PART A – Detailed Summary

1. THE DOCUMENTS

The Victorian Government has a range of strategic documents in different departments published between 2000 and mid-2006 which state an intention to reduce disadvantage and inequity, including commitment to specifically reduce health inequities. These documents reflect a belief that good health for all is an essential foundation for economic prosperity. Three documents were analysed from the Department of Premier & Cabinet. Growing Victoria Together contains the Victorian Government’s 10-year vision and articulates what is important to Victorians and the priorities that the Government has set to build a better society, including ways to “break the cycles of inequality, poverty and crime” and distribute opportunities more evenly. It also talks of improving the health of all Victorians. Challenges in Addressing Disadvantage is a position paper providing a picture of the nature and extent of disadvantage in Victoria. It makes the case for reducing disadvantage in the interests of all. A Fairer Victoria is the Government’s social policy statement and long term action plan which works in tandem with Growing Victoria Together. The 2006 update “Progress & Next Steps” reports on progress from the 2005 document and sets new priorities and targets for 2006.

The Department of Human Services Corporate Plan 2005-06 is a broad strategic document written to show how the Department’s work will fit with the all-of-Government level strategic documents (ie Growing Victoria Together, A Fairer Victoria, and Challenges) to strengthen assistance for disadvantaged groups and places, improve service delivery, and make it easier for communities, local councils and non-government organisations to understand and work with Government. The DHS has a number of other
documents covering specific issues that reflect the same commitment to reduce disadvantage and provide more equitable access: eg “Care in Your Community” (Ambulatory Care Plan 2005), a “Rural Health Plan”, and “Health Promotion Priorities for Victoria – A Discussion Paper” (currently out for public discussion, closing July 2006). The Victorian Health Promotion Foundation (VicHealth) talks of the importance of reducing health inequities in its Strategic Directions 2003-2006 which outlines its health-promotion focus. VicHealth also has a specific Health Inequalities Position Paper which outlines ways that VicHealth can address differences in health status between different groups in the community.

2. PROCESS, DEVELOPERS, STAKEHOLDERS

Growing Victoria Together developed from a Premier’s Summit of key opinion leaders in 2000 which discussed the priorities for Victoria after a new government came to power in 1999. A key finding was the need to set directions for the next 5-10 years in the economic, social and environmental spheres. The Department of Premier & Cabinet produced a Growing Victoria Together booklet in 2001 outlining the Government’s vision “to make Victoria a stronger, more caring and innovative State” and set out the issues important to Victorians and the measures that would be used to show progress. A new edition of Growing Victoria was produced in 2005. Although it says community consultation helped develop ten goals as the basis for budget and policy decisions, the documents do not make clear who comprised “the community”.

A Fairer Victoria (2005-06) was written by the Department of Premier & Cabinet staff to set out the first actions to be taken under the new framework of Growing Victoria. It contains photographic acknowledgements of some of “the community” who provided input, seeks reader input, and states an intention to “host a forum in partnership with the Victorian Council of Social Services to give Victoria’s community sector an opportunity to provide comment on the Government’s Action Plan, and to identify issues for future action”.

Challenges In Addressing Disadvantage says it reflects the Bracks government’s clear agenda for Victoria’s future when elected in 1999, which included commitment to delivering improved services in education, health and community safety, to growing all of Victoria, restoring democratic processes and safeguards, and being financially responsible. While the DHS Corporate Plan and VicHealth Strategic Directions reflect a regular output, the Health Inequalities Position Paper was specifically written to acknowledge that “health inequalities are emerging as key issues on policy agendas” internationally and elsewhere in Australia.

3. VALUES, DEFINITIONS & LANGUAGE

As broad strategic Government documents Growing Victoria Together, A Fairer Victoria and Challenges talk about a vision of Victoria being “a fairer society”, of the need to reduce disadvantage, more fairly “share opportunities”, and help those who are “missing out”. None of the documents explicitly mentions “social determinants of health”, but these are implicitly included in discussion of the need to improve living standards, health care, jobs, education, transport etc and in comments acknowledging the importance for wellbeing of income earned through employment, and the need for early intervention and prevention to break cycles of inequality, reduce unacceptably high levels of poverty, financial hardship, homelessness, lack of housing affordability and crime, and keep people of all ages and abilities living healthy and active lives in the community. Examples of “people missing out” are Indigenous people, children from low-income families and disadvantaged communities, people not completing secondary school or its equivalent, and single parent families. Growing Victoria also acknowledges wide variation in the literacy and numeracy results of students from different socio-economic backgrounds and highlights, for example, how the proportion of Indigenous primary students in Victoria achieving national benchmarks was substantially below that for the respective cohort for all students in reading, writing and numeracy.

