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| Supporting self-determination: prioritising funding to Aboriginal organisations project reportExecutive summary |
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# Acknowledgement of Aboriginal Victoria

The Victorian Government proudly acknowledges Victoria’s Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal people as Australia’s first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories both pre and post-invasion. The impacts of colonisation – while having devastating effects on the traditional life of Aboriginal Nations – have not diminished Aboriginal people’s connection to country, culture or community. Aboriginal Nations continue to strengthen and grow with the resurgence of language, lore and cultural knowledge. These rich and varied histories need to be understood and acknowledged by all Victorians, to truly understand the resilience and strength of previous generations, as well as the history of the fight for survival, justice and country that has taken place across Victoria and around Australia.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.

# Audience

The audience for this document is:

* Aboriginal organisations that deliver health and human services
* mainstream organisations that deliver health and human services
* employees of the Department of Health and Human Services.

**Please note:** Throughout this document, the term Aboriginal is used to refer to both Aboriginal peoples and Torres Strait Islander people. Indigenous or Koori/e is retained when it is part of a title, report, program or quotation.

# Disclaimer

PwC's Indigenous Consulting (PIC) was contracted to undertake the consultation and research process which has informed the development of the project report and implementation strategy for the *Supporting Self-determination: Prioritising funding to Aboriginal organisations policy*. Whilst this document reflects the outcomes of the research and consultation process, some elements in the document have been amended and refined, and may not reflect the work of PIC.

Contents

[Acknowledgement of Aboriginal Victoria 3](#_Toc2004677)

[Audience 3](#_Toc2004678)

[Disclaimer 3](#_Toc2004679)

[1 Introduction 5](#_Toc2004680)

[1.1 Purpose of the executive summary 5](#_Toc2004681)

[1.2 Supporting Aboriginal self-determination 5](#_Toc2004682)

[1.3 Why is self-determination necessary? 5](#_Toc2004683)

[1.4 The department’s strategy for advancing 6](#_Toc2004684)

[2 The policy 7](#_Toc2004685)

[2.1 Purpose of the policy 7](#_Toc2004686)

[2.2 Policy statement 7](#_Toc2004687)

[2.3 Scope of the policy 8](#_Toc2004688)

[2.4 Access to culturally safe and responsive mainstream health and human services 8](#_Toc2004689)

[2.5 Options for funding allocation 8](#_Toc2004690)

[2.6 Expected outcomes of the policy 8](#_Toc2004691)

[3 Research and consultation on implementation of the policy 9](#_Toc2004692)

[3.1 Project background 9](#_Toc2004693)

[3.2 Research 9](#_Toc2004694)

[Audit 9](#_Toc2004695)

[Desktop research 9](#_Toc2004696)

[3.3 Stakeholder consultations 9](#_Toc2004697)

[3.4 Findings 10](#_Toc2004698)

[Financial audit 10](#_Toc2004699)

[Funding types 10](#_Toc2004700)

[Financial mapping 11](#_Toc2004701)

[Aboriginal Weighted Inlier Equivalent Separation (WIES) loading 12](#_Toc2004702)

[Key themes from stakeholder consultations 12](#_Toc2004703)

[3.5 Recommendations 13](#_Toc2004704)

[4 Next steps 15](#_Toc2004705)

[4.1 Transition: opportunities and challenges 15](#_Toc2004706)

[4.2 Transition strategy 15](#_Toc2004707)

[4.3 Program-level case studies 15](#_Toc2004708)

[4.4 Funding arrangements for 2018–19 financial year 15](#_Toc2004709)

[Appendix 1: Detail of financial mapping by funding type for 2017–18 16](#_Toc2004710)

[References 18](#_Toc2004711)

# Introduction

* 1.
	2. Purpose of the executive summary

This executive summary:

* outlines the *Supporting self-determination: prioritising funding to Aboriginal organisations* policy (the policy)
* provides an overview of findings and recommendations from the research and consultation undertaken to develop an implementation plan for the policy
* highlights opportunities and challenges for implementation.
	1. Supporting Aboriginal self-determination

On 15 March 2015, the Premier of Victoria, the Hon. Daniel Andrews MP, committed to advancing self-determination for Aboriginal communities in Victoria. The Victorian Government has acted on this commitment by increasing its focus on Aboriginal self-determination in government policies, and by passing Australia’s first Aboriginal Treaty Bill on 21 June 2018, setting up a pathway for government to ratify agreements with Aboriginal Victorians.

