

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

Consultation Notes

Dubbo – 24 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 third national consultation was held in Dubbo on 24 March 2017. Outcomes from the forum are below.

Recurring themes and observations:

- Racism is still a concern.
- Governments at all levels, including local councils, need to work with communities.
- We have been saying the same things for over 30 years – who's listening?
- Outcomes need time to be realised e.g. 5 to 20 years for suicide prevention, and improvements in drug and alcohol misuse.

Session One – Small group discussions on social and cultural determinants

Connection to family, community, country, language and culture:

- Focus on schools. It's 'so important for kids to know where they belong from an early age'.
- 'Focus more on identity and cultural learning – this would help reduce the number of kids going into out of home care'.
- Consult with elders, local knowledge groups and community groups – 'No one mob is the answer to everything'.
- 'Need to value belonging to a great culture'.
- Role models are very important.
- Aboriginal and non-Aboriginal people/leaders working in partnership at the local level works.
- Funding for community based events works.

Racism:

'Racism makes you sick - unresolved racism complaints make you worse'.

'People are not accessing services because of racism'.

- Need 'truth telling' in education about Australian history. Teaching 'true Australian history' might lead kids to have more compassion for others. Could include the positive contributions of Aboriginals to Australian history e.g. AFL. Aboriginal studies in an elective; Australian history is compulsory; consider learning opportunities through the English curriculum.
- AMS's work well and provide a safe place for health care. Aboriginal liaison officers in hospitals work.
- Have a national day of acknowledgement. Recognition and Racism Stops With Us campaign were viewed as positive, and a first step before treaty and reconciliation.
- 'Reconciliation plans by organisations are good, if they are not shelved; they need to be reviewed regularly.'

- Local government needs to be included – makes the biggest difference on tolerance and whether people feel left out or part of the community. ‘Small things can make a big difference in making people feel part of a community’. For example:
 - seek employment targets when new enterprises arrive
 - celebrate First Australian’s culture and history
 - consult when passing by-laws and look for opportunities to work together
 - include Aboriginal representation and youth on Council, and use Aboriginal advisory groups.
- Need consistent processes to deal with racism and ensure change. When people do complain about racism, they never know what the outcome is. People should be encouraged to speak up; not accept racism. The community needs to be informed and involved.
- Lateral violence is also a problem and needs to be addressed.
- Hospitals need to use community controlled organisations to seek advice and resolve issues.
- There is a need for increased understanding and promotion of all aspects of Closing the Gap.

Employment and Education:

- There is a lack of understanding and valuing of the importance of Aboriginal people getting together in the workplace - empowers people and gives people self-esteem and ‘go juice’. Need to respect the deep local knowledge of Aboriginal staff.
- Kids are 'job prepared' but not ‘job-ready’ when they leave school.
- Health checks can be a barrier to employment. There needs to be pathways for young people who fail a one-off drug test so they can deal with drug use, and find employment.
- Need to coordinate employment resources across agencies and levels of government (local, state and Commonwealth). Different levels of government, and different agencies, are competing with each other to meet employment targets.
- Need consistency in requirements for targeted positions. Engage the private sector – put requirements in government contracts for employment.
- Training for training sake should not be undertaken within communities, and should be better targeted to jobs that can be obtained in the community. Increase the use of mentors.
- Employing local people works. Local organisations should employ local people, and buy locally to keep money in the local community.
- Non-Indigenous employers don't get the importance of understanding culture. Cultural learning and mentoring programs to provide mentoring to the health sector should be provided with funding to assist in educating other non-Indigenous orgs.
- Lack of cultural safety in organisations is a barrier to employment and staying in a job – needs to be from the top down and part of the entire organisation. Cultural safety training in the workplace needs to be ‘authentic’, and organisations need to be held to account with indicators and measures.
- There is fear around working with Aboriginal people. This needs to be addressed.
- Expectations and funding for AMS’s don’t match
 - short term funding and application cycles means insecurity of employment
 - can’t offer job security; people on contracts; take work which is more secure and better paid
 - continual training of new staff due to turnover is very resource intensive
 - positions are created but not funded
 - lack of funding for non-clinical services (the wrap around programs which work) e.g. social and emotional wellbeing (SEWB), help with access to housing and legal matters
 - need flexibility so that funding applications can be written around community needs.
- Aboriginal people are employed at lower levels and not getting into middle level jobs. Need succession planning to develop an Aboriginal workforce not just people in ‘jobs’.
- CDEP – had better interagency operation and was good for local self-determination.

