

# My Life, My Lead

## Implementation Plan Advisory Group (IPAG)

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### Consultation Notes

Melbourne – 30 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 fifth face-to-face consultation was held in Melbourne on 30 March 2017. Outcomes from the forum are below.

**Session One:** Small group discussions on social and cultural determinants

**Session Two:** Open microphone discussion focussed on the importance of connection to family, community, country, language and culture.

### *Government*

- Need bipartisan support to ensure continuity when governments change.
- The division between state and federal politics is a significant barrier to achieving better outcomes for Aboriginal and Torres Strait Islander peoples - tripartite forums are fundamental to making progress.
- Explicit, measurable KPIs should be set for all Secretaries, from all relevant sectors on Closing the Gap targets.
- Need to clearly articulate what a 'national plan' will entail and foster along with the relationship between the Health Plan and the Closing the Gap targets.
- The Government has failed to adequately acknowledge and implement the articles of the UN Declaration on the Rights of Indigenous Peoples.
- COAG / AHMAC need Aboriginal and Torres Strait Islander organisational representation.
- Aboriginal health ministers have historically been juniors and this has created barriers for Aboriginal people in connecting with other portfolio ministers.
- A national, high level, strategic framework is needed, that commits all governments to working towards goals that are agreed with Aboriginal and Torres Strait Islander people and that involve them in achieving those goals.
- Health and Education need to work together.

### *Funding*

- Funding needs to be flexible to provide wrap around support to families on needs basis
  - trauma informed model of care
- Funding needs to be increased, not rationalised or redistributed.
- Fragmented / short-term funding impacts on outcomes – underestimates how long it takes to get things off the ground.
- Regional coordination needed – ACCHO/PHN/Service/Hospitals.

### *Self-determination*

- Reform services systems based on principles of self-determination.

- Victoria and South Australia are leading the way on self-determination-both committed to progressing treaties.
- Self-determination needs to be included in the next implementation plan and must come from a human rights perspective where the Commonwealth acknowledges and includes commitment to treaty.

### ***Racism***

- Link between racism and health – 97% of Aboriginal Victorians experienced racism in the past 12 months (Yin Paradies study – Victorian population health services).
- While this is the first time racism has been mentioned in a national policy, it is well supported by forum participants.

### ***Cultural safety***

- Hospital CEOs must establish strong working relationship with CEO of local Aboriginal Controlled Health organisation.
- CEO forum in 2012 had a positive impact on CEOs. Repeating something like this would be beneficial.
- Hospital services need to be realistic and culturally appropriate:
  - a meeting once per month for half hour does not work.
- The National Quality Standard update, to be implemented in 2018, will work towards improving cultural safety – an equivalent should be rolled out across other sectors.
- Reconciliation Action Plan (RAP) – The Implementation Plan should include requirement for workplaces to develop and implement RAPs that are measurable.
- Need for cultural capability to be included in employee induction to health services as staff to accommodate for transient workforce.
- Indigenous Business is Everyone’s Business mantra – organisations need better support, overarching structural and organisational policies and practices:
  - Indigenous questions always directed to same person.
  - Responsibility is left to 1 or 2 people who don’t have capacity.
  - It needs to be normalised in organisations.
- Health workers are often too nervous to ask if patients are Indigenous and therefore inaccurate data collected and possibly incorrect treatment.
- Health workers must understand health equity – recognise and value difference e.g. CALD vs Aboriginal

### ***Maternal and Early childhood care***

- In Vic – Foetal Notification Protection Orders are a major issue. Too many children are being taken from their mothers at birth for unfound reasons.
- Family unit needs to be strengthened:
  - No current wraparound service to help families to heal and function well.
  - Needs flexible funding to enable community to do the job.
- Childcare/MACS:
  - Five centres in Vic teach kids about culture
  - Educators run a trauma informed model of care (all are trained)
  - Changes to government funding will have a major impact on these services.
- Aboriginal Victoria does not have a national policy voice.
- BBF transition to CCF will lead to the gap widening in relation to the number of children accessing early childhood education and care services. There is no safety net for Aboriginal communities,

services such as Multi-Functional Aboriginal Child Care Centres (MACS) and others offering trauma informed care.

- Section 18 of the *Children, Youth and Families Act 2005*, Victoria has been revised allowing Aboriginal agencies to perform guardianship of Aboriginal children. This prevents children from becoming wards of the state.
- Abecedarian and Australian Nurse Family Partnership Program (ANFPP) models are great examples of how to do it better.

### ***Education***

- Appropriate / genuine inclusion of Aboriginal history into school curriculum from a young age
- Young people need to be equipped with 'work ready' skills and career education needs to be introduced earlier, in primary school.
- Health and hygiene curriculum should be more focused on personal management of own health and hygiene.
- Students don't always have access to adequate washing facilities at school.

### ***Youth***

- Victoria has an Indigenous Youth Advisory Committee that is giving young Indigenous people a voice in their future.