This is a significant time for Aboriginal communities in Victoria. The government is committed to working towards self-determination as the driver for government policy and implementation.

* 1. Why is self-determination necessary?

As stated by Associate Professor Gregory Philips in *Korin Korin Balit-Djak* (DHHS 2017), self-determination is necessary because:

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| 1. **Self-determination works**

Australian and international evidence demonstrates that self-determination is the only policy approach that has produced effective and sustainable outcomes for Indigenous peoples (Behrendt, Jorgensen & Vivian 2016).Evidence demonstrates that self-determination and agency is a critical success factor in delivering health and social outcomes for many other populations around the world (Ng et al. 2012). In its simplest form, self-determination and agency means that health and social policies and services are most effective and deliver better quality outcomes when the users of the policies and services participate in their design, delivery and evaluation (Hertzman & Siddiqi 2009).1. **Aboriginal people have a right to self-determination**

Self-determination is necessary because Australia is signatory to a number of international law and human rights frameworks which specifically state and affirm Indigenous peoples’ rights to self-determination. The least of which is the United Nations Declaration on the Rights of Indigenous Peoples (UN 2008).1. **Aboriginal Victorians have requested self-determination**

Self-determination for Aboriginal peoples is necessary because Aboriginal Victorians have consistently and long called for it. The consultation and feedback loop for the development of *Korin Korin Balit-Djak* has confirmed that Aboriginal Victorians, organisations and the funded sector do not think Aboriginal health outcomes will be improved without it. This is a critical authorising factor, not for government to take control of self-determination, but for government to let go of control. |

* 1. The department’s strategy for advancing **self-determination**

The principle of Aboriginal self-determination underpins the Department of Health and Human Services (the department’s) five key Aboriginal health, wellbeing and safety strategies to improve the health, wellbeing, safety and needs and aspirations of Aboriginal Victorians:

* *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*
* *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027*
* *Aboriginal governance and accountability framework*
* *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement*
* *Dhelk Dja: Safe Our Way: Strong Culture, Strong Peoples, Strong Families.*

Strategic direction 1.1.2 in *Korin Korin Balit-Djak* commits the department to prioritising funding to Aboriginal organisations.

The department is supporting the Victorian Government’s commitment to self-determination by giving greater control to Aboriginal organisations to develop, deliver, monitor and evaluate their services to address the needs of their communities.

The department has already taken action to advance Aboriginal self-determination through the transfer of 1,448 properties from the Director of Housing to Aboriginal Housing Victoria. Under the Aboriginal Children in Aboriginal Care initiative, the department has also taken action to advance Aboriginal self-determination through the transition of 30 per cent of its Child Protection contractual management targets to Aboriginal organisations. Prioritising funding to Aboriginal organisations is the next step to support self-management and advance self-determination.

Figure 1: The department’s strategies to advance self-determination



# The policy

* 1.
	2. Purpose of the policy

In July 2017, the department launched the policy with the overall objective to support Aboriginal self-determination and improve the health, wellbeing and safety outcomes of Aboriginal Victorians. The policy aims to prioritise Aboriginal-specific funding to Aboriginal organisations that provide services that address their communities’ health, wellbeing and safety needs and aspirations.

The policy was released by the department in response to the Secretary’s Leadership Group on Aboriginal Affairs, which endorsed a proposal put forward by the department’s Secretary that:

The Secretaries' Leadership Group pursue the principle of self-determination in decision making, program design and resource allocation that affects Aboriginal children and families. This work can be progressed with Aboriginal leaders and communities by prioritising funding to Aboriginal organisations where there is a specific need and/or aspiration relating to the wellbeing of Aboriginal children and families.