Challenges talks about “fairness” and “disadvantage”, and of “a fair opportunity” to participate in the social and economic life of the community being a foundation stone to a strong, progressive and prosperous democracy. It says “Victorians value fairness as a fundamental principle” and that having people living in hardship and deprivation arising from economic and social disadvantage is unacceptable.
in a civil society which has the resources to work towards eliminating theme. Challenges also talks implicitly about the social determinants of health in mentioning ongoing disadvantage being linked to inadequate levels of income due to unemployment, high housing costs or low levels of government benefits, family poverty, low levels of skills such as poor English language skills among recent arrivals or skills made redundant through economic restructuring, physical, intellectual and psychiatric disability, chronic illness or severe injury, children growing up in an environment of family violence, drug or alcohol abuse, the results of discrimination based on such factors as gender, age, disability, sexual preference or ethnicity, and geographic isolation, such as in some of Melbourne’s outer suburbs and rural and remote areas which are poorly served by public transport.

**A Fairer Victoria** and **Challenges** provide rationale for addressing disadvantage, saying that unaddressed disadvantage not only negatively affects the lives and aspirations of individuals and restricts their capacity to achieve their full potential, but can also negatively affect the entire community by leading to deep social divisions and higher costs in areas such as crime, poor health and family breakdown. Unaddressed disadvantage is seen as using up resources that could be spent in other areas, such as further improvements in services, whilst also undermining Victoria’s capacity to develop the skilled and educated workforce needed to sustain strong economic and productivity growth and maintain high living standards. The documents highlight the need to share the benefits of economic growth more fairly so that more people can be actively engaged in and contribute to Victoria’s economy and society, and to stronger and thriving communities that are great places to live and work and that also create new opportunities and attract workers, investment and tourists.

**Growing Victoria Together** and **A Fairer Victoria** do not specifically talk of health inequities, but Growing Victoria does talk of opportunities in health (as well as in education and housing) currently being unevenly distributed and that, despite Victorians’ excellent health overall, Indigenous and low income Victorians have poorer health than others, and that such lack of opportunity can have serious repercussions throughout these people’s lives. Growing Victoria also talks about the need to improve health care and to tackle health issues linked to inequality, including mental and dental health. A Fairer Victoria generally commits to reduce “disadvantage” but also more specifically includes “poor health… poor mobility and restricted access to services and facilities” as barriers to gaining opportunities for a better life. It also highlights the fact that ”many people continue to experience disadvantage because of who they are or where they live”. It talks of ”sharp differences” between those Victorians who are well-off and those who face a daily struggle to provide for their own needs and the needs of their families. Challenges talks of using ”the community health system as a platform for prevention and early intervention initiatives, targeted to low-income communities and those groups and places where health inequalities and risks are increasing”.

**The Department of Human Services Corporate Plan** talks generally about the need to reduce “disadvantage” or “hardship”, in the same was as do the documents from the Department of Premier & Cabinet, but one of its strategic aims is specifically to “reduce inequalities in health and wellbeing”. The Corporate Plan also highlights the need to provide both a general response to problems and more targeted responses focusing on particular individuals, groups or communities with multiple or complex problems. The Plan talks of addressing disadvantage by reducing barriers to opportunity (providing fairer access to services; making services more affordable; boosting access to affordable housing), strengthening assistance to disadvantaged groups (building a new partnership with Indigenous Victorians; creating new opportunities for people with a disability; increasing support for mental health services), providing support to the highest risk areas (building stronger communities), and involving communities in decisions affecting their lives and making it easier to work with government (changing the way government works with communities, developing better ways of working together at a regional and local level).

**The Department of Health’s “Health Promotion Priorities for Victoria – A Discussion Paper”** (2006) discusses the social determinants of health and health inequalities most explicitly of all the documents analysed. It talks of how “good health reflects a gradient of advantage” and that “the higher your position on the socioeconomic gradient, the better your health”. It draws on WHO documentation on the social determinants of health in discussing health inequalities, and cites research on health inequalities in key problem areas such as obesity, smoking and mental health. It highlights the degree of health inequality for various health issues, and cites general indicators of health inequity such as “women in the...
most disadvantaged socioeconomic group have nearly double the rate of obesity of those in the most advantaged group”; “in 2001, 31% of Indigenous Australians were obese, compared to non-Indigenous Australian rates of 16% - ABS 2001”. It also notes that although since the mid-1980s smoking prevalence in all socioeconomic groups has declined at similar rates, most of the differences are now due to higher smoking commencement rates among lower socioeconomic status groups, rather than differences in cessation rates. The need reduce health inequalities between rural and metropolitan Victorians is highlighted in the DHS Rural Health Plan, which refers to the RACP study of health inequalities statement that “people in rural and remote areas of Australia have lower standards of health than metropolitan counterparts”.