### ***Justice***

- Many prisoners have poor literacy and impaired hearing / vision, which make it difficult for them to reconnect with family and culture.

### ***Lateral violence***

- Lateral violence is difficult to address and is a gap in the plan. It is a problem in progressing better outcomes.

### ***Health sector***

- Hospitals need to be accountable.
- A review of the WIES 30% loading found only 5% needed for Aboriginal services with the remaining 25% to go to mainstream. There needs to be accountability to demonstrate this is going back into supporting Aboriginal health outcomes.
- Need to increase Indigenous workforce. Currently there is no support, no consistency, no funding and struggles with resources.
- Participants told that other staff from their hospitals did not feel they could take the time out to attend the forum.
- There are gaps in the transitions between care (hospital/community services) and case management support to navigate the systems is needed.
- Health professionals learn a language that is jargon, excluding lay people. They need to unlearn the jargon and re-learn how to communicate with the people they are treating.

### ***Employment***

- Eastern Health Aboriginal Employment Plan 2016-2019 is working - Aboriginal Employment Co-ordinator.

### ***Food Security***

- Food security is a human right and a social determinant of health.

- After tobacco, nutrition is the second leading factor contributing to the health gap however there is no target around access to healthy food, and references to food and nutrition in NATSIHP/IP are scant and vague.
- Access to healthy food needs to be a national priority in Aboriginal health – all jurisdictions and urban/rural/remote - 22% of Aboriginal and Torres Strait Islander people experience food insecurity (ie they run out of food).
- Government focus is on remote stores and NT however it is not just a problem in remote communities. Victorian Population Health survey found that 24% of Aboriginal people in Victoria experience food insecurity.
- Government responses need to focus food security not just ‘healthy lifestyle’ or ‘individual behaviours’.
- Remote stores need to include KPIs for health (not just economic development/employment).
- Food sovereignty is an important cultural determinant
- Aboriginal organisations are delivering community food programs through partnerships with other organisations such as Second Bite – but they are not funded to do this.
- There needs to be a target for food security. Close the Gap campaign originally set target that >90% of Aboriginal and Torres Strait Islander people should be able to access a basket of healthy food for <25% of their income.
- ‘Lifestyle drift’ - healthy choices does not belong in social determinants. Drifting to language about ‘choices’ and ‘behaviours’ is victim blaming. SDOH is the conditions that enable choices – ie food security.

### ***Connection to family, community, country, language and culture***

#### ***Language***

- It is important to maintain language – it incorporates the ways we act and relate to our environment.
- First languages should be offered in schools – language and culture are protective factors. Children need to be connected to culture by 3 years.
- Victorian Education Department plan for first language inclusion in curriculum.
- Participants discussed ways Aboriginal communities can preserve and revive languages and culture through various platforms such as Facebook.
- Current delivery of Aboriginal studies in schools is too subjective / dependent on individual teachers’ initiative.

#### ***Interpreter services***

- Interpreters are available however due to lack of cultural capability in the workforce, service providers may not always recognise they are needed.

#### ***Community***

- It is important for communities to build their capacity so that initiatives don’t fall over when leaders move on.

#### ***Connection to Culture and Country***

- Connection to culture and country is a protective factor that helps people heal.
- Australia needs to celebrate and be proud of Indigenous culture. Aboriginal culture needs to be normalised e.g. Maori dance known by majority of New Zealanders.
- Strengthen cultural awareness in Australia – events that use art, music and dance provide safe environments for educating staff.

## *Examples of what is working*

### *Self-determination*

- Ngarrindjeri – regional authority/sovereign nation (South Australia).

### *Cultural Safety*

- Koori Maternity Service Program provides access to holistic, culturally appropriate care for Aboriginal women and their families during pregnancy: [The Koori Maternity Service Program](#)
- LIME Network: [The Lime Network](#)

### *Maternal and early childhood*

- Bubup Wilam Aboriginal Child and Family Centre: [Bubup Wilam Aboriginal Child and Family Centre](#)
- Bush Kinder - Berrimba Child Care Centre, Echuca: [Deakin Graduates Developing Deadly Bush Kinder Programs](#)

### *Justice*

- Pilot at Port Phillip prison:
  - Program with 6 inmates – many with Acquired Brain Injury (ABI)
  - Cultural safety program
  - Prepared a plan
  - Connected inmates to family and country – provided them with a book of their history and connection to Elders
- The Victorian Justice and Regulation office's, Aboriginal Social and Emotional Wellbeing Plan: [Aboriginal Social and Emotional Wellbeing Plan](#)

### *Food Security*

- Second bite: [Secondbite Organisation](#)

### *Education*

- Mirima Dawang Woorlab-gerring Language and Culture Centre (MDWg): [Mirima Organisation](#)
- Queensland community groups working to revive and maintain their languages: [Preserving Aboriginal Languages](#)

### *Connection to Culture and Country*

- We Are Ngarrindjeri: [YouTube Ngarrindjeri](#)
- Wathaurong Aboriginal Cooperative: [Fishing for Answers](#)