allan MP, [‘New Secretaries Appointed To Lead Department Of Health And DJSIR’](#) (Media Release, 3 February 2025).
55. Transcript of Secretary Professor Euan Wallace, 17 June 2024, 6 [1]–[2].
56. Witness Statement of Deputy Secretary Dr Melanie Heenan, 27 March 2024, 6–7 [11].

57. Summary Report – Dardi Munwurro Site Visit, 6 February 2023; Witness Outline of Alan and Coree Thorpe, 13 December 2022. See also Yoorrook Justice Commission, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#) (Report, 31 August 2023), 300, 348, 373, 437.
58. Witness Outline of Alan and Coree Thorpe, 13 December 2022, 3 [15], citing National Indigenous Times, [‘Dardi Munwurro Healing Spirit and Changing Lives’](#) (Webpage, 18 November 2021). See also Deloitte Access Economics, [A Cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#) (Report, 2021).
59. Deloitte Access Economics, [A Cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#) (Report, 2021).
60. Deloitte Access Economics, [A Cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#) (Report, 2021), vi–vii.
61. Witness Outline of Alan and Coree Thorpe, 13 December 2022, 4 [18], citing National Indigenous Times, [‘Dardi Munwurro Healing Spirit and Changing Lives’](#) (Webpage, 18 November 2021). See also Deloitte Access Economics, [A Cost-benefit analysis of Dardi Munwurro’s men’s healing programs](#) (Report, 2021).
62. Rumbalara Aboriginal Co-operative, [‘Services’](#) (Webpage); Transcript of Felicia Dean, 7 December 2022, 147 [48]–148 [12].
63. Transcript of Felicia Dean, 7 December 2022, 142 [43]–[48].
64. Site Visit Summary – Rumbalara Elders Facility site visit, 31 January 2024, 2.
65. Rumbalara Aboriginal Co-operative, [‘Elders Facility’](#) (Webpage).
66. Site Visit Summary – Rumbalara Elders Facility site visit, 31 January 2024, 2.
67. Site Visit Summary – Rumbalara Elders Facility site visit, 31 January 2024, 2.
68. Dr Alison Markwick, Submission 394 (Thesis, [‘Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health’](#)), 79; Jonathan Kingsley et al, ‘“Here We Are Part of a Living Culture”: Understanding the Cultural Determinants of Health in Aboriginal Gathering Places in Victoria, Australia’ (2018) 54 *Health and Place* 210, 217.
69. Jonathan Kingsley et al, ‘“Here We Are Part of a Living Culture”: Understanding the Cultural Determinants of Health in Aboriginal Gathering Places in Victoria, Australia’ (2018) 54 *Health and Place* 210, 212.
70. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 63 [25]–[38]. See also discussion of Camp Jungai in Chapter 27: The past is the present
71. Witness Statement of Aunty Dr Alma Thorpe, 3 May 2022, 32 [208].
72. Witness Outline of Tracey Dillon and Aunty Hazel Hudson, 6 December 2022; Koorie Youth Council, Submission 95, 18; Site Visit Summary – Bunjilwarra Koori Youth Alcohol and Drug Healing Service site visit, 5 April 2024. See also Njernda Aboriginal Corporation, [‘Baroona Healing Centre’](#) (Webpage).
73. Charles Pakana (Keir Wells), Submission 1165, 3.
74. Transcript of Karen Milward, 24 June 2024, 72 [31]–[36]; Transcript of Aunty Dr Jill Gallagher, 6 December 0223, 118 [22]–[30].
75. Transcript of Uncle Ross Morgan, 6 March 2023, 169 [14]–170 [2], 171 [37]–[42], 173 [9]–[34].
76. Aunty Glenda Nicholls, Submission 961, 15.
77. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 6–7.

78. Mungabareena Aboriginal Corporation, Submission 995 (Community Group 1), 23–25.

79. Koorie Youth Council, Submission 95, 18.

80. Transcript of Uncle Ross Morgan, 6 March 2023, 169 [14]–170 [2], 171 [37]–[42], 173 [9]–[34]; Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 6–7; Mungabareena Aboriginal Corporation, Submission 995 (Community Group 1), 9.

81. Transcript of Aunty Muriel Bamblett, 6 December 2022, 114 [49]–115 [29].

82. See also discussion of Camp Jungai in Chapter 27: The past is the present

83. Victorian Aboriginal Community Controlled Health Organisation, ““[60,000 Years Proud and Deadly](#)”: VACCHO Pays Tribute to Communities Following Rejuvenating and Energising “Gathering of Mob”” (Webpage, 12 November 2023).

84. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 63 [29]–[46].

85. See Witness Outline of Aunty Dr Jill Gallagher, 28 March 2024.

86. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 8.

87. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 14.

88. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 47 [259].

89. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 47 [259].

90. Yoorrook notes that at the time she gave evidence in June 2024, Mary-Anne Thomas was Minister for Health and Minister for Ambulance Services. In December 2024, Melissa Horne became the new Minister for Health Infrastructure. See Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

91. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 46 [252].

92. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 47 [258].

93. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 32 [184].

94. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 52.

95. Western District ACCO Collective, Submission 427, 6–7.

96. Western District ACCO Collective, Submission 427, 6–7.

97. Western District ACCO Collective, Submission 427 (Health), 7.

98. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 29.

99. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 52.

100. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence – June 2024’, 14.

101. Transcript of Michael Graham, 4 June 2024, 30 [9]–[10].

102. Transcript of Michael Graham, 4 June 2024, 17 [25]–[29].

103. Site Visit Summary — Ngwala Willumbong site visit, 9 February 2024, 5.

104. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

105. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

106. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 6, 13; Productivity Commission, ‘[Closing the Gap Information Repository Dashboard](#)’ (Webpage); Ngaweeyan Maar-oo, ‘[Ngaweeyan Maar-oo: Voice of and from the People](#)’ (Webpage, 2024).

107. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

108. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston), 10.

109. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

110. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

111. See Victorian Aboriginal Child and Community Agency, Submission 474 (Family Violence), 3.

112. Victorian Aboriginal Child and Community Agency, Submission 472 (Health), 37.

113. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 13.

114. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 13.

115. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 62 [42]–[43].

116. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 48 [263]–[264].

117. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

118. Transcript of Nerita Waight, 13 June 2024, 28 [12]–[15].

119. Transcript of Dallas Widdicombe, 5 June 2024, 22 [43]–[44], 23 [6]–[7].

120. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 51.

121. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 51.

122. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 30 [172].

123. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 31 [175].

124. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 31 [177].

125. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 31 [177].

126. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 31 [179]–[181].

127. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 31 [179].

128. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 14.

129. Victorian Aboriginal Health Service, Witness Exhibit ‘Submission for Yoorrook Justice Commission, Victorian Aboriginal Health Service Submission to support panel member evidence — June 2024’, 14.

130. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

131. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 10.

132. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 10.

133. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 92.

134. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 77.

135. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 4 [20].

136. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 30 [173].

137. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 52.

138. Transcript of Darren Lovett, 4 June 2024, 27 [31]–[34].

139. Lowitja Institute, ‘[About us](#)’ (Webpage).

140. Lowitja Institute, [The Overburden report: Contracting for Indigenous Health Services](#) (Report, 2011), 2. See also Lowitja Institute, [The Overburden report: Contracting for Indigenous Health Services](#) (Summary Report, 2011). Lowitja Institute, ‘[The Overburden project](#)’ (Webpage).

141. Kate Silburn et al, [Is funder reporting undermining service delivery? Compliance reporting requirements of Aboriginal community controlled health organisations in Victoria](#), Lowitja Institute (Report, 2016), 1.

142. Kate Silburn et al, [Is funder reporting undermining service delivery? Compliance reporting requirements of Aboriginal community controlled health organisations in Victoria](#), Lowitja Institute (Report, 2016), 16.

143. Kate Silburn et al, [Is funder reporting undermining service delivery? Compliance reporting requirements of Aboriginal community controlled health organisations in Victoria](#), Lowitja Institute (Report, 2016), 16, 18.

144. Kate Silburn et al, [Is funder reporting undermining service delivery? Compliance reporting requirements of Aboriginal community controlled health organisations in Victoria](#), Lowitja Institute (Report, 2016), 16.

145. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 53.

146. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 54.

147. First Peoples’ Health and Wellbeing, Submission 623, 6.

148. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 53. See also Kate Silburn et al, [Is funder reporting undermining service delivery? Compliance reporting requirements of Aboriginal community controlled health organisations in Victoria](#), Lowitja Institute (Report, 2016), 18–21.

149. Transcript of Nerita Waight, 27 May 2024, 36 [13]–[15].

150. Minister Thomas accepted this statement put to her by Commissioner Walter in Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 61 [1]–[5].

151. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 58.

152. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 11–14. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 55–58.

153. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston Group), 11.

154. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 56–7, citing Department of Planning and Community Development, *Assessment of the Current and Future Infrastructure Requirements of Key Indigenous Organisations in Victoria* (Report, 2013).

155. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 56, citing Department of Planning and Community Development, *Assessment of the Current and Future Infrastructure Requirements of Key Indigenous Organisations in Victoria* (Report, April 2013).

156. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 57.

157. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 57.

158. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 57–58.

Yoorrook acknowledges the existence of the State’s Aboriginal Community Infrastructure Program. Yoorrook notes, however, VACCHO’s evidence that in 2020–21 the program only had \$3 million to allocate and received around \$30 million in funding requests. With the largest possible grant at \$1.6 million, such funding is only capable of part-funding a new build.

159. Minister Thomas accepted this statement put to her by Counsel Assisting in Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 61 [44]–[47].

160. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 9 [52].

161. Transcript of Lisa Briggs, 27 May 2024, 40 [15]–[17].

162. Transcript of Michael Graham, 27 May 2024, 39 [24]–[29].

163. Witness Statement of Minister Mary-Anne Thomas MP, 14 June 2024, 8 [52].

164. Transcript of Minister Mary-Anne Thomas MP, 21 June 2024, 61 [26]–[31].

165. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 78.

166. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 78.

167. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 78.

168. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 79.

169. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 79.

170. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 79.

171. Transcript of Lisa Briggs, 27 June 2024, 17 [10]–[12].

172. First Peoples’ Health and Wellbeing, Submission 623, 5.

173. First Peoples’ Health and Wellbeing, Submission 623, 5.

174. First Peoples’ Health and Wellbeing, Submission 623, 5.

175. *Long Service Benefit Portability Regulations 2020* (Vic) reg 10(1). See also First Peoples’ Health and Wellbeing, Submission 623, 4–5.

176. *Long Service Benefit Portability Regulations 2020* (Vic) reg 10(1)(a)–(c).

Note that employees of community health services generally are not included in the Portable Long Service Benefits Scheme unless their role is ‘to carry out community service work’ rather than healthcare work: see *Long Service Benefits Portability Act 2018* (Vic) s 4(2) (b) and paragraph (ab) of the definition of ‘health or related service’ in the *Health Services Act 1988* (Vic) s 3(1). See also First Peoples’ Health and Wellbeing, Submission 623, 4–5.

177. First Peoples’ Health and Wellbeing, Submission 623, 5.

178. Site Visit Summary – Rumbalara Elders Facility site visit, 31 January 2024, 4.

179. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

180. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 30.

181. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 13.

182. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 33.

183. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 33.

184. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 33.

185. Ngaweeyan Maar-oo, Submission 662 (Education, Health and Housing), 33.

186. Jill Gallagher, ‘[We need Aboriginal health in Aboriginal hands – not another Close the Gap report](#)’, Crikey (Webpage, 17 January 2024).

Part G

Housing



First Peoples in Victoria are 10 times more likely to access homelessness services.

13.1% of First Peoples accessed a homelessness service in Victoria in 2022–2023, compared to 1.3% of non-Indigenous Victorians.¹

Housing insecurity is compounded by additional vulnerabilities.

12,825

Aboriginal and Torres Strait Islander clients presented to **Specialist Homelessness Services** in Victoria in 2023–2024.²

Of those clients:



44.7%

experienced family violence



44.6%

had a current mental health issue



16.4%

had harmful drug or alcohol use



7.2%

had all three of the above vulnerabilities.³

First Peoples continue to be over-represented in social housing.

Aboriginal and Torres Strait Islander households in Victoria live in **social housing** at more than

5 times

the rate of non-Indigenous households.⁴

10.8%

of new applications to the **Victorian Housing Register** in 2024 were from Aboriginal and Torres Strait Islander households.⁵

**59%**

of those applications are in the **priority category**. This includes those currently experiencing or being at risk of experiencing homelessness, or in urgent need of safer, more appropriate housing.⁶

First Peoples are more likely to rent and be in rental stress.

**51.3%**

of Aboriginal and Torres Strait Islander occupied **private dwellings were rented** in Victoria in 2021.⁷

Compared to

28.5%

of all occupied private dwellings.⁸

**33.9%**

of Indigenous households **were in rental stress** in 2021, **spending over 30%** of their gross household income on housing costs.⁹

First Peoples suffer the health and welfare impacts of poor housing quality at alarmingly high rates.

**23%** of Aboriginal and Torres Strait Islander households in Victoria did not meet an acceptable standard in 2019.¹⁰

This increased from 16% in 2008.¹¹

Housing timeline

Pre-invasion

For over 65,000 years First Peoples lived freely, and home was with kin on Country. There was no homelessness prior to colonial settlement.¹² Victorian First Peoples lived in villages made up of stone dwellings¹³ and houses constructed from other materials.

1800s

First Peoples are rapidly displaced as settlers encroach on their land, often resulting in violence (see Part D: Land injustice Timeline).

1840s

Small Protectorate Stations were established by colonial authorities in locations including the Merri Creek Protectorate, Nerre Nerre Warren Station, Mount Rouse, Goulburn Station and Loddon Protectorate. These were considered an expensive failure and the Protectorate was dismantled in 1848.¹⁴

1869

The Colonial Government passed the *Aborigines Protection Act 1869*. The Act and associated regulations gave the Board for the Protection of the Aborigines (BPA) the powers to prescribe where First Peoples could live and the power to control their movements. First Peoples were segregated off their Country and from their homes into missions and reserves, although a number of First Peoples continued to live away from BPA and government control, especially along the Murray River.¹⁵

1886

The *Aborigines Protection Act 1886* (Vic) ‘forced Aboriginal people deemed to be “half-caste” off reserves’ which resulted in many First Peoples becoming homeless.¹⁶

1917

The BPA realised their long-held ‘Concentration Plan’, the forced removal of all First Peoples to the Lake Tyers reserve as other reserves were closed. Some First Peoples refused to move and remained at Lake Condah, Antwerp, Coranderrk and Framlingham.¹⁷

1920s

By 1925 the BPA reported that Lake Tyers reserve was the only one that continued to operate under the control of a manager. The BPA ‘closed’ Coranderrk (1924) and Lake Condah (1919) but some residents remained, having fought the forced relocation.¹⁸

1936

Housing Investigation and Slum Abolition Board established.¹⁹

1938

The Victorian Government passed the *Slum Reclamation and Housing Act 1938* (Vic).²⁰

1940s-1950s

Decades of government policy, including exclusion from reserves and First Peoples’ resistance to the punitive conditions on reserves, resulted in growing numbers of First Peoples living as fringe dwellers, at sites such as river flats.²¹

As well, First Peoples moved to Melbourne, to places such as Footscray, North Melbourne and especially Fitzroy where a community developed, resulting in development of First Peoples-led services in the later decades of the twentieth century.²²

1950s-onwards

First Peoples community-developed and run Girls and Boys Hostels opened in Melbourne for young First Peoples coming to Melbourne to look for work, get an education or training. They were also places of employment for First Peoples. Initially located in Northcote, hostels were also developed in Thornbury, Dandenong and Fitzroy and rural sites such as Morwell, and included hostels that met various community needs, such as for families, as a men’s night shelter and to support those recently released from imprisonment and the elderly.²³

1951

Native Welfare Conference adopted assimilation as the official policy for First Peoples, a key focus of which was re-housing.²⁴ This was a revitalisation of a 1937 assimilation policy that was placed on hold during World War Two.²⁵

1956–1965

Lake Tyers residents petitioned against the closure of the reserve and advocated for an independently run cooperative. These protests were successful and in 1965 Lake Tyers became a permanent reserve.²⁶

1957

The Victorian Government passed the *Aborigines Act 1957* (Vic) which established the Aborigines Welfare Board to oversee the implementation of the assimilation policy.²⁷

1958

Rumbalara Housing Settlement opened – the Aborigines Welfare Board’s first housing project built ten prefabricated houses to house families previously living on the riverside flats at Mooroopna. The houses were let at subsidised rents.²⁸

1959

The Aborigines Welfare Board requested funding from the Victorian Government to provide houses for First Peoples, noting that Aboriginal housing was some of the ‘worst in the state’ and contributed to First Peoples’ children being taken by police and placed in care.²⁹ The Aborigines Welfare Board reported that ‘generally Aboriginal housing throughout the State is undoubtedly of the lowest standard of all poor housing’ and as a consequence children ‘having been placed under the care of hospitals and welfare departments’.³⁰

The Victorian Government passed the *Aborigines (Houses) Act 1959* (Vic) which ‘provided for the Housing Commission to enter into contracts to build houses for Aborigines [*sic*] on behalf of the Aborigines Welfare Board.’³¹ This responsibility later passed to the Ministry for Aboriginal Affairs.

1960

Second housing project by the Aborigines Welfare Board in Robinvale, the Manatunga Housing Settlement, with 12 houses.³²

1960s-1980s

Fitzroy continued its role as a meeting place for First Peoples, where they often found family and community.³³

1967

Following the referendum, the Commonwealth Constitution was amended ‘to allow the Commonwealth to make laws for and recognise First Peoples in the Australian Census. Following this, Aboriginal Affairs’ and housing for First Peoples were specified in Federal government policy for the first time’.³⁴

1968

The *Aboriginal Affairs Act 1967*, which established the Federal Ministry of Aboriginal Affairs that was responsible for, amongst other things, providing housing and housing loans, commenced operation.³⁵

1969

The Victorian Ministry of Aboriginal Affairs acquired and rented houses to First Peoples and introduced grants to assist with the purchase of properties. The Rumbalara and Manatunga settlements were dismantled.³⁶

1973

Establishment of the Victorian Aboriginal Cooperative Limited to ‘enable Aboriginal people to satisfy their need for adequate housing’.³⁷

1980s

First Peoples established the Aboriginal Housing Board of Victoria (which became Aboriginal Housing Victoria, still in operation today).³⁸

2016

Victorian Government announced it would transfer 1448 property titles to Aboriginal Housing Victoria.³⁹ These properties were transferred in stages.

2017

Korin Korin Balit-Djak, Aboriginal health, wellbeing and safety strategic plan 2017-2027 was launched, a priority of which is ‘stable, secure and appropriate housing through First Peoples self-determination’.⁴⁰

2018

Victorian Aboriginal Affairs Framework 2018-2023 commenced, including goals relating to First Peoples housing.⁴¹

2020

Mana-na woorn-tyeen maar-takoort – Every Aboriginal Person Has a Home: The Victorian Aboriginal Housing and Homelessness Framework was launched.⁴²

2020

The National Agreement on Closing the Gap included Outcome 9: that Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and needs. Outcome 9 contained an affordable housing target for First Peoples.⁴³

Victorian Government ‘Big Housing Build’ committed 10 per cent of all new social housing for First Peoples.⁴⁴

2021

The Victorian Homebuyer Fund, a shared equity scheme, was launched in October 2021.⁴⁵ Under this scheme, ‘the Victorian Government makes a financial contribution to the purchase of a home in exchange for a proportional share in that home, which participants buy back over time.’⁴⁶ Uptake of the Scheme was initially poor but has since improved.⁴⁷

2022

Blueprint for an Aboriginal-specific Homelessness System in Victoria was launched.⁴⁸

Endnotes

Key facts

1. Victorian Aboriginal Affairs Framework, 3.2.4 *Proportion of Victorians who are homeless or accessing homelessness services*, Data Dashboard: Goal 3: [Aboriginal families and households thrive](#), (Webpage, 2024).

2. Australian Institute of Health and Welfare, Figure INDIGENOUS.1: Figure INDIGENOUS.1: Key demographics, Indigenous SHS clients, 2023–24, NSW had the greatest number of clients, [Specialist Homelessness Services Annual Report 2023–2024](#), (Web Report, 2025).

3. Australian Institute of Health and Welfare, Figure INDIGENOUS.1: Figure INDIGENOUS.1: Key demographics, Indigenous SHS clients, 2023–24, Clients often experienced multiple vulnerabilities, State/territory: Vic, [Specialist Homelessness Services Annual Report 2023–2024](#), (Web Report, 2025).

4. Australian Government Productivity Commission, Closing the Gap Information Repository – Socio-economic outcome area 9 – Figure SE9G.1 [Aboriginal and Torres Strait Islander Households that are residing in a social housing welling](#), Vic (a)', (Webpage, 2023)

5. Homes Victoria, Households where one or more individuals identify as Aboriginal — new applications only, [Applications on the Victoria Housing Register](#) (VHR), (Web Report, 2024). The rate is based on an average of data published for March, June and September 2024.

6. Homes Victoria, Table: Households where one or more individuals identify as Aboriginal — new priority access applications, [Applications on the Victoria Housing Register](#) (VHR), (Web Report, 2024). The rate is based on an average of data published for March, June and September 2024.

7. Australian Bureau of Statistics, [Victoria 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats](#). (Webpage, 2022).

8. [Australian Bureau of Statistics, Victoria 2021 Census All persons QuickStats](#). (Webpage, 2022).

9. Australian Bureau of Statistics, 2021, (Counts) Census of Population and Housing, Canberra: Australian Government, cited in Victorian Aboriginal Affairs Framework, 3.2.3 *Proportion of Victorian households in rental and mortgage stress*, Data Dashboard: [Goal 3: Aboriginal families and households thrive](#) (Webpage, 2023).

10. Defined as having at least one basic household facility that was unavailable or having more than two major structural problems.

11. National Indigenous Australians Agency, Figure 2.02.1: Proportion of Indigenous households living in houses of an acceptable standard, by state/territory, Tier 2 – Determinants of health, 2.02 Access to functional housing with utilities, [Aboriginal and Torres Strait Islander Health Performance Framework](#) (Webpage, 2023).

Timeline

12. Victorian Aboriginal Housing and Homelessness Forum, Submission 536, 7.

13. First Peoples' Assembly of Victoria, Submission 490 (Education, Health and Housing), 36, citing Bruce Pascoe, *Dark Emu: Aboriginal Australia and the Birth of Agriculture* (Magala Books, 2014) 128; A W Howitt, *Native Tribes of South-East Australia* (MacMillan and Co, 1904) 773–6.

14. Deadly Story, 'Creation of the Reserve System', *History* (Webpage); *The Years of Terror: Banbu-deen*, 85, 125–126, 129, 415–416; Jan Critchett, *A Distant Field of Murder* (Melbourne University Press, 1990) 27, 143; Diane Barwick, *Rebellion at Coranderrk* (ANU Press, 2024) 27–28.

15. *Aborigines Protection Act 1869* (Vic); *Regulations and Orders Made Under the Act to Provide for the Protection and Management of the Aboriginal Natives of Victoria 1871* (Vic); Victoria, *Victoria Government Gazette*, No 15, 24 February 1871, 338; Richard Broome, *Aboriginal Victorians* (Allen & Unwin, 2005) 130–131; *Tenth Report of the Board for the Protection of the Aborigines in the Colony of Victoria* (Report, 1874), 4, 20, 21; *Eleventh Report of the Board for the Protection of the Aborigines in the Colony of Victoria* (Report, 1875), 4; *Royal Commission on the Aborigines: Report of the Commissioners* (Report, 1877) vii.

16. *Aborigines Protection Act 1886* (Vic); Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 31; Richard Broome, *Aboriginal Victorians: A History since 1800* (Allen & Unwin, 1st ed, 2005) 185–7. See also Clare Land, 'Shifting Definitions: The 1886 *Aborigines Protection Act*, "Race" and "Half-Castes"' (Thesis, The University of Melbourne, 2001) 20–1.

17. Framlingham residents protested any forced relocation in a manner similar to their successful efforts to remain at Framlingham in the 1890s, by getting the local community to support them through petitions and contacting local politicians: Lake Tyers Aboriginal Trust, '[Bungyarnda: A Pictorial History of Lake Tyers Aboriginal Station](#)' (Webpage); *Forty-Ninth Report of the Board for the Protection of the Aborigines* (Report, 1922) 3–4; *Fiftieth Report of the Board for the Protection of the Aborigines* (Report, 1923) 3–4; *Fifty-first Report of the Board for the Protection of the Aborigines* (Report, 1925) 4; Jessica K Weir, *Gunditjmara Land Justice Story* (AIATSIS, 2009) 10; Phillip Pepper, *Kurnai of Gippsland* (Hyland House, 1985) 242–3, 248, 250; Diane Barwick, *Rebellion at Coranderrk* (ANU Press, 2024) 276–7, 279–280; John Maynard, 'The rise of the modern Aboriginal political movement, 1924–1939', in Joan Beaumont and Alison Cadzow (eds) *Serving Our Country* (NewSouth Publishing, 2018) 113, 122–4; *Twenty-Sixth Report of the Board for the Protection of the Aborigines in the Colony of Victoria* (Report, October 1890) 4; Diane Barwick, 'Equity for Aborigines? The Framlingham Case' in Patrick N Troy (ed.), *A Just Society? Essays on Equity in Australia* (George Allen & Unwin, 1981) 173, 191; Jane Lydon, *Fantastic Dreaming: The Archaeology of an Aboriginal Mission* (AltaMira, 2009) 176, 178.

