



Comment on

**Development of a National Aboriginal and
Torres Strait Islander Health Plan
Discussion Paper**

December 2012

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples. We celebrate Aboriginal and Torres Strait Islander cultures and ongoing contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the Territory.

ACTCOSS is a member of the nationwide COSS network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' vision is to live in a fair and equitable community that respects and values diversity and actively encourages collaborations that promote justice, equity and social inclusion.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the ACT Government - Community Services Directorate.

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Contact Details

Phone: 02 6202 7200
Fax: 02 6281 4192
Mail: PO Box 849, Mawson ACT 2607
Email: actcoss@actcoss.org.au
Web: www.actcoss.org.au
Location: Weston Community Hub, 1/6 Gritten St, Weston ACT 2611
Director: Roslyn Dundas
Deputy Director: Kiki Korpinen
Policy Officers: Nadia Osman & Adele Williams

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Introduction

ACTCOSS welcomes the opportunity to provide comment on the National Aboriginal and Torres Strait Islander Health Plan discussion paper ('the Discussion Paper'). ACTCOSS looks forward to reading the draft document Health Plan, and hopes this is also made available for public comment.

Not being a specific Aboriginal or Torres Strait Islander organisation, ACTCOSS will not seek to answer all the consultations questions as posed in the Discussion Paper. Furthermore, ACTCOSS is conscious organisations representing Aboriginal and Torres Strait Islander peoples such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and Congress are also making submissions. Accordingly, in this comment ACTCOSS will attempt to highlight the importance of engaging Aboriginal and Torres Strait Islander peoples in appropriate consultation so they may have ownership over the Health Plan ('the Plan'). Autonomy and self-determination should be exercised as recognition of Aboriginal and Torres Strait Islander people's rights as outlined in the UN Declaration on the Rights of Indigenous Peoples.¹

ACTCOSS recognises the NSW Council of Social Service (NCOSS) for its contribution to this submission, and acknowledges the input from Aboriginal and Torres Strait Islander organisations in the ACT.

Consultation

ACTCOSS is aware the Federal Government held consultations around Australia with local Aboriginal and Torres Strait Islander individuals and communities prior to the development of the Plan.² This is a welcomed first step, however it is vital such stakeholders continue to be consulted with during the development, implementation and evaluation of the Plan.

Some recent approaches by Government to address issues in Aboriginal and/or Torres Strait Islander communities have not had the intended result and, it could be argued, have in fact caused more harm than good. The Northern Territory National Emergency Response ('the intervention'), and subsequent passing of the *Stronger Futures* legislation, is one example of such an approach.

Arising from the release of a report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, titled *Ampe Akelyernemane Meke Mekarle: 'Little Children are Sacred'*, the intervention was designed to ensure the protection of Aboriginal children from harm, namely child sexual abuse and neglect, in Northern Territory Aboriginal communities.³ While the intentions behind the intervention may have been just, the way in which the

1 Australian Human Rights Commission *The Community Guide to the UN Declaration on the Right of Indigenous Peoples*, 2010.

2 Department of Health and Aging, viewed 11 December 2012, <http://www.health.gov.au/natsihp>

3 Australian Human Rights Commission. Viewed 20 April 2012.
<http://www.hreoc.gov.au/social_justice/sj_report/sireport07/chap3.html>.

measures were implemented caused widespread concern.⁴ The Government began to roll out some of the measures under the intervention within months of the legislation being passed. Given the complexity of the social issues facing some of the communities, such a rushed response was inappropriate and injudicious, particularly since the intervention was begun without any widespread or meaningful consultation or community development with the communities involved.

Feedback from the consultations conducted by the Federal Government for the development of the Health Plan has not been forthcoming or transparent despite direct requests for such information from the Department of Health and Aging. Anecdotally, ACTCOSS is aware feedback has not been provided to Aboriginal or Torres Strait Islander individuals and organisations who attended the consultation in the ACT in October 2012. Additionally, participants of the consultations held recently outside of the ACT have reported being disappointed with the process as they were conducted in a manner which did not allow for proper dialogue, which suggested the consultation was merely a tokenistic information provision formality.

While the Discussion Paper contains ideas which speak to a commitment by Government to prioritise partnerships with Aboriginal and Torres Strait Islander peoples in the development of the Plan,⁵ the consultation process has shown a discrepancy in the translation of this to actions.

Aboriginal and Torres Strait Islander peoples are a group who are particularly over-consulted on a regular basis. It is imperative any consultation undertaken is carried out in a true and respectful manner, and allows for open dialogue without the pushing of pre-determined agendas. It is also important other ways of engaging with individuals and communities are explored, including non-formal consultations and community visits. Finally, it is critical feedback from those consultations is provided to participants, and the process is kept transparent and open.

Community Controlled Models

Aboriginal and Torres Strait Islander individuals and communities are best placed to know what health issues, and solutions, are needed for their people, and as such should have ownership of Aboriginal and Torres Strait Islander health services.

Australia already has a number of Aboriginal Community Controlled Health Services (ACCHS), represented by the peak body, the National Aboriginal Community Controlled Health Organisation (NACCHO). The ACCHS form a network, and are autonomous and independent from government.