Education:

- Education should be 'pride-based', and promote 'pride in culture'. Elders need to be included in the education system.
- Access to preschool, auditory learning and support for learning in language is important for all.
- Connecting community programs work well in some schools e.g. MALP – where young doctors go to schools to educate on hand hygiene and wound dressing.
- Limited access to specialist (eg ENT) which impacts children's ability to cope with school. Reliance on FIFO means follow-up is difficult. For specialist services, 'clients need funding support up-front, not reimbursement'.
- Funding and capacity of schools doesn't match the expectations: teachers are expected to do too much. The ratio of students to teachers is too high.
- Some schools have lower expectations for Aboriginal kids – this is racism.
- Clontarf programs for boys and girls works well, but focusses on sport. 'Doesn't do any good if it helps keep kids in school but they still can't read and write, and lack life skills for getting a job or going about daily life'. Need activities to develop 'average' kids as well, not just sports based. Need more vocational training linked to schools and employers.
- Need to empower youth through learning family history and connecting with culture.
- Youth support often kicks in when youth are in trouble – needs to be earlier and positively framed.
- Make a conscious decision to have younger people involved within the sector (Boards, Government and through organisations). Succession planning and developing future leaders is required. It is difficult to get young Aboriginal people involved unless their families are involved.
- Promote education through school based traineeships in the Aboriginal health sector. The health sector more broadly needs to establish Aboriginal traineeship programs. The key is for jobs to be there after the traineeship.
- Aboriginal Health Workforce Training Program works well in NSW.
- Need a range of platforms at different age levels for example: traineeships, apprenticeships, cadetships, and scholarships. Government contracts could establish a clause in the agreement that a percentage of funding must be used to facilitate these.

Housing:

- 'Can't maintain education or employment without shelter'. There is a lack of housing supply, poor affordability and maintenance.
- There is an opportunity to engage with communities to help with repairs, and to do more on environmental health in remote places. Need to build capability for employees; and look at small business models.
- Community needs to be part of the design process. For example, concern was raised about the current provision of domestic violence and homelessness services which has resulted in women being unwilling to use the service due to poor consideration of local issues and design.
- Need a national Aboriginal housing plan and national Aboriginal infrastructure guidelines.
- Environmental health and hygiene programs work when they are supported by community members.
- Discrete community infrastructure to be maintained and managed consistently.
- There should be regional planning, for example standardised sizing in equipment and items around drainage, and consistency on fittings.
- Choose a few specific initiatives that will really make a difference and focus on those e.g. immunization, access to clean water.

Interaction with Justice:

- Community involvement is very important for prevention, diversion and re-integration into the community. Need support from point of arrest through court, sentencing, imprisonment to release.

- Mental health is the biggest problem in the area – it’s often undiagnosed but ‘medicated’.
- Need Aboriginal linkages to out of prison care. Training and connections are needed to break cycle and help people function in society. For example, a ‘pathway system’ or ‘bond package’ where people have to ‘turn up to work’, spend a certain amount on housing.
- Prison discharge should be treated just like hospital discharge.
- AMS have difficulty accessing mental health records for person recently exiting prison – prison gives records to local mental health service, client goes to AMS, AMS can’t access records and needs to request from Sydney. Meanwhile, the client has to start all over again.
- People who have exited prison frequently can’t cope with the outside world and lack of structure, and simply state “I’m going back”. View reportedly expressed by youth that they are safer in juvenile justice than at home.
- Court system – need increased access to diversionary services, particularly drug and rehabilitation programs, and innovative approaches to sentencing.
- Need support and health interventions specifically for vulnerable groups in custody.
- Outcomes from funding need to be measured. Need longer funding duration for activities. Consider different funding options such as ‘funding per youth’.
- Need school based programs including mentoring, linked with juvenile justice and corrections.
- PCYC is a good program, the problem is the kids who are banned from it. Police need to go back to working with communities.
- Need cultural awareness e.g. the importance of attending funeral when setting court dates.
- Gagamin Aboriginal men’s group works; ‘Backtrack’ program in Armidale works; ‘Dogs for diggers’ program in Bathurst works.
- Justice reinvestment project in Bourke and Cowra were given as examples of things that work; the right way to support community effort and address local need.
- Invest in driver training programs and provisional licences (7am to 7pm) - these are not available anymore. This flows on to jobs/workforce.
- Need honest feedback between funders, receivers of funding, and community – on what’s working, what’s not, and how to go about things. People are not getting reintegrated into the community after prison.
- Crime, drug use, alcohol use, depression went up and kids finishing school went down when CDEP ended.