18. *Fifty-first Report of the Board for the Protection of the Aborigines* (Report, 1925) 3–4. Jessica K Weir, *Gunditjmara Land Justice Story* (AIATSIS, 2009) 10; Phillip Pepper, *Kurnai of Gippsland* (Hyland House, 1985) 242–3, 248, 250; Diane Barwick, *Rebellion at Coranderrk* (ANU Press, 2024) 276–7, 279–280; Iris Lovett-Gardiner, *The Lake Condah Mission* (Thesis, 1999) 15–6.

19. *Housing Investigation and Slum Abolition Board First (Progress) Report* (Report, 1937) 18; Heather Holst, 'Slums and land' (2006) 19, 10.

20. *Slum Reclamation and Housing Act 1938* (Vic).

21. Corinne Manning, 'The McLean Report: Legitimising Victoria's New Assimilationism' (2002) 26 *Aboriginal History* 159, 162. See also, Alick Jackomos and Derek Fowell, *Living Aboriginal History of Victoria: Stories in the Oral Tradition*, 13, 16, 18, 20, 24, 56, 94, 106, 110, 114, 118, 180, 182, 186; Albert Mullet, 'Living as a Koori in Victoria' (1989) 43 *The La Trobe Journal*.

22. Anthony Birch, *Framing Fitzroy: contesting and (de) constructing place and identity in a Melbourne suburb* (PhD thesis, 2002) 4–5; Julie Andrews, *Where's all the community? Kinship, mobility and identity revisited in Aboriginal Melbourne* (Thesis, 2015) 20–1, 270–2; First Peoples State Relations, Aboriginal Honour Roll, 'Constance 'Connie' Hart' (Webpage); 'Alfred 'Boydie' Turner' (Webpage); 'Margaret Tucker MBE(C)' (Webpage); 'William Cooper' (Webpage); 'Georgina Lovett-Williams' (Webpage); Noel Tovey, *littleblackbastard* (Hodder, 2005) 28, 76; Fiona Lee Davis, *Colouring within the lines: Settler Colonialism and the Cummeragunja Aboriginal Station, 1888–1960s* (PhD thesis, 2010) 48; Bunj Consultants, *Snapshots of Aboriginal Fitzroy* (Report, 2002) 15–20.

23. First Peoples State Relations, Aboriginal Honour Roll, 'Lady Gladys Nicholls' (Webpage); 'Elaine Taylor' (Webpage); 'June Atkinson-Murray' (Webpage); 'Waldo Blow' (Webpage); Julie Andrews, *Where's all the community? Kinship, mobility and identity revisited in Aboriginal Melbourne* (Thesis, 2015) 56, 110, 169, 170, 256–7, 258–260, 261–2, 263–5. Aboriginal Honour RollBunj Consultants, *Snapshots of Aboriginal Fitzroy* (Report, 2002), 53–54.

24. Gregory Lyons, 'Official Policy Towards Victorian Aborigines 1957–1974' (1983) 7(1/2) *Aboriginal History* 61, 64.

25. Corinne Manning, 'The McLean Report: Legitimising Victoria's New Assimilationism' (2002) 26 *Aboriginal History* 159, 160.

26. Lake Tyers Aboriginal Trust, '[Bungyarnda: A Pictorial History of Lake Tyers Aboriginal Station](#)' (Webpage).

27. *Aborigines Act 1957* (Vic) s 3, 6; Witness Statement of Minister Harriet Shing MP, 3 June 2024, 5 [21].

28. Gregory Lyons, 'Official Policy Towards Victorian Aborigines 1957–1974' (1983) 7(1/2) *Aboriginal History* 61, 68.

29. Gregory Lyons, 'Official Policy Towards Victorian Aborigines 1957–1974' (1983) 7(1/2) *Aboriginal History* 61, 68.

30. Aborigines Welfare Board, *Report of the Aborigines Welfare Board for the Year Ended 30th June, 1959* (Report, 23 March 1960) 8.

31. *Aborigines (Houses) Act 1959* (Vic) s 2; Trove, '[Housing Commission of Victoria. State of Victoria. \(1938–1983\)](#)' (Webpage).

32. Gregory Lyons, 'Official Policy Towards Victorian Aborigines 1957–1974' (1983) 7(1/2) *Aboriginal History* 61, 68.

33. See, eg, Joseph Dunstan, '[Melbourne's Fitzroy Hides a Past as a Hub for the Aboriginal Civil Rights Movement](#)', ABC News (Webpage, 31 July 2022); Anthony Birch, *Framing Fitzroy: contesting and (de)constructing place and identity in a Melbourne suburb* (PhD thesis, 2002) 4–5; Julie Andrews, *Where's all the community? Kinship, mobility and identity revisited in Aboriginal Melbourne* (PhD thesis, 2015) 20–1, 97, 113, 262, 270–2; Bunj Consultants, *Snapshots of Aboriginal Fitzroy* (Report, 2002) 21–22; First Peoples State Relations, Aboriginal Honour Roll, 'Alma Thorpe' (Webpage); 'Lorraine Bunta Patten' (Webpage).

34. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 6 [22].

35. Gregory Lyons, 'Official Policy Towards Victorian Aborigines 1957–1974' (1983) 7(1/2) *Aboriginal History* 61, 71.

36. Gregory Lyons, 'Official Policy Towards Victorian Aborigines 1957–1974' (1983) 7(1/2) *Aboriginal History* 61, 74.

37. Penny Tripcony, 'Towards Aboriginal Management of Aboriginal Rental Housing, Melbourne, 1960–89' in Peter Read (ed), *Settlement: A History of Australian Indigenous Housing* (Aboriginal Studies Press, 2000), 144, 149.

38. See Aboriginal Housing Victoria, 'About AHC: [Self-Determination in Action](#)' (Webpage).

39. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 12 [61].

40. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing – Enquiries, Frameworks and Reports', 10, produced by the State of Victoria on 27 March 2024 in response to the Commission's Request for Information dated 5 November 2023. See also Victoria State Government, *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027* (August 2017) 56.

41. See Victoria State Government, *Victorian Aboriginal Affairs Framework 2018–2023* (2018) 34–5, 41: Goal 3: Aboriginal families and households thrive; Objective 3.2: Increase income and housing security for Aboriginal households; Goal 8: Aboriginal workers achieve wealth equality; Objective 8.2: Increase Aboriginal home ownership in line with the Victorian average.

42. Aboriginal Housing Victoria, *Mana-na Woorn-tyeen Maar-Takoort: Every Aboriginal Person Has a Home* (Framework, 2020).

43. For example, Target 9A is an increase in the proportion of First Peoples living in appropriately sized housing to 88 per cent by 2031: Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing – Commonwealth and State Programs, Initiatives, Funding and Reporting', 4, produced by the State of Victoria on 27 March 2024 in response to the Commission's Request for Information dated 5 November 2023. See also [National Agreement on Closing the Gap](#) (July 2020) 25. Yoorrook acknowledges that on 26 July 2023, the Productivity Commission released the Closing the Gap Annual Data Compilation Report which noted Victoria had reached the target threshold under 9A as of 2021. However, Target 9A will not be achieved unless this threshold can be maintained until 2031.

44. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing – Enquiries, Frameworks and Reports', 14, produced by the State of Victoria on 27 March 2024 in response to the Commission's Request for Information dated 5 November 2023.

45. State Revenue Office Victoria, '[Home Buyer Fund](#)', (Webpage, 1 August 2024); State Revenue Office Victoria, '[Launching the Victorian Homebuyer Fund](#)', *Annual Review 2021–22: Delivering for Victorians* (Webpage); Witness Statement of then Treasurer Tim Pallas MP, 24 June 2024, 11 [57].

46. Witness Statement of Treasurer Tim Pallas MP, 24 June 2024, 11 [57].

47. Yoorrook notes that this program had a very slow uptake, with only one Aboriginal household in 2019–2020 and zero from 2020–2021, while in the broader population 85 households used the fund from 2019–2020 and 53 from 2020–2021: see Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 10.

48. Aboriginal Housing Victoria, *Blueprint for an Aboriginal-Specific Homelessness System in Victoria* (2022). The Blueprint was launched at the Aboriginal Housing and Homelessness Summit in 2022.

Chapter 34: Housing overview and historical context

Introduction	275
Key housing concepts	276
The importance of housing and home	278
Rights to housing	279
History of dispossession: the past is the present	280
Aboriginal housing before colonisation (pre-1834)	280
Missions and reserves (1850s to 1920s)	281
Assimilation (1880s to 1960s)	284
Social and political advocacy (1960s to 1980s)	286
Aboriginal housing today (1970s onwards)	286
Conclusion: the legacy of dispossession	289

The contemporary housing experience of Aboriginal people cannot be decoupled from the historical experience of Aboriginal dispossession and dislocation. Deprived of our land, excluded from the fruits of the economy and our traditional authority, lore and customs undermined, Aboriginal people have been homeless in our own land for the past two centuries. While colonial values have receded and Aboriginal people have finally assumed full citizenship, our sustained economic exclusion has left a lasting legacy of housing poverty and deprivation.¹

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

Introduction

The contemporary housing crisis confronting First Peoples in Victoria represents a profound systemic failure and ongoing injustice.² First Peoples face severe housing insecurity at far greater rates than the general population. Endemic homelessness,³ over-representation in social housing,⁴ discrimination in the private rental market,⁵ and significantly lower rates of home ownership⁶ than non-First Peoples in Victoria characterise the crisis. These disparities are not merely statistics — they reflect a housing system that continues to exclude and disadvantage First Peoples at every level.

The housing crisis experienced by First Peoples today is inextricably linked to Victoria’s violent history of dispossession and continues to deepen despite decades of First Peoples’ advocacy and leadership. The State’s response has remained inadequate and fragmented, failing to address the fundamental causes of housing insecurity. As Chief Executive Officer (CEO) Darren Smith (Palawa) articulated in the Aboriginal Housing Victoria submission to Yoorrook:

[Y]ou can draw that straight line between, you know, the Hentys arriving ... and ... the dispossession, the dislocation, the destruction of homes, you know, Aboriginal people becoming fringe dwellers on the edge of towns ... it kind of maps its way to the current experiences of homelessness that Aboriginal people have, where, you know, we’re ten times overrepresented in accessing homelessness services. And you kind of ask the question, why isn’t something being done about this? Why has it been allowed to continue for, you know, 150, 200 years?⁷

ABORIGINAL HOUSING VICTORIA

As detailed throughout this chapter, the systemic exclusion of First Peoples from secure housing is deeply embedded in Victoria’s colonial history. From the earliest days of invasion, the State deliberately and systematically undermined First Peoples’ housing security through waves of dispossession and forced displacement that continue to reverberate through generations.⁸ This included the theft of ancestral lands, forced relocation to missions and reserves and cruel policies that separated families and actively suppressed cultural practices and connections to Country. When authorities later manipulated definitions of Aboriginality to exclude First Peoples from reserves before shutting them down entirely, communities were forced into a hostile white society. There, they faced systemic discrimination, substandard housing conditions and often homelessness.

The consequences of colonial dispossession continue to shape housing outcomes for First Peoples today. The systematic removal of First Peoples from their lands created more than just physical homelessness — it shattered traditional social structures, severed spiritual connections to Country and undermined the very foundations of First Peoples’ wellbeing and prosperity.⁹

This historical trauma continues to compound contemporary housing disadvantage through intergenerational poverty, racism and ongoing systemic barriers. Access to safe, secure and culturally appropriate housing is fundamental to human dignity and represents a basic human right with far-reaching implications for health, economic security and social participation.¹⁰ Beyond providing shelter, stable housing creates pathways to employment, education and essential services.¹¹ As Aboriginal Housing Victoria emphasises, for First Peoples, appropriate housing is vital for cultural connection: ‘culturally appropriate housing enriches our spiritual wellbeing, our mental health and our engagement in core cultural practices’¹² while establishing ‘the foundation for building family and community resources and intergenerational wealth’.¹³ Investment in First Peoples’ housing is therefore a moral imperative and a practical policy that would generate significant savings across the justice, health and education systems.

Key housing concepts¹⁴

The housing continuum

The housing system is often conceptualised as a ‘continuum’ or ‘spectrum’, progressing from highly insecure forms of shelter towards stable home ownership. Figure 34.1 illustrates this progression, from crisis accommodation and rough sleeping through to private rental and home ownership. First Peoples in Victoria are heavily concentrated at the left end of this spectrum and under-represented at the right end, reflecting ongoing systemic barriers and historical exclusion. For example, in the 2023-2024 financial year, First Peoples made up 13 per cent of those accessing specialist homelessness services in Victoria¹⁵ despite representing just one per cent of Victoria’s population.¹⁶ Home ownership rates are also 24 per cent lower than for non-Indigenous Victorians.¹⁷ This distribution across the housing spectrum directly reflects the continuing impact of dispossession and economic marginalisation.

Figure 34.1: The Housing Spectrum (version prepared by the Productivity Commission)¹⁸



Homelessness refers to ‘housing arrangements that are insecure, unstable, temporary or otherwise inadequate, and includes rough sleeping as well as more “hidden” forms, such as couch surfing’.¹⁹

Social housing includes **public** and **community housing**.²⁰ See Table 34.1 for more information about different forms of social housing in Victoria.

The private rental market includes ‘residential properties owned by private individuals or companies that are leased out at market rates on a fixed-term or ongoing basis’.²¹

Home ownership ‘refers to owner-occupied housing, where households have either fully paid off a mortgage or are in the process of doing so’.²²

Social housing

The Department of Families, Fairness and Housing (DFFH) provided an overview of different social housing options available in Victoria.²³ DFFH defines social housing as: ‘[S]hort, medium and long-term housing for low-income Victorians that Homes Victoria owns or has an interest in. Social housing is generally targeted to low-income Victorians, including those experiencing homelessness or those with other priority needs for housing. There is dedicated social housing for First Peoples’.²⁴

Table 34.1 provides an overview of social housing types (DFFH provided this table to Yoorrook).

Table 34.1: DFFH definitions of social housing and housing stock²⁵

Housing type	Overview	Properties in Victoria June 2023
Long-term social housing		
Public housing	‘Public housing is long-term rental housing that is largely owned and managed by Homes Victoria ... Public housing tenants are not required to pay more than 25 per cent of their combined household income in rent.’	64,993
Community housing	Community housing rental housing is owned by one of Victoria’s 48 community housing providers or Homes Victoria and managed by community housing providers. ‘These providers are registered housing providers or associations under the Housing Act 1983’ (Vic). ‘Community housing tenants are not required to pay more than 30 per cent of their combined households’ income in rent.’	17,327
State owned and managed Indigenous Housing	‘Nationally there is dedicated long-term First Peoples state owned and managed rental housing ... Between 2015 and 2018 Homes Victoria transferred the ownership of 1,448 State Owned and Managed Indigenous Housing properties to Aboriginal Housing Victoria.’ These properties are now under First Peoples’ ownership and control.	0
Indigenous Community Housing (First Peoples Community Housing)	‘First Peoples’ community housing is long-term rental community housing that is owned and or managed by Aboriginal Community Controlled Organisations.’	2,050
Medium-term social housing		
Transitional housing	‘Transitional housing is mostly owned by Homes Victoria and operated by transitional housing managers registered as community housing providers under the <i>Housing Act 1983</i> ’ (Vic). These programs ‘are meant to provide accommodation for up to 12 months (18 months for young people) to people who are homeless or at risk of homelessness’. In practice, the lengths of stay are ‘longer due to a lack of exit points’.	3,416
Short-term social housing		
Crisis and emergency housing	‘Crisis and emergency housing is generally owned by Homes Victoria and run by not-for-profit community service organisations and Aboriginal Community Controlled Organisations.’ ‘To be eligible for crisis accommodation, a family or person must be homeless or at risk of homelessness. Crisis housing supports people from overnight accommodation for up to six weeks (and longer). It includes housing through youth and family violence refuges.’	403

The importance of housing and home

Everybody needs a safe and secure place to call home.²⁶ Commissioner for Aboriginal Children and Young People Meena Singh (Yorta Yorta) and Co-Chair of the First Peoples’ Assembly of Victoria Rueben Berg (Gunditjmara) described the importance of housing and home:

[H]ousing is so vitally important to so many other things, it’s where you rest, it’s where hopefully you’re safe, it’s from where you can go to education, to work. A whole range of things. It’s where you connect with many family and community ... If we are not addressing those really vital baseline needs of shelter, of connection with community, we have got no hope in addressing the other more complex issues that come into people’s lives.²⁷

COMMISSIONER FOR ABORIGINAL CHILDREN AND YOUNG PEOPLE, MEENA SINGH

[A] home is such a critical thing, especially for young people, that when you have that one space where you feel safe, where you feel happy, where you feel secure, that’s fundamental. And when you don’t have that secure home, when you are not sure whether you are going to have to move next week to somewhere else, where you are going to have to go and sleep on the floor of your cousin’s house, when there’s that uncertainty about that, when you don’t have that centring of a home, that clearly has a fundamental impact on people’s lives.²⁸

RUEBEN BERG, CO-CHAIR OF FIRST PEOPLES’ ASSEMBLY OF VICTORIA

A lack of safe, stable and affordable housing options disrupts economic participation²⁹ and engagement with education³⁰ and negatively impacts health and wellbeing.³¹ Drawing from the Australian Human Rights Commission’s definition of adequate housing, the First Peoples’ Assembly of Victoria submitted that ‘[s]afe and secure adequate housing depends on various factors, including legal security of tenure, availability of services, materials, facilities and infrastructure, affordability, accessibility, habitability, location and cultural adequacy’.³² The sustained socioeconomic exclusion of First Peoples is directly connected to rates of housing insecurity and homelessness.³³ Yoorrook heard that:

A major impact of colonisation has been the structures and systems that create a cycle of disadvantage and poverty for Aboriginal people. Poverty plays a detrimental role in the high rates of homelessness amongst Aboriginal families.³⁴

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

The home environment can influence health outcomes for First Peoples, including life expectancy, child mortality, disability and chronic disease.³⁵ Risk factors for environmental health diseases include overcrowded housing, poor housing quality³⁶ and issues accessing health care services. Yoorrook heard that the substandard conditions in many properties, including mould, poor heating and cooling and poor ventilation, ‘can exacerbate pre-existing health conditions, which make community members more vulnerable’.³⁷

Yoorrook also heard that there are clear relationships between housing circumstances, health and socioeconomic factors, including education, income and employment. This is especially so for those experiencing homelessness. For example, the First Peoples’ Assembly of Victoria said:

For First Peoples’ experiencing homelessness, many of their other human rights are also violated, including but not limited to the right to education and the right to access health services, demonstrating the importance of an intersectional lens for reforms addressing these areas.³⁸

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Impacts on First Peoples’ rights to housing affect other rights as well.³⁹ These intersections become clearer in the discussion that follows.

Rights to housing

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)⁴⁰ affirms First Peoples’ rights to housing. Article 21(1) states:

Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of ... housing.⁴¹

Article 23 states:

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, [I]ndigenous peoples have the right to be actively involved in developing and determining ... housing ... programmes affecting them and, as far as possible, to administer such programmes through their own institutions.⁴²

Rights to housing and to an adequate standard of living are recognised under other international laws. The Universal Declaration of Human Rights, article 25, recognises ‘the right to a standard of living adequate for the health and well-being of himself and of his family’ including housing. The International Covenant on Economic, Social and Cultural Rights (ICESCR),⁴³ ratified by Australia in 1975, recognises under article 11(1):

[T]he right of everyone to an adequate standard of living for himself and his family, including adequate ... housing, and to the continuous improvement of living conditions.⁴⁴

The UN Committee on Economic Social and Cultural Rights has clarified that the concept of ‘adequate’ housing requires not just somewhere to shelter, but a place to live in security, peace and dignity, as well as the right to access land as an entitlement.⁴⁵

While the right to housing is binding as a principle of public international law,⁴⁶ it has not been expressly incorporated into Australian domestic law. The right to housing is not expressly included in the *Charter of Human Rights and Responsibilities Act 2006* (Vic). But, in 2021, the Legal and Social Issues Committee of the Victorian State Parliament recommended that the State include a right to housing in the Charter to address high levels of homelessness in Victoria.⁴⁷ Yoorrook agrees with this recommendation.

The UN Special Rapporteur on adequate housing has noted that the right to housing for First Peoples must be ‘understood as interdependent with and indivisible from the rights and legal principles set out in [UNDRIP]’⁴⁸ and ‘is an important but often neglected aspect of the right to self-determination’.⁴⁹ For decades, First Peoples in Victoria have been advocating for a shift in thinking in the housing and homelessness sector towards self-determination and away from state control. UNDRIP describes self-determination as the right of Indigenous people to ‘freely determine their political status and freely pursue their economic, social and cultural development’⁵⁰ (see Chapter 3: Self-determination and Chapter 35: Housing and First Peoples in Victoria). For the Victorian Aboriginal Housing and Homelessness Forum, self-determination means:

[T]hat Aboriginal housing is in Aboriginal hands. Land and housing are our right. Our housing solutions must be designed and delivered by us. We are the arbiters of good practice.⁵¹

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

History of dispossession: the past is the present

Concepts of ‘home’ and relationship to Country have always been central to First Peoples’ individual, familial and community wellbeing.⁵² The history of State dispossession of First Peoples shows that ‘[i]mperial expansion ... brought with it a fundamental disjuncture in social and cultural meanings of home and land’.⁵³ Colonial policies of dispossession and the subsequent failure of governments to adequately address historical injustices directly resulted in the housing insecurity First Peoples currently experience.

Aboriginal housing before colonisation (pre-1834)

Before colonisation, home was on Country (see Chapter 6: Country). On invasion, colonisers violently forced First Peoples from their lands (see Chapter 7: How colonisers stole Country and Chapter 8: Impacts of Country being stolen).

Oral histories, contemporaneous historical documents and modern research provide a distinct portrait of First Peoples’ housing circumstances pre-colonisation.⁵⁴ Yoorrook heard details of permanent housing and settlements in Victoria,⁵⁵ including stone dwellings that Gunditjmara People built.⁵⁶ In the same area, a highly sophisticated aquaculture system of eel traps was a permanent feature that now has United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage List status. The First Peoples’ Assembly of Victoria told Yoorrook:

[S]tone structures have been discovered in Lake Condah, on the land of the Gunditjmara people, where some houses shared walls for strength and had interior doors. The roofs were often thatched by grass or leaves and would even feature a central chimney that could be closed for rain.⁵⁷

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Premier of Victoria the Hon Jacinta Allan MP also referred to reports from Chief Protector George Augustus Robinson of Aboriginal housing and villages near Mount Napier (Dja Dja Wurrung Country): When travelling near Mount Napier, he recorded: ‘The natives are still the undisputed occupants, no white man having been there to dispossess them. The people who occupy the country have fixed residences. At one village were thirteen huts. They are warm and well constructed’.⁵⁸

Similarly, an account of William Thomas, an Aboriginal Protector, referred to Aboriginal huts, ‘well constructed dams’ and sluice gates north-east of Port Fairy (Gunditjmara Country).⁵⁹ He went on to describe how colonisers violently destroyed Aboriginal housing: ‘In 1840 a sheep station was formed on the opposite banks of the creek ... and one day while the blacks were away from their village up the creek, seeking their daily fare, the white people set fire to and demolished the aboriginal settlement ... What became of the blacks (my informant) would not tell but at the close of 1841 ... he could not trace a single hut along the whole creek.’⁶⁰

On some occasions, it appears that references to Aboriginal housing and settlements were omitted from the historical record. The reason for these omissions was possibly

because their inclusion would have cast doubt on the legality of colonisers’ claims to land. Historian Rupert Gerritsen has argued that:

[I]n Victoria, a Select Committee of the Legislative Council in 1858–1859 took evidence from Thomas and Sievwright (Aboriginal Protectors) in which both discounted that there had been any permanency of settlement, even though we know they knew differently. The suspicion is that there was intent to discredit evidence of permanent settlements because of the implications this may have had for the morality and legality of the colonial dispossession.⁶¹

RUPERT GERRITSEN

Missions and reserves (1850s to 1920s)

For more than 70 years, Victorian colonial authorities controlled where First Peoples could live and the living conditions on church missions and government-run reserves (collectively called missions, reserves and/or stations) (see also Chapter 7: How colonisers stole Country). The first missions were opened in the 1850s (the Anglican Yelta Mission west of Mildura in 1855 and the Moravian Ebenezer Mission at Lake Hindmarsh in 1859) and by 1863, seven reserves were established.⁶² The *Aboriginal Protection Act 1869* (Vic) gave the Governor power to make regulations ‘prescribing the place where any aboriginal or any tribe of aborigines shall reside’.⁶³ By the mid-1870s, over one-third of the Aboriginal population of the colony of Victoria resided on reserves or missions.⁶⁴ There, First Peoples lived initially in camps, traditional miams (or mia-mias) and later slab huts or fenced cottages. More substantial housing was constructed for the white managers and schoolmasters.⁶⁵

The provision of institutional Western-style accommodation on reserves and missions operated as an instrument of control. As found in the *Bringing Them Home* report:

The protectorate system was based on the notion that Indigenous people would willingly establish self-sufficient agricultural communities on reserved areas modelled on an English village and would not interfere with the land claims of the colonists.⁶⁶

BRINGING THEM HOME REPORT

Historian Peter Read has stated: ‘[a] cottage inhabited by an Aboriginal family was less a shelter than an instrument of management, education and control.’⁶⁷ In addition, almost all missions and reserves had boarding houses or dormitories where Aboriginal children were taken and housed away from their families⁶⁸ (see Chapter 7: How colonisers stole Country and Chapter 8: Impacts of Country being stolen).

Yoorrook heard that the quality of housing on missions and reserves was very poor.⁶⁹ Gunditjmara Elder Aunty Dr Alma Thorpe explained:

We didn’t have much. They treated people poorly. I mean missions were terrible places, they were terrible places, they lived in humpies ... It was a very fast eradicating of a people and their culture from the 1800s.⁷⁰

AUNTY DR ALMA THORPE

The State and churches continued to control housing on the reserves into the 20th century. This control disempowered and disadvantaged First Peoples residents, undermining and denying housing security, as the correspondence sent by First Peoples demonstrated (see box: Voices from the missions: First Peoples’ requests for housing).