The policy supports Aboriginal self-determination by:

* prioritising Aboriginal-specific funding to Aboriginal organisations that provide services that address their communities’ health, wellbeing, safety needs and aspirations
* enabling Aboriginal communities and organisations to work in partnership with mainstream organisations to improve Aboriginal health, wellbeing and safety outcomes
* ensuring that prioritising funding to Aboriginal organisations works in conjunction with the mainstream sector’s commitment to, and focus on, improving Aboriginal health, wellbeing and safety outcomes
* supporting the Aboriginal workforce through building organisational strength and capabilities, and increased workforce retention.
	1. Policy statement

The following policy will apply to the allocation of all funding targeted to the provision of supports and services to Aboriginal people and communities:

* funding for Aboriginal supports and services is to be directed to Aboriginal organisations
* exemptions to this policy require a written justification of why allocation to an Aboriginal organisation is not possible
* exemptions to this policy require the sign off of a deputy secretary
* Aboriginal organisations may subcontract funding to other organisations.

If allocation to an Aboriginal organisation is not deemed possible, the following must be considered by the deputy secretary:

* whether an auspicing arrangement by a non-Aboriginal agency can be put in place as an interim approach ahead of a transfer to a relevant Aboriginal organisation (a timeframe for the transition needs to be set, and the transition process needs to be co-designed with and signed-off by the Aboriginal organisation)
* any non-Aboriginal organisation allocated funding to support Aboriginal people and communities must demonstrate cultural competence, which is endorsed by the local Aboriginal organisation(s)
* this auspicing decision needs to be reviewed in 12 months.

Exemptions authorised by deputy secretaries will be monitored and reported to the board annually by the department.

The policy was formalised in the department’s 2017 [policy and funding guidelines](https://www.dhhs.vic.gov.au/policy-and-funding-guidelines) <https://www.dhhs.vic.gov.au/policy-and-funding-guidelines> for health (volume 2, chapter 1, pp. 59–60) and human services (volume 3, chapter 1, pp.16–17).

* 1. Scope of the policy

The policy applies to the department’s allocation of program and project funding to service providers and other Aboriginal or mainstream organisations. This includes funding allocated through competitive processes like tenders and contracts. The policy does not apply to the budget bidding process or the amount of funding the department provides to support particular policies, programs, projects or regions.

* 1. Access to culturally safe and responsive mainstream health and human services

Importantly, mainstream health and human services still have a major role to play in achieving better outcomes and advancing self-determination in health, wellbeing and safety for Aboriginal people in Victoria.

Aboriginal people have the right to access services and programs from mainstream organisations. Some Aboriginal people may prefer to access services from a mainstream provider. Some services, such as most hospital services, are not provided by Aboriginal organisations. Mainstream services funded by the department are expected to provide accessible services to all Victorians. This includes providing culturally safe and responsive services to Aboriginal Victorians.

A culturally safe and racism-free mainstream service is one in which Aboriginal Victorians feel safe, where there is no challenge to nor denial of their identity, and where their health and human service needs are met. A key aim of the policy is to ensure that prioritising funding to Aboriginal organisations works in conjunction with the mainstream sector’s commitment to, and focus on, improving Aboriginal health, wellbeing and safety outcomes. Mainstream organisations will need to work closely with Aboriginal communities to design and deliver culturally responsive services.

* 1. Options for funding allocation

The three funding allocation options outlined in the policy are:

* funds are allocated directly to an Aboriginal organisation
* funds are allocated to Aboriginal-led partnerships and/or consortiums (including subcontracting and auspicing arrangements via an Aboriginal organisation)
* funds are allocated to mainstream agencies, as an exemption to the policy pending documented deputy secretary approval.

Funding allocation to Aboriginal organisations will be based on the assessment criteria and any accreditation requirements outlined for individual programs. The new policy does not preclude mainstream organisations from being funded. However, supporting evidence will be required to provide a clear rationale for an exemption to the policy, as well as deputy secretary approval. This evidence includes:

* demonstrating that the mainstream organisation has the ability to provide culturally safe and responsive services
* confirming that the mainstream organisation meets the requirements for delivering the proposed services (including accreditation or other standards, where applicable)
* demonstrating that the mainstream organisation can meet the assessment criteria required to deliver the program or services.
	1. Expected outcomes of the policy

*Korin Korin Balit-Djak* states that in 10 years, success will look like:

* Aboriginal communities and organisations are appropriately resourced to design, develop and deliver services that address their communities’ health, wellbeing and safety needs and aspirations
* Aboriginal-specific funding is provided directly to Aboriginal organisations as standard practice
* funding is outcomes based and reporting requirements are flexible and centred on improving Aboriginal health, wellbeing and safety outcomes
* funding to Aboriginal organisations is provided on a long-term (minimum of five years) basis as a matter of course.