The VicHealth Health Inequalities Position Paper highlights the fact that health inequalities are disparities in health status that result from social and economic influences that are avoidable and unnecessary. It adopts a goal “to create equal opportunities for health and bring health differentials down to the lowest level possible”. The VicHealth Strategic Directions 2003-2006 from which this Position Paper developed has equity as one of its four guiding values and talks of the need to improve overall health whilst also reducing health inequalities between different population groups.

Who is responsible for health equity?

The documents produced by the Department of Premier & Cabinet state that reducing disadvantage and improving equality of opportunity generally are whole-of-government visions in Victoria. They talk about restoring the public services on which both the wider community and disadvantaged Victorians depend, while Challenges talks specifically of using the community health system as a platform to target groups and places where health inequalities and risks are increasing. The DHS Corporate Plan reflects the significant role that the government has given the DHS in implementing the State’s social policy action plan, A Fairer Victoria.

The DHS Corporate Plan therefore says the Department of Human Services has lead implementation responsibility for a number of strategies, including giving children the best start in life, helping older Victorians stay independent, boosting access to affordable housing, creating new opportunities for people with a disability and increasing support for mental health services. The Plan is signed by the four Ministers for Health, Housing, Aged Care and Children/Community Services.

Within VicHealth it is the Mental Health and Wellbeing Unit which is “responsible and accountable for managing VicHealth’s investment in mental health promotion and health inequalities”, for advocating for health equity in the wider social and economic arena to policymakers and health professionals, and for building capacity to better understand what contributes to health inequities and which interventions are most effective.

4. HEALTH OUTCOMES & HEALTH ACCESS

The Victorian documents aim to improve the overall health outcomes of the population, as well as to improve the health outcomes of those with the poorest health, to reduce the gap between those with the best and worst health, to more equitably distribute resources, to provide better access to services (particularly for those disadvantaged groups or places), and to provide access to wider opportunities for health and wellbeing for all, and particularly for disadvantaged groups.

All of the documents from the Department of Premier & Cabinet aim to improve both health outcomes and health access. They aim to reduce overall disadvantage and inequality and provide a more equitable distribution of resources and opportunities in general, and specifically in relation to health. Growing Victoria, the DHS Corporate Plan and the Health Promotion Priorities specifically detail as objectives “to improve the health of all Victorians” and to “improve the wellbeing of young children”. They also aim to provide all Victorians with access to the highest quality health and education services throughout life, with fairer access to services, and with access to more affordable housing. However, Growing Victoria specifically aims to “tackle health issues linked to inequality”, while the DHS Corporate Plan aims to reduce “disadvantage in health, education, and housing among communities”. All documents see as
crucial government investment to improve local access to essential health, aged care and community services, particularly in rural and regional communities. Universal access to high quality, essential services, such as health and education, is seen as “vital to reducing disadvantage and improving the lives of all Victorians”. The Ambulatory Care Plan, for example, says “planning will maximise equitable distribution of services, based on the characteristics and needs of local populations, with a focus on addressing disadvantage”. Growing Victoria talks of progress being evidenced in improved outcomes for disadvantaged groups and communities in areas such as health, education and housing, while for Indigenous Victorians progress will be seen in improved health and education outcomes.

The DHS Plan states the mission of the DHS as being “to enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need”. The sixth of its six objectives is “reducing inequalities in health and wellbeing”. The DHS Plan talks specifically about addressing both individual behaviour and the social determinants of health when it emphasises addressing both “midstream” risk factors in tandem with strategies that positively change the “upstream” determinants of health. The aims of the DHS Plan are to achieve the goals set out in Growing Victoria and A Fairer Victoria to improve general health. Its primary goals are: 1. High quality, accessible health and community services; 2) Building friendly, confident and safe communities; 3) A fairer society that reduces disadvantage and respects diversity; 4) Protecting the environment for future generations; and 5) Greater participation and more accountable government. The DHS’ specific responsibilities include providing accommodation and assistance support for people experiencing homelessness; secure, affordable and appropriate housing and support to low income Victorians; a wide range of community services for Victorian children and their families; statutory responsibilities to vulnerable children and young people in relation to child protection and juvenile justice; health promotion and protection through emergency management, public health and related preventive services, education and regulation; a range of alcohol and drug prevention and treatment services; concessions to low income groups to improve the affordability of essential services.

