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

Consultation Notes
Sydney – 10 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 first of the consultations was held in Sydney on 10 March 2017, and opened by the Minister for Aged Care and Indigenous Health, the Hon Ken Wyatt MP. Outcomes from the forum are below.

Session One:

The first session focussed on what can be done to address the social and cultural determinants of health. The following themes were raised, including some suggested case studies to look at what is working well on the ground in NSW.

Key Observations:

Racism

- Racism and cultural competency is still a significant barrier to access across many domains, and seen by many as the most critical component to tackle: "racism makes you sick". Aboriginal and Torres Strait Islanders want to feel safe in the system and focus needs to be two-fold – expanding meaningful cultural competency and cultural safety standards, and also expanding Aboriginal workforce in the hospital setting.
- Racism is embedded throughout the NSW health system and is affecting the number of Aboriginal people seeking the support that they need. The community controlled health services (ACCHSs) have contracted specialists to come in to address trauma associated with racism and healing of those affected by the 'Stolen Generation'.
- Ensuring that Boards and high level employees in organisations support cultural awareness and promote best practice is highly important in overcoming racism within the sector. This would also facilitate all perspectives being heard equally. It is important that government be an enabler in this process to support change, with programs being community-led.

Connection to family, community, country, language and culture

- A cultural ability assessment tool for organisations would be useful to undertake audits of their cultural capability. Organisations must be accountable and face consequences for not meeting standards. This could be tied to incentive based funding with clear milestones.
- 'Cultural ability' is the preferred term and participants reported that it is better received than 'cultural capability' in their communities.
- Language is an important enabler – leads to employment opportunities and need exploration into curriculum at school and tertiary levels. Not only to protect language, but offer career pathways for Indigenous Australians.

Interaction with Government Systems and Services

- Government are not working adequately with communities to identify and address issues. Governments need to reduce delegation levels for decisions to be made quickly to have greater impact for individual programmes in specific communities. Currently, many of the communities' local needs are not being listened to and there is not the flexibility within/across programs to address the changing need. An artificial barrier such as nKPIs may not allow or enable actual improvements to be measured. The benefit to a community initially may not lead to a prescribed nKPI.
- Indigenous organisations have to compete against mainstream organisations to receive funding. However, in the same vein, mainstream providers have not been actively providing services to Indigenous clients, often absolving obligation onto Indigenous organisations to act.
- The Reconciliation agenda should be embedded in all government departments and agencies. There is nothing to tie all the separate reconciliation documents and activities together. Some levels of government are implementing Reconciliation Action Plans and others are not. Local Health Districts (LHDs) should implement reconciliation KPIs in their contracts that are linked to accreditation.

Funding and Contracts

- Long-term approach to funding programs and organisations would improve employment retention and service delivery locally. There is too much effort needed to apply for funding across too many siloed divides, and with this comes significant on the job reporting burden which distracts from providing core services.
- Too much time is spent ticking the boxes for funding, and it does not necessarily filter to the grassroots. Funding applications is one of many artificial barriers. There should be a focus on funding local organisations to undertake the issues in their area. By having restrictive funding with no flexibility, it prevents initiatives and innovations on the ground to be established and maintained.
- A "black tick" accreditation system suggested for awarding funding/contracts – would include appropriate governance arrangements, cultural awareness/safety systems embedded etc.

Health

- Current approach to health issues is siloed by disease – there is not enough focus on community engagement to tackle broader issues around prevention and access to services. Doctors and nurses do not understand the ACCHS practice model. The ACCHS invest in the Aboriginal Health Worker workforce, with specific Medicare billing items. There is concern it will be brought up in the Medicare Review, with no Koori representatives on the Review Panel.
- It is very important to have health and education policy programs intrinsically linked early in the life course. Age based cut off points for access to services are not realistic and do not allow treatment of those who may have missed earlier diagnosis e.g. Healthy Ears Program
- Healthy Eating programmes: at times unattainable and potentially embarrassing for people who cannot afford/undertake recommendations due to availability or expense of food in their communities.