Interaction with Government Systems and Services:

- Funding agreements ask for culturally appropriate services, but this is not defined or continually measured. Numbers of Aboriginal clients or staff are not indicators. Mainstream organisations and departments are not culturally aware. Non-Aboriginal and Torres Strait Islander people need to understand culture.
- Wellington AMS in NSW is developing standards/measures as part of a framework to accredit culturally appropriate services.
- Organisations that receive funding to deliver services to Aboriginal people should be assessed against the culturally appropriate standards.
- Need cultural indicators and to develop the evidence required for these.
- Increase support services to wrap around clinical services, to better cater for cultural inequalities. Focus on the patient/client journey as a “life journey”.
- Flexibility in service delivery works; funding providers need to allow flexibility in contract deliverables.
- Consult with communities before reviews and changes are made to services and models.
- Community needs are different in different locations; need to be locally driven; with local power to allocate funding and services.

- Use existing community governance structures – these are different in different locations e.g. Regional Assembly in Murdi Paarki; community working parties in other places. Action needs to be with community.
- For services – Increase collaboration between agencies and service organisations; prevent duplication; avoid competition between services. Local government, state/territory and Commonwealth levels of government need to together. The amount and/or distribution of funding doesn't match the extent of community need.
- Need a way for local organisations to compete for funding and have a role. Small, local organisations can deliver better outcomes at the local level than large organisations who don't know the local issues, people, or how to go about business.
- Have one assessment at the shop front – don't have to repeat your story to a number of agencies.
- Education, housing and employment need to work together e.g. people can be offered a job, but there is no housing so can't take up a position. 'Government can't work in siloes.'
- Need to improve awareness by Aboriginal and Torres Strait Islander people of what services are available.
- Self-identification of Aboriginality needs a uniform approach.
- Government contracts and funding agreements (3 yrs or less) are too short. The pressure to apply for grants needs to be reduced, giving more time for organisations to deliver services.
- Reporting requirements for community controlled organisations are excessive and inconsistent with mainstream organisations. Reporting mechanism for ACCHOs are different for Commonwealth and state/territory governments. There are also different reporting platforms and these can't talk to each other. This is a real burden on organisations.

Healthy Choices and Food Security:

'Where are the community gardens? Elders would like these to come back. These worked well under CDEP.' 'There used to be an orchard where people bought fruit; it gave people employment opportunities and pride. It provided a stepping stone into the workforce'.

'The further west you go, the higher the price and poorer the quality of healthy foods.'

- The need for a large volume of food to feed people impacts on food choices e.g. 'coke is cheaper than water', and 'hot chips go further'.
- Incentives around health checks - ie food and veggie vouchers / t shirts work.
- Peak Hill girl's cooking program works.
- School curriculum should include basic life skills like food choices, diet, health, cooking, hygiene.
- Use family health and wellbeing coordinators to support
 - motivational change, making health choices
 - budgeting
 - engagement with services.
- 'Kids don't know how to cook.' Lack of ability to read and write impacts on health choices. Need to increase understanding of health issues.
- Breakfast and lunch programs are OK – but Elders think the parents should be picked up as well so that these are community events where parents learn to cook. There are small regional school programs that feed kids for \$4 a day, where the food is prepared at school. However, these programs don't teach the parents and can have a stigma.
- The health food delivery program has its own refrigerated truck to provide fresh produce to families. It needs careful consideration to ensure this doesn't 'depower' families/communities in the way services are delivered, to maintain expectations about behaviour and ensure people take responsibility.
- Food preparation and cooking courses are well regarded – Tharawal Aboriginal Cooperation was mentioned positively for its food program (western Sydney).
- Qld Health's living strong programme positively assists changing how the way you are currently living.

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.

- Need state government action plans since they deliver services.
- Include domestic and lateral violence in the IP. These can't be separated.
- Out-of-home-care needs more attention in the IP. The Action plan needs AMS involvement for cultural plans for kids in OOHC.
- IP needs to include the voices of young people, men, women, and clients.
- Need better and more consistent data for regional planning. Develop local a Health Atlas that provides community health status through profiling the specific communities demographic, diseases etc, possibly on a 3 yearly cycle to check services are matching need.
- Western NSW is the only PHN with an Aboriginal health council; other PHN's need input from Aboriginal people to inform Board decision-making.