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INTRODUCTION

This document highlights existing activities, partnerships and programs that contribute to closing the gap in health outcomes for Aboriginal and Torres Strait Islander people. While not an exhaustive list of activities and programs, this document highlights examples of investments, recognising the impact of wider policies and programs and reform agendas across areas such as mental health, housing and homelessness, education and economic participation, and their contribution to addressing Aboriginal and Torres Strait Islander disadvantage and achieving sustainable health gains.

AUSTRALIA’S HEALTH SYSTEM

Australia’s health system supports universal and affordable access to high quality medical, pharmaceutical and hospital services, while helping people to stay healthy through health promotion and disease prevention activities.

The Medicare Benefits Scheme (MBS) subsidises payments for services provided by doctors including specialists, optometrists, nurses and midwives, and in some circumstances other allied health professionals such as clinical psychologists. The Pharmaceutical Benefits Scheme (PBS) subsidises payments for a significant proportion of prescription medicines purchased from pharmacies. The Australian Government and state and territory governments also jointly fund public hospital services. This system aims to give all Australians, regardless of personal circumstance, access to affordable or no-cost health care, and is supported by additional investment through a range of health programs, health research activity and public health initiatives.1

Primary health care is intended to be the first level of contact an individual has with the health system. Primary health care providers play a key role in the prevention, promotion, screening, detection, treatment and management of illness and disease and help prevent more complex and expensive service delivery at the secondary and tertiary level.

The implementation of National Health Reform activities is strengthening local decision-making and community involvement in health service delivery. To achieve greater local engagement, National Health Reform is delivering better access to services, improved local accountability and transparency and greater responsiveness to local communities, through:

• the establishment of 61 Medicare Locals, which are coordinating primary health care delivery and addressing local health care needs and service gaps, by driving improvements in primary health care (including afterhours primary care) and ensuring that services are tailored to meet the needs of local communities; and

• 136 Local Hospital Networks, funded nationally to localise the management of public hospitals.
Under National Health Reform, the Australian Government will invest at least $16.4 billion in additional efficient growth of funding from 2014-15 to 2019-20 to ensure all Australians can access the care they need, where and when they need it.

The following agencies have also been established to support improved performance across the health system through national performance standards and public accountability:

- the National Health Performance Authority (NHPA) is an independent agency that provides information on the performance of every Local Hospital Network and the hospitals within it, every private hospital and all Medicare Locals through their Hospital Performance Reports and Healthy Communities Reports. The performance measures and standards contained in the Performance and Accountability Framework will allow the NHPA to identify high-performing Local Hospital Networks, Medicare Locals and hospitals to enable the sharing of innovative and effective practices, while also identifying those that are under-performing to enable effective performance management.

- the Independent Hospital Pricing Authority (IHPA) is an independent agency that determines the National Efficient Price of public hospital services under a new model of hospital funding: activity-based funding. The new national system of activity-based funding will make public hospital funding more transparent, and help to drive efficiency in the delivery of public hospital services. Public hospitals will be funded according to the number and kind of services they provide. This pricing system takes into account the Indigenous status of patients through adjustments. In 2013-14, these adjustments provide an additional 4 per cent if the patient is flagged as Aboriginal and/or Torres Strait Islander and is an admitted acute, emergency or non-admitted patient. An adjustment of 17 per cent is provided for an Aboriginal and/or Torres Strait Islander admitted subacute patient. This new approach will provide incentives for hospitals to treat patients more efficiently and for hospitals and governments to ensure patients are treated in the most appropriate setting. For services where activity-based funding would not be appropriate, including small country hospitals, funding will continue to be provided through block grants.
Between 2001-02 and 2010-11, there has been an increase in Aboriginal and Torres Strait Islander health expenditure, and this expenditure has increased at a faster rate than for other Australians. Over this period, per person health expenditure by the state and territory governments for Aboriginal and Torres Strait Islander people grew by 54.2 per cent, while Australian Government expenditure grew by 101.3 per cent. MBS and PBS benefits were a substantial component of that growth, accounting for 50.9 per cent of Australian Government growth between 2001-02 and 2010-11. This growth in expenditure reflects the commitment to improve health outcomes for Aboriginal and Torres Strait Islander people through consistent, long-term effort and investments.

Strengthening the system of comprehensive primary care for Aboriginal and Torres Strait Islander people is integral to an effective and efficient health system to contribute towards closing the gap. In 2012-13, the Department of Health and Ageing provided $555.3 million in grant funding to approximately 280 organisations to support specific Aboriginal and Torres Strait Islander health activities, including the delivery of primary health care, substance misuse services and social and emotional wellbeing services to Aboriginal and Torres Strait Islander people. This investment included funding to approximately 170 Aboriginal and Torres Strait Islander community controlled health organisations to deliver a range of comprehensive services.

The Australian Government has committed $777 million over three years from 1 July 2013 to 30 June 2016, as its share of a renewed National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. When MBS and PBS estimates are taken into account, the Commonwealth contribution is around $992 million over three years. As part of this, the Australian Government is continuing its funding commitments and is seeking state and territory agreement to continue funding for their initiatives under this National Partnership Agreement. This funding will ensure Aboriginal and Torres Strait Islander people continue to benefit from improved health services to support the commitment to close the gap in Aboriginal and Torres Strait Islander disadvantage.
The National Indigenous Reform Agreement (NIRA), endorsed by the Council of Australian Governments (COAG) in 2008, commits all governments to six ambitious targets relating to life expectancy, infant mortality, education and employment. The NIRA is supported by significant investment through a series of National Partnership Agreements with state and territory governments in the key areas of health, early childhood, education, economic participation and remote service delivery.

The Closing the Gap Framework emphasises the inter-relationship between seven different ‘building blocks’ noting that the reality of achieving targets requires sustained effort across all areas. Governments have agreed to work in partnership with Aboriginal and Torres Strait Islander people and communities. This commitment is evidenced in the Close the Gap Statement of Intent, which identifies the need to support and develop Aboriginal and Torres Strait Islander community controlled health organisations in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.

COAG has committed to reporting transparently on expenditure on services for Aboriginal and Torres Strait Islander people to inform better policy-making in Aboriginal and Torres Strait Islander affairs. The Indigenous Expenditure Report (IER) provides a national framework for collecting and reporting information on all Commonwealth and state and territory government expenditure on both Aboriginal and Torres Strait Islander specific and mainstream services to Aboriginal and Torres Strait Islander people. Estimates on expenditure are broadly aligned to the COAG Closing the Gap building blocks, including the health building block.

The latest IER was released in 2012 and reports that nationally in 2010-11, the Australian, state and territory governments’ direct expenditure on services for Aboriginal and Torres Strait Islander people was $25.4 billion or 5.6 per cent of all government direct expenditure in 2010-11. The IER reports that estimated direct government expenditure per person on all services was $44,128 per Aboriginal and Torres Strait Islander person and $19,589 per non-Indigenous person in 2010-11. That is, an estimated $2.25 was spent per Aboriginal and Torres Strait Islander person for every dollar spent per non-Indigenous person in the population in 2010-11.

Estimates by broad area of expenditure in 2010-11 includes:

- **Early child development, and education and training:** includes expenditure on preschool and childcare; school education; and tertiary education. $2.44 was spent per Aboriginal and Torres Strait Islander person in the population for every dollar spent per non-Indigenous person, with the largest area of difference in expenditure per head of population being school education (a ratio of $2.99 to 1), which reflects the younger age profile of the Aboriginal and Torres Strait Islander population.
• **Healthy lives**: includes expenditure on hospital services; public and community health services; and other health care subsidies and support services. $2.02 was spent per Aboriginal and Torres Strait Islander person in the population for every dollar spent per non-Indigenous person.

• **Economic participation**: includes expenditure on labour and employment services and social security support. $1.96 was spent per Aboriginal and Torres Strait Islander person in the population for every dollar spent per non-Indigenous person; the largest area of difference in expenditure per person was labour and employment programs (a ratio of $5.22 to 1).

• **Home environment**: includes expenditure on housing services; community and environment services; and transport and communications services. $2.16 was spent per Aboriginal and Torres Strait Islander person in the population for every dollar spent per non-Indigenous person. The largest area of difference in expenditure per head of population was housing (a ratio of $4.85 to 1), which reflects the higher per capita use by Aboriginal and Torres Strait Islander people of social housing and rental market assistance.

• **Safe and supportive communities**: includes expenditure on public order and safety; community support and welfare; and recreation and culture. $4.50 was spent per Aboriginal and Torres Strait Islander person in the population for every dollar spent per non-Indigenous person.

• **Other government services**: includes expenditure on general government (such as the operations of legislative and executive affairs and defence services); and support to industry. $1.19 was spent per Aboriginal and Torres Strait Islander person in the population for every dollar spent per non-Indigenous person.
Avoidable health inequalities arise because of the circumstances in which people grow, live, work and age, as well as the systems put in place to deal with illness. The social determinants of health affect the health of individuals and can also influence how a person interacts with health and other services.

A number of studies have found that between one-third and one-half of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians is associated with differences in socioeconomic status such as education, employment and income. These studies highlight the importance of addressing the social determinants of health to contribute to the target to close the gap in life expectancy. The following examples of policies and programs and reforms across early childhood, education, housing and community safety highlight the range of investment in the social determinants.

**EARLY CHILDHOOD EDUCATION, SCHOOLING AND TERTIARY EDUCATION**

**BUILDING BLOCKS**

**Early Childhood**

For an equal start in life, Indigenous children need early learning, development and socialisation opportunities. Access to quality early childhood education and care services, including pre-school, child care and family support services such as parenting programs and supports, is critical. Appropriate facilities and physical infrastructure, a sustainable early childhood education and health workforce, learning frameworks and opportunities for parental engagement are also important and require attention. Action in the areas of maternal, antenatal and early childhood health is relevant to addressing the child mortality gap and to early childhood development.

**Schooling**

Human capital development through education is key to future opportunity. Responsive schooling requires attention to infrastructure, workforce (including teacher and school leader supply and quality), curriculum, student literacy and numeracy achievement and opportunities for parental engagement and school/community partnerships. Transition pathways into schooling and into work, post school education and training are also important.

**Closing the Gap Targets**

- To ensure access to early childhood education for all Indigenous four year olds in remote communities (by 2013);
- To halve the gap in reading, writing and numeracy achievements for children (by 2018); and
- To halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates (by 2020).
EARLY YEARS

Evidence supports that early access to quality early childhood education and care can lead to increased school readiness and improved participation in preschool and school, particularly for vulnerable children.

The Australian Government is providing $660.1 million in funding over the next 18 months for a new National Partnership Agreement on Universal Access to Early Childhood Education, including $655.6 million to states and territories to support continued access to quality early childhood education programs for all children, and a Commonwealth investment of $4.5 million for national early childhood data development, review and research activities. This investment expands on the $970 million invested by the Australian Government since 2008 to ensure that all children have access to a quality early childhood education program, delivered by a degree-qualified early childhood teacher, for 600 hours, in the year before full-time schooling.

