



Australian Government
Department of Health

National Aboriginal and Torres Strait Islander Health Plan

2021–2031



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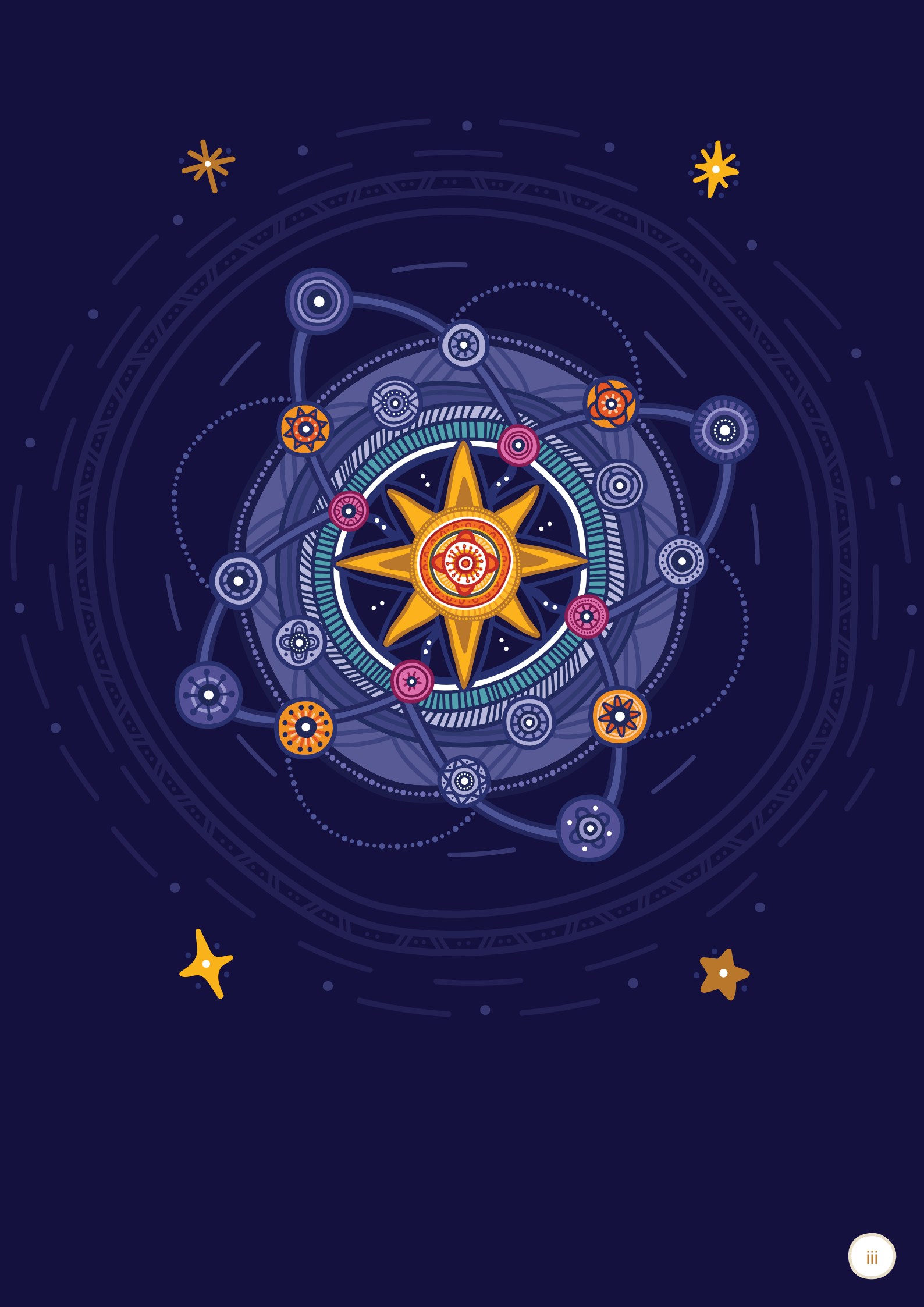
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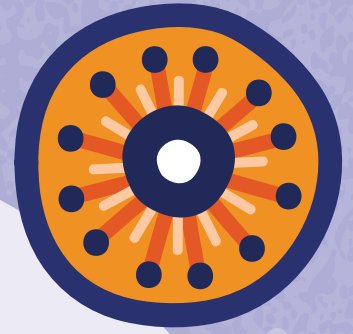
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Health Plan Artwork

Artwork created by Tarni O'Shea (South Sea Islands / Butchulla) and Gilimbaa.

Gilimbaa is a 100 per cent Indigenous owned, full-service creative agency specialising in Indigenous communication through the education, preservation and celebration of culture and community.

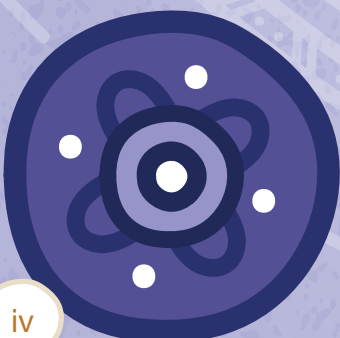
Artwork Story

For thousands of years, Aboriginal and Torres Strait Islander peoples have looked to the stars for navigation and storytelling. The darkest parts of our night sky are full of the brightest stars, and just like the stars in the sky, we are all in this story. Always present, we acknowledge the past and the knowledge that has guided us here today.

This artwork is our collective story. At the heart of our star are cultural determinants and social determinants, which are central to the health and wellbeing of Aboriginal and Torres Strait Islander people. When these are embedded, they flow through healthy individuals, families and communities. The large circle surrounding this community represents each stage of life.

Supporting the health and wellbeing of our star is a shared responsibility of all departments, organisations and community services. Through building relationships with truth, respect, trust and understanding, we develop stronger partnerships. When we are all aligned and working together, the star is ignited, creating a vibrant glow.

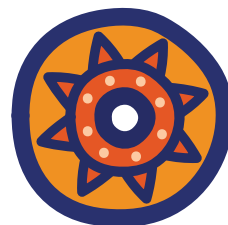
The vibrant and shining star becomes our purpose. When we work together with shared knowledge and support, the star shines bright, illuminating the way forward through leadership and decision-making. When the star is at its most vibrant, our communities are healthy, connected and supported, enabling all Aboriginal and Torres Strait Islander people to enjoy long and healthy lives.





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Recognition statement

We acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters on which we all work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices, languages and connection to Country. We thank the Aboriginal and Torres Strait Islander people who contributed to developing the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and recognise the continued leadership of Aboriginal and Torres Strait Islander people in driving health equity.

The strengths of Aboriginal and Torres Strait Islander cultures have continued to evolve and thrive despite the ongoing impacts of colonisation, systemic discrimination and intergenerational trauma, including through the Stolen Generations.

Aboriginal and Torres Strait Islander people have long advocated for a decision making role in policies, programs and services to achieve better outcomes. In recognition of the inherent strengths of Aboriginal and Torres Strait Islander communities and organisations, all governments have committed to a new era of partnership and shared decision making under the new National Agreement on Closing the Gap (National Agreement). This includes a commitment to building the Aboriginal and Torres Strait Islander community controlled sector (Clause 42). In alignment with the National Agreement, this Health Plan also commits all governments to working in partnership with Aboriginal and Torres Strait Islander people to drive solutions and to build the community controlled health sector.

All Australian governments recognise that the rights of Aboriginal and Torres Strait Islander people are central to health and wellbeing. Consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), these include:

- the right to practice culture
- the right to self-determination
- the right to make decisions on matters that affect lives and communities.

Aboriginal and Torres Strait Islander people also have a right to culturally safe and responsive health care, free of racism and inequity. Aboriginal Community Controlled Health Services (ACCHS) lead this level of health care within their communities. However, more must be done so that Aboriginal and Torres Strait Islander people can also access culturally safe and responsive care from mainstream health services. The leadership of Aboriginal and Torres Strait Islander people and ACCHS is fundamental to driving the changes across the whole health system that are necessary to achieve the vision of this Health Plan.

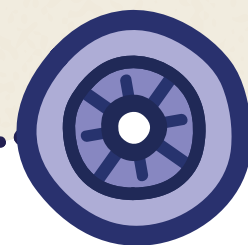
We acknowledge the terms used in this Health Plan may differ from those used between jurisdictions.

» See 'Appendix 7 - Glossary' on page 93 for definitions of terminology used in the Health Plan.

The Health Plan further acknowledges Aboriginal and Torres Strait Islander people's right to self-determination. This includes in the terminology used for cultural identification, including preferred ways of collectively referring to Aboriginal and Torres Strait Islander people.

As the National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body for Aboriginal and Torres Strait Islander health services in Australia, the Health Plan adopts terminology that is commonly utilised by NACCHO, including:

- » "Aboriginal and Torres Strait Islander people" - while recognising that Aboriginal and Torres Strait Islander people have distinct cultures and identities.
- » "Aboriginal Community Controlled Health Services (ACCHS)" - while recognising that terms such as Aboriginal Medical Service (AMS), Aboriginal Community Controlled Health Organisation (ACCHO) and Aboriginal Community Controlled Organisation (ACCO) are used interchangeably and may vary across jurisdictions. "ACCHS" is used in this Health Plan as a standard term to refer to organisations that provide community controlled comprehensive primary health care, and encompasses both Aboriginal AND Torres Strait Islander-led models of care.



A message from the Minister

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health Plan) has been developed in full and genuine partnership, led by Aboriginal and Torres Strait Islander people. It marks a fundamental shift in the way we, as governments, work with Aboriginal and Torres Strait Islander people, communities and organisations. By ensuring that Aboriginal and Torres Strait Islander people are leading the decisions that impact their health and wellbeing, we will accelerate progress towards achieving the objectives of both the National Agreement on Closing the Gap (National Agreement) and this Health Plan.

We build on the lessons and achievements of the previous National Aboriginal and Torres Strait Islander Health Plan 2013–2023 to establish a new nationally agreed policy framework to improve health outcomes for Aboriginal and Torres Strait Islander people over the next 10 years.

We acknowledge and thank Aboriginal and Torres Strait Islander health leaders and the Aboriginal Community Controlled Health Services (ACCHS) sector for their continued leadership. This has been vital to ensuring that the Health Plan is strengths-based and holistic, embedding the cultural determinants and social determinants of health across the life course. The wealth of experience they bring will inspire change across the health system and improve health outcomes for Aboriginal and Torres Strait Islander people.

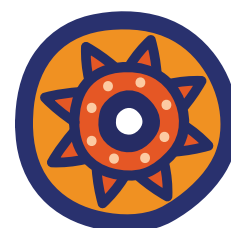
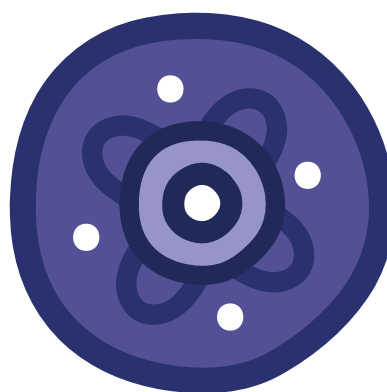
Through the implementation of the Health Plan, we will drive structural health reform to improve access across the health system. This must also extend into the broader aged care and other support sectors. We must ensure that care is place-based and person-centred, with flexibility for services and organisations to adapt to state and territory priorities, as well as across urban, regional, rural, and remote settings.

Services will need to work in partnership with ACCHS and peak and professional community controlled organisations to shift towards models of care that are prevention and early intervention focused, with greater integration of care systems and pathways across primary, secondary and tertiary care. Importantly, we must ensure mainstream services address racism and provide culturally safe and responsive care, with continuous quality improvement processes in place to ensure accountability to Aboriginal and Torres Strait Islander people and communities.

We recognise the critical role that ACCHS play across the Australian primary health care architecture in delivering essential services and providing a voice for the communities they serve. In 2020, a year of unprecedented critical health crises, the COVID-19 response, led by Aboriginal and Torres Strait Islander health leaders and ACCHS, is an exemplar of what can be achieved when partnerships are based on empowerment, trust and mutual respect. It is this approach that sets the standard for implementation of the Health Plan for the next 10 years and beyond.

The Hon Greg Hunt MP

On behalf on State and Territory Health Ministers





A message from the Implementation Plan Advisory Group and the Health Plan Working Group

We, as Aboriginal and Torres Strait Islander people, know what is best for our health and wellbeing. While our people and cultures are strong and resilient, we continue to see harmful policies and practices implemented by government. While this can be difficult to hear, true change exists within discomfort, and progress is made when all parties are open to listening and responding.

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health Plan) is the product of a long journey of advocating to have our voices heard in all policies, programs, and services. In 2006, we launched the Close the Gap Campaign, with peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, non-government organisations and human rights organisations working together to achieve Aboriginal and Torres Strait Islander health equity through a human rights approach. Successive Close the Gap reports have reinforced that self-determination is critical. To ensure change occurs, our voices must be heard by governments at every level. We have continued to seek change and drive efforts for self-determination in decision making for health and in all areas of our lives.

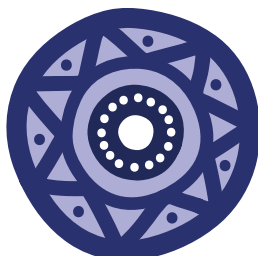
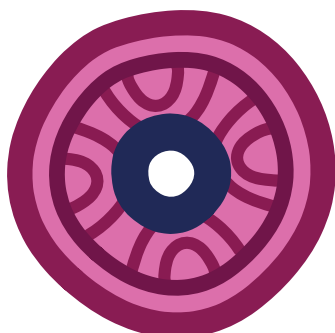
In 2017, the 50th anniversary of the 1967 Referendum, Aboriginal and Torres Strait Islander people from across the country came together at Uluru to compose the Uluru Statement from the Heart. This statement called for constitutional reform to empower all Aboriginal and Torres Strait Islander people and to enshrine a First Nations Voice in the Constitution. In late 2018, in another act of self-determination, Aboriginal and Torres Strait Islander community controlled organisations established the Coalition of Peaks to drive the actions taken under the National Agreement on Closing the Gap. The new National Agreement, launched in July 2020, underpins this Health Plan to ensure that partnership, self-determination, and community control are upheld as the best way to close the gap in health outcomes for our people.

The refresh of the Health Plan could not have been achieved without Aboriginal and Torres Strait Islander people standing up for our self-determined needs, aspirations and goals. We have ensured that the strengths of our Aboriginal Community Controlled Health Services (ACCHS) have been recognised and prioritised throughout the Health Plan. These strengths were demonstrated during the COVID-19 pandemic, with the National Aboriginal Community Controlled Health Organisation (NACCHO), its affiliates and ACCHS, working in genuine partnership with communities and governments to ensure Aboriginal and Torres Strait Islander communities remained safe.

We have ensured that the Health Plan reinforces the importance of strengths-based and human rights approaches that embed the cultural determinants and social determinants of health. These approaches reflect our holistic ways of knowing and being that have continued unbroken for over 60,000 years. This includes the fundamental role that connection to Country, family, kinship and community play in our health and wellbeing.

