



# VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LTD.

186 Nicholson Street, Fitzroy VIC 3065

P: 9419 3000 E: [info@vahs.org.au](mailto:info@vahs.org.au) W: [www.vahs.org.au](http://www.vahs.org.au)

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To whom it may concern,

**Re: VAHS Position on the “First Peoples’ Health and Wellbeing Clinic”**

<https://www.firstpeopleshealthandwellbeing.org.au/>

The Victorian Aboriginal Health Service writes to highlight its grave concerns related to the above entity recently established claiming to be an Aboriginal Community Controlled Health Service.

*The First Peoples Health and Wellbeing Clinic, formerly known as Access Services for Koories (ASK), was an entity set up as an independent but complimentary service to improve coordinated Aboriginal community access to primary health care and specialist services in the northern suburbs of Melbourne. ASK’s primary focus was to facilitate the relationship between Indigenous clients and health care providers including: specialists, general practitioners, psychologists, practice nurses and allied health professionals. Its service scope included: accepting referrals to assist GPs to manage patient care, intensive assistance related to chronic disease management, helping clients to schedule and attend appointments, accompanying them when appropriate, developing and maintaining a Preferred Provider Network and delivering culturally sensitive services.*

For many years, ASK co-located with VAHS until mid-2018. Since then, ASK has relocated, re-established and now rebranded itself as the *First Peoples’ Health and Wellbeing Clinic* opening in November 2018 using Aboriginal art design and claiming to be “a dynamic **Aboriginal community controlled health service** aiming to improve access to affordable primary health care in urban Melbourne. In 2018 the organisation expanded to set up a clinic in an area with unmet primary health care need in Thomastown. To reflect this development the name of the organisation was changed to *First Peoples’ Health and Wellbeing Clinic*” representing itself to be an Aboriginal community controlled health service.

ASK was established in 2010 as an independent Australia Company. Its governance structure was based on a collaborative arrangement between VAHS and the Northern Division of General Practice and included 5 Board members with Aboriginal representation being provided through the VAHS Executive. As a company, from the day of its initial inception, the entity had no community membership base to speak of except for Aboriginal representation from VAHS on its Board of Directors which included the CEO and Board Members.

We understand this governance structure is still the case, however VAHS does not continue to participate in any capacity as company directors and current Aboriginal community participation at the governance level remains unclear. The abovementioned website launched in mid-September 2018 puts the call out for nomination for representation on the organisation’s

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*Community Advisory Council*. The fact that this entity's legal status is still a Company and it aims to establish a Community Advisory Council suggests this is a mainstream organisation and that there is still no Aboriginal community membership base.

The **National Aboriginal Health Strategy 1989** defines Community Control as *“Community control is the local community having control of issues that directly affect their community”*. The late Bruce McGuinness defined **Aboriginal Community Controlled Health Services** as meaning that *“each independent and autonomous health service is controlled by the community it serves, in order to provide that community with health care delivery to meet its health needs, as defined by that community. The solution to each community's health needs is in the hands of that community”*. The **National Aboriginal Community Controlled Health Organisation (NACCHO)** describes an Aboriginal Community Controlled Health Service 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”*.

More recent work on self-determination as outlined in the **Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027**, which references Koolin Balit evaluation findings (DHHS 2015) identified that successful initiatives were built on programs where communities self-determined their solutions and programs. In fact, the **Vision** of the Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan is for *“Self-determining, healthy and safe Aboriginal people and communities”*. Many of its **Guiding Principles** are specifically focused on: *“Aboriginal self-determination, Aboriginal community leadership, and Aboriginal communities self-determined health, wellbeing and safety”*.

VAHS is concerned that this newly re-established organisation is misrepresenting itself as an Aboriginal Community Controlled Health Service to attract already limited Aboriginal Health and Wellbeing funding to establish a clinic to service First Nations community of the northern suburbs.

We are troubled that this is very similar to VAHS's long standing directions focused on service expansion and more specifically the establishment of a satellite clinic in the City of Whittlesea in 2018/2019 with the primary focus on providing more locally accessible, culturally safe, holistic primary health care services to Aboriginal communities of the outer Northern metropolitan catchment.

The governance arrangements and board membership for the First Peoples Health and Wellbeing Clinic are not available on its website. The fact that there is no opportunity to become a member on the website or otherwise (apart from the Community Advisory Council) is further indication that it is NOT a member based organisation. This in itself is a clear demonstration of the lack of understanding of and goes against the true essence, principles and values of Aboriginal community control and self-determination, the very philosophy on which the Aboriginal Community Controlled Health sector is founded.

While the entity quotes Aboriginal history and the adoption and benefits of healing properties of age old traditional Aboriginal medicine and healing practice and goes as far as using local Woiwurrung language to give the impression to represent itself as an Aboriginal Community Controlled Health Service with a commitment to the 1989 National Aboriginal Health Strategy (NAHS) and the Aboriginal definition of Health, its lack of Aboriginal community participation in its

governance arrangements, cultural and community misrepresentations (including the photo shopping of Aboriginal and Torres Strait Islander flagpoles at the front of its premises) as well as the lack of connection to other ACCHO's and community participation and endorsement is an indication to the contrary.

The lack of an Aboriginal community membership base and Aboriginal community nominated and endorsed participation in organisational governance and leadership together with the lack of consultation/connection with VAHS and other Aboriginal health stakeholders such as VACCHO in addition to the fact that the entity is currently led, directed and operated by Non-Aboriginal ex-employees of VAHS prompts you to question the professional and cultural integrity of the organisation, and particularly those who have led its establishment and future operation.

While VAHS supports access to local services and consumer choice, we are opposed to non-Aboriginal led and directed entities claiming and representing themselves as Aboriginal Community Controlled Health Services.

We are alarmed that a once co-located complementary service has used VAHS service concepts, service data and knowledge and packaged it in a way to represent itself as a culturally informed Aboriginal Community Controlled Health service and is establishing a primary health care clinic in the very same LGA that VAHS has been working to establish its own clinic for the past 18 months.

It is evident and we are disheartened that past staff would have been undertaking their own planning to establish this service for several months in advance prior to their departure while still working with VAHS (without our knowledge or input) to ensure that the new ASK office was in fact a General Practice facility which is not consistent with the ASK scope of service. It is disturbing that many of these staff are the very same personnel who were heavily involved in the planning and establishment of the VAHS Whittlesea satellite clinic which up until their departure had been heavily delayed.

We call on community, government and other stakeholders to carefully consider the allocation of Aboriginal health and wellbeing resource support being provided to the First Peoples Health and Wellbeing Clinic and to carefully question and consider its claims to be an Aboriginal Community Controlled Health Organisation. This claim is a clear and obvious misrepresentation by this organisation in the current policy context of self-determination.

VAHS condemns the actions of those involved in the establishment of the First Peoples Health and Wellbeing Clinic and is keen to learn more about its Aboriginal community membership base and their participation in its governance and leadership and the organisation's claim to being an Aboriginal Community Controlled Health service.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R Briggs'.

Ronald Briggs  
Chairperson