My Life, My Lead
Implementation Plan Advisory Group (IPAG)

Consultation Notes
Canberra – 20 March 2017

A range of face to face consultations, coupled with an online submission process, were established to hear from stakeholders and community on how to best address the social determinants and cultural determinants of Indigenous health.

The second face-to-face consultation was held in Canberra on 20 March 2017, and opened by the Minister for Aged Care and Indigenous Health, the Hon Ken Wyatt MP. Outcomes from the forum are below.

Recurring themes and observations

- Ongoing racism in the health system
- Health is about the whole person
- Culture is central to our health and wellbeing
- Focus on measurement of system quality and outcomes not compliance
- Seeking equality of outcomes not just equity of treatment

Session One – Small group discussions on social and cultural determinants

Connection to family, community, country, language and culture

- Pockets of things are working
- Strengths-based culture can't thrive where racism is rife
- Need public education to address racism
- Evidence supports investment in strengthening culture works
- NZ is very proud of Maori culture, here culture is 'trashed'
- Strong discussion about existing dominant organisations' culture (e.g. professional medical organisations) and the need to recognise what that culture is, and that Aboriginal and Torres Strait Islander people come up against this
- Different child protection systems in states/territories. Within each system and between states/territories e.g. difficulty for kinship placement between states/territories
- Hospitals not asking if patient is Aboriginal or Torres Strait Islander
- Disconnect in knowledge sharing about what's working
- Need to articulate the evidence base into policy and practice e.g. why culture is integral to health
- Need leadership – in all sectors, at all levels e.g. sport politicians
- Need to measure racism; cultural safety – as Closing the Gap target

Racism

- Discussion focused on racism in the health system, recognising that any person going into the health system at any point faces racism (client and workers)
- Need understanding of racism and systemic supports, tools available at all levels to address racism - unconscious racism
- Backlash is expected when racism is addressed. Aboriginal and Torres Strait Islander people not afraid of backlash, non-Indigenous people are.

- The effects of racism is defined by the people affected by it, not the 97% non-Indigenous population
- Acknowledgement of country is an opportunity for truth telling and reconciliation.
- There is evidence racism makes you sick – at the cellular and metabolic level as well as mental health and well-being
- Need tools to measure racism e.g. racism barometer in education, health, disability, workforce
- Role of legislation
- Organisations and governments need to be accountable with KPIs, targets on racism, and this needs to be resourced
- Addressing racism needs resourcing – training/building/sharing/using evidence; fact finding; measuring (barometers). Fund the organisations already doing this work
- Replicate the Canadian truth and reconciliation approach in Australia
- Support the next generation of leaders

Employment and income

- Pockets of things working e.g. the current national focus on employment; previous recommendations about the importance of economic independence for self-esteem and the contribution to good health. Indigenous employment programs e.g. ACT Landcare is considered Blue Ribbon standard
- Need to improve 'education' (awareness) and connection between community organisations and government organisations
- Employment needs to be meaningful for people
- No-one asking young Aboriginal and Torres Strait Islander people what they want to do
- Need to understand, recognise what Aboriginal people see as work
- Need to look at how working with vulnerable people check works - current requirements mean people with a criminal record can't be employed in some roles/sectors; this is particularly difficult for the health and social services sector where these people could be well equipped to work with other Aboriginal people
- Criminal record as a barrier to employment for a lot of people due to the legislative requirements of a Working with Vulnerable People card.

Education (early childhood, school age and youth)

- Identity is important for young people – especially where they are in-between their own mob and the wider community
- Need a holistic approach where services come to safe places for people and their families as a whole
- *Real* cultural sensitivity, 'knowing' and connection is needed. ('deep cultural safety')
- Schools are not equipped to cope with children with disability. Has a negative impact on struggling families and a child may end up in care. The right kind of support might prevent this
- It takes a community to educate a child
- View and role of education departments - acculturation?

Housing, environment and infrastructure

- Housing is the most important determinant of health – for remote, transient, homeless and urban people.

What works

- Community involvement and the AMS sector
- Duration of community controlled organizations in delivering services (45 yrs Redfern) demonstrates success
- Aboriginal organisations are more likely to employ Aboriginal people

- Efforts which join up housing, health, education and employment e.g. Vic community housing co-op developed; WA environmental health program which employs local people as environmental health officers (checking houses; small repairs; education role); SA – APY lands – Health Habitat which provides local training and jobs

What's not working / needs improvement

- Need national Aboriginal housing policy
- There is no national Aboriginal emergency, homelessness, housing policy or service – there should be
- Need to measure local impact for communities. This needs to include quality measures, 'human measurement' of feeling and to value Aboriginal voices
- Lack of a national fix for people moving between states/ territories
- Need for more short term accommodation options around hospitals to support treatment
- There is entrenched prejudice in systems and mainstream organisations' culture
- Need to increase support for Aboriginal employees in recognition of their vulnerability. Work is 24/7 and the Aboriginal and Torres Strait Islander workforce face their own difficulties at home as well as in the job
- Safe housing is needed for education, and employment
- Home ownership should be based on Aboriginal values
- Need both Aboriginal specific and mainstream organisations to deliver services for Aboriginal people

Interaction with government systems and services

- Consultations need to recognise and speak with traditional owners and their families not just peak bodies. Traditional owners 'getting lost on their own country'.
- Need to be less hierarchical in approach, speaking on equal footing with people in a circle not a triangle. Do not disempower people who should be empowered.
- Recognise that Commonwealth, state and territory boundaries are fictitious (in terms of where/how people live) and find a way to better connect government services across these lines. Make it easy for people to use services e.g. the difficulty of dealing with child safety issues between Canberra hospital and Queanbeyan.
- Tri-state cross border approach by WA/NT and SA is a good positive example of something that works.
- The Ngunnawal Elders Council called on the Government to work WITH the elders when writing policy and strategies.

