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

Consultation Notes Brisbane – 12 April 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 eighth face to face consultation was held in Brisbane on 12 April 2017. Outcomes from the forum are below.

Session One – Small group discussions on social and cultural determinants

Employment and Income

- The Indigenous Procurement Policy is an effective initiative to improve the success of Indigenous businesses.
- Need to avoid training for training's sake and ensure training opportunities are capacity building to aid real development and workplace progression.
- Employment pathways do not just begin after school or university, programs should be implemented during school years to build the youth's connection to the workforce and establish strong foundations.
- More Indigenous staff required at the executive level and areas where decisions are made.

Interaction with government systems and services

- Use of media to get out appropriate messaging.
- Important that Aboriginal & Torres Strait Islander people are part of any co-design process for any programmes at the beginning of the planning process. This is currently lacking and it is usually a case of culturally appropriate Aboriginal and Torres Strait Islander service provision considerations being an afterthought after a mainstream program response has already been designed.
- "My Aged Care" website and system is not user friendly for Aboriginal and Torres Strait Islander people, and particularly for remote communities.
- PHNs being fund holders for Aboriginal and Torres Strait Islander specific funding is not working in all areas.

Racism

- Institutional and systemic racism are significant issues in relation to accessing services, causes a lack of trust.
- Trauma is an issue; the education system needs to be equipped to deal with this.
- Government must harness emerging tools which are used to measure institutional racism.
- Close the Gap targets should be set for the 97% (non-Indigenous) as they have a part to play in achieving equality.
- Cultural capability officers will support staff across an agency. The officers give individuals a safe space to come forward and discuss issues they may be having with racism. The cultural capability officers will advocate for other staff in the agency.
- Cultural expertise is hard to measure, and isn't valued in recruitment and promotion practices. Education/skills are valued more highly.

Law and Justice

- Rates of incarceration comparative to the population are extremely concerning.
- There are not enough resources and programs focusing on prevention.
- 'My nephew chucked a mandarin skin under a tree and got a 2 week suspension for littering. Who can look after a child for 2 weeks when they're suspended. Parents have to work. Then comes juvie, then comes detention. Parents get penalised if kids stay home. Kids stay home because parents have DV so they keep kids home, then parents get penalised, parents have less money. You may as well stay in the gutter-Punitive approaches are counterproductive.'

Trauma

- Trauma not understood and not recognised.
- Intergenerational (now up to 5th generation).
- Trauma impacts on ability to engage, individuals experiencing trauma will have less trust in services and therefore not use them.
- Barriers for learning and development with children (teachers are not trauma informed).
- Rural and remote communities are reminded everyday of trauma as people can't get away from it e.g. suicide.
- Torres Strait Islander cultural awareness not addressed feeling of isolation.
- There is a need for trauma informed care.

Food Security

- Take away stores are open longer and are cheaper than fresh food.
- When community leave regional centres, they fill up on 'bad food' as they don't know when their next meal will be.
- Power supply is important for food security and companies dictate. Would be better to use solar panels than diesel for generators.
- Water desalination plants could be an option for provision of continuous fresh water in some remote communities.
- Torres Strait Islander moved away from tanks for water to avoid mosquito breeding.

- Use men's groups and men's sheds to produce community garden or to go hunting.
- Some communities are reinvigorating "earth fridges".
- Need to support more local strategies to improve food security not just hard infrastructure. A 'flexible pool' of funding for innovative projects is needs as these do not fit into the current measure based funding streams.
- One size does not fit all need to allow for differences in communities.
- Good nutrition before going to school i.e. breakfasts provided increase participation in school.
- Longitudinal Study of Indigenous Children (LSIC) is a good source of data and there is potential to look at measures in a region and the results (outcomes) through LSIC-Peter Coombs and Geraldine Leek are contacts from Cairns Forum.
- Strong support for a subsidy scheme for foods going into remote communities.

Education/Early Childhood

- Cultural awareness standards/training in schools.
- Correct historical perspective in curriculum, including acknowledgement of history prior to the first fleet.
- Increase access for 3-5yr olds needs more effort to further increase numbers and increase school readiness as prep is becoming more academic rather than play based.
- Childcare workers/educators need to be aware of progress and signs that impact on a
 child's development e.g. hearing problems, impact of intergenerational trauma and
 stress and that it's past Government policy driven, MH and SEWB vulnerabilities and
 screening, brain development, cultural practices and understanding of MH and grief
 and loss, death and healing practices
- Must work outside of the box e.g. work from a 'trauma model' for kids inclusive of motor skills, speech, Elders, social workers/psychologists etc.
- Include and/or increase child health checks by ACCHSs beyond more than once/year make it timely when an issue is identified
- Professional development BIG GAP for continual up-skilling of workforce
 - o Requires national consistency (e.g. linkage coordinator, national phone number and website, referral database)
 - o STRATEGY implement now for future teaching syllabus

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.

- It is refreshing to see more realistic measures have been put in place. Must ensure future targets stay realistic and have more accountability for who is responsible.
- Accountability mechanisms across all levels also need to reduce layers between community and government.
- ACCHO/AMSs must work in partnership with mainstream service providers to assist with mentoring cultural competency.
- Funding should be proportional to population, for example if an area has an 11% indigenous population a minimum of 11% of funding should be attributed.
- Two key gaps are environmental health and oral health.

- The Government must invest in and build the capacity of the workforce.
- Indigenous people should be at the decision making level and policy/program development and implementation should feature co-design.
- Indigenous health is everybody's business; mainstream have a key role to play in Closing the Gap.
- Indigenous representation on PHNs at the board and executive level as Indigenous health is one of the PHN priorities.
- Wage parity in community controlled sector. The wage structure in Queensland health is completely different to ours. It makes it hard to attract people when remuneration is lower than Qld health. The equity piece has to be addressed.
- More focus on Torres Strait is required for both the Implementation Plan and broader Close the Gap strategy. Needs to be more of a push, you are very socially isolated as a Torres Strait Islander. Many Torres Strait Islanders don't feel understood in either mainstream or AMS.
- Power of integration across jurisdictions at a disease level e.g. child and maternal rather than episodic interventions, more a life journey bring into the story.
- The Implementation Plan is only a national policy, there are no guidelines provided for state and territory implementation.