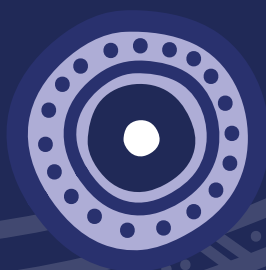
The Health Plan has been developed in true partnership between the Health Plan Working Group and Implementation Plan Advisory Group, comprised of Aboriginal and Torres Strait Islander health experts, and governments. This should set the benchmark for policy, program and service design, development and implementation across all sectors moving forward.

Ms Donna Murray
Co-Chair, Implementation Plan Advisory Group and
Health Plan Working Group





The Health Plan



HEALTH PLAN VISION

Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism.

FOUNDATIONS FOR A HEALTHY LIFE

Aboriginal and Torres Strait Islander health is viewed in a holistic context that recognises not only physical health and wellbeing but also the social, emotional and cultural wellbeing of individuals, families and communities throughout the entire life course.

The cultural determinants of health



The social determinants of health

Culture is a foundation for Aboriginal and Torres Strait Islander health and wellbeing. It is a protective factor across the life course, and has a direct influence on broader social determinants outcomes. Gains across these broader determinants, in turn, reinforce cultural connectedness, maintenance, resurgence, nation building and pride in cultural identity.

Life Course



Healthy babies
and children
(Ages 0 – 12)



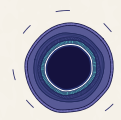
Healthy youth
and adolescents
(Ages 12 – 24)



Healthy adults
(Ages 25 – 49)



Healthy ageing
(Ages 50+)



Enablers for Change

P1



Genuine shared
decision making and
partnerships

P2



Aboriginal and
Torres Strait Islander
community controlled
comprehensive primary
health care

P3



Workforce

Focusing on Prevention

P4



Health promotion

P5



Early intervention

P6



Social and emotional wellbeing
and trauma-aware, healing-
informed approaches

P7



Healthy environments,
sustainability and preparedness

Improving the Health System

P8



Identify and
eliminate racism

P9



Access to
person-centred and
family-centred care

P10



Mental health and
suicide prevention

Culturally Informed Evidence Base

P11



Culturally informed and
evidence-based evaluation,
research and practice

P12



Shared access to
data and information
at a regional level

A plan for all Aboriginal and Torres Strait Islander people

This Health Plan seeks to embed the diversity of Aboriginal and Torres Strait Islander communities across Australia, including the diversity of cultures, languages, backgrounds, knowledge systems and beliefs.

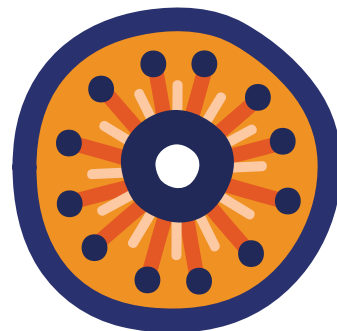
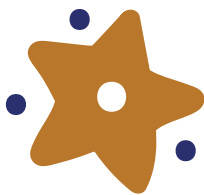
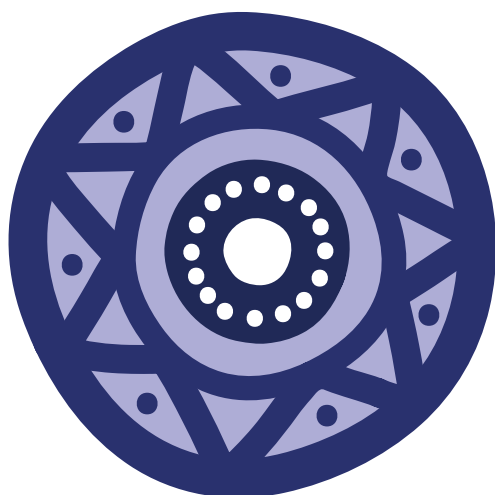
The Health Plan takes a strengths-based approach to diversity and inclusion. It recognises that Aboriginal and Torres Strait Islander people from all walks of life, across all parts of the country, have innovative ideas and solutions that drive positive health outcomes for people and communities. The Health Plan recognises that the knowledge, strengths and skills of people with lived experience must be at the heart of implementation. This means that Aboriginal and Torres Strait Islander people with diverse backgrounds must be able to lead and determine priorities and actions.

There is no single Aboriginal and/or Torres Strait Islander identity. Therefore, there is no single way to deliver care and services to Aboriginal and Torres Strait Islander people. For health and social and emotional wellbeing services to be responsive, these services must be tailored. They must suit the individual circumstances of people in the context of their cultures, backgrounds, experiences, families and communities.

This includes understanding and catering for the experiences and connection to Country of people living across urban, regional, rural and remote locations, and for the intersectionality of Aboriginal and Torres Strait Islander:

- people who identify as lesbian, gay, bisexual, trans/transgender, queer, intersex, asexual, sistergirl and brotherboy (LGBTQIA+SB)
- people living with mental illness
- people who are incarcerated
- people experiencing homelessness
- people with disability
- speakers of Aboriginal and Torres Strait Islander languages
- Stolen Generations survivors
- young people
- children in care
- older people.

The Health Plan takes an ‘intersectional’ and rights-based approach to health equity and access for all Aboriginal and Torres Strait Islander people. This means more than recognising the multiple backgrounds, experiences and ways Aboriginal and Torres Strait Islander people identify. It also means addressing the way membership in multiple groups may impact people’s health and wellbeing needs and ability to access care.





Roles and responsibilities

This Health Plan represents governments' ongoing commitment to lead the systemic change needed to improve health outcomes for Aboriginal and Torres Strait Islander people. As demonstrated through the new National Agreement on Closing the Gap (National Agreement), this means fundamentally changing the way governments work with Aboriginal and Torres Strait Islander stakeholders, organisations, communities and individuals. It is a shift from a top-down approach to working in genuine partnership.

Everyone has a role to play

This Health Plan affirms that Aboriginal and Torres Strait Islander people's health and wellbeing is the whole community's responsibility. This means collaboration and coordination is needed across all services and aspects of health care delivery.

Many Aboriginal and Torres Strait Islander people access their health care from an Aboriginal Community Controlled Health Service (ACCHS). However, many are unable to access an ACCHS because of their location and other barriers. Others choose to use mainstream services, which means these services must be capable of providing high quality, culturally safe, trauma-aware, healing-informed and responsive care. This means that in addition to the continued focus on prioritising and extending the reach of ACCHS, there must also be a focus on greater access to primary health care services across the broader health system. This includes through government clinics, private general practitioners and mainstream community health services.

Aboriginal and Torres Strait Islander people must be able to receive critical care when and where they need it. This means ensuring acute care services, including emergency departments, are culturally safe and responsive. Aboriginal and Torres Strait Islander people must also have access to appropriate and responsive follow-up care. The private health and hospital sector also has a role to play, including through aged care and National Disability Insurance Scheme (NDIS) services. These services must work in partnership with communities to drive local solutions, and to expand the role of ACCHS into these sectors.

This Health Plan recognises the historical and ongoing impact that experiences of interpersonal and institutional racism in mainstream health settings have on Aboriginal and Torres Strait Islander people's health and empowerment. Identifying and eliminating this racism is key to better access across the whole health system and to improving health outcomes. Systemic and structural transformation aligns with Priority Reform Three of the National Agreement by ensuring accountability and better responding to the needs of Aboriginal and Torres Strait Islander people.

Accountability framework

A robust accountability framework will support this Health Plan to keep the mainstream system accountable to Aboriginal and Torres Strait Islander people and communities. A key component of this is ensuring governments, community stakeholders and implementation partners understand the impact of the Health Plan, including how well it is progressing towards intended outcomes. This includes through annual reporting against key performance indicators.

The framework will complement other accountability mechanisms already in place at the national and state/territory level. These include:

- The National Agreement framework.
- The Australian Health Performance Framework.
- The Aboriginal and Torres Strait Islander Health Performance Framework.

The accountability framework is being developed in partnership with Aboriginal and Torres Strait Islander experts. Governments will report annually and transparently against the framework over the life of the Health Plan.

The accountability framework will:

- be overseen by a governance mechanism that embeds Aboriginal and Torres Strait Islander leadership
- be centred around Aboriginal and Torres Strait Islander people's perspectives, priorities and knowledge systems
- measure the impacts of policies and programs on Aboriginal and Torres Strait Islander people
- hold the government and mainstream organisations accountable to Aboriginal and Torres Strait Islander people
- have an outcomes focus
- not increase the reporting burden on the ACCHS sector
- respect the principles of data sovereignty.



Australian Government implementation

The Australian Government is accountable for the implementation of the Health Plan at a national level. This includes through a partnership approach that embraces the leadership of Aboriginal and Torres Strait Islander organisations – including ACCHS – and communities. The Australian Government will also be responsible for influencing mainstream service providers, organisations and regulators. This will help drive the systemic and structural change needed to realise the Health Plan's vision.

The Australian Government will work with implementation partners to develop two five year Commonwealth Implementation Plans for the Health Plan.

First Implementation Plan (2022 to 2026)

The first Implementation Plan will focus on initial actions and measures that will build the foundations to deliver progress on the Health Plan. It will be developed within 6 months of the Health Plan.

Second Implementation Plan (2027 to 2031)

The second Implementation Plan will be informed by a mid-cycle review. This will build on the first Implementation Plan and continue to drive action to achieve the vision and priorities of the Health Plan.

State and territory implementation

The Health Plan recognises unique needs across jurisdictions and regions, and the importance of communities shaping their own priorities. States and territories will have the flexibility to work with their partners to implement the Health Plan in line with their own current and planned policies and frameworks, such as their respective Closing the Gap Implementation Plans. This includes accountability for progressing the action areas, timeframes and reporting mechanisms. Financial resources to implement action against this Health Plan across jurisdictions will depend on the fiscal management strategies of states and territories.

Review

Progress against the Health Plan will be reviewed in 2 stages:

Mid-cycle progress review (2026)

An independent mid-cycle review will happen in partnership with Aboriginal and Torres Strait Islander people to evaluate the Health Plan's progress towards achieving its outcomes. This will inform any shifts in implementation activity that may be needed to account for emerging trends and changing priorities. The review will capture the lived experiences of Aboriginal and Torres Strait Islander people through the implementation of the Health Plan. A mid-cycle progress report will be made publicly available in mid- to late-2026.

The mid-cycle progress review will inform the Australian Government's second Implementation Plan and broader effort across all jurisdictions.

End-of-cycle review (2031)

An independent end-of-cycle review will happen in partnership with Aboriginal and Torres Strait Islander people. This review will evaluate progress over the duration of the Health Plan and identify future priorities for Aboriginal and Torres Strait Islander health. The review will capture the lived experiences of Aboriginal and Torres Strait Islander people.

Governance

Implementation of the Health Plan relies on governments working together and with Aboriginal and Torres Strait Islander people to achieve the Health Plan's objectives, vision and outcomes. This includes through national governance mechanisms that embed Aboriginal and Torres Strait Islander leadership and cross-jurisdictional partnership.

New governance arrangements will be developed within 6 months of the Health Plan's release. These governance arrangements will embed the leadership of Aboriginal and Torres Strait Islander people.



Implementation partners

Aboriginal and Torres Strait Islander organisations advocate for and deliver care that responds to the priorities of Aboriginal and Torres Strait Islander communities. They must be enabled to lead partnerships with mainstream health services to make the health system accountable and responsive to the diverse needs of Aboriginal and Torres Strait Islander people across their regions and communities.

Leadership and partnership groups for implementing the Health Plan include:

- the ACCHS sector – including the National Aboriginal Community Controlled Health Organisation (NACCHO) and state and territory affiliates – who deliver services on the frontline
- Aboriginal and Torres Strait Islander peak and professional community controlled organisations – including those under the National Health Leadership Forum (NHLF) and broader organisations across aged care and disability.

There are other partner services across government, non-government and community organisations that deliver health-related services, supports and advocacy to Aboriginal and Torres Strait Islander communities. These include:

- disability support
- workforce support
- development
- mental health and social and emotional wellbeing services
- aged care services.



The ACCHS sector

Beginning in 1971 with the establishment of the Redfern Aboriginal Medical Service in Sydney, New South Wales, ACCHS have come to play a unique service delivery and leadership role in Australia's primary health system. There are now nearly 150 ACCHS operating over 300 clinics.

'ACCHS are very cost-effective, with one major study concluding that 'up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHS, compared to if the same programs are delivered via mainstream primary care services.'

ACCHS are operated and governed by the local community to deliver holistic, strengths-based, comprehensive and culturally safe primary health services across urban, regional, rural and remote locations. ACCHS are autonomous and work to meet specific local needs, including working closely with broader Aboriginal and Torres Strait Islander organisations in areas such as mental health, justice, disability and aged care. All ACCHS operate with culture, people and community at the centre, sharing:

- a commitment to self-determination, community controlled governance and service provision
- an Aboriginal and Torres Strait Islander workforce who deliver primary health care
- recognition of the complex needs of many clients across the social determinants of health
- the provision of a culturally safe environment where Aboriginal and Torres Strait Islander people feel welcome, understood and empowered
- a partnership approach with secondary and tertiary health systems.

What is an ACCHS?

ACCHS are non-government, not-for-profit organisations, run **by** Aboriginal and Torres Strait Islander people **for** Aboriginal and Torres Strait Islander people.

ACCHS include:

- complex multi-disciplinary services delivering health, social and emotional wellbeing, early childhood, family, youth and aged care support
- smaller organisations providing vital health and wellbeing services to regional and remote communities.

ACCHS are based in Aboriginal and/or Torres Strait Islander communities. They are incorporated organisations, governed by a majority Aboriginal and/or Torres Strait Islander board which the community elects.

The terms Aboriginal Community Controlled Health Organisation (ACCHO) and Aboriginal Medical Service (AMS) are often used interchangeably with ACCHS. In some regions, like Victoria, these services are also known more broadly as Aboriginal Community Controlled Organisations (ACCO). While this Health Plan refers to ACCHS, this is inclusive of services across the community controlled health services sector.

ACCHS are the second biggest employer of Aboriginal and Torres Strait Islander people. More than half of the 6800 staff operating across these organisations identify as Aboriginal and Torres Strait Islander. Staff working in ACCHS include:

- Aboriginal and Torres Strait Islander health workers
- general practitioners
- nurses and midwives
- allied health staff
- community liaison officers
- broader social, family and community support workers.

While some community controlled health services operate independently to provide primary health care, ACCHS have a strong network across national, state and regional levels. Many ACCHS operate in regional networks, using hub and satellite approaches to cover large distances and many small communities. However, not all Aboriginal and Torres Strait Islander communities have access to ACCHS.