VOICES FROM THE MISSIONS: FIRST PEOPLES’ REQUESTS FOR HOUSING

Yoorrook heard from CEO of Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Aunty Dr Jill Gallagher (Gunditjmara) about the poor housing experiences of First Peoples during the mission era, including Eliza Saunders at Lake Condah Mission.⁷¹ Eliza wrote a letter to the Secretary of the Board for the Protection of Aborigines on 29 August 1917:

Sir,

I write to ask you to grant me the favour of continued rations, as I am buying a nice new [two-]room cottage and three quarter acre of land[,] fenced[,] secure with paling[s,] new large tank and lovely stove for £50 cash as my only son and single child has been serving his countrys good since May 1915 ... I have received £1-8-0 [one pound and eight shillings] weekly and have saved it for my long looked for wish [of] a home of our own if he is spared ...

I feel a sadness leaving the station, but a woman does love her own little home and gentlemen in Heywood says I have a great bargain and I have the money ready. I wait for your reply[;] can I leave the station[?] I also have one ration[;] please reply very soon as the deeds are waiting to be transferred[;] my next-door neighbour is selling me the house[;] it is lovely land for vegetables growing[;] I have fowls also ...

So I must close hoping to hear from you soon

your most humble servant

Eliza Saunders age 64.⁷²

The Board initially advised that Eliza ‘should remain on the station until her son returned’.⁷³ The manager of Lake Condah mission, Mr Galbraith advised that Eliza should be sent to a benevolent institution.⁷⁴ In January 1918 the Board also stopped her rations because ‘she was receiving military pay’.⁷⁵ Eliza Saunders ‘was never able to ... buy that home’.⁷⁶

Rose Kennedy from the Ebenezer Mission also wrote to Captain Page, Secretary of the Board for the Protection of Aborigines, on 4 August 1884:

Dear Sir,

Please would you kindly inform me how stands the affair about [a] house that was left to me by my Aunt & Uncle that are both dead[.] I was told that it is not mine [even though] the house was given over to me by a written will ...

The house was built by my Uncle when the first missionaries were here[;] when the house was built & finished the missionaries made them understand that the house was their own & when they die[d] it was to be for their children after tie them (the same as white people) & they had no children ... my own aunt gave me the house & now it is taken from me & give[n] to another ...

Please tell me the particulars ...

I am yours obedient

Servant

Rose Kennedy.⁷⁷

On receipt of Rose’s letter, Captain Page asked the missionary at Ebenezer to provide details of the matter.⁷⁸ Reverend Kramer replied:

Dear Captain Page

[Regarding] Rose Kennedy’s hut I beg to say that I have no end of trouble and annoyance owing to the fact that some of these huts are claimed by the blacks as their property which they can do with what they would like ... In 1875, I think, I wrote to the Board about this matter when I was instructed to tell the Blacks that the huts, standing on station ground were station property. I wish you could help me to get this point settled once and for all by informing Rose to the same effect.

No doubt, when the houses were built they were intended for particular blacks, but the following facts should not be forgotten. [he went on to say that the mission buildings had been built with materials, labour, and rations supplied by the Board] ... So that you see, Rose’s claim, if she has any at all, is reduced to a minimum.⁷⁹

Aunty Dr Jill Gallagher said that it appears, despite her requests, ‘that Rose continued to live in a tent’.⁸⁰

The Minister for Housing the Hon Harriet Shing MP⁸¹ described life on the reserves and missions:

There was insufficient space for extended families, and facilities were inadequate. First Peoples were denied the connection between culture, community, identity and Country, and efforts to create or sustain this connection were actively suppressed ... ‘Protection’ meant total and utter control by the government of the day over First Peoples’ lives. This prevented First Peoples from practising their culture, their language, owning a home, accessing wages, education, employment and parenting or even seeing their children.⁸²

MINISTER HARRIET SHING MP

Aboriginal people living off the reserves during this era included young people who moved about for work and older men and women.⁸³ For many, housing and employment insecurity made for an isolated and unstable life, as Richard Broome has articulated:

The 1877 census ... revealed that two-thirds of the places where Aboriginal people resided off the reserves were inhabited by less than five people. Some resided permanently on stations, but most individuals or small groups moved between pastoral stations, the outskirts of towns and also between their own camps, eking out an existence from occasional Board rations, handouts, and by gathering bush foods.⁸⁴

Assimilation (1880s to 1960s)

State attempts to define and redefine Aboriginality through coercive laws, including the *Aborigines Protection Act 1886* (Vic) (also referred to as the ‘Half-Caste Act’),⁸⁵ further restricted First Peoples’ access to housing. More fundamentally, these laws again forcibly and physically excluded First Peoples from the places and communities that they had come to regard as home. The laws also severed the identities and connections that First Peoples had built on reserves. The Half-Caste Act forced Aboriginal people deemed to be ‘half-caste’ to leave reserves and resulted in many people becoming homeless.⁸⁶ The Half-Caste Act and its regulations allowed for children from the reserves to be removed into government institutions or indentured as domestic servants in white households.⁸⁷

Yoorrook heard about the extensive and devastating impacts of these oppressive laws and policies:

Living in substandard housing in a reserve or struggling to find any housing outside of a reserve, where they were unable to buy a house, was the experience for most Aboriginal people throughout the first half of the 20th century.⁸⁸

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

[O]ur homes were taken, along with our land, our children, and our culture. Each time we attempted to re-establish ourselves we were once again displaced, and this continued over the generations.⁸⁹

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

From the 1940s to the 1960s, housing policy was used to further the State’s assimilation policies.⁹⁰ Minister Shing explained that the provision of public housing for First Peoples continued the State’s legacy of dispossession and child removal:

In 1957, the Aborigines’ Welfare Board was established to supervise the implementation of the assimilation policy. Housing was a major focus of the Board, but provision of public housing for First Peoples came with an inherent risk of children being removed from their families due to the racist policies and laws permitting the forced removal of First Peoples children from their families. This was in addition to a lack of understanding and consideration of cultural, family, and community dynamics. The Board contracted the Housing Commission of Victoria to build transitional housing for First Peoples, but due to the extremely poor quality and unsuitability of this housing, these schemes were abandoned.⁹¹

MINISTER HARRIET SHING MP

Following the closure of the missions and reserves from 1890 onwards,⁹² many First Peoples sought work, community and a less controlled life in the city. The area around Fitzroy and Collingwood became the urban hub for Aboriginal people.⁹³ For many survivors of the Stolen Generations and other First Peoples who had been separated from families and Country, the area around Fitzroy and Collingwood was a place to find family and community.⁹⁴ A participant at a roundtable on housing and homelessness explained:

Collingwood ... [and] particularly Fitzroy. And that’s where they found each other or connection ... [for] a lot of mob there from around the state, Fitzroy was that hub.⁹⁵

PARTICIPANT, HOUSING AND HOMELESSNESS ROUNDTABLE

Survivors of the Stolen Generations and others who were displaced often became homeless in Fitzroy, Collingwood and other areas of Naarm (Melbourne).⁹⁶ Many slept rough in public parks and were often referred to as ‘parkies’.⁹⁷ Aunty Dr Alma Thorpe also

described how in the 1930s and 40s Aboriginal men in Fitzroy struggled to get housing. These men included ‘parkies’ but were also known as ‘lane boys’ or ‘lane people’:

The women might have got a flat, but the men weren’t allowed in, unless they were working. The government wouldn’t let them live with their family and if they did the kids would be taken. And because of the system, blackfellas didn’t have jobs. To me I found it a hard thing that the men were chopped out. You have a lot of men from my generation, they were lost peoples. They never had wives and children to look after them. So they lived in the lanes in Fitzroy.⁹⁸

AUNTY DR ALMA THORPE

Yoorrook was told about the Victorian Government’s ‘war on slums’ in Melbourne,⁹⁹ initiated by the Housing Commission of Victoria in the late 1930s under the *Slum Reclamation and Housing Act 1938* (Vic). This involved demolition, redevelopment and forced relocation of people living in inner-city areas, including Fitzroy and Collingwood. The war on slums displaced marginalised communities, including First Peoples, contributing to cultural loss and homelessness. This pattern continued over time, and persists today with rising house prices, rental costs and redevelopment pushing First Peoples further out from inner-city areas.¹⁰⁰ As roundtable participants explained:

Fitzroy ... it’s no longer that hub no more ... Because economic growth and the Whitefellas pushed them out, pushed them west.¹⁰¹

PARTICIPANTS, HOUSING AND HOMELESSNESS ROUNDTABLE

LIVING CONDITIONS AFTER THE MISSIONS

Elders told Yoorrook stories of their parents living in camps and makeshift huts after the closure of the missions and reserves.

The late respected Elder, Uncle Jack Charles (Taungurung, Boon Wurrung, Dja Dja Wurrung, Woiwurrung, Yorta Yorta, Palawa) told Yoorrook that when he first met his mother she was living in a camp on the riverbank,¹⁰² like some other First Peoples at the time. His mother was living in a humpy made of hessian, tin and wood on the Edwards River near Swan Hill.¹⁰³

When we pulled up at the property ... We passed trees and the river. The wife turned to me. ‘Your mum lives over there, Jack,’ she said, pointing ... I glanced in the direction she was pointing and saw a lovely big house ... I thought to myself ‘... She must be doing well’ ... We continued driving towards the house, then suddenly veered off the track and onto a rutted road heading towards the river, behind some hedges on a bushy strip of land. It was land that couldn’t be used because there was a gully between it and the river. Beyond that was the camp where my mum lived.¹⁰⁴

UNCLE JACK CHARLES

Elder Uncle Johnny Lovett (Gunditjmara and Boandik) described how his father was living on a property that he worked on near Penshurst. He described how the property owner was very wealthy, had a large mansion and drove a Silver Ghost Rolls-Royce.

[The property owner] was living in a 23-bedroom mansion with nine chimneys. He had one person there who was his housekeeper. She lived in one room off the kitchen. He lived in the other. So that meant all the other bedrooms were never even being used.¹⁰⁵

UNCLE JOHNNY LOVETT

Meanwhile, Uncle Johnny’s father was not permitted to live in the house and rather was forced to live in a tin shack outside.

It was like a tin humpy ... [The property owner] had 16 dogs, and they all lived in tin kennels, and his house wasn’t much bigger than their kennels. Or much better, I should say than the kennels. No service, no electricity, no water connected. Nothing.¹⁰⁶

UNCLE JOHNNY LOVETT

Social and political advocacy (1960s to 1980s)

As Aboriginal educator and researcher, the late Penny Tripcony (Ngugi) has asserted, ‘The 1960s were a time of significant social and political activity.’¹⁰⁷ First Peoples ‘strengthened their calls for Aboriginal rights in relation to formal recognition, land, education, employment, health and housing’.¹⁰⁸ This included the successful 1967 Commonwealth referendum,¹⁰⁹ which authorised ‘the Commonwealth to make laws for and recognise First Peoples in the Australian Census’.¹¹⁰ Minister Shing provided evidence that, following the referendum, “‘Aboriginal Affairs” and housing for First Peoples were specified in [federal] government policy for the first time’.¹¹¹

The Commonwealth government also provided funds to Aboriginal community organisations to provide services to their communities. In 1973, ‘three major organisations were established in Melbourne ... to provide legal, health and housing services’.¹¹² This included the Victorian Aboriginal Cooperative Limited in Collingwood, which was established ‘to enable Aboriginal people to satisfy their need for adequate housing’.¹¹³ However, insufficient funding and a failure to hand over real decision-making power and control hampered the Victorian Aboriginal Cooperative Limited.¹¹⁴ Penny Tripcony has said that although Commonwealth government direction had ostensibly changed towards ‘self-determination’ and ‘self-management’, in practice, it continued to be ‘directed towards the assimilation of [Aboriginal] people into the wider community’.¹¹⁵ For example, while the ‘stated government policy was self-determination and self-management for Aboriginal affairs’, government control over funding, burdensome reporting requirements, regulation and legislation constrained First Peoples housing organisations.¹¹⁶

Aboriginal housing today (1970s onwards)

From the 1970s onwards many Aboriginal organisations including co-ops, ACCOs and housing organisations were established with the aim to improve health and housing outcomes for First Peoples.¹¹⁷ Some of these organisations started as hostels or housing bodies and adapted over time to provide a range of services and support to First Peoples.

ABORIGINAL HOSTELS, HEALTH AND HOUSING ORGANISATIONS

The **George Wright Hostel** was established in 1974 by VAHS to support Aboriginal homeless men,¹¹⁸ and named ‘in memory of [a] well-known Parkie who had lived in the area for some forty years’.¹¹⁹

Ngwala Willumbong was founded in the 1970s by Elders including Uncle Richard Ambrose (Pitjantjatjara) who was also a parkie, the late respected Elder Uncle Kevin Coombs (Wotjobaluk), Aunty Marion Hansen (nee Green), Uncle Bill Murray, Craig Edwards and Uncle Tony McCartney. Ngwala was established to provide homeless services for parkies in St Kilda, Naarm (Melbourne),¹²⁰ and was originally a halfway house under Aboriginal Hostels Limited. Over time, Ngwala Willumbong slowly transitioned from a halfway house/hostel to a hybrid hostel/rehab service, and eventually to its current form as a rehab-only service.¹²¹

Gippsland and East Gippsland Aboriginal Co-Operative (GEGAC) began in 1972, originally ‘as the East Gippsland Aboriginal Women’s Group, in response to the poor health and housing outcomes for Aboriginal families across the region’.¹²² GEGAC was incorporated in 1975.

Rumbalara Aboriginal Co-operative was established in 1980¹²³ in response to community concerns about housing and health.¹²⁴ Aunty Dr Jill Gallagher explained that, ‘As a result of the Cummeragunja walk off, Rumbalara ... was created, and it provided a whole range of services to communities’.¹²⁵ Rumbalara have also described:

The contemporary history of Rumbalara began on the river flats between Shepparton and Mooroopna in the 1940s after the Cummeragunja Walk-Off. The Co-operative was established by the community in 1980 to be a place where our people could meet for cultural and social activities, provide education and information, while providing support in areas of special need such as health, housing, welfare and culture.¹²⁶

Various other housing organisations were established during this period, including **Wathaurong Aboriginal Co-Operative** in 1980¹²⁷ and **Dja Dja Wurrung Association** in the late 1980s.¹²⁸

In 1981, after years of First Peoples’ advocacy and negotiations with the State, the Aboriginal Housing Board of Victoria was established to oversee the provision of housing to First Peoples.¹²⁹ This was the culmination of significant First Peoples advocacy and a major step towards taking back control and self-management in Victoria.¹³⁰ The Aboriginal Housing Board became Aboriginal Housing Victoria, which remains the largest registered Aboriginal housing provider in Victoria today.¹³¹ It operates in addition to Aboriginal Community Housing (Vic) Limited, Rumbalara Aboriginal Corporation and Winda-Mara Housing Limited (at the time of writing). Other First Peoples-led organisations provide housing-related services and support but are not registered as housing providers.

ABORIGINAL HOUSING VICTORIA (AHV)

Aboriginal Housing Victoria (AHV) was established in 1981 (originally the Aboriginal Housing Board of Victoria) in response to ‘the failure of the private market and social housing system’ to meet the housing needs of Aboriginal Victorians.¹³² In the 1960s and 1970s, Aboriginal people advocated not only for rights, but for the provision of dignified and culturally appropriate services.¹³³

This led to the establishment in 1981 of the Aboriginal Housing Board of Victoria, a community-led organisation focused on influencing housing policies and improving the quality of housing for Aboriginal people.¹³⁴ The Board ‘was established with an objective that one day, consistent with self-determination, [it] would own the properties and manage them on behalf of Aboriginal people in Victoria’.¹³⁵

AHV, the first Aboriginal housing agency registered as a Housing Provider in Victoria, now serves as the largest provider of Aboriginal housing in the State.¹³⁶ It now has ‘over 1700 properties housing 4500 First Peoples living in Victoria’, representing approximately ‘8% of the Victorian Aboriginal population’.¹³⁷ With a presence in both metropolitan and regional areas, AHV ensures that Aboriginal tenants have access to culturally sensitive services and an Aboriginal landlord who understands their needs.¹³⁸

AHV is led by a board.¹³⁹ AHV also has a policy and advocacy lead role in Victoria as the lead agency of *Mana-na woorn-tyeen maar-takoort – Every Aboriginal Person Has A Home: The Victorian Aboriginal Housing and Homelessness Framework*¹⁴⁰ (see further Chapter 35: Housing and First Peoples in Victoria). CEO, Darren Smith (Palawa) is also the current Chair of the Victorian Aboriginal Housing and Homelessness Forum, a group of 38 Aboriginal organisations that provides community input into overseeing that framework.¹⁴¹

In 2016, AHV achieved a significant housing outcome for First Peoples. In that year, after intensive First Peoples’ advocacy, the Victorian Government announced it would transfer 1448 property titles worth \$500 million from Homes Victoria to AHV over a two-year period.¹⁴² Darren Smith described this transfer as ‘critically important’ in giving more control back to the Aboriginal community.¹⁴³

This transfer was not without its issues. A key challenge for AHV has been the deteriorating condition of the transferred houses, which meant that AHV had to demonstrate an asset management strategy and the ability to take on maintenance liabilities.¹⁴⁴ Darren Smith also told Yoorrook that while progress has been made since 2020, there has not been sufficient headway towards ‘reducing Aboriginal homelessness and increasing the number of Aboriginal people being housed’.¹⁴⁵ He said:

I’d say that we need a significant investment over the next five years into ... growth of funding for more Aboriginal housing ... [A]ddressing the Aboriginal housing need is a responsibility of everyone. It’s the responsibility of mainstream housing providers. It’s the responsibility of public housing and it’s a responsibility of the Aboriginal housing providers that can step up into the space. ... [W]here it’s possible to actually invest into the Aboriginal community in a way that is consistent with Aboriginal self-determination where the assets are owned and controlled by the Aboriginal community, that is where government should be investing.¹⁴⁶

DARREN SMITH

Conclusion: the legacy of dispossession

A long history of State-driven dispossession, dislocation and oppression underpin the story of the development of the housing and homelessness system in Victoria. Invasion and the violent settlement of Australia displaced First Peoples from their homes and imposed Western concepts of private property, housing and community. The disconnecting effects of colonisation, separating many First Peoples from homeland, kin and culture, continues to have compounding impacts on all aspects of wellbeing. As discussed in Chapter 35: Housing and First Peoples in Victoria some limited progress has been made and some authority and resources have been transferred. However, it is unacceptable that the State, following its history of dispossession, has continued to fail to deliver on many of its housing commitments to First Peoples.

First Peoples continue to advocate for housing justice. First Peoples know what the barriers to housing justice are and what needs to happen to overcome them. Chapter 35: Housing and First Peoples in Victoria examines this in more detail.

It is time to right past wrongs and to end the housing and homelessness crisis faced by our people — secure, safe and affordable housing are our right and we should no longer be homeless in our own country.¹⁴⁷

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

Endnotes

1. Victorian Aboriginal Housing and Homelessness Forum, [Submission in response to the Housing Legislative package](#) (11 January 2023) 1 (citations omitted).
2. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 38–39; Witness Statement of Minister the Hon Harriet Shing MP, 3 June 2024, 6 [25]; The Victorian Aboriginal Housing and Homelessness Forum, ‘[Focus Areas](#)’, *Homelessness* (Webpage, 2023); Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 7; Victorian Aboriginal Legal Service, Submission 493 (Housing), 9; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 32–34.
3. Australian Bureau of Statistics, ‘[Estimating Homelessness: Census](#)’ (Webpage, 22 March 2023); Australian Institute of Health and Welfare, [Aboriginal and Torres Strait Islander Health Performance Framework: Summary Report](#) (Report, 2024), 68.
4. Australian Bureau of Statistics, [2021 Census of Population and Housing](#) (Dataset, 2024), Table SE9g.1 ‘Households residing in a social housing dwelling, state, and territory, by Indigenous Status’.
5. Wendy Stone, Zoe Almeida Goodall, Andrew Peters and Piret Veeroja, *Aboriginal Private Rental in Victoria: “Excluded from the Start”* (Report, 2021).
6. Australian Bureau of Statistics, ‘[Victoria 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats](#)’ (Webpage, 2022); Australian Bureau of Statistics, ‘[Victoria 2021 Census All persons QuickStats](#)’ (Webpage, 2022).
7. Aboriginal Housing Victoria, Submission 351 (Land, Sky, Waters), 2.
8. Minister for Housing, Minister Harriet Shing MP, acknowledged that ‘Since colonisation, First Peoples have been systematically excluded from the management of land for housing, which has contributed directly and indirectly to multi-layered, persistent, and intergenerational exclusion and disadvantage’: Witness Statement of Minister Harriet Shing MP, 3 June 2024, 5 [15].
9. Paul Memmott and Daphne Nash, ‘Indigenous homelessness: Australian context’, in Evelyn Peters, Julia Christensen (eds), *Indigenous Homelessness: Perspectives from Canada, Australia, and New Zealand* (2016), 213–220.
10. Aboriginal Housing Victoria, *Aboriginal Housing and Homelessness Summit Report* (November 2022) 32; Australian Government Productivity Commission, In need of repair: the National Housing and Homelessness Agreement (Study Report, August 2022) 397; First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 37; Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 30–2.
11. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort Every Aboriginal Person has a Home: The Victorian Aboriginal Housing and Homelessness Framework](#) (2020), 26.
12. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort Every Aboriginal Person has a Home: The Victorian Aboriginal Housing and Homelessness Framework](#) (2020), 26.
13. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort Every Aboriginal Person has a Home: The Victorian Aboriginal Housing and Homelessness Framework](#) (2020), 26.

14. Key concepts, definitions and use of terms relating to housing vary. The definitions used in this section broadly reflect State and non-State evidence received by Yoorrook.
15. Australian Institute of Health and Welfare, Table 1: Victoria Client Characteristics, [Specialist Homelessness Services 2023–2024: Victoria](#), (Fact Sheet, 2024).
16. Australian Bureau of Statistics, ‘[Victoria: 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats](#)’ (Webpage, 2022).
17. Figure 8.2.1 in Victorian State Government, ‘[Goal 8: Victorian Aboriginal Affairs Framework Data Dashboard](#)’ (Webpage, 2024).
18. Productivity Commission, *In Need of Repair: The National Housing and Homelessness Agreement* (Study Report, August 2022), 70.
19. Productivity Commission, *In Need of Repair: The National Housing and Homelessness Agreement* (Study Report, August 2022), 70.
20. Productivity Commission, *In Need of Repair: The National Housing and Homelessness Agreement* (Study Report, August 2022), 70.
21. Productivity Commission, *In Need of Repair: The National Housing and Homelessness Agreement* (Study Report, August 2022), 70.
22. Productivity Commission, *In Need of Repair: The National Housing and Homelessness Agreement* (Study Report, August 2022), 70.
23. Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Social Housing Overview*’, produced by the State of Victoria on 26 March 2024 in response to the Commission’s Request for Information dated 5 November 2023.
24. Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Social Housing Overview*’, 1–3, produced by the State of Victoria on 26 March 2024 in response to the Commission’s Request for Information dated 5 November 2023.
25. This table and content was produced by DFFH in Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Social Housing Overview*’, 1–3, produced by the State of Victoria on 26 March 2024 in response to the Commission’s Request for Information dated 5 November 2023.
26. Legal and Social Issues Committee, Legislative Council, Parliament of Victoria, [The Rental and Housing Affordability Crisis in Victoria](#) (Final Report, November 2023) 7; Witness Statement of Minister Harriet Shing MP, 3 June 2024, 6 [23].
27. Transcript of Commissioner for Aboriginal Children and Young People Meena Singh, 5 December 2022, 52 [16]–[23].
28. Transcript of Rueben Berg, Co-Chair of First Peoples’ Assembly of Victoria, 28 May 2024, 62 [35]–[42].
29. Guy Johnson et al, ‘How do housing and labour markets affect individual homelessness?’ (2019) 34(7) *Housing Studies*, 1089–1116.
30. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 49; Peter Phibbs and Peter Young, *Housing assistance and non-shelter outcomes*, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2005) 74; Productivity Commission, *Overcoming Indigenous Disadvantage, Key Indicators 2020 Report* (Report, 2020), 3477.

31. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 31–32; Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 54–55; Hilary Thomson et al, ‘Housing improvements for health and associated socio-economic outcomes’ (2013) 2 (3) *Cochrane Database of Systematic Reviews*; Ramon Jose Seastres et al, ‘Long-term effects of homelessness on mortality: a 15-year Australian cohort study’ (2020) 44(6) *Australian and New Zealand Journal of Public Health*, 476–481.
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33. Aboriginal Justice Caucus, Submission 557 (Education, Health and Housing), 49.
34. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 7.
35. Productivity Commission, [Overcoming Indigenous Disadvantage, Key Indicators 2020 Report](#) (Report, 2020) 10.1.
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37. Victorian Aboriginal Legal Service, Submission 493 (Housing), 30.
38. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 36.
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40. United Nations Declaration on the Rights of Indigenous Peoples, UNGA Res 61/295, UN Doc A/ RES/61/295 (13 September 2007) (UNDRIP).
41. United Nations Declaration on the Rights of Indigenous Peoples, UNGA Res 61/295, UN Doc A/ RES/61/295 (13 September 2007) (UNDRIP), art 21(1).
42. United Nations Declaration on the Rights of Indigenous Peoples, UNGA Res 61/295, UN Doc A/ RES/61/295 (13 September 2007) (UNDRIP), art 23.
43. *International Covenant on Economic, Social and Cultural Rights*, opened for signature 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976).
44. *International Covenant on Economic, Social and Cultural Rights*, opened for signature 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976), art 11 (1).
45. United Nations Committee on Economic, Social and Cultural Rights, [General Comment No 4: The Right to Adequate Housing \(Art 11 \(1\) of the Covenant\)](#), 6th sess, UN Doc E/1992/23 (13 December 1991) 7, 8(e). See also Office of the United Nations High Commissioner for Human Rights, [The Right to Adequate Housing](#) (Fact Sheet, 2009) 3–4.
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47. Legislative Council Legal and Social Issues Committee, Parliament of Victoria, *Inquiry into Homelessness in Victoria* (Final Report, March 2021). See also Jessie Hohmann, ‘A Right to Housing for the Victorian Charter of Human Rights and Responsibilities? Assessing Potential Models under the *International Covenant on Economic, Social and Cultural Rights*; the *European Social Charter*; And the *South African Constitution*’ (2022) 48(2) *Monash University Law Review*, 133.
48. Leilani Farha, *Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, and on the Right to Non-Discrimination in this Context*, UN Doc A/74/183 (Report, 17 July 2019), [6].
49. Leilani Farha, *Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, and on the Right to Non-Discrimination in this Context*, UN Doc A/74/183 (Report, 17 July 2019), [10].
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51. Aboriginal Housing and Homelessness Forum, Submission 536, 3.
52. Cynthia Ganesharajah, [Indigenous health and wellbeing: The importance of Country](#), Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) (Research Report, 2009), 6–7, 17.
53. Jessica Gerrard, ‘The interconnected histories of labour and homelessness’ (2017) 112 *Labour History: A Journal of Labour and Social History*, 158.
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55. Witness Statement of Premier Jacinta Allan MP, 18 March 2024, 10 [84]; Transcript of roundtable on Housing and Homelessness, 20 November 2023, 6.
56. Transcript of Uncle Johnny Lovett, 29 April 2022, 119 [39]–[46]; Witness Statement of Premier Jacinta Allan MP, 18 March 2024, 9 [78]; Aboriginal Housing Victoria, Submission 351 (Land, Sky, Waters), 3.
57. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 36, citing Bruce Pascoe, *Dark Emu* (Magala Books Aboriginal Corporation, 2015), 128. See also Paul Memmott, *Gunyah, Goondie + Wurley: The Aboriginal Architecture of Australia* (Thames & Hudson Australia & New Zealand, 2007).
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60. Cited in Elizabeth Williams, ‘Documentation and Investigation of an Aboriginal Village in South Western Victoria’ (1984) 8 *Aboriginal History*.
61. Rupert Gerritsen, *Australia and the Origins of Agriculture* (Archaeopress, 2008) 164.
62. Richard Broome, *Aboriginal Victorians: A History Since 1800* (Allen & Unwin, 2nd ed, 2024) 126.

63. *Aboriginal Protection Act 1869* (Vic), s 2(1).

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65. Richard Broome, *Aboriginal Victorians: A History Since 1800* (Allen & Unwin, 2nd ed, 2024) 132.

66. Human Rights and Equal Opportunity Commission, [Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families](#) (Report, April 1997) 28.

67. Peter Read, ‘Preface’ in Peter Read (ed), *Settlement: A History of Australian Indigenous Housing* (Aboriginal Studies Press, 2000), ix.

68. Richard Broome, *Aboriginal Victorians: A History Since 1800* (Allen & Unwin, 2nd ed, 2024) 134–6.

69. Witness Statement of Uncle Colin Walker, 27 May 2022, 4 [24]; Transcript of roundtable with Nimmie–Caira Land and Water Aboriginal Corporation, 7 December 2023, 5–7, served on the State of Victoria on 1 April 2024.

70. Witness Statement of Aunty Dr Alma Thorpe, 3 May 2022, 17 [98].

71. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 50 [45]–53 [11], citing Elizabeth Nelson, Sandra Smith and Patricia Grimshaw (eds), *Letters from Aboriginal Women of Victoria, 1867–1926* (University of Melbourne, 2002) 139–141.

72. Elizabeth Nelson, Sandra Smith and Patricia Grimshaw (eds), *Letters from Aboriginal Women of Victoria, 1867–1926* (University of Melbourne, 2002) 139–140.

73. Elizabeth Nelson, Sandra Smith and Patricia Grimshaw (eds), *Letters from Aboriginal Women of Victoria, 1867–1926* (University of Melbourne, 2002) 141.

74. Elizabeth Nelson, Sandra Smith and Patricia Grimshaw (eds), *Letters from Aboriginal Women of Victoria, 1867–1926* (University of Melbourne, 2002) 141.

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81. At the time she gave evidence Harriet Shing was Minister for Housing, in December 2024 she became Minister for Housing and Building, and she also became the Minister for Development Victoria and Precincts and Minister for the Suburban Rail Loop: Premier of Victoria the Hon Jacinta Allan MP, [‘A Strong And Focused Team To Build Homes And Help Families’](#) (Media Release, 19 December 2024).

82. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 5 [17]–[19].

83. Richard Broome, *Aboriginal Victorians: A History Since 1800* (Allen & Unwin, 2nd ed, 2024) 148–9, 162–3.

84. Richard Broome, *Aboriginal Victorians: A History Since 1800* (Allen & Unwin, 2nd ed, 2024) 162.

85. The *Aboriginal Protection Act 1886* (known as the ‘Half-Caste Act’) forced First Peoples of ‘mixed race’ off reserves.

86. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 31; Samantha Wells, ‘Labour, Control and Protection: The Kahlin Aboriginal Compound, Darwin, 1911–38’ in Peter Read (ed), *Settlement: A History of Australian Indigenous Housing* (Aboriginal Studies Press, 2000), 66.

87. See ‘The Aborigines Protection Act 1886: Regulations Relating to Half-Castes’ in Victoria, *Victorian Government Gazette*, No 43, 16 May 1890, 1787–8 [13]–[24].

88. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Education, Health and Housing), 31.

89. Aboriginal Housing and Homelessness Forum, Submission 536, 3.

90. Helen Ross, ‘Lifescape and Lived Experience’ in Peter Read (ed), *Settlement: A History of Australian Indigenous Housing* (Aboriginal Studies Press, 2000) 4; Witness Statement of Minister Harriet Shing MP, 3 June 2024, 5–6 [21].

91. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 5–6 [21].

92. In Victoria, missions and reserves closed between 1890 and 1924, and only Lake Tyers remained open after the 1920s. The condition of housing at Lake Tyers and the independent review of the *Aboriginal Lands Act 1970* (Vic) is discussed in Chapter 9: How we got here — overview of recognition systems.

93. The traditional Wurundjeri place names for Fitzroy and Collingwood are believed to be for Fitzroy, Ngár-go meaning High Ground, and for the Collingwood flats area, Yálla-birr-ang which was a term used to refer to the point of a reed spear: Jason Gibson et al, [‘Rediscovered: the Aboriginal names for ten Melbourne suburbs’](#), *The Conversation* (Webpage, 10 July, 2018).

94. Transcript of roundtable on Housing and Homelessness, 20 November 2023, 27–28.

95. Transcript of roundtable on Housing and Homelessness, 20 November 2023, 27–28.

96. St Kilda, Flinders St and Parkville were also common areas for ‘parkies’ to gather and sleep rough. For e.g., see Transcript of Uncle Larry Walsh, 20 May 2022, 127 [46]–[48]; Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024, 1.

97. Site Visit Summary – Ngwala Willumbong Site Visit, 9 February 2024, 1; Transcript of Aunty Geraldine Atkinson, Inaugural Co-Chair of First Peoples’ Assembly of Victoria, 13 December 2022, 329 [1]–[33]; Witness Statement of Uncle Larry Walsh, 19 May 2022, 20 [102]; Transcript of Isobel Paipadjerook Morphy-Walsh, 20 May 2022, 128 [1]–[14].

98. Witness Statement of Aunty Dr Alma Thorpe, 3 May 2022, 25–26 [153]–[157].

99. Homes Victoria, Department of Families, Fairness and Housing, Response to NTP-003-005 — ‘*Land held and managed by Homes Victoria*’, 9, produced by the State of Victoria on 6 October 2023 in response to the Commission’s Request for Information dated 10 June 2023 (citations omitted).

100. Jack Latimore, [‘Indigenous people are being displaced again – by gentrification’](#), *The Guardian* (Webpage, 9 April 2018); Rowland Atkinson et al, *Gentrification and displacement: the household impacts of neighbourhood change*, Australian Housing and Urban Research Institute (AHURI) (Report, 2011), 23–30; Transcript of roundtable on Housing and Homelessness, 20 November 2023, 28; Rinchen Wilson, Submission 1000, 2.

101. Transcript of roundtable on Housing and Homelessness, 20 November 2023, 27–28.

102. Transcript of Uncle Jack Charles, 26 April 2024, 35 [11]–[17]; Witness Statement of Uncle Jack Charles, 23 April 2022, 8 [47], 9 [54].

103. Transcript of Uncle Jack Charles, 26 April 2024, 34 [8]–[27].

104. Jack Charles, *Jack Charles: Born-again Blakfella* (Penguin, 2020), 50.

105. Transcript of Uncle Johnny Lovett, 28 April 2022, 107 [12]–[14].

106. Transcript of Uncle Johnny Lovett, 28 April 2022, 106 [48]–[50].

107. Penny Tripcony, ‘Towards Aboriginal Management of Aboriginal Rental Housing, Melbourne, 1960–89’ in Peter Read (ed), *Settlement: A History of Australian Indigenous Housing* (Aboriginal Studies Press, 2000), 144–156, 148.

108. Penny Tripcony, ‘Towards Aboriginal Management of Aboriginal Rental Housing, Melbourne, 1960–89’ in Peter Read (ed), *Settlement: A History of Australian Indigenous Housing* (Aboriginal Studies Press, 2000), 144–156, 148.

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110. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 6 [22].

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Chapter 35: Housing and First Peoples in Victoria

Introduction	299
What Yoorrook heard	300
Government commitments to improve housing outcomes	300
Systemic barriers to housing security	307
Compounding factors exacerbate housing insecurity	316
What self-determination requires	322
The way forward	324
Recommendations	326

Victoria is a modern, wealthy and largely urbanised state that hosts an Aboriginal housing emergency.¹

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

Introduction

The housing position of First Peoples is caused by the long-term inequities of racism and discrimination. The decline in housing affordability, high rental prices and scarcity of stock has exacerbated this position. The State has not properly invested in social housing for decades. The Victorian housing and homelessness system is trapping First Peoples into a perpetual cycle of housing insecurity, causing complex housing stress.²

The Victorian Government has recognised the unequal position of First Peoples at all levels of the housing system. This recognition has been accompanied by a longstanding commitment to improving First Peoples' housing outcomes. The State, often using the work and advocacy of First Peoples experts, has developed a range of strategic policy frameworks, agreements and housing initiatives. Currently there are seven major policies, agreements and initiatives relating to First Peoples' housing inequality. Despite all these frameworks, Yoorrook heard evidence that these have repeatedly failed to deliver their stated outcomes. Yoorrook also heard much evidence of failure to adequately fund the policies and commitments that they have made. This pattern of unfulfilled promises and continuing underfunding prolongs housing inequity and undermines trust between First Peoples and the Government.

The work of Aboriginal organisations, including Aboriginal Housing Victoria (AHV) (the largest Aboriginal registered housing provider in Australia), tells a different story. Their successes demonstrate that First Peoples-led housing organisations are best able to meet the needs of First Peoples (see Chapter 34: Housing overview and historical context). Yoorrook considers that this model should be extended and better resourced to further self-determination. For this to be effective, the State must adequately fund Aboriginal housing providers and hand over decision-making power and control to First Peoples.³

First Peoples in Victoria are eager to progress self-determination in the housing system. Yoorrook heard evidence of places and organisations that are delivering good housing outcomes for First Peoples. A lack of adequate resourcing and bureaucratic barriers are the only barriers to expanding their services and client numbers.

This chapter explores the government policy frameworks in Victoria, the continued systemic barriers to First Peoples housing security in Victoria and how a self-determined, properly supported housing system can be achieved.

What Yoorrook heard

Government commitments to improve housing outcomes

For many years, the Victorian Government has committed to improving First Peoples’ housing outcomes and progressing self-determination in the housing system. This commitment has been expressed through a range of policy frameworks and initiatives. A summary of the current policy frameworks, agreements and initiatives is provided below.

In her evidence at Yoorrook’s hearings, the Victorian Minister for Housing the Hon Harriet Shing MP acknowledged that the State ‘created Aboriginal homelessness’ and then ‘turned away from it’.⁴ Minister Shing also acknowledged that First Peoples were systematically excluded from management, allocation and ownership of land and housing.⁵

Yoorrook heard that despite policy frameworks and commitments, the Victorian Government has not provided sufficient support or resources to meet the housing needs of First Peoples. The design and implementation of these programs and policies require substantial investment and effort from First Peoples without adequate benefits or outcomes in return. This pattern of unfulfilled promises and underfunding sustains the housing crisis and undermines trust between First Peoples and Government.

Mana-na woorn-tyeen maar-takoort: The Victorian Aboriginal Housing and Homelessness Framework (2020). As a significant recognition of self-determination the Victorian Government funded Aboriginal Housing Victoria to lead the development of the Aboriginal Housing and Homelessness Framework. The Framework has been developed by the community for the community. This is its strength. Government partners have participated in the process, provided guidance and direction, but have recognised the power that has come from a community led response.⁶

MANA-NA WOORN-TYEEN MAAR-TAKOORT

*Mana-na woorn-tyeen maar-takoort — Every Aboriginal Person Has A Home: The Victorian Aboriginal Housing and Homelessness Framework*⁷ (Mana-na woorn-tyeen maar-takoort, or the Framework) was developed by First Peoples for First Peoples.⁸ Recognising a lack of overarching policy and ‘a humanitarian crisis in Aboriginal homelessness’⁹ in Victoria has driven the Framework, and significant research and consultation by Victorian First Peoples has backed it up.¹⁰ The Framework provides a 20-year agenda to create an ‘Aboriginal specific housing and homelessness sector’ and achieve quality outcomes for First Peoples in Victoria across the housing spectrum ‘within a generation’.¹¹ The Victorian Government funded the development of the Framework and has adopted its strategic goals and objectives to guide housing policy and reform.¹²

Goals and objectives

Principles including self-determination,¹³ rights-based and outcome-driven approaches, and cultural safety underpin Mana-na woorn-tyeen maar-takoort.¹⁴ It has five key strategic goals, each with their own objectives (see Table 35.1 below)¹⁵. These include increasing social housing stock in the hands of Aboriginal Community Controlled Organisations (ACCOs), increasing access to private rental and home ownership opportunities, and building an Aboriginal-focused homelessness system.

Table 35.1: Goals and objectives of Mana-na woorn-tyeen maar-takoort¹⁶

Goal	Objectives
(1) Secure housing improves life outcomes	1.1 Embed housing goals and targets in major Government strategic frameworks for Aboriginal people and mainstream policies where relevant.
	1.2 Establish stable affordable housing as the foundation for breaking cycles of disadvantage and homelessness.
	1.3 Make housing the platform for fulfilment of life aspirations and successful education and employment outcomes for Aboriginal Victorians.
	1.4 Sustain tenancies through culturally strong Aboriginal focused systems and practices.
(2) Build supply to meet the needs of a growing Aboriginal population	2.1 Build supply of homes owned by Aboriginal people and community.
	2.2 Build 5000+ social housing properties by 2036 — 300 houses p.a. to enable the sector to meet future demand.
	2.3 Meet supply needs for transitional and (crisis) short-term and special-needs housing.
	2.4 Support Native Title and Treaty to grow affordable housing.
(3) Open doors to home ownership and private rental	3.1 Increase uptake of Private Rentals.
	3.2 Support to get established in your home.
	3.3 Create opportunity for ethical investment in affordable rentals.
	3.4 Make home ownership available to more people.
(4) An Aboriginal focused homelessness system	4.1 Rebuild an Aboriginal homeless service system from the ground up.
	4.2 Provide tailored support for those at high risk.
	4.3 Increase supply of crisis and transitional housing.
(5) A capable system that delivers Aboriginal housing needs	5.1 Create a strong and viable Aboriginal housing and homelessness sector.
	5.2 Make the mainstream housing and homelessness system culturally safe.
	5.3 Build a systems-based partnership between the mainstream and Aboriginal housing and homeless systems.

Implementation and monitoring

Mana-na woorn-tyeen maar-takoort provides guidance for implementation, including governance, reporting and evaluation.¹⁷ The Framework outlines the need for co-governance between First Peoples organisations and the State, with implementation sitting with the Aboriginal community, but accountability to be shared.¹⁸ The Framework outlines that monitoring and reporting should be at least annual and that reports ‘should be publicly available to ensure transparency and accountability by all parties’.¹⁹ Annual Report Cards have been published for 2021 and 2022.²⁰

The Framework sets out ‘inter-related strategies and actions’²¹ ranging from policy commitments to priority initiatives under each goal.²² Key actions under each goal are summarised in the Framework.²³ Strategies ‘must be backed up by targets and progress measures’.²⁴ Targets include:

- rates of Aboriginal homelessness are reduced by 10% per annum compounding for 10 years
- Aboriginal social housing allocations are monitored annually to ensure Aboriginal people receive a proportionate share of new tenancies

- 5000+ additional social housing properties for Aboriginal people by 2036 to meet demand
- one per cent of surplus government land that is allocated for social housing is allocated to Aboriginal Housing organisations.²⁵

The Victorian Aboriginal Housing and Homelessness Forum, which is convened by AHV with support from the Victorian Government, leads the implementation of the Framework.²⁶ The Forum brings together 38 ACCOs and Traditional Owner Groups across Victoria, which provide or have an interest in housing and homelessness services.²⁷ The Forum provides ‘a dedicated space for community to engage in strategic thinking, planning, action, capacity building, information sharing, collaboration, advocacy and innovation to progress the strategic objectives’.²⁸

The Victorian Aboriginal Housing and Homelessness Forum told Yoorrook that Mana-na woorn-tyeen maar-takoort is ‘crucial to delivering a culturally safe housing and homelessness system, which addresses the housing challenges Aboriginal people face’.²⁹ The Framework ‘also supports the implementation of Victoria’s Big \$5.3 billion Housing Build’, ‘strengthens the housing sector’, ‘provides strong governance’ and ‘enhances the capacity of First Peoples’ communities’.³⁰

Underfunding and underinvestment

The State must properly fund and support Mana-na woorn-tyeen maar-takoort. Yoorrook heard that despite providing a comprehensive and elaborate roadmap, the Framework remains ‘severely underfunded’.³¹ Although Mana-na woorn-tyeen maar-takoort has made some progress in the past three years,³² it ‘has not achieved its yearly targets’.³³ The latest annual report card available on the Framework website (2022) notes that targets 1.3, 2.6, 3.3, 3.5, 3.6, 4.7, 4.9 and 5.1 were achieved in 2022.³⁴ The First Peoples’ Assembly of Victoria said that ‘[w]ithout adequate funding, it will be impossible to improve outcomes for First Peoples in housing and homelessness — outcomes that continue to worsen’.³⁵ Community Housing Industry Association Victoria also said, ‘To date, some elements of the framework have been funded and progressed, however there are still critical elements that remain unfunded and require implementation’.³⁶

The 2022 Mana-na woorn-tyeen maar-takoort Annual Report Card reveals that in order to build on initial achievements,³⁷ further investment is required across a range of outcomes, including tailored support to those at risk of homelessness, increasing the supply of transitional housing, and opening doors to private rental and home ownership.³⁸ Yoorrook also heard that the State continues to miss opportunities to open the door to the private market. This includes not adequately resourcing successful programs, such as the Aboriginal Private Rental Assistance Program. The State also failed to adequately resource implementation of the Policy Report recommendations from the Private Rental Access Project Report (‘Excluded from the Start’, commissioned by the Victorian Commissioner for Residential Tenancies).

The State has also failed to adequately tailor established programs such as the Victorian Government’s shared equity scheme (Victorian Homebuyer Fund) to the specific needs and circumstances of First Peoples.³⁹ Yoorrook heard that to date, the State has funded community controlled models to support those at risk of homelessness in the pilot, but has not funded the expansion of a statewide First Peoples-specific network of entry points to the housing system.⁴⁰ Similarly, there has been little investment in First Peoples hostels and facilities, and minimal development of culturally appropriate transitional and emergency housing options for high-needs cohorts.⁴¹

AHV told Yoorrook that the current level of State investment in the housing sector and in increasing housing supply will not keep up with projected population growth and demand for housing.⁴² The Victorian Aboriginal Housing and Homelessness Forum highlighted the actions required to increase overall housing supply for First Peoples. These actions included meeting ‘the demand for a projected 30,000 Aboriginal households by 2041’.⁴³

The Forum told Yoorrook that government investment ‘should be proportionate to the scale and urgency of the Aboriginal housing and homelessness crisis facing Aboriginal Victorians’.⁴⁴ For social housing, AHV told Yoorrook that ‘[a]n additional 300 houses a year for social housing for Aboriginal people’ is required, which translates to a \$800 million investment over five years.⁴⁵ This far exceeds the current allocation of 420 dwellings⁴⁶ across the Social Housing Growth Fund grants program allocated to Aboriginal Victorians over four years.⁴⁷

Minister Shing told Yoorrook that, taking into account funding from other programs, 1023 homes for Aboriginal Victorians have been funded from 2023–24 to 2026–27 — falling short of the Mana-na woorn-tyeen maar-takoort target of 300 homes per year to 2036.⁴⁸ AHV said ‘the steps that the Victorian Government and the Commonwealth Government are taking are a step in the right direction, but we need more ... We’re not there yet. We’re not close.’⁴⁹

Yoorrook heard that the objectives and targets from Mana-na woorn-tyeen maar-takoort should be fully implemented⁵⁰ and the State should not wait for treaty negotiations to be finalised.⁵¹ The First Peoples’ Assembly of Victoria told Yoorrook that it is ‘concerned that the State has been waiting for Treaty to be the vehicle to enact the recommended reforms found in Mana-na woorn-tyeen maar-takoort’.⁵² Yoorrook agrees, and supports full implementation of the Framework, focusing on:

- increasing housing supply, including social housing stock held by ACCOs
- supporting growth in the availability of stable low-cost housing
- supporting private rentals
- promoting increased home ownership
- delivering an Aboriginal-focused homelessness system (see Recommendations).

The Framework is a carefully crafted, principled and extensive document. Despite its excellence on the page, Government underfunding, unmet commitments and missed opportunities prevents its delivery. Yoorrook further explores Government accountability failings in Chapter 5: Accountability.

Blueprint for an Aboriginal-specific homelessness system in Victoria (2019)

The *Blueprint for an Aboriginal-specific Homelessness System in Victoria*⁵³ (the Blueprint), is the guiding document for the development of a culturally safe homelessness service system. AHV and the Victorian Aboriginal Housing and Homelessness Forum developed it after extensive consultation with First Peoples ‘service users and Aboriginal and mainstream service providers’.⁵⁴ As the Victorian Aboriginal Housing and Homelessness Forum said, the ‘Blueprint is a plan for system wide reform’.⁵⁵ The Blueprint describes ‘service arrangements and enablers for an Aboriginal-specific homelessness system’⁵⁶ that is Aboriginal-controlled and underpinned by self-determination. The Blueprint maps three stages from 2022 to 2031.⁵⁷

Service arrangements outlined in the Blueprint include:

- getting people at risk of homelessness support earlier (screening)⁵⁸
- developing an ‘Aboriginal-specific entry point into the homelessness system’ (open entry points)⁵⁹
- ensuring First Peoples receive homelessness supports that are holistic and integrated with other systems (such as mental health, justice, Centrelink)⁶⁰
- addressing the undersupply of culturally safe housing for Aboriginal Victorians (housing pathways)⁶¹

- providing support for people to transition out of the homelessness system and into longer-term housing (exist with supports).⁶²

Enablers (system management) outlined in the Blueprint include developing a cultural safety framework, improving the governance and oversight of the homelessness service system, enabling collaboration in the sector and across sectors, building ACCO and mainstream service capacity, and improving data and information systems.⁶³

The Victorian Government has taken some limited steps to implement the Blueprint. The Blueprint Steering Committee was established to oversee implementation of the Blueprint.⁶⁴ Deputy CEO of Homes Victoria Dannii de Kretser co-chairs this Committee.⁶⁵ In the 2022–23 State Budget, funding was provided to deliver two Aboriginal-specific homelessness entry points, which are ‘18-month pilots at Ngwala Willumbong in [Naarm (Melbourne)] and the Bayside Peninsula area and by Wathaurong Aboriginal Cooperative in the Barwon region’.⁶⁶ These are funded for two years.⁶⁷

Yoorrook heard that funding provided for the Blueprint is insufficient to meet need. Dannii de Kretser told Yoorrook that current investment is ‘not enough to deal with the need that we’ve got presenting’.⁶⁸ Funding is also uncertain and short-term. Jenny Samms, Co-Chair of the Victorian Aboriginal Homelessness Steering Committee, said of the existing funding under the Blueprint, ‘[w]e have two entry points that have been funded only for a couple of years and need to go back for more money ... There’s a number of problems with this ... short-term funding approach’.⁶⁹

The Victorian Aboriginal Housing and Homelessness Forum has called for the Blueprint to ‘be implemented in its entirety’.⁷⁰ In its submission to Yoorrook, the Forum also called for the following specific steps:⁷¹

- ‘Aboriginal entry points must be extended across the state’
- ‘Needs based funding must be delivered by the Victorian State Government for short, medium, and long-term accommodation options, to accompany the implementation of the Blueprint’
- ‘Aboriginal designed, owned and operated Common Ground transitional housing models are urgently required and must be funded to provide culturally safe and secure housing that includes service support, as a pathway to long term independent living arrangements’.