# Research and consultation on implementation of the policy

* 1.
	2. Project background

Recognising the complexity of implementing the policy across the broad health and human services sector with multiple funding streams, the department undertook a research and consultation project to consider how best to stage implementation.

The department engaged PIC (the consultant) to conduct this work. The work included:

* an audit of the department’s financial systems to identify all Aboriginal-specific funding
* a desktop review of all relevant departmental policy documents and guidelines
* a range of consultations with internal and external stakeholders.
	1. Research

### Audit

The consultant worked with the department’s finance teams to conduct an audit and map all departmental funding dedicated to improving Aboriginal health, wellbeing and safety. The audit:

* identified existing and yet to be allocated Aboriginal-specific funding across the department
* consulted with budget owners regarding the recording and allocation of Aboriginal-specific funding, including actions and processes involved
* mapped all Aboriginal-specific funding, identifying funding streams and which Aboriginal and mainstream organisations currently receive Aboriginal-specific funding.

### Desktop research

The consultant conducted a desktop review of policies, guidelines and key strategic documents relevant to the department’s funding allocation processes. Documents included but were not limited to:

* the *Policy and funding guidelines*
* the *Funding allocation policy 2017*
* the *Funding quick reference* guide
* individual activity funding/factsheets
* *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*
* the Aboriginal governance and accountability framework.

The consultant also explored best practice models and further research into:

* community-led monitoring and evaluation frameworks
* strengthening the sustainability of Aboriginal organisations
* best practice examples of self-determination
* partnerships and relationships between Aboriginal communities and governments.
	1. Stakeholder consultations

The consultant undertook consultations with relevant internal and external stakeholders, including operational divisions of the department and affected agencies.

A series of consultations were conducted with three key stakeholder cohorts to capture key issues and concerns. The stakeholder consultations involved:

* a series of interviews with budget holders and/or program managers of activity funds, conducted either as individual interviews or as small group discussions
* a reference group comprising representatives from peak Aboriginal organisations and key departmental finance staff
* an external co-design workshop with Aboriginal organisations, conducted to test the impact and key issues for consideration in the implementation of the policy
* an internal co-design workshop with departmental staff, including program managers, budget holders, staff from operational divisions, Aboriginal engagement managers and finance managers, conducted to test the accuracy of key themes and early findings from stakeholder consultations.
	1. Findings

### Financial audit

The financial mapping exercise highlighted challenges in identifying and documenting the department’s Aboriginal-specific funding because:

* there are separate recording systems for health and human services programs and grants
* there is no agreed consistent definition used to categorise Aboriginal-specific funding.

### Funding types

In the absence of a standard classification system to identify Aboriginal-specific funding, a set of definitions, informed by stakeholder consultations, were developed to assist in defining and mapping Aboriginal-specific funding in the department. Table 1 shows the five types of funding identified.

Table 1: Types of Aboriginal-specific funding identified through the financial mapping exercise

| Type of funding | Detail |
| --- | --- |
| ***Korin Korin Balit-Djak*** | Funding provided by the Aboriginal Health and Wellbeing branch (AHWB), formerly known as *Koolin Balit* funding. |
| **All other Aboriginal specific** | All other Aboriginal-specific funding which is described as Aboriginal funding (Indigenous, Koori/e, Aboriginal organisation) within the department’s financial systems. All other Aboriginal-specific funding within the department. This includes:* health services including: acute health services, aged and home care services, mental health services, public health services, primary health services and alcohol and other drug services
* Aboriginal health advancement
* Aboriginal health worker support
* Koori community alcohol and drug worker
* Koori youth alcohol and drug services
* human services, including child protection, out-of-home care and housing services
* Aboriginal family violence services
* integrated family services.
 |
| **General with Aboriginal split** | General funding that includes reference to Aboriginal communities in the activity, client or service description on the department’s financial systems. For example, activity ‘31245 – Integrated Family Violence Services’, where the description of client groups specifically includes Aboriginal families. |
| **General with Aboriginal loading** | General funding where there is a specific provision within an activity stipulating that a proportion of the funding will have an additional loading added specifically to support the needs of Aboriginal people.An example of this is activity-based funding provided to hospitals, where a loading is applied to the funding to assist in supporting the complex health needs and care of Aboriginal patients. |
| **Other identified funding** | Funding distributed with the intent of providing services to the entire population, which does not include any specific activities targeted towards Aboriginal people. These funds may still go to Aboriginal service providers, however the intent of the funding is broader than one cohort or population group. |

