

SVA INVESTMENT COMMITTEE – NATIONAL VENTURE PHILANTHROPY

VENTURE	Malpa
DATE	2 June 2017
PREPARED BY	Jane Watson
STATUS	2 nd Round IC
RECOMMEND	Present as approved venture to funders. Complete site visits. Finalise Partnership Agreement terms upon funding agreement



EXECUTIVE SUMMARY

SOCIAL CONTEXT	<p>Vast health and life-expectation inequality exists between Indigenous and non-Indigenous Australians. First Australians have higher rates of chronic disease than non-Indigenous Australians and there is an estimated gap of 10-17 years between Indigenous and non-Indigenous life expectancy in Australia^{1,2}. Poor health translates into poor educational outcomes for children and poor employment prospects later in life. The most recent Close the Gap report indicated that we are not on track to:</p> <ul style="list-style-type: none"> - Halve the gap in child mortality by 2018 - Close the gap in life expectancy by 2031 - Halve the gap in reading and numeracy for Indigenous students by 2018³ <p>There has been very little progress in reducing this inequality gap between First Australian people and non-Indigenous Australians over the past decade⁴. Key barriers in closing the gap include a lack of cultural inclusion in mainstream health services and limited Indigenous owned and run health services. These barriers are both avoidable and systematic⁵ and whilst they remain, First Australian's will not have the full enjoyment of the right to health, equal education and employment outcomes that all Australians should have.</p> <p>The First Australian community controlled health sector is a critical provider of primary health care to First Australians and continued focus on prevention and management of chronic disease is crucial in closing the gap in life expectancy. Well documented research has shown that basic primary health care measures improve health outcomes and will likely reduce longer term chronic health problems leading to improvements in life expectancy and education outcomes for children.</p>
ORGANISATION/ PROGRAM SUMMARY	<p>Overview:</p> <p>Malpa is a community-led program focused on improving primary health care and well-being within First Australian communities. The program puts culture at the core of providing empowerment opportunities for First Australians to take responsibility of, and lead knowledge transfer that creates strong foundations and engagement with the mainstream health system. Through this program, young First Australians grow up with a sense of responsibility, cultural identity and aspirations that supports engagement with education opportunities.</p> <p>Malpa's program, Young Doctors is a health leadership program which trains Indigenous and non-Indigenous children (aged 9-11) to be health ambassadors in their communities. It is designed and run by local Elders and respected community members, and supported by local health staff. Leadership by First Australian Elders enables Indigenous communities to feel empowered and respected in taking responsibility for their personal and collective future. Each program begins with asking Elders "<i>what do the young people of your community need to lead healthy and happy lives</i>". Program activities are then designed and delivered to address issues such as mental</p>

¹ AIHW, *Life Expectancy*, <http://www.aihw.gov.au/deaths/life-expectancy/>, 2016

² Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, 2005

³ Department of Prime Minister and Cabinet, *Closing the Gap*, Prime Ministers Report 2017

⁴ Australian Human Rights Commission, *Social determinants and the health of Indigenous peoples in Australia – a human rights based approach*, International Symposium on the Social Determinants of Indigenous health, 2007

⁵ Royal Australasian College of Physicians, *Inequity and Health – A Call to Action - Addressing Health and Socioeconomic Inequality in Australia – Policy Statement 2005*, RACP, 2005

health, hygiene, nutrition, sight, hearing, etc whilst maintaining relevance to contextual needs, resources and the local culture. Teachings combine First Australian culture with western medical training and practices. The use of First Australian culture enables inspiring engagement activities for youth and promotes respect and an understanding of traditional First Australian practices that promote good health.

Any child who a community recommends, can become a Young Doctor. Child participants range from troubled youth at risk of disengaging from school or from disadvantaged home environments, and youth who demonstrate strong academic and leadership capabilities. Both cohorts have been equally successful within the program. The most standardised format of the program involves the delivery of program activities over a 15 week period (typically 1.5 hours per week). Most programs are operated at schools but can take place at community centres or on-country. The youth's primary role is educating and influencing their peers to adopt basic health and hygiene practices that will lead to improved life-time health outcomes.

Impact

1. **Self-Determination:** Malpa is a successful paradigm that goes beyond giving young people a working knowledge of traditional and modern medicine. It is a program that promotes career aspirations and empowers leaders and communities to take control of their personal and collective future. This provides a demonstrable working example of First Australian's harnessing their culture and using self-determination to engage with mainstream service providers and the broader community.
2. **Closing the Gap:** Malpa offers a direct and preventative approach to addressing the gap in health inequality between Indigenous and non-Indigenous Australians. International evidence overwhelmingly supports the need for primary health care in reducing infant mortality and improving life expectancy. Connecting culture to health care practices and incorporating engaging health care education amongst children will have life-long benefits for First Australian's and support health equality amongst all Australians.
3. **Career Aspirations for First Australian youth:** Engaging with medical professionals and relating First Australian culture to mainstream medical care promotes career aspirations amongst First Australian youth to aspire for a medical career. A greater number of First Australian health professionals is a critical need in addressing the First Australian health gap. Health inequality is partly a factor of poor access to health services in Indigenous communities as is a lack of cultural recognition by medical professionals. A larger number of First Australian health practitioners will support the opening of and improvement of health services dedicated to First Australian's and enhance the social accessibility and inclusion of health services for First Australian people.

Growth trajectory

Over 5 years, Malpa has expanded from operating in one community with 15 graduating Young Doctors in 2012, to 29 communities and 435 graduating Young Doctors in FY17. In 2018, Malpa expects to work in 34 communities and have 800 graduating Young Doctors.

Malpa is currently just working with students in year 4 but is shifting its focus towards deepening its impact within communities by expanding the program to cover years 4 to 6. This will embed stronger foundations for youth as they transition from upper primary to secondary school. It is believed that this will improve engagement in education throughout secondary school when disadvantaged students are most at risk of disengaging. There are currently more than 800 Young Doctors throughout Australia with more than 200 to be trained in the second half of 2017.

Malpa's core objectives over the next 3 years are:

- Expansion of existing program from year 4 only to years 4 to 6, to:
 - Deepen impact in communities and schools by demonstrating commitment to stick around and progress advancement of culture and health care education;
 - Provide stronger foundations for upper primary school students prior to secondary school transitions;
- Develop a social franchise model to enable cost-effective scaling of Malpa's modularised program and community ownership of individual community led Young Doctor programs.
- Transition leadership to First Australian CEO.

	<ul style="list-style-type: none"> Expand evidence base from reporting on shorter term health and education benefits associated with the program to measuring and evaluating longer-term benefits associated with improved cultural connections, aspirations and leadership skills development.
<p>INVESTMENT THESIS</p>	<p>Potential for Scale</p> <p>Malpa has developed a highly cost-effective, grass-roots example of effective service delivery led and owned by communities. Using a strength based approach within communities to develop the foundations for local ownership and leadership to address local issues, provides a platform from which other community service programs may be operated with a greater chance of success. Developing an evidence base relating to effective community engagement and leadership can direct and result in more efficient funding and service delivery for people in need.</p> <p>SVA VP Additionality</p> <p>Malpa is highly effective in delivering community based services. Their focus on this has driven their success to rapidly scale across a number of communities but has meant that operational processes have been deprioritized. To go to the next level and effectively influence and lead the replication of similar models, Malpa will greatly value SVA's VP support in structuring their budgets, business plans, evaluation and investor reporting, and internal people-ops processes.</p> <p>Venture Readiness for Partnership</p> <p>Malpa is extremely positive about a working relationship with SVA VP. They have demonstrated a strong commitment to working with SVA and have been very open in inviting SVA to their leadership off-sites. Throughout the due diligence process they have been highly transparent and quick to turn around information requests. They recognize that they have the potential to unlock significant change to service delivery models for First Australian's but need to strengthen the foundations of their organisation for long-term operations and stability. Supporting the establishment of these foundations, is the key focus of SVA's proposed partnership with Malpa.</p>
<p>PARTNERSHIP PROPOSAL</p>	<p>A VP partnership will provide critical support to Malpa in enabling them to grow from being an effective on-the-ground deliverer of programs to an organisation that has the capability and capacity to support national scale, and to be a sophisticated influencer on improving culturally appropriate funding allocations and service delivery to Indigenous communities.</p> <ul style="list-style-type: none"> Funding: \$200K p.a. over 3 years to enable program expansion to year 5 and 6 via the addition of a new program manager responsible for overseeing community engagement efforts and providing added capacity to head-office operations. This added senior resource will provide head-office operating capacity in the form of strategic management and community engagement to enable program expansion and the strengthening of evaluation activities. In providing this support, further funding opportunities can be pursued and better managed to strengthen the long-term stability of Malpa's work. Capacity Building: Operational efficiency improvements via the establishment and implementation of management processes to facilitate a smooth leadership transition over a 3 year period from the founding CEO. Of critical importance is the establishment of finance and budgeting processes to support the development of a structured business plan. Business planning to include the development of a sustainable social franchise model covering financial, governance and evidence collection requirements for communities operating Malpa's programs. Improved operating processes and governance will enable the CEO and Program Director to have a greater level of focus on community engagement and will enable Don to focus on relationship handovers rather than business operations handovers during the CEO transition. SVA VP is ideally placed to provide this support and has established a strong working relationship with Malpa that has tested the receptiveness of Malpa to this support (reception has been very positive). Networks: Malpa has significant pro-bono support for marketing, IT, evaluation and health related needs. SVA pro-bono connections will be critical in supporting Malpa to establish community and funder partnership agreements to ensure governance of community funding models is appropriate managed and risk to Malpa is minimised. SVA can also play a crucial role in assisting Malpa with partnership discussions with AIME and other First Australian organisations to offer a strengthened support model to First

Australian students. Other venture partnerships include collaboration and knowledge sharing with BackTrack and Dismantle in relation to community expansion models.

- **Evidence:** Support to continue refinement of evidence framework to track:
 - interrelation between child health and well-being, and education outcomes;
 - longer-term impact associated with First Australian community led responses to local social issues; and
 - key program attributes which are critical for successful scale across multiple communities.