Funding is sought via annual budget proposals. The Victorian Aboriginal Housing and Homelessness Forum’s most recent proposal sought \$137.8 million to advance Mana-na woorn-tyeen maar-takoort and to implement the Blueprint.⁷²

Victorian Aboriginal Affairs Framework (2018–2023)

The *Victorian Aboriginal Affairs Framework 2018–2023* (VAAF) is the ‘Victorian Government’s overarching framework for improving outcomes for First Peoples in Victoria’.⁷³ As the First Peoples’ Assembly of Victoria highlighted, ‘there is no specific goal to address improving [housing] outcomes for First Peoples. Instead, objectives to improve housing and homelessness are weaved into other goals’.⁷⁴

Goals and objectives relating to First Peoples’ housing include:⁷⁵

- goal 3: Aboriginal families and households thrive
 - objective 3.2: Increase income and housing security for Aboriginal households
- goal 8: Aboriginal workers achieve wealth equality
 - objective 8.2: Increase Aboriginal home ownership in line with the Victorian average

Reporting against the VAAF demonstrates varied performance under these measures. For instance, Census data used in the VAAF evaluation shows:

- the median weekly gross household income for First Peoples households increased from \$1314.17 in 2016 to \$1565 in 2021. This figure is still \$197 less than the median weekly income for non-First Peoples households.⁷⁶
- the proportion of First Peoples households experiencing rental stress declined from 40.8 per cent in 2016 to 33.9 per cent in 2021, and the proportion experiencing mortgage stress declined from 20.9 per cent to 14.7 per cent in the same period.⁷⁷
- there has been little change in the rate of First Peoples home ownership in recent decades.⁷⁸ Between 2016 and 2021, the rate of home ownership for First Peoples in Victoria declined from 45.2 per cent to 44.9 per cent.⁷⁹ Comparatively, home ownership rates for non-First Peoples in Victoria were 69.9 per cent in 2016 and 68.6 per cent in 2021.⁸⁰

The data regarding the housing situation of First Peoples in Victoria does show change, but any percentage improvements are limited, and stark disparities persist between First Peoples and non-First Peoples.

In relation to VAAF Outcomes, the First Peoples’ Assembly of Victoria told Yoorrook that the last Victorian Government Aboriginal Affairs Report from 2022 ‘shows that the government is still failing First Peoples’ and that First Peoples ‘must be in control of their housing and homelessness outcomes’.⁸¹

Korin Korin Balit-Djak (2017–2027)

The *Korin Korin Balit-Djak, Aboriginal health, wellbeing and safety strategic plan 2017–2027* sets out how the Victorian Government ‘will work with First Peoples communities, community organisations and mainstream service providers to improve the health, wellbeing and safety of First Peoples in Victoria’.⁸² This includes ‘a priority focus on stable, secure and appropriate housing through First Peoples self-determination in housing and homelessness, and improving access to suitable, stable and supported housing’.⁸³

‘The *Balit Murrup: Aboriginal social emotional wellbeing framework 2017–2027* is a companion document to Korin Korin Balit-Djak. The objective of the framework is to reduce the health gap attributed to suicide, mental illness and psychological distress between First Peoples and non-First Peoples Victorians.’⁸⁴ The framework recognises that safe and secure housing supports resilience, healing and trauma recovery.⁸⁵

Korin Korin Balit-Djak and Balit Murrup both promise that ‘[a] detailed evaluation approach will be developed with key Aboriginal research, evaluation and service delivery organisations in consultation with Aboriginal communities’.⁸⁶ However, reporting of this monitoring or evaluation is not publicly available. There is also no public identification of outcomes against the strategic directions of the two frameworks, including in the three most recent Annual Reports of the Departments. The Department of Families, Fairness and Housing (DFFH) has lead responsibility for reporting Korin Korin Balit-Djak outcomes, and the Department of Health is responsible for reporting on Balit Murrup.⁸⁷

Dhelk Dja: Safe Our Way (2018–2028)

Dhelk Dja: Safe Our Way — Strong Culture, Strong Peoples, Strong Families 2018–2028 commits the Victorian Government and First Peoples communities and services ‘to work together and be accountable for ensuring that First Peoples, families and communities are stronger, safer, thriving and living free from family violence’.⁸⁸ The agreement recognises ‘the systemic response required across ... housing, homelessness and out-of-home-care systems’ to prevent family violence.⁸⁹

Public reporting of progress up to 2020 is provided on the strategy webpage.⁹⁰ Planned actions between 2020 and 2023 are set out in the Family Violence Reform Rolling Action Plan,⁹¹ but no current update is available. Planned actions relating to housing include:

- improving access to family violence refuges (‘new Aboriginal-specific family violence refuges’ and ‘redevelopment of remaining family violence refuges’)⁹²
- housing supply and maintenance (‘1000 new public dwellings’ and a ‘Social Housing Growth Fund’)
- housing development for rural and remote communities (‘Real Estate Revitalisation project’).⁹³

There is no publicly available reporting on how the State is progressing against these housing-specific objectives.

National Agreement on Closing the Gap (2020)

The 2020 National Agreement on Closing the Gap includes an outcome that First Peoples have access to ‘secure appropriate, affordable housing that is aligned with their priorities and needs. This includes a target [Target 9A of Outcome 9] to increase the proportion of [First Peoples] living in appropriately sized housing to 88 per cent by 2031’.⁹⁴ The Victorian Government advised that Homes Victoria has established a dedicated Aboriginal Housing and Homelessness Branch with an intention to increase First Peoples’ senior leadership and support the delivery of the Closing the Gap priority reform agenda.⁹⁵

While in 2021 Victoria achieved Target 9A of Outcome 9 (with 88.8 per cent of First Peoples living in appropriately sized, and not overcrowded, housing),⁹⁶ Yoorrook heard concerns about Closing the Gap housing targets, including that they are not ambitious enough, and do not address underlying issues of supply and demand.⁹⁷ Djirra explained:

Homelessness and insecure housing for Aboriginal people affected by family violence are not captured by current Closing the Gap measures, which assume Aboriginal people are housed. Outcome 9 targets focus on overcrowding and access to essential services, not the lack of housing or the increasing demand.⁹⁸

DJIRRA

Big Housing Build (2020–2028)

In 2020, the Victorian Government announced the Big Housing Build, committing \$5.3 billion to build 12,000 new homes (9300 social housing and 2900 affordable housing) by 2027 (although this has since been revised to 2028).⁹⁹ This included ‘a commitment that 10 per cent of all new social housing will be built for First Peoples [and] over 200 homes funded to be managed by the First Peoples housing sector’.¹⁰⁰ At a hearing on 7 June 2024, Deputy CEO of Homes Victoria Dannii de Kretser reported to Yoorrook that Homes Victoria has so far delivered 109 of an anticipated 400 homes for Aboriginal-specific housing.¹⁰¹

Yoorrook heard concerns that the Big Housing Build targets are insufficient to meet need.¹⁰² For example, to achieve the Mana-na woorn-tyeen-takoort target to build over 5000 social housing properties by 2036 (300 properties per year), the State has committed to increasing the supply of social housing through the Big Housing Build (10 per cent of new developing allocated to First Peoples housing, or 820 homes) and the Regional Housing Fund (10 per cent allocated to First Peoples housing, or 130 homes).¹⁰³ The Commonwealth Government has committed to supporting 73 homes through the Social Housing Accelerator program. Minister for Housing Harriet Shing MP¹⁰⁴ said that the State and Commonwealth are funding 1023 homes over four years from 2023–24 to 2026–27, translating to 255 homes per year. Minister Shing recognised that ‘this still falls short of the 300 homes needed per year that Mana-na woorn-tyeen maar-takoort calls for.’¹⁰⁵

Funding for the Big Housing Build is generally limited to registered housing providers,¹⁰⁶ which is a major barrier to participation for ACCOs. Most ACCOs are not registered housing providers due to multiple administrative and resourcing barriers (see further under ‘Aboriginal housing’ below).¹⁰⁷ The exclusion of many ACCOs from funding for this reason undermines principles of self-determination and ignores the proven success of ACCO housing models. Yoorrook was told that ‘[t]he ACCO housing model that has been around for 30-plus years has proven to be viable, it has proven to be sustainable and beyond a doubt is absolutely essential’ and that ‘it’s a massive oversight to exclude the model that has been around’ for over 30 years.¹⁰⁸ Yoorrook heard calls for greater transparency about the progress of the Big Housing Build,¹⁰⁹ including data on implementation progress.¹¹⁰

Systemic barriers to housing security

Homelessness

Homelessness disproportionately impacts First Peoples. First Peoples are significantly over-represented among people requiring assistance with housing.¹¹¹ Australian Institute of Health and Welfare (AIHW) data reveals that in 2023, 13 per cent of Specialist Homelessness Services clients in Victoria were First Peoples.¹¹² The number of First Peoples experiencing homelessness in Victoria on Census night grew more than 40 per cent from 783 to 1109 people in the five years to 2021.¹¹³ These reported homelessness numbers are likely to under-represent reality, due to Census undercounts of those who are homeless.¹¹⁴

Young First Nations people face greater risks of homelessness compared to their peers due to insufficient support services and systemic barriers¹¹⁵ (see further below ‘The cycle of homelessness often starts in childhood’). For example, 32 per cent of all young people presenting alone to a Specialist Homelessness Service in Australia in the 2022–23 financial year identified as Indigenous according to the AIHW,¹¹⁶ and 49 per cent of Indigenous clients at Specialist Homelessness Services are under the age of 25.¹¹⁷ The Victorian Aboriginal Housing and Homelessness Forum told Yoorrook that in 2022–23, over 30 per cent of the 2863 First Peoples children who accessed specialist homelessness

services remained homeless at the end of their support period,¹¹⁸ indicating insufficient service capacity for young First Peoples.¹¹⁹

The harms of homelessness extend beyond an immediate lack of shelter. The dangers associated with homelessness can include an increased risk of exposure to violence and detrimental impacts on psychological and physical health.¹²⁰ AIHW data finds that clients of Specialist Homelessness Services often experience additional vulnerabilities, including family violence, drug and alcohol issues and mental health issues,¹²¹ and some are transitioning from the criminal justice or other systems.¹²² AIHW also concludes that many are caught in cycles of housing insecurity, and in 2022–23, 70 per cent of First Peoples accessing mainstream homelessness services in Australia were returning clients.¹²³

For many First Peoples, the mainstream homelessness service sector is inaccessible. Established and pervasive issues include experiences of racism, a lack of culturally safe services, shame and fear, lack of awareness of services and complex administrative processes.¹²⁴ As scholars in the field have argued, mainstream homelessness policies oversimplify First Peoples’ needs.¹²⁵ The Victorian Aboriginal Housing and Homelessness Forum told Yoorrook that the current homelessness system ‘lacks cultural accreditation’ because cultural safety standards are not properly applied.¹²⁶ The system is therefore not appropriately equipped to identify and meet the needs of First Peoples in Victoria.

First Peoples organisations were clear in their evidence to Yoorrook about the importance of homelessness services framed around First Peoples’ needs. The Aboriginal Justice Caucus, for example, stated that the homelessness service system must be ‘flexible to the cultural specifics and diversity of Aboriginal needs depending on their cultural situation and the socio-economic context of the environment in which they would prefer to live’.¹²⁷ In line with this, Yoorrook was repeatedly told that ACCOs provide a holistic approach to housing that is more effective in breaking cycles of homelessness. The CEO of Wathaurong Aboriginal Co-Operative, Simon Flagg (Wemba Wemba) said:

[W]ith our model we provide health services, social and emotional wellbeing ... [T]hat’s the whole model of an ACCO is it doesn’t matter what you come to us for. If you’ve got other issues we pick you up, you walk in [and] you are wrapped around with all of the supports around you, rather than having to leave our service, go to Centrelink, go to a doctor, go to the police. You come to us for everything. So that’s ultimately the model.¹²⁸

SIMON FLAGG

Yoorrook also repeatedly heard that the ACCO system is currently over-burdened and under-resourced to assist First Peoples experiencing homelessness. In 2023–24, ACCOs receive just 5.38 per cent of State funding for homelessness services, despite 13 per cent of those accessing homelessness services in Victoria identifying as First Peoples.¹²⁹ The 2023–24 State budget provided pilot funding for 18 months for two First Peoples-specific homelessness entry points.¹³⁰ The Victorian Aboriginal Housing and Homelessness Forum told Yoorrook:

We consider this funding a downpayment only. We urgently need system wide implementation if we are to achieve change.¹³¹

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

Yoorrook heard calls for investment in ACCOs for homelessness services to be increased as a matter of urgency.¹³²

Social housing

First Peoples in Victoria are disproportionately over-represented among social housing tenants. This over-representation is a long-term phenomenon that derives from colonisation,¹³³ socio-economic disadvantage, shortages of affordable housing and the inflated rental market. Over-representation of First Peoples in social housing is also tied to the longstanding exclusion of First Peoples from home ownership, as well as discrimination and exclusion in the private rental market.

First Peoples in Victoria reside in social housing at more than five times the rate of non-Indigenous households.¹³⁴ Yet, Victoria has the lowest ratio of social housing as a proportion of overall housing stock in Australia at 2.8 per cent.¹³⁵ This low level of social housing is likely linked to Victorian State underinvestment in the sector. In 2022–23, Victoria spent \$832.6 million on social housing.¹³⁶ Comparatively, New South Wales spent \$1.5 billion on social housing in the same timeframe.¹³⁷ Given the high ratio of First Peoples in Victoria either in, or trying to access, social housing, underinvestment disproportionately impacts First Peoples.

Consequently, Victoria’s current rate of social housing allocation does not meet demand. The social housing waiting list is very significantly larger than allocations.¹³⁸ According to data from Homes Victoria, in the 2023–24 financial year, only 851 Aboriginal households who applied received a new social housing allocation through the Victorian Housing Register.¹³⁹ There were 5611 new applications for Aboriginal households as at June 2024.¹⁴⁰ In Victoria, even households deemed as having the greatest need wait a long time to be allocated housing.¹⁴¹ In 2022–23, only 50 per cent of households that were newly allocated housing had waited 20 months or less.¹⁴² The proportion of First Peoples among those deemed to be in the greatest need is not publicly reported, but the pattern of First Peoples being over-represented among those in severe housing need suggests Indigenous over-representation here as well.

Victoria needs a dramatic increase in social housing availability. Victorian Aboriginal Housing and Homelessness Summit analysis found that Victoria requires an additional 5085 housing units by 2036 to address the shortfall in social housing for First Peoples.¹⁴³ The State has confirmed that there is not enough housing being built to keep up with demand, even under Victoria’s Big Housing Build.¹⁴⁴ Minister Shing told Yoorrook that ‘a growing First Peoples’ population and a lack of the scale of funding and supply means that while we do have a target that will mean that we will have 50 per cent growth by the end of 26–27 that is not enough to address demand’.¹⁴⁵

Aboriginal housing

Victoria has a small Aboriginal housing sector, comprising 2.2 per cent of Victoria’s social housing stock in 2023, according to AIHW data.¹⁴⁶ AHV is the largest of four registered First Peoples housing providers, now ‘with over 1700 properties housing 4500 First Peoples living in Victoria’.¹⁴⁷ As outlined under ‘Aboriginal housing today’ in Chapter 34: Housing overview and historical context and under ‘Big Housing Build (2020–2028)’ above, these organisations (AHV, Aboriginal Community Housing [Vic] Limited, Rumbalara Aboriginal Corporation and Winda-Mara Housing Limited) represent the only guaranteed culturally safe community housing option for First Peoples in 2024.¹⁴⁸

Yoorrook heard that ACCOs face multiple barriers in registering to become housing providers. These include onerous administration requirements,¹⁴⁹ rigid application of the standards required by current frameworks,¹⁵⁰ the scale of service provision needed to break even¹⁵¹ and the subsequent requirement to partner with mainstream organisations with respect to funding streams, including the Big Housing Build.¹⁵² This requirement often results in a power imbalance between organisations.¹⁵³ Simon Flagg told Yoorrook that the current registration process contradicts the State’s commitment to self-determination:

[W]e talk about self-determination. We talk about transferring of power and giving community and Aboriginal people a lot more say in our space. But as soon as the government release new frameworks, i.e. the ‘Big Build’ project they’re doing it still comes with the same restrictions and it’s still aligned to you have to either fit their model or you miss out.¹⁵⁴

SIMON FLAGG

Properties are not culturally appropriate

Yoorrook heard that in addition to inadequate supply, issues of cultural suitability plague the housing system. The availability and accessibility of social housing that meets the cultural needs of First Peoples is a target of Closing the Gap (Target 9a).¹⁵⁵

First Peoples’ specific housing needs have been repeatedly identified in reports and reviews. The National Indigenous Australians Agency (NIAA), for example, states that housing services must be flexible in supporting First Nations, ‘recognising that cultural values, kinship obligations and practices can affect the ability of tenants to comply with tenancy requirements’.¹⁵⁶ Previous inquiries have also recommended appropriate allocation of social and affordable housing stock to accommodate different household family structures, and the provision of grants to ACCOs to construct new secondary dwellings.¹⁵⁷

A culturally safe housing and homelessness system is one where Aboriginal people can access a system which is responsive to their housing needs, and respects and understands self-determination, connection to land, culture and family networks.¹⁵⁸

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

Overcrowding in households can be an indicator of a lack of culturally appropriate housing. In Victoria, the average number of people in First Peoples households is 3 compared to 2.5 in non-First Peoples households.¹⁵⁹ Yoorrook heard that overcrowding can also lead to discrimination and tenancy failure in both social and private housing.¹⁶⁰ AIHW assessments show that in Victoria, 4 per cent of all housing¹⁶¹ and 11.4 per cent of Indigenous community housing¹⁶² is overcrowded. As the Productivity Commission noted, First Peoples in social housing¹⁶³ and the private rental market are disproportionately likely to experience overcrowding.¹⁶⁴ The Productivity Commission also states that in addition to the overcrowding that comes with enforced poverty, larger households can be influenced by a greater prevalence of multigenerational households or preferences for a greater connection to family among First Nations.

Director of the Australian Housing and Urban Research Institute, Professor Wendy Stone told Yoorrook about the practical impacts of low supply of culturally supportive housing:

I remember really clearly speaking with a young woman participant who had made a lot of trade-offs in her own life to leave a smaller regional town where she perceived that she couldn’t access private rental because of racial discrimination. She was known to be an Aboriginal person in that town. She moved away to Melbourne, and she was able to access private rental. The burden on her then became her desire to also support and enact the responsibility she felt to, not only the generational aspect that we’re talking about in a really linear way so far, but actually the broader cultural community aspect. So when people from her regional town came to Melbourne there was an expectation on her that they would be able to live with her. She was acutely aware that she could lose her lease.

So this, the impact of forcing people who have ... had to leave Country to gain housing to then ... really damage community relationships, I found really striking and extremely sad and not unusual to that case in our research.¹⁶⁵

PROFESSOR WENDY STONE

WHAT DOES A CULTURALLY SAFE HOUSING DESIGN LOOK LIKE?

Community Housing Industry Association Victoria told Yoorrook that ‘Aboriginal housing can have different requirements than for mainstream housing’¹⁶⁶ because of kinship and other obligations. In 2023, AHV completed a project in Dandenong ‘that demonstrates what culturally safe design could look like’.¹⁶⁷

AHV welcomed renters to their new homes at Wilma Avenue, Dandenong, Boonwurrung Country in early 2023. The homes were designed by Indigenous architect James Gilliland and Indigenous landscape designer Charles Solomon worked closely with AHV’s Nicky McNamara.

The 10 apartments were specifically designed for Aboriginal renters, and the design was inspired by the culture and Country of the Ngaruk Willam people. The development features a larger two-bedroom Elder residence that provides space for family or friends to stay, and a large enough kitchen-dining area to have a cuppa and a yarn. The Elder residence is located on the ground floor near the front entrance, providing opportunity for Elders to welcome people and be a first point of contact when visitors arrive. The landscape features plants selected for their symbolic meanings and traditional uses in medicine and tools, which can be used by residents as a cultural learning tool.¹⁶⁸

COMMUNITY HOUSING INDUSTRY ASSOCIATION VICTORIA

Private rental

Due to shortages of social housing and the high cost of home ownership, privately rented dwellings are a significant and necessary housing option for First Peoples in Victoria.¹⁶⁹ The growing unaffordability of home ownership also means that private rental is increasingly becoming a long-term or perpetual form of housing for First Peoples in Victoria.¹⁷⁰

Like social housing, private rental offers far less stability than home ownership.¹⁷¹ Professor Wendy Stone and other witnesses told Yoorrook that First Peoples are more

likely to be adversely affected by issues of affordability,¹⁷² tenancy insecurity,¹⁷³ low vacancy rates¹⁷⁴ and lack of housing options, and to live in poorer standard rental accommodation.¹⁷⁵

First Peoples also face pervasive racial discrimination in the private rental market.¹⁷⁶ Yoorrook heard that discrimination occurs at every stage of the rental process¹⁷⁷ but particularly at the application stage.¹⁷⁸ Racist stereotypes and prejudice towards First Peoples act as a barrier to being chosen for rental properties.¹⁷⁹ For example, Yoorrook was told that in regional areas, applicants are less likely to be accepted for private rental properties if they have the surname of an Aboriginal family or if they list an Aboriginal organisation as their place of work.¹⁸⁰

National research confirms the existence of racism in the private rental sector. The Australian Housing and Urban Research Institute, for example, found that the primary risk factor considered by landlords when assessing applications was being on a lower income, but ‘Aboriginality’ was also considered a risk factor.¹⁸¹ Other research finds that discrimination is experienced more frequently by those who are ‘easily identifiable’ as First Peoples.¹⁸² Yoorrook heard that the requirement of photo identification when applying for rentals facilitates this discriminatory process.¹⁸³ Yoorrook also heard about other application barriers including being on social security benefits,¹⁸⁴ extensive application and screening processes, digital access and literacy barriers, and financial literacy barriers.¹⁸⁵ The Victorian Aboriginal Legal Service (VALS) said:

VALS believes it is worth examining the design, length and accessibility of rental application forms. In many instances, rental applications must be done online ... and also require high literacy and computer literacy skills. The inaccessibility of these forms is a form of systemic racism because Aboriginal people are less likely to be able to fill out these forms in a way that gives them the best opportunity to be offered a lease due to the generational impacts of invasion, colonisation and oppression. It needs to be considered if that is in part the intent of making such forms so difficult. In many ways, complex rental applications might be understood as a modern form of redlining.¹⁸⁶

VICTORIAN ABORIGINAL LEGAL SERVICE

Other evidence given to Yoorrook reported that First Peoples with a criminal record are more likely to experience challenges when applying for private rental properties.¹⁸⁷ Interruptions in rental history due to homelessness, family violence or contact with the justice system are also likely to disadvantage First Peoples applicants.¹⁸⁸

Yoorrook heard that the housing crisis is exacerbating the discrimination against First Peoples in the rental housing market. For example, CEO of Goolum Goolum Aboriginal Co-Operative, Tony Craig said:

It’s so real, the vacancy rates are just non-existent in rental properties full stop. So the real estate industry, the way it’s set up now is it’s very impersonal. You basically make online submissions and if they know who you are in Horsham, you are an Aboriginal family or you’re a family that’s on welfare, you go to the bottom of the list full stop. Because they have got plenty of people wanting to rent a house. Anyone in the mainstream system is pretty much automatically removed from those lists and whilst it’s not stated, it’s understood that there’s a pretty strong element of racism in that.¹⁸⁹

TONY CRAIG

Experiences of discrimination continue after a tenancy has been secured. Yoorrook was told that First Peoples are more likely to experience unfair or unlawful evictions.¹⁹⁰

Victoria Legal Aid, for example, told Yoorrook that First Peoples may be less likely to be able to enforce their rights in the face of unfair or unlawful rent increases, or other rental rights.¹⁹¹ Another witness confirmed that First Peoples are also more likely than non-Indigenous people to experience tenancy insecurity and be at risk of tenancy failure.¹⁹²

This risk is exacerbated by First Peoples’ specific family and cultural factors. Evidence from the Victorian Aboriginal Child and Community Agency (VACCA) stated that the tenancy requirements of mainstream rental housing are based on nuclear family household arrangements, rather than the more fluid occupancies, kin-care obligations and multi-family arrangements¹⁹³ of many First Peoples households. Other submissions elaborated that the cultural norms of mutual reciprocity and frequent visits from kin can increase the risk of claimed breaches and eviction.¹⁹⁴

Private rental can only form a significant and positive part of housing pathways for First Peoples where doors are open and access to housing opportunity is assured.¹⁹⁵ This currently is not the case for First Peoples in Victoria. The First Peoples’ Assembly of Victoria told Yoorrook that the State lacks understanding of how to appropriately tailor services or programs to meet the specific needs of First Peoples, as evidenced through the support programs provided for securing private rentals.¹⁹⁶ This failure is borne out by the failure of the current and past housing strategies to deliver better outcomes for First Peoples in accessing and keeping quality private rental housing (see above discussion of Government commitments).

In correspondence to Yoorrook, the State noted that ‘private rental availability and affordability is a shared State/Commonwealth responsibility’. In light of this acknowledged shared responsibility, Yoorrook encourages the State to work with the Commonwealth to support urgent growth in the availability of stable, low-cost private rental opportunities for First Peoples in Victoria.¹⁹⁷

Yoorrook heard that ACCO initiatives, including the ‘More Than a Landlord’ and ‘Aboriginal Private Rental Assistance’ programs, have been, and continue to be, effective in assisting First Peoples in Victoria to maintain private rental tenancies.¹⁹⁸ For example, VACCA said:

The programs targeted to Aboriginal Victorians have seen success in responding to homelessness and housing insecurity and have been found to show early promise as a bridge between discriminatory and exclusionary processes and practices, providing better housing futures.¹⁹⁹

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Home ownership

Home ownership is regarded as the highest form of housing tenure and bestows significant benefits on the homeowner. For First Peoples, home ownership offers cultural and economic benefits, including a base to maintain connections and the potential to build intergenerational wealth. It also provides greater autonomy, control over living conditions and social empowerment, contributing to long-term stability.