### Financial mapping

The department’s 2017–18 funding was mapped against the funding types identified by the consultant. This data was extracted from the department’s Service Agreement Management System (SAMS) on 9 February 2018 and mapped in partnership with the department’s finance teams. It also builds on information gathered through consultations with departmental staff in program areas and operational divisions. A summary of the results of this financial mapping are shown in Table 2. Further detail is available in Appendix 1.

Table 2: Summary of financial mapping of 2017–18 funding

| Funding type | Summary |
| --- | --- |
| ***Korin Korin Balit-Djak*** | *Korin Korin Balit-Djak* funding totalled $10.57 million, of which 64 per cent ($6.75 million) was allocated to ACCOs and 36 per cent ($3.84 million) to mainstream organisations. |
| **All other Aboriginal specific** | A total of $54.52 million in funding was identified, of which 89 per cent ($49.07 million) was allocated to ACCOs and 11 per cent ($5.45 million) to mainstream organisations. |
| **General funding with Aboriginal split (human services)** | A total of $341.10 million[[1]](#footnote-1) in funding was identified, of which 8 per cent ($27.01 million) was allocated to ACCOs and 92 per cent ($314.09 million) to mainstream human services.  |
| **General funding with Aboriginal loading (health)** | A total of $28.2 million in general funding with an Aboriginal loading was identified. All of this funding goes to mainstream health services. |

#### Other identified funding

The consultant’s analysis revealed that there are a number of activities or programs that should be further explored by the department to determine whether they could have an Aboriginal split or loading applied. This funding has been classified as ‘Other funding’, where there is a lack of detail to explicitly describe whether this funding is being targeted towards Aboriginal people.

Results from financial systems reports and consultations with budget holders indicate the need for further exploration, as a number of these funded activities or programs are allocated to Aboriginal organisations. This suggests either:

1. Aboriginal organisations have successfully been awarded funding under a general funding stream or tender process, or
2. the business area is applying an Aboriginal split or loading methodology to their funds allocation that has not been recorded clearly in the financial system.

Further work will be required to focus on improving data capture of Aboriginal funding by streamlining Aboriginal funding classifications and recording in financial systems.

### Aboriginal Weighted Inlier Equivalent Separation (WIES) loading

In 2016, the independent *Koolin Balit* evaluation *Improving cultural responsiveness of Victorian hospitals* identified many opportunities to strengthen the cultural safety practices of Victorian hospitals. It was found that a greater focus is required to build a stronger Aboriginal health workforce, deliver more effective and appropriate cultural safety training, ensure services provide a welcoming environment, and develop closer relationships with Aboriginal organisations. These changes will help to ensure that hospitals deliver more culturally responsive services.

Recently, the department undertook a review of the department’s WIES loading. Under the review, hospital data linked with other departmental datasets was analysed to assess whether the loading improved identification of Aboriginal status and patient outcomes. In July 2017, the department also surveyed WIES-funded health services to assess capital investment and recurrent spending on cultural safety.

The department is currently reviewing funding reform options. Cultural safety needs and best practices will be advised in partnership with Aboriginal-led organisations and the Aboriginal community. Under the proposed reform, hospitals will still receive the funding to improve their level of care to Aboriginal patients. WIES loading is therefore outside the scope of this policy and will not be considered for reprioritisation under the policy. However, one recommendation of the loading review is that the Aboriginal WIES loading be divided into three funding streams to improve accountability and cultural safety responsiveness for Aboriginal patients.

### Key themes from stakeholder consultations

The consultant identified a number of key themes from stakeholder consultations.

#### Communication

The consultations revealed the need to establish clear, consistent and coherent messaging about the policy for all stakeholders, including:

* internal departmental processes for implementation of the policy and establishing links across divisions
* advice to Aboriginal organisations to assist them in planning and preparing to take on additional funding and activities.

#### Sharing of data to inform and empower community decision making

The consultations suggested that there may be inconsistencies and limitations in the data available to inform funding decisions. The majority of participants highlighted the opportunity to provide Aboriginal communities with data to build an evidence-base to inform decision making.