The Australian Government is providing approximately $62.7 million in 2013-14 to contribute to the operational costs of around 342 early childhood education and care and school age care services. Services funded under the Budget Based Funded Program provide children and their families with accessible, affordable and culturally appropriate early childhood education and care and school age care services mainly in rural and remote communities. This program is being reviewed to ensure that the program continues to meet the needs of communities, that funding is targeted in locations where it is most needed, and to support quality improvement towards the National Quality Framework.

The Australian Government is also funding a range of initiatives as part of the Stronger Futures in the Northern Territory package, including around $28 million over 10 years for continued operational funding to support up to 225 early learning and child care places at nine crèches in very remote Aboriginal and Torres Strait Islander communities which were established under the Northern Territory Emergency Response.

ABORIGINAL AND TORRES STRAIT ISLANDER EDUCATION

The Aboriginal and Torres Strait Islander Education Action Plan 2010-2014, endorsed by COAG in 2011, commits all governments in Australia to a unified approach to closing the gap in education outcomes between Aboriginal and Torres Strait Islander and non-Indigenous students, by bringing together mainstream education reforms, with a range of actions specific to improving outcomes for Aboriginal and Torres Strait Islander students. The Action Plan was developed with the support of stakeholders via a wide ranging consultation process which received over 100 submissions.

EDUCATION REFORM

The Australian Government is investing in a new National Plan for School Improvement to establish a new school funding approach based on the needs of individual students. Under the National Plan, a new Schooling Resource Standard would include direct additional funding, through a loading arrangement, to help Aboriginal and Torres Strait Islander students achieve improved outcomes.
EDUCATION PROGRAMS
The Australian Government will invest $659 million to continue funding under the Indigenous Education (Targeted Assistance) Act to align with the implementation of the National Plan for School Improvement and maintain education programs for Aboriginal and Torres Strait Islander students, such as the:

- **Parental and Community Engagement Program**, a community driven program for parents and carers of Aboriginal and Torres Strait Islander young people. It supports initiatives that assist families and communities to ‘reach in’ to schools and other educational settings to engage in their children’s education through participation in educational decision-making, developing partnerships with education providers and supporting and reinforcing their children’s learning at home;

- **Sporting Chance Program**, which is designed to use sport and recreation as a vehicle to engage Aboriginal and Torres Strait Islander young people in their schooling;

- **Indigenous Youth Leadership Program**, which provides secondary and tertiary scholarships to support Aboriginal and Torres Strait Islander students from mainly very remote and remote areas to complete Year 12 and/or an undergraduate degree while developing leadership skills;

- **Indigenous Youth Mobility Program**, which supports young Aboriginal and Torres Strait Islander people aged 16-24 years, primarily from remote areas, who need to move away from home to gain the qualifications they need to have a greater chance of obtaining sustainable employment; and

- **Focus Schools Projects**, which support schools with high Aboriginal and Torres Strait Islander student enrolments to accelerate improvements in educational outcomes for those students, with an emphasis on engagement, attendance and English literacy and numeracy.

**Education Workforce**
Investment under *Stronger Futures in the Northern Territory* will:

- continue to support 200 teachers and engagement officers in remote Northern Territory schools;

- provide a ten-year investment in support and training programs to ensure teachers have the skills to achieve better literacy and numeracy results for Aboriginal and Torres Strait Islander children. Programs will also ensure teachers have the skills they need to teach children with English as a second language and how to ensure children with hearing or learning difficulties get the best possible education; and

- build around 100 teacher houses in remote Northern Territory communities over the next nine years to address critical staff housing shortages and help attract and retain high quality teachers in remote schools.

**Teach Remote Stage 2** will help the National Alliance of Remote Indigenous Schools to continue its work to attract and retain high calibre teachers in remote areas.

**Financial Assistance**
Aboriginal and Torres Strait Islander students and apprentices may be able to get financial help from the Australian Government. This help is available from Centrelink through the ABSTUDY program. ABSTUDY provides a means-tested living allowance and other benefits to eligible secondary and tertiary Aboriginal and Torres Strait Islander students and apprentices.
HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING

The Australian Government provides financial assistance to higher education institutions to improve outcomes for Aboriginal and Torres Strait Islander people and funds a range of programs that are aimed at increasing Aboriginal and Torres Strait Islander participation in higher education, including:

- the Indigenous Youth Careers Pathway Program, which provides support to Aboriginal and Torres Strait Islander students in Years 11 and 12 to stay in school and undertake school-based traineeships. 6,400 traineeships will be offered, to increase the number of young people transitioning from school into further education and training. Funding of $50.7 million has been allocated over four years until 2014-15 for the program;

- Away From Base, which covers travel costs for Vocational Education Training (VET) and higher education students studying an approved ‘mixed-mode’ course, where students are required to travel from their permanent home for short periods to undertake approved course-related activities;

- the Indigenous Support Program, which provides grants to higher education providers to assist them to meet the needs of their Aboriginal and Torres Strait Islander students. This includes the establishment of Indigenous Education Support Units, assistance with study skills, personal counselling and cultural awareness activities;

- the Indigenous Tutorial Assistance Scheme for Tertiary Tuition, which provides funding for supplementary tuition to Aboriginal and Torres Strait Islander students studying university award-level courses, and some specified Australian Qualifications Framework accredited VET courses at Indigenous Tutorial Assistance Scheme funded institutions;

- the Indigenous Tutorial Assistance Scheme for Vocational Education Training, which is available to eligible non-government VET institutions to assist Aboriginal and Torres Strait Islander students undertaking VET courses leading to the attainment of a Certificate Level III or above qualification;

- Supplementary Recurrent Assistance which provides supplementary per capita funding to non-government education providers in the VET and preschool sector; and

- A range of awards and scholarships, such as:
  > Endeavour Research Fellowships for Indigenous Australians, which provides financial support for Aboriginal and Torres Strait Islander postgraduate students and postdoctoral fellows to undertake short-term research (4–6 months) in any field of study in the Asia-Pacific or Middle East;

  > Excellence in Leadership in Indigenous Education Awards, an acknowledgement of outstanding work and leadership in Aboriginal and Torres Strait Islander education, which are presented to schools that excel across all criteria;

  > Commonwealth Scholarships, which provide financial support to eligible Aboriginal and Torres Strait Islander students to assist with the costs associated with higher education; and

  > Indigenous Staff Scholarships, which provide professional development opportunities to Aboriginal and Torres Strait Islander staff working at universities.
Health Workforce Education and Training

Health Workforce Australia has been funded to support the upskilling of Aboriginal and Torres Strait Islander Health Workers in regional and remote areas, to assist them to achieve new national registration requirements which commenced in July 2012. The project has three elements:

• to train senior Aboriginal and Torres Strait Islander Health Workers in the nationally accredited VET Certificate IV in Training and Assessment (TAE 40110) to enable them to supervise and assess Aboriginal and Torres Strait Islander Health Workers undertaking their training. In particular, empowering the role of qualified on-site mentors and assessors to support students in health services is an essential component to the successful completion of training;

• to undertake skills recognition and gap training for Aboriginal and Torres Strait Islander Health Workers across Australia to meet national Aboriginal and Torres Strait Islander Health Practitioner registration requirements; and

• to increase the number of Registered Training Organisations which meet the accreditation standards for the delivery of the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) required for Aboriginal and Torres Strait Islander Health Worker Practitioner registration after 1 July 2012.

Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People

The Report of the Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People highlights the role that higher education plays in improving health, education and economic outcomes for Aboriginal and Torres Strait Islander people and recommends a collaborative approach by governments, universities and professional bodies to increasing the number of Aboriginal and Torres Strait Islander students, staff and researchers.

HOUSING

Healthy Homes

A healthy home is a fundamental precondition of a healthy population. Important contributors to current unsatisfactory living conditions include inadequate water and sewerage systems, waste collection, electricity and housing infrastructure (design, stock and maintenance). Children need to live in accommodation with adequate infrastructure conducive to good hygiene and study and free of overcrowding.

ENVIRONMENTAL HEALTH

The Australian Government is providing $44.1 million from 2013-14 to continue to support the delivery of municipal and essential services for Aboriginal and Torres Strait Islander people in about 340 remote communities. This funding is in addition to the $206.4 million investment over 10 years to support the delivery of municipal services for outstations and homelands in the Northern Territory, under Stronger Futures in the Northern Territory. $21.2 million over four years from 2012-13 is being provided towards a range of environmental health infrastructure projects in the Torres Strait related to water supply and reticulation, sanitation and wastewater, community road drainage and serviced housing lots.

ACCOMMODATION AND HOUSING

COAG has identified housing affordability as a pressing issue for Australians and recognised the importance of improving affordability and access to safe and sustainable housing, including in Aboriginal and Torres Strait Islander communities. There have been a range of COAG agreements to support the achievement of these outcomes including:

• the National Affordable Housing Agreement;
• the National Partnership Agreement on Homelessness; and
• the National Partnership Agreement on Remote Indigenous Housing.

Through the National Affordable Housing Agreement, the Australian Government and state and territory governments have committed to achieving Indigenous-specific outcomes, including:

• Aboriginal and Torres Strait Islander people have the same housing opportunities as other Australians; and

• Aboriginal and Torres Strait Islander people have improved housing amenities and reduced overcrowding, particularly in remote areas and discrete communities.

Specific initiatives funded under the National Partnership Agreement on Homelessness include Aboriginal and Torres Strait Islander advocacy and tenancy support services, assistance for Aboriginal and Torres Strait Islander young people leaving care, legal assistance for Aboriginal and Torres Strait Islander women and outreach for individuals and families experiencing rough sleeping.

The National Partnership Agreement on Remote Indigenous Housing ($5.5 billion over ten years to 2018), seeks to address key environmental health and housing issues including:

• significant overcrowding;

• homelessness;

• poor housing conditions; and

• severe housing shortages in remote Aboriginal and Torres Strait Islander communities.

Funding is being provided to the states and the Northern Territory over 10 years to 2018 to:

• deliver up to 4,200 new houses and rebuild or refurbish around 4,800 existing houses in remote Aboriginal and Torres Strait Islander communities around Australia;

• deliver employment-related accommodation in regional areas to enable Aboriginal and Torres Strait Islander people from remote communities to access training, education, employment and support services; and

• provide Aboriginal and Torres Strait Islander employment opportunities through a 20 per cent local Indigenous employment target over the life of the program for new housing construction.

In addition, long-term structural reforms will put remote Aboriginal and Torres Strait Islander housing on a more sustainable footing by ensuring that:

• secure tenure arrangements are put in place as a pre-condition to new housing;

• standard tenancy management arrangements exist so that rents can be collected and repairs and maintenance carried out; and

• tenants of new houses receive living skills training to transition to new tenancy arrangements and to help them understand their rights and responsibilities.

So far, under this Agreement over 5,300 homes in remote Aboriginal and Torres Strait Islander communities have been refurbished or rebuilt against a target of 4,876 homes, significantly exceeding the refurbishment target two years ahead of schedule. To date more than 1600 homes have been constructed, on the way to meet the target to construct 4,200 homes by 2018.

Aboriginal Hostels Limited’s (AHL’s) primary purpose is to provide Aboriginal and Torres Strait Islander people with safe, comfortable, affordable and culturally sensitive accommodation. This accommodation enables Aboriginal and Torres Strait Islander people to access essential services such as education, health, legal advice, training and employment that might not otherwise be available in their home communities, and operates with an increased emphasis on supporting better economic and social outcomes, through working in partnership with other organisations. In 2013-14, the Australian Government will be providing AHL with $6.2 million over two years to undertake capital upgrades to nine of its hostels.