- There is a community expectation and need for ACCHSs to provide 'wrap around' services including language, youth, legal, social justice, transport etc – but no longer funded to provide some of these.
- Aboriginal people prefer face-to-face communication and service provision – it is detrimental that many government and community services are no longer provided this way.

Services for young women

- Any development or implementation of services must empower women particularly in the 0-17 years; this will reduce later dependency on services.
- AMSs need to be better resourced so they can provide adequate services to support pregnant women and new mothers e.g. transport to medical appointments, identify and provide access to services the mother needs.

Data and Evaluation

- National leadership on data development is essential. Significant work needs to be done on data development plan for Indigenous health – repository that can assist professionals and policy-makers 'join the dots' across a wide variety of spectrums – including determining demand for services, through to tackling workforce issues.
- Poor evaluation practices inhibit program roll-out and calibration – reflected in Productivity Commission *Overcoming Indigenous Disadvantage* report. More evaluation needed on the impact of social programs e.g. language.
- ACCHSs want better data linkage across sector (including LHDs and with MyHospitals) and better visibility of ACCHSs' role in meeting performance targets. The data is available across the sector, but there is no mechanism to link, de-identify, and analyse it.
- Sector wants better recognition of achievements (local and sector level) and high performance.

Law and Justice

- Juvenile Justice - there needs to be more investment in diversion. Therapeutic and behavioural counselling services are needed along with tools for minors to prevent them coming into the system, and to manage post-incarceration rehabilitation to reduce recidivism. This provides an alternate path for those in that situation.

Employment and Education

- Practical experience needs to be recognised as part of an accreditation or degree. Significant pressure is placed on Aboriginal Health Workers (AHWs) and professionals to be across all the 'social determinants'. There are many opportunities for Government to look at these gaps to help provide assistance (ie – travel, patient coordinator etc). The Aboriginal health workforce themselves operate under same SCDH as their clients.
- Opportunities for scholarships, education, and advice on career pathways have not been well publicised in communities. Career advisors need to be communicating available opportunities to parents and students. This needs to be complemented by

efforts from the education system to engage more with communities in promoting a more diverse range of career options – including vocational pathways.

- Need to look at mechanisms to boost AHW numbers and item usage, noting that GP referrals are required for use of AHW items.
- Opportunities to increase accountability of LHDs for workforce development/sustainability.

Session Two - Next iteration of the Implementation Plan

The second session was an open microphone format focussing on some ideas in developing the next iteration of the Implementation Plan. The following are a summary of these:

- More responsibility needs to be attributed to lead entities in the current iteration of the Implementation Plan – each one can be disputed as they are ambiguous e.g.Commonwealth, State and Territory, ACCHs etc.
- Don't just consider the life-course approach – some issues face risk of being overlooked as they arise across the entire life course.
- Implementation Plan – can't be a paper document. Budgets need to be aligned to key aspects of the plan.
- Concerns over PHN processes were raised – there is a clear need to ensure strategic engagement with community controlled health services.

Case studies referenced at the consultation forum:

- **Language:** The Gumbaymggirr language program Muurrbaay Aboriginal Language and Culture Coop, Bowraville.
- **Language:** One study in NT - 2 communities side by side - one has continuing language proactive, the other hasn't been able - the first has lower heart and chronic disease rates.
- **Education** Nowra Public School – getting kids to stay at school and focus on family.
- **Language:** Penrith City Council - program for early childhood maintaining language in the community, and enabling the workforce to engage in the program. Workforce targeted. Govt Embedding cultural awareness in the community is key to addressing racism. Do we need change in curriculum to allow for a local Aboriginal dialect to be taught in schools (not just Japanese, Italian to trigger change at a young level)
- **Culture:** Rockhampton and Gladstone ATSI Managed Health and Human Services Network.
- **Integrated care** : Rumbalara (Shepparton) – 2016 IAS grant: IAS grant for Rumbalara
- **Breaking down silos:** NSW "Two Ways Together" NSW 2003 Aboriginal Affairs Plan to improve outcomes
- **Performance:** NSW performance framework under development/ use of dashboards