4 *ibid.*

5 Department of Health and Aging, *Development of a National Aboriginal & Torres Strait Islander Health Plan Discussion Paper*, 2012, p.1

The strength of the ACCHS is they are initiated, operated and controlled by the local Aboriginal community and deliver a variety of services, often with a preventative, health-education focus.⁶ In addition,

the integrated primary health care model adopted by ACCHS is in keeping with the philosophy of Aboriginal community control and the holistic view of health. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery. Local Aboriginal community control in health is essential to the definition of Aboriginal holistic health and allows Aboriginal communities to determine their own affairs, protocols and procedures.⁷

Participants at a recent Health Plan consultation noted being confused by the 'fragmented' nature of the consultations, with the day divided into specific sessions discussing areas such as neo-natal health, young people, and health systems. In addition, participants were disappointed there was no real emphasis on cultural sensitivity and competency in relation to health care for Aboriginal and Torres Strait Islander peoples as discussed during the consultations.

ACTCOSS recommends an emphasis be placed on Aboriginal and Torres Strait Islander peoples as the drivers of the National Health Plan, and the Government commit to funding local Aboriginal and Torres Strait Islander health services.

Social Determinants of Health

The Social Determinants of Health (SDoH), as identified by the World Health Organisation, are the conditions in which people are born, grow, live, work and age.⁸ These conditions are shaped by broader social, political, cultural, environmental and economic factors including the distribution of power and resources at local, national and global levels.

The significant effect SDoH have on people's lives can be explored through the impact a person's birthplace and socio-economic status have on their health, and reveals the SDoH as the cause of many health inequities between, and within, countries. The SDoH approach recognises improved health depends on understanding health is socially determined, and acknowledging social, community based, and holistic responses are important for improving people's health.

As NCOSS stated in their Submission to the NSW Ministry of Health on the Towards an Aboriginal Health Plan for NSW Discussion Paper,

A holistic approach to Aboriginal health requires whole-of-life, whole-of-community approach to be embedded in the health system. It also requires

⁶ NACCHO, viewed 14 December 2012, <http://www.naccho.org.au/about-us/>

⁷ Ibid.

⁸ World Health Organisation, viewed 14 December 2011, <http://www.who.int/social_determinants/en/>.

action beyond the remit of the formal health system to address the broader determinants of social, emotional and cultural well-being⁹.

The Health Plan needs to encompass a holistic approach which addresses all aspects of health, including access to services and transport, education, strategies for prevention, mental health, oral health, aged care and health for people with disabilities.

In line with an SDoH approach, there should be linkages between the Plan and other services so as to incorporate all areas of health.

Links with other plans

ACTCOSS continues to encourage the Federal Government to incorporate the National Aboriginal and Torres Strait Islander Health Plan into broader national health strategies, including the:

- National Anti-Racism Strategy (in development);
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (in development); and
- Closing the Gap Campaign, including Closing the Gap Education Strategy.

In addition, ACTCOSS recommends the Government incorporate Aboriginal and Torres Strait Islander health into mainstream health plans at the state/territory level. While it is vital to ensure culturally specific health services are available and accessible, improved health outcomes for Aboriginal and Torres Strait Islander peoples, as well as for all Australians, is everyone's responsibility. As such, linkages between the Plan and mainstream services is necessary for reducing the burden of culturally sensitive service provision from being placed solely on Aboriginal and Torres Strait Islander-specific health services.

Concerns around tokenistic actions

With the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* ('the Strategic Framework') due to expire in 2013,¹⁰ perhaps the development of a National Aboriginal and Torres Strait Islander Health Plan is timely.

However ACTCOSS recommends against the development of a plan 'for plans sake'. Unless there is significant funding attached to the Plan, the Plan itself risks becoming meaningless or seen as being purely 'tokenistic'. During consultations with local Aboriginal health organisations in regards to the Plan, it became apparent there is a fear of a plan being developed where other services

9 NCOSS, *Submission to the NSW Ministry of Health on the discussion paper: Towards an Aboriginal Health Plan for NSW*, June 2012.

10 Department of Health and Aging, op. cit. p.3

receive funding under the strategy, however the local organisations are left to actually deliver the work.

ACTCOSS recommends the Plan include sufficient resourcing to organisations and services to enable proper implementation and evaluation of any strategies which arise from it.

Outcomes-based initiatives

ACTCOSS recommends the Plan include clearly articulated, outcome-based initiatives in line with a shift in recent years towards measuring programs and agendas using an outcomes-based approach.

Outcomes-based reporting is a system of evaluating the impacts, changes or benefits to individuals and groups as a result of services or programs in which they are engaged.¹¹

For the measurement of success within the Plan, a focus on outcomes allows for the programs and services involved to have goals and benchmarks, and for there to be a focus on whether or not these programs and the Plan itself are actually making an impact on improved health outcomes. In this regard, including clearly defined goals which will be measured and assessed will aid in alleviating concerns of tokenism and 'plans for plans' sake', as previously discussed.

Outcomes-based assessment and reporting systems can also be used to measure accountability in the Plan.¹² This can be looked at as a 'results based accountability' approach, which is a

disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, counties, states and nations. [It] can also be used to improve the performance of programs, agencies and service systems.¹³

Including outcomes-based initiatives in the Plan will also ensure the Plan remains on track and is achieving what it set out to achieve.

11 C MacNamara, *Field Guide to Nonprofit Program Design, Market and Evaluation*, Authenticity Consulting LLC, Minneapolis, Minnesota, US, 2006, viewed 9 July 2012, <<http://managementhelp.org/evaluation/outcomes-evaluation-guide.htm#anchor153409>>.

12 G Brindley, 'Outcomes-based assessment and reporting in language learning programmes: a review of the issues', *Language Testing*, vol. 15, no. 1, p. 45-85, Sage Publications. 1998.

13 M Friedman, *Trying Hard Is Not Good Enough*, FPSI Publishing, United States, 2005, p. 11.