The Indigenous Home Ownership Program will assist approximately 2,200 Aboriginal and Torres Strait Islander people to buy their own home over four years from July 2013, by providing a range of concessional home loans and priority of access and extra assistance for applicants purchasing homes on Aboriginal and Torres Strait Islander land.
ECONOMIC DEVELOPMENT, PARTICIPATION AND EMPLOYMENT

Building Block

Economic Participation

Individuals and communities should have the opportunity to benefit from the mainstream economy – real jobs, business opportunities, economic independence and wealth creation. Economic participation needs to extend to disadvantaged job seekers and those outside of the labour market. Access to land and native title assets, rights and interests can be leveraged to secure real and practical benefits for Indigenous people. Other financial assets, capacity building, employment and training programs, incentive structures and social and physical infrastructure, including communications and transport, are needed to foster economic participation and community engagement.

Through this participation, parents and other adults can become effective role models for their families and community. The design and delivery of welfare (both transfer payments and services) needs to promote active engagement, enhanced capability and positive social norms. Ensuring that communities have support to address factors that are a barrier to engagement such as problem gambling is critical. Life-long learning is important and attention is also needed regarding adult literacy and numeracy skills.9

Closing the Gap Target

• To halve the gap in employment outcomes between Indigenous and other Australians (by 2018).

ECONOMIC DEVELOPMENT

The Indigenous Economic Development Strategy 2011–2018 is an Australian Government policy framework that aims to increase the personal and economic wellbeing of Aboriginal and Torres Strait Islander people through greater participation in the economy. The Strategy has five priorities:

• strengthen foundations to create an environment that supports economic development;
• invest in education;
• encourage participation and improve access to skills development and jobs;
• support the growth of Aboriginal and Torres Strait Islander business and entrepreneurship; and
• assist individuals and communities to achieve financial security and independence.

ECONOMIC PARTICIPATION AND EMPLOYMENT

Job Services Australia is the Australian Government’s national employment services system and is the main provider of employment services for Aboriginal and Torres Strait Islander jobseekers. The Government launched Job Services Australia on 1 July 2009 with the aim of increasing employment participation, building skills in demand and helping individual jobseekers, particularly disadvantaged participants, find sustainable employment. Job Services Australia providers work with local communities to develop jobs and training opportunities.

To further enhance Job Services Australia achievements for Aboriginal and Torres Strait Islander jobseekers, the Government has put in place various measures, including:
• the Indigenous Mentoring Pilot: the Pilot commenced on 1 July 2012 and aims to determine if ongoing culturally appropriate mentoring support will assist in improving retention rates for Aboriginal and Torres Strait Islander jobseekers; and

• cultural awareness training: the Government has developed an online cultural awareness training package for providers to further strengthen the performance of Job Services Australia and Disability Employment Services (DES) for Aboriginal and Torres Strait Islander jobseekers.

DES is the Australian Government’s national employment service for people with disability. The Government launched DES on 1 March 2010 with the aim of providing tailored assistance to individuals with injury, disability or a health condition to secure and maintain sustainable, open employment. DES provides employment services for eligible Aboriginal and Torres Strait Islander participants who are located in non-remote areas.

Where required, DES offers ongoing support in the workplace to help participants retain their employment. DES is also focused on the needs of employers, providing participants with the skills and training to meet employer needs. Providers help build disability confidence in the workplace and support employers to maintain quality and sustainable outcomes for people with disability, including where appropriate, arranging workplace modifications through the Employment Assistance Fund. DES providers can also access assistance to support employers to employ people with disability through the Supported Wage System, Wage Subsidy Scheme and the National Disability Recruitment Coordinator.

DES offers two demand-driven programs to help people with injury, disability or health conditions to find and retain open employment:

• Disability Management Service, which provides services to eligible job seekers with temporary or permanent injury, disability or a health condition who require the assistance of a disability employment service and who may require flexible, ongoing support but are not expected to need regular, long-term support in the workplace; and

• Employment Support Service, which is available to those eligible job seekers with permanent disability who are assessed as needing regular, long-term, ongoing support in the workplace. The Government put the Employment Support Service out to open competitive tender for the first time in late 2012. The result of the tender means jobseekers with disability now have access to a higher standard of support, in more locations than ever before.

The Indigenous Employment Program (IEP) funds a range of activities in urban and regional Australia that:

• encourage and support employers to provide sustainable employment opportunities for Aboriginal and Torres Strait Islander people;

• encourage and support Aboriginal and Torres Strait Islander people to take up training and employment opportunities to stay in jobs and enhance their future employment prospects;

• assist Aboriginal and Torres Strait Islander communities, industry bodies and groups of employers to develop Indigenous workforce and economic development strategies that support regional economic growth; and

• assist Aboriginal and Torres Strait Islander people to develop sustainable businesses and economic opportunities in urban and regional areas.
On 1 July 2013 the IEP, along with the DES, Community Development Employment Projects (CDEP) and Job Services Australia, transitioned into the Remote Jobs and Communities Program (RJCP) in remote areas. The RJCP builds on the strengths of these four programs in remote Australia, delivering a more streamlined and flexible approach, providing better participation and employment services for people living in remote Australia.

Under the RJCP:

- providers have a permanent presence in each of the 59 identified remote regions across Australia, and are a single, local point of call for job seekers and employers;
- a ‘jobs first’ approach is taken which helps people build the foundational skills they need to take up available jobs and supports community development. Job seekers are provided with personalised support and case management, including access to job opportunities, skills development and training that meets their needs;
- RJCP providers work with communities, employers and industries in their region to develop and implement a Community Action Plan that identifies the region’s employment, economic and community development goals;
- the $500 million Participation Account is a flexible fund that can be used to purchase reasonable interventions that increase a RJCP participant’s employability, overcome vocational and non-vocational barriers to employment or fund economic development and business support;
- $237.5 million over five years from 1 July 2013 for the Community Development Fund will support projects that provide employment and participation opportunities for local people that are consistent with the direction of the region’s Community Action Plan;
- the Australian Government has extended the payment of CDEP wages until 30 June 2017 for participants currently receiving grandfathered CDEP wages; and
- young people in remote communities are benefiting from an $89 million investment in the Remote Youth Development and Leadership Corps, which is providing 12,000 young people aged 24 years and under with a clear pathway into employment in remote communities.

The Aboriginal and Torres Strait Islander arts and cultural sectors are creative industries building on uniquely Aboriginal and Torres Strait Islander assets and providing meaningful employment opportunities for Aboriginal and Torres Strait Islander people. For example, art centres, particularly in remote communities are often a major source of income. The Australian Government is providing ongoing funding to generate income and employment opportunities while maintaining and transmitting culture through:

- Indigenous Visual Arts Industry Support funding, which will provide around $48.8 million over four years from 2013-14 to support Aboriginal and Torres Strait Islander art centres and industry support organisations, in order to help build a stronger Aboriginal and Torres Strait Islander visual arts industry; and
• the Indigenous Employment Initiative in the arts and cultural sectors, which will provide around $89.4 million over four years from 2013-14 to Indigenous arts, culture, language and broadcasting organisations to employ close to 600 Aboriginal and Torres Strait Islander people annually in roles such as art workers, cultural officers, language assistants and broadcasting technicians. These jobs are directly helping to link Aboriginal and Torres Strait Islander culture to the mainstream economy and society.

The Working on Country Indigenous Ranger Program, which commenced in 2007, has a commitment of $244 million until June 2013 to employ over 690 Indigenous rangers to undertake environmental work. From 1 July 2013 an additional $335 million has been committed over five years to support the work of the rangers and support the expansion of the program to 730 rangers by June 2015. The Working on Country Indigenous Ranger Program aims to encourage an active connection to country, which has a positive impact on health, economic and social wellbeing, and enables cultural learning between young and old.

SAFE COMMUNITIES

BUILDING BLOCK

Safe Communities

Indigenous people (men, women and children) need to be safe from violence, abuse and neglect. Fulfilling this need involves improving family and community safety through law and justice responses (including accessible and effective policing and an accessible justice system), victim support (including safe houses and counselling), child protection and also preventative approaches. Addressing related factors such as alcohol and substance abuse will be critical to improving community safety, along with the improved health benefits to be obtained.¹⁰

JUSTICE

To reduce the overrepresentation of Aboriginal and Torres Strait Islander people in the justice system, the National Indigenous Law and Justice Framework 2009–2015 provides a national approach to address serious and complex issues that exist for Aboriginal and Torres Strait Islander people in the criminal justice system.

The Indigenous Justice Program (IJP), funded by the Australian Government, seeks to increase community safety for Aboriginal and Torres Strait Islander people by funding projects designed to reduce the adverse contact of Aboriginal and Torres Strait Islander people with the criminal justice system. These projects make communities safer by reducing the rates of offending, and through that reduce victimisation and incarceration of Aboriginal and Torres Strait Islander people. IJP has a national focus and seeks to complement state and territory initiatives. Funding is provided for prisoner through care, youth prevention and diversion, community patrols and restorative justice projects. In 2012-13, funding for the IJP was $11.66 million, with 40 projects being funded. In 2013-14, funding totals $11.95 million.
LEGAL SERVICES

The *Family Violence Prevention Legal Services Program* provides culturally appropriate assistance to victim-survivors of family violence and sexual assault, to prevent, respond to and reduce the incidence of family violence and sexual assault. Fourteen organisations provide services from 30 outlets in all states and territories, except Tasmania and the ACT, to high-need rural, regional and remote locations. Funding for the *Family Violence and Prevention Legal Services Program* in 2012-13 was $19.09 million. Funding in 2013-14 is $19.6 million.

The *Indigenous Legal Assistance and Policy Reform Program* offers culturally sensitive and accessible legal assistance services. Aboriginal and Torres Strait Islander organisations are funded under the program to deliver legal assistance services at a number of permanent sites, court circuits and outreach locations in urban, rural and remote areas. Funding for these organisations in 2012-13 was $68.22 million, and funding in 2013-14 is $73.84 million, which includes new funding of $12 million identified in the 2013-14 Australian Government Budget to be provided over two years.

The Australian Government also funds Community Legal Centres (CLCs), which are independent and community managed non-profit services that provide a range of assistance on legal and related matters to people on low incomes and those with special needs. Whilst not all Australian Government funding provided under the *Community Legal Services Program* is targeted directly toward Aboriginal and Torres Strait Islander matters, a number of CLCs do provide services to Aboriginal and Torres Strait Islander clients.

COMMUNITY SAFETY

The *Indigenous Family Safety Agenda*, the *National Plan to Reduce Violence against Women and their Children* and the *National Framework for Protecting Australia’s Children* act to support safe communities and aim to improve community wellbeing and reduce the prevalence of injury.