Law and justice

What works

- Community controlled health services are trusted and bring in other services e.g. ACT Winnunga health service – organisation is self-driven and doesn't wait for government; has strong leadership and implements Board's priorities; has a good electronic case management system (Communicare); is multi-accredited
- Providing holistic services to people and their families – trauma, mental health / social services, working with people and families as people go in and out of prison (e.g. Winnunga)
- Treating the whole person, not just prescriptions (potions) and body parts.
- Invest early in children and youth, for example taking a justice reinvestment approach (Bourke, Winnunga) to prevent imprisonment. Deal with trauma, AOD, housing, mental health, NDIS, intellectual disability, FASD, youth identity and supportive culture to avoid self-medication. Heal prisoners and work with perpetrators to reduce reoffending.
- Aboriginal health workers provide connections with other issues such as housing

- Good examples and ideas in the 2016 PMC publication: 'Solutions that work: what the evidence and our people tell us' ATSISPEP

What's not working / needs improvement

- Need long-term, stable funding
- Accountability and reporting consistent with mainstream organisations (e.g. the requirement of specific corporate structure for IAS funding)
- Need more trusted services that people will engage with
- Need more awareness of what's working elsewhere/ more knowledge sharing. There is an opportunity for other organisations to learn from services such as Winnunga
- Mainstream services don't have good systems for case management and could learn from ACCHS's (ACT is paper based). ACT hospitals not asking if people are Aboriginal or Torres Strait Islander
- Mainstream services need greater cultural capability.
- Prison, AOD and child protection systems take a punitive approach – we know this doesn't work. Public discourse on AOD and family violence needs to be health-based.
- Loss of access to Medicare for prisoners: need health checks in prisons; continuity of services on leaving prison (and planning pre-release both for medical services and accommodation)
- Need culturally appropriate services in prisons
- Need citizen-focused services (not service organisation focused)
- Justice reinvestment and changing of organisational culture takes time for the community to take control and decide priorities
- Multiple reports and recommendations need to be implemented – like the Royal Commission into Aboriginal Deaths in Custody report
- How can Governments be kept accountable? eg GPs don't report outcomes, Medicare counts expenditure. ACCHSs have different reporting requirements - greater scrutiny
- Need to overcome the constant questioning of the ACCHS governance.

Health choices

- Terminology of 'choice' was considered inappropriate and suited to non-Indigenous policy makers. Health 'options'?
- Lack of choice in accessing services – and accessing appropriate healthy food and drink.
- Building relationships with client should be measures
- Cultural awareness needs to be part of training and workforce development
- Prevention funding is needed given implications for the long term: prevention not treatment/cure
- School screening and health checks at sports days are effective
- Not easy to make healthy choices given affordability and the need to feed large numbers of people
- Need cradle to the grave health care
- Ask Elders for ideas e.g. Bring back cooking classes for Elders
- Provide incentives for GPs to bulk-bill, and keep patients out of emergency departments

Food security

- School breakfast and lunch programs work
- Need to improve understanding of food nation-wide – urban as well as remote
- Recognise geographic and other barriers to making healthy choices
- Need to know what communities think food security looks like
- Recognise the historical impact of rationing – white flour/white sugar

Other priority issues

- NDIS framework is treating Aboriginal people like anyone else with no recognition of the additional work required to provide services to Aboriginal people
- Commercially the model doesn't work for Aboriginal people
- Need to consider the health interface when NDIS doesn't work and people fall back on the health system
- There is an opportunity for collaboration and innovation
- Some people who won't get onto the NDIS are getting more disadvantaged, as they lose services which have been rolled into NDIS (e.g. HACC)
- There are problems for people moving locations
- Lack of Aboriginal service providers and other Aboriginal voices
- The recently released NDIS Aboriginal engagement framework didn't consult with Aboriginal organisations funded by NDIS.
- Good access to infant and maternal health services – need increased effort early engagement during first trimester
- Increase early investment in women
- Need to invest in things which work, for the long-term – not stopping and starting
- Need to measure/evaluation outcomes over the life-course and from an Indigenous perspective
- Aboriginal workforce issues cross all topics
- Need to focus on Aboriginal uniqueness as a positive strength not a problem
- Structural issues over government timeframes, silos, portfolios and budgets need to be overcome
- Who decides what's effective/ successful? Needs to be the Aboriginal voice – Communities.
- Need cultural competency for non-Indigenous Australians

Final take-outs from the day (facilitator summary)

- Need political leadership to break down silos
- Need to recognise where power is located and how power transactions burden Aboriginal people
- Need willingness of Government to 'let go' and give power to Aboriginal people.