Housing is also recognised in policy and research literature as an ‘important mediating factor’ in the transmission of intergenerational (dis)advantage.²⁰⁰ In addition to providing housing security, home ownership enables wealth accumulation and allows for the transfer of wealth between generations.²⁰¹ As VACCA noted in its submission, those without access to these generational resources are increasingly ‘locked out’ of home ownership and kept in the insecurity of private rental and social housing systems.²⁰² First Peoples in Victoria are over-represented among those in the ‘locked out’ group.

Census data show that home ownership rates for First Peoples in Victoria have remained relatively stable in recent decades. The proportion of First Peoples homeowners in Victoria has increased slightly from 42.3 per cent in 2006 to 44.9 in 2021.²⁰³ This rate,

however, remains significantly below the home ownership rates for non-Indigenous Victorians which was 68.6 per cent in 2021.²⁰⁴

Economic factors, including increases in house prices²⁰⁵ and changes in household composition and population, underpin a national trend away from home ownership and towards private renting.²⁰⁶ Successive Commonwealth governments have attempted to address this barrier through grants and concessions for lower income earners. However, evidence suggests that such policies only assist those who are close to accessing a home,²⁰⁷ and that current systems continue to rely on bank lending criteria that many First Peoples are unable to meet.²⁰⁸

The Victorian Aboriginal Housing and Homelessness Forum submitted to Yoorrook that First Peoples’ capacity to engage in the intergenerational transmission of wealth through housing is further and severely limited by the trauma and inequities imposed by the context of colonialism, continued dispossession of lands and discriminatory treatment.²⁰⁹ For First Peoples, additional colonial legacies, including lower incomes,²¹⁰ higher unemployment rates, the absence of inherited wealth and limited cultural exposure to home ownership (see Chapter 36: Economic prosperity), compound these broader socio-economic trends.

It is difficult to raise a deposit when our incomes our lower, we do not benefit from the bank of mum and [dad] and our debt levels are higher. The amount we need to borrow is greater, placing a cap on what we can afford to buy therefore limiting choice of dwellings.²¹¹

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

CEO of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Aunty Dr Jill Gallagher (Gunditjmara), said:

We have never had that wealth passed down. My grandmother didn’t own her home. My Mum didn’t own her home. And they are not unique in our community. We still have a lot of people, our own people, who can’t own their own homes or own land or go to private school, or have that wealth passed down to them because of the past atrocities that have never been dealt with.²¹²

AUNTY DR JILL GALLAGHER

Co-Chair of the First Peoples’ Assembly of Victoria, Rueben Berg (Gunditjmara), said:

I sometimes kind of liken it to a game of monopoly where the board was set up and we as First Peoples were living on these lands and sharing our lands and thriving on our lands, and then colonisation has occurred and we have been removed from being able to play on this monopoly board, and other people have come and taken it over and put on their hotels and their houses, and we have been left to then pick up the pieces afterwards and keep rolling the dice that has a landing on other people’s hotels and having to pay.²¹³

RUEBEN BERG, CO-CHAIR OF FIRST PEOPLES’ ASSEMBLY OF VICTORIA

Yoorrook heard that these resources remain out of reach. For example, Djaran Murray-Jackson (Dja Dja Wurrung, Wamba Wamba, Yorta Yorta, Dhudhuroa, Waywurru, Barapa Barapa, Wergaia, Wiradjuri) said:

[H]ousing is very hard at the moment to get into, but especially for Aboriginal families, a lot of our land and, you know, things were stolen off us. So we don’t have generational wealth that can be passed down to people to give them that extra assistance when they do start looking to buy a house ... [W]e’re already working from a deficit on top of all else that’s affecting the rest of Australia as well. I’d like to see something where, you know, we can negotiate proper change through. I don’t know, maybe, you know easier loans for mob and stuff like that.²¹⁴

DJARAN MURRAY-JACKSON

The ongoing legacy of colonial dispossession with respect to housing stability and home ownership was acknowledged by the State.²¹⁵ Premier the Hon Jacinta Allan MP told Yoorrook:

Colonisation, dispossession of Country and generations of economic exclusion have left a legacy of housing poverty for First Peoples in Victoria and denied them the foundations for home ownership, particularly the opportunity to accumulate intergenerational wealth.²¹⁶

PREMIER JACINTA ALLAN MP

Secretary of the DFFH Peta McCammon accepted that ‘the genesis of the problem in the housing system for Aboriginal Victorians is the historic dispossession of Aboriginal Victorians from their Lands’ and that this impacts First Peoples’ access to intergenerational wealth and home ownership.²¹⁷ Housing Minister Harriet Shing MP²¹⁸ also accepted that low rates of home ownership among First Peoples were directly related to denial of intergenerational wealth:

It is, I think, a direct outcome of the loss of economic opportunity across multiple generations, combined with systemic disadvantage that has created, I think the worst of all possible circumstances for First Peoples.²¹⁹

MINISTER HARRIET SHING MP

Housing policy

While home ownership is in essence private, government actions and policies impact the accessibility of home ownership for First Peoples. For example, government policies have contributed to increasing house prices over recent decades, locking in cycles of intergenerational home ownership and wealth, while ensuring the continued exclusion of others.²²⁰ In response, the State has a growing policy interest in measures such as loan guarantees and shared equity schemes.²²¹

However, Yoorrook heard that a range of government schemes, including the Victorian Homebuyer Fund and shared equity schemes, are not culturally safe for some First Peoples due to mistrust of the State.²²² This is reflected in the comparatively low uptake rates in such schemes by First Peoples in Victoria.²²³ In the 2019–20 financial year, only one Indigenous person was assisted by the Homes Victoria shared equity program, compared to 85 non-Indigenous people.²²⁴ In the 2020–21 financial year there were no Indigenous persons assisted by the scheme — a stark example of such schemes’ lack of applicability to First Peoples in Victoria. In contrast, the scheme assisted 53 non-Indigenous persons in the same timeframe.²²⁵

In evidence to Yoorrook, the then Treasurer Tim Pallas MP²²⁶ explained the steps being taken to improve First Peoples’ uptake of the scheme. This includes a specific Aboriginal Victorians stream that has a lower minimum deposit (3.5 per cent, rather than 5 per cent) and a higher maximum shared equity contribution (35 per cent, rather than 25 per cent). While the Treasurer noted that about 63 First Peoples had been approved through that stream, with 48 of those people settling on their properties at the time of his evidence, he

also acknowledged that the requirement to provide confirmation of Aboriginality was a barrier for entry into the Aboriginal Victorians scheme.²²⁷

Witnesses recommended increasing support for ACCOs to provide services around home ownership. Yoorrook heard that resourcing ACCOs to provide their own equity programs,²²⁸ and to provide culturally appropriate support to assist prospective First Peoples homeowners would be beneficial to First Peoples.²²⁹ Yoorrook also heard that scalable rent-to-buy and First Peoples-specific shared equity programs would assist those who are able to contribute to upfront costs.²³⁰ However, given the impact of colonial legacies, including disparities in intergenerational wealth, it is evident that achieving equality in home ownership requires addressing socio-economic disparities more broadly.

Compounding factors exacerbate housing insecurity

First Peoples are more likely to have complex needs requiring stable housing.²³¹

FIRST PEOPLES’ ASSEMBLY OF VICTORIA

The intersecting nature of housing injustice relates directly to education, health and economic life.²³² Cultural factors, including distinctive family and community relationships²³³ and connections to land, often conflict with mainstream housing systems.²³⁴ As noted by the First Peoples’ Assembly of Victoria, homelessness for First Peoples often means a breach of other rights, such as education and access to health services.²³⁵ Harm is therefore compounded for people with multiple vulnerabilities, when faced with a system that sees housing as a discrete issue, rather than providing connected and holistic services.

The cycle of housing insecurity often starts in childhood

[T]here’s nothing worse than having a young person on the streets homeless.²³⁶

KARIN WILLIAMS (BINDAL AND JURU), VICTORIAN
ABORIGINAL COMMUNITY SERVICES ASSOCIATION LTD (VACSAL)

Homelessness takes a heavy toll on First Peoples young people. VACCA highlighted that First Peoples children and young people ‘thrive when they grow up in a safe and nurturing environment, connected to culture, Country and kin’.²³⁷ However, as outlined earlier (see ‘Homelessness’ above), young First Nations people are at increased risk of homelessness. Many First Peoples seeking help from homelessness services are aged under 25, and a significant proportion of First Peoples children remain homeless after receiving support, indicating a gap in service capacity.

Young people often encounter additional hurdles in the rental market, such as unstable income and lack of rental history,²³⁸ compounded by historical injustices and ongoing discrimination and trauma.²³⁹ The national research indicates that this insecurity negatively impacts physical, social and emotional wellbeing, as well as educational outcomes.²⁴⁰ Evidence from VACCA stated that to address these issues, there is an urgent need for targeted support through long-term, non-crisis driven approaches, in addition to assertive outreach, multidisciplinary services and effective case management focused on community connection.²⁴¹

SUPPORTING YOUNG FIRST NATIONS PEOPLE FACING HOMELESSNESS: NUNGURRA

Nungurra Youth Accommodation Service is a voluntary residential facility for Aboriginal and non-Aboriginal young people aged 16–21 who are experiencing or at risk of homelessness.²⁴² It is run by Gippsland and East Gippsland Aboriginal Co-operative (GEGAC). Residents receive an individualised holistic support package that links them to other service systems and addresses their psychological, emotional, health and social needs. The program focuses on a strengths-based approach. Goals achieved by some residents include access to private rentals and transitional housing, enrolment in education and reconnecting with family.²⁴³

People leaving care and criminal justice system lack essential support

Risk of homelessness is high for people leaving institutional and care settings including prisons, detention centres, health facilities or out-of-home care.²⁴⁴ The Commission for Children and Young People found that the out-of-home care system is not doing enough to help young people plan and prepare for their lives after care. When young people leave care, they lose supports and many are left homeless.²⁴⁵ Yoorrook heard that a holistic and tailored approach is needed to support those exiting the out-of-home care system, for example CEO of AHV and chairperson of the Victorian Aboriginal Housing and Homelessness Forum, Darren Smith (Palawa) said:

I think we need to understand better who these children are that are presenting for a start. I suspect a number of these children are people who are either involved with child protection or have previously been involved with child protection. I think they need a house, and they need wraparound support, and, you know, for a child to manage a tenancy they need a whole lot of supports that are in place.²⁴⁶

DARREN SMITH

Similarly, housing insecurity and imprisonment are linked.²⁴⁷ The Aboriginal Justice Caucus told Yoorrook that housing insecurity contributes to the over-imprisonment of First Peoples — tenancy matters can escalate to homelessness without early, culturally safe legal support. Homelessness also increases criminalisation for poverty and public order offences, and ‘refusal of bail due to absence of suitable accommodation increases the number of people on remand’.²⁴⁸ This evidence was confirmed in Yoorrook’s series of prison visits.²⁴⁹ Housing insecurity and homelessness was regularly mentioned as a central factor underpinning how and why First Peoples end up in, or return to, jail.²⁵⁰ AHV said that due to housing shortages ‘prison has become de facto accommodation for growing numbers of our First Nations people’.²⁵¹

Post-release, the ability to secure suitable housing is the critical factor in remaining out of the criminal justice system.²⁵² Yoorrook heard that many First Peoples are unable to obtain bail or parole because they do not have access to accommodation.²⁵³ For those leaving prison on straight release, Yoorrook also heard that the difficulty in accessing housing creates a fear of facing homelessness.²⁵⁴ In Victoria, First Peoples are 18 times more likely to seek homelessness support after release from custody than are non-First Peoples.²⁵⁵ Witnesses told Yoorrook that a lack of rental history for those exiting the criminal justice system presents an additional barrier.²⁵⁶ The Aboriginal Justice Caucus noted that discrimination at application stage ‘often accelerates their pathway into homelessness and more often than not, re-offending’.²⁵⁷

Limited housing availability and social exclusion upon release perpetuate the punitive dynamics of imprisonment for First Peoples.²⁵⁸ Yoorrook heard that those unable to return to the community due to housing unavailability are at greater risk of homelessness and recidivism. In the AHV submission to Yoorrook, CEO Darren Smith said:

[W]ithout a vast improvement in housing provision for Aboriginal families and former prisoners, rates of remand will continue to rise; rates of recidivism will continue to deteriorate; children will continue to move into child protection as their parents are incarcerated; and the harmful impacts on families of prisoners returning to their communities with unresolved trauma will continue unabated.²⁵⁹

ABORIGINAL HOUSING VICTORIA

For some, even imprisonment can be a preferred alternative to perpetual homelessness. For example, Uncle Alan Coe (Yorta Yorta, Wiradjuri, Gadigal) and Simon Flagg respectively described:

I see the recidivism of our men given here is a lack of housing and accommodation for them which causes them to see incarceration as the better choice with life.²⁶⁰

UNCLE ALAN COE

It's very sad when you hear an adult or a kid to say they want to go inside, because it's the only roof that they've known ... Back into prison, juvenile justice, into mainstream prisons, because it's the only steady roof they know ... For me that is a broken system ... I hear it all the time.²⁶¹

SIMON FLAGG

Yoorrook heard, repeatedly, that ACCOs are best positioned to support First Peoples who have contact with the criminal justice or out-of-home care systems, due to their life service model approach and wraparound supports.²⁶² ACCOs, however, cannot provide those services without adequate resourcing.

First Peoples women and homelessness

First Peoples women are especially vulnerable to inequality in the housing system. The VACCA submission noted that this vulnerability is due to the compounding and intersecting effects of caring for children, family violence victimisation²⁶³ and child protection.²⁶⁴ Antoinette Gentile (Wollithiga / Yorta Yorta), Deputy CEO of Djirra, told Yoorrook:

For too many Aboriginal women and children, the lack of safe, stable housing means that risks multiply and compound quickly.²⁶⁵

ANTOINETTE GENTILE

According to the AIHW, nationally 62 per cent of Indigenous clients presenting to Specialist Homelessness Services are women.²⁶⁶ The State acknowledged that women have long been failed by the system:

The number of First Peoples seeking homelessness services who are women and girls and are ‘sleeping rough’ remains a source of enormous concern, and evidence of multiple failures in historical and current systems of law, service delivery and support.²⁶⁷

MINISTER HARRIET SHING MP

Yoorrook also heard about mothers being trapped in a cycle of housing insecurity. VALS Lawyer Juergen Kaehne said:

It's a compounding problem. So the mother loses her accommodation, children are taken away because she has got nowhere to stay. Then she goes to apply for new housing and she is told she can't get one because she has got no family, no children. So it's a circular problem and mum is stuck in the circle.²⁶⁸

JUERGEN KAEHNE

Racism and discrimination magnify First Nations women's inequitable social position. Djirra told Yoorrook that First Nations women are frequently ‘targeted, misidentified and criminalised’ for issues of ‘poverty, homelessness, family violence, experiences of disability and mental health’.²⁶⁹ In Djirra's experience ‘the most important support that Aboriginal women need to engage in education and employment is long term, safe and stable housing’.²⁷⁰

Housing insecurity is a determinant of family violence

Family violence is the leading cause of homelessness for women and children in Victoria.²⁷¹ First Peoples women and children are over-represented as victim survivors of family violence.²⁷² In Victoria, the rates of family violence incident reports involving a First Peoples other party or affected family member are significantly higher than the population rate.²⁷³ Data from the Crimes Statistics Agency shows that in 2024, First Peoples comprised 6.4 per cent of affected family members in police-recorded family violence incidents in Victoria.²⁷⁴

The experience of family violence magnifies the risk of housing insecurity for First Peoples women, and housing insecurity can also exacerbate family violence issues. Djirra told Yoorrook that current barriers to housing are heavily implicated in the difficulties First Peoples victim survivors face in finding safety.²⁷⁵ The conventional response to family violence has been for the victim survivor and any children to leave the home and enter refuges or crisis accommodation to escape the perpetrator.²⁷⁶ In addition to lack of availability, these services are not always responsive to the needs and realities of First Peoples victim survivors.²⁷⁷

Yoorrook also heard that lack of accessible, affordable housing is a deterrent to leaving violent relationships.²⁷⁸ Women and children seeking to be housed separately from partners are faced with long waitlists.²⁷⁹ As stable housing can be a condition of maintaining custody of children, victim survivors are more likely to stay with an abuser until accommodation can be secured.²⁸⁰ The impacts of homelessness arising from family violence for First Peoples are intensified by dissociation from community, kin and country if a victim survivor has to leave their local area.²⁸¹

First Peoples living with a disability face discrimination in housing

Housing insecurity and homelessness disproportionately affect people living with a disability.²⁸² They face a range of barriers to accessing support and housing services, in addition to issues of accessibility, affordability and supply.²⁸³ VACCA told Yoorrook that these factors are exacerbated for First Peoples living with a disability where the ‘intersection of health, wellbeing and social outcomes ... compound disadvantage and systemic barriers to service system access and discrimination within the service system.’²⁸⁴ Yoorrook heard of barriers to accessing the National Disability Insurance Scheme.²⁸⁵ For example, Djirra said, ‘[a] key reason that ... impedes many Aboriginal women’s access to the NDIS [National Disability Insurance Scheme] is the requirement to have a fixed, stable address’.²⁸⁶ VALS told Yoorrook that there is a significant lack of ‘suitable, supported and inclusive housing stock’ for First Peoples with disability, as well as lengthy wait times for suitable housing accommodation.²⁸⁷

Yoorrook heard that these challenges cannot be addressed by simply increasing supply.²⁸⁸

We have got more community presenting with disabilities, how do we transfer houses into disability and how do we just build more disability houses for our community? So it’s one thing to say, ‘Yes we need more houses.’ We do, but it’s also how do we support the growing issues and growing population in a number of factors that are going to present.²⁸⁹

SIMON FLAGG

Older First Peoples and Elders need appropriate culturally safe housing

Elders and older First Peoples need access to culturally safe housing. However, external data and Yoorrook evidence suggests that older First Peoples are experiencing housing insecurity. Social factors have contributed to those aged 55 and over becoming the ‘fastest growing cohort experiencing homelessness’.²⁹⁰ These social factors include a lack of suitable and affordable houses to support multi-generational families, the decline in home ownership rates, limited options for individual occupation and a lack of fit-for-purpose social housing. Minister Shing reported: ‘In March 2024, there were 877 First Peoples aged 55 and over who lived in public housing, and 694 First Peoples applicants aged 55 years and over on the Victorian Housing Register ... Of these, 502 were new applicants and 192 were seeking a transfer.’²⁹¹ By March 2024, 9.6 per cent of First Peoples who were new applicants were aged 55 and over.²⁹²

VACCHO told Yoorrook that access barriers to housing for older First Peoples and Elders ‘have been further compounded by additional vulnerabilities arising from higher rates of disability, comorbidities, homelessness and dementia’.²⁹³ National data indicates that survivors of the Stolen Generations are more likely to experience economic hardship and housing insecurity.²⁹⁴

Yoorrook heard that ensuring care for older First Peoples and Elders is culturally important, given the role that they play in community, for example VACCA said:

Elders have an important caring role in Aboriginal communities. Care provided by kin in traditional Aboriginal cultures has been part of the normal fabric of society for time immemorial ... Given this caring role, experiences of financial hardship, homelessness and housing stress by Elders can have flow on effects on children and young people as well as the wider family group.²⁹⁵

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

The complex needs of older First Peoples and Elders require a comprehensive and integrated housing response.²⁹⁶ Despite this, Yoorrook heard that there are only two very limited residential care services dedicated to residential care for Elders in Victoria:

Aboriginal Community Elders Services and Rumbalara Aboriginal Cooperative.²⁹⁷ ACCOs emphasised the growing need for housing for older people, and the pressures on ACCOs to provide services to older people who have complex needs.²⁹⁸ For example, VACCHO told Yoorrook:

As older First Peoples and Elders continue to live longer lives, the need for culturally safe residential aged care services is becoming more and more urgent ... [T]o feel secure and culturally safe, many older First Peoples and Elders have a preference to be cared for by an ACCO.²⁹⁹

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Staff at the Victorian Aboriginal Health Service in Preston told Yoorrook:

I’ve ... seen many Elders coming through our doors, you know, and not having a foundation of housing. So, you know, how are they then meant to access our health service if they don’t have, you know, adequate housing, and they’ve got health issues ... So it’s these solutions that we need to have the spaces for us to be able to run these strength-based programs that we don’t have ... it’s really heartbreaking seeing our Elders come and access our services and we just have to put them up for a night’s accommodation ... but we do that because that’s what our service does and provides.³⁰⁰

VICTORIAN ABORIGINAL HEALTH SERVICE

Simon Flagg explained, ‘we also have a population that’s growing older, that we haven’t even really factored in our services ... dementia is now starting to become a big issue in our community. They need housing and supports ... and carers to live in housing with them. So we have to think about how do we transform our houses to accommodate that’.³⁰¹

Yoorrook heard that future provisions for Elders must have a focus on preventing Elder abuse, and ‘promoting ageing in place and supporting the traditional role of Elders in mentoring Aboriginal young people’.³⁰²

Housing First

The national research evidence demonstrates that a ‘Housing First’ approach to multiple vulnerabilities reduces homelessness, improves housing stability and provides health benefits, reducing the use of health and other services.³⁰³

WHAT IS THE HOUSING FIRST MODEL?

Recommended in Mana-na woorn-tyeen maar-takoort, the Housing First model specifically aims to support individuals with high or complex needs, including those who experience recurring homelessness. The First Peoples’ Assembly of Victoria told Yoorrook:

This proven approach connects people experiencing homelessness with long-term housing as quickly as possible and without conditions. It acknowledges that housing is a human right that must be met before one can address personal issues. The Housing First model would ensure that those exiting the justice, youth justice, child protection, and mental health systems and those escaping or recovering from family violence can better support themselves to recover instead of ending up in the homelessness system or repeat offending.³⁰⁴

What self-determination requires

In the longer-term, Treaty should provide for a return of Aboriginal lands with funding that meets our right to housing and a fully Aboriginal controlled housing and homelessness system. But the immediate housing and homelessness crisis cannot wait. Future generations rely on what we do now.³⁰⁵

VICTORIAN ABORIGINAL HOUSING AND HOMELESSNESS FORUM

Self-determination must underpin housing solutions

The significant inequities and barriers described in this chapter are not being addressed by current State responses, which have failed to deliver on outcomes and to properly fund commitments.³⁰⁶ As evidenced in the earlier section on State responses, the State has failed to uphold First Peoples’ housing rights and to alleviate the housing insecurity, disadvantage and stress experienced by First Peoples.

Yoorrook consistently heard that the housing system must be underpinned by the principle of self-determination if it is to address the current housing disparity experienced by First Peoples in Victoria. The history of success of First Peoples-led housing providers over many years demonstrates that self-determination delivers the best results (for example, AHV, Ngwala Willumbong Aboriginal Corporation, Rumbalara Aboriginal Cooperative and others: see Chapter 34: Housing overview and historical context). Co-Chair of the First Peoples’ Assembly of Victoria Rueben Berg said that self-determination requires true responsiveness across the housing system:

[W]e want to make sure that there’s opportunities for First Peoples to access First Peoples-led services in a variety of spaces, but there still needs to be that element of self-determination that if they choose to access other services, they should be able to, and there are still obligations on the State to provide those service in an appropriate way.³⁰⁷

RUEBEN BERG, CO-CHAIR OF FIRST PEOPLES’ ASSEMBLY OF VICTORIA

As identified by Rueben Berg, State support and delivery on its obligations are needed to advance self-determination in housing. This requires working together and joined-up thinking between the First Peoples-led system and the mainstream housing system.

Only a coordinated approach will fill the gaps

Given the scale of housing injustice for First Peoples, only coordination between a culturally safe mainstream housing system and a well-resourced First Peoples housing system will address the current gaps.³⁰⁸ The need for a connected system was acknowledged by the State:

The housing system, while still requiring significant reform, relies on the Victorian Government working effectively with the intersecting social assistance systems that aim to improve outcomes for First Peoples.³⁰⁹

MINISTER HARRIET SHING MP

While the Victorian Government has made recent commitments to transfer some housing stock to Aboriginal control, these efforts remain inadequate. While the transfer of 1448 properties to AHV between 2016 and 2018 (see Chapter 34: Housing overview and historical context under ‘Aboriginal housing today’)³¹⁰ is a step in the right direction, it represents less than 2% of Victoria’s total social housing stock. This approach falls far short of true self-determination in housing.