Under the *Stronger Futures in the Northern Territory* package, funding of $619 million is being provided by the Australian Government over the 10 year period from 1 July 2012 to support increased community safety in Northern Territory Aboriginal communities. As part of this funding, the Attorney-General’s Department administers the *Community Night Patrol Program*. Patrols undertake activities such as safe transportation, referral to information and services, and early intervention to improve community safety and prevent unnecessary adverse contact with the criminal justice system. People at risk of committing or becoming a victim of harm can be taken to a safe place where their needs can be assessed, and, where appropriate, referred to other services for further assistance. Funding for the program is allocated through the *Community Safety and Justice Measure* ($28.83 million in 2012-13 and $29.29 million in 2013-14) and includes support for supplementary legal services.
The Department of Health and Ageing provides funding to Aboriginal and Torres Strait Islander community controlled health organisations for the provision of health care services to Aboriginal and Torres Strait Islander people. Increasing the access of Aboriginal and Torres Strait Islander people to quality primary health care services that are culturally safe and are planned and delivered according to a transparent needs assessment, is a priority. The Department of Health and Ageing is also currently developing a wide range of culturally appropriate training resources for Aboriginal and Torres Strait Islander aged and community care workers.

The National Congress of Australia’s First Peoples gives Aboriginal and Torres Strait Islander people a strong national voice on issues that affect them. The Government continues to support Aboriginal and Torres Strait Islander representation with a further $15 million being provided over three years from 2014-15.

Since 1997, the Department of Health and Ageing has funded the National Aboriginal Community Controlled Health Organisation (NACCHO) as the national peak body for Aboriginal and Torres Strait Islander community controlled health organisations. NACCHO has approximately 150 members nationwide, comprising mainly of primary health care organisations. The Department provides funding to NACCHO to:

- provide support and assistance to Aboriginal and Torres Strait Islander community controlled health organisations;
- represent and advocate on behalf of its member organisations; and
- provide advice and policy views on health issues affecting Aboriginal and Torres Strait Islander people.

In addition to providing core funding for the activities noted above, the Department of Health and Ageing also provides funding to NACCHO for specific projects such as:

- **NACCHO Governance** - to facilitate partnerships that contribute to governance enhancement in the Aboriginal and Torres Strait Islander community controlled health sector;
• **Smoke Free** - to provide leadership and support across all Aboriginal and Torres Strait Islander community controlled health organisations as they develop, implement and monitor effective smoke-free policies and become smoke-free workplaces;

• **Ear Health** - to provide ear health and hearing screening training to Aboriginal and Torres Strait Islander Health Workers.

• **Indigenous Chronic Disease** - to employ an Indigenous Health Project Officer to support the implementation of a range of *Indigenous Chronic Disease Package* (ICDP) measures relevant to the Aboriginal and Torres Strait Islander community controlled health sector; and

• **Telehealth Support Program** - to enhance Aboriginal and Torres Strait Islander people’s access to specialists through the provision of support for quality Telehealth facilitated patient consultations using videoconferencing facilities within Aboriginal and Torres Strait Islander community controlled health organisations.

While a culturally competent health system is critical, sustainable changes to address racism must be reinforced by broader systemic action across a range of settings.

The Australian Government is addressing racism through a number of initiatives, including the *National Anti-Racism Strategy*, which aims to promote a clear understanding in the Australian community of what racism is, and how it can be prevented and reduced.

In addition to these initiatives, in February 2013, the Australian Government announced funding for Reconciliation Australia of $14.4 million over four years from 2013-14 to promote reconciliation and build stronger relationships between Aboriginal and Torres Strait Islander and non-Indigenous Australians. In July 2012, the Australian Government also provided $10 million to Reconciliation Australia over two years to promote public awareness and community support for Aboriginal and Torres Strait Islander constitutional recognition. $1.3 million over two years will be provided to support the Joint Select Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples.

**HEALTH SYSTEM EFFECTIVENESS AND CLINICALLY APPROPRIATE CARE**

**PRIMARY HEALTH CARE**

Under the *National Health Reform Agreement* (August 2011), it was agreed that the Commonwealth and the states will work together on system-wide policy and state-wide planning for general practice and primary health care given their impact on the efficient use of hospitals and other state-funded services, and to support effective integration across Australian Government and state-funded health services.

In April 2013, the Australian Government and the states finalised the *National Primary Health Care Strategic Framework*. The Framework sets out agreed future policy directions and priority areas for primary health care including the following four strategic outcomes:

- build a consumer-focused integrated primary health care system;
- improve access and reduce inequity;
- increase the focus on prevention, screening and early intervention; and
- improve quality, safety, performance and accountability.

These strategic outcomes, which have particular relevance for vulnerable and hard to reach population groups including Aboriginal and Torres Strait Islander Australians, will be the focus of the bilateral plans for each state and territory, which will support the implementation of the Framework.

**IMPROVING ACCESS**

The ability to access health services, including the services of specialists and allied health professionals, is essential to improving health outcomes for Aboriginal and Torres Strait Islander people. A range of factors (both barriers
and enablers) affect Aboriginal and Torres Strait Islander people’s access to health care services including geography, cost, appropriate communication, the relationship between primary, secondary and tertiary health services (coordinated care), the availability of specialists and allied health professionals, varying levels of cultural competency across the health system, health workforce and transport.12

The Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) pathology program supports better management of diabetes in Aboriginal and Torres Strait Islander communities by enabling participating Aboriginal Medical Services and Aboriginal and Torres Strait Islander community controlled health organisations in predominantly rural and remote areas across Australia to provide culturally appropriate and clinically effective ‘point-of-care’ diabetes-related pathology testing on site.

The ICDP includes initiatives to provide financial incentives for accredited primary health care services to improve the quality of care including best practice management of chronic disease. The package also aims to increase access to essential follow-up services such as allied health, specialist care and PBS medicines.

As part of the ICDP, funding has been provided to Aboriginal and Torres Strait Islander community controlled health organisations and Medicare Locals to employ Aboriginal and Torres Strait Islander Outreach Workers (Outreach Workers). Outreach Workers will encourage and support Aboriginal and Torres Strait Islander people to access primary health care services and help ensure follow up treatment is accessed. This may include assisting people to travel to and from appointments. Indigenous Health Project Officer positions are also being funded to provide leadership in Aboriginal and Torres Strait Islander health issues within the Medicare Locals network and NACCHO and its affiliates, including increased awareness and understanding of the various Closing the Gap initiatives relevant to mainstream primary care.

The Practice Incentives Program - Indigenous Health Incentive supports general practices and Aboriginal and Torres Strait Islander community controlled health organisations to provide better health care for Aboriginal and Torres Strait Islander people, including best practice management of chronic disease. Incentives are offered for practices to: identify Aboriginal and Torres Strait Islander patients with chronic disease; undertake and review chronic disease management plans; and provide a target level of care.
Access to Pharmaceuticals

The Australian Government is committed to ensuring Aboriginal and Torres Strait Islander people have timely and affordable access to PBS medicines, as well as Quality Use of Medicines (QUM) and medication management support services. In recognition of this, a number of programs have been implemented in remote, urban and rural locations. The PBS also has a range of medicines that have been listed specifically to help with the health needs of Aboriginal and Torres Strait Islander people.

The Remote Section 100 Remote Area Aboriginal Health Service (RAAHS) Program is administered under Section 100 (s100) of the National Health Act 1953 and allows for the supply of PBS medicines to clients of eligible remote area Aboriginal and Torres Strait Islander community controlled health organisations at the time of medical consultation without the need for a normal prescription form, and without charge. The Program aims to address identified barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS.

The Section 100 Pharmacy Support Allowance financially supports visits by pharmacists to provide a range of targeted QUM and medication management support services to remote area Aboriginal and Torres Strait Islander community controlled health organisations who participate in the s100 RAAHS Program. The Program aims to assist in improving health outcomes for clients by supporting QUM at those services through pharmacist visits and advice.

The Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) Program is a QUM support initiative that aims to improve health outcomes for Aboriginal and Torres Strait Islander people. The focus of the QUMAX Program is to improve QUM through a range of support services provided to Aboriginal and Torres Strait Islander patients through participating Aboriginal and Torres Strait Islander community controlled health organisations and community pharmacies in rural and urban Australia. The QUM support services include Dose Administration Aids, QUM devices (e.g. asthma spacers), and QUM education to clients and staff of Aboriginal and Torres Strait Islander community controlled health organisations.

Addressing Geographic Barriers to Accessing Health Care

A range of projects have been funded under the Health and Hospitals Fund (HHF) to assist in closing the gap in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians. 21 of these projects, with a total value of well over $200 million, specifically target Aboriginal and Torres Strait Islander communities and there are a number of other projects that are expected to have a significant impact on improving health outcomes for Aboriginal and Torres Strait Islander people.

Regional Cancer Centres

The Australian Government is investing a total of $672 million in a national network of 25 regional cancer centre projects to help close the gap in cancer outcomes between the city and the country. This unprecedented investment will dramatically improve access to essential cancer care services for many people, including Aboriginal and Torres Strait Islander people. 11 of the 25 regional cancer centre projects are completed, or almost completed, and are operational. 13 projects are under construction, with six of these anticipated to be completed by 30 June 2014.
Transport
Aboriginal and Torres Strait Islander communities face various challenges in relation to transport. These challenges have a broader impact on social and economic circumstances, and specific impacts on access to health services particularly in regional and remote areas of Australia where patients may need to travel long distances to access care.

Aeromedical services can play a key role in delivering emergency care and transporting patients to hospitals in large regional centres and metropolitan areas. To support the delivery of these services, the Australian Government is providing $59.4 million from 2008-09 to 2014-15 to upgrade regional and remote aerodromes through the Regional Aviation Access Program. The Remote Aerodrome Upgrade Program, a funding component of the Regional Aviation Access Program, provides funding which will assist the owners of remote airstrips for capital works projects to improve the safety and accessibility of airstrips and facilitate the provision of non-commercial essential community air services. These airstrips support flights essential to remote communities such as those delivering fresh food and mail, transporting residents and emergency personnel, and the Royal Flying Doctor Service. The Australian Government also provides $1 million per annum through the Airservices Australia Enroute Charge Payment Scheme to assist aeromedical operators with the cost of operating in remote locations.

In addition, the Australian Government provides support for driver safety and road maintenance and upgrade programs in remote parts of Australia, to address the negative impacts of transport use, including motor vehicle accidents.

E-health and Telehealth
The development and implementation of e-Health, the electronic management of health information, will also support the delivery of safer, more efficient and higher quality health care, helping to address existing barriers such as information silos, geographic distance or health sector boundaries. E-Health includes the Personally Controlled Electronic Health Record (PCEHR), which enables those individuals who voluntarily register for a PCEHR, and their authorised health care providers, to access a summary of key health information online when and where required providing the individual with health care. This is particularly helpful for highly mobile individuals who seek health care from a range of different health care providers in different locations.

Telehealth is also improving access to specialist health care services for patients who live in regional, rural and remote areas. Instead of having to travel to the nearest major city to see a specialist, an increasing number of patients are using video-conferencing. Medicare-funded health services are available for video consultations with specialists and are also available to patients of eligible Aboriginal and Torres Strait Islander community controlled health organisations across Australia.