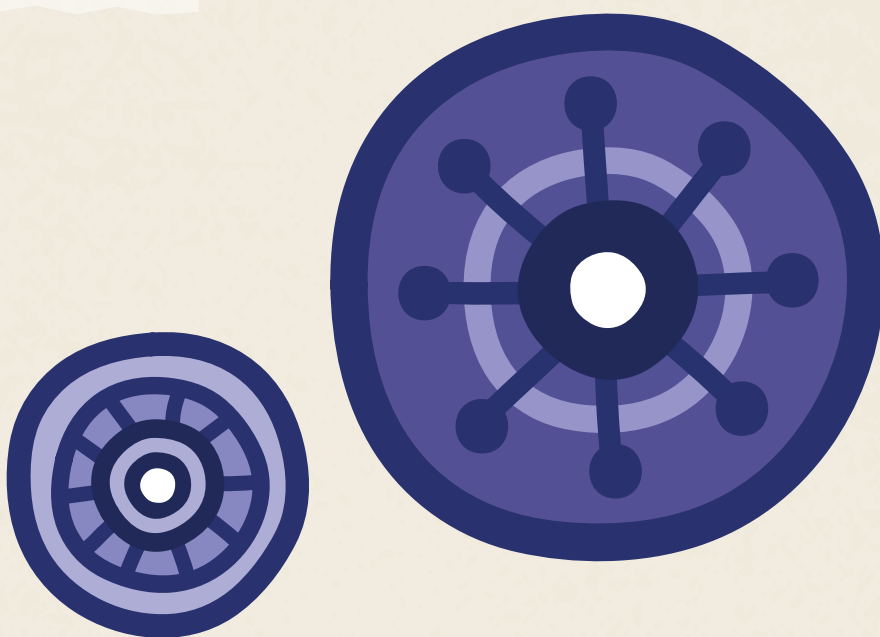
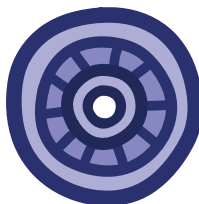
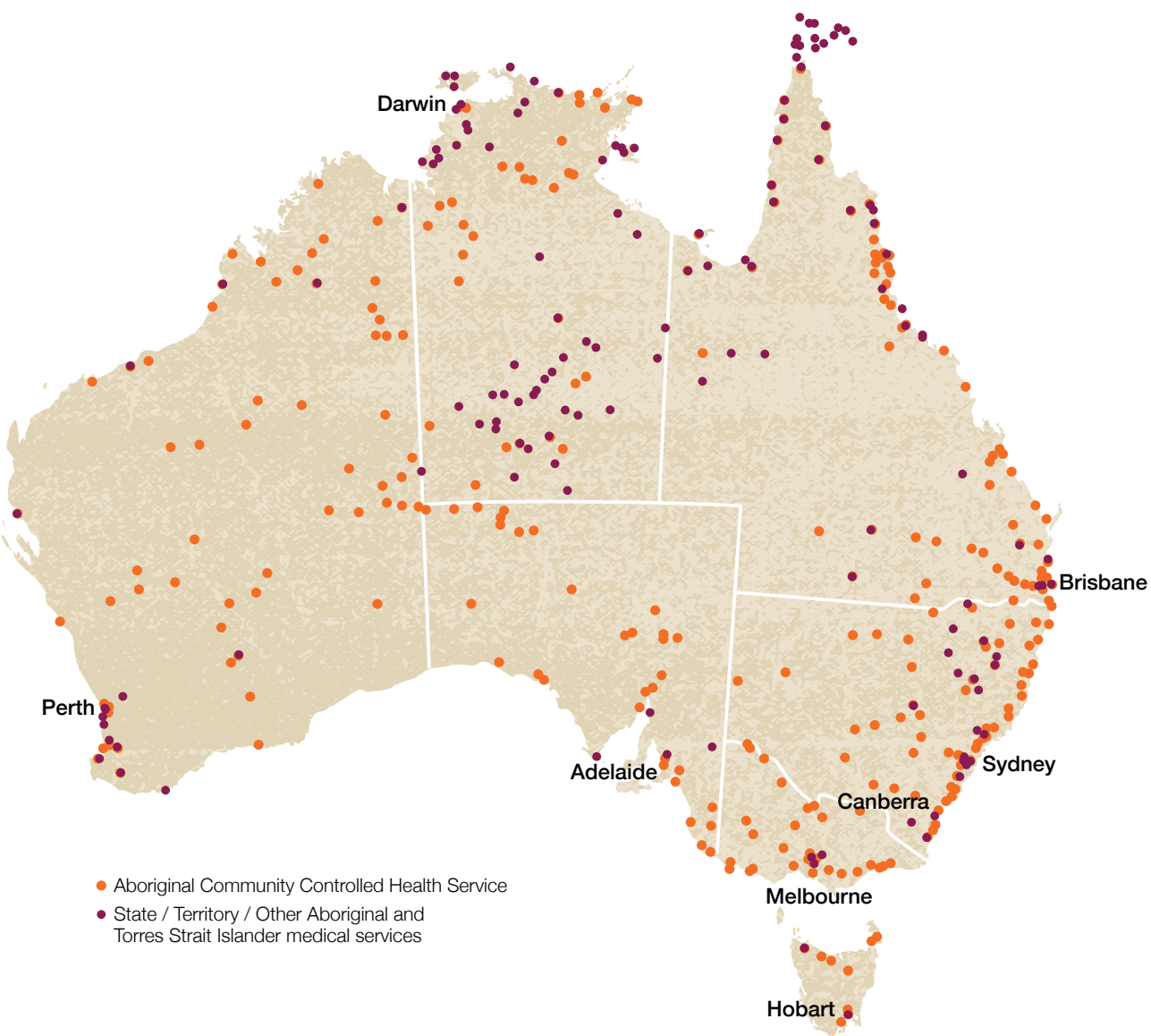





Figure 1: This map shows the distribution of ACCHS across Australia as of May 2020.





At the national level, NACCHO plays a critical role as the leadership body for its member ACCHS. NACCHO influences policymaking through strategic partnerships with government and the mainstream health sector. It advocates for:

- culturally safe and responsive care developed by community
- Aboriginal and Torres Strait Islander decision making
- prioritisation of health care through ACCHS.

State and territory affiliates also represent ACCHS and support sector development in their jurisdictions. Affiliates play a pivotal role in health system leadership and partnership across each state and territory.

Aboriginal and Torres Strait Islander peak and professional community controlled organisations

Aboriginal and Torres Strait Islander peak and professional community controlled organisations perform leadership roles across the health system to drive responsive and improved health care for Aboriginal and Torres Strait Islander people. This includes providing culturally informed advice and guidance to government for equitable health and life outcomes and cultural wellbeing.

Many peak Aboriginal and Torres Strait Islander bodies also represent interests across broader sectors that have strong intersections with the health system, including disability and aged care.

The National Health Leadership Forum (NHLF) supports and represents its member organisations who have expertise across service delivery, workforce, research, healing, mental health and social and emotional wellbeing. The NHLF also continues to lead work in the Close the Gap: Indigenous Health Campaign. Its membership includes:

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses & Midwives
- Gayaa Dhuwi (Proud Spirit) Australia
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- The Lowitja Institute
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- Torres Strait Regional Authority

The First Peoples Disability Network (FPDN) is the peak national organisation of and for Aboriginal and Torres Strait Islander people with disability, their families and communities. FPDN proactively engages with communities around Australia. It advocates for the interests of Aboriginal and Torres Strait Islander people with disability both nationally and internationally.

In aged care, the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) advocates for responsive services. They advise government on aged care policies, programs and services.

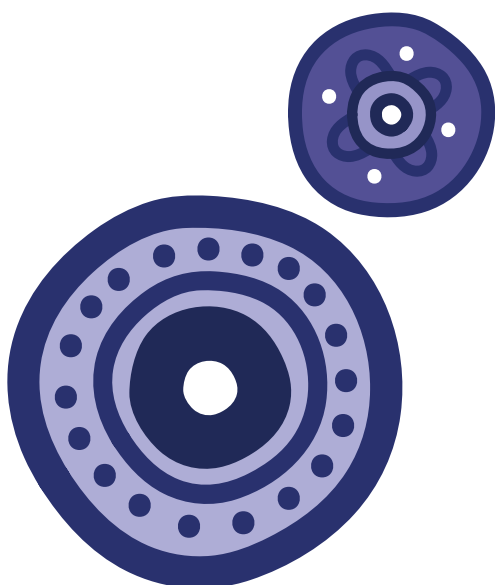
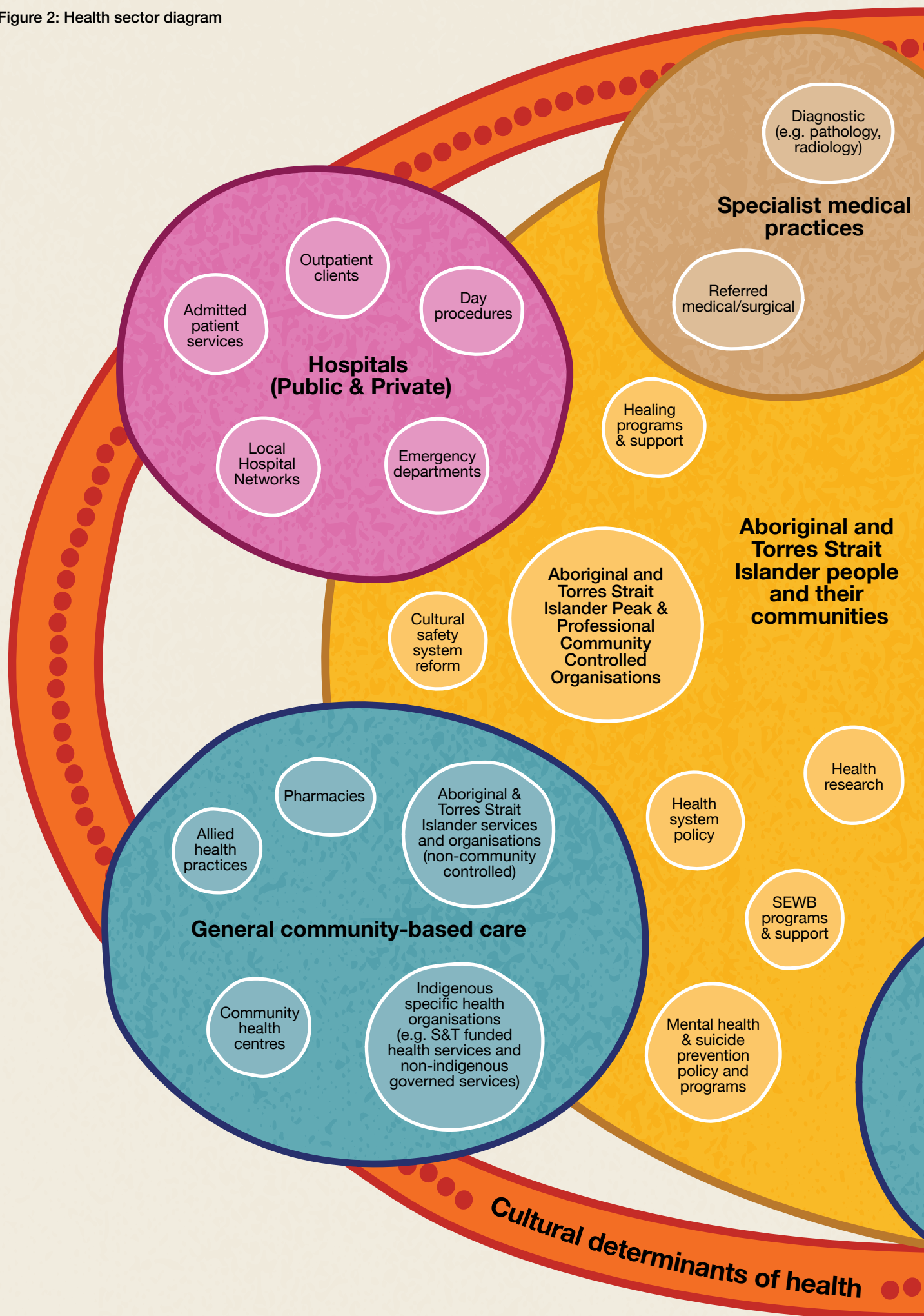
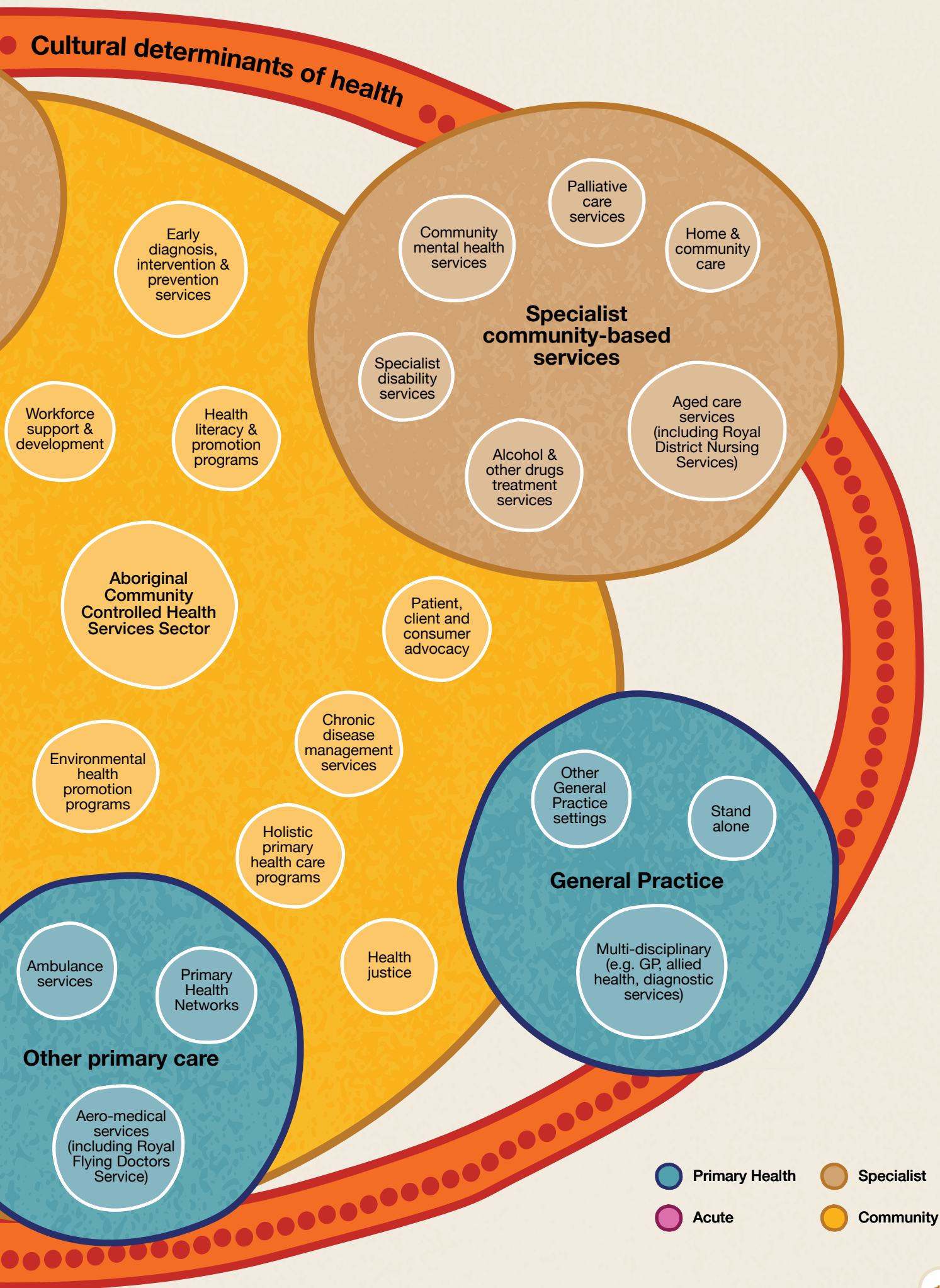


Figure 2: Health sector diagram







Overarching policy

National Agreement on Closing the Gap

The National Agreement on Closing the Gap (National Agreement) is the overarching policy context for the Health Plan. The Health Plan actions the National Agreement's four Priority Reforms, which are changing the way governments work with and for Aboriginal and Torres Strait Islander people:

Priority Reform One – Formal partnerships and shared decision making.

