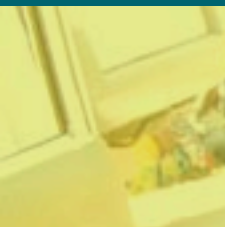
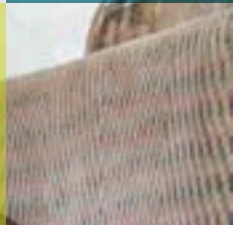




Australian Government
Department of Health and Ageing

National Male Health Policy Supporting Document

**NATIONAL ABORIGINAL AND
TORRES STRAIT ISLANDER
MALE HEALTH FRAMEWORK
REVISED GUIDING PRINCIPLES**



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**NATIONAL ABORIGINAL AND
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MALE HEALTH FRAMEWORK
- REVISED GUIDING PRINCIPLES**

These revised principles are provided by and represent the views of the National Aboriginal and Torres Strait Islander Male Health Leadership Group, a non-government body. The Australian Government is presenting these principles in a supporting document to inform governments, service providers and other bodies and the public on principles to improve Aboriginal and Torres Strait Islander male health. The Australian Government used these principles to help inform the consultation and development of the National Male Health Policy.

1. Reconstructing male empowerment and self determination

To establish a gender-specific approach for all Aboriginal and Torres Strait Islander males to have the confidence and ownership of initiatives and interventions that define, understand, prioritise and control the social determinants that affect their lives will significantly improve their health and wellbeing.

Aboriginal and Torres Strait Islander males must be given the opportunity to use their knowledge, skills and responsibilities for the process of reconstructing their positions in order to determine and redirect their own priorities to become empowered for addressing issues associated with their health and wellbeing (for example, young males returning after education and being reintegrated into the community).

This Policy acknowledges, recognises and respects the positive roles Aboriginal and Torres Strait Islander males hold in regard to traditional practices, obligations, parenting and spirituality. Traditional practices, obligations, parenting and spirituality are important to enforcing and maintaining and improving male health and wellbeing. These roles recognise that Aboriginal and Torres Strait Islander males are responsible for ensuring a positive influence is kept and maintained in their self-being, family and community context.

2. A holistic approach

The holistic approach in addressing Aboriginal and Torres Strait Islander male health is defined within the principles of the national Aboriginal Health Strategy, which states:

‘Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.’

This is important for improving the current status of Aboriginal and Torres Strait Islander male health and wellbeing across life spans and recognises the interconnectedness between individuals, families, and communities. It includes the diversity, spiritualities, political beliefs, and economic status, sexualities and lifestyles that are part of Aboriginal and Torres Strait Islander communities.

3. Continuity of care

A dynamic* approach to the management and control of quality primary and clinical health care systems and interventions across life spans – from prevention, health promotion and education, and early intervention to clinical care, treatment and follow-up – is required. This emphasises the need to be equipped with the skills, knowledge and confidence to manage and control their health and wellbeing.

* Involving the seven wellbeing principles physical, mental, emotional and social, cultural, economical, spiritual, environmental

4. Shared, integrated, collaborative and responsible processes

Improving Aboriginal and Torres Strait Islander male health requires a shared, integrated, collaborative and responsible response from all health and health-related agencies (including government, non-government and private) in the concept of life-death-life. This is to ensure that health and health-related agencies are accountable for their impact on the broader social and economic determinants that impact on Aboriginal and Torres Strait Islander male health. It is important that shared cross-agency responsibilities are implemented in mainstream and Aboriginal and Torres Strait Islander community-controlled health services, and government and community structures.

5. Partnership approach

Progress in Aboriginal and Torres Strait Islander male health should be achieved through active partnerships. These partnerships should be the key levers to coordinate and integrate Aboriginal and Torres Strait Islander male health initiatives collaboratively amongst mainstream agencies, Aboriginal and Torres Strait Islander community-controlled health services, and government and community structures.