The National Partnership Agreement for Remote Indigenous Public Internet Access Training and Maintenance will provide support for Aboriginal and Torres Strait Islander communities to access government services online, in an effort to reduce geographical isolation and improve service access. The Australian Government will
be contributing $6.5 million over three years to 30 June 2016 to support the ongoing operation and maintenance of public internet facilities delivered under the original Agreement and deliver training to Aboriginal and Torres Strait Islander people in the use of online technologies. The Government provided funding for the Torres Strait Health Protection Strategy to enhance the health service capacity in the Torres Strait to protect communities from communicable diseases. This strategy includes building a clinic and staff accommodation on Saibai Island, increased service delivery, a mosquito control program and the employment of a communications officer. Additional funding is being provided for the period 2013-14 to 2016-17 to continue the mosquito control program and the communications officer role.

HEALTH LITERACY

Actions to improve health education and literacy are found across a range of related health activities such as health promotion and prevention, health protection, disease prevention, early intervention and management and health care maintenance. Health literacy is increasingly being recognised as an important component of safe and high quality health care. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has identified health literacy as a priority through a number of national policies, including:

- the Australian Safety and Quality Framework for Health Care, which identifies health literacy as a key action area;
- the National Safety and Quality Health Service (NSQHS) Standards, which implicitly refers to health literacy in nine of the ten Standards; and
- the Australian Safety and Quality Goals for Health Care, which includes partnerships with consumers as a goal and becoming a health literate organisation as a core outcome.

EVIDENCE-BASED PRACTICE

HEALTH SURVEYS

The results from the 2012-13 Aboriginal and Torres Strait Islander Health Survey will make a significant contribution to the monitoring and evaluation of the National Aboriginal and Torres Strait Islander Health Plan (Health Plan). This survey builds on the 2004/05 National Aboriginal and Torres Strait Islander Health Survey by introducing new data collections on food and nutrition and physical activity as well as a voluntary biomedical component that will provide objective measures of nutritional status and chronic disease risk factors. High-level results for the Aboriginal and Torres Strait Islander Health Survey are due to be released in September 2013 for COAG reporting purposes, with more detailed results released from June 2014. Future surveys will enable monitoring of changes in the health status of Aboriginal and Torres Strait Islander people and strengthen the monitoring and evaluation of the Health Plan.

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

Evidence is a valuable tool in making the argument for any policy. The most compelling evidence clearly articulates both challenges and opportunities, providing actionable guidance for policy and program development. As the Australian Government’s peak funding body for health and medical research, the National Health and Medical Research Council (NHMRC) invests in research through a variety of funding mechanisms including investigator-initiated research projects and clinical trials, broad programs of research, training awards for scholars and postdoctoral fellows, career research fellowships and special strategic research programs. The NHMRC is committed to supporting health and medical research and stated that on an annual basis, it will aim to commit at least five per cent of its total research budget to health and medical research involving Aboriginal and Torres Strait Islander people.
FOOTPRINTS IN TIME

The Longitudinal Study of Indigenous Children (LSIC) ‘Footprints in Time’ is conducted by the Department of Families, Housing, Community Services and Indigenous Affairs under the guidance of the Footprints in Time Steering Committee, chaired by Professor Mick Dodson AM. The study aims to improve the understanding of, and policy response to, the diverse circumstances faced by Aboriginal and Torres Strait Islander children, their families and communities.

COOPERATIVE RESEARCH CENTRE

The Australian Government is extending funding for the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), providing $25 million over five years from July 2014. The CRCATSIH, hosted by the Lowitja Institute, brings together the Aboriginal and Torres Strait Islander health sector, government health agencies and research institutions to ensure that research conducted into Aboriginal and Torres Strait Islander health is controlled by, and benefits, Aboriginal and Torres Strait Islander people.

CLOSING THE GAP CLEARINGHOUSE

The Closing the Gap Clearinghouse aims to build a cumulative evidence base for what works to close the gap in Aboriginal and Torres Strait Islander disadvantage. The Clearinghouse website provides access to the following evidence-based material:

- a general collection of research, evaluations and reports catalogued by the COAG building blocks (with over 4,600 items currently available);
- an assessed collection of selected research and evaluations (about 300 per year);
- Issues Papers reviewing the findings on what works on specific topics (2-3 per year); and
- Resource Sheets summarising the evidence on more narrowly defined topics and its applicability for specific policies and/or programs (around 10 per year).

Subject specialists are engaged to rigorously assess and summarise selected research and evaluations and rate the effectiveness of the particular activity or program. The Clearinghouse maintains an online register of research and evaluation projects across Australia relevant to Aboriginal and Torres Strait Islander outcomes (in progress or completed in the last three years). The focus of the Register is on projects commissioned or funded by the Australian Government.

INDIGENOUS IDENTIFICATION

On 1 February 2013, the Australian Bureau of Statistics (ABS) released an Information Paper: Perspectives on Aboriginal and Torres Strait Islander Identification in Selected Data Collection Contexts, 2012. The Paper explores factors that contribute to an individual’s decision to disclose their Indigenous status. The ABS plans to undertake further analytical work to understand the demographic and non-demographic factors contributing to changes in the Aboriginal and Torres Strait Islander population. It is anticipated that the first release of the analytical work will be in 2013.
MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING

The Australian Government is investing $2.2 billion over five years from 2011-12 to deliver National Mental Health Reform, including in prevention and primary care, and accountability and innovation in mental health services. This investment aims to ensure that people living with mental illness can access the care they need when they need it.

In December 2012 COAG endorsed the Roadmap for National Mental Health Reform 2012-22. The Roadmap outlines targeted strategies for Aboriginal and Torres Strait Islander people within six priority areas:

- promote person-centred approaches;
- improve the mental health and social and emotional wellbeing of all Australians;
- prevent mental illness;
- focus on early detection and intervention;
- improve access to high quality services and supports; and
- improve the social and economic participation of people with mental illness.

The Australian Government is working in partnership with state and territory governments and key stakeholders to develop a mental health system that values and promotes the importance of good mental health and wellbeing; maximises opportunities to prevent and reduce the impact of mental health issues and mental illness; and supports people with mental health issues and mental illness, their families and carers to live contributing, fulfilling lives.

In 2013-14, new governance and accountability arrangements will directly engage governments and stakeholders on furthering mental health reform. The COAG Working Group on Mental Health Reform (the COAG Working Group) will oversee a detailed program of work to ensure that mental health reform remains a priority across governments. The COAG Working Group is co-chaired by the Minister for Mental Health and Ageing and the Victorian Minister for Mental Health, and will be assisted by an Expert Reference Group chaired by the National Mental Health Commission.

The COAG Working Group will focus on activities that will improve access to mental health data; develop indicators that track the progress of national reform; set targets for as many indicators as possible, where supported by evidence; and develop a successor to the Fourth National Mental Health Plan by mid-2014 which will set out how the Roadmap will be implemented.

As part of the $2.2 billion investment, the 2011-12 Budget provided $200 million over five years (2011-12 to 2015-16) for a national funding pool to encourage states and territories to address known service gaps for people with a mental illness, particularly those affecting people with severe and debilitating mental illness. On 13 April 2012, COAG agreed to the National Partnership Agreement Supporting National Mental Health Reform as the vehicle to disseminate this funding.

Under the National Partnership Agreement, funding will be provided to states in the priority areas of:

- stable accommodation and support; and
- presentation, admission and discharge planning in emergency departments and major hospitals, and related support services.

This will help move Australia’s mental health system away from crisis-driven activity towards prevention, early intervention and care in the community. It will particularly benefit people with severe and persistent mental illness who are frequent users of emergency departments who need stable accommodation to keep well and break the cycle of hospitalisation and homelessness.

The first national whole-of-government strategy specifically addressing Aboriginal and Torres Strait Islander suicide is supported by $17.8 million in new funding over four years. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy focuses on early
intervention and building stronger communities to reduce the prevalence of suicide and the impact on individuals, their families and communities.

The Strategy identifies six broad action areas, which are:

- building strengths and capacity in Aboriginal and Torres Strait Islander communities;
- building strengths and resilience in individuals and families;
- targeted suicide prevention services;
- coordinating approaches to prevention;
- building the evidence base and disseminating information; and
- standards and quality in suicide prevention.

The National Suicide Prevention Program supports suicide prevention projects at both the national and local level. It also funds a range of universal programs as well as targeted programs for individuals and populations at higher risk of suicide. $9.4 million of the $49.4 million allocated over 2011-12 and 2012-13 is for projects targeting Aboriginal and Torres Strait Islander communities specifically. This is in addition to funding of $6 million from 2011-12 to 2014-15 provided through the Community Prevention for High Risk Groups Initiative of the Taking Action to Tackle Suicide package for suicide prevention activity specifically targeted at Aboriginal and Torres Strait Islander people.

Supporting a holistic view of health, the Australian Government is committed to, and investing in, initiatives to grow and support the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

The Department of Health and Ageing is leading the renewal of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social Emotional Wellbeing (2004-2009). The Framework will be an important document for governments and service providers to use in making decisions about how policies and practices to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples should be developed, including where funding should be spent, how services and policies should be prioritised and the standards that should be applied to services. The Framework needs to reflect the current knowledge and understanding of Aboriginal and Torres Strait Islander social and emotional wellbeing and the experiences of Aboriginal and Torres Strait Islander people.

In 2013-14, the Social and Emotional Wellbeing Program will continue to enhance existing counselling, family tracing and reunion services to Aboriginal and Torres Strait Islander communities, including members of the Stolen Generations, through the existing network of eight Link Up Services and staff in over 90 Aboriginal and Torres Strait Islander community controlled health organisations.

In addition, funding of $269.3 million over five years from 2011-12 is being provided through the Targeted Community Care (Mental Health) Program for new and expanded Personal Helpers and Mentors, additional Mental Health Respite: Carer Support services, and a further 40 Family Mental Health Support services. This includes funding for the delivery of specialist remote services that have a strong focus on cultural, mental and physical healing for Aboriginal and Torres Strait Islander people.

In the 2013-14 Budget, the Australian Government committed an additional $26.4 million, until 2017, to the Aboriginal and Torres Strait Islander Healing Foundation. Recognising the importance of existing frameworks for healing within Aboriginal and Torres Strait Islander communities, the Healing Foundation seeks to build the social and emotional wellbeing of Aboriginal and Torres Strait Islander people by funding culturally strong community healing programs. Members of the Stolen Generations are a particular focus for the work of the Foundation. The Healing Foundation also funds education and training programs to build the leadership and capacity of communities and workers to deal with trauma and its intergenerational impacts, in addition to funding research and evaluation projects to build the knowledge base on culturally appropriate healing models.
INVESTMENT IN KEEPING CULTURE STRONG ACROSS THE LIFESPAN

The Australian Government is committed to supporting Aboriginal and Torres Strait Islander people to keep their culture strong. Through its national cultural policy, Creative Australia, the Australian Government articulates the goal of recognising, respecting and celebrating the centrality of Aboriginal and Torres Strait Islander cultures to the uniqueness of Australian identity.

