

My Life, My Lead

Implementation Plan Advisory Group (IPAG)

Consultation Notes

Perth – 3 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 sixth face-to-face consultation was held in Perth on 3 April 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 – Small group discussions on social and cultural determinants

Key Observations:

Racism

What works

- A number of policies, procedures and other measures to address racism have been implemented in government agencies and by service providers including a new state government plan to report and respond to spikes in racism in their agencies.

What's not working / needs improvement

- institutional racism is still a barrier for people accessing services and Aboriginal and Torres Strait Islander need to know their rights;
- lateral Violence is a barrier to providing effective services;
- poverty – intergenerational poverty leading to lack of opportunity for education and employment;
- cross-cultural communication needs to improve to support people for whom English is not their first language so they can navigate systems and services;
- enable racism to be named for what it is – resilience and broader support is required to take it on; and
- need indicators so data can be collected, measured and improvements documented.

Connection to family, community, country, language and culture

What works

- Activities such as the following, based on country are empowering Indigenous people and creating hope and aspirations:
 - AMS run, integrated social and emotional wellbeing program;
 - Ranger and Ranger Cadet programs; and
 - Cultural camps for children.

- Teaching local Indigenous language in a local community setting to Indigenous and non-Indigenous people together provides an opportunity for whole communities to connect.
- Cultural activities, such as dance programs, have effectively engaged young Indigenous people in the community.

What's not working / needs improvement

- Indicators are needed to measure the impact of cultural empowerment activities on improving health outcomes.
- Local Shires can play an effective role in promoting and celebrating Indigenous culture within their communities and in reconnecting Indigenous people with their culture e.g. local Indigenous language to name local places (dual names).

Interaction with government systems and services

What works

- Aboriginal Health Planning Fora model has been effective and has provided an equitable way of funding services, promoted collaboration and reduced the competitive environment caused by open tender processes.
- Local governments consulting with their local Aboriginal communities through Reconciliation Action Plans are taking steps to promote Indigenous languages and culture e. g. naming of streets, parks in local language.
- When respected elders are involved in leadership positions, service provision and delivering of KPIs has good outcomes, particularly in teaching culture, language and increasing self-respect in youth.
- Employment of Aboriginal people in government has increased significantly in WA state health and young people are being encouraged to consider a health career pathway that can provide high satisfaction when they are involved in improving the health outcomes for their people.
- Program funding priority directed to child and maternal health has led to improvements in neonates and child health.
- There has been increased co-design work between mainstream providers and Aboriginal community controlled service providers that has led to joint funding and service provision.

What's not working / needs improvement

- Funding agreement deliverables need to measure long-term accountability to the community and should be based on outcomes not just financials.
- Some reporting to government is too intensive / frequent.
- Funding cycles are not conducive to attracting and retaining suitably qualified staff needed in regional and remote areas.
- Long-term evaluations are needed to measure real results.
- Concerns over who undertakes needs analysis for services in a community.
- Need more clarity about new funding streams, roles and commissioning.
- Duplication between Commonwealth and state services.
- Local Government needs to take part in the discussion about service planning and provision.
- More funding needs to be provided for health promotion and prevention rather than at the chronic disease or acute end.

- Fear of new competitive funding environment that leads to service providers unwilling to share their data or Intellectual Property as they may then lose their funding.
- Every policy decision should be required to include an 'Impact on Aboriginal and Torres Strait Islander people' assessment relating to what would success look like for ATSI people
- Community level and community led action groups (across domains) have worked in the past – District Aboriginal Health Action Groups
- COAG/State and Territory and Commonwealth co-ordination on policies and funding has worked well in the past
- Don't fund for defined geographic boundaries – everyone uses different ones and then they get changed and arbitrary gaps appear
- Ensure sufficient research focus on urban and inner regional populations and outcomes – there is a bias to very remote, which is no longer where the greatest % of the population is.

Youth

- Youth need to be involved in discussions that will inform policy for them.
- Leaders should provide opportunities for young people to attend meetings and develop leadership skills.
- Appropriate remuneration to recognise commitment of young people who are contributing to forums etc.

Employment

- Employment opportunities need to provide Aboriginal and Torres Strait Islander people with opportunities to do meaningful work such as Caring for Country.
- Appropriate salaries for Aboriginal Health workers to recognise the work they do.
- There is a barrier to employment for people who have previous driving or criminal offences on their record and requirements may be set too high.
- Not for profits should have ATSI employment targets.
- Aboriginal housing construction and maintenance contracts need to include greater employment of Aboriginal people.

Education

What works

- Caring for Country rangers have provided bush tucker and walking track lessons in schools. The participant who had been involved in the program emphasised the importance of including all children (Indigenous and non-Indigenous) in these lessons.
- Hip Hop dance classes provide a way for young Indigenous people to express themselves and feel proud.

What's not working / needs improvement

- The history of colonisation and the impacts on Indigenous Australians must be included in school curriculum.
- Potentially effective programs may not be funded because they do not fit within the scope of funding parameters.