Priority Reform Two – Building the community controlled sector.

Priority Reform Three – Transforming government organisations.

Priority Reform Four – Shared access to data and information at a regional level.

The National Agreement is also a key policy and accountability mechanism. It monitors progress on a number of targets for improving outcomes for Aboriginal and Torres Strait Islander people.

The Health Plan will drive progress against the 3 health-specific targets of the National Agreement:

- Close the gap in life expectancy within a generation by 2031.
- Increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91% by 2031.
- Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

The Indigenous Voice

The Australian Government has committed to co-design an Indigenous Voice with Aboriginal and Torres Strait Islander people. The process has included extensive consultation on proposals for an integrated Indigenous Voice, comprised of Local & Regional Voices and a National Voice, to enable Aboriginal and Torres Strait Islander Australians to have a greater say in public policy and the programs that impact them. This process is set out in an Interim Report available at: <http://voice.niaa.gov.au/home>. The proposed approach included an emphasis on non-duplication and enhancing existing arrangements, such as those being considered in this Health Plan. The Final Report on the Indigenous Voice Co-design Process was submitted to Government for consideration in late July 2021.

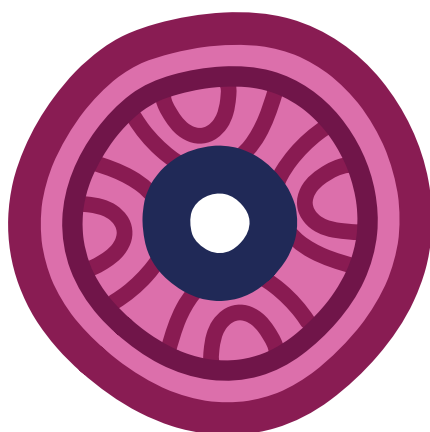
The National Health Reform Agreement

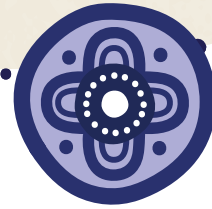
The 2020 to 2025 National Health Reform Agreement (NHRA) is a commitment between the Australian and state and territory governments to improve health outcomes for all Australians. It is also the key mechanism for transparency, governance and financing of the public hospital system.

The Health Plan closely aligns with the NHRA's long-term vision for public health reform, including the federal and jurisdictional commitment for health equity by:

- empowering people through prevention and health literacy
- driving best practice and performance using data and research.

The NHRA and Health Plan both commit to Aboriginal and Torres Strait Islander leadership, design, community control, and cultural safety across the whole health system.





Health Plan vision

Aboriginal and Torres Strait Islander people enjoy long, healthy lives centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism.

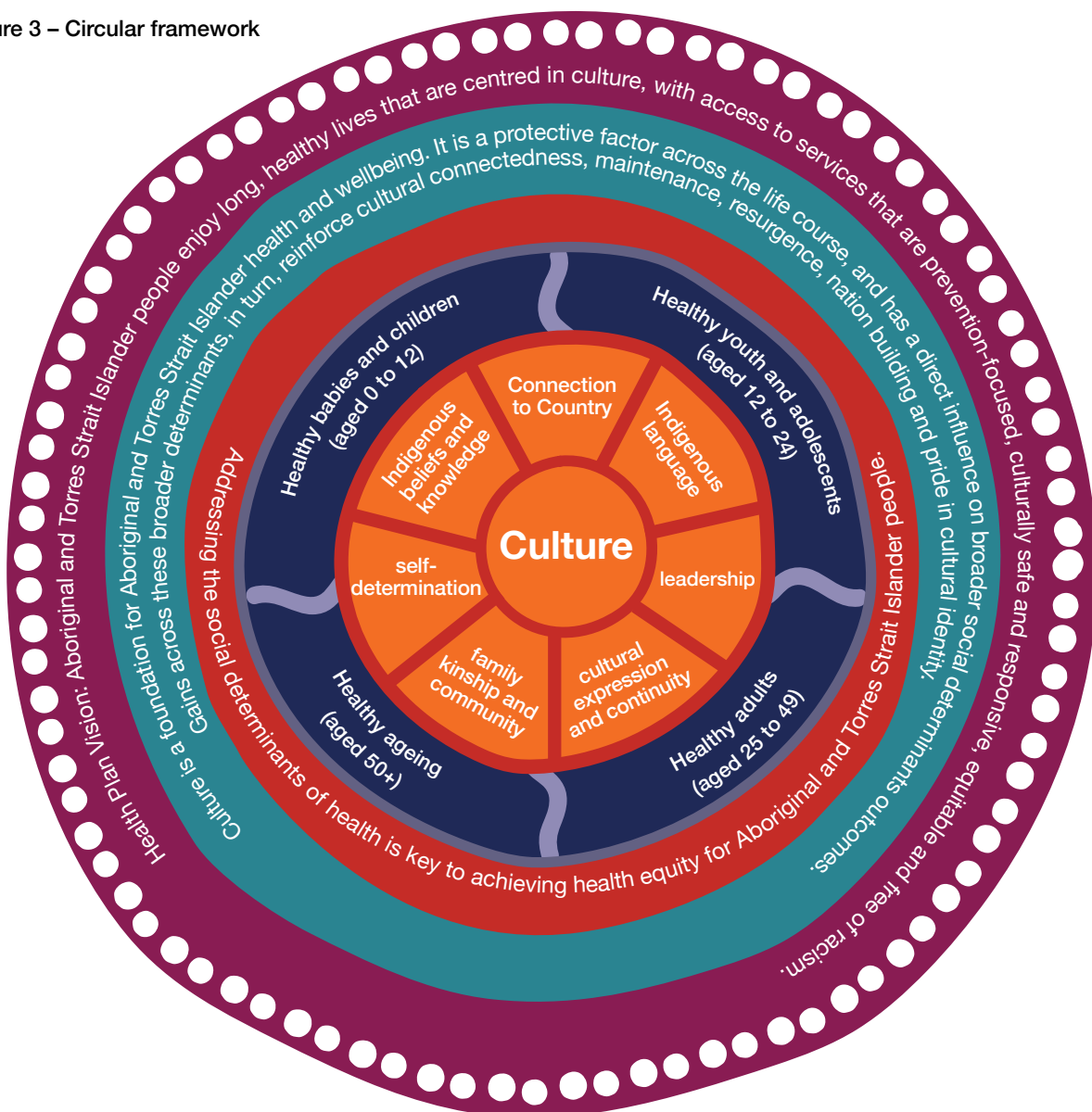
Foundations for a healthy life

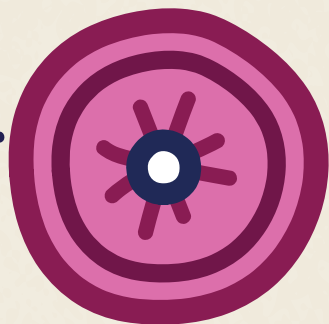
To support this Health Plan's priorities, all health and wellbeing approaches must include these foundations for a healthy life:

- Holistic health and wellbeing.
- The cultural determinants of health.
- The social determinants of health.
- A life course approach.

Culture is a foundation for Aboriginal and Torres Strait Islander health and wellbeing. It is a protective factor across the life course, and has a direct influence on broader social determinant outcomes. In turn, gains across these broader determinants reinforce cultural connectedness, maintenance, resurgence, nation building and pride in cultural identity.

Figure 3 – Circular framework





Holistic health and wellbeing

The Australian health system must recognise and embed holistic health and wellbeing. This means supporting Aboriginal and Torres Strait Islander people's close connections and interactions with the mental, physical, cultural, environmental and spiritual health of their communities, and with society more broadly.

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

Holistic health and wellbeing approaches cannot work in siloes. They need comprehensive and collaborative efforts across the cultural determinants and social determinants of health. Programs, policies and services must work together to prioritise strengths-based, holistic approaches. Only then can the protective factors of culture be harnessed to deliver comprehensive, patient-centred care.

Cultural determinants of health

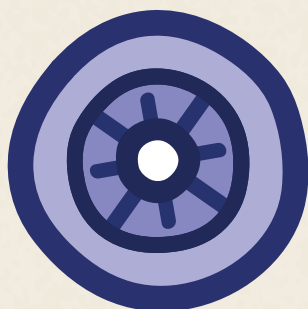
The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship and community; beliefs and knowledge; cultural expression and continuity; language; self-determination and leadership.

Cultural determinants are the ways of knowing, being and doing that encompass a holistic Aboriginal and Torres Strait Islander understanding of health and wellbeing. This strengths-based approach affirms that celebrating and connecting to culture, community and Country builds resilience and creates a buffer that mitigates exposure to negative risks.

Embedding cultural determinants means recognising:

- the direct protective and strengthening impact that practising culture has on health and wellbeing
- the impact of cultural determinants on the social determinants of health

It also means recognising that laws and policies that disconnect Aboriginal and Torres Strait Islander people from culture have led to disparities in health outcomes and opportunities, including through child removal, disconnection from Country, loss of language and racism.





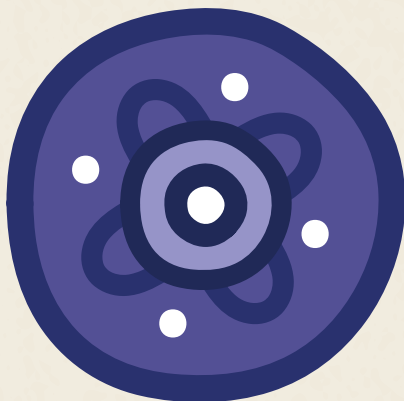
The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) includes the following cultural determinant aspects:

- Self-determination.
- Freedom from discrimination.
- Individual and collective rights.
- Protection from removal/relocation.
- Freedom from assimilation and destruction of culture.
- Understanding of lore, law and traditional responsibilities.
- Connection to, custodianship and utilisation of Country and traditional land.
- Reclamation, revitalisation, preservation and promotion of language and cultural practices.
- Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property.

Aboriginal and Torres Strait Islander people are the holders of cultural knowledge and practice, and must therefore define how the cultural determinants of health are embedded in policy and programs. This means ensuring Aboriginal and Torres Strait Islander leadership to shift current policymaking and program implementation practices. This will require shared commitment and collaboration across all levels of government to truth-telling, including a recognition of racism as a barrier to implementing cultural determinant approaches.

Adopting a cultural determinants approach will require system reform and collaboration across governments to enable:

- all governments, sectors, and levels of program development – including research, implementation and evaluation – to embed cultural determinants (a ‘culture-in-all-policies’ approach)
- the aspirations and leadership of Aboriginal and Torres Strait Islander people, communities, and peak and community controlled organisations to maintain, revitalise and practice culture, including strengthening cultural authority through traditional community governance and nation building
- human rights-based approaches, including self-determination, consistent with UNDRIP.



‘Significant to implementing cultural determinant driven policy is the recognition that policy making does not occur in the absence of culture: it is very much informed and shaped by the culture of predominantly non-Indigenous policy makers. A cultural determinants approach must seek to balance this structural inequity by empowering Aboriginal and Torres Strait Islander communities and voices throughout the policy process.’

– Lowitja Institute Report – Culture is Key:
Towards cultural determinants-driven health policy.

Social determinants of health

Addressing the social determinants of health is key to achieving health equity for Aboriginal and Torres Strait Islander people. This approach requires shared action across maternal health and early childhood development, community and family safety, education and youth, employment and income, racism, housing, environment and infrastructure, interactions with government systems and services, law and justice, poverty, welfare dependency, food security and access to nutritious food, and experiences with alcohol, tobacco and other drugs.

Where we are born and how we live, grow, work and age impacts our health. These factors are known as the social determinants of health, and they interact in complex ways that can impact other social determinants. For example, access to good education means a higher chance of getting a job, living more comfortably and with less stress. This means being more likely to live in secure housing with access to healthy, nutritious food. These social determinants all contribute to the ability to live a long and healthy life.

The social determinants of health account for 34% of the total health gap between Aboriginal and Torres Strait Islander and non-Indigenous health outcomes. The social determinants that account for a majority of the health gap are household income, employment and hours worked, and health risk factors, such as smoking and obesity. Of the social determinants, racism is one of the most impactful for Aboriginal and Torres Strait Islander people.

Poverty and inequity are also powerful determinants of health. For example, those with lower incomes tend to be sicker and die earlier than those with higher incomes. As well as absolute deprivation (poverty), relative deprivation (inequity) is related to:

- higher infant and adult mortality rates
- reduced life expectancy
- higher rates of illness.

Closing the social determinant gap requires cross-sector approaches across all levels of government and the whole health system. The Aboriginal Community Controlled Health Service (ACCHS) holistic model of care provides a valuable example of how culturally safe and responsive primary health care can incorporate social determinants at the service level.

Life course approach

Aboriginal and Torres Strait Islander people view health and wellbeing as involving the whole community throughout the entire life course. Applying a whole-of-life perspective focuses attention on health and wellbeing factors during transition points at different stages of life.

A life course approach recognises the way certain factors influence health at different times in life. While this means understanding the impact of distinct life stages, it also means considering a whole person in the context of their family and community. This Health Plan focuses on the life course across 4 key stages:

- Healthy babies and children (aged 0 to 12).
- Healthy youth and adolescents (aged 12 to 24).
- Healthy adults (aged 25 to 49).
- Healthy ageing (aged 50+).

» *More information about each life stage is at Appendix 1.*

A life course approach for Aboriginal and Torres Strait Islander people also includes cyclical views of life and death. The Health Plan recognises that death and dying are critical components of cultural and social wellbeing. Dying on and returning to Country, ceremony, sorry business, sad news and people and communities' unique cultural practices must be considered under a life course approach. This includes recognising that culture is a key element for kin and family to be able to deal with and recover from death.



Priorities

Implementing the Health Plan across each priority will need a holistic approach that considers the cultural determinants and social determinants of health across the life course. Successful implementation of the Health Plan is closely linked to progress against the National Agreement on Closing the Gap Priority Reforms and socio-economic targets.

States, territories and other implementation partners can take flexible approaches to implementing the Health Plan's priorities. Their approaches will depend on local needs and priorities, as led by Aboriginal and Torres Strait Islander people and communities.