A partnership approach may be provided by working with groups such as the National Aboriginal and Torres Strait Islander Male Health Leadership Group, which is a key group that has a responsibility for improving Aboriginal and Torres Strait Islander male health and wellbeing, in particular providing sound advice for essential community consultation with other Aboriginal and Torres Strait Islander males.

6. Strategy and policy development

Strategy and policy development for Aboriginal and Torres Strait Islander male health is a priority and it should be incorporated in all health and health-related government and community-based strategies, policies, services, and programs.

The implementation process needs to focus on capacity building (at the organisational and community level) to provide gender-specific services and programs and ongoing resources, according to (but not constrained by) epidemiological research and health surveillance information, that captures local community needs and circumstances.

7. Access and support

There must be recognition of the need for local, regional, state-wide and national support structures to empower Aboriginal and Torres Strait Islander males to take leadership, ownership, and responsibility to access and use new and existing support programs. This leadership, ownership and responsibility is in the context of endorsed individual rights to equitable access to gender-specific and culturally appropriate mainstream and Aboriginal and Torres Strait Islander community-controlled health and health-related services across geographical, institutional and custodial settings.

8. The health workforce

It is important that Aboriginal and Torres Strait Islander male health workforce participation, recruitment and retention is regarded as a priority within all health workforce initiatives and strategies with a view to increasing the Aboriginal and Torres Strait Islander males within the health workforce. The health workforce includes health management, health workers, professionals, and research and government sectors.

Consideration should be given to providing appropriate incentives to employ and retain local Aboriginal and Torres Strait Islander males in the health workforce that are available for external people (for example, professionals such as doctors, teachers, police). There needs to be consideration to have available scholarships, skills development and career pathways for the employment and retention of local Aboriginal and Torres Strait Islander males in the health workforce.

9. The evidence base

Research and evaluation should be designed, approved, conducted and disseminated in partnership and full consultation with Aboriginal and Torres Strait Islander males and communities. Research needs to be consistent with Aboriginal and Torres Strait Islander ethics committees, Aboriginal and Torres Strait Islander community-controlled health services requirements and the NH&MRC guidelines for conducting research with Aboriginal and Torres Strait Islander communities. Research needs to include Aboriginal and Torres Strait Islander males as principal investigators and technical advisors where possible and appropriate. This is a crucial part of building the evidence base through epidemiological research and other forms of data collections, to address Aboriginal and Torres Strait Islander male health.

Information from research should be owned and controlled by Aboriginal and Torres Strait Islander males where possible and appropriate. The need for transfer and exchange of skills between Aboriginal and Torres Strait Islander communities concerning best practice models of care in addressing male health is an essential part of the research.

10. Allocation of funding

All funding allocations for health and health-related programs should consider including components for Aboriginal and Torres Strait Islander male health.

When allocating funding for health-related programs for Aboriginal and Torres Strait Islander males special consideration should be given to programs of a positive nature (for example 'positive parenting' and 'family wellbeing' programs, 'Aboriginal Male Health Camps') and consideration also given to research, community development and ongoing service delivery. Consistent with the empowering of Aboriginal and Torres Strait Islander males to take responsibility for their health, consideration should be given to providing funding for Aboriginal and Torres Strait Islander males to facilitate, participate in and attend appropriate male health conferences and forums.

11. Governance

Any organisation seeking government funding for any health initiative must have a specific strategy for, and be developed in consultation with, Aboriginal and Torres Strait Islander males where appropriate. Consideration should be given to consulting with a representative body such as the Aboriginal and Torres Strait Islander Male Health Leadership Group. Aboriginal and Torres Strait Islander males should be involved in developing the method of consultation. Government bodies administering the distribution of funding for health initiatives must have robust processes for ensuring that genuine, comprehensive, Aboriginal and Torres Strait Islander approved consultation has taken place where appropriate. Organisations receiving funding for health initiatives must be held accountable including in relation to services provided or meant to be provided to Aboriginal and Torres Strait Islander males.