Another of the six objectives is “Strengthening the capacity of individuals, families and communities”, which also includes some actions relating to the social determinants of health under the objective of “Engaged communities”. Priorities include increasing opportunities for improving the wellbeing of Victorians experiencing disadvantage through a place-based approach by implementing four new neighbourhood renewal projects by the end of June 2006, and implementing the Public Tenant Employment Program across the spectrum of Housing contracts to improve employment opportunities for public housing tenants by June 2006. Against the background of the DHS Plan, the VicHealth Strategic Directions and the Health Inequalities Position Paper aim to improve health for all and health for those with the poorest health, and to reduce the social gradient.

5. STRATEGIES FOR ACTION: HEALTH

In Victoria there are specific plans to address factors leading to health inequity and to assist disadvantaged groups, and general plans to address the social determinants of health. Specific priority action areas are identified as disadvantaged groups and disadvantaged places. Funding is provided under each strategy, with examples of the programs to be implemented or continued.

A Fairer Victoria is the Victorian Government’s Action Plan to address disadvantage. It committed $788 million in 2005 and another $848 million in 2006 to tackle disadvantage and undertake reforms in the way Government works. A Fairer Victoria 2005 and 2006, along with Challenges (all produced by the Department of Premier & Cabinet) all contain strategies to address the social determinants of health and reduce health inequities, to improve access to services and support and address factors affecting the health of particular groups. Growing Victoria has the specific strategy “Disadvantage in health, education and housing among communities will be reduced” and says “progress towards this goal will be seen through improved outcomes for disadvantaged groups and communities in areas such as health, education and housing. Improvement in outcomes for disadvantaged Victorians can be gauged by looking at key risk factors for different groups in our community such as low birth weight, non-completion of year 12 or equivalent, housing stress, and imprisonment rates”.

Newman, Baum & Harris (2006), ‘Summary for Victoria’
A Fairer Victoria targets four main groups: families, youth, children, and older Victorians. The ATSI population is also mentioned. A Fairer Victoria 2006 outlines the annual focus to be on Victoria’s outer suburbs and growth corridor areas because families in new suburbs need better access to services to ensure their children get a good start in life. Extra action is also targeted at strengthening multicultural communities and boosting support for homeless people. They also aim to tackle health inequalities in mental and dental health. Priority action areas are identified, and some schemes and programs are named eg the Neighbourhood Renewal Plan. A Fairer Victoria contains 85 actions that the Victorian Government will take within 14 major strategies to address disadvantage. These include improved access to universal services (including health), reducing barriers to opportunity (fairer access, affordability, affordable housing), support for disadvantaged groups (Indigenous, mental health, disability), support for disadvantaged places (services and infrastructure - Neighbourhood Renewal program), and making it easier to work with government (encouraging working together). Each strategy is explained in one short paragraph, followed by several pages detailing specific actions for each, including funding and the broad area it is to be spent on eg

"we will provide $101.8 million over four years to improve child and family support services, improve school readiness, better protect children and promote their safety across the whole community". Specifically this then states "Increase the kindergarten fee subsidy by 25 per cent for 17,000 low income families and for families who have triplets or quadruplets, at a cost of $4.1 million over four years. Victoria’s annual kindergarten fee subsidy for low income families will increase from $255 to $320 per child, up from $100 in 2000. This will significantly improve the affordability for low income families".

Other specific strategies which seek to reduce or prevent health inequity include:

**Strategy 2: Getting young people back on track**
Young people who lose contact with school and other learning environments often face disadvantage and reduced opportunities later in life. The Government will invest $45.6 million to turn around the lives of young people at risk, including new youth mentoring programs, better housing for young people in residential care, additional support for schools to reduce truancy and stronger Local Learning and Employment Networks to improve pathways and opportunities for young people disengaged from education and training.

**Strategy 3: Responding to family violence more effectively**
Family violence has serious social and economic consequences for families and communities. In Victoria, family violence is the main cause of death, disability and illness in women aged 15 to 44. It can have a devastating effect on children and limit their life chances. A faster, more effective and better coordinated response is needed to address both the causes and consequences of family violence. The Government will invest $35.1 million to reform and strengthen family violence programs, including a 24-hour response to incidents of family violence, a wider choice of emergency accommodation options, more opportunities for women and children to stay in the family home, more counselling programs and new family violence specialist services at three Magistrates’ Courts.

