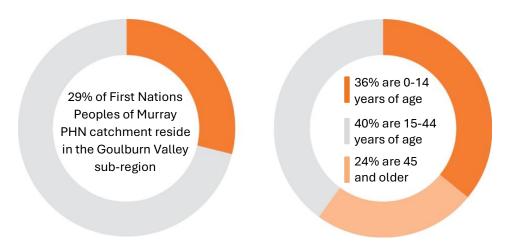
First Nations in the Goulburn Valley



Approximately 5400 First Nations Peoples reside in the Goulburn Valley sub-region, which is equal to 29 per cent of the total First Nations population in the Murray PHN catchment (ABS, 2021). Available data also indicates that approximately 36 per cent of the region's First Nations population (about 1901 individuals) are aged between 0 and 14, while around 24 per cent (about 1291 individuals) are 45 and older.

The region covers five LGAs: Greater Shepparton, Mitchell, Moira, Murrindindi and Strathbogie, however approximately 70 per cent of the region's population reside in Greater Shepparton. As such, it was highlighted in the consultations that there are difficulties for those living outside of Greater Shepparton in travelling and accessing care due to their rural nature.



ACCHOs in the region

• Rumbalara Aboriginal Co-Operative





Key findings

Barriers to accessing healthcare and the provision of health and wellbeing services

Domain	Finding
Autonomy, empowerment and recognition	Mainstream services often lack identified roles and positions, making them unsafe for First Nations people to attend. Although the region had the lowest rate of semi-urgent and non-urgent ED presentations by First Nations Peoples, this was related to the lack of Cultural Safety in mainstream services. Despite the hospital having an Aboriginal Liaison Officer (ALO), other service providers noted that they do not have the capacity to take on every person who presents at the hospital, meaning that a lot of First Nations people will choose not to go to the hospital, or if they do, they will leave before being seen.
	There is insufficient funding to provide holistic care, and the funding provided comes with burdensome reporting requirements. Participants highlighted that the reporting requirements are the same regardless of the size of the grant, often meaning they will not apply for grants below a certain amount. They also highlighted that the lack of funding for early intervention and prevention means that they are unable to provide holistic care.
Work, roles and responsibilities	Burnout is currently highlighted as being common for ALOs across the region, as First Nations people in these roles are carrying the cultural load for their entire Community.
Access to services	The geographical spread and low supply of First Nations health services make accessing Culturally Safe care quite difficult for many First Nations people in the region. Most of the care is provided in Shepparton, which is making it very difficult for people in surrounding areas to access services.
	Transport was highlighted as a barrier for access. Service providers highlighted that there is limited public transport to travel across the region.
	The distance between the ACCHO and surrounding towns makes it difficult for the ACHHO to provide outreach services due to a lack of funding, resources and staffing. As a result, pockets of the region do not have access to an ACCHO or its services.
	The ACCHO currently requires proof of Aboriginality to access its services, which was highlighted as a barrier for some First Nations people in accessing care.
	There is limited access to allied health services, with long waitlists across the region. Podiatry, occupational therapy, youth mental health and AOD services were highlighted as services with higher need or longer waitlists. The ACCHO indicated that if it had the infrastructure, it would be able to offer more allied health services, however without funding, this is not possible.
Workforce	There currently are not enough identified roles to meet the region's needs, however, this would contribute to a safer cultural experience for First Nations people accessing services. As the identified workforce grows, appropriate cultural supports are needed to prevent burnout and enhance wellbeing.

Enablers to access and opportunities to support the region

Domain	Finding
Autonomy, empowerment and recognition	Service providers highlighted the need for the ACCHO to be clearer around which services they are providing to different areas of the region, both to Community and to the PHN. With increased transparency, service providers highlighted this could allow measures that ensure that all First Nations people in the region have access to culturally appropriate care, even if the ACCHO cannot realistically service them.
	Mainstream services in the region highlighted that it would be useful to have more local data shared with them, so that they can tailor their services to the needs in their region. This might look like doing targeted health promotion or looking to partner with First Nations service providers to deliver Culturally Safe services to areas that are underserviced.
Health and chronic conditions	Funding for health promotion and early intervention could help in detecting and treating health concerns before they become acute. The LGAs of Murrindindi and Strathbogie had two of the highest rates of multi-morbidity in First Nations children aged 0-14 years. It was also highlighted that there has been a rise in First Nations people being diagnosed with chronic conditions, which could have better outcomes with early intervention.
Access to services	More funding for infrastructure could help the ACCHO to support and host more allied health workers and GPs. The ACCHO highlighted that it has people who would be able to provide more allied health services, but no room to host them.