This evidence base will support the design of improved community based service delivery models for First Australians and may potentially align with engagement or advocacy opportunities which SVA pursues in relation to the Indigenous Research Fund.

SVA's support of Malpa's measurement and evaluation is expected to have a strong alignment to E4Ls existing work and program assessments. The establishment of evidence frameworks to support the dissemination of education related outcomes within school based programs has been discussed with John Bush (Evidence for Learning) and has strong potential to support future SVA work in establishing an evidence base for effective First Australian service delivery.

The partnership would have significant benefits to SVA and SVA's working knowledge within communities, particularly First Australian communities and First Australian led service delivery. The proposed partnership would contribute to SVA's working knowledge of:

- The role of primary health in education outcomes, strengthened communities and overcoming disadvantage;
- Interrelation of First Australian culture and engagement in mainstream activities and relationships (health, education, familial, and community);
- Strengthening communities and local program leadership to ensure improved service delivery on-the-ground and more effective funding to communities and programs.

First Australian led services and scale of evidence led program design for First Australian communities.

Venture Partnership Proposal	
Partnership Terms	<ul style="list-style-type: none"> SVA and Malpa will commit to a 3-year Venture Partnership in relation to Malpa's Young Doctors program. Partnership will be subject to mutual adherence to an Engagement Plan which will be reviewed annually and adjusted as required to deliver the Partnership Objectives
Funding	As per above
Support	As per above
Partnership Objectives	<p>A successful three-year partnership between Malpa and SVA would seek to achieve the following objectives:</p> <ul style="list-style-type: none"> Foundations for scale: Strategic and operational foundations to support efficient growth and high organisational capability to enable roll-out of national program plan and enable a successful transition from founding CEO to Indigenous CEO. This includes the establishment and implementation of organisational wide operating procedures to support structured business planning. Program scale: A structured program to support youth from ages 9 to 12 (grade 4 to 6) to deepen the impact Malpa provides within communities and to individuals by providing continuity of local services and strengthening leadership, cultural awareness and education engagement in upper primary school aged children. Distribution of this program to occur via a social franchise model and connections to First Australian school based programs such as AIME to be provided in order to offer longer term support for First Australian students. Improve evidence of programme effectiveness: Longitudinal approach to evidence collection and evaluation reporting to track education engagement and performance as youth transition from primary to secondary school. Focus on uncovering what the key program attributes are which are necessary for the program to successfully scale and effectively support multiple communities. Indigenous CEO and Board: Support to enable Malpa to transition to an Indigenous CEO to create an Indigenous focused organisation with complete Indigenous management and governance. <p>The partnership terms proposed in this paper focus on setting the operational foundations for Malpa to successfully manage these growth and transition plans. Three years of VP support will be highly beneficial in enabling Malpa as an already very capable operating entity, progress to a sophisticated model of operations to lead and influence First Australian service delivery in communities throughout Australia.</p>
Funding Availability	<ul style="list-style-type: none"> Program funding opportunities will align strongly to SVA's First Australian work
Conditions Precedent	Partnership Agreement and final funding commitment subject to site visits to Kempsey and Melbourne at a minimum. Site visits scheduled for Kempsey 30 June and Melbourne 23 June. A third visit to be scheduled for either ACT or Gippsland community programs.
Proposed Next Steps	<ul style="list-style-type: none"> Present Malpa as an approved in principal venture funding opportunity to identified funders. Jane to complete Malpa site visits. Marketing and Partnerships team to showcase Malpa as a funding opportunity with intention to raise \$200,000 in funding commitments to cover distributions to Malpa and SVA VP operating costs.

ORGANISATION OVERVIEW

Organisation History

Malpa is a Warlpiri word which means “a friend on the journey”. Malpa has been working with First Australian communities across Australia since 2009.

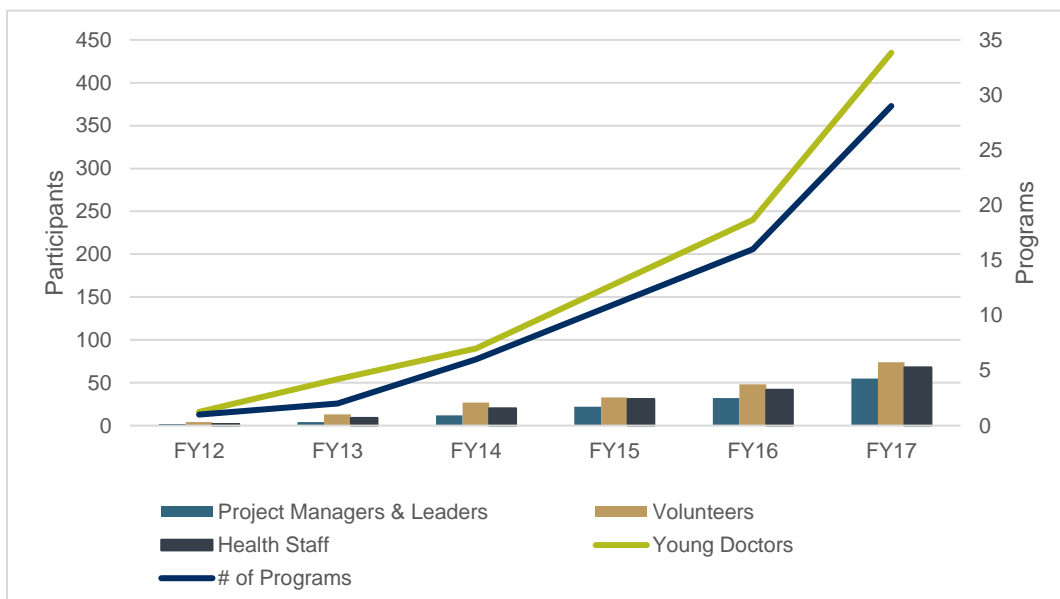
Don Palmer founded Malpa to address the vast inequality in health between First Australian and non-Indigenous Australians. The organisation vision is for First Australian and non-Indigenous Australians to be inspired by a strong sense of cultural pride, belonging and leadership to make positive and healthy life choices and create employment pathways for their future. Ultimately their goal is to see health equality between Indigenous and non-Indigenous Australians.

As an organisation Malpa strongly believes that it is essential to acknowledge the importance of culture and community in any attempts to address issues of health. Work is community driven with a high level of consultation and sensitivity to local needs. Programs are developed in collaboration with members of the Indigenous communities and Malpa’s core focus is on providing support to these communities so that they are empowered and have the capabilities to lead these programs.

In the past, Malpa has had a role in creating projects which holistically address chronic health problems in First Australian communities. Today Malpa is purely focused on its Young Doctors program which is the most impactful and has the potential to shift health outcomes and cultural awareness across Indigenous and non-Indigenous communities in Australia.

Young Doctors was designed by First Australian leaders and capacity development experts. Their goal was to create an engaging model for First Australian children based on adopting successful international models used by the World Health Organisation and other international health bodies. The first Young Doctors program was trialed in Alice Springs in 2012, modified, then implemented in the NT, NSW and Victoria. The first community they established within was Kempsey, NSW at the request of the Red Cross. Today Malpa is also working in South Australia and ACT.

The number of Young Doctors that Malpa has worked with has risen from 20 in 2012 to 430 in 2017. With the exception of the original Alice Springs Town Camp program and Utopia, all community programs have repeated consistently year on year. The discontinuation of Alice Springs and Utopia was a factor of costs to serve these communities and the acute levels of community dysfunction in these regions. Malpa made the decision to sensibly focus on less challenging communities as they established their model. They are now in discussions to expand into the Tiwi Islands and APY Lands and believe they have the experience and structures in place to successfully establish in these remote regions.



Company Structure

The Malpa Institute (Malpa) has DGR1 status and is a registered charity in NSW.

Malpa is majority governed and led by First Australians. It is committed to building long term relationships which support real improvements in health and leadership so that young Indigenous people and their non-Indigenous malpas can lead long and healthy lives. A recent review of succession planning conducted by AMP found that the board is stable, and any of the board members would be capable of taking on the Chair role if Peter Dunn were to leave.

Board Overview

Chair Major General (Rtd) Peter Dunn AO	Retired Major General in Australian Army and former Commissioner for the ACT Emergency Service Authority. During his time in the Army, he had a significant focus on First Australian health including leading the delivery of health infrastructure projects to remote Indigenous communities and oversaw federal review of Indigenous men's health. Currently Principal Consultant at Noetic Group and supporting delivery of AusAID programs.
Founder & CEO Don Palmer - <i>Tjungurrayi</i>	Known in Central Australia as <i>Tjungurrayi</i> and <i>Wotama</i> in recognition of his strong connection with First Australian people. Connection with First Australian people goes back to the early days of the Land Rights movement as producer of television programs dealing with issue. Lifetime role supporting First Australians throughout Australia including as a consultant to a major Federal Government Indigenous men's health project. Long term member of the NSW Clinical Excellent advisory board.
Sonia Waters*	First Australian from Adelaide region. Established the SA Aboriginal Health Scholarship and a recent recipient of the SA Governor's award for Children's Week. Former Director of Community Engagement in the former Social Inclusion Unit, Dept P&C, along with overseeing Aboriginal Health and Wellbeing Reference. Current director of Aboriginal Services for AnglicareSA and board member of SA Aboriginal Advisory Council.
Rex Granites Japanangka*	Senior Warlpiri man from the Western Desert. Custodian of Mina Mina Dreaming, a sacred dreaming site in the Tanami Desert, and a pastor. Works as a mentor resolving social conflicts in communities and is an award-winning artist. Former Chair of the Central Lands Council and former Teaching Chair for the World Council of Indigenous People.
David Peake OAM - <i>Japangardi</i>	20 years experience undertaking case management support for disadvantaged and disengaged youth in Melbourne, including the development of social enterprise initiatives.
Prof Michelle Trudgett*	Indigenous scholar from the Wiradjuri Nation in NSW. Professor of Indigenous Education and Director of the Centre for Indigenous Knowledges at UTS. Formally Head of Warawara — Department of Indigenous Studies at Macquarie University. International reputation as scholar of Indigenous participation in higher education.
Luke Carroll*	Television and film actor and key advocating voice for the First Australian community. Extensive travel between Indigenous communities.