**Strategy 4: Helping older Victorians stay independent**
Remaining active and independent has positive effects on the wellbeing and quality of life of older Victorians. Without additional support to maintain their independence, many older Victorians will suffer significant disadvantage. The Government will invest $50.1 million to help older Victorians maintain their independence, including additional support for independent living, new lifelong learning options and an initiative to assist not-for profit aged care operators develop services in areas of high need.

**Strategy 9- Building a new partnership with Indigenous Victorians**
Invest $7.1 million over four years to tackle the disproportionate levels of chronic illness affecting Indigenous Victorians. Prevention strategies will include a Go for Your Life campaign involving Indigenous celebrities and artists; the establishment of food cooperatives and community gardens to increase access to affordable food; and community education programs for pregnant women and mothers.
Challenges also highlights the need to address disadvantage in particular places and points out significant difference in unemployment rates between some Victorian Local Government Areas.

The DHS Plan contains a wealth of detail on strategies which implicitly relate to reducing health inequities or addressing the social determinants of health. The measurable outcomes for 2005-06 for the objective “Reducing inequalities in health and well-being” are:

1. Healthier and stronger Aboriginal families and communities
2. Reduced disadvantage
3. Lower rates of homelessness

Priorities and targets for these for 2005-06 generally address service provision targeted to special needs groups to develop needs-based plans, provide new services or programs, or to increase access and participation. However there are also two priorities to increase the evidence base on health inequalities in collaboration with tertiary institutions to improve service system response and to evaluate the impact of concessions reforms on low income Victorian households.

VicHealth’s Health Inequalities Position Paper states one of its roles as being to develop projects and programs, but it also has several major strategies to build capacity and extend understanding of health inequalities as an issue. For example, it sees its role as building research knowledge on health inequalities and effective interventions, engaging in advocacy to reduce health inequalities and to influence broader social and economic policy that will have an effect on health inequalities, and disseminating information to public health professionals and communities to improve skills, knowledge and practice in reducing health inequalities.

**TARGETING CHILDREN and REFUGEES**

These two groups are highlighted as particularly in need in all of the Victorian documents.

**CHILDREN**

Growing Victoria sees improving children’s wellbeing as a way of breaking the cycle of disadvantage and has one strategy as “The wellbeing of children will improve”. To achieve this they aim to link and invest in services for mothers and children through pregnancy to age eight, to ensure the best possible health care from before birth through the early years to ensure children are physically strong and receive the best developmental and family support to ensure they are socially capable. The Growing Victoria Together Committee’s Principles for Investment in Children include a universal system of support that should ensure every Victorian child has the opportunity to access the services they need to advance their education, health and wellbeing, while within this universal framework, additional resources should be directed towards communities where outcomes for children are poor or where the risk factors for poor outcomes are high. Furthermore, investment in children should focus on achieving defined outcomes for children as part of a clearly articulated whole-of-government and statewide policy for children. A Fairer Victoria also states that children are also included in an increased focus on primary health care where in many areas, such as services for children, families and Indigenous Victorians, the emphasis will be shifted towards earlier intervention and prevention, rather than treating symptoms.

A Fairer Victoria targets support to families that may be struggling to give children the best possible start in life, including low income families, families living in isolated areas, Indigenous families and families with a child with a disability. The document commits the Victorian Government to invest $101.8 million to improve child and family support services, create a new Office for Children, make kindergarten programs more available in childcare centres, better protect children from abuse, and boost support for families most in need of additional assistance. The Office for Children is to develop a suite of indicators to measure Victorian children’s outcomes related to safety, health, development, learning and wellbeing, and child outcomes are to be benchmarked in the 2007 progress report. A new Child Safety Commissioner will be responsible for implementing a range of strengthened measures to protect vulnerable children. The linking of services at a local level is aimed at helping families achieve easier access to professional advice and confidence that their child will get the best possible care. A Fairer
Victoria’s 2006 report has 82 new initiatives, with some improved specificity for factors influencing health inequity eg “We will provide $11.7 million over three years (two school years) to employ 45 literacy specialists to work with teachers to improve student literacy in Years 3 to 8. The program will provide advice for all schools and work closely with schools in need. It will also provide cultural awareness training for teaching staff in schools with high concentrations of Koori students”.