Successive inquiries have found that ACCOs are best placed to manage housing to meet the needs of First Peoples communities.³¹¹ Knowledge of community relationships to land, ways of living and social relations are integral to decisions about placements and associated housing needs. Yoorrook consistently heard that when ACCOs are resourced adequately they can respond not just to housing needs, but to all intersections of a person’s life. Co-Chair of the Blueprint for an Aboriginal Specific Homelessness System Steering Committee Jenny Samms said:

The beauty of the ACCOs is that you have the range of services geared to an individual’s needs, undoubtedly under resourced. But if your family violence needs are there, if your child protection needs are there, if you are leaving the justice system there’s invariably the support that can be combined with your need for housing. So I think one of the things with the entry points, at the moment they are designed around homelessness, which is a bit of a traditional model but that’s not really how Aboriginal organisations or people work. You don’t do that. You don’t say, ‘Look, we’ll fix your little home or big homelessness problem over here and all these other things, you will go somewhere else.’ It is about the person and their needs. So the beauty of it is connection to community.³¹²

JENNY SAMMS

Similarly, Tony Craig, CEO of the Goolum Goolum Aboriginal Co-operative said:

ACCOs are so well positioned to be invested in as a housing provider, because of that capacity. And we are talking about ... [a]ll of the wraparound services you would ideally have around a tenancy and it’s the reverse, you know. Tenancies are given but there’s no other supports in the public system and it creates all these other problems and we say we’ve got the model so invest in us.³¹³

TONY CRAIG

The State made commitments to Yoorrook to transfer adequate power, resourcing and support to ACCOs:

First Peoples deserved so much better and so much more than the contempt shown by successive governments. We are working so hard in the spirit of self-determination to transfer decisions, to create cultural safety, to deliver funding and that work goes on. It is long-term work, and it is my hope that it will be work that spans many, many parliaments and many, many governments and that it will operate with support and funding from the Commonwealth, right through to support and resourcing from ACCOs in a way that means that outcomes are delivered by and for and with First Peoples.³¹⁴

MINISTER HARRIET SHING MP

The State has recently agreed to recognise this expertise and the role of ACCOs in providing housing. The 2023 Victorian Aboriginal Affairs Report (VGAAR) commits to transferring further public housing stock to community housing under the remit of ACCOs³¹⁵ and to work toward a properly resourced First Peoples Housing and Homelessness system.³¹⁶

The way forward

The Victorian Government, having acknowledged its historical and ongoing failure to provide adequate housing for First Peoples, must commit to fully funding and implementing the solutions already identified by First Peoples in Mana-na woorn-tyeen maar-takoort and its associated frameworks. The Victorian Government must also provide clear targets, timelines and accountability mechanisms. Failure to do so perpetuates the systemic injustice that has characterised housing policy for First Peoples since colonisation. In particular, it is critical to:

- deliver an Aboriginal-focused homelessness system
- address housing supply issues
- appropriately fund ACCOs to deliver housing solutions, including implementing targets for new funding and increased social housing stock for Aboriginal housing
- increase support for private rental and home ownership.

To realise self-determination in First Peoples’ housing, a coordinated approach is required. Accessibility and targeted funding and support for ACCOs must be increased across the housing continuum. Housing supply must be increased to meet current and project demand and to address the current housing crisis. There is also a clear need to redress inequality caused by the historical denial of intergenerational wealth. First Peoples’ home ownership and participation in property markets is a key element of economic prosperity, in addition to reducing reliance on the State.

Ultimately, First Peoples’ housing should not be governed by colonial systems and understandings of housing. Continuing cultural authority for First Peoples to determine housing policies, models and system design is essential.

Recommendations

RECOMMENDATION 86

The Victorian Government must fully fund and implement *Mana-na woorn-tyeen maar-takoort: The Victorian Aboriginal Housing and Homelessness Framework* and the projects under the Framework, including in particular by:

- a. Addressing housing supply issues;
- b. Appropriately funding and supporting ACCOs to deliver housing solutions;
- c. Increasing support for private rental and home ownership;
- d. Delivering an Aboriginal-focused homelessness system;
- e. Fully funding and implementing the *Blueprint for an Aboriginal-specific Homelessness System in Victoria*; and
- f. Fully funding and implementing the recommendations in *Aboriginal private rental access in Victoria: Excluded from the Start*.

RECOMMENDATION 87

The Victorian Government must reduce First Peoples’ overrepresentation on the Victorian Housing Register by making Aboriginal and Torres Strait Islander status a criterion for Priority Access to social housing.

RECOMMENDATION 88

The Victorian Government must urgently increase funding and support for Traditional Owner groups and ACCOs to provide homelessness services, transitional housing and a culturally safe housing model that meets the range of specific needs of First Peoples.

RECOMMENDATION 89

The Victorian Government must take steps to urgently increase First Peoples’ housing supply, including by:

- a. Making equitable and stable investments to grow and maintain ACCO community housing supply;
- b. Providing funding to ACCOs to implement alternative models such as build and own, managed by private agent or partnership arrangements;
- c. Extending the Big Housing Build and increase targets from 10% to 25% funding allocation for First Peoples’ housing over the next 5 years;
- d. Transferring fit-for-purpose public housing units to ACCOs and providing repair and refurbishment funding;
- e. Funding ACCOs to respond to barriers facing prospective First Peoples homeowners including expanding knowledge and education strategies on how to enter the home ownership market; and
- f. Developing new and innovative shared equity and rent-to-buy schemes for First Peoples in Victoria.

RECOMMENDATION 90

The Victorian Government must expand support for ACCOs and Traditional Owner groups to provide self-determined housing to First Peoples, including by:

- a. Providing feasibility and start-up costs;
- b. Facilitating community engagement and design of new housing projects; and
- c. Providing funding, resourcing and assistance to engage in and maintain registration as housing providers.

Endnotes

1. Aboriginal Housing and Homelessness Forum, Submission 536, 3.

2. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 52. For a further explanation of the housing continuum see Chapter 34: Housing overview and historical context.

3. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 39.

4. At the time she gave evidence Harriet Shing was Minister for Housing, in December 2024 she became Minister for Housing and Building and she also became the Minister for Development Victoria and Precincts and Minister for the Suburban Rail Loop: Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

5. Transcript of Minister Harriet Shing MP, 24 June 2024, 3 [44]–[45]; Witness Statement of Minister Harriet Shing MP, 3 June 2024, 15.

6. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), Foreword by Professor Kerry Arabena and Daphne Yarram.

7. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020).

8. Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Housing – Enquiries, Frameworks and Reports*’, 3, produced by the State of Victoria, in response to the Commission’s Request for Information dated 5 November 2023.

9. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), Executive Summary, 8.

10. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), Foreword by Professor Kerry Arabena and Daphne Yarram.

11. Aboriginal Housing and Homelessness Forum, Submission 536, 1.

12. Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Housing – Enquiries, Frameworks and Reports*’, 3, produced by the State of Victoria, in response to the Commission’s Request for Information dated 5 November 2023.

13. Aboriginal Housing and Homelessness Forum, Submission 536, 4.

14. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 12.

15. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 13; Victorian Aboriginal Housing and Homelessness Forum, ‘[Platform](#)’ (Webpage).

16. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 13.

17. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 90–94.

18. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 92.

19. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 92.

20. Aboriginal Housing and Homelessness Forum, ‘[Publications](#)’ (Webpage).

21. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 92.

22. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 90.

23. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), Framework Summary and Key Actions, 96–97.

24. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 92.

25. Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 94. See also specific asks in Victorian Aboriginal Housing and Homelessness Forum, ‘[Platform](#)’ (Webpage) and Aboriginal Housing and Homelessness Forum, Submission 536, 6–7, 9, 12, 14, 25–26.

26. Aboriginal Housing and Homelessness Forum, Submission 536, 4. See also Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Housing – Enquiries, Frameworks and Reports*’, 3, produced by the State of Victoria, in response to the Commission’s Request for Information dated 5 November 2023.

27. Aboriginal Housing and Homelessness Forum, Submission 536, 5.

28. Aboriginal Housing and Homelessness Forum, Submission 536, 5.

29. Aboriginal Housing and Homelessness Forum, Submission 536, 4.

30. Aboriginal Housing and Homelessness Forum, Submission 536, 4.

31. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 38.

32. See detailed account of progress on implementation in Witness Statement of Minister Harriet Shing MP, 3 June 2024, 12–21.

33. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 38.

34. Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort 2022 Annual Report Card](#) (Report 2023), 37.

35. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 38.

36. Community Housing Industry Association Victoria, Submission 447, 4.

37. Achievements to date include the development and progress of the Improving Homelessness Services and Outcomes for Aboriginal Victorians project, Aboriginal Private Rental Assistance Program, Aboriginal Home Connect, More than a Landlord, and Aboriginal Advocacy Program: Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort 2022 Annual Report Card](#) (Report 2023) 35, 38–39.

38. Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort 2022 Annual Report Card](#) (Report 2023) 37. See also Aboriginal Housing and Homelessness Forum, Submission 536, 6, 14–15.

39. Aboriginal Housing and Homelessness Forum, Submission 536, 14–15.

40. Aboriginal Housing and Homelessness Forum, Submission 536, 8.

41. Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort 2022 Annual Report Card](#) (Report 2023) 37. See also Aboriginal Housing and Homelessness Forum, Submission 536, 6.

42. Aboriginal Housing and Homelessness Forum, Submission 536, 11, citing Aboriginal Housing Victoria (AHV) commissioned research by Dr Noor Khalidi to prepare Aboriginal community population and housing need projections.

43. Aboriginal Housing and Homelessness Forum, Submission 536, 13–14, citing Aboriginal Housing Victoria (AHV) commissioned research by Dr Noor Khalidi to prepare Aboriginal community population and housing need projections.

44. Aboriginal Housing and Homelessness Forum, Submission 536, 5.

45. Aboriginal Housing Victoria, Submission 351 (Land, Sky, Waters), 5.

46. Victorian Government, ‘[Victoria’s Big Housing Build](#)’ (Webpage, 2020)

47. Victorian Government, ‘[Social Housing Growth Fund – Homes for Aboriginal Victorians](#)’ (Webpage, 2021)

48. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 14–15 [76]–[78].

49. Aboriginal Housing Victoria, Submission 351 (Land, Sky, Waters), 5.

50. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 49–50; Victorian Aboriginal Legal Service, Submission 493 (Housing), 15; Council to Homeless Persons, Submission 478, 2; CREATE Foundation, Submission 410 (Health, Education, Housing), 4–5; Victoria Legal Aid, Submission 423 (Health, Education, Housing), 7, 18.

51. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 38, 39–41.

52. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 41.

53. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019).

54. Aboriginal Housing and Homelessness Forum, Submission 536, 4.

55. Aboriginal Housing and Homelessness Forum, Submission 536, 9.

56. Aboriginal Housing and Homelessness Forum, Submission 536, 4.

57. These including Stage 1: planning, developing and design in two regions, Stage 2: implementation planning, trailing system elements, and Stage 3: ongoing evaluation and improvements: Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 12, 35–41.

58. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 19.

59. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 20–22.

60. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 23.

61. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 24.

62. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 25.

63. Aboriginal Housing Victoria Limited, [Blueprint for an Aboriginal-specific homelessness system in Victoria](#) (Report, 2019), 26–34.

64. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 18 [100].

65. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 18 [100]. See also Transcript of Dannii de Kretser, 7 June 2024, 40 [2]–[9].

66. Aboriginal Housing and Homelessness Forum, Submission 536, 8. See also Witness Statement of Minister Harriet Shing MP, 3 June 2024, 19 [103]; Transcript of Simon Flagg, 5 June 2024, 32 [34]–33 [27]; Transcript of Dannii de Kretser, 7 June 2024, 36 [15]–[46].

67. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, June 2024) 48; Department of Families, Fairness and Housing, Response to NTP-004-011 — ‘*Response to Social Injustice (Housing) Request for Information Questions 1 to 20 Department of Families, Fairness and Housing*’, 40, produced by the State of Victoria on 30 July 2024 in response to the Commission’s Request for Information dated 11 February 2024. See also Witness Statement of Minister Harriet Shing MP, 3 June 2024, 19 [103]; Transcript of Simon Flagg, 5 June 2024, 32 [34]–33 [27]; Transcript of Dannii de Kretser, 7 June 2024, 36 [15]–[46].

68. Transcript of Dannii de Kretser, 7 June 2024, 29 [17]–[18].

69. Transcript of Jenny Samms, 5 June 2024, 95 [2]–[3], [9]–[10].

70. Aboriginal Housing and Homelessness Forum, Submission 536, 9.

71. Aboriginal Housing and Homelessness Forum, Submission 536, 9.

72. See Victorian Aboriginal Housing and Homelessness Forum, [AHHF 2024–25 Victorian State Budget Submission](#). See [AHHF 2024–25 Victorian State Budget Submission](#) (Webpage).

73. Department of Families, Fairness and Housing, Response to NTP-004-007 — ‘*First Peoples Housing; Enquiries, Frameworks and Reports*’, 10, produced by the State of Victoria, in response to the Commission’s Request for Information dated 5 November 2023. See also Victorian State Government, *Victorian Aboriginal Affairs Framework 2018–2023* (2018).

74. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 40.

75. Victorian State Government, *Victorian Aboriginal Affairs Framework 2018–2023* (2018), 35, 41, 61, 64. See also First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 40.

76. Figure 3.2.2 in Victorian State Government, [Goal 3: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024).

77. Figure 3.2.3 in Victorian State Government, [Goal 3: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024). There was a concomitant decline in both rental and mortgage stress for non-First Peoples across the same timeframe, suggesting that this may have been due to market, economic, and social factors.

78. Figure 8.2.1 in Victorian State Government, [Goal 8: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024).

79. Figure 8.2.1 in Victorian State Government, [Goal 8: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024).

80. Figure 8.2.1 in Victorian State Government, [Goal 8: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024).

81. First Peoples' Assembly of Victoria, Submission 490 (Education, Health and Housing), 39.

82. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing; Enquiries, Frameworks and Reports,' 10, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

83. Department of Families, Fairness and Housing, 'Response to NTP-004-007 — 'First Peoples Housing; Enquiries, Frameworks and Reports', 10, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

84. Department of Families, Fairness and Housing, 'Response to NTP-004-007 — 'First Peoples Housing; Enquiries, Frameworks and Reports', 10, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

85. Department of Families, Fairness and Housing, 'Response to NTP-004-007 — 'First Peoples Housing; Enquiries, Frameworks and Reports', 10, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

86. Department of Health and Human Services (Vic), [Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027](#) (Report, August 2017) 62; Department of Health and Human Services (Vic), [Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027](#) (Report, October 2017) 35.

87. Department of Families, Fairness and Housing, 'Annual Report - Department of Families, Fairness and Housing' (Webpage).

88. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing - Enquiries, Frameworks and Reports', 10-11, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

89. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing - Enquiries, Frameworks and Reports', 10-11, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

90. State Government of Victoria 'Dhelk Dja: Safe Our Way' (Webpage).

91. State Government of Victoria, [Family Violence Reform Rolling Action Plan 2020-2023: Activities Index](#) (April 2021) 5.

92. State Government of Victoria, [Family Violence Reform Rolling Action Plan 2020-2023: Activities Index](#) (April 2021) 7.

93. State Government of Victoria, [Family Violence Reform Rolling Action Plan 2020-2023: Activities Index](#) (April 2021) 8.

94. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing; Commonwealth and State Programs, Initiatives, Funding and Reporting', 6, produced by the State of Victoria on 26 March 2024 in response to the Commission's Request for Information dated 5 November 2023. See also Ngaweeyan Maar-oo, Submission 662 (Health, Education, Housing), 11.

95. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing; Commonwealth and State Programs, Initiatives, Funding and Reporting', 5, produced by the State of Victoria on 26 March 2024 in response to the Commission's Request for Information dated 5 November 2023.

96. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 12 [62]; Department of Families, Fairness and Housing, Response to NTP-004-011 — 'Response to Social Injustice (Housing) Request for Information Questions 1 to 20 Department of Families, Fairness and Housing', 29-30, produced by the State of Victoria on 30 July 2024 in response to the Commission's Request for Information dated 11 February 2024.

97. Department of Families, Fairness and Housing, Response to NTP-004-011 — 'Response to Social Injustice (Housing) Request for Information Questions 1 to 20 Department of Families, Fairness and Housing', 29-30, produced by the State of Victoria on 30 July 2024 in response to the Commission's Request for Information dated 11 February 2024; Mallee District Aboriginal Services, Submission 414, 9; Djirra, Submission 411 (Health, Education, Housing), 13; First Peoples' Assembly of Victoria, Submission 490 (Education, Health, Housing), 39.

98. Djirra, Submission 411 (Health, Education, Housing), 13.

99. Legal and Social Issues Committee, Legislative Council, Parliament of Victoria, *The Rental and Housing Affordability Crisis in Victoria* (Final Report, November 2023), 3; Premier of Victoria, 'Victoria's Big Housing Build' (Media Release, 15 November 2020); Tim Pallas MP, Treasurer of the State of Victoria, Victorian Budget 2024/25, 'Helping Families: State Capital Program, Budget Paper No. 4', 150.

100. Department of Families, Fairness and Housing, Response to NTP-004-007 — 'First Peoples Housing - Enquiries, Frameworks and Reports', 14, produced by the State of Victoria, in response to the Commission's Request for Information dated 5 November 2023.

101. Transcript of Dannii de Kretser, 7 June 2024, 8 [8]-[13], 33 [27]-[36].

102. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 12-15; First Peoples' Assembly of Victoria, Submission 490 (Education, Health and Housing), 42; Community Housing Industry Association Victoria, Submission 447 (Housing), 6-7.

103. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 14 [72], 14-15 [76]-[80]. See also Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 16.

104. At the time she gave evidence Harriet Shing was Minister for Housing, however in December 2024 she became Minister for Housing and Building and she also became the Minister for Development Victoria and Precincts and Minister for the Suburban Rail Loop: Premier of Victoria the Hon Jacinta Allan MP, 'A Strong And Focused Team To Build Homes And Help Families' (Media Release, 19 December 2024).

105. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 14-15 [76]-[80], 21 [116].

106. Transcript of Dannii de Kretser, 7 June 2024, 15 [35]-[42].

107. Transcript of Simon Flagg, 5 June 2024, 7 [45]-8 [34]; Western District ACCO Collective, Submission 424 (Housing), 7.

108. Transcript of Tony Craig, 5 June 2024, 10 [35]-[38].

109. Victorian Aboriginal Legal Service, Submission 493 (Housing), 34-36.

110. Implementation progress is described in Witness Statement of Minister Harriet Shing MP, 3 June 2024, 14 [72], 15 [78]-[80], 17 [91]-[94]; Transcript of Minister Harriet Shing MP, 24 June 2024, 29 [32]-30 [39], 33 [7]-34 [3].

111. Australian Institute of Health and Welfare 'Specialist Homelessness Services Annual Report 2022-2023,' *Indigenous Clients* (Webpage, 13 Feb 2024).

112. Australian Institute of Health and Welfare, [Specialist homelessness services 2022-23: Victoria](#) (Fact Sheet, 2024) Table 1: Victoria client characteristics, 2022-23.

113. Table 2 in Australian Bureau of Statistics, 'Estimating Homelessness: Census' (Webpage, 2023).

114. Australian Bureau of Statistics, 'Estimating Homelessness: Census methodology' (Webpage, 22 March 2023).

115. Cyndy Baskin, 'Aboriginal youth talk about structural determinants as the causes of their homelessness' (2007) 3(3) *First Peoples Child & Family Review*, 31-42.

116. Figure 1 in Australian Institute of Health and Welfare, [Specialist Homelessness Services Annual Report 2022-2023, Young people presenting alone](#) (Dataset, 2024).

117. Australian Institute of Health and Welfare, 'Specialist Homelessness Services Annual Report 2022-2023', *Indigenous Clients* (Webpage). This is inclusive of 20 per cent of clients aged 0-9, 7 per cent of clients aged 10-14, and 5.7 per cent aged 15-17. Figure 1 in Australian Institute of Health and Welfare, 'Specialist Homelessness Services Annual Report 2022-2023', *Indigenous Clients* (Webpage).

118. Aboriginal Housing and Homelessness Forum, Submission 536, 8.

119. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 16.

120. Productivity Commission, [Vulnerable Private Renters: Evidence and Options](#) (Research Paper, 2019), 34.

121. Figure 2 in Australian Institute of Health and Welfare, 'Specialist Homelessness Services Annual Report 2022-23', *Indigenous Clients* (Webpage, 13 Feb 2024).

122. Australian Institute of Health and Welfare 'Specialist Homelessness Services Annual Report 2022-2023', *Clients Exiting Custodial Arrangements* (Webpage, 13 Feb 2024). Australian Institute of Health and Welfare 'Specialist Homelessness Services Annual Report 2022-2023' *Clients Exiting Custodial Arrangements* (Webpage, 13 Feb 2024).

123. Key Findings in Australian Institute of Health and Welfare, 'Specialist Homelessness Services Annual Report 2022-23', *Indigenous Clients* (Webpage, 13 Feb 2024).

124. Victorian Auditor General's Office, 'Accessibility of Mainstream Services for Aboriginal Victorians' (Webpage, 29 May 2014).

125. Paul Memmott, Christina Birdsall-Jones and Kelly Greenop, *Why Are Special Services Needed to Address Indigenous Homelessness?* (Report, June 2012) 22.

126. Aboriginal Housing and Homelessness Forum, Submission 536, 20.

127. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 54.

128. Transcript of Simon Flagg, 5 June 2024, 27 [5]-[21].

129. Table 1 in Australian Institute of Health and Welfare, *Specialist homelessness services 2022-2023: Victoria* (Report, 2024), 1; See also Witness Statement of Minister Harriet Shing MP, 3 June 2024, 18-19 [101];

130. Aboriginal Housing and Homelessness Forum, Submission 536, 8.

131. Aboriginal Housing and Homelessness Forum, Submission 536, 8.

132. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 54.

133. Aboriginal Housing Victoria, *Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework* (Report, 2020), 22.

134. Australian Bureau of Statistics, 2024, Table SE9g.1 Households residing in a social housing dwelling, state, and territory, by Indigenous Status, 2021 Census of Population and Housing, (Spreadsheet, June 2022).

135. Figure 2 in Australian Institute of Health and Welfare, 'Housing Assistance in Australia 2024' Households and Waiting Lists (Webpage, 12 July 2024)

136. Productivity Commission, *Report on Government Services 2024: Housing and Homelessness (Part G)* (Report, 22 January 2024) 7.

137. Productivity Commission, *Report on Government Services 2024: Housing and Homelessness (Part G)* (Report, 22 January 2024) 7.

138. Homes Victoria, 'Applications on the Victorian Housing Register' (Webpage, 2024); Homes Victoria, Aboriginal Households - new allocations only, [Social Housing Allocations 2023-2024](#) (Webpage, 2024).

139. Homes Victoria, 'Social Housing Allocations 2023-2024' (Webpage).

140. Homes Victoria, 'Applications on the Victorian Housing Register' (Webpage).

141. Households in greatest need are defined as 'households that at the time of allocation are: homeless; in housing inappropriate to their needs; in housing that is adversely affecting their health or placing their life and safety at risk; or have very high rental housing costs.' See: Productivity Commission, Indicator Results, 4.Time waited, 'Report on Government Services 2024, Part G Section 18' (Webpage, 2024).

142. In 2022-23, the median wait-time was 20 months: Productivity Commission, Indicator Results, 4.Time waited, Figure 18.4b Time waited for social housing by newly allocated households, Public Housing, Vic, 'Report on Government Services 2024, Part G Section 18' (Webpage, 2024).

143. Aboriginal Housing Victoria, [The Victorian Aboriginal Housing and Homelessness Summit: Report of Findings](#) (Report, June 2019) 9.

144. Transcript of Dannii de Kretser, 7 June 2024, 26 [35].

145. Transcript of Minister Harriet Shing MP, 24 June 2024, 28 [11]-[14].

146. Figure 1 in Australian Institute of Health and Welfare, 'Housing Assistance in Australia 2024' Households and Waiting Lists (Webpage, 12 July 2024).

147. Aboriginal Housing Victoria, [Submission to the National Housing and Homelessness Plan](#) (Report, 2023), i. This includes 1,448 properties recently transferred from the Victorian Government to Aboriginal community control. See also Legal and Social Issues Committee, Legislative Council, Parliament of Victoria, [The Rental and Housing Affordability Crisis in Victoria](#) (Final Report, November 2023) 50.

148. First Peoples' Assembly of Victoria, Submission 490 (Education, Health, Housing), 43.

149. Western District ACCO Collective, Submission 424 (Housing), 7-8.

150. Transcript of Minister Harriet Shing MP, 24 June 2024, 31 [7]–[14].

151. Transcript of Dallas Widdicombe 5 June 2024, 11 [40]–12 [5].

152. Transcript of Dannii de Kretser, 7 June 2024, 15 [35]–37].

153. Western District ACCO Collective, Submission 424 (Housing), 8.

154. Transcript of Simon Flagg, 5 June 2024, 7 [31]–[36].

155. Productivity Commission (Cth), [Closing the Gap: Annual Data Compilation Report](#) (Report, July 2024) 53.

156. National Indigenous Australians Agency, ‘[Tier 2 – Determinants of health: 2.01 Housing](#)’, *Implications* (Webpage).

157. House of Representatives Standing Committee on Social Policy and Legal Affairs, [Inquiry into Homelessness in Australia: Final Report](#) (Final Report, Parliament of Australia, July 2021) 211–2.

158. Aboriginal Housing and Homelessness Forum, Submission 536, 20.

159. Productivity Commission, [Closing the Gap: Annual Data Compilation Report](#) (Report, July 2024) 53.

In Victoria, the average number of people per Aboriginal and Torres Strait Islander household is 3 compared to 2.5 statewide. See Australian Bureau of Statistics, ‘[Victoria: 2021 Census All persons QuickStats](#)’ (Webpage).

160. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 54.

161. The Australian Bureau of Statistics uses the Canadian National Occupancy Standard which sets out a range of bedroom occupancy requirements. See: Australian Institute of Health and Welfare, Meteor Metadata Online Registry, ‘[Canadian National Occupancy Standard: Identifying and Definitional Attributes](#)’ (Webpage, 2017).

162. Figure 1 in Australian Institute of Health and Welfare, ‘[Housing Assistance in Australia 2024](#)’, *Suitability of Dwellings* (Webpage, 12 July 2024).

163. Productivity Commission, [Overcoming Indigenous Disadvantage, Key Indicators 2020](#) (Report, December 2020) 10.7.

164. Productivity Commission, ‘[Vulnerable Private Renters: Evidence and Options](#)’ (Research Paper, Australian Government, 25 September 2019) 91.