Enablers for change



Priority 1

Genuine shared decision making and partnerships



Priority 2

Aboriginal and Torres Strait Islander community controlled comprehensive primary health care



Priority 3

Workforce

Improving the health system



Priority 8

Identify and eliminate racism



Priority 9

Access to person-centred and family-centred care



Priority 10

Mental health and suicide prevention

Focusing on prevention



Priority 4

Health promotion



Priority 5

Early intervention



Priority 6

Social and emotional wellbeing and trauma-aware, healing-informed approaches



Priority 7

Healthy environments, sustainability and preparedness

Culturally informed evidence base



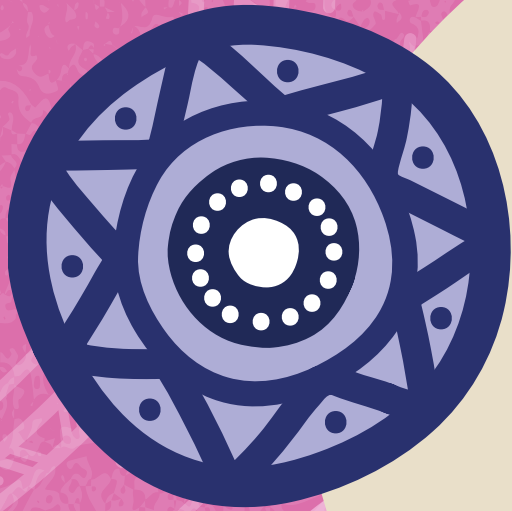
Priority 11

Culturally informed and evidence-based evaluation, research and practice



Priority 12

Shared access to data and information at a regional level



Enablers for change

The enablers for change outline the structural and systemic transformation needed across the whole health system to achieve the vision of the Health Plan. They do this by putting the Priority Reforms of the National Agreement into practice. This means improving cultural safety and access across the health system, including in the intersections between health, aged care and disability services. It also means embedding Aboriginal and Torres Strait Islander leadership, decision-making and self-determination.

All parties must engage in genuine partnerships with Aboriginal and Torres Strait Islander communities, including through open and transparent negotiation. These partnerships will facilitate collective action to:

- address national priorities
- enable local communities to set their own direction and tailor services to their unique contexts.

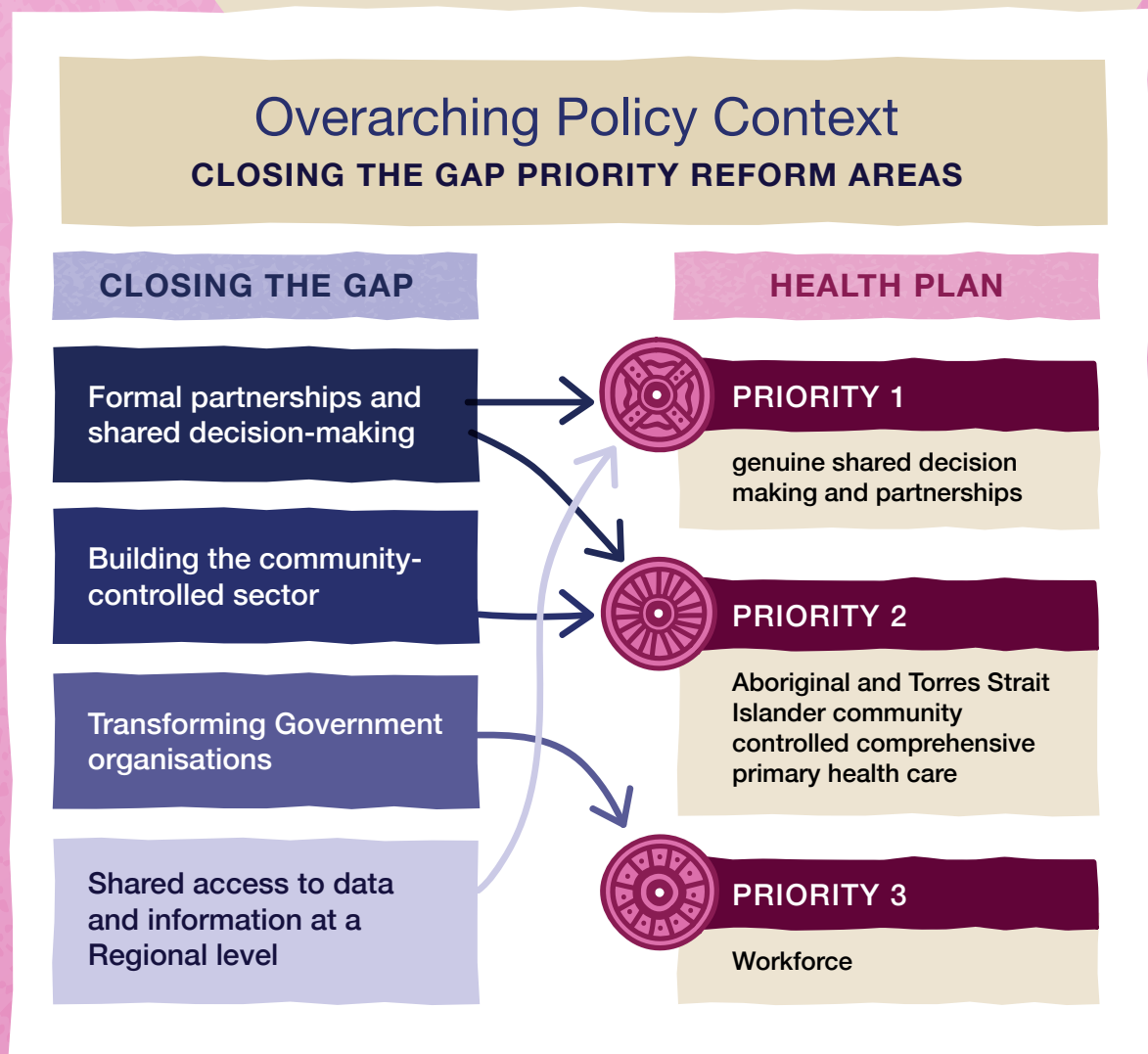
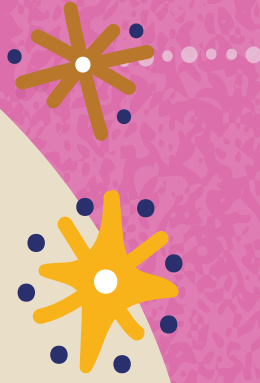


Figure 4: Links between the National Agreement Priority Reforms and Health Plan enablers for change.



Priority 1:

Genuine shared decision making and partnerships

Desired outcome

Shared decision making, shared partnerships, and collaborative cross-sector approaches – including through community-led and nation building approaches and structural reform – operate across all levels of health planning and services delivery, including mainstream services.

Context

Aboriginal and Torres Strait Islander people have always known what is best for their own communities. However, they have not always been involved in the laws and policy decisions that affect their own health and wellbeing. Governments now recognise that meaningful change is not possible without the leadership of Aboriginal and Torres Strait Islander people.

Self-determination requires more than consultation. Consultation alone does not present any decision-making authority or control over outcomes. Self-determination also requires more than participation in service delivery. In a participation model, Aboriginal and Torres Strait Islander people have not determined the nature of the service or how the service is provided. Aboriginal and Torres Strait Islander decision making must be inherent and carried through to all parts of implementation.

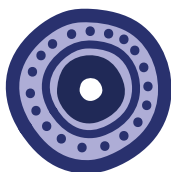
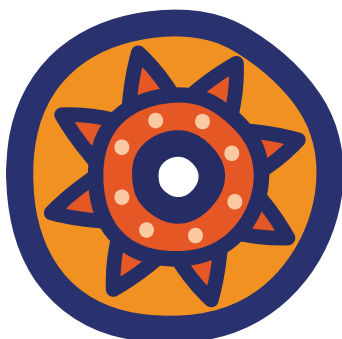
To enable true partnership and collaboration, programs and policies across the health and aged care systems must recognise the unique needs of the Aboriginal and Torres Strait Islander populations they serve. They must include Aboriginal and Torres Strait Islander self-determination and leadership to identify and drive priorities and solutions.

Nation building

There are over 250 Aboriginal and Torres Strait Islander Nations across Australia. While communities may share some things in common, each Nation, and every community under each Nation, is unique.

Nation building is about Aboriginal and Torres Strait Islander people being empowered to maintain cultural customs, values and practices. It includes the ways Aboriginal and Torres Strait Islander Nations and communities strengthen and revitalise culture in line with local aspirations. Nation building approaches support improved cultural, social and economic outcomes because they respect and support autonomy, self-determination and self-governance. These factors are critical to holistic health and social and emotional wellbeing for Aboriginal and Torres Strait Islander people.

‘The concept of Aboriginal and Torres Strait Islander Nations is important to the identity, survival and self-determination of our peoples. “Nation building” – that is, enhancing Aboriginal and Torres Strait Islander people’s capacities for self-governance and self-determined economic development...[is] where local Aboriginal and Torres Strait Islander people, Nations, communities, authorities and organisations have power and control over decision making and resources, real change is achieved in a more sustainable way.’
– Social Justice Report.



Governments have a role to play to enable Aboriginal and Torres Strait Islander communities to drive nation building actions. This includes ensuring the resources and structures required to determine solutions based on need. It will require a long-term commitment so communities can monitor, assess and adapt governance processes.

Such action may include:

- working with communities to enable self-governing and the exercising of genuine decision-making authority
- ensuring mechanisms and structures are in place for communities to establish strong governing bodies to make and implement decisions effectively and efficiently.

Partnerships and shared decision making

The National Agreement on Closing the Gap commits governments to building and strengthening the structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments. While strong and genuine partnerships are already in place across many parts of the health and aged care systems, these must be strengthened to ensure Aboriginal and Torres Strait Islander voices hold equal weight with governments. Formalising partnerships through partnership agreements will help ensure greater service transparency and accountability.

A key component of partnerships and shared decision making is Aboriginal and Torres Strait Islander leadership, which must be embedded across the health system. This leadership must include:

- the community and regional level, such as through regional health bodies
- the national level, with peak and professional community controlled organisations having a genuine leadership role in program and policy design, development and implementation.

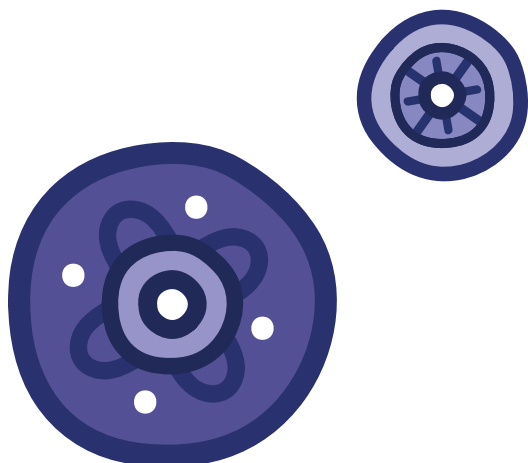
The National Agreement defines shared decision making as being:

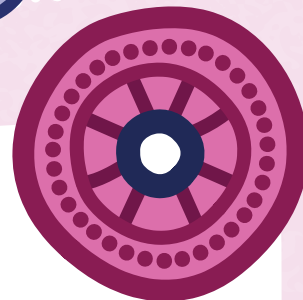
- by consensus, where the voices of Aboriginal and Torres Strait Islander parties hold as much weight as governments
- transparent, where matters for decision are in terms that are easily understood by all parties and where there is enough information and time to understand the implications of the decision
- where Aboriginal and Torres Strait Islander representatives can speak without fear of reprisals or repercussions
- where a wide variety of groups of Aboriginal and Torres Strait Islander people, including women, young people, elders, and Aboriginal and Torres Strait Islander people with disability can have their voices heard
- where self-determination is supported, and Aboriginal and Torres Strait Islander lived experience is understood and respected
- where relevant funding for programs and services align with jointly agreed community priorities, noting governments retain responsibility for funding decisions
- where partnership parties have access to the same data and information, in an easily accessible format, on which any decisions are made.

Cross-sector partnerships

Partnerships with Aboriginal and Torres Strait Islander people must foster broader cross-sector action, determined by the needs of communities. This is consistent with cultural determinant and social determinant approaches.

At the local level, place-based partnerships must drive solutions that cut across organisational, sector and government silos to deliver solutions based on community priorities and objectives. In keeping with nation building processes, there must be structures to ensure Aboriginal and Torres Strait Islander people can determine solutions, including how services and organisations implement them.





OBJECTIVE 1.1

Embed partnerships and shared decision making across the whole health, disability and aged care systems

National, regional and local bodies, boards and agencies across health, mental health/social and emotional wellbeing, disability and aged care must work with ACCHS (where available) and communities to implement the Health Plan. These bodies must also work with Aboriginal and Torres Strait Islander communities and organisations to determine and implement minimum requirements for Aboriginal and Torres Strait Islander representation and leadership in governance and decision making bodies. This includes Local Health Networks (LHNs) and Primary Health Networks (PHNs).

ACCHS must have the necessary support and resources to play a leadership role, which will drive better access and experiences across these services for Aboriginal and Torres Strait Islander people. Full partnership and shared decision-making approaches will require formal agreements to be in place to ensure a shared understanding, as well as processes to reinforce partnership principles consistent with the National Agreement on Closing the Gap.

OBJECTIVE 1.2

Embed mechanisms to support Aboriginal and Torres Strait Islander nation building to self-determine health and wellbeing

Aboriginal and Torres Strait Islander people and communities must have the resources to determine their own health and wellbeing priorities and needs. This includes access to resources to establish governing bodies that implement coordinated decisions effectively, efficiently and to the benefit of the community.

OBJECTIVE 1.3

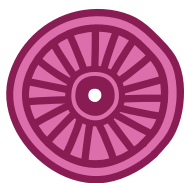
Embed the leadership of Aboriginal and Torres Strait Islander peak organisations in policymaking across jurisdictions

The leadership of Aboriginal and Torres Strait Islander peak organisations must be embedded into the development, implementation and evaluation of policies that impact the health and wellbeing of Aboriginal and Torres Strait Islander people, including mainstream policies. This includes policies that address cultural safety, workforce, accreditation and standard setting.

OBJECTIVE 1.4

Embed regional and local partnerships and interlinkages with Aboriginal and Torres Strait Islander organisations across broader sectors that impact health

Communities must have sustainable resources to work collaboratively and foster cross-sectoral solutions to improve health outcomes, including in areas across early childhood development, housing, environmental health, employment, education and justice. This will genuinely foster and enable self-determination and nation building, and drive approaches that consider the broader cultural determinants and social determinants.



Priority 2:

Aboriginal and Torres Strait Islander community controlled comprehensive primary health care

Desired outcome

The Aboriginal Community Controlled Health Service (ACCHS) sector is strong, sustainable and equipped to deliver high-quality, comprehensive primary health care services that meet the needs of Aboriginal and Torres Strait Islander people across the country.

Context

Over the last 50 years, ACCHS have grown to become a key part of Australia's health system. They set the benchmark for delivering holistic, culturally safe and responsive care and services to Aboriginal and Torres Strait Islander people and communities. ACCHS advocate for and deliver person-centred and community-centred programs. These include health promotion and illness prevention, integrated family and community services, and action on the cultural determinants and social determinants of health. In this way, the ACCHS model of care goes beyond what mainstream primary care services typically deliver.