**The DHS Plan** details several priorities for 2005-06, including convening an early childhood summit with parents and experts to develop a Statewide plan for Victorian children’s services from the pre-natal period to school entry; establishing the Office of the Child Safety Commissioner to promote the health, development and safety of all Victorian children; developing local partnerships to increase the access and participation of children aged from birth to eight years in universal services with 3 new Best Start projects by June 2006; providing and additional 460 early childhood intervention service places and flexible support packages for children with disabilities and their families; increasing water fluoridation services across rural Victoria; and developing local partnerships to increase the access and participation of Aboriginal children aged birth to eight years in universal services through four Best Start projects by June 2006 to address disadvantage experienced by Aboriginal children. The VicHealth papers state that health promotion interventions are most likely to be effective in reducing future inequalities in health when they relate to present and future parents, especially mothers, and children

**REFUGEES**

Growing Victoria and A Fairer Victoria note some projects directed at refugees. A Fairer Victoria has a particular strategy to “support newly arrived refugees” and “humanitarian entrants”. This includes targeted support to help address problems such as educational difficulties (due to disrupted schooling and language problems), dealing with the after effects of torture, trauma and family displacement, and cultural adjustment issues. A Fairer Victoria commits funding for six locally based early intervention refugee workers to work with refugees in metropolitan and regional communities. Workers are to identify the support needs of refugees, improve the use and delivery of existing services and increase the participation of refugees in the community. In addition, three community based refugee health nurses are to be located in Community Health Centres in areas with high refugee populations. Refugee wellbeing is also addressed in the strategy to “Tackle systemic discrimination” under the objective “Human rights and safety in schools” which will support students in schools who belong to marginalised groups, including refugees and students from culturally and linguistically diverse families. It is also covered in the objective of “Educating landlords and tenants” on their rights and responsibilities regarding people with a disability, migrants, refugees and Indigenous Victorians. New initiatives to be implemented in regional Victoria include the provision of a refugee support program worker in Shepparton, Warrnambool, Hume and Central Melbourne, and a refugee support worker and Family Support initiative program in Dandenong. The VicHealth Health Inequalities Paper discusses causes of relatively poor health for recently arrived refugees. However, refugees are not mentioned in the DHS Corporate Plan except in relation to “Improved access to human services for culturally and linguistically diverse Victorians” where the priority is to “Improve access to mainstream basic HACC services for people from culturally and linguistically diverse backgrounds through the Cultural Equity and Gateways initiative and to evaluate the effectiveness of the initiative by June 2006.

6. **STRATEGIES FOR ACTION: OTHERS INVOLVED**

A Fairer Victoria says the Victorian Government will support a coordinated and long-term approach to addressing disadvantage which involves building stronger partnerships between all levels of government, non-government agencies, the business community, local government and local communities. It is also committed to ensuring that Government departments and agencies work more closely together at a regional level and aims to streamline the way government departments work together to tackle disadvantage. A Fairer Victoria and Challenges also use community empowerment and involvement as a strategy to help reduce disadvantage, by "involving communities in decisions affecting their lives and making it easier to work with Government". They aim to implement new ways of working directly with communities and to take action to strengthen the capacity of individuals and communities in order to increase their choices and control over life’s opportunities.
According to **Challenges**, one way the Victorian Government has made strong progress in social investment and tackling difficult problems is by working together with communities and directing resources to enable departments to work together on multiple and complex problems. It provides examples of where the government has provided start-up funding for collaborative projects eg The Slingshot Community Enterprise and Employment Centre which assists young people aged 18-24 who face barriers to education and employment to set up their own business. This project received start-up funding from the Department for Victorian Communities, along with funding and partnership support from businesses, the three levels of government, philanthropic trusts and community organisations.

The **DHS Corporate Plan** recognises the need to work together, and commits the department to work with other government departments, local communities, and other agencies “as part of the whole-of-government effort to address disadvantage”. It also says that consistent with the Victorian Government’s commitment in A Fairer Victoria to new forms of engagement with the non-government sector, the department will be actively seeking new opportunities for working collaboratively to design and deliver quality services responsive to community needs. The department is also committed to working with other agencies to jointly implement A Fairer Victoria strategies related to getting young people back on track, responding more effectively to family violence, providing fairer access to services, building a new partnership with Indigenous Victorians, building stronger communities and providing greater opportunities for involvement by parents and communities in local planning for children’s services.

At the health promotion level, **VicHealth** states that to reduce health inequalities health promotion approaches must work with both people and the places in which they live. It sees action on the social and economic determinants of health requiring greater engagement with a range of sectors, including social services, environment and infrastructure, housing, education and employment. It aims particularly to strengthen processes for ensuring that groups particularly affected by health inequalities are actively involved in decision-making in VicHealth-funded activity, and to strengthen the capacity of the VicHealth workforce to understand and address health inequality. VicHealth’s Strategic Directions to 2006 says “With the understanding that the population’s health is dependent on much more than the health sector alone, the Foundation works towards building strong partnerships and facilitating linkages across sectors”.