165. Transcript of Professor Wendy Stone, 5 June 2024, 82 [15]–[32].

166. Community Housing Industry Association Victoria, Submission 447, 9.

167. Community Housing Industry Association Victoria, Submission 447, 9.

168. Community Housing Industry Association Victoria, Submission 447, 9.

169. Transcript of Darren Smith, 5 June 2024, 15 [24]–[40]; Aboriginal Housing and Homelessness Forum, Submission 536 (Housing), 3, 11. See also Wendy Stone, Zoë Almeida Goodall, Andrew Peters and Piret Veeroja, [Aboriginal Private Rental in Victoria: “Excluded from the Start”](#), Consumer Policy Research Centre, Swinburne University of Technology (Report, 2021), 26.

170. Transcript of Professor Wendy Stone, 5 June 2024, 73 [42]–74[2]. See also Transcript of Darren Smith, 5 June 2024, 15 [24]–[40]; Hal Pawson, Kath Hulse and Alan Morris, ‘Interpreting the rise of long-term private renting in a liberal welfare regime context’ (2017) 32(8) *Housing Studies*, 1062–1084.

171. Transcript of Professor Wendy Stone, 5 June 2024, 74 [31]–[42].

172. 3.2.3 in First Peoples State Relations, Victorian Aboriginal Affairs Framework (VAAF) data dashboard, ‘[Goal 3: Aboriginal families and households thrive](#)’ (Data Dashboard, 30 September 2024). Note the original source for this data was the ABS Census of Population and Housing, Victorian Population Health Survey; See also Transcript of Minister Harriet Shing MP, 24 June 2024, 8 [19]–[24].

173. Transcript of Professor Wendy Stone, 5 June 2024, 74 [31]–[42].

174. Transcript of Tony Craig, 5 June 2024, 22 [1]–[15]; Community Housing Industry Association Victoria, Submission 447 (Housing), 6; Megan Moskos et al, ‘“[What works” to sustain Indigenous tenancies in Australia](#)’, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2022), 8.

175. NSW Department of Family and Community Services, Social Housing Aboriginal Service Improvement Unit, *Foundations for success – a guide for social housing providers working with Aboriginal people and communities* (2015).

176. Transcript of Darren Smith, 5 June 2024, 15 [31]–[40]; Transcript of Tony Craig, 5 June 2024, 22 [1]–[15].

177. Aboriginal Housing and Homelessness Forum, Submission 536 (Housing), 12; Victorian Equal Opportunity and Human Rights Commission, Submission 432 (Housing, Education, Health), 8.

178. Transcript of Darren Smith, 5 June 2024, 15 [31]–[40]; Transcript of Tony Craig, 5 June 2024, 22 [1]–[15]; Transcript of Professor Wendy Stone, 5 June 2024, 89 [1]–[15]; Wendy Stone, Zoë Almeida Goodall, Andrew Peters and Piret Veeroja, [Aboriginal Private Rental in Victoria: “Excluded from the Start”](#), Consumer Policy Research Centre, Swinburne University of Technology (Report, 2021), 11.

179. Transcript of Darren Smith, 5 June 2024, 15 [31]–[40]; Transcript of Tony Craig, 5 June 2024, 22 [1]–[15]. See also Wendy Stone, Zoë Almeida Goodall, Andrew Peters and Piret Veeroja, [Aboriginal Private Rental in Victoria: “Excluded from the Start”](#), Consumer Policy Research Centre, Swinburne University of Technology (Report, 2021), 60.

180. Transcript of Darren Smith, 5 June 2024, 15 [31]–[40]; Transcript of Tony Craig, 5 June 2024, 22 [1]–[15]; Transcript of Professor Wendy Stone, 5 June 2024, 89 [1]–[15].

181. Patricia Short et al, [Risk-assessment practices in the private rental sector: Implications for low-income renters](#), Australian Housing and Urban Research Institute (AHURI) (Report, 2008), 2. See also Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 52–53.

182. Melanie Andersen, Anna Williamson, Peter Fernando, Sandy Eades and Sally Redman 2018, “‘They took the land, now we’re fighting for a house’: Aboriginal perspectives about urban housing disadvantage’ (2018) 33(4) *Housing Studies*, 635–660.

183. Law and Advocacy Centre for Women, Submission 29, 11. The Law and Advocacy Centre for Women’s evidence specifically addressed the experiences of criminalised First Nations women. However, Yoorrook infers from this evidence that the requirement of photo identification likely contributes to discrimination for First Peoples more broadly.

184. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 15, citing Victorian Equal Opportunity and Human Rights Commission, *Locked out – Discrimination in Victoria’s private rental market* (Report, 2012).

185. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 11. Victorian Aboriginal Legal Service, Submission 493 (Housing), 22–24. See also Victorian Aboriginal Legal Service, Submission 569 (Economic), 8, citing NY Times, ‘[What is Redlining?](#)’ (Webpage); Summary Report – Dardi Munwurro Site Visit, 6 February 2023, 3; Transcript of roundtable on Housing and Homelessness, 20 November 2023, 38–39.

186. Victorian Aboriginal Legal Service, Submission 493 (Housing), 22.

187. Law and Advocacy Centre for Women, Submission 29, 11; Summary Report – Dardi Munwurro Site Visit, 6 February 2023, 3.

188. Transcript of Professor Wendy Stone, 5 June 2024, 88 [36]–[45]; Transcript of roundtable on Housing and Homelessness, 20 November 2023, 38–39; Law and Advocacy Centre for Women, Submission 29, 11; Aboriginal Justice Caucus, Submission 74 (Child Protection, Criminal Injustice), 52.

189. Transcript of Tony Craig, 5 June 2024, 22 [1]–[8].

190. Community Housing Industry Association Victoria, Submission 447 (Housing), 6; Victoria Legal Aid, Submission 423 (Health, Education, Housing), 9, 19–21.

191. Victoria Legal Aid, Submission 423 (Health, Education, Housing), 17, 19–21; Victorian Aboriginal Legal Service, Submission 493 (Housing), 20; Community Housing Industry Association Victoria, Submission 447 (Housing), 6, 11; The *Residential Tenancies Act 1997* (Vic) contains provisions designed to protect, for example, victims / survivors of family violence: see ss 91V, 91W, 91X, 91Y, 142S, 206AG, 207M. These provisions allow victims / survivors to terminate or alter rental agreements due to hardship caused by the violence. However, enforcing these provisions can be challenging, as the Tribunal must be satisfied that severe hardship would result from not making the order, and the process requires careful timing, documentation, and legal representation, which may not always be readily available. Additionally, the Tribunal’s discretion in determining compensation and the requirement for Tribunal approval to alter agreements complicates enforcement: see, eg, ‘[Family Violence Provisions](#)’, *Justice Connect* (Webpage).

192. Transcript of Professor Wendy Stone, 5 June 2024, 74 [31]–[42]. See also Paul Flatau et al, ‘[Sustaining at-risk Indigenous tenancies](#)’, Australian Housing and Urban Research Institute (AHURI) (Report, 2008).

193. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 7; SAFeST Start Coalition, Submission 40, 13, citing Jacynta Krakouer, ‘Journeys of connecting: Understanding cultural connection for First Nations children and young people in out-of-home care in Victoria’, Doctoral thesis, The University of Melbourne, 45–50; Daphne Habibis et al, ‘[Housing conditionality. Indigenous lifeworlds and housing policy outcomes: towards a model for culturally sensitive housing provision](#)’, Australian Housing and Urban Research Institute (AHURI) (Positioning Paper, 2013).

194. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 53.

Mark Moran et al, ‘[Indigenous lifeworlds, conditionality and housing outcomes](#)’, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2016).

195. Wendy Stone, Zoë Almeida Goodall, Andrew Peters and Piret Veeroja, [Aboriginal Private Rental in Victoria: “Excluded from the Start”](#), Consumer Policy Research Centre, Swinburne University of Technology (Report, 2021), 13.

196. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 41.

197. Correspondence from the Victorian Government Solicitors Office to King & Wood Mallesons (Solicitors Assisting) dated 24 December 2024.

198. Community Housing Industry Association Victoria, Submission 447 (Housing), 11–12. For more discussion of their Koori Private Tenancy Support (Private Rental Assistance Program) and Aboriginal Tenants at Risk of Eviction (ATARE) programs see Mallee District Aboriginal Services, Submission 414, 6–7. For details about how Djirra supports First Peoples women experiencing family violence to engage with Tenants Victoria see Djirra, Submission 411 (Health, Education, Housing), 15. .

199. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 12.

200. Rachel Ong et al, ‘[Housing equity withdrawal: uses, risks, and barriers to alternative mechanisms in later life](#)’, Australian Housing and Urban Research Institute (AHURI) (Report, 2013), 5. See also Transcript of Rueben Berg, Co-Chair of First Peoples’ Assembly of Victoria, 28 May 2024, 61 [22]–[45].

201. Duncan Rouch, Submission 987; Garry Barrett et al ‘[The relationship between intergenerational transfers, housing and economic outcomes](#)’, Australian Housing and Urban Research Institute (AHURI) (Report, 2015), 1.

202. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 9; Transcript of Secretary Peta McCammon, 7 June 2024, 22 [8]–[21]; Naama Blatman and Alistair Sisson, Rethinking housing inequality and justice in a settler colonial city’ in [Research Handbook on Housing, the Home and Society](#) (Edward Elgar Publishing, 2024) 555.

203. Figure 8.2.1 in Victorian State Government, [Goal 8: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024).

204. Figure 8.2.1 in Victorian State Government, [Goal 8: Victorian Aboriginal Affairs Framework Data Dashboard](#), (Webpage, 2024).

205. Australian Bureau of Statistics, ‘[Total Value of Dwellings: Estimates of the total value, number and mean price of Australia’s dwellings, as well as median prices and counts of residential property transfers](#)’ (Webpage, 10 September 2024)

206. Australian Institute of Health and Welfare, ‘*Home Ownership and Housing Tenure*’ (Webpage, 2024).

207. Hal Pawson et al, ‘[Assisting first homebuyers: an international policy review](#)’, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2022) 381.

208. Sarah Prout Quicke and Charmaine Green, ‘Precarious residence: Indigenous housing and the right to the city’ (2017) 85 *Geoforum*, 167–177.

209. Aboriginal Housing and Homessness Forum, Submission 536 (Housing), 11, 27–28; Mallee District Aboriginal Services, Submission 414, 9; Lowanna Moore and Jennifer Mason, Submission 543 ([Video](#)), 3; Rennie Lee et al, ‘Chapter 2 Families, Life Courses and the Intergenerational Transmission of Social Disadvantage in Australia’ in *Family dynamics over the life course: Foundations, turning points and outcomes* (Springer International Publishing, 2022), 17–38, 26.

210. Transcript of Secretary Peta McCammon, 7 June 2024, 22 [9]–[11].

211. Aboriginal Housing and Homelessness Forum, Submission 536, 27.

212. Transcript of Aunty Dr Jill Gallagher, 28 March 2024, 59 [34]–[38].

213. Transcript of Rueben Berg, Co-Chair of First Peoples’ Assembly of Victoria, 28 May 2024, 62 [19]–[25].

214. Djaran Murray-Jackson, Submission 541, 3.

215. Transcript of Secretary Peta McCammon, 7 June 2024, 19 [44]–20 [8], 22 [8]–[21]; Witness Statement of Premier Jacinta Allan MP, 29 April 2024, 20 [145]; Transcript of Minister Harriet Shing MP, 24 June 2024, 7 [32]–[40].

216. Witness Statement of Premier Jacinta Allan MP, 29 April 2024, 20 [145] (citations omitted).

217. Transcript of Secretary Peta McCammon, 7 June 2024, 19 [44]–20 [8].

218. At the time she gave evidence Harriet Shing was Minister for Housing, in December 2024 she became Minister for Housing and Building and she also became the Minister for Development Victoria and Precincts and Minister for the Suburban Rail Loop: Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

219. Transcript of Minister Harriet Shing MP, 24 June 2024, 7 [32]–[40].

220. Chris Martin et al, ‘[Towards an Australian Housing and Homelessness Strategy: understanding national approaches in contemporary policy](#)’, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2023), 11.

221. Witness Statement of then Treasurer Tim Pallas MP — Statement 2, 24 June 2024, 11 [57]–12 [60]; Transcript of Secretary Peta McCammon, 7 June 2024, 42 [11]–[23]; Chris Martin et al, ‘[Towards an Australian Housing and Homelessness Strategy: understanding national approaches in contemporary policy](#)’, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2023), 11.

222. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health, Housing), 41; Transcript of Rueben Berg, Co-Chair of First Peoples’ Assembly of Victoria, 28 May 2024, 64 [31]–[43], 65 [36]–[44]; Aboriginal Housing and Homelessness Forum, Submission 536 (Housing), 13.

223. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 10; Victorian Aboriginal Legal Service, Submission 493 (Housing), 16–17.

224. Aboriginal Housing Victoria, Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort Every Aboriginal Person Has a Home. 2022 Ain 2019-29nnual Report Card](#) (Report, 2022), 34. See also Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 10.

225. Aboriginal Housing Victoria, Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort Every Aboriginal Person Has a Home. 2022 Ain 2019-29nnual Report Card](#) (Report, 2022), 34. See also Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 10.

226. At the time he gave evidence in June 2024, Tim Pallas was Treasurer of Victoria, however in December 2024 the Treasurer role transferred to Jaclyn Symes: Premier of Victoria the Hon Jacinta Allan MP, ‘[A Strong And Focused Team To Build Homes And Help Families](#)’ (Media Release, 19 December 2024).

227. Transcript of then Treasurer Tim Pallas MP, 26 June 2024, 57 [43]–59 [19].

228. Aboriginal Housing and Homelessness Forum, Submission 536 (Housing), 15; Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 9–10.

229. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 5, 9–10.

230. Aboriginal Housing and Homelessness Forum, Submission 536, 15.

231. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health, Housing), 37.

232. Australian Human Rights Commission, 2007, [Social determinants and the health of Indigenous peoples in Australia – A human rights-based approach](#), Workshop paper presented by Mr Darren Dick on behalf of Mr Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, Sydney: Australian Human Rights Commission.

233. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 54.

See also Kyllie Cripps and Daphne Habibis, ‘[Improving housing and service responses to domestic and family violence for Indigenous individuals and families](#)’ Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2019), 7; Alfred Michael Dockery, Megan Moskos, Linda Isherwood, and Mark Harris, [How many in a crowd? Assessing overcrowding measures in Australian housing](#) (Final Report, 2022) 382 Australian Housing and Urban Research Institute Limited, 19.

234. Aboriginal Housing and Homelessness Forum, Submission 536, 20.

235. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health and Housing), 36.

236. Transcript of Karin Williams, 14 December 2022, 393 [12]–[13].

237. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 15.

238. House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, [Inquiry into Homelessness in Australia](#) (Final Report, July 2021) 105.

239. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 25; Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 15.

240. Productivity Commission (Cth), ‘[Vulnerable Private Renters: Evidence and Options](#)’ (Research Paper, September 2019) 86.

241. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 16.

242. Gippsland and East Gippsland Aboriginal Co-operative Ltd, [Annual Report 2020–2021](#) (Report, 2021) 16.

243. Gippsland and East Gippsland Aboriginal Co-operative Ltd, [Annual Report 2020–2021](#) (Report, 2021) 16.

244. House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, [Inquiry into Homelessness in Australia](#) (Final Report, July 2021) 113; Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020) 22.

245. Witness Statement of Commissioner Meena Singh, 5 December 2022, 25 [72]–[74]. See also Commission for Children and Young People, ‘[Keep Caring: Systemic inquiry into services for young people transitioning from out-of-home care](#)’ Report, 2020). In correspondence, the Department of Families, Fairness and Housing noted that there are supports and services available to eligible young people who leave care such as Better Futures, Home Stretch and Housing First. There are a number of Aboriginal Community Controlled Organisations that provide these supports and services to Aboriginal young people leaving care.

246. Transcript of Darren Smith, 5 June 2024, 25 [39]–[44].

247. Yoorrook Justice Commission, 2023, [Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems](#), 297–299; Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 22.

248. Aboriginal Justice Caucus, Submission 74 (Child Protection and Criminal Injustice), 52.

249. Summary Report – Marngoneet Correctional Centre Site Visit, 24 February 2023, 2. See also Transcript of Nerita Waight, 14 December 2022, 438 [23]–[31].

250. Summary Report – Dame Phyllis Frost Centre Site Visit, 20 February 2023 (Session 1), 3; Summary Report – Marngoneet Correctional Centre Site Visit, 24 February 2023, 2; Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 50; Transcript of Simon Flagg, 5 June 2024, 34 [32]–[44].

251. Aboriginal Housing Victoria, Submission 25 (Child Protection and Criminal Injustice), 4.

252. Eileen Baldry, Desmond McDonnell, Peter Maplestone and Manu Peeters, [Ex-prisoners and accommodation: what bearing do different forms of housing have on social reintegration?](#), Australian Housing and Urban Research Institute (AHURI) (Report, 2023). See also Aunty Daphne Milward, Submission 282, 7. See also Merryn Stevenson, Submission 84.

253. Summary Report – Marngoneet Correctional Centre site visit, 24 February 2023, 2 [3]; Transcript of Nerita Waight, 13 June 2024, 17 [24]–[34]; Aboriginal Housing Victoria, Submission 25 (Child Protection and Criminal Injustice), 5.

254. Summary Report – Dame Phyllis Frost Centre site visit, 20 February 2023, 3 [5].

255. Aboriginal Housing Victoria, Victorian Aboriginal Housing and Homelessness Framework, [Mana-na woorn-tyeen maar-takoort Every Aboriginal Person Has a Home. 2022 Annual Report Card](#) (Report, 2022), 20.

256. Outline of Evidence of Alan and Coree Thorpe, 14 December 2022, 6 [31].

257. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 58.

258. Chris Herring, Dilara Yarbrough, Lisa Marie Alatorre, ‘Pervasive penalty: How the criminalization of poverty perpetuates homelessness’ (2020) 67(1) *Social Problems*, 131–149.

259. Aboriginal Housing Victoria, Submission 25 (Criminal Justice), 2.

260. Uncle Alan Coe, Submission 273, 5.

261. Transcript of Simon Flagg, 5 June 2024, 34 [32]–[44].

262. Transcript of Dallas Widdicombe, 5 June 2024, 26 [33]–[34]; Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 23.

263. Yoorrook heard that 68 per cent of Aboriginal women seeking support from Djirra in 2023 were either homeless or in insecure housing. See Transcript of Antoinette Gentile, 14 June 2024, 78 [36]–[46]. See also Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 77.

264. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 19.

265. Transcript of Antoinette Gentile, 14 June 2024, 78 [45]–[46].

266. Figure 1 in Australian Institute of Health and Welfare, ‘[Specialist Homelessness Services Annual Report 2022–2023](#)’, Indigenous Clients, (Webpage, 2024).

267. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 7 [30].

268. Transcript of Juergen Kaehne, 13 June 2024, 17 [36]–[40].

269. Djirra, Submission 44 (Child Protection and Criminal Injustice), 6.

270. Djirra, Submission 411 (Health, Education, Housing), 24.

271. Department of Families, Fairness and Housing, [Ending Family Violence: Annual Report 2022](#) (Report, November 2023) 16.

272. Kyllie Cripps, [Indigenous domestic and family violence, mental health and suicide](#), Australian Institute of Health and Welfare (26 May 2023).

273. Victorian Government, [Victorian Government Aboriginal Affairs Report 2023](#) (Report, 2024) 41.

274. Crimes Statistics Agency, ‘[Family Incidents by Aboriginal and Torres Strait Islander status](#)’ (Webpage, 2024).

275. Djirra, Submission 411 (Health, Education, Housing), 24.

276. Australia’s National Research Organisation for Women’s Safety (ANROWS), [Domestic and family violence, housing insecurity and homelessness](#) (Research Summary, 2019); Victoria, [Royal Commission into Family Violence: Report and Recommendations](#) (Report, March 2016) vol 2, 37.

277. Australia’s National Research Organisation for Women’s Safety (ANROWS), Harry Blagg, Nicole Bluett-Boyd, Emma Williams, [Innovative models in addressing violence against Indigenous women: State of knowledge paper](#), (Report, 2015), 14–15.

278. Djirra, Submission 411 (Health, Education, Housing), 11. See also Victoria, [Royal Commission into Family Violence: Report and Recommendations](#) (Report, March 2016) vol 5, 44.

279. Kyllie Cripps and Daphne Habibis, ‘[Improving housing and service responses to domestic and family violence for Indigenous individuals and families](#)’, Australian Housing and Urban Research Institute Limited (AHURI) (Report, 2019), 27.

280. Harry Blagg et al, [Innovative models in addressing violence against Indigenous women: Final report](#), Australia’s National Research Organisation for Women’s Safety (ANROWS) (Report, 2018), 44.

281. State of Victoria, [Royal Commission into Family Violence: Report and recommendations](#), Vol V, Parl Paper No 132 (Report, 2016), 44.

282. Transcript of Damian Griffis, 9 March 2023, 315 [44]–316 [2]; Selina Tually, Andrew Beer and Pauline McLoughlin, [Housing assistance, social inclusion and people living with a disability](#), Australian Housing and Urban Research Institute (AHURI) (Report, 2011).

283. Witness Outline of Aunty Karin Williams, 14 December 2022, 5 [41]–[43]; Transcript of Darren Smith, 5 June 2024, 35 [19]–[25]; Transcript of Simon Flagg, 5 June 2024, 27 [35]–[40]; House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, [Inquiry into Homelessness in Australia](#) (Final Report, July 2021) 124–7; Andrew Beer et al, ‘Addressing homelessness amongst persons with a disability: Identifying and enacting best practice’ (Report, 2012).

284. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 26.

285. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 25; Djirra, Submission 411 (Health, Education, Housing), 11, 18–19.

286. Djirra, Submission 411 (Health, Education, Housing), 18.

287. Victorian Aboriginal Legal Service, Submission 493 (Housing), 31.

288. Transcript of Simon Flagg, 5 June 2024, 27 [35]–[39]; Victorian Aboriginal Legal Service, Submission 493 (Housing), 31; Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 25–26. See also Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 45–46.

289. Transcript of Simon Flagg, 5 June 2024, 27 [35]–[39].

290. House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, [Inquiry into Homelessness in Australia](#) (Final Report, July 2021) 117–19.

291. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 9 [39].

292. Homes Victoria, ‘[Applications on the Victorian Housing Register \(VHR\)](#)’ (Webpage, 2024)

293. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 75. See also Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 45.

294. Alison Markwick, Submission 394 (Thesis, ‘[Determinants of the gap in health and wellbeing between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander adults who live in the Australian state of Victoria – the contribution of the social determinants of health](#)’), 36; Australian Institute of Health and Welfare, ‘[Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19](#)’ (Webpage), 2 June 2021)

295. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 24.

296. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 24–25.

297. Transcript of Felicia Dean, 7 December 2022, 147 [50]–148 [5].

298. Transcript of roundtable on Housing and Homelessness, 20 November 2023, 23–24; Transcript of Simon Flagg, 5 June 2024, 27 [29]–[41]; Aboriginal Housing and Homelessness Forum, Submission 536 (Housing), 13. See also Aboriginal Housing Victoria, [Mana-na woorn-tyeen maar-takoort: Every Aboriginal Person has a Home. The Victorian Aboriginal Housing and Homelessness Framework](#) (Report, 2020), 45.

299. Victorian Aboriginal Community Controlled Health Organisation, Submission 445 (Health, Education, Housing), 75.

300. Victorian Aboriginal Health Service, Submission 673 (VAHS Preston), 9.

301. Transcript of Simon Flagg, 5 June 2024, 27 [29]–[41].

302. Victorian Aboriginal Child and Community Agency, Submission 475 (Housing), 6.

303. Lara Silbert, Michael Hansen, Joshua Moody, and Kay Ayton, ‘Noongar housing first principles in practice’ (2023) 36(7) *Parity*, 32–36; Yinan Peng et al, ‘Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review’ (2020) 26 *Journal of Public Health Management and Practice*, 404–11.

304. First Peoples’ Assembly of Victoria, Submission 490 (Education, Health, Housing), 44–45.

305. Aboriginal Housing and Homelessness Forum, Submission 536, 4.

306. In correspondence to Yoorrook, the Department of Treasury and Finance noted a number of government initiatives that seek to overcome housing barriers to First Peoples, including the Big Housing Build’s 10 per cent commitment of new social housing dwellings for Aboriginal Victorians under the Homes for Aboriginal Victorians Round, and advocating for Aboriginal and Torres Strait Islander housing as a key objective in the National Housing and Homelessness Plan.

307. Transcript of Rueben Berg, Co-Chair of First Peoples’ Assembly of Victoria, 28 May 2024, 70 [39]–[43]

308. Aboriginal Justice Caucus, Submission 557 (Health, Education, Housing), 54.

309. Witness Statement of Minister Harriet Shing MP, 3 June 2024, 26 [150].

310. [See Chapter 34: Housing overview and historical context] See also Reece Marks, ‘Foundations to Framework: The Growth of an Aboriginal Housing Organisation’ (2019) *Parity*, 33–35, 34.

311. See e.g., House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, *Inquiry into Homelessness in Australia* (Final Report, July 2021) 197; Wendy Stone, Zoë Almeida Goodall, Andrew Peters and Piret Veeroja, [Aboriginal Private Rental in Victoria: “Excluded from the Start”](#), Consumer Policy Research Centre, Swinburne University of Technology (Report, 2021); First Peoples’ Assembly of Victoria, Submission 490 (Health, Education, Housing), 44, referring to the Social Housing Regulation Review (Report, 2022) which is yet to be published by the government.

312. Transcript of Jenny Samms, 5 June 2024, 93 [10]–[21].

313. Transcript of Tony Craig, 5 June 2024, 36 [28]–[33].

314. Transcript of Minister Harriet Shing MP, 24 June 2024, 45 [1]–[8].

315. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024) 48.

316. Victorian Government, *Victorian Government Aboriginal Affairs Report 2023* (Report, 2024) 48.