The Australian Government is continuing to support Aboriginal and Torres Strait Islander people’s culture through:

- **Indigenous Culture Support** funding, which will provide around $31.6 million over four years from 2013-14 to assist the continued development, maintenance and transmission of traditional culture and contemporary Aboriginal and Torres Strait Islander cultural expression;

- **Indigenous Languages Support** funding, which will provide around $54.2 million over four years from 2013-14 to address the serious condition of Australia’s Indigenous languages. This includes $11.98 million in new funding from 2013-14 for the development of innovative digital and multi-media language learning resources provided under the national cultural policy, Creative Australia. Indigenous languages funding is delivered in the context of the Australian Government’s **National Indigenous Languages Policy**, which is a commitment to help Aboriginal and Torres Strait Islander people to keep their languages alive and connect to their languages and culture; and

- the **Indigenous Repatriation Program**, which will provide around $5.7 million over four years from 2013-14 to facilitate the return of Aboriginal and Torres Strait Islander ancestral remains from overseas institutions and ancestral remains and secret sacred objects held in major Australian museums to their communities of origin, thereby addressing the injustice of Australia’s shared past as it relates to the removal of ancestral remains and secret sacred objects and empowering Aboriginal and Torres Strait Islander people to meet their cultural obligations.

The **Indigenous Broadcasting Program** supports Indigenous radio and media in metropolitan, regional and remote communities by providing assistance for operational expenses, content production, training and professional skills development. The program funds projects which contribute to the Australian Government’s **Closing the Gap** agenda through the broadcasting of key economic, education, employment, environmental, health, emergency services and other community services information. The main objectives of the **Indigenous Broadcasting Program** are to help Aboriginal and Torres Strait Islander broadcasters become stronger and build a more sustainable Aboriginal and Torres Strait Islander broadcasting sector. In 2013–14, $15.8 million will be made available in funding to administer the **Indigenous Broadcasting Program**.
SUBSTANCE MISUSE

The National Drug Strategy, a cooperative venture between Australian, state and territory governments and the non-government sector, is aimed at improving health, social and economic outcomes for Australians by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in our society.

A National Aboriginal and Torres Strait Islander Peoples Drug Strategy (NATSIPDS) (a sub-strategy to the National Drug Strategy) is currently being developed, with the National Indigenous Drug and Alcohol Committee (NIDAC) undertaking consultations in six locations in Australia to inform the development of the NATSIPDS. The consultations being conducted by NIDAC will build on work that has been undertaken by the NATSIPDS Working Group and feedback from the evaluation of the National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan and the Yarning Circle, conducted at the 2nd National Indigenous Drug and Alcohol Conference held in Fremantle, Western Australia in June 2012.

The Australian Government also supports investment in programs through the Substance Misuse Service Delivery Grants Fund. In 2013-14, $75 million will be directed to assisting Aboriginal and Torres Strait Islander communities to provide service delivery or to support services focusing on Aboriginal and Torres Strait Islander people.

The Petrol Sniffing Strategy is a whole-of-government initiative that aims to reduce the incidence and impact of petrol sniffing and substance misuse in remote communities across Western Australia, Queensland, Northern Territory and South Australia. A dramatic reduction in petrol sniffing has been achieved under the strategy, primarily through the rollout of low aromatic fuel and the introduction of additional youth services. The Australian Government is providing $113.3 million over five years from 2011-12 to support the rollout of low aromatic fuel. Complementary projects including youth activities will support the rollout.

A dramatic reduction in petrol sniffing has been achieved under the Strategy, primarily through the rollout of low aromatic fuel and the introduction of additional youth services.

$20 million over three years from 2011-12 will assist a number of communities in remote, regional or urban areas address alcohol and substance misuse issues through the Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities Program. Though this program, communities are supported to work with government and non-government organisations at a local level to develop a Community Alcohol and Substance Abuse Management Plan and provide prevention programs to tackle youth substance abuse.

In the Northern Territory, through the Stronger Futures in the Northern Territory package, $75.6 million has been provided to support communities to develop and implement alcohol management plans and $13.7 million has been provided to continue investment in the Alice Springs Transformation Plan for a range of projects that include alcohol treatment, school enrolment and attendance, safety and wellbeing of women and children, parenting skills education and support for at-risk tenants.
HUMAN AND COMMUNITY CAPABILITY

BUILDING BLOCK

Governance and Leadership

Strong leadership is needed to champion and demonstrate ownership of reform. Effective governance arrangements in communities and organisations as well as strong engagement by governments at all levels are essential to long term sustainable outcomes. Indigenous people need to be engaged in the development of reforms that will impact on them. Improved access to capacity building in governance and leadership is needed in order for Indigenous people to play a greater role in exercising their rights and responsibilities as citizens.13

The National Partnership Agreement on Remote Service Delivery is a commitment from Australian, state and territory governments to improve the level of governance and leadership within Aboriginal and Torres Strait Islander communities and community organisations.

Through the National Partnership Agreement on Remote Service Delivery, the Australian Government, relevant states and the Northern Territory are investing $291.2 million from 2009-10 to 2013-14, to change the way they work with Aboriginal and Torres Strait Islander people across a number of priority communities. The Agreement also aims to achieve better coordinated government services, improve families’ access to a range of government services and to raise these services to the standard provided to other Australians living in communities of similar size and location.

The National Partnership Agreement is being implemented through Local Implementation Plans (LIPs). The objective of LIPs is to reflect service delivery priorities agreed between community groups and governments, as well as non-government and private sector organisations, in a way that is consistent with the COAG targets. LIPs are overseen by the Coordinator General for Remote Service Delivery, who reports twice a year.

There are a range of programs designed to improve governance and leadership funded by the Australian Government, such as the Indigenous Leadership Program, which encourages participants to continue their journey in becoming inspiring and effective leaders who will make a positive difference to the lives of Aboriginal and Torres Strait Islander people.

HEALTH WORKFORCE

In recognition of the importance to health outcomes of Aboriginal and Torres Strait Islander people’s involvement in the delivery of health services, the Australian Government is supporting the growth and retention of the Aboriginal and Torres Strait Islander health workforce.

The Australian Government’s effort is guided by the overarching National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011-2015), and implemented through programs that provide education, training, mentoring, support and scholarships. Its target is to achieve 2.6 per cent of the Australian health workforce being Aboriginal or Torres Strait Islander by 2015. This was endorsed by the Australian Health Ministers’ Advisory Council (AHMAC) in February 2011. All states and territories and NACCHO have developed their strategic frameworks and action plans based on the Strategic Framework. The document was developed by the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG). Each jurisdiction, NACCHO and the peak Aboriginal and Torres Strait Islander health groups regularly report against Key Performance Indicators at ATSIHWWG meetings. The 2.6 per cent target is also in line with the COAG agreed target.

There are a range of targeted Australian Government programs assisting in the support of the Strategic Framework. These are aimed at increasing and developing the Aboriginal and Torres Strait Islander health workforce and are administered and/or delivered by a range
of organisations including Health Workforce Australia, peak organisations and networks, and the VET sector.

Specific programs include:

- the *National Aboriginal and Torres Strait Islander Health Workforce Training Package*, which provides funding to:
  - the Australian Indigenous Doctors’ Association;
  - the National Aboriginal and Torres Strait Islander Health Worker Association;
  - Indigenous Allied Health Australia;
  - the Congress of Aboriginal and Torres Strait Islander Nurses;
  - the Workforce Information Policy Officers Network;
  - the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network; and
  - the Leaders in Indigenous Medical Education Network.
- the *Puggy Hunter Memorial Scholarship Scheme*;
- the *Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme and Pharmacy Assistant Training Scheme*;
- the *Indigenous Transition Pathways to Medicine Program*;
- measures under the ICDP; and
- the *Indigenous Public Health Capacity Building Project* which delivers a mainstream Masters of Public Policy Program, tailored specifically for Aboriginal and Torres Strait Islander students nationally.

On 24 May 2013, the *Mason Review of Australian Government Health Workforce Programs* was released. The Review makes 87 recommendations covering Australian Government programs that target the medical, dental, allied health, nursing and midwifery and Aboriginal and Torres Strait Islander health workforces. Current rural and workforce classification systems were considered as part of the review, including the Australian Standard Geographical Classification – Remoteness Areas and Districts of Workforce Shortage systems. The Review provides an overview of the current status of the Aboriginal and Torres Strait Islander health workforce and Australian Government health workforce programs that are intended to strengthen Aboriginal and Torres Strait Islander health workforce capacity and improve the ability of the broader health workforce to address the needs of Aboriginal and Torres Strait Islander people.
INVESTMENTS TO IMPROVE OUTCOMES ACROSS THE LIFE COURSE

BROADER HEALTH ACROSS THE LIFE COURSE

DISABILITY

Aboriginal and Torres Strait Islander people have a significantly higher rate of disability compared to non-Indigenous people, due to increased rates of risk factors such as low birth weight, chronic disease, infectious diseases (e.g. otitis media), accidents and violence. This is compounded by barriers to accessing support as mainstream disability services may not be culturally appropriate or accessible. Remoteness is also a significant barrier to accessing appropriate services for some Aboriginal and Torres Strait Islander people. With limited access to early treatment programs and rehabilitation services, the risk of acquiring disability increases.

The National Disability Strategy 2010-2020 (NDS), a ten-year policy reform framework endorsed by COAG in February 2011, acknowledges the multiple layers of disadvantage experienced by Aboriginal and Torres Strait Islander people with disability. It recognises and aligns itself to COAG’s Closing the Gap agenda and calls on policy makers and service providers to engage effectively with Aboriginal and Torres Strait Islander people with disability to better understand and respond to their needs. This objective is demonstrated in the development of DisabilityCare Australia which is one of many important reforms being pursued under the NDS.

The Australian Government will invest $19.3 billion over seven years from 2012-2013 to roll out DisabilityCare Australia, the National Disability Insurance Scheme. This investment contributes to the cost of individual care and support packages, administration of the national scheme and other supports for people with disability, their carers and families. Under DisabilityCare Australia’s Sector Development Fund, the First People’s Disability Network Australia will be provided $900,000 over three years to provide services to assist Aboriginal and Torres Strait Islander people to benefit from DisabilityCare Australia.

DisabilityCare Australia will be working with all jurisdictions to ensure improved support for people with disability, their family and carers, and to deliver the first stage of DisabilityCare. The first stage commenced in July 2013 in launch sites in South Australia, Tasmania, the Hunter in New South Wales and the Barwon area of Victoria providing care and support for thousands of people with significant and permanent disabilities. Launch sites in the ACT and the Barkly region of the Northern Territory will commence in July 2014.

DisabilityCare Australia is looking to ensure that the scheme is able to meet the specific needs of Aboriginal and Torres Strait Islander people, and will be:

• working with local communities to understand the best ways that Aboriginal and Torres Strait Islander people with disability can get the supports that they need;
• building relationships with Aboriginal and Torres Strait Islander communities through trusted intermediaries;
• training Local Area Coordinators and planners in the best ways to work with Aboriginal and Torres Strait Islander people with disability, their families, carers and communities;
• ensuring that Aboriginal and Torres Strait Islander people with disability and their
families, carers and communities are aware of DisabilityCare Australia and the supports available under the scheme;

• looking at ways to make sure the supports that an Aboriginal and/or Torres Strait Islander person with a disability receives make a difference to their life; and

• gathering information about how supports assist a person to help the scheme to work properly.

DisabilityCare Australia is also seeking to employ Aboriginal and Torres Strait Islander planners and local area coordinators wherever possible, and is engaging at a local level with Aboriginal and Torres Strait Islander organisations. Also, DisabilityCare Australia is developing cultural training packages for its staff as well as developing information about the scheme for Aboriginal and Torres Strait Islander people using culturally appropriate methods, including outreach and interpreters.