ACCHS provide a comprehensive range of health and social and emotional wellbeing services, such as:

- access to a doctor, nurse, midwife and Aboriginal Health Worker Team for treatment of health issues
- chronic illness diagnosis, treatment and management including group activities – such as living skill sessions support – for clients with chronic conditions
- mental health and counselling services
- maternal and child health care and antenatal care
- substance-use and drug and alcohol programs
- wraparound support services including for disability, people experiencing homelessness, and for family and community safety
- action on the broader social determinants of health.

ACCHS also play critical roles in advocating for their communities' rights to health, and in supporting mainstream services (like hospitals) to become more culturally safe and responsive.

The ACCHS sector has been steadily growing in reach and capability over many years, and their vital role in the Australian health system is increasingly being understood. For example, ACCHS have been nationally and internationally recognised for initiating the response to protect communities from the COVID-19 pandemic.

'COVID-19 highlighted the unique capacity of ACCHS to respond rapidly and effectively in a national health crisis...well before the pandemic was declared by the World Health Organization, the sector had mobilised.'

» See Case Study 1 – Community-led responses to COVID-19.

Despite this, the ACCHS sector still faces huge challenges in meeting communities' health and wellbeing needs. While ACCHS provide a breadth of services, they continue to report serious service gaps in the communities they serve. There is a need for more investment in service coverage, workforce, infrastructure and technology enhancements to address these service gaps.

Prioritising care through ACCHS

In the last decade, ACCHS' work has led to:

- significant gains in maternal and child health
- reductions in smoking and alcohol misuse
- better management of circulatory, kidney and respiratory illnesses.

ACCHS have also helped shape the Australian Government health policy environment, including:

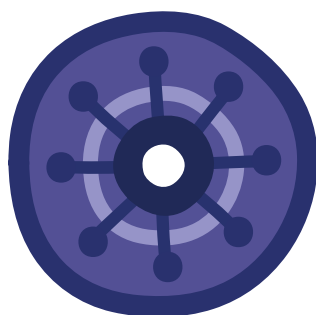
- joint planning
- improved data systems
- increased access to health care through the Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS).

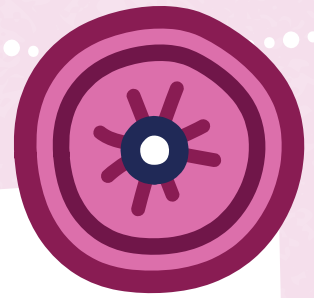
For these reasons, and because Aboriginal and Torres Strait Islander people often prefer ACCHS over mainstream services, the National Agreement on Closing the Gap commits to prioritising community controlled services. In line with National Agreement Priority Reform Two, this Health Plan aims to strengthen community control so ACCHS are well placed to sustain and build on sector progress.

The ACCHS sector can play a broader leadership role in lifting the performance of other health organisations to meet the needs of Aboriginal and Torres Strait Islander people. ACCHS are also well positioned to lead regional approaches by helping other health services understand community needs and establish relationships with Aboriginal and Torres Strait Islander clients. They can lead the way on cultural safety and ensuring mainstream health services in their regions are held to account.

Facts and figures

- Greater health gains or benefits (up to 50%) can be achieved for Aboriginal and Torres Strait Islander populations if health programs are delivered via ACCHS, compared with the same programs delivered via mainstream primary care services.
- Under the Indigenous Australians' Health Programme (IAHP), the Australian Government is investing around \$4 billion over 4 years from 2020–21 to 2023–24 to improve access to culturally safe and responsive comprehensive primary health care – of this, around 83% is provided to ACCHS.
- Within Aboriginal and Torres Strait Islander-specific primary health care in 2018–19, 498,000 clients received primary health care through approximately 164 funded organisations (137 of these were ACCHS) and 210 reporting sites – 79% of clients identified as Aboriginal and/or Torres Strait Islander and 80% of all clients were seen by ACCHS.²³





OBJECTIVE 2.1

Prioritise the community controlled health sector for the delivery of healthcare programs and services targeted at Aboriginal and Torres Strait Islander people

ACCHS must continue to be prioritised in recognition of the vital role they play as a core facet of the Australian healthcare system. This includes through:

- prioritisation and provision of sustained and long term funding to ACCHS for the delivery of primary healthcare services for Aboriginal and Torres Strait Islander people
- supporting the delivery of holistic, integrated models of care that include wrap-around services for disability, aged care, health justice and environmental health
- supporting opportunities to transition programs and services to community control
- supporting innovative ways of delivering primary health care, including telehealth and other digital technologies
- supporting and developing governance and leadership to ensure succession planning
- addressing the burden of over-reporting
- addressing identified priority funding needs, as outlined in the Health Sector Strengthening Plan under the National Agreement.

OBJECTIVE 2.2

Extend the reach of ACCHS into areas of unmet need

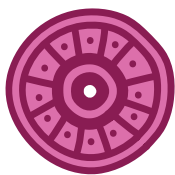
Where feasible and appropriate, governments must ensure that future investment and resourcing is directed towards addressing areas of unmet need to support the viable and sustainable growth of the ACCHS sector. This includes a future-focus on investment and sustained capacity building to improve service coverage, workforce, infrastructure and technology to address service gaps (including in urban, regional, rural and remote locations). Service provision and administration must be determined and driven by ACCHS, where available, and agreed to by communities.

OBJECTIVE 2.3

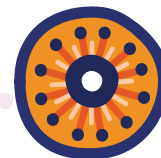
Expand primary health care and service delivery models of care to ensure ACCHS can deliver innovative services into the future

To ensure ACCHS stay current as new technologies and medical advancements emerge, ongoing digital investment is required through specific funding initiatives that focus on infrastructure, workforce and systems. This includes supporting:

- digitally enabled healthcare and equipment
- improvements to digital transformation to address service gaps, including delivery of allied health, mental health, aged care and disability services
- workforce capability building and training.



Priority 3: Workforce



Desired outcome

Aboriginal and Torres Strait Islander representation and leadership is prioritised across the health, disability and aged care workforces. These workforces are grown and sustained across all health services, including mainstream services. Personal and professional development is prioritised and available to all Aboriginal and Torres Strait Islander workers across the health system.

Context

Aboriginal and Torres Strait Islander health workforces have unique skills that ensure culturally safe and responsive care for families and communities. This includes their lived experience, cultural knowledge and local-level community connections. While ACCHS workers set the benchmark for culturally safe and responsive workforces, not all Aboriginal and Torres Strait Islander people currently access ACCHS. This means the mainstream Australian health system must also be culturally safe and responsive. The best way to achieve this is to grow the Aboriginal and Torres Strait Islander health workforce across all service settings. This includes embedding representation across all clinical, non-clinical and leadership roles.

The ACCHS workforce is best placed to serve their community because they understand community and historical contexts. Because workers often see patients or clients outside of clinical settings, they are able to build trust and help clients overcome cultural and communication barriers to accessing care.

ACCHS are one of the largest employers of Aboriginal and Torres Strait Islander people across a range of roles, including:

- delivering clinical services
- health promotion
- care and system navigation
- research and leadership.

ACCHS are committed to fostering culturally safe workplaces where people feel valued and where they can receive tailored mentoring and support. The ACCHS workforce has strong cultural and strategic governance and a supportive organisational culture. This includes investment in capacity building and professional development. ACCHS also maintain strong partnerships with schools, peak bodies, registered training organisations and universities.

Growing the Aboriginal and Torres Strait Islander health workforce

An appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is essential for the delivery of integrated models of care that achieves better health outcomes. There is now an opportunity to grow this workforce across the whole health system, as considerable job growth is projected in health and related sectors over the next 5 years. This includes across the aged care, disability, mental health, environmental health and research sectors. Growing Aboriginal and Torres Strait Islander workforces must be prioritised across:

- the ACCHS sector
- mainstream services, such as primary health care, nursing, midwives, specialist and hospital services
- cross-sector services and supports, including mental health, disability and aged care and environmental health
- clinical and non-clinical settings at all levels, including the Aboriginal Liaison Officers' workforce and Aboriginal Health Practitioners.

The Health Plan is aligned with the **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031**, which aims to accelerate the growth of the Aboriginal and Torres Strait Islander health workforce across all health roles (both clinical and non-clinical) and locations. It sets an ambitious target: for Aboriginal and Torres Strait Islander people to represent 3.43% of the national workforce by 2031. This target is based on the projected proportion of the Aboriginal and Torres Strait Islander working age population (ages 15 to 64) in 2031.



Recruitment and retention

Workplace environments that are culturally safe, responsive and free of racism foster the recruitment and retention of Aboriginal and Torres Strait Islander staff. Such environments also better respond to the needs of Aboriginal and Torres Strait Islander clients. Building and sustaining positive workplace culture and environments will require ongoing partnerships across primary care, tertiary and hospital care, community and allied health, nursing, midwifery, aged care and disability services. All settings must value culture and cultural skills in the same way they value clinical skills.

Recruitment and retention of Aboriginal and Torres Strait Islander staff requires support pathways and programs across education and training, and into employment. To achieve this, Governments and universities must implement measures that enable Aboriginal and Torres Strait Islander students to complete courses successfully. This includes ensuring sustained institutional support from Aboriginal and Torres Strait Islander academics and clinicians. Streamlined entry should be enabled for Aboriginal and Torres Strait Islander people wishing to move into health from other sectors, including through recognition of prior learning and skills translation. All pathways and programs must embed mentoring, development and leadership opportunities that value the importance of culture, such as supports for working or learning on Country.

Aboriginal and Torres Strait Islander health workforce organisations

Community controlled Aboriginal and Torres Strait Islander health workforce organisations play a key role in advocating for workforce growth and retention, including driving policy around culturally safe working environments. These bodies provide strategic advice and oversight for integrating the Aboriginal and Torres Strait Islander health workforce into mainstream services. They prioritise strengths- and rights-based approaches to education and training pathways, leadership and capacity-building.

Workforce organisations also have networks, partnerships and alliances to drive co-design and self-determination processes, ensure cultural safety, and work towards eliminating systemic racism. They connect with:

- key government agencies
- other Aboriginal and Torres Strait Islander organisations
- researchers
- academic institutions
- mainstream services.

Aboriginal and Torres Strait Islander health workforce organisations include:

- Australian Indigenous Doctors' Association
- Indigenous Dentists' Association of Australia
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- National Association of Aboriginal and Torres Strait

Islander Workers and Practitioners

- Australian Indigenous Psychologists' Association
- Indigenous Allied Health Australia
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- National Aboriginal and Torres Strait Islander Leadership in Mental Health.

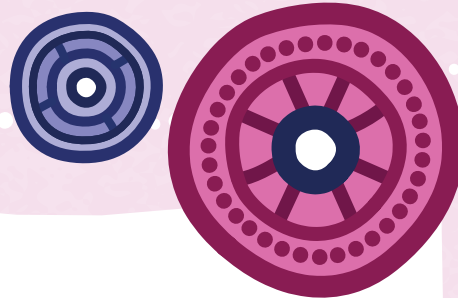
The National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) is also helping to build a culturally safe and responsive workforce to improve access to aged care services.

'Within Australia's health system, Aboriginal and Torres Strait Islander health workers and practitioners are often the only culturally safe and responsive sources of care for Aboriginal and Torres Strait Islander people. Together these professionals play a valuable role: to connect Aboriginal and Torres Strait Islander people to health care.'

» See Case Study 2 – Aboriginal and Torres Strait Islander Health Worker Led Model of Care.

Facts and figures

- In 2016, Aboriginal and Torres Strait Islander people were under-represented in the health workforce at 1.8%, despite being 3.3% of the Australian population.²⁴
- The substantial underrepresentation of Aboriginal and Torres Strait Islander people in the health workforce continues to exist across all health professions, including nurses, midwives, and allied health practitioners.²⁵
- A 2017 review found that Aboriginal and Torres Strait Islander people were more often in lower paid and less recognised roles across the workforce.²⁶
- At 30 June 2019, there were 7,981 full-time equivalent workers employed in ACCHS, of which 52% were filled by Aboriginal and Torres Strait Islander people. Of these, 11% were employed in senior roles (CEO/manager or supervisor) compared to 1% in government services.²⁷
- The community controlled health sector employs almost 3,500 Aboriginal and Torres Strait Islander workers, making it one of the largest industry employers of Aboriginal and Torres Strait Islander people in Australia.²⁸
- In 2015–16, ACCHS were significantly more likely to employ Aboriginal and Torres Strait Islander people than government or mainstream non-government organisations, across all levels from training positions to leadership roles such as CEOs, managers and supervisors.²⁹



OBJECTIVE 3.1

Implement strategies to grow the Aboriginal and Torres Strait Islander workforce across health, mental health, disability and aged care

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, along with other workforce strategies across jurisdictions, must be resourced and implemented to support workforce growth. Implementation across governments and sectors must utilise a partnership approach with Aboriginal and Torres Strait Islander communities and organisations. This includes implementing strategies that:

- increase, strengthen and streamline pathways for Aboriginal and Torres Strait Islander people through education and into health, mental health/social and emotional wellbeing, disability and aged care workforce sectors
- embed a focus that captures the health workforce beyond service delivery, including environmental health and health research workforces
- embed and implement coordinated, culturally safe and responsive Aboriginal and Torres Strait Islander-specific health education, skills and employment programs, and scholarships
- increase workforces in rural and remote communities, including facilitating educational opportunities and pathways
- ensure responsive distribution of workforces across urban, regional, rural and remote locations
- explore opportunities for coordination of training and service delivery across workforces
- ensure supportive pathways (including mentors) are in place from school through to higher education, clinical placements and into practice
- ensure professional supports (such as communities of practice) and pathways to enable access to leadership roles and career progression
- improve recruitment, retention and succession planning.

OBJECTIVE 3.2

Improve cultural safety in workplaces across health, mental health, disability and aged care systems

Cultural safety values, behaviours and standards must be embedded within the workplace culture of all health care, mental health, disability and aged care systems and services, encompassing doctors, nurses, midwives, allied health professionals, administrators and other key clinical and non-clinical staff. Health and aged care bodies across the health system must be proactive in addressing this across all service settings, including through the implementation of meaningful Reconciliation Action Plans, ongoing cultural safety training, professional development and continuous quality improvement mechanisms.

OBJECTIVE 3.3

Continue to support the leadership role of the Aboriginal and Torres Strait Islander community controlled health workforce organisations

Aboriginal and Torres Strait Islander community controlled health workforce organisations must continue to be prioritised and supported in their leadership role of promoting the growth and development of Aboriginal and Torres Strait Islander health workforces. This includes assisting and aiding organisations and services to implement consistent approaches to the development, monitoring and assessment of cultural safety training, as well as the processes for meeting accreditation standards. These health workforce bodies should also be supported to enable career progression and leadership opportunities through mentoring and continued professional development.



Focusing on prevention

Prevention means keeping people healthy and well to avoid the onset of illness, disease or injury. An effective prevention system protects, maintains and promotes the health and wellbeing of individuals, families, communities and environments. To do this, prevention takes a holistic approach to people, processes, activities, settings and structures, and the dynamic relationships that operate between them.