* First Australian

The Malpa management team is a very lean outfit with community oversight and management facilitating on-the-ground work and enabling the management team to focus on organisational strategy, funding and advocacy efforts rather than program delivery.

Management Team Overview

Don Palmer	Full-time. See overview above.
Sammi Fatnowna	3 days per week. National Project Manager. Coordinates roll-out of Young Doctors to communities throughout Australia. Teacher by profession with 20 years teaching career experience including in central desert country in WA. Respected leader in child hearing services.
Community based managers and leaders of programs.	Of the 28 part-time community based staff managing and leading Malpa's projects, 26 are First Australians

Malpa have begun succession planning to enable a smooth future transition from their founding CEO, Don Palmer to ideally a First Australian CEO. To facilitate this, a National Program Director is being recruited who can work underneath Don for 2-3 years. Don has been actively engaging with potential candidates to develop a strong pipeline of future successors. One of these candidates who is likely to be offered and accept this role is Servena McIntyre from Barrack Heights (community that Malpa has a 3-year working relationship within).

Servena is a Yorta Yorta, Wadi Wadi, Wamba Wamba woman from Victoria. She has over 23 years experience working across Human Services, First Australian workforce development, and First Australian entrepreneurial services. She is currently a First Australian consultant, Practice Leader: Cultural Governance for Relationships Australia, NSW, works part time with the NSW Aboriginal Peak AbSec and is the Co-Chair of Worthwhile Ventures supporting Aboriginal enterprise.

Negotiations are currently being undertaken in relation to an appropriate package for Servena. In transitioning into the role of Program Director for Malpa she would discontinue her consulting roles and her advisory/board positions at a stage that do not require her intensive involvement within.

Malpa comment – CEO transition and skills requirement

Don's requirements for an incoming CEO include strong operational experience and community connections. Existing CEO weaknesses are record keeping, clear business planning, and budget forecasting. SVA would play a key role in establishing these processes to ensure a smooth transition. Added capacity by SVA in developing these processes will provide capacity to Don to hand over relationships and focus on transitioning community based knowledge and connections.

Young Doctors Program Overview

Young Doctors is based on the traditional way First Australian healers in Central Australia (*Ngangkari*) passed on their healing skills to young children. The idea of children being "doctors" is deeply embedded in Indigenous culture and Young Doctors aims to reinvigorate these practices. The program was inspired by the idea raised in 1978 by the World Health Organisation, of empowering children to become health ambassadors delivering primary health care. The idea took root in many countries, but nowhere more successfully than Nepal where there are more than two thousand child doctors. In Aceh the program was hailed as being responsible for there being no outbreak of cholera after the Tsunami.

The Young Doctors program is specifically designed and targeted towards communities who are disadvantaged and schools which have significant First Australian representation.

Project vision

Young Aboriginal people are inspired with a strong sense of cultural pride, belonging and leadership to make positive, healthy life choices and create employment pathways.

Project values

- No Gamin (no BS)
- Walking and working together
- Culturally inclusive
- Flexible
- Listening and developing
- Equity and justice

Project Objectives

- To engage First Australian children in health leadership in their communities
- To improve First Australian children's health literacy
- To improve the nutrition of First Australian children
- To improve the personal hygiene of First Australian children and the wider community
- Build the cultural knowledge and self-esteem of First Australian children to make them more confidence in their daily lives
- To build and maintain the self-esteem of members of the local First Australian communities
- To create employment pathways for First Australian people
- To improve school attendance of Young Doctors program participants

Program Benefits

- Puts First Australian people in control of their health
- Improves basic health by breaking the cycle of poor primary health
- Creates authentic relationships between Indigenous and non-Indigenous people
- Empowers First Australians to consider health as a career path
- Builds cultural reliance
- Replicable and adaptable

Program Establishment

- Communities invite Malpa into their community following community based referrals to them
- Malpa runs a local workshop/training day with community leaders and knowledge keepers to:
 - Create collective engagement and familiarity between community members (if required)
 - Provide an overview of the Malpa program
 - Share learnings as to what has worked well in other communities
 - Support the community to design their unique program suited to their local needs and select leadership for the program
- Young people are selected by the local community to be Young Doctors. Typically, the selected young people are 50% First Australians and 50% non-Indigenous malpas. Often an Indigenous young person is asked to select a non-Indigenous student to join them as a malpa.
- Malpa's role is in providing support to communities so that they can be the leaders and owners of their locally relevant program. They listen intently to local needs and provide guidance.

The establishment of programs within communities requires community leaders to come forward and offer their support and willingness to lead the work. Malpa's experience has been that communities are acutely aware that they have significant needs, especially around health and education, and government responses are lacking. Consequently, the prospect of taking responsibility for their own health future and being supported to do that, is highly appealing and motivating to community groups and leaders.

The commitment that these leaders and managers have made to Malpa has been outstanding as has Malpa's support to them. Many of these First Australian leaders are from highly disadvantaged backgrounds and whilst have dealt with circumstances such as the removal of children from close family members, loss of housing, domestic violence and serious health conditions whilst working with Malpa. Despite these challenges their commitment to the program has not waned and the close connection Don and Sammi retain with community based staff enables Malpa to quickly offer support where required. The commitment that staff show to the program, demonstrates the immense meaning that Malpa provides to First Australian communities. For many of the program managers and leaders, Malpa is a chance to secure employment and feel a sense of purpose and satisfaction in creating and leading positive change for their communities.

The most significant challenge communities have faced in establishing Malpa's Young Doctors program is the depth and capability of local leadership. Sadly, in Western NSW, Malpa has been unable to establish despite being invited in due to an inability within these communities to find appropriate leadership that has working with children clearance. This highlights the critical need within Australia to provide opportunities for First Australians to develop leadership skills and for youth to secure strong foundations that lead to positive life choices and pathways. Sourcing local people who live and work in communities is essential in establishing trust and role models and delivering effective health support.

Malpa comment – Broadmeadows program failure

In 2014, Malpa worked with the Broadmeadows community of Melbourne and failed in their delivery of the Young Doctors program. Malpa attributes this failure to:

- Not being invited in directly by the local community – the connection came from an individual outside of the community who wanted to see the program established in Broadmeadows. This meant that trust was never properly established with the community.
- A launch event showcasing the program and benefits before the program commenced. This generated a sense of complacency that success had been achieved before tangible results were realised.

These factors resulted in poor stakeholder engagement within the community.

This failure has been a critical learning for Malpa and since this failure they have been diligent in ensuring they only establish the program when they are invited in by local community members who have the capacity and willness to operate the program for their people. Launch events are also no longer held and success is celebrated upon completion and initiation of the local community. Learnings have also ensured that a policy is implemented whereby program meetings and the delivery of program activities, requires two program stakeholders to be present. Malpa are also now acutely aware of the need to maintain close community relationships so as to be a trusted partner who is readily made aware of any local challenges which may affect prams.

Since these learnings, no other community has been unsuccessful in their delivery of the program.

Program Operations

- Weekly sessions are usually held over 15 weeks covering;
 - Leadership – taking a responsible role in influencing and inspiring other people to make good life choices and supporting them to do so
 - Nutrition – understanding food choices for good health
 - Environmental health – understanding how nature and the built world impact on good health
 - Hygiene – understanding how to avoid disease via basic cleanliness.
 - Health Literacy – understanding basic health information and knowing the best ways to engage with health services and medical professionals
 - Well-being – understanding how to be happy and to prosper and develop values for ourselves and relationships

These topics are not exhaustive and depend on local community requirements and the wishes of leaders.
- Traditional healers and Knowledge Keepers within the local community share their knowledge with the young doctors. This often involves a field trip to learn about traditional medicines in the bush. Local language is incorporated into the teachings.
- Western medical professionals will also share their knowledge in relation to primary health care so as this knowledge is incorporated alongside traditional knowledge.
- The program is designed to be rich and stimulating for the young people rather than concentrating on cramming in a lot of information. The overlay of First Australian culture in all lessons supports child engagement.
- The young people are gently guided and encouraged to develop skills and gather knowledge in areas that are relevant to and appropriate for them and their community.
- Half-way through the program a mini graduation ceremony is held to congratulate the young doctors for completing much of the program and further encouraging them. Some projects invite an Elder to share a story during the ceremony.
- Elders and parents are welcome to participate in all aspects of the program and Elders are integral to service delivery.

Baseline and technical content for the programs is developed in partnership with medical advisors including the Royal Institute for Deaf and Blind Children, Westmead Hospital, Sydney University, AIDA, Janssen (Johnson & Johnson), the Menzies School of Health Research and private advisors Dr Howard Goldenberg and Dr Clint Churchyard. The curriculum and content that is delivered within each community is co-designed between qualified health partners (including content development partners above), and local community leaders based on what they see as being the most critical needs for their community. Oversight of the content delivery is provided by Malpa's National Project Manager, Sammi Fatnowna who has extensive experience in child health and is a respected specialist in hearing health services for children. In addition, many of the Malpa program managers are from teaching and health backgrounds which is often what has made them a key candidate and leader for local programs.

The operations of programs within communities are supported by both traditional healers and clinical staff. Malpa's connection with the Australian Indigenous Doctors Association and AMS centers provides capacity to the delivery of these programs via content, specialist local health expertise to lead teachings, and identification and engagement with health practitioners and services to provide program excursions, guest speakers and supplementary activities.

Malpa comment – Bush medicine applications

The use of traditional bush medicine and culture is used as a conduit to establish trust within a community. The demonstration of acknowledgement and interest in traditional ways enables First Australians to feel honoured as a culture similar to how Christian cultures relate to 'holy water'. Traditional teachings are regularly framed in a way to highlight how traditional owners of the land adapted and made use of resources they had available. More than anything this is a history lesson for children who today are accepting of pharmacies and medicine existing.

