

Koolin Balit (2012-2017) and beyond

Koolin Balit means 'healthy people' in the Boonwurrung language

Where we've been

(Department of Health)

We heard strong Aboriginal voices

Over 400 Aboriginal community members, health workers and others participated across four evaluations of the Koolin Balit investment. The evaluation findings informed the development of the new strategic plan.

We found...

Connecting to PLACE and CULTURE is CRUCIAL

- Initiatives must be driven by **LOCAL CONTEXT** in terms of **community needs**, available **resources** and local service **systems**
- Gathering places are positively impacting on physical health, social and emotional **wellbeing**, social **connectedness** and **strengthening** the **cultural identity** of attendees

LOCAL PARTNERSHIPS between health services and Aboriginal Community Controlled Health Organisations are critical to improving cultural safety

- Aboriginal people must **lead decisions** around the health and wellbeing of Aboriginal Victorians
- **Data** needs to be **reported** back to **communities**, not held solely by government
- Better ways are needed to **share knowledge** and **good practice** examples across the health sector

Aboriginal workers experience dangerous levels of RACISM and vicarious TRAUMA

- **Cultural safety training** needs to be guided by standards
- Greater **cultural support** and **debriefing** is needed for Aboriginal workers
- **Aboriginal workforce** needs to focus on **recruitment**, **retention** and **employment transitions**

PERSONAL RELATIONSHIPS between Aboriginal clients and staff provide the basis for holistic models of care, and helps to provide access to a wider range of services

- **Aboriginal staff** in mainstream services **help clients** to **access** services
- Services and programs **MUST** be delivered in **culturally safe settings**
- Hospitals are being more proactive in **building relationships** with local Aboriginal community organisations
- Hospitals need to be more accountable in relation to cultural safety



Short term funding is problematic

Where we're heading

(Department of Health and Human Services)

KORIN KORIN BALIT-DJAK ('growing very strong')

Aboriginal Health, Wellbeing and Safety Strategic Plan

We will...

Work closely with Aboriginal communities to support **self determining, healthy and safe Aboriginal people and communities**

by prioritising..

..and acting to..



System reform across the health and human services sector



Aboriginal community leadership



Aboriginal culture and community



Safe, secure and strong families and individuals



Physically, socially and emotionally healthy Aboriginal communities

• Embed **cultural safety** into the health and human services sector

• Strengthen **monitoring** and **accountability** of cultural safety

• Bring Aboriginal people and culture to the **decision making** table

• **Share data** and **research** and support **evidence-based** practice across the health and wellbeing sectors

• **Strengthen and prioritise relationships** with Aboriginal communities and organisations

• Improve Aboriginal **social and emotional wellbeing**: Strengthen healing, resilience and mental health through culturally responsive services

- **Prioritise funding to Aboriginal organisations**
- **Focus on OUTCOMES for funding**

Summary of Koolin Balit evaluation findings

Background

In 2013 the Victorian government allocated \$61.7 million over four years to implement *Koolin Balit: Strategic Directions for Aboriginal health*.

The *Evaluation Plan for the Koolin Balit Investment* was published in March 2015, designed to:

1. Ensure **accountability** to government, Aboriginal community and the wider public
2. Inform **improvement** of existing programs and future funding decisions.

The evaluation plan took a different approach from previous evaluations. Rather than appointing a single evaluator, four external evaluations were conducted on specific topics

chosen for their investment size, potential for replication and other critical information needs.

The evaluations focused on:

- **Case management and care coordination** models
- The **gathering place model** in Victoria
- Improving **cultural responsiveness in Victorian hospitals**
- **Traineeships and workforce development**

A significant commitment to evaluation capacity building was also included as part of the evaluation.

Key Findings across the evaluations: Common Themes

Connections to Place and Culture are crucial for health and wellbeing

- Gathering places are impacting positively on Aboriginal health and wellbeing with improved physical health, social and emotional wellbeing, social connectedness and strengthening of cultural identity.
- Successful case management takes a holistic approach to health and wellbeing to help Aboriginal clients connect with their culture.
- Hospitals should connect with local Aboriginal community organisations, Traditional Owners and Aboriginal clients to be culturally responsive and culturally safe.
- Connection to place and culture, for both individuals and communities, should be monitored as an important indicator of Aboriginal health and wellbeing.

Government should be more active in some specific areas

- Align accountability measures for hospitals with factors shown to be most effective at improving cultural safety.
- Short-term, project-based funding can be detrimental to program continuity and community development.
- Gathering Places feel misunderstood and ignored in government policy and funding decisions.
- Monitoring Aboriginal people's experiences of healthcare is needed – Government should report data back to service providers and Aboriginal communities.
- Providing guidelines / protocols for the delivery and evaluation of Aboriginal cultural safety training in hospitals.

The Aboriginal workforce experiences dangerous levels of racism and vicarious trauma

- The evaluations found that this is particularly evident in hospitals and several Aboriginal trainees reported experiences of workplace racism.
- Aboriginal Hospital Liaison Officers experience trauma directly and through their work with clients.
- Isolation of the workforce could be eased with more networking opportunities, professional supervision and cultural supervision.
- Case managers and their teams provide examples of successful support strategies for the Aboriginal workforce, such as intensive cultural and clinical support, application of professional case management standards and having appropriately skilled teams for peer support and workload sharing.

Opportunities for greater coordination and sharing good practice. In some cases, there is a need for more connection within local areas. For example:

- Some managers of trainees reported limited local networks to help trainees find ongoing employment outside the host organisation, while other local organisations were later found to have missed employment opportunities.
- Case managers highlighted the need to have strong local networks with other service providers and for employers to support building these connections as part of their role.
- Gathering places have no mechanisms to connect and share good practice.