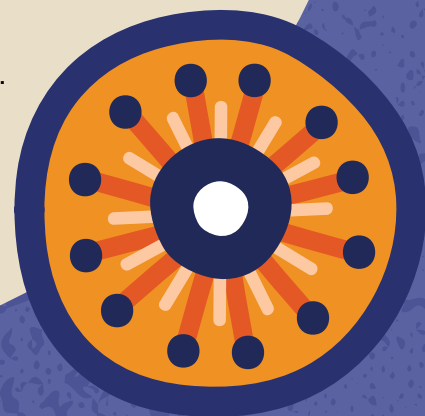
Historically, health care policy in Australia has focused on the medical treatment and management of illness and conditions. However, there is now a greater focus on targeting action toward the historical, social, political, cultural and environmental factors that influence health. This is closely aligned with Aboriginal and Torres Strait Islander concepts of holistic health and wellbeing.

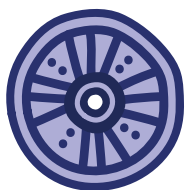
Trauma-aware and healing-informed approaches must be embedded in prevention programs, policies and services. Such approaches are about creating supportive environments that enable and empower Aboriginal and Torres Strait Islander people, families and communities to take control of their own health, wellbeing and healing, and are strongly grounded in Aboriginal and Torres Strait Islander traditions, values and cultures.

The Health Plan is aligned with a focus on prevention for health and wellbeing across a number of key policies, including:

- the National Preventive Health Strategy
- the National Injury Strategy 2020–2030
- the National Tobacco Strategy 2020–2030
- the National Alcohol Strategy 2019–2028
- the National Drug Strategy 2017–2026.

Prevention is also a key part of achieving the National Agreement target to close the gap in life expectancy within a generation, by 2031.





Priority 4:

Health promotion

Desired outcome

Health promotion, literacy and prevention approaches recognise culture as a protective factor and prioritise strategies that drive improved outcomes across the cultural determinants and social determinants of health.

Context

Health promotion is about enabling people to be in control of their health. It goes beyond the treatment and cure of illness to address the root causes of ill health. For Aboriginal and Torres Strait Islander people, health promotion means ensuring access to the tools required to lead long and healthy lives. It means empowering people to make decisions that prevent ill health before it occurs, including through:

- access to information
- opportunities for making healthy choices.

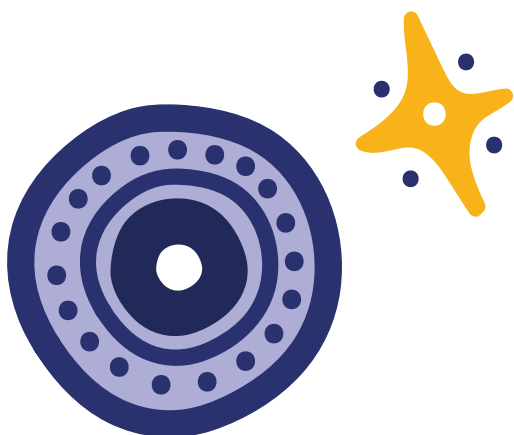
For Aboriginal and Torres Strait Islander people, health promotion activities must also understand the social and historical context of colonisation, systemic racism and intergenerational trauma. Approaches must harness the protective aspects of culture, while addressing the physical, emotional and spiritual aspects of harm.

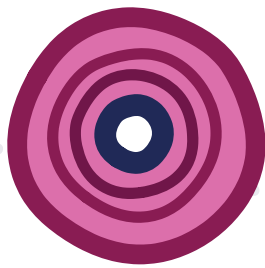
Holistic, responsive and culturally safe health promotion

At a systemic and structural level, health promotion policy and service delivery must ensure people and communities can self-determine health and wellbeing priorities. Such approaches must embed the cultural determinants of health and prioritise connections to kin, Country and community. At a local level, health promotion must create the environments for communities to deliver strengths-based, place-based, evidence-informed action. This includes prioritising Aboriginal Community Controlled Health Services (ACCHS) to develop and deliver culturally safe promotion activities.

Health promotion also involves strengths-based harm-reduction policies and programs, including those that address the risk factors associated with injury. This requires a holistic focus on the ways that social determinants intersect for Aboriginal and Torres Strait Islander people, such as the correlation between high rates of injury, the use of alcohol, tobacco and other drugs, mental illness and social and emotional wellbeing outcomes.³⁰

Trauma-aware and healing-informed approaches must be utilised to restore wellbeing and enable people to self-manage and control health decisions. However such approaches must occur in stages, meaning they must first understand the complex experiences of intergenerational trauma for Aboriginal and Torres Strait Islander people. They must then adopt a 'healing as recovery' approach that centres positive views of wellness in self-esteem and connection to culture.³¹ This requires a level of culturally safe and responsive care that considers the impact of programs and services on clients.





Promotion materials must also be culturally and linguistically accessible for Aboriginal and Torres Strait Islander populations. This includes delivering materials and programs in language to enable self-management and informed decision-making. To maximise effectiveness and reach, health promotion activities should also be delivered through a variety of mediums, targeting specific groups and sub-groups. There must also be a focus on avoiding cultural misappropriation in health promotion materials and activities, as this can reinforce existing stereotypes and biases.

'Kimberley Aboriginal Medical Service (KAMS) developed a 10 step process for the development of health resources. The process, which includes guidelines on how to develop resources, test them with Community and evaluate their effectiveness, ensures resources effectively translate clinical messages with cultural awareness and care...'

» See Case Study 3 – Kimberley Aboriginal Medical Service: health promotion initiatives.

Health promotion across the life course

Early Years

A strong start sets children up for good health later in life. It is therefore important to target health promotion activities to support healthy foundations. For example, healthy women have healthy pregnancies, which in turn support healthy fetal development. This has long-lasting consequences for a child's physical, mental and behavioural development and wellbeing.

Birthing on Country services offer an integrated, holistic and culturally safe model of care. They support the transition into motherhood and parenting, providing the best start to family life for Aboriginal and Torres Strait Islander parents and babies. Culturally safe, accessible and affordable reproductive and antenatal care can help prevent:

- miscarriages
- stillbirths
- pre-term birth
- low birth weight
- perinatal complications
- developmental delay/vulnerability, including Fetal Alcohol Spectrum Disorder.

Birthing on Country services can also support reduction in and cessation of smoking during pregnancy through health-literacy approaches. Implementing Birthing on Country more widely requires a redesign of health services to meet local women's needs. It also requires investment

in workforces to support culturally safe models of antenatal care.

Immunisation

Immunisations protect against preventable conditions and promote good health across the life course. Effective immunisation for Aboriginal and Torres Strait Islander people requires accessible, culturally safe and responsive programs and program information. This must be a particular focus when responding to emerging health concerns, such as pandemics. There must also be a focus on ensuring accessible immunisation for Aboriginal and Torres Strait Islander communities across all stages of life, and particularly in childhood to provide the greatest protection across the life course.

Alcohol, Tobacco and Other Drugs

Targeted, culturally and linguistically responsive health promotion activities are vital for Aboriginal and Torres Strait Islander young people transitioning into adulthood. These activities can prevent or delay the use of tobacco, alcohol and other drugs, which are major causes of harm in Australia. Tobacco use, in particular, is a key driver for the life expectancy gap. This means that health promotion strategies that prevent young people from taking up smoking are vital to tackling the inequitable health outcomes and higher mortality rates from tobacco use. This includes the use of emerging products, such as e-cigarettes and vapes. Community-driven initiatives provide a successful model, with programs delivered by ACCHS playing a demonstrated role in reducing smoking rates.³²

Physical Activity and Nutrition

Physical activity and nutrition are important factors that can reduce the risk of many chronic conditions across the life course, such as cardiovascular disease, type 2 diabetes and some forms of cancer.³³ However, these factors can operate differently depending on location. For example, in remote communities a strong link has been found between physical activity, land and resource management, and seasonal, family and cultural activities.³⁴ However there may be barriers to physical activity and nutrition in urban areas, such as social stereotyping or judgement in public spaces, as well as cost and accessibility.³⁵ Physical activity and nutrition promotion activities must therefore recognise and address the social determinants factors at play. This is particularly important for nutrition, which is closely linked to food security, and the availability and affordability of healthy food.

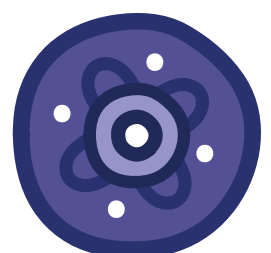
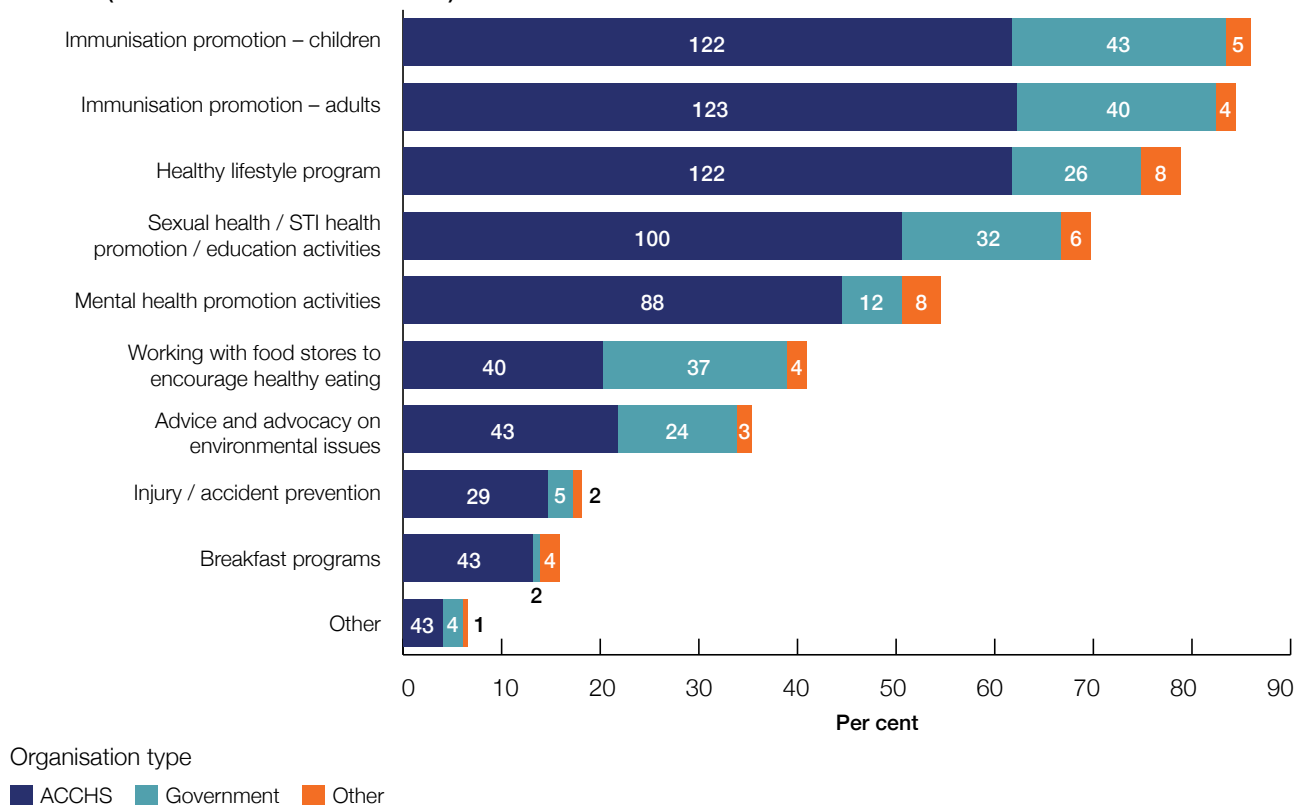


Figure 4: Health promotion activities provided to Aboriginal and Torres Strait Islander people, by organisation type, 2017-18 (number in label and % on axis)



Facts and figures

- Antenatal care visits in the first trimester for Aboriginal and Torres Strait Islander mothers were up from 41% in 2010 to 61% in 2018 (age-standardised).³⁶
- Across the period from 2011-12 to 2014-15, the three most common external causes of death for Aboriginal and Torres Strait Islander people were injury-related (33% intentional self-harm, 20% transport accidents, 14% unintentional poisonings).³⁷
- As at March 2021, 97.26% of Aboriginal and Torres Strait Islander children aged 5 years were fully immunised compared to 95.22% of other children.³⁸
- In 2017–18, health promotion group activities by Aboriginal and Torres Strait Islander-specific primary health care included 8,400 physical activity/healthy weight sessions, 3,700 living skills sessions, and 4,100 tobacco-use treatment and prevention sessions.³⁹
- Smoking causes 37% of all deaths, and 50% of deaths at age 45 years and over, in Aboriginal and Torres Strait Islander people.⁴⁰





OBJECTIVE 4.1

Enhance health literacy to support integrated health promotion

ACCCHS must be prioritised as best-placed to develop and deliver literacy information and programs that are tailored to benefit individuals, families and communities. To support integrated health promotion, information and programs must be accessible, locally relevant, trauma-aware, healing-informed, inclusive, culturally safe and responsive.

Where possible, materials and programs must be delivered in language to enable self-management and decision-making in health and wellbeing. Materials and programs should also include a focus on hygiene, nutrition, physical activity, and cessation of alcohol, tobacco and other drug use as enablers for good health.

OBJECTIVE 4.2

Deliver targeted, needs-based and community-driven activities to support healthy babies

Effort must be targeted at providing positive, culturally safe, responsive, and affordable services that ensure a strong start to life, in line with locally determined priorities. This includes services across reproductive, antenatal, infant and family health, and health promotion programs targeting nutrition, and alcohol, tobacco and other drugs cessation. Birthing on Country must also be explored as a way to support the best possible start to life across geographical areas. Where birthing on Country is not feasible, health services should offer supports to allow women to have family and cultural supports in place.

OBJECTIVE 4.3

Deliver targeted, needs-based and community-driven activities to support healthy children

Effort must be targeted at providing strengths-based, culturally safe and holistic services that ensure a strong foundation to life, in line with locally-determined priorities. This includes services across child and family health to support children's social and emotional wellbeing, and the prevention of childhood and infectious diseases.

OBJECTIVE 4.4

Deliver culturally safe and responsive immunisation responses

Aboriginal and Torres Strait Islander people must continue to have access to immunisations as a priority population. This includes COVID-19 vaccines and influenza vaccines, as well as childhood immunisations through the National Immunisation Program. Cultural determinants and social determinants approaches to immunisation programs must also be implemented, as well as recognition of Aboriginal and Torres Strait Islander people and communities as being disproportionately susceptible to, and impacted by, pandemics and communicable diseases.

OBJECTIVE 4.5

Implement culturally safe and responsive solutions to prevent the uptake of tobacco use

Activity to prevent tobacco use must remain a priority, including reviewing evidence to ensure that population health approaches are targeted appropriately to reach those most at risk. There must also be a focus on the cultural determinants and social determinants of tobacco use. Activities must maintain efforts to prevent the uptake of tobacco use before it starts in young people, as well as a focus on geographic regions with high levels of smoking prevalence. Activities must also include monitoring and targeting the use of emerging products, such as e-cigarettes and vapes.