7. **IMPLEMENTING & FUNDING**

Where appropriate, documents provide evidence that the policy is being implemented by describing what outcomes have been achieved and for what groups or areas. For Growing Victoria this is documented in an annual progress report, giving examples such as “an overall improvement in kindergarten participation since 1999, from 92.8 per cent to 94.4 per cent in 2005”. The original Fairer Victoria document has been followed with “A Fairer Victoria: Progress and Next Steps”. A Fairer Victoria originally committed $788 million over 4 years to tackle disadvantage through 14 strategies and 85 actions. It provided details under each strategy of the amount of funding to be allocated and what it was to cover. The 2006 update committed an additional $800 million for 82 new initiatives and provides examples of the types of changes that have been implemented under each strategy, and in some cases how this may have helped disadvantaged groups and places eg. “The number of individual support packages for people with a disability has more than doubled since 1999–2000… Since 1999, the Government has acquired or funded an additional 8,450 social housing units, helping low-income Victorians access secure appropriate and affordable housing”.

Challenges notes general achievements under the target headings, rather than explaining how previously set specific targets have been met eg “Support for families with young children has improved significantly as the result of a $37 million funding boost including a $32 million increase to the grants paid to kindergartens, $4 million to increase the fee subsidy available to health care cardholders, and the balance to provide additional support services to children, and assistance to kindergartens for administration” and "in 2004 the State Government undertook a major reform of its concession programs to ensure that they were better targeted and created greater equity and fairness”. The focus of the Fairer For All package were low-income families, health care cardholders and students. In the four years, starting 2004-05, $403 million is provided to give free dental services to preschool-aged children of low-income earners and more frequent dental services to school-aged children of low-income earners".
The Neighbourhood Renewal Program is also cited as evidence of the Victorian Government’s commitment to tackle disadvantage in particular neighbourhoods with high rates of unemployment, poor educational outcomes, higher levels of crime and widespread health problems: “The Neighbourhood Renewal program is reversing these trends and gives residents a real say in shaping the future of their neighbourhoods. In each Neighbourhood Renewal project, residents work with leaders in local and state government, business managers, service providers and community groups to develop community action plans”.

The DHS Corporate Plan outlines some new investments that the Victorian Government made in the 2005–06 State Budget, some of which directly address health inequities and others the social determinants of health, including:

- $24 million over four years to improve the life expectancy and health and wellbeing of Aboriginal families and communities;
- $28 million over four years to deliver improved human services to women and children who are experiencing family violence;
- $12 million over four years to extend support to disadvantaged Victorians aged 60 years or over;
- $50 million over five years for the acquisition of public, community and affordable housing units;
- $30 million over four years to expand and extend new and current Neighbourhood Renewal projects

VicHealth’s Health Inequalities Position Paper states an intention to develop documentation to guide and monitor the implementation of this policy.

8. MONITORING & EVALUATION

A Fairer Victoria says the Victorian government is committed to monitoring the progress and evaluating the outcomes of its action plan and will do this by regularly reporting on its implementation to the Social Development Committee of Cabinet, and measuring progress in addressing disadvantage against the relevant progress measures contained in Growing Victoria Together. Each DHS Corporate Plan provides a report on progress to date. Furthermore, VicHealth’s Health Inequalities Position Paper says it will advocate and support the development of systems for monitoring the extent and distribution of health inequalities in Victoria. It also aims to strengthen and refine systems for assessing and monitoring the reach of VicHealth-funded programs and their impact on groups particularly affected by health inequalities.

The documents analysed for Victoria present a variety of quantitative and descriptive targets, with some seeking general improvement in the social determinants of health or health indicators, and others seeking improvement for particular disadvantaged groups or areas. A Fairer Victoria, for example, talks generally about actioning change which should improve the social determinants of health for disadvantaged groups, and details the funding allocated, rather than seeking quantitative change in health indicators per se eg “Build more homes which are affordable to Victorian families on low incomes - an additional $49.6 million will be invested over five years to construct modern new apartments and family homes, focusing on areas where housing affordability is low”.

In Growing Victoria, each strategy has a general target for improvement, with some targets having deadline dates. Progress in reducing disadvantage is often measured in this document by numbers of new services introduced, or descriptions of initiatives that should tackle the social determinants of health eg “Fifteen communities – ranging from inner urban, high rise estates to regional centres – have benefited from housing upgrades, new jobs, safer streets and better access to essential services. Previously unemployed residents have been trained with new skills… crimes against people have fallen in 90% of Neighbourhood Renewal locations…. The changes being driven by the Neighbourhood Renewal program are regenerating once neglected communities, creating vibrant places that promote opportunity and a better quality of life for all residents”.