Food Security

- Engage young people through sports activities that lead to related learning experiences such as food and healthy choices.
- Better education around food choices, too many people are still making very poor decisions around the type of food they are eating.
- High levels of poverty and homelessness lead to higher consumption of unhealthy food.
- A similar campaign to the tobacco campaign is needed for healthy food options.
- Hospitals need to lift the quality of meals available in hospitals, with a strong focus on fresh food and native foods.
- Community gardens and local gardens with a low maintenance food component need to be considered as an investment.

Housing

What works

- Changes to Plumbing regulations in Western Australia have allowed Aboriginal people living in remote Indigenous communities to carry out basic plumbing skills.
- More Aboriginal people are being trained in areas that support the maintenance of housing and this is leading to good outcomes.
- The Support Tenant and Education Program (STEP) assists tenants in public/community housing to deal with debt, cleanliness, maintenance and abuse in the home. The program builds community capacity to look after their housing. The example given was of Meta Maya in the Pilbara.

What's not working / needs improvement

- Aboriginal people need to be partners in the design and where possible construction, of their housing to support the cultural housing needs. An aboriginal corporation in Port Hedland has engaged with the Indigenous community to have input into the design of their housing. This has allowed for the housing design to reflect their cultural housing needs.

Environment

What works

- Up skilling of Aboriginal people has occurred across parts of Western Australia to be trained and employed in Remote Area Essential Service Program (RAESP).
- Where there is poor water quality (which may include high nitrites) bottled water is being provided to pregnant women, children and other people with health conditions. In those communities where there is a high rainfall a more sustainable solution is to have rain water tanks installed.

Infrastructure

- Community Swimming Pools:
 - youth need to have more access to pools outside of business hours to allow for the pool to be used for diversionary activities;
 - local aboriginal people being trained to be pool attendants and managers would provide employment; and
 - community swimming pools has led to a reduction in skin diseases which assists with overall better health.

- Government timeframes are too short and need to be lengthened to allow for the reality of building infrastructure especially in remote locations.
- There needs to be local governance mechanisms and engagement with local Aboriginal communities to ensure infrastructure is relevant to the needs of local Aboriginal people.

Other group discussion included community capacity building and prevention

- There is a need for greater corporate sector contribution, through the corporate social responsibility mechanism.
- The need for education from pre-conception, conception, peri-natal, natal and post-natal. An example of a service providing prevention programs that are working is OVAHS in Kununurra.
- Education for parents about the safety of the child should be a priority.
- Focus on the next generation of Aboriginal people.
- Alcohol restrictions that assist with the prevention of violence and health related disorders are needed.
- Intergenerational trauma healing services need to be included to assist with prevention of further trauma.
- Pool all relevant funding, cease programs and instead give to families to lift them out of poverty – once out of poverty they will have capacity to make many other desired changes to health and other social determinants.
- Family led interventions ‘work’ not those that target individuals in isolation (goes for schooling / mental health / everything).
- Provide caseworker support 24 hours for high risk families across all services/domains – prevention intervention investment for future avoided cost model – ensures there is a ‘safe’ adult for youth to turn to etc. Research shows resilience increases with a ‘trusted other’ being available – can happen naturally but not always.
- More options should be available than being put in jail for drink driving, minor drug offenses and payment of fines. A lot of people get picked up for road worthiness of vehicles.

Session Two:

In the second session discussion was around the next iteration of the Implementation Plan. The session was opened by the IPAG representative who raised the following points in her introduction to the forum discussion that followed:

- centrality of family in Indigenous lives is critical;
- service response is too often targeted at the individual instead of engaging the family unit;
- services need more training on how to deliver to the family;
- inconsistent data collection is a major issue;
- reporting on targets is too frequent and does not always show where real achievements are being made e.g. Child mortality tipped over because of 5 deaths in one family this year;
- Should not just be attempting to close the gap – The target should be to achieve the best health outcomes; and

- Numerous problems with how Abstudy entitlements are assessed and there are cases of families with multiple children now facing huge debts if they send more than one child in the family off to school.

Open discussion followed where the following points were raised by the forum:

- how sign off for implementation will occur between Commonwealth and states and territories needs to be clarified;
- need to keep funding boundaries the same - always have to realign with changes to boundaries;
- ministerial sign off is critical to success;
- strategy needs to hold governments accountable even if leadership changes;
- need to consider a duration of 20 years and not only 10 years;
- need Indigenous health impact assessment of all policy;
- formula needs to reflect grassroots effect;
- data sovereignty;
- measure health outcomes (outputs) not services (inputs);
- start evaluating what is working:
 - Broome Yaroo
 - Institute for Urban Indigenous Health is a good example of what is working;
- what is success for Aboriginal family – how to measure that from Aboriginal perspective;
- need to cover the adult stage
 - healthy ageing
 - tertiary; and
- community need to be involved in decisions about how data is used.

Examples of what is working:

Indigenous Employment

- The Indigenous Mentoring Program: [Indigenous Mentoring Program](#) .
- WA Country Health Service (WACHS) Aboriginal Employment Strategy (AES) 2014-18: [WA Country Health Service's Aboriginal Employment Strategy](#)
- Indigenous Rangers – Working On Country program: [The Indigenous Rangers Program](#)
- Caring for our Country program: [Caring for our Country Program](#)

Education

- Partnership Acceptance Learning and Sharing (PALS): [Community Development](#)
- Indigenous Hip Hop Projects: [Indigenous Hip Hop Projects](#)