Where bush medicine practices have been highlighted in teachings, consultation with medical partners takes place to teach children western alternatives or improved natural remedies. An example of this occurring was in relation to headlice treatment. One community was treating lice outbreaks by shaving heads and rubbing kerosene into the skin. The community proposed an alternative solution being tea-tree oil which was recommended as an alternative by Dr Howard Goldberg. Following acknowledgement of traditional practices, First Australians feel more comfortable in accessing local AMS centers and seeking westernized health treatments.

Engagement and support from local clinical practitioners and Elders in the delivery of program sessions is coordinated by local project managers. Those who support the delivery of programs include doctors, nurses, audiologists, environmental workers, Elders, Ngangkari (traditional knowledge keepers), ambulance services, pharmacists and nutritionists. In addition to delivering content, these partners also help facilitate excursions to hospitals, dental clinics, pharmacies, AMS centers and on-country. Project managers in each community are empowered to lead and manage these relationships but Malpa is readily available to support and ensure that the right relationships are available to deliver content and programs. On occasion challenges, have arisen in finding the right people. When this occurs, programs will not proceed until the right people have been identified and a high level of discipline is maintained on this criteria.

Other challenges faced by communities are not unique to the Malpa program. In targeting First Australian communities, social and economic issues such as drugs, alcohol, health, school retention, broken families and unemployment are all common. A critical component and value which Malpa provides is that it offers individuals from disadvantaged backgrounds an opportunity to pursue positive responsibilities and pathways that have previously been inaccessible. The connection that Malpa staff have to these communities ensures the program's success by providing a safe-environment in which disadvantaged individuals can feel a sense of belonging, responsibility, mastery and generosity. Operating disturbances to the programs are most likely to occur due to Sorry business. This has been most prevalent within the Kempsey district.

Completion

- At the end of the program a final graduation ceremony is held to thank all who have been involved. For the young doctors, it is a chance to show their parents and carers what they have achieved and for their school/community and Elders to share how proud they are in the young people.

Some communities find it challenging to involve Elders in the graduation ceremonies due to many Elders having little experience in allowing themselves to be placed in situations where the community honours their significance. As Malpa repeatedly offers its program within communities, these barriers are broken down and respect between First Australian people and non-Indigenous people is strengthened.

To date there have been no follow-on services provided by Malpa. Future expansion plans for the program are hoped to provide connections to other First Australian services including programs like AIME who Malpa have been having ongoing discussions with to support Young Doctors secondary school journeys.

Program Evaluation

- Evaluation of the programs run by communities is regarded as being very important and Malpa leads these communities in understanding this importance and how to manage local data collection for evaluation.
- All community programs are qualitatively and quantitatively evaluated and involve feedback from all stakeholders. Feedback and data is collected on commencement of the program and upon completion.
- Pre-program surveys are provided to school principals, teachers and participants. Post-program surveys are administered to the same group plus to the First Australian communities from the catchment areas of the schools running the program.
- Parents, careers and other community members of participating children are not included in the pre-program evaluation due to the difficulties Malpa have experienced in undertaking this task before a program has commenced.
- Malpa engages local people to conduct the evaluation to ensure objectivity and cultural appropriateness. Results from community evaluations are made available to all stakeholders.
- Malpa has received support from the Centre for the Advancement of Indigenous Knowledge (UTS) and is partnering with Macquarie University to construct more extensive evaluation approaches.

Following the program and due to the local connections that are established and strengthened between service delivers, educators, youth, community leaders and families, program benefits continue to beyond the 15-week delivery period. Commonly Young Doctors rise to become school prefects and school captains. In one current location two graduate Young Doctors have been elected as the "Prime Minister and deputy prime Minister" within their schools.

Copies of the evaluation questions are provided in Appendix 3

Program Remuneration

- Community program leaders, managers and Elders are remunerated under the program. These are standardised hourly wages for all communities
- Elders remuneration is undertaken in the form of shopping vouchers. This is done following experience that a demonstration of respect is more valuable than cash payments.

Why it works

A critical aspect of the project is that it puts First Australian's in charge of their own situation. The program works and provides this empowerment via the following:

- It's the time-honoured First Australian way of delivering health education
- Malpa only goes where they are invited (by a community) – follows the concept of “song lines”
- First Australian people shape the local agenda for their community and needs
- Local First Australian people manage and deliver the programs
- Indigenous and non-Indigenous young people learn together
- Young Doctors learn the Old and New ways of health
- Elders are honoured and placed front and centre within the communities and programs
- The program teaches health and develops local leadership
- Outcomes extend beyond young people to the community and entire school cohort

The outcomes which Malpa's Young Doctors program delivers, cover reconciliation, health, education, community development and personal well-being. Malpa believes that the most powerful change created is helping children and communities discover a sense of ownership and empowerment to take control of circumstances which perpetuate disadvantage in their community and within their personal future. Drivers behind this change are;

- First Australian community capacity building to support the development of resilience and belief that First Australians are able to control their own destiny
- Positive role modelling from First Australian community members which promotes strong foundations and aspirations amongst First Australian youth
- Children being inspired to pursue careers that lead to the strengthening of their local communities including health and education related careers

An evaluation study completed in 2015 by Malpa found the following results to be derived from the program

2015 Evaluation Results

- School attendance rose 93% - 100% (excluding Sorry business) and principals reported:
 - elevated school attendance relative to the school cohort; and
 - a dramatic increase in parent involvement in the school community
- 100% of Young Doctors reported thinking about working in a job after completing school
- 98% of program participants reported feeling happy to come to school since becoming a Young Doctor
- 100% reported sharing their new learnings with other children and families
- 100% reported knowing more about First Australian culture
- 100% of parents reported that their child's school was more supportive since they offered Young Doctors
- 99% could identify 1-3 people within their community to ask about healing (people mentioned included Elders, parents, health professionals and teachers)
- 3 in 5 children highlighted that they most enjoyed learning from Elders and Aboriginal community members.

These outcomes are incredibly positive but are focused on the outcomes that immediately occur during the 15-week period of the program. Malpa has recognised a need to expand the depth and longitudinal measurement of the program's success and SVA would work actively with Malpa to support this in order to:

- Uncover what the critical components of the program are that drive success; and
- What the long-term changes to communities are that can be attributed to Malpa's work.

Updates to the evaluation process to better track and measurement these outcomes have commenced. The commencement of this refined evaluation approach has been led by Peter Dunn (Chair). Further refinements are currently being led by Phil Good of Macquarie University and a partnership with UTS to develop a three-year longitudinal study to track the impact and change in education and health outcomes for program participants and communities.

Malpa's current hypothesis based on their experience within communities and knowledge of the key drivers of change for improving outcomes for First Australian's is that self-determination and reconciliation will be demonstrated. Malpa's belief is that empowerment has not effectively been delivered by Government policy, funding and service delivery, and

preventative health has been given a minimal priority compared to the provision of clinical services by external providers. Where services are provided, they have not concurrently been First Australian and non-Indigenous inclusive which has not supported cultural recognition and understanding to drive reconciliation.

FY18 Program Expansion

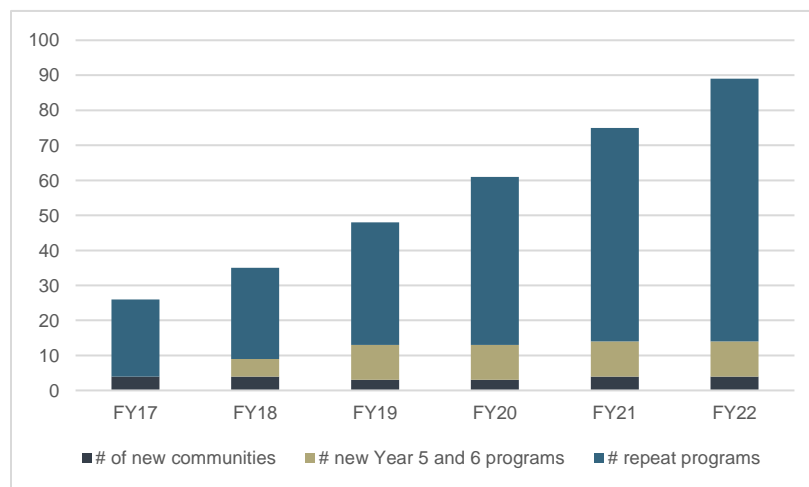
Malpa's existing fifteen week program delivered to students in grade 4, is to be extended to students in grades five and six. This will provide a deeper level of engagement with schools and better establish strong foundations within children to support positive behaviours and cultural recognition through their transition into teenage years and secondary schooling. It is believed that will support improved secondary school engagement and reduce the occurrence of students from disadvantaged backgrounds falling behind in education and social outcomes during early teenage years.

To support this program expansion, Malpa has commenced discussions with AIME to provide ongoing support to students during secondary school years. This approach will better connect education support services for First Australian youth and foster the feeling amongst students of being a part of a community that extends beyond their immediate locality. SVA can play a critical role in supporting this partnership and promoting collaboration between First Australian ventures to improve the service delivery ecosystem.

Expansion of the program into grades 5 and 6 will begin in a staged approach and communities wishing to implement a grade 5 or 6 program will need to do so following their successful operation of a grade 4 program. The forecast expansion will see five existing communities operating a grade 4 program, trial the year 5 program in FY18. These five communities are hoped to then adopt a grade 6 program in FY19 and five other communities to expand beyond grade 4 to grade 5.

The projected growth rates in relation to the number of programs to be offered are below.

	FY17	FY18	FY19	FY20	FY21	FY22
Number of new communities	4	4	3	3	4	4
Number of new grade 5 and 6 programs	0	5	10	10	10	10
Number of repeat programs	22	26	35	48	61	75
Total Programs	26	35	48	61	75	89



Curriculum Mapping

Malpa has recently mapped its program to the ACARA National Curriculum as well as the Victoria and NSW Curriculums. This mapping demonstrates how Malpa's Young Doctors project can be used to deliver outcomes for the NSW, Vic and National Personal Development, Health and Physical education syllabus. This includes meeting 60% of the curriculum content (excludes physical exercise component) for the now mandated National Health and Physical Education curriculum (Years 3 and 4). Malpa's program has been described as "best practice" by ACARA due to the involvement of parents, communities and health practitioners in delivering the outcomes.