Newman, Baum & Harris (2006), ‘Summary for Victoria’
Other strategies set targets of clearly measurable change eg.

"Increase the kindergarten fee subsidy by 25 per cent for 17,000 low income families and for families who have triplets or quadruplets, at a cost of $4.1 million over four years. Victoria’s annual kindergarten fee subsidy for low income families will increase from $255 to $320 per child… this will significantly improve the affordability for low income families."

Even when quantitative targets are set and assessed, improvements are not always clearly sought for disadvantaged areas or groups. For example, despite Challenges commenting that “young people from low socio-economic backgrounds complete Year 12 or equivalent at much lower rates than young people from higher socio-economic backgrounds" Growing Victoria only had a target for the general population that "by 2010, 90 per cent of young people in Victoria will successfully complete Year 12 or its educational equivalent" and the 2005-06 Growing Victoria progress report stated only that "The ABS Survey of Education and Work show that 85.0 per cent of Victorians aged 20 to 24 had attained year 12 or a vocational certificate in 2005. This has increased from 82.9 per cent in 1999, and is above the 2005 national average of 82.7 per cent”. Nevertheless, whereas the 2005 Growing Victoria documents set general goals eg of improving literacy/Yr 12 completion, the 2006 report has more specific targeting of disadvantaged groups eg in providing $12 m over 3 years to employ more literacy specialists to improve student literacy in Years 3 to 8, working closely with schools in need.

Similarly, intentions to improve health for disadvantaged groups are not always reflected in clearly measurable targets. For example, despite noting that “Indigenous and poor Victorians have poorer health than others”, and saying that life expectancy is one indicator of long-term improvements in health, the Growing Victoria report on life expectancy is only a general description of change for the whole population (because statistics are unavailable for Indigenous life expectancy). Furthermore, while the main improvements to life expectancy are attributed to reduction in cancers and cardio-vascular disease, there is no indication as to whether this was achieved across the board or by particularly reducing the incidence amongst Indigenous or poor Victorians. This is despite Growing Victoria saying that “reducing disadvantage in health, education and housing among communities will be evidenced by improvement in outcomes of key risk factors for different groups, such as low birth weight, non-completion of year 12 or equivalent, housing stress, and imprisonment rates.

The DHS Plan contains “milestones”, some of which have quantitative targets (but these are usually related to number of projects to be established, number of sites/services, number of “patients” rather than direct measures of reduction in health inequalities). Otherwise targets are general eg

3. A fairer society that reduces disadvantage and respects diversity

Progress measure: Disadvantage in health, education, and housing among communities will be reduced

The DHS Plan contains a wealth of detail on strategies which implicitly relate to health inequity or social determinants of health. For the priority objective “Reducing inequalities in health and well-being” the measurable outcomes for 2005-06 include for example:

A. Healthier and Stronger Aboriginal Families and Communities
   1. Measurable improvement in Aboriginal health and life expectancy

Priority: Target chronic disease management programs for Aboriginal people including diabetes, cardiovascular and respiratory diseases

Target/milestone: Establish chronic disease programs in eight areas of high Aboriginal populations by June 2006
For the priority objective “Strengthening the capacity of individuals, families and communities” some measurable outcomes are:

**Priority:** Increase opportunities for improving the wellbeing of Victorians experiencing disadvantage through a place-based approach  
**Target:** Implement four new neighbourhood renewal projects by June 2006 and plan for the extension of 15 existing neighbourhood renewal projects by June 2006

**Priority:** Implement the Public Tenant Employment Program across the spectrum of Housing contracts to improve employment opportunities for public housing tenants  
**Target:** Provide more employment opportunities for public tenants by June 2006

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**PART B – Key documents used for this analysis**

**Department of Premier & Cabinet**

www.growingvictoria.vic.gov.au


**Department of Human Services**

(2005) *Corporate Plan 2005-06*  

**Department of Health**


**VicHealth (Victorian Health Promotion Foundation)**

(2005) *VicHealth Position Paper on Health Inequalities*  

*VicHealth Strategic Directions 2003-2006*  

Documents recommended by Dr Dave Trudinger, Health Inequalities Project Leader, Health Promotion & Chronic Disease Prevention Unit, Public Health Branch, Dept Human Services

Newman, Baum & Harris (2006), ‘Summary for Victoria’