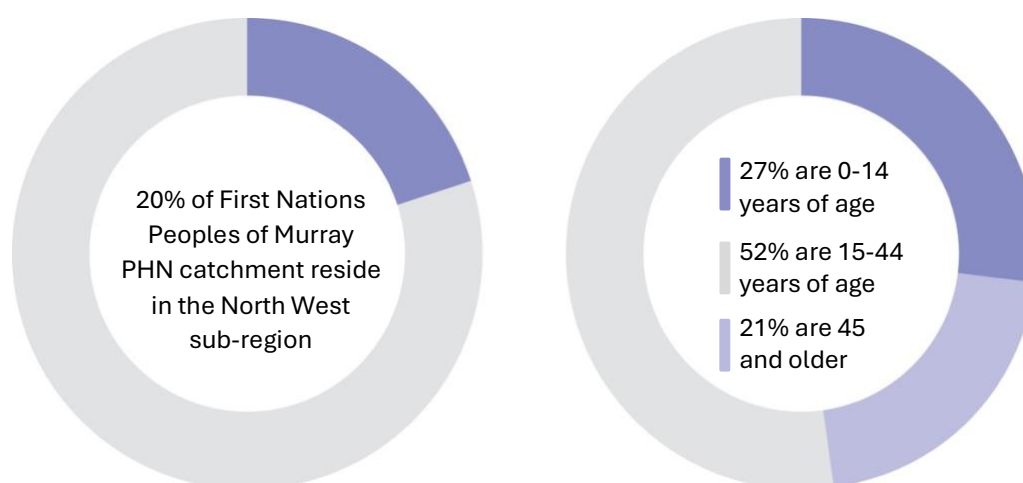


First Nations in North West Victoria

Approximately 3700 First Nations Peoples reside in the North West sub-region of the Murray PHN catchment, representing 20 per cent of the total First Nations population (ABS, 2021). Available data also indicates that approximately 27 per cent of the region's First Nations population (about 1,901 individuals) are aged between 0 and 14, and 21 per cent (about 779 individuals) are 45 and older. The region includes three LGAs of Buloke, Mildura and Swan Hill. Current data sources are limited due to the small population size and borders. One service provider suggested a more accurate method would be to "draw a 150km radius around a town, including parts of NSW" to capture the actual population and health need in this region.



ACCHOs in the region

- Mallee District Aboriginal Services
- Murray Valley Aboriginal Co-operative






Key findings

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

Domain	Finding
 <p>Autonomy, empowerment and recognition</p>	<p>The current healthcare model is not working for First Nations Peoples. The region has the second highest rate of multi-morbidities, the highest rates of potentially preventable hospitalisations (PPHs), and the second highest rate of semi-urgent and non-urgent ED presentations in the catchment. Consultations highlighted that First Nations-led holistic healthcare models are needed. The North West also had the highest rate of First Nations Peoples (aged 15 years and over) with fair or poor self-assessed health, which was 20 per cent higher than the state rate.</p>
 <p>Work, roles and responsibilities</p>	<p>First Nations Peoples are bearing too much colonial load. Staff working in mainstream services were asked to do organisational Cultural Safety work and Communities were being asked for consultation to complete services' Reconciliation Action Plans.</p>
 <p>Social and emotional wellbeing</p>	<p>There is an increasing and significant need for mental health services, especially for crisis and acute conditions. The data shows that the region had the second-highest number of service contacts per 100 First Nations Peoples delivered by Murray PHN-commissioned mental health service providers.</p> <p>There is a specific need for culturally appropriate youth mental health services. Consultations noted that funding comes in and out for youth services, and there are limited Culturally Safe options for First Nations youth.</p>
 <p>Access to services</p>	<p>ACCHOs have insufficient funding to provide holistic care, and the funding provided comes with burdensome reporting requirements. Participants asked for more flexible funding for place-based responses.</p> <p>Costs, transport and service criteria make accessing healthcare difficult for First Nations Peoples. Consultation participants spoke to the increasing healthcare costs, the challenge of meeting identity criteria to access services and a lack of low-cost transport options. Due to the IRSEO scores of Swan Hill and Mildura, the region is collectively the most socioeconomically disadvantaged in the catchment.</p> <p>There is a lack of GPs, local specialist services, and local AOD withdrawal and rehabilitation programs.</p> <p>First Nations people and children need to leave the region to access healthcare services that are not available locally. Participants noted this can separate families and people from their Country. They raised the deep trauma these practices cause for First Nations Peoples, given the ongoing trauma and distress from the Stolen Generation and the importance of connection to Country and family.</p>
 <p>Workforce</p>	<p>Services face challenges in recruiting and retaining a sufficient identified workforce to support First Nations Peoples and communities. They highlighted the difficulties in attracting identified staff in rural towns with low numbers of First Nations Peoples going into the healthcare workforce.</p>

Enablers to access and opportunities to support the region

Domain	Finding
 <p>Autonomy, empowerment and recognition</p>	<p>Holistic healthcare is working to support First Nations Peoples across the region. Examples raised included ACCHOs providing outreach services in the home and schools to meet Communities where they are, and a mainstream service employing well-respected local Aboriginal workers and listening to their feedback.</p> <p>Increased anti-racism and Cultural Safety training and practice supported by higher levels of accountability could support greater Cultural Safety. Consultation participants emphasised the need for Cultural Safety, not just awareness, and long-term accountability on services to do this work. They noted that mainstream services need to provide quality care that understands and recognises First Nations' ways of working.</p>
 <p>Access to services</p>	<p>The Loddon Mallee Aboriginal Reference Group supports ACCHOs across the region. The self-determined group made up of the relevant ACCHO CEOs provides useful coordination, sharing of resources and support between organisations.</p> <p>There are opportunities to increase awareness and knowledge of the health service system and facilitate collaboration between services to enable smooth transitions for First Nations people accessing care. Consultation participants spoke to the need for services to work together to provide holistic care and continue to respond to community needs. They raised a lack of knowledge in the Community of what different services provide and the slow process of sharing discharge notes between mainstream and ACCHO services.</p>
 <p>Workforce</p>	<p>Building connections with local TAFEs and engaging with Year 11 and 12 students could increase the First Nations-identified workforce.</p>