The curriculum accreditation enables improved engagement with teachers and education providers by providing a roadmap for teachers and principals to meet their reporting requirements whilst following the Malpa program materials. This is likely to support the scaling of the program and enhancing the in-school capabilities required to deliver on the program improving operational efficiencies for Malpa.

Teachers universally report their support for Young Doctors. The program has demonstrated early signs that it elevates school attendance and student and parent engagement with schools. Improved student engagement with the Malpa school based programs results in improved engagement with other subjects and a greater connection between First Australian and non-Indigenous students in the classroom. This levels the playing field and collectively strengthens career aspirations across all students. Principals appreciate the program for these reasons and this appreciation has driven year-on-year repeat rates within schools and demand to deepen the program delivery to cover grades 4 to 6 within primary schools.

Formal training and accreditation of primary health care within school curriculums is not highly monitored within schools or a part of formal teacher training due to primary health care not being a macro issue. It is however important that programs which address general health and well-being are maintained and promoted given NAPLAN has created incentives for schools to have a greater focus on academic curriculum. Shifts towards enhanced autonomy for schools has also seen the removal of departmental approvals for optional school programs such as Malpa. It is now up to independent programs to develop an evidence base that supports their program benefits.

See Appendix 2 for list of programs and communities

SOCIAL IMPACT ASSESSMENT

Social Issue / Market Context

First Australian Health

The Lowitja Institute and *The Lancet* 2016 collaboration: *A Global Snapshot of Indigenous and Tribal Peoples' Health* showed the following differentials for First Australian people compared when compared with the total population:

- 1.7 times higher levels of child malnutrition
- 1.6 times higher levels of child obesity
- 1.7 times higher levels of adult obesity
- Approximately double the level of maternal mortality.⁶

Other health differentials between First Australians and non-Indigenous Australians include:

Eye Health

- The National Eye Health Survey have reported that blindness rates have reduced from six times more common for Aboriginal and Torres Strait Islander peoples than the non-Indigenous population in 2008 to now being three times more common in 2016.⁷
- While there is improvement, low or poor vision remains three times more likely amongst First Australian people due to cataracts, refractive errors, diabetic eye disease and trachoma.⁸
- Australia is the only high income country in the world to report cases of trachoma and in some instances, hyper endemic rates of trachoma are found in remote First Australian communities.

Ear Health

- In 2012–13, around one in eight First Australian people reported having diseases of the ear and mastoid and/or hearing problems⁹.
- Otitis media is a major source of ear disease in Indigenous children. It often begins within weeks of birth, has repeated episodes, and can persist into adolescence.
- There are many risk factors that contribute to the development and persistency of ear disease in Indigenous children, including household overcrowding, passive smoking, premature birth, bottle feeding and malnutrition.

Partial deafness from ear infections is devastating to a child's language development, especially where English is the second language. Children who are partially deaf never fully understand the spoken word and will find it difficult to follow conversations and to listen to what a teacher is saying. This promotes disengagement at school. Poor educational results lead to poverty and high unemployment levels.

⁶ Kate Silburn, Hannah Reich and Ian Anderson (eds), *A Global Snapshot of Indigenous and Tribal Peoples' Health: The Lancet-Lowitja Institute Collaboration* (2016) The Lowitja Institute. <https://www.lowitja.org.au/lowitja-publishing/L052>.

⁷ Joshua Foreman et al, *National Eye Health Survey Report* (2016) Centre for Eye Research and Vision 2020 Australia. <http://www.vision2020australia.org.au/resources/national-eye-health-survey-report>

⁸ Hugh Taylor, Uma Jatkar and Mitchell Anjou, *The Roadmap to Close the Gap for Vision* (September 2015) Australian Indigenous Health InfoNet. <http://www.healthinfonet.ecu.edu.au/key-resources/bibliography/?lid=30119>

⁹ Australian Bureau of Statistics, *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13, 2013*

Nutrition

- Aboriginal and Torres Strait Islander adults consumed an average of 2.1 serves of vegetables per day, which is less than half of the 5-6 serves recommended by the Australian Dietary Guidelines and almost one serve less vegetables than non-Indigenous people.
- 41 per cent of First Australian peoples' total daily energy intake came from energy-dense, nutrient-poor 'discretionary foods', such as sweetened beverages, alcohol, cakes, confectionery and pastry product - equating to over six serves of discretionary foods per day. This is triple the number of vegetable serves consumed.¹⁰

Rheumatic Heart Disease

- An estimated 6000 Indigenous young people in northern Australia are living with rheumatic heart disease or have had acute rheumatic fever which can cause fibrosis of heart valves, leading to crippling valvular heart disease, heart failure and death. People with the disease often die in their 30s and 40s.
- RHD is preventable with the simple administration of penicillin.
- Remoteness, transient population, poor living and education standards, high health practitioner turnover, and limited knowledge of the disease all contribute to the persistence of RHD.

Child mortality

Aboriginal and Torres Strait Islander child mortality did not improve significantly over the period 2008-2015¹¹. Lack of progress in such a critical health target is indicative of insufficient action to provide universal access to dedicated services for mothers and babies and to address the underlying social determinants that result in poor health outcomes for First Australians. In addressing this issue, culture is a critical component in delivering health services to First Australians.

Role of culture in First Australian health

Strong cultural identity is fundamental to Indigenous health and social and emotional wellbeing. The National Aboriginal Community Controlled Health Organisation's (NACCHO) Constitution acknowledges that:

'Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.¹²

Indigenous health policy in Australia is guided by the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013* and *2012-2023*. One of the nine guiding principles of this is that Governments adopt a holistic approach: "recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance".¹³

Research demonstrating the importance of culture to improved health for First Australian's includes

- First Australian's with strong attachment to culture have significantly better self-assessed health.¹⁴
- First Australian's who speak Indigenous languages and participate in cultural activities have markedly better physical and mental health.⁷
- A ten year study in Central Australia found that connectedness to culture, family and land are contributors to significantly lower morbidity and mortality in outstation communities¹⁵.
- The same study found that residents of communities where traditional languages and cultural practices are valued and maintained are less likely to be obese, less likely to have diabetes and less prone to cardiovascular disease than Aboriginal people across the rest of the Northern Territory.

The importance of culture in the delivery of health services to First Australian's is even leading to attempts to incorporate cultural understanding within training for medical students to improve services and accessibility to services for First Australian's within the mainstream health system.

¹⁰ Australian Bureau of Statistics, *Australian Aboriginal and Torres Strait Islander Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines 2012-13*, 2013

¹¹ Close the Gap, Progress and Priorities Report 2017

¹² National Aboriginal Community Controlled Health Organisation, *Constitution for the National Aboriginal Community Controlled Health Organisation* (2011). <http://www.naccho.org.au/about/governance/>

¹³ National Aboriginal and Torres Strait Islander Health Council, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context*, NATSIHC, 2003

¹⁴ Department of Prime Minister and Cabinet Office for the Arts, *Culture and Closing the Gap*, 2013

¹⁵ Rowley, K.G., et al., *Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community*, The Medical Journal of Australia, 2008 p. 283-287

Malpa's role in bringing health, education and culture together for First Australians

The Young Doctors program is grounded in building social-emotional competencies to support cognitive development among highly disadvantaged students. The focus on health as a conduit to engagement with learning has two lines of logic that underpin the Malpa program.

1. The Young Doctors program sets children on a pathway which develops agency and leadership capacities around health education. This is a mechanism to prevent chronic illness such as otitis media which significantly reduces the capacity of children to learn.
2. Learning about health, self-care and culture is conducted through engaging activities which support children to participate in group work, build peer relationships and cultivate curiosity.

Research has found that Malpa-like program models that link schools and indigenous communities together promotes attendance through more inclusive and engaging learning environments. This generates positive attitudes towards learning and higher achievements in literacy and numeracy¹⁶.

Malpa specifically targets children in upper primary school due to research clearly stating that this is the best age to empower young people so that they offer outward teachings to their peers, downwards to their siblings and upwards to their families and community. The program also has a strong focus on engaging the local community to model positive behaviours that promote education outcomes, and connecting local health and welfare services closely to schools. These are two key drivers under SVA's Education driver tree in providing the best possible progress for students during their K-12 years.

Alignment with SVA's First Australian Driver Swirl:

Malpa strongly aligns to the four key drivers within SVA's First Australian Driver Swirl.

Drivers	Malpa's alignment
Cultural Identity	Culture is used as the core and central driver to all of Malpa's work. Each community is recognised for their unique culture and traditional stories and language is entwined within the programs.
Self-Determination	Malpa is a First Australian led organisation that empowers and supports First Australian communities to take responsibility of and drive change in relation to health and wellbeing issues affecting their youth. First Australian community members are trained to deliver a program that they have helped design. This assists in restoring self-esteem and community functionality and provides employment pathways and aspiration. First Australian community members are engaged with schools and children are learning in a way that replicates traditional practice.
Engagement	Malpa authentically connects western medical health services to First Australian communities and cultures. The program blends traditional healing methods with western medicine producing excellent health outcomes while strengthening culture, traditional knowledge and the importance of country.
Strong Foundations	Young Doctors become health ambassadors after the program and continue the role of improving their own health as well as that of their peers and communities. This ongoing role encourages young people to seek further education and aspire to future roles of responsibility including medical related professions.

Alignment with SVA's Education Driver Tree

Malpa's work has a strong and positive alignment to creating a home and community environment that is supportive of improved education outcomes.

Drivers	Malpa's alignment
Early Learning: Home environment conducive to wellbeing and development	By working with upper level primary school students, Malpa's primary health education is transmitting into improved knowledge within homes given the influence program participants have in personally hygiene. Siblings mentoring younger siblings and demonstrating positive health behaviours, has an impact on their younger siblings and supports the creation of a healthy home environment that fosters positive wellbeing and development.