#### Aboriginal decision-making processes

Stakeholders expressed the view that sharing information with Aboriginal communities through the department’s Aboriginal governance mechanisms will support Aboriginal community-led funding decision making.

#### Accountability and transparency

The view of stakeholders was that policy implementation should be supported by a clear decision-making process that provides transparency for Aboriginal organisations. Funding decisions across the department should be aligned with Aboriginal community need. The department’s Aboriginal governance and accountability mechanisms should have visibility over how decisions have been made.

#### Strengthening sustainability of Aboriginal organisations

Recognising there will be increased expectations on Aboriginal organisations to deliver services, stakeholders indicated that staff in Aboriginal organisations will need support, including access to the right tools and corporate infrastructure to deliver specific programs. Supporting partnerships between Aboriginal and mainstream organisations will assist with long-term sustainability for transitioning funding.

#### Providing pathways for Aboriginal organisations to build their capacity

Stakeholders were concerned that some Aboriginal organisations would not be able to apply for funding because they did not have the relevant accreditation to deliver specific health and human services. Gaining accreditation standards could be seen as a barrier for small organisations like Gathering Places to build their capacity to deliver services.

#### Training

A range of training needs were identified to support the department’s staff to implement the policy including:

* cultural safety training to equip staff with knowledge and skills to work with the Aboriginal sector
* building capacity in accessing data sets and sharing information with community
* implementation training, including monitoring and reporting processes.
	1. Recommendations

Based on the findings of the research and consultation process, the consultant included five recommendations in the final report. The recommendations received were broadly endorsed by the Aboriginal Strategic Governance (ASG) Forum, with some caveats. Table 3 details the recommendations and caveats.

Table 3: Recommendations and caveats of the project final report

| Recommendation | Caveats from the Aboriginal Strategic Governance Forum |
| --- | --- |
| **Recommendation 1:**Establish the governance arrangements needed to ensure successful implementation: continuation of the project reference group, engagement with Divisional Aboriginal governance committees and oversight by the Aboriginal Health, Wellbeing and Safety subcommittee of the department’s Executive Board. | * This work is linked to broader work on funding reform across government.
* The terms of reference and membership of the project reference group need to be reviewed.
* Work to streamline and sequence meetings and decision making should be prioritised.
* Engagement with divisional committees needs to be strengthened (such as including divisional representatives on the project reference group).
 |
| **Recommendation 2:**Ensure the policy is reflected in core departmental systems and practices: Reinforcement in funding policies, funding activity sheets and coding and recording in financial systems. | * There is a need for strong communications, including how to develop or source other Aboriginal organisations to deliver these services.
 |
| **Recommendation 3:**Sequential transition via four tranches, allowing greater time to transition, focusing first on *Korin Korin Balit-Djak* funding. | * This should also include any new funding to Aboriginal organisations.
* A process for engagement needs to be developed.
* ‘Aboriginal organisation’ needs to be clearly defined. Is this only community-controlled organisations? What if they have a non-elected board?
* A process needs to be developed to set priorities for *Korin Korin Balit-Djak* funding.
 |
| **Recommendation 4:**Communicate and promote a schedule for the implementation of the policy: This is needed for transparency and to ensure orderly implementation. | * A decision-making process needs to be developed.
* It will be important to tell the story in a way that creates impact.
 |
| **Recommendation 5:**Track success through the monitoring and evaluation framework, involving Aboriginal people and organisations. | * Nil comment.
 |

# Next steps

* 1.
	2. Transition: opportunities and challenges

The project process identified both opportunities and challenges to transitioning funding from mainstream organisations to Aboriginal organisations.

The following opportunities and challenges were identified as important factors that must be considered when transitioning funding:

* workforce transition and development
* human resources considerations
* partnerships and consortiums
* strengthening the sustainability of Aboriginal organisations
* strengthening partnerships between mainstream and Aboriginal organisations
* place-based approaches.
	1. Transition strategy

To address these complexities and leverage opportunities, while ensuring minimal disruption to the sector, further work is required to effectively support the sector during and after the transition of funding. The department is currently developing a detailed transition strategy to support a sustainable approach to transitioning funding to Aboriginal organisations.