On 16 May 2013, the Minister for Families, Community Services and Indigenous Affairs and Minister for Disability Reform, the Hon Jenny Macklin MP announced a proposed new target to concentrate efforts on closing the gap for Aboriginal and Torres Strait Islander people with disability and ensure they are not left behind in the implementation of DisabilityCare Australia.

To assist jurisdictions to integrate appropriate principles into their service access and planning frameworks to increase Aboriginal and Torres Strait Islander peoples’ access to disability services, a National Indigenous Access Framework has been developed under the National Disability Agreement. The Framework aims to ensure that the needs of Aboriginal and Torres Strait Islander people with disability are addressed through accessible and appropriate service delivery arrangements.

The National Carer Strategy contains a vision, an aim and six important priority areas for action: recognition and respect; information and access; economic security; services for carers; education and training; and health and wellbeing. Collectively, these priority areas outline how the contribution of Australia’s carers will be better valued, supported and shared. The National Carer Strategy Action Plan (2011-2014) sets out tangible short-term actions with scorecards to measure success against each of the Strategy’s six priority areas. Many of these actions are designed to make sure that broader reform agendas consider and support the crucial role of carers in the care and support system.

NUTRITION

The Australian Government will lead the development of a National Nutrition Policy with input from state and territory governments. In developing the overarching framework for a National Nutrition Policy, public health and industry stakeholders and nutrition experts will be engaged to ensure objectives are practical and achievable and meet the needs of the Australian population now and in the future. The National Nutrition Policy will consider how vulnerable groups and Aboriginal and Torres Strait Islander nutrition can be better addressed. It is anticipated that development of the National Nutrition Policy will be completed in 2014.

The Australian Government has developed Australia’s first ever National Food Plan to help ensure that the government’s food policy settings are right for Australia over the short, medium and long term. The Australian Government’s National Food Plan is a roadmap that sets the direction for government policy on food into the future. The National Food Plan is underpinned by the four key themes of ‘growing exports’, ‘a thriving industry’, ‘people’ and ‘sustainability’ and contains 16 goals, including a goal which states that by 2025 “Australia will have built on its high
level of food security by continuing to improve access to safe and nutritious food for those living in remote communities or struggling with disadvantage”. The National Food Plan identifies several pathways to achieve this goal, including a plan to review the National Strategy for Food Security in Remote Indigenous Communities and implement any changes arising.

The issue of health and nutrition is significant and therefore requires a specific, strong and multifaceted focus separate from, but complementary to, the National Food Plan.

The Australian Government is investing in improving the affordability, quality and availability of healthy foods to reduce the diet-related burden of disease for Aboriginal and Torres Strait Islander people in remote Australia. Along with a range of targeted nutrition and health activities and initiatives, for example social marketing initiatives to address poor nutrition and inactivity, the Australian Government is providing $40.8 million over 10 years through Stronger Futures in the Northern Territory, to continue the licensing of stores in the Northern Territory. This investment will expand the scheme to include more stores and provide more support to help stores stay open to service local people to continue to improve the availability of fresh and healthy food in these locations.

In addition, the Aboriginals Benefit Account has provided $55.8 million to upgrade and construct new stores and store managers’ housing in 18 communities throughout the Northern Territory. Participating stores are currently owned by, or in the process of transferring ownership to, licenced Indigenous corporations. Work commenced in 2012 and is expected to continue through to 2015.

DENTAL HEALTH

Under the 2012-13 Budget, $344 million of administered funds was allocated for a National Partnership Agreement on Treating More Public Dental Patients with the states and territories to alleviate pressure on public dental waiting lists. The funding will be used to provide additional dental services for up to 400,000 public dental patients estimated to be on waiting lists. This program has a particular focus on Aboriginal and Torres Strait Islander patients, patients at high risk of, or from, major oral health problems and those from rural areas.

On 29 August 2012, the Minister for Health, the Hon Tanya Plibersek MP, announced a package of dental reforms that targeted specific areas of the population most in need of dental care. The package includes:

- $2.7 billion for Grow Up Smiling, a children’s dental scheme that will commence on 1 January 2014 for 2-17 year olds who receive, or whose family receives, a range of government payments including Fringe Benefits Tax-A and ABSTUDY;
- $1.3 billion for states and territories from 1 July 2014 to expand services for adults in the public system; and
- a $225 million Flexible Grants Program commencing in 2014 to provide dental infrastructure (both capital and workforce) in outer metropolitan, rural and regional areas.
MATERNAL HEALTH AND PARENTING

The Australian Government is committed to improving the health of Aboriginal and Torres Strait Islander mothers and children. In particular, the Government is focused on addressing low birth weights for babies, improving rates of childhood immunisation and encouraging more women to adopt healthy lifestyle behaviours before, during and after pregnancy.

The 2009 National Partnership Agreement on Indigenous Early Childhood Development provided $564 million over six years to 30 June 2014, to improve outcomes for Aboriginal and Torres Strait Islander children in their early years. The Australian Government’s contribution to this National Partnership Agreement through the Health and Ageing portfolio consists of $107 million for Element Two (Antenatal Care, Pre-pregnancy and Teenage Sexual and Reproductive Health) and up to $34 million per annum for Element Three (Increase Access to and Use of Maternal and Child Health Services by Indigenous Families, also known as the New Directions Mothers and Babies Services program).

The Australian Government will provide ongoing support for the following Aboriginal and Torres Strait Islander health programs:

- **New Directions: Mothers and Babies Services** - $145.7 million over four years from 2013-14 to provide Aboriginal and Torres Strait Islander families with young children access to antenatal care; information about baby care, including practical advice and assistance with breastfeeding, nutrition and parenting; monitoring of developmental milestones; immunisation services; and health checks for Aboriginal and Torres Strait Islander children before starting school.

- **Healthy for Life** - $191.8 million over four years from 2013-14 to provide Aboriginal and Torres Strait Islander mothers and their children with support in making healthy lifestyle choices.

The Australian Government is providing $24.3 million in 2013-14 to states and territories under the National Partnership Agreement on Indigenous Early Childhood Development, to increase access to and use of antenatal care by young Aboriginal and Torres Strait Islander mothers and support young people to make informed decisions about their sexual and reproductive health. The Agreement also aims to increase access to maternal and child health services by young Aboriginal and Torres Strait Islander people.

The **Australian Nurse Family Partnership Program** (ANFPP) ($32.4 million over four years from 2013-14) is an evidence-based program that aims to improve pregnancy outcomes by helping women engage in good preventive health practices, support mothers to improve their child’s health and development, and help parents develop a vision for their own future including continuing education and finding work. The ANFPP is currently at three sites. These are:

- Wuchopperen Health Service – Cairns;
- Central Australian Aboriginal Congress – Alice Springs; and
- Wellington Aboriginal Corporation Health Service – Wellington.

**Strong Fathers Strong Families** aims to increase access for Aboriginal and Torres Strait Islander males to culturally appropriate health services and antenatal, parenting and other related programs and health messages; help to improve Aboriginal and Torres Strait Islander males’ ability to contribute positively to the health and wellbeing of the mother’s pregnancy and a nurturing and supporting family environment; and support the development needs of children by encouraging fathers, uncles and grandfathers to be healthy role models and engage fully in the child’s life as early as possible, within the context of local community needs and cultural practices.
The National Maternity Services Plan recognises the existing health gap between Aboriginal and Torres Strait Islander and non-Indigenous populations and the important role maternity care can have in addressing this gap. The Plan considers cultural practices in care, and birthing on country. In 2013-14 the National Antenatal Care Guidelines will be completed and made available to health professionals. The Guidelines are being informed by advice from a working group with expertise in Aboriginal and Torres Strait Islander women’s antenatal care. The completed guidelines will help health professionals to provide evidence-based and culturally appropriate health services to Aboriginal and Torres Strait Islander women throughout pregnancy.

Under the National Tobacco Campaign – More Targeted Approach, the Australian Government launched a new campaign ‘Quit for You, Quit for Two’. The campaign targets pregnant women, and those planning on becoming pregnant and their partners who smoke from socially disadvantaged, Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities. The campaign comprised two television, print and digital commercials, a radio advertisement and an iPhone and Android app.

**CHILDHOOD HEALTH AND DEVELOPMENT**

Family-centred primary health care takes a life course approach, which, without neglecting adult health, focuses attention on child development, specifically early life resilience and advantages. This approach moves beyond providing care and support to an individual, as it sees the individual embedded in a family - with services provided on that basis. This approach attempts to draw areas normally considered only as part of the social determinants of health background, for example education and family welfare, into the foreground of primary health care practice. This approach is reflected in initiatives such as the National Early Childhood Development Strategy which was endorsed by COAG on 2 July 2009. The Strategy includes existing commitments, areas for immediate action within current resources, and future areas for reform across the health, community and education domains.

The National Early Childhood Development Strategy provides the framework for government and community response to achieve the vision that, by 2020, all children have the best start in life to create a better future for themselves and for the nation. The Strategy identifies the outcomes that all governments are seeking to achieve for children by 2020, and captures existing commitments, areas for immediate action and future areas for reform, including support for vulnerable children, strengthening the workforce across early childhood development and building better information and a solid evidence base.

The Australian Government is investing $333.5 million, over three years, from 2011 to 2014, to provide whole-of-community, locally tailored prevention and early intervention services to increase child safety and wellbeing in disadvantaged communities throughout Australia, through the Communities for Children Program. This investment includes $91.3 million for an Indigenous Parenting Services component, which provides funding for services such as parenting support programs,
supported playgroups and home visiting services
to address known risk factors that impact on
the parenting capacity of families. $99 million
over ten years (to 2022) is being provided for
Intensive Family Support Services which will
provide continuing practical parenting support
in up to 23 locations for families with children
at risk of entering the child protection system.
This program will be implemented in 15 remote
Northern Territory communities in three phases.
The first five communities to implement the
Stronger Communities for Children Program
from July 2013 are Ngukurr, Santa Teresa,
Ntaria (Hermannsburg), Wadeye and Galiwinku.
The next five communities to implement the
Program, currently scheduled from July 2014,
are Gunbalanya, Lajamanu, Maningrida, Utopia
Homelands and Engawala.

Under the National Partnership Agreement
on Indigenous Early Childhood Development,
38 Children and Family Centres are being
established across Australia. The centres
are concentrated in areas where there is
demonstrated need, high disadvantage and a
high proportion of Aboriginal and Torres Strait
Islander children under five years of age. These
centres will provide a range of services, including
child care and early learning for children and
support for parents and families.

Participation in quality services helps very young
children and their parents to establish learning
and attendance habits which can be a strong
basis for success in schooling and later in life.
The Australian Government committed
$55.7 million from the 2012-13 Budget to
continue the Home Interaction Program for
Parents and Youngsters (HIPPY) in the existing
50 locations and expand the program to an
additional 50 locations, with an emphasis on
Aboriginal and Torres Strait Islander communities,
with 25 new locations commencing in early 2014
and the remaining 25 commencing in early 2015.
HIPPY is a two year home-based parenting
and early childhood enrichment program that
empowers parents and carers to be their child’s
first teacher. The program builds the confidence
and skills of parents and carers to create a

positive learning environment to prepare their
child for school.