¹⁶ Reid, K., *Literacy and numeracy learning: What works for young Indigenous students? Lessons from the Longitudinal Literacy and Numeracy Study for Indigenous Children*, Australian Council for Educational Research, 2011

K-12: Engaged local community and business to model behaviours	Local community leadership to operate Malpa's programs, models positive behaviours that promote aspirations and engagement with education amongst children.
K-12: Local health and welfare services closely connected with local school (child focused)	Connection between health services and schools provides children with a greater understanding and ability to recognize health issues which impact upon learning. Similarly, it supports educators to better address health impediments to effective learning and enables more rapid referrals to health providers.

Market Comparison and Opportunity

The most comparable program to Malpa is Connected Beginnings, part of the Commonwealth Government's *Jobs for Families - Child Care Package*. The aim of Connected Beginnings is to ensure that Indigenous children in identified areas of high need achieve the learning and development outcomes necessary for a positive transition to school. Over time it is believed this will contribute to a reduction in the disparity in school readiness and educational outcomes between Indigenous and non-Indigenous children.

Connected Beginnings is based on the Western Australian Challis School-Community Model. This program was reviewed by the Telethon Kids Institute and demonstrated positive results.

The model offers a 'next generation' method for Australian governments wanting to adopt more cost efficient and effective policies to address the social and economic drag associated with having children grow up in highly disadvantaged environments.¹⁷

The Challis program and Connected Beginnings differ to Malpa in that they are early years focused and aim to support school readiness. They follow a collocation model of early years' services and target parent education. This is like the Gidgee Healing model in Queensland.

Malpa has a similar goal to the above mentioned programs but goes deeper in using culture and empowerment of First Australian communities to take responsibility and create this change themselves. It puts First Australian's in charge of local health and education services being developed and operated in their communities under their terms. This is critical in ensuring effective engagement with services and promoting resilience and strong foundations for First Australians. More so, Malpa focused on empowerment and leadership opportunities for First Australian youth. This promotes engagement with education and at a critical point in the education cycle when risky-behaviours commence. Improved self-esteem and identify during the juncture of transitioning from primary to secondary school, provides at-risk youth with the foundations to make positive life choices and take an increased responsibility in their own actions.

Connected Beginnings and other dedicated First Australian health services are specific in their servicing of First Australian people. This creates a divide between Indigenous and non-Indigenous people in Australia and does not provide strong foundations in addressing reconciliation efforts in Australia. A key benefit of Malpa's program is that it is not Indigenous exclusive and it enables First Australian communities to impart their learnings to non-Indigenous youth. Similarly, it is designed to create an environment that enables First Australian people to feel respected and comfortable in engaging with contemporary western medical practices and education. This promotes equal feelings of respect within communities for all people and services.

Areas for further DD:

- Cost effectiveness comparison to Connected Beginnings and other community based health service programs for First Australian communities.
- Future funding and policy commitments to Connected Beginnings and other community based health service programs for First Australian communities.
- Detailed comparison to Stronger Smarter in relation to education outcomes.
- Detailed review of SVA alignment opportunities with Gidgee Healing

¹⁷ Minderero Foundation, *A Pathway from Early Childhood Disadvantage for Australian Children*, Prepared by the Telethon Kids Institute for Minderero Foundation, 2014

Partnerships

Malpa has established key partnership to support in the delivery of its program and which result in improved engagement and foundation. Key partnerships include

Australian Indigenous Doctors Association (National partnership)

- AIDA connect each Malpa project with an Indigenous Doctor or Indigenous Medical student who acts as a mentor to the Program Manager and delivers one of the health sessions over the 15 week Young Doctors Program
- AIDA participants act as role models for students in primary schools and encourage aspirations relating to education and employment
- Advisory support provided by AIDA in the development of content.
- No financial commitment between Malpa or AIDA
- Partnership covers all Malpa projects nationally regardless of other partnerships in place

Aboriginal Medical Service (National Partnership)

- Provides practical health sessions with a preventative focus in each delivery site
- Partnership somewhat dependent on each community and geographical location. Most established AMS partnerships are in Kempsey and Wollongong NSW.

Anglicare (South Australia partnership)

- Via Relationships SA, Anglicare provide funding and staff to manage South Australian Malpa projects
- Partnership established via Sonia Waters who is head of Indigenous Projects for Anglicare SA and Malpa board member
- Partnership provides key staff funding for SA projects

Smith Family (ACT partnership)

- Smith Family supports ACT Malpa projects with staffing and community access
- Malpa covers staff costs
- Partnership early stage but strategic focus to prove up viability and impact to Smith Family to facilitate expansion and increased funding commitment by the Smith Family across other communities Malpa enters

Ambulance Victoria (Gippsland, Vic partnership)

- Ambulance Victoria provides health and education resources to East Gippsland community projects
- Partnership is non-financial but improves health and medical expertise running Malpa community projects

NSW Health

- Full funding for two programs in the Moree Plains

Royal Institute for Deaf and Blind Children

- Provide clinical advice about ear health and how young people can protect their hearing

Westmead Kids Research Institute

- Provide clinical advice relating to effective ways to build child learning on health and hygiene issues

Janssen (Johnson and Johnson)

- Provide clinical advice and IT resources for hearing testing.
- Also an organisational funder

Symbion-Ebos

- Provide health kits to all graduating Young Doctors

Partnerships in development include

- Global Childrens Health Foundation (Tiwi Islands)
- Anglicare SA and SA Government (APY Lands)

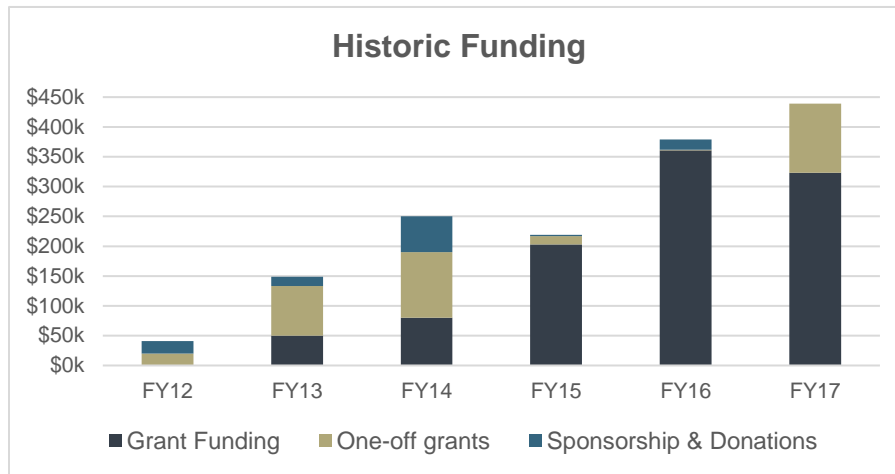
Malpa is committed to continuing to expand existing and new partnerships aligned to their philosophies associated with First Australian empowerment, cultural recognition and improved health and education outcomes for First Australian youth.

FINANCIAL ANALYSIS / SUSTAINABILITY

Summary Financial Information

Malpa has a core and committed funder base that provides \$270,000 per annum.

In addition to funding support, Malpa received \$87,000 in critical probono value, most notably marketing, website, health kits for kids and research related costs.



The FY16 spike in grant funding was due to a higher annual allowance from Janssen during this period

Program cost

Direct program costs within communities are less than \$10,000 per program. After taking account of all organisational costs, the total program operating cost is currently \$17,000 for establishment and \$16,000 for repeated programs (difference relates to staff training).

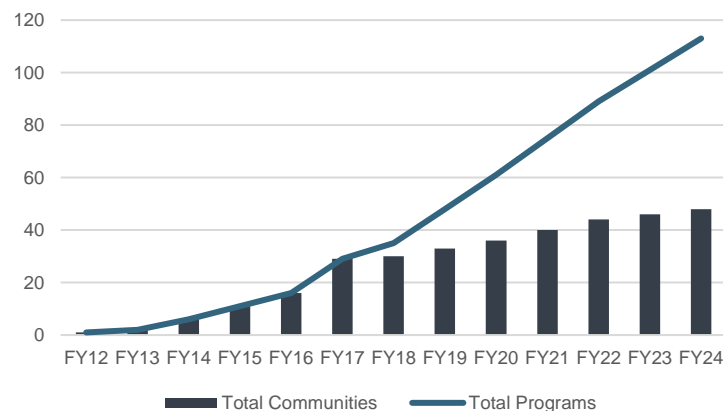
The addition of a program director in FY18 provides added head office capability to manage an expanded base of programs. As the number of programs expand, a full-time operations director has been budgeted from 2020 and an administration staff member is included from FY19. Malpa have agreed that support from SVA to better structure a formal business plan and understand operating metrics such as the number of programs feasible for oversight from a head-office team will be critical.

Notes		FY17	FY18	FY19	FY20	FY21	FY22
# of new communities		4	4	3	3	4	4
# new Year 5 and 6 programs		0	5	10	10	10	10
# repeat programs		22	26	35	48	61	75
Total Programs		26	35	48	61	75	89
Fixed Organisation Costs - over programs							
CEO	\$110k salary	\$4,231	\$3,143	\$2,326	\$1,858	\$1,534	\$1,312
Program Director	\$90k salary	\$0	\$2,571	\$1,903	\$1,520	\$1,255	\$1,073
Operations Manager	\$83k salary PT (FT 2020)	\$1,915	\$1,423	\$1,053	\$1,311	\$1,083	\$926
Administration	\$60k salary	\$0	\$0	\$1,250	\$998	\$824	\$705
Head office	(Rent, utilities, insurance, marketing, etc)	\$1,586	\$1,586	\$1,212	\$1,309	\$1,092	\$943
Total Program Cost (fixed)		\$7,732	\$8,723	\$7,744	\$6,997	\$5,787	\$4,959
Direct Program Costs							
Staff training - establishment	New community leadership	\$1,200	\$1,200	\$1,218	\$1,236	\$1,255	\$1,274
Staff training - expansion	Year 5 & 6 program training		\$600	\$609	\$618	\$627	\$637
Community wages	Program Manager & Lead	\$4,500	\$4,500	\$4,568	\$4,636	\$4,706	\$4,776
Travel		\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Materials		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Excursions		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Elders remuneration		\$750	\$750	\$750	\$750	\$750	\$750
Total program cost - new community		\$17,382	\$18,373	\$17,480	\$16,819	\$15,697	\$14,959
Total program cost - Year 5 & 6 expansion			\$17,773	\$16,871	\$16,201	\$15,070	\$14,322
Total program cost - repeat year		\$16,182	\$17,173	\$16,262	\$15,583	\$14,443	\$13,685

To meet expansion plans, Malpa is seeking to continue expanding the number of community sites it operates within, and expand the number of programs operated within communities. New community growth is forecast to be 10% per annum over the SVA partnership period. The growth in programs follows community based growth and a staged roll-out of programs to students in years 5 and 6 within schools selected as being ready for an expanded Malpa program offering. To support growth and to move towards a social franchise model, it is projected 60% to 65% of programs will be community funded.