The transition strategy will outline the steps required and the roles and responsibilities of project stakeholders to implement the policy over the coming years. The strategy will also take account of differences in sector readiness and will allow for place-based approaches. Case studies that document projects and programs for early transition will form part of the transition strategy.

A suite of tools and resources will accompany the transition strategy to support implementation of the policy and guide staff to consider opportunities for transition, and to track and monitor progress.

* 1. Program-level case studies

To highlight examples of good practice and show how the policy can be applied across different programs and contexts, the department will take a flexible approach to implementation, beginning with a micro focus on programs that can be transferred to Aboriginal organisations. The department will document these as case studies, to demonstrate how the department can work with the sector to transition program funding to Aboriginal organisations. Potential projects for early implementation are currently being identified with program areas.

* 1. Funding arrangements for 2018–19 financial year

All *Korin Korin Balit-Djak* (formerly known as *Koolin Balit*) funding initiatives are extended to 30 June 2019. This will enable organisations to be sufficiently prepared to transition to the new arrangements and will ensure service continuity across the sector.

Appendix 1: Detail of financial mapping by funding type for 2017–18

Table 4: *Korin Korin Balit-Djak* funding allocation 2017–18

| Type of Korin Korin Balit-Djak funding | Funding received by Aboriginal organisations | Percentage of funding received by Aboriginal organisations | Funding received by mainstream organisations | Percentage of funding received by mainstream organisations |
| --- | --- | --- | --- | --- |
| Aboriginal-specific SAMS | $6,750,902 | 72% | $2,674,279 | 28% |
| Aboriginal-specific MAPS | $0 | 0% | $1,161,683 | 100% |
| **Total 2017–18** | **$6,750,902** | **64%** | **$3,835,962** | **36%** |

Total *Korin Korin Balit-Djak* funding for 2017–18 financial year: $10,586,864

Table 5: Aboriginal-specific funding allocation 2017–18

| All other Aboriginal specific | Funding received by Aboriginal organisations | Percentage of funding received by Aboriginal organisations | Funding received by mainstream organisations | Percentage of funding received by mainstream organisations |
| --- | --- | --- | --- | --- |
| Health  | $17,714,267  | 88%  | $2,385,020 | 12% |
| Human services | $31,354,389  | 91% | $3,069,845 | 9% |
| **Combined total 2017–18**  | **$49,068,656**  | **89%** | **$5,454,865** | **11%** |

Table 6: General funding with Aboriginal split allocation 2017–18

| General with Aboriginal split | Funding received by Aboriginal organisations | Percentage of funding received by Aboriginal organisations | Funding received by mainstream organisations | Percentage of funding received by mainstream organisations |
| --- | --- | --- | --- | --- |
| Human services | $27,007,284  | 8% | $314,092,475[[2]](#footnote-2) | 92% |
| **Total 2017–18**  | **$27,007,284**  | **8%** | **$314,092,4752** | **92%** |

Table 7 General funding with an Aboriginal loading allocation 2017–18

| General + Aboriginal loading | Funding received by Aboriginal organisations | Percentage of funding received by Aboriginal organisations | Funding received by mainstream organisations | Percentage of funding received by mainstream organisations |
| --- | --- | --- | --- | --- |
| Health | 0 | 0% | $28,200,000 | 100% |
| **Total 2017–18**  | **0** | **0%** | **$28,200,000** | **100%** |

The Victorian health system is funded through an activity-based funding model paid directly to hospitals known as weighted inlier equivalent separations (WIES). Because funding is paid directly to hospitals, all funding is distributed to mainstream organisations. WIES funding has a 30 per cent loading that is aligned for Aboriginal patients.

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1. Note the total figure of $341.10 million is general funding and only a portion of this may be Aboriginal specific. Therefore, only a portion of this total funding stream will be considered for transition. There is currently limited data to determine the proportion split to Aboriginal people and communities. The department will focus on improving Aboriginal capture in financial systems to understand baseline calculations. [↑](#footnote-ref-1)
2. Note the total figure of $341.10 million is general funding and only a portion of this may be Aboriginal specific. Therefore, only a portion of this total funding stream will be considered for transition. There is currently limited data to determine the proportion of the split to Aboriginal people and communities. The department will focus on improving Aboriginal capture in financial systems to understand baseline calculations. [↑](#footnote-ref-2)