‘Get Up and Grow’: Healthy Eating and Physical
Activity Guidelines for Aboriginal and Torres
Strait Islander Early Childhood Settings provides
practical information and advice on nutrition and
physical activity to promote healthy behaviours
in children aged 0-5 years attending early
childhood services. These resources have been
developed to meet the needs of Aboriginal
and Torres Strait Islander early childhood
education staff, parents and carers nationally
and help support a consistent national approach
to healthy eating and physical activity. The
resources are based on three key national
healthy documents:

• the Infant Feeding Guidelines (2012) and the
  Australian Dietary Guidelines (2013) which form
  the basis for nutrition policy in Australia;

• the National Physical Activity
  Recommendations for Children 0 to 5 Years,
  which has been developed to guide policy and
  practice around physical activity for young
  children; and

• the National Quality Framework which applies
to long day care, family day care, preschool
(or kindergarten) and outside school hours
care services. The National Quality Framework
aims to raise quality and drive continuous
improvement and consistency in education
and care services.
The Australian Government administers a number of immunisation programs for Aboriginal and Torres Strait Islander people through the National Immunisation Program (NIP) and the National Indigenous Pneumococcal and Influenza Immunisation (NIPII) Program. The NIP aims to increase national immunisation rates by funding free vaccination programs. Aboriginal and Torres Strait Islander children living in some states and territories also have access to a Hepatitis A vaccine. The national school-based Human Papillomavirus (HPV) Vaccination Program, provided through the NIP, has been extended to include males. From February 2013, males and females aged 12-13 years will receive the HPV vaccine at school. Males aged 14-15 years will also receive the vaccine as part of a catch-up program until the end of the 2014 school year.

The Australian Government’s Hearing Services Program provides tertiary hearing services, including hearing assessments and devices (if required), to eligible Aboriginal and Torres Strait Islander people through the Community Service Obligations (CSO). In addition to the eligibility categories that apply generally, Aboriginal and Torres Strait Islander people who are eligible for the Program include those:

- under 26 years of age; or
- over 50 years of age; or
- who participate in specified employment projects.

CSO services are delivered by the Australian Government hearing services provider, Australian Hearing, through around 115 permanent hearing centres, 350 visiting sites and 220 Aboriginal and Torres Strait Islander outreach sites nationally. These services include the Australian Hearing Specialist Program for Indigenous Australians (AHSPIA), which provides for the delivery of services through culturally appropriate outreach locations, including 100 Aboriginal and Torres Strait Islander community controlled health organisations in urban, rural and remote areas of Australia. AHSPIA services are collaboratively negotiated with individual communities to meet the needs of community members. In most cases the agreed services are documented in service agreements between Australian Hearing and the community.

The 2013-14 Budget committed approximately $66 million over four years for the Closing the Gap - Improving Eye and Ear Health Services for Indigenous Australians measure. The ear health component of this package will continue to support primary health care services to better manage ear disease through:

- training of Aboriginal and Torres Strait Islander Health Workers and other primary health care providers;
- provision of ear and hearing screening equipment;
- implementation of up-to-date clinical care guidelines; and
- ear health promotion resources for parents, carers and health professionals.

Funding has also been provided to states and territories for additional ear health services.

Eye health funds maintain the focus on eliminating trachoma (an infectious eye disease that can lead to blindness), expansion of visiting optometry services, and eye surgery.
ADOLESCENT AND YOUTH HEALTH

Aboriginal and Torres Strait Islander young people currently experience higher rates of poor health across a range of health areas, and are three times more likely to report high levels of psychological distress as non-Indigenous young people.15 Young people in this age group tend to be low users of primary health care services. It is important to find ways to engage young Aboriginal and Torres Strait Islander people and encourage positive life choices to improve wellbeing, as this age group has the best opportunity to set up a healthy adulthood. In particular, it is important to work with young people on preventive health and wellbeing, including encouraging them to use appropriate services, while ensuring that services available to them are accessible and confidential.

Through the $2.2 billion Mental Health Reform package, an additional $197.3 million over five years from 2011-12 has been provided to expand youth-focused mental health services through the headspace program. The headspace model provides a service platform for holistic care in mental health, related physical health, alcohol and other drug use, and social and vocational support. As a mainstream service, headspace is ensuring the delivery of culturally appropriate services through an Aboriginal and Torres Strait Islander Strategy Management Committee which provides expert and high level strategic advice on effective mechanisms to engage and meet the needs of Aboriginal and Torres Strait Islander young people. Strong engagement is being achieved with over six per cent of all young people seen by headspace centres identifying as being of Aboriginal and Torres Strait Islander descent.

There are a range of protective factors (positive moderators of risk or adversity) for this age group that have the potential to encourage resilience and increase self-care and self-esteem, including participation in community events, attending or re-engaging with school, contributing to community wellbeing and engaging in cultural activities. The Australian Government is investing over $100 million over the next decade to 2022 in the Youth in Communities Program, a major youth initiative that is helping thousands of young Aboriginal and Torres Strait Islander people in the Northern Territory become more engaged with school, work and community life. The Youth in Communities Program supports local diversionary activities in remote communities for Aboriginal and Torres Strait Islander youth aged 10-20 years, particularly those at risk of substance abuse, suicide or self-harm, entering the justice system and disengagement from education, training, employment and community.

HEALTHY ADULTS

There are a range of health risk factors that contribute to the burden of disease experienced by the Aboriginal and Torres Strait Islander population. These health risk factors impact on the onset, maintenance and prognosis of a variety of chronic diseases. Premature mortality from chronic disease, such as circulatory disease, cancer, diabetes and respiratory diseases is a major concern for this age group.16 Chronic disease prevention and management programs are vital to address the earlier onset of chronic kidney disease, diabetes, and cardiovascular disease that Aboriginal and Torres Strait Islander people experience in their 20s, 30s, 40s, and 50s.

The COAG National Partnership Agreement on Preventive Health (NPAPH) is providing up to $932.7 million over nine years from 2009-10 to address the rising prevalence of lifestyle-related chronic disease through the promotion of healthy behaviours in communities, early childhood education and care environments, schools and workplaces.
The NPAPH also supports infrastructure required to monitor and evaluate the progress of interventions, including the establishment of the Australian National Preventive Health Agency. The Agency assists all governments to support people to adopt and maintain healthy lifestyle choices, educate all Australians about the risks of chronic disease, and address obesity, tobacco and alcohol use.

The ICDP, the Australian Government contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, has three main elements:

- tackling chronic disease risk factors;
- improving chronic disease management and follow-up care; and
- workforce expansion and support.

Through these elements, the ICDP provides significant funding for preventive health focusing on Aboriginal and Torres Strait Islander individuals, families and communities. It also provides support and funding for more coordinated and patient-focused primary health care, both in Aboriginal and Torres Strait Islander community controlled health organisations and mainstream primary health care and general practices. This will ensure that Aboriginal and Torres Strait Islander people, regardless of where they live, will receive high quality and culturally secure medical care.

The National Tobacco Strategy 2012-2018, developed as part of the National Drug Strategy, prioritises action to protect public health policies from tobacco industry interference, eliminate the remaining advertising, promotion and sponsorship of tobacco products, and reduce the affordability of tobacco products. The goal of the Strategy is to improve the health of all Australians by reducing the prevalence of smoking and its associated health, social and economic costs, and the inequalities it causes. It also details objectives and targets for tobacco control until 2018 and sets out nine priority areas for action, including a priority action to “bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people.”
HEALTHY AGEING

Aged Care

The Living Longer Living Better, aged care reform package was announced on 20 April 2012. The package involves a comprehensive ten year plan to reshape aged care, and will provide $3.7 billion over five years to build a better, fairer and more nationally consistent aged care system.

There are two Indigenous-related measures under Living Longer, Living Better:

• the continuation of previous budget measures to become an ongoing part of the viability supplement to providers, (a viability supplement is currently paid to eligible providers operating in regional, rural and remote areas as well as those that care for specific groups of highly vulnerable older Australians, including Aboriginal and Torres Strait Islander people and older people who are homeless or at risk of being homeless). These measures are:
  > a 40 per cent increase in the level of the viability supplement;
  > additional funding for aged care homes in very remote to moderately accessible locations that target low care;
  > continue existing funding for eligible aged care homes that provide specialist aged care services to Aboriginal and Torres Strait Islander people;
  > continue existing funding for eligible aged care homes that provide specialist aged care services to people with a history of (or who may be at severe risk of) homelessness.

• the expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. This measure will result in the establishment of new residential aged care services in areas of high need, including in the Northern Territory at Mutiljulu (Central Australia) and Nhulunbuy (East Arnhem Land). The expansion will see around 200 additional aged care places being made available for Aboriginal and Torres Strait Islander people located in remote communities.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program, established in 1994, seeks to:

> provide quality, flexible, culturally appropriate aged care services to older Aboriginal and Torres Strait Islander people close to their home and community;
> enable these communities to provide a range of services which are able to respond to the individual needs of older people within the community;
> develop financially viable, efficient, and coordinated services, outside the existing conventional program structures; and
> facilitate community involvement in the care of their older people through the management of the service.
PALLIATIVE CARE

The Australian Government currently supports culturally appropriate training and education in palliative care and end of life issues for health care workers providing services for Aboriginal and Torres Strait Islander people through funding various national palliative care projects including:

- the Guidelines for a Palliative Approach in Residential Aged Care and its companion document, the Guidelines for a Palliative Approach for Aged Care in the Community Setting, aim to provide support and guidance for the delivery of a palliative approach in residential and community aged care across Australia. Both Guidelines include principles and strategies to support palliative care which is culturally appropriate to Aboriginal and Torres Strait Islander people;

- the Australian Palliative Care Knowledge Network (CareSearch) is an interactive website that includes a searchable database of palliative care literature and online forums that allow groups to share research, reports and information. The website provides information resources for researchers and palliative care specialists, along with information for patients and their families, carers, general practitioners, other health care professionals and the general public. The information includes practice principles and educational resources to support health providers in providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander people;

- the Palliative Care Curriculum for Undergraduates (PCC4U) is developing and promoting the use of palliative care educational resources in all health-related undergraduate and entry to practice courses. The PCC4U suite of modules includes one entitled Caring for Aboriginal People with Life Limiting Conditions. The module is intended to develop the knowledge and skills needed to provide quality care to Aboriginal and Torres Strait Islander people with life limiting illnesses and their families across a variety of settings;

- the Program of Experience in the Palliative Approach (PEPA) provides a work placement training program for health professionals through clinical placements in specialist palliative care services or interactive workshops. PEPA has a dedicated sub-program for Aboriginal and Torres Strait Islander health workers underpinned by the principle of cultural respect. This sub-program has been developed in consultation with representatives from Aboriginal and Torres Strait Islander health, policy and education sectors and is customised to local needs within each state and territory; and

- the Respecting Patient Choices (RPC) project to develop a national program for advance care planning promotion and capacity building that can be implemented across Australia. RPC is currently developing targeted advance care planning approaches for people from Aboriginal and Torres Strait Islander communities.
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