Program and Community Growth Projections

	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Total Communities	1	2	6	11	16	29	30	33	36	40	44	46	48
Growth in communities		100%	200%	83%	45%	81%	3%	10%	9%	11%	10%	5%	4%
Total Programs	1	2	6	11	16	29	35	48	61	75	89	101	113
Growth in programs		100%	200%	83%	45%	81%	21%	37%	27%	23%	19%	13%	12%
Portion of programs self-funded							50%	55%	60%	60%	60%	65%	65%



Community and partner funding

Currently Malpa funds 50% of the programs it offers via private and corporate donations made directly to Malpa. Two projects are currently funded in full by NSW Health who direct funds entirely towards Malpa for management and program delivery. Malpa's ongoing partnership with The Smith Family and Relationships Australia SA provides funding for community staff wages and expenses. This funding is directed by payments made directly to community staff contracted to deliver the Malpa programs.

Malpa has agreed that improved governance and structures to better oversee community funding models is required. To date they have been able to manage funding partnerships without any issues and with the oversight of accounts Fusion Partners and auditors Mitchell & Partners. Successful management of these partnerships has been achieved through close community connections and communication. Don recognizes that this is not a scalable solution and is highly supportive of improved governance.

		Year 1	Year 2	Year 3	Year 4	Year 5
	Notes	FY18	FY19	FY20	FY21	FY22
Income						
Core Funding						
Grant Funding	Known commitments.	\$273,000	\$273,000	\$273,000	\$273,000	\$273,000
Donations & Sponsorship	Untied, one-off donations	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Community funding		\$22,000	\$40,000	\$80,000	\$100,000	\$140,000
Other income		\$0	\$0	\$0	\$0	\$0
Total Cash Income		\$345,000	\$363,000	\$403,000	\$423,000	\$463,000
Grant Funding Unidentified	Calculated from operating deficit	\$75,000	\$95,000	\$145,000	\$350,000	\$370,000
SVA funding		\$160,000	\$160,000	\$160,000		
Total Income		\$580,000	\$618,000	\$708,000	\$773,000	\$833,000
Expenses						
Fixed						
CEO	5 days per week. Don Palmer	\$110,000	\$111,650	\$113,325	\$115,025	\$116,750
Operations Manager	3 days per week. 5 days per week from 2020	\$49,800	\$50,547	\$80,000	\$81,200	\$82,418
Program Manager	Indigenous manager	\$90,000	\$91,350	\$92,720	\$94,111	\$95,523
Administration staff		\$0	\$60,000	\$60,900	\$61,814	\$62,741
Rent	Contingency to commence 2020	\$0	\$0	\$20,000	\$20,300	\$20,605
Insurance		\$5,000	\$5,075	\$5,151	\$5,228	\$5,307
Marketing	Probono provided	\$0	\$0	\$0	\$0	\$0
Research	Probono provided	\$0	\$0	\$0	\$0	\$0
Consumables	Printing probono provided	\$0	\$0	\$0	\$0	\$0
Phones, Internet, Utilities		\$2,000	\$2,030	\$2,060	\$2,091	\$2,123
Consultants	Accounting	\$5,500	\$5,583	\$5,666	\$5,751	\$5,837
Transport	Commuting expenses (meetings, etc)	\$10,000	\$12,000	\$13,000	\$14,000	\$15,000
Conference expenses	\$2000 x 4 conferences per annum	\$8,000	\$8,120	\$8,242	\$8,365	\$8,491
Annual leadership conference	Once per annum	\$20,000	\$20,300	\$20,605	\$20,914	\$21,227
Board members travel	All members travel 2x board meetings per annum	\$5,000	\$5,075	\$5,151	\$5,228	\$5,307
Total Cash Expenses		\$305,300	\$371,730	\$426,820	\$434,028	\$441,328
Variable Program Related Expenses						
Training		\$3,900	\$4,385	\$3,956	\$4,517	\$4,585
Staffing		\$78,750	\$98,658	\$113,119	\$141,167	\$170,030
Materials and Travel		\$138,250	\$85,320	\$96,380	\$118,500	\$140,620
Total Program Related Expenses		\$220,900	\$188,363	\$213,455	\$264,184	\$315,236
Total Cash Operating Expenses		\$526,200	\$560,092	\$640,275	\$698,211	\$756,563
Operating cost contingency	10% allowance	\$52,620	\$56,009	\$64,028	\$69,821	\$75,656
Net Surplus (Deficit)		\$1,180	\$1,898	\$3,697	\$4,967	\$780

RISKS & OPPORTUNITIES

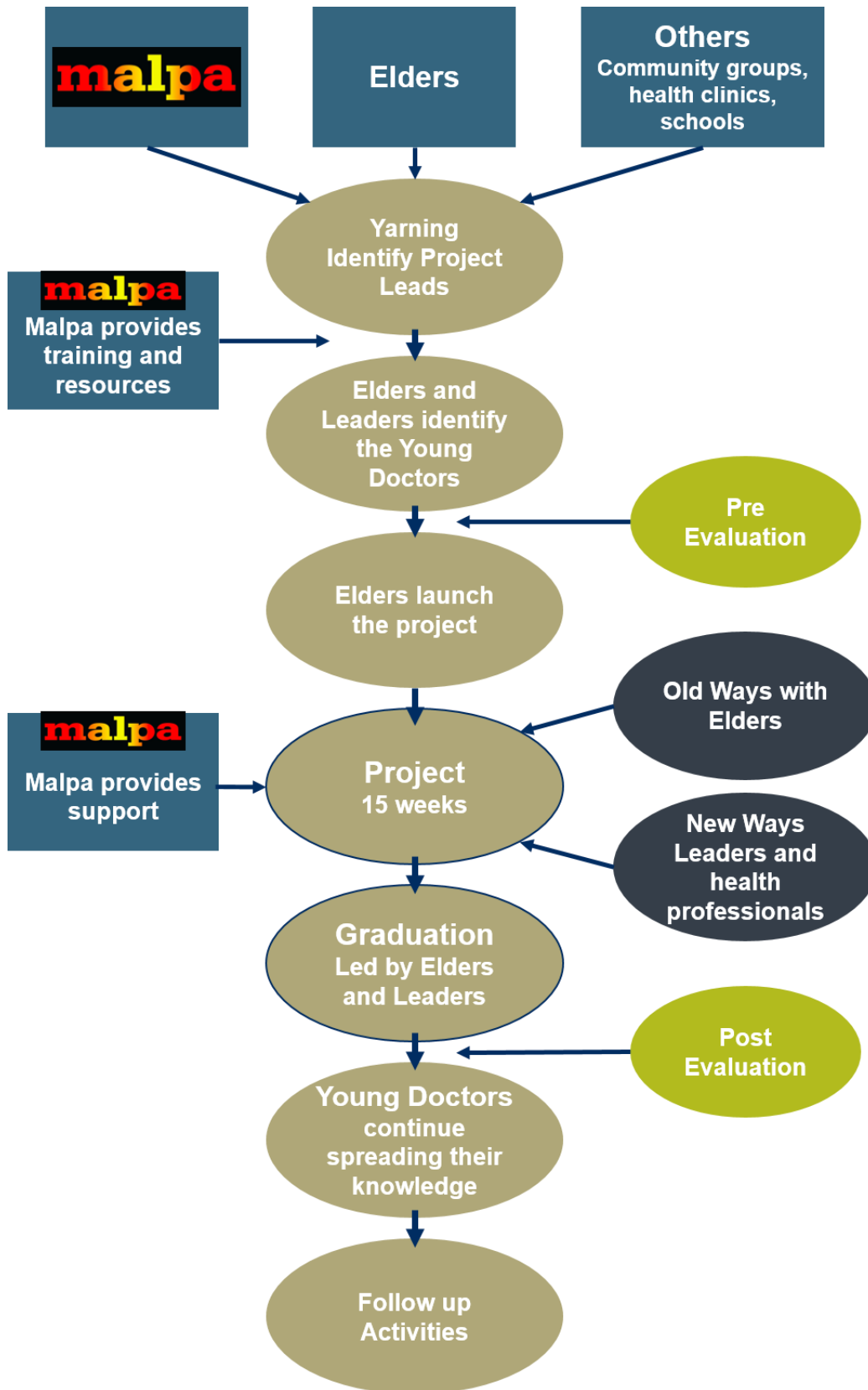
SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Management team and Board have strong local community connections & a strong passion for improving the outcomes for the First Australians • Passionate and dedicated CEO and key management staff • Programs are community led providing cost-efficiencies and deep community engagement and acceptance • Programs are highly adaptable to individual community needs and readily able to scale • Highly inclusive and supporting both Indigenous and non-Indigenous community needs • Multifaceted outcomes are achieved including health, education, cultural identity, employment aspirations and strengthen community relationships • Program model is proven to be successful in remote, regional and urban communities • Program has successful track-record supporting disadvantaged and engaged students from Indigenous and non-Indigenous backgrounds 	<ul style="list-style-type: none"> • Succession planning and key-person risk associated with founding CEO • Weak management and operations processes due to strong on-the-ground focus and lean team meaning priorities and focus has not been directed towards governance needs • Significant travel costs and time commitments associated with serving a widely dispersed group of communities throughout Australia
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Program extension rapidly available across multiple year levels, communities and social needs. • Program model and philosophies readily adaptable to support the delivery of multiple social education and community engagement needs (ie. Parenting training, justice reinvestment, etc) • Ability to overlay other community based service programs on-top of Malpa’s core education and health program to deepen health and education impact. • Expanded market recognition. To date very little effort has been put into promoting the program publicly. Relevance and suitability of the program to a large and diverse number of communities provides strong potential for national recognition and awareness with conscientious marketing effort. • Ability to influence policy change and advocate for improved community empowerment and ownership of the delivery of social service programs. • National Indigenous program that offers potential to participate in RCT trials with moderate level of scale. 	<ul style="list-style-type: none"> • Poor community experience relating to program creates detractors and hinders word-of-mouth referrals to Malpa which result in significant program cost savings. • Poor local leadership in communities that Malpa has not yet worked with preventing scale and effective delivery in new communities. • Communities failing to appropriately collect data to support evaluation of Malpa's programs • Key funders of communities reducing funding resulting in increased costs to Malpa to continue program at current scale or need to raise additional community based funding.

Risks & Mitigating Factors

<i>Risks</i>	<i>Likelihood</i>	<i>Mitigating Factors</i>
Succession planning and lack of immediate CEO/Senior manager replacement	H	CEO and Board are very aware of risk and actively pursuing discussions with identified potential successors to recruit a strong program director who can move into CEO role in future and to establish a shortlist of potential successors.
Weak operating processes	M	VP partnership will significantly reduce risk through capacity building and support at head-office level. CEO is actively seeking to put in place processes and document operating procedures.
Inability or reluctance from schools to support program	M	Mapping of program to ACARA enhances ability of schools to see outcomes and alignment to curriculum. This enhances support from schools. Program can operate successfully, independently of schools.
Reluctance or inability for communities to self-fund programs	M	Future sustainable scale for Malpa requires communities to raise or provide funding for local program adoption. Relatively low cost of the program to successfully establish in a community and continue operating reduces funding barriers for communities and increases potential for substitute funders to readily replace existing funders if required.
Poor community based referrals due to disenchanted community or poor program experience	L	High program repeat rates by communities and strong demand from existing community participants provides a strong and convincing voice against potential future detractors. VP support to enable Malpa to enhance community reach and strengthen operating processes will reduce risk due to greater focus able to be directed to community engagement activities.

Appendix 1 – Program Overview



Appendix 2 – Project Locations

2015 - 2016	16 Projects, 240 Young Doctors	2016 - 2017	29 Projects, 435 Young Doctors
KEMPSEY	<ul style="list-style-type: none"> Crescent Head South Kempsey West Kempsey Willawarrin Greenhill Fredrickson Stuarts Point St Josephs Aldavilla – Graduate program 	KEMPSEY – Dhalayi Doctors	<ul style="list-style-type: none"> Crescent Head * South Kempsey * West Kempsey Willawarrin * Greenhill * Fredrickson Stuarts Point St Josephs
ILLAWARRA	<ul style="list-style-type: none"> Barrack Heights (2) Albion Park Rail Berkeley West (2) 	ILLAWARRA - Ngargin, Boori, Boorai Doctors	<ul style="list-style-type: none"> Barrack Heights (2) * Albion Park Rail (2) * Berkeley West (2) *
MELBOURNE	<ul style="list-style-type: none"> Hutton Street 	MELBOURNE - Bubup Doctors	<ul style="list-style-type: none"> Hutton Street (2) * Pender's Grove
ADELAIDE	<ul style="list-style-type: none"> Aldinga 	ADELAIDE Kaurna (with Relationships Australia)	<ul style="list-style-type: none"> Elizabeth Downs Elizabeth East
		EAST GIPPSLAND (with Ambulance Victoria)	<ul style="list-style-type: none"> Bairnsdale West Lucknow
		ACT - Gouther Doctors (With The Smith Family)	<ul style="list-style-type: none"> Namadgi (2) * Golden Creek Ngunnawal
		MOREE PLAINS – Northern NSW (with NSW Department of Health)	<p>These run outside school hours programs</p> <ul style="list-style-type: none"> Boggabilla (2) * Toomelah (2)
		PROJECT STAFF	
		Full Time	2
		Part-time	28
		COMMUNITY VOLUNTEERS	
		• Approx. 8 per project	230
		Elders and parents	
		• Approx. 6 per project	170

These have been lined up and/or operating ()*

Appendix 3 – Evaluation questionnaires

School Principals Young Doctors Evaluation Questions

Evaluation Questions Pre - Program

1. What areas of need within the school community do you believe that the Young Doctors program will address? (All Obj)
2. How will you know that the desired benefits are being achieved? (All Obj)
3. What concerns do you have about the Young Doctors program at this stage? (All Obj)
4. How would you describe the level of Aboriginal community engagement with your school at this point? (Obj 5)
5. Do you have any other comments? (All Obj)

Evaluation Questions Post - Program

1. What were three areas of need within the school community that you believe that the Young Doctors program addressed? (All Obj)
2. Were your initial concerns about the Young Doctors program addressed? (All Obj)
3. What changes have you observed in the Young Doctors? (All Obj)
4. What changes have you observed in parents and carers of the Young Doctors? (Obj 5)
5. How would you now describe the level of Aboriginal community engagement with your school? (Obj 6)
6. What are the most significant things to come out of the project? (All Obj)
7. What should be done differently next time? (All Obj)
8. Do you have any other comments?

Teachers Evaluation Questions

Evaluation Questions Pre - Program

1. How would you rate the personal hygiene of the children in your class that have been selected to attend the Young Doctors program? (Obj 4)
2. How would you rate the self-esteem of the Aboriginal children in the group who have been selected to attend the Young Doctors program? (Obj 5)
3. What benefits do you see the Young Doctors programs will deliver?
4. What is the current attendance level of the Aboriginal children selected for this Young Doctors program? (Obj 8)
5. Do you have any concerns about running this program?

Evaluation Questions Post - Program

1. What benefits has the Young Doctors project delivered? (All Obj)
2. What changes have you seen in the Young Doctors? (All Obj)
3. How would you rate the personal hygiene of the children in your class that have participated in the program? (Obj 4)
4. What is the attendance level of the Young Doctors program participants? (Obj 8)
6. How would you rate the self-esteem of the Aboriginal participants attending the Young Doctors program? (Obj 5)
7. What are the three major benefits you have identified as a result of the program? (All Obj)
8. What could be done differently next time? (All Obj)
9. Do you have any other comments?

Children Participating in the Young Doctors Program Evaluation Questions

Evaluation Questions Pre - Program

1. Complete the attached personal hygiene questionnaire (Obj 5)
2. Complete the attached nutrition questionnaire. (Obj 3)
3. What do you know about traditional Aboriginal healing methods? (Obj 5)
4. In your community, who is the best person to ask about healing? (Obj 1, 2 & 5)
5. Are you happy to go and see a doctor? (Obj 1)
6. What new things would you like to know about your Culture? (Obj 5)
7. What jobs have you thought about doing when you leave school? Obj 7)
8. How do you feel about coming to school? (Obj 8)

Evaluation Questions Post - Program

1. Complete the attached personal hygiene questionnaire (Obj 4)
2. Complete the attached nutrition questionnaire. (Obj 3)
3. What did you like best in the Young Doctors program?
4. What things have you done to be a health leader at home and at school? (Obj 2)
5. Are you happy to go and see a doctor? (Obj 2)
6. What have you learnt about your Culture during the Young Doctors program? (Obj 5)
7. What do you know about traditional Aboriginal healing methods? (Obj 5 & 6)
8. In your community, who is the best person to ask about healing? (Obj 1, 2 & 5)
9. What new things would you like to know about your Culture? (Obj 5)
10. What jobs have you thought about doing when you leave school? Obj 7)
11. How do you feel about coming to school? (Obj 8)

Tabular Response Sheet for Participants in Young Doctors Program Pre and Post Program Delivery

I wash my hands:

- Only in the morning
- Each time I have been to the toilet
- Before eating
- When they have mud on them
- Never

I clean my teeth:

- Once each day
- After each meal
- Whenever they feel rough
- Never

I wash my hair:

- Every day
- Weekly
- Once a month

I cough and sneeze:

- Onto the ground
- Into my elbow
- Into my hands
- Into a tissue or handkerchief

The best foods for me are:

- Fresh fruit
- McDonalds Burgers
- KFC
- Fresh vegetables
- Fresh meat
- Take away food

Malpa Young Doctors Program Facilitators Evaluation Questions

1. What differences do you observe in the children participating in the Young Doctors program? (All Obj)
2. What changes to the program were made to suit the wishes of the local community? (All Obj)
3. What extra support/resources would you like to see offered for future programs?
4. What Health Ambassador opportunities do you see for the children who have completed the Young Doctors program? (Obj 2)
5. What percentage of the group attending the Young Doctors program was Aboriginal?
6. Do you see any employment pathways for yourself as a result of your participation in the Young Doctors program? (Obj 7)
7. What was the thing that surprised you most as you delivered the Young Doctors program? (All Obj)
8. What was the best thing about the Young Doctors program you have just facilitated?

Parents and/or Carers Young Doctors Evaluation Questions

Evaluation Questions Post - Program

1. What differences do you see in your children after they participated in the Young Doctors program? (All Obj)
2. How have your children's attitudes to school changed?
3. What elements of Aboriginal Culture do you feel that your children have learned during the Young Doctors program? (Obj 5)
4. How has your attitude to the school been changed as a result of the Young Doctor program?
5. Is there anything you would like to say to the leaders of the Young Doctors program?

Other Local Community Members Young Doctors Evaluation Questions

Evaluation Questions Post - Program

1. How have you been engaged by the Young Doctors program? (Obj 6)
2. What traditional learning methods do you feel have been reinforced through the Young Doctors program? (Obj 5 & 6)
3. What other traditional skills do you think you have to offer the Young Doctors program in your community? (Obj 6)
4. What things do you think Young Doctors need to know to lead long and healthy lives? (All Obj)
5. Do you know of other Aboriginal communities that would benefit from adopting the Young Doctors program?