OBJECTIVE 4.6

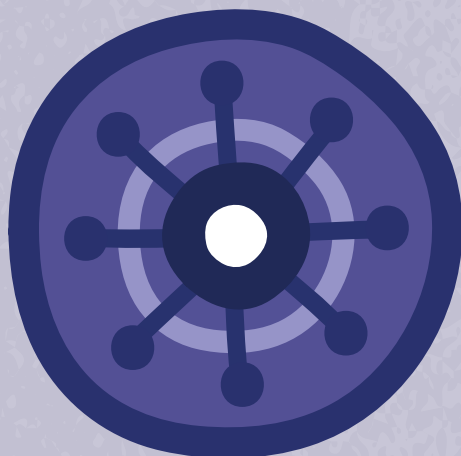
Deliver targeted, needs-based and community-driven actions to prevent alcohol and other drug related harm

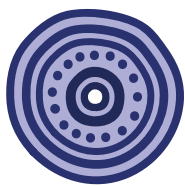
Effort to prevent alcohol and other drug related harm must be targeted, needs-based, trauma-aware and healing-informed. The delivery of local level prevention and treatment activities must include cultural determinant and social determinant considerations, and be delivered through genuine partnerships or led by local communities, preferably through ACCHS, and informed by best-practice. This includes activities that intersect with the justice system to enable better coordinated and integrated efforts at the community level.

OBJECTIVE 4.7

Deliver targeted, culturally safe and responsive injury prevention activities

Effort is required to appropriately target injury prevention activities across the life course. This includes embedding Aboriginal and Torres Strait Islander holistic views of health, and recognising the physical, emotional, spiritual and cultural aspects of harm. This requires effort to be centred on the safety and emotional wellbeing of individuals, families and communities, with a particular focus on the close interactions between injury, mental health and substance use.





Priority 5: Early intervention



Desired outcome

Early intervention approaches are accessible to Aboriginal and Torres Strait Islander people and provide timely, high quality, effective, culturally safe and responsive care.

Context

Early intervention is a key stage of prevention that includes identifying, diagnosing, treating and managing health and wellbeing issues to stop them becoming more serious. In the context of this Health Plan, early intervention focuses on the conditions that disproportionately impact Aboriginal and Torres Strait Islander people as a way to close the gap in health outcomes. A key aspect of this is ensuring access to screenings and follow-up care, when and where they are required.

Early intervention approaches must be determined locally to be effective. They must also consider the ongoing historical, social, political and environmental factors that impact Aboriginal and Torres Strait Islander people. This includes considering the intersection of key risk factors across the social determinants, such as addressing housing and other environmental health risk factors. Action will require cross-sectoral partnership and commitment from all levels of government and non-government organisations, as led and determined by community priorities.

Place-based early intervention

Early intervention priorities may differ between communities depending on their location. For example, some Aboriginal and Torres Strait Islander communities are more strongly impacted by heart, ear or eye conditions. For these communities, there may be a focus on:

- preventing acute rheumatic fever from becoming rheumatic heart disease
- preventing hearing loss resulting from ear infections
- preventing avoidable blindness through the diagnosis and management of eye conditions, such as trachoma.

Place-based approaches must be locally determined and embed multidisciplinary care and partnerships. They must include pathways through primary health care (including identification of symptoms, diagnosis, treatment and follow-up care) to allied, specialist and tertiary care.

'The primary objective of EHCP is to enhance the monitoring and treatment of ear and hearing health in primary care. A particular focus is to support access to quality, culturally safe ear and hearing health services for Aboriginal and Torres Strait Islander children and youth before they commence primary school.'

» See Case Study 4 – Ear Health Coordination Program (EHCP).

Early intervention across the life course

Early intervention is vital to manage the development or progression of health conditions over time. A key focus must be on the conditions with the potential to become serious, but that are preventable and/or easily treatable with early intervention. This includes an early life approach where children can access preventive care to avoid disease progression and comorbidities later in life.

The MBS 715 health check for Aboriginal and Torres Strait Islander people is a comprehensive assessment of physical, psychological and social health in a primary care setting. It occurs across age groups and is a key opportunity for immunisation.

Early intervention for oral health is important for good health and wellbeing. While good oral health in childhood is key to preventing tooth decay later in life, it is also a preventative measure for other associated diseases, such as diabetes, kidney disease and vascular disease.⁴¹ Partnering with communities to design and deliver dental programs and services is vital because such approaches:

- maximise the chances of success⁴²
- support the multidisciplinary approach to oral health services and education needed to reach children early.⁴³

Early intervention in sexual health is another important area for positive gains over the life course, particularly for adolescents and young people. Early intervention approaches will require ensuring that Aboriginal and Torres Strait Islander young people have the knowledge and tools to manage their sexual, reproductive and mental health. This means access to culturally safe and responsive sexual and reproductive health services, promotion activities and age-appropriate sexual development education. Early detection and treatment of sexually transmitted infections are also vital to prevent further spread if outbreaks do occur. It is critical that such responses embed point of care testing and routine antenatal care to minimise mother to child transmission.⁴⁴

'NACCHO began working with ACCHS and state and territory affiliates to raise awareness of the [syphilis outbreak] issue among Commonwealth, state and territory governments in 2017. NACCHO's leadership resulted in the Australian Government funding the \$21.2 million Enhanced Syphilis Response (ESR) Program (2017–18 and 2020–21) to support ACCHS to provide locally appropriate and culturally safe services in outbreak regions.'

» ***See Case Study 5 – Effectiveness of the Community Controlled Health Service Model: Enhanced Syphilis Response.***

Smoking is a major cause of chronic disease and mortality. This means that early intervention activities that target tobacco are essential to ensure that Aboriginal and Torres Strait Islander people live long and healthy lives. Key factors for successful tobacco early intervention are:

- family-centred approaches, such as cessation support for pregnant mothers and the broader family unit to reduce second-hand smoke impacts and enable a healthy start to life.
- approaches that encourage young people to stop smoking.

Early intervention approaches must also understand the social determinants that impact tobacco use,⁴⁵ and target effort towards those more at risk, such as:

- people experiencing mental illness and psychological distress
- members of the Stolen Generations
- people living in remote and very remote areas.⁴⁶

Chronic diseases impact Aboriginal and Torres Strait Islander people's health and wellbeing as they grow older. This includes disease such as cancer, diabetes, cardiovascular disease and renal disease. Early intervention activities must be aimed at preventing new or recurrent cases of these health conditions. Screening is a key way to detect issues early, even before symptoms of disease

are present. For example, people who have breast, cervical and bowel cancers detected through national cancer screening programs have better survival outcomes than those who have never been screened.⁴⁷

For those already affected by chronic disease, activities must support ongoing management to prevent disease progression and the development of complications. However, the progression of these diseases for Aboriginal and Torres Strait Islander people is often associated with disparities in service provision and access, and disease treatment and management.⁴⁸ This means that for early intervention to be successful, Aboriginal and Torres Strait Islander people must have better access to culturally safe and responsive health services. This will improve chronic disease management and recovery, and help people transition into healthy ageing.

Genetics also play a role in the chances of inheriting diseases and conditions. To be effective, early intervention approaches must therefore also include working through family history to understand where people may be susceptible. This can support early detection and proactive management ahead of disease progression.

Facts and figures

- Between 2010-11 and 2017-18, the proportion of Aboriginal and Torres Strait Islander people who had an Indigenous health check nearly tripled.⁴⁹
- From 2010-11 to 2016-17, the proportion of Aboriginal and Torres Strait Islander people who had a follow-up service within 12 months of an MBS 715 health check more than tripled.⁵⁰
- Chronic diseases were responsible for more than two-thirds (70%) of the gap in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians in 2011.⁵¹
- From 2011 to 2015, Aboriginal and Torres Strait Islander Australians were 1.4 times as likely to die from cancer as non-Indigenous Australians.⁵²
- Aboriginal and Torres Strait Islander people participate in the National Bowel Cancer Screening Program at nearly half the rate of non-Indigenous Australians (22.9% compared to 44.7%).⁵³
- The incidence rate for Acute Rheumatic Fever among Aboriginal and Torres Strait Islander people increased from 57 per 100,000 in 2010 to 105 per 100,000 in 2018.⁵⁴
- In 2012-13, Aboriginal and Torres Strait Islander adults were twice as likely to have chronic kidney disease as non-Indigenous Australians.⁵⁵



OBJECTIVE 5.1

Increase the quality and uptake of health checks

Work must continue to increase access to, and uptake of, MBS health checks (including MBS items 715, 228, 92004 and 92016) to ensure continuity of care and monitoring of risk factors for chronic disease, including tobacco use, alcohol and other substance use, blood pressure, blood sugar levels, height and weight. Work must also continue to ensure that annual health checks:

- are of high quality
- reflect age-appropriate health needs
- are culturally and clinically safe and valuable to the needs of Aboriginal and Torres Strait Islander people
- include patient goals and priorities
- are expanded to cover a broader scope of items
- align with evidence-based preventive health guidelines
- are accepted across primary care practices
- are linked to follow-up relationship-based care pathways, including for specialist and allied health services.

OBJECTIVE 5.2

Deliver activities to improve oral health, particularly for children

Targeted action to improve oral health must continue to be implemented across all jurisdictions, including urban, regional, rural and remote locations. This includes expanding access to, and funding for, essential dental services to ensure Aboriginal and Torres Strait Islander people – particularly children – are receiving dental care when and where they need it. To drive the uptake of dental health services and benefits (including through the Child Dental Benefits Schedule), promotion activities should be culturally safe and targeted to ensure that both communities and health care providers are aware of services available.

OBJECTIVE 5.3

Enhance access to early intervention for chronic disease

Access to culturally safe and responsive, best practice early intervention must continue to be enhanced to ensure early identification of risk factors and proactive management of chronic disease, including by prioritising the delivery of care through ACCHS. Multidisciplinary care must embed cultural determinant and social determinant approaches and must be accessible when and where it is needed. This includes access across primary health, allied health and specialist services. Approaches must be implemented in line with community and jurisdictional needs and priorities, recognising the different circumstances across urban, regional, rural and remote locations. Action to address cardiovascular disease, diabetes, ear, eye and renal health, and rheumatic heart disease, remain key priorities.

OBJECTIVE 5.4

Target early interventions to support cessation of tobacco use

Targeted screening and brief interventions must continue at the local health service level to promote and harness opportunities to quit smoking. This includes a focus on high-risk populations, such as people living in remote and very remote areas, people with mental health conditions and members of the Stolen Generations. Activities to support smoking cessation for pregnant mothers and their broader family unit must also be enhanced to reduce the impact of second hand smoke and enable a healthy start to life.

OBJECTIVE 5.5

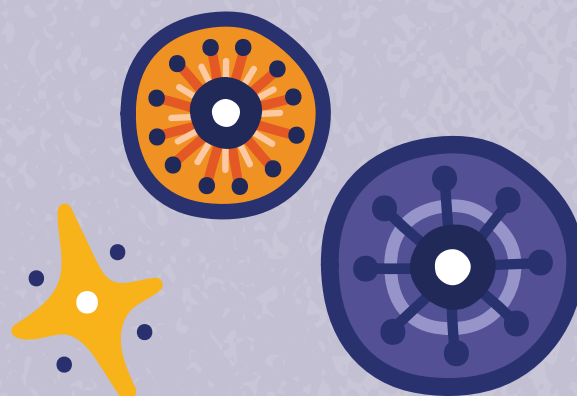
Enhance the delivery of evidence-based sexual health screening activities at the community level, particularly for adolescents and young adults

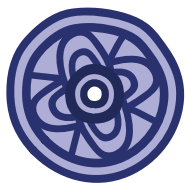
Sexual health screening must continue to be made available as an essential part of holistic and comprehensive primary health care. Where possible, this must incorporate a 'point of care' testing model to ensure access to immediate treatment when required. Additional effort must also be implemented to target areas of high need as they arise, including through the availability of point of care testing and enhanced workforce support. Sexual health should also be supported by preventive health approaches.

OBJECTIVE 5.6

Deliver targeted action to improve cancer screening rates and care pathways for treatment

The barriers to comprehensive cancer care for Aboriginal and Torres Strait Islander people must be addressed at all stages across the cancer care continuum. This includes the provision of culturally safe and responsive models of care and screening services for early detection; improving geographical accessibility across urban, regional, rural and remote locations; and providing culturally safe health risk information and implementing community-driven awareness raising activities. The National Aboriginal and Torres Strait Islander Cancer Framework and the *Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer* must also continue to be implemented to drive access to culturally safe and responsive cancer treatment and care, including by addressing barriers to identifying, treating and managing cancer.





Priority 6:

Social and emotional wellbeing and trauma-aware, healing-informed approaches

Desired Outcome

Programs, policies and services prioritise social and emotional wellbeing through strengths-based approaches that embrace this holistic view and harness the protective factors of culture.

The Stolen Generations

Between 1910 and the 1970s, as many as 1 in 3 Aboriginal and Torres Strait Islander children were forcibly removed from their families under Australian Government policies of assimilation. The intergenerational impact on the lives and wellbeing of Aboriginal and Torres Strait Islander people has been lasting and devastating, including the disconnection from culture, language, Country, identity and community.

Context

Social and emotional wellbeing is the foundation of physical and mental health for Aboriginal and Torres Strait Islander people, families and communities. It is a strengths-based and holistic concept that embeds the network of relationships between individuals, family, kin and community. It also recognises the importance and impacts of connection to land, culture, spirituality and ancestry.

Culture is a protective factor for social and emotional wellbeing and has reinforced Aboriginal and Torres Strait Islander people's resilience across generations. However many carry deep and lasting experiences of personal and intergenerational trauma as an ongoing legacy of colonisation.* This means health policies, programs and services must take a strengths-based approach and embed trauma-aware and healing-informed approaches.

The social, political and historical determinants of health can also affect social and emotional wellbeing. This means trauma-aware and healing-informed approaches must extend across broader wraparound service and support areas, including:

- aged care
- disability
- early childhood, and youth and adolescence
- community and family safety
- education and employment
- law and justice
- housing, environment and infrastructure
- food security
- alcohol, tobacco and other drugs.

Trauma-aware and healing-informed approaches

Health policies, programs and services must recognise and address the impact of trauma on social and emotional wellbeing. This includes acknowledging the way trauma has impacted disconnection from culture, including cultural ecology, kinship systems and cultural practice.⁵⁶

Breaking the cycle of intergenerational trauma requires more than just acknowledging historical, social and political determinants. Strategies must also orient responses around healing. This will require strengths-based, holistic responses, with positive messaging grounded in culture's protective influence on Aboriginal and Torres Strait Islander social and emotional wellbeing. Such approaches are at the heart of community controlled, healing-centred models, which incorporate traditional and western healing by sharing knowledge, culture and practices.

Trauma-aware and healing-informed approaches must also be tailored for diverse Aboriginal and Torres Strait Islander people, whose circumstances may vary across a number of factors including:

- life course
- geographical location
- disability status
- LGBTQI+SB identification.

Tailored approaches must also include ensuring that all people are empowered to determine and drive care delivery, and to control their social and emotional wellbeing outcomes.

* Trauma is defined in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017-2023 as 'experiences and symptoms associated with particularly intense stressful life events that overwhelm a person's ability to cope' (page 10).

Figure 5: SEWB Diagram.



SEWB Diagram adapted from Gee et al., (2014)

Trauma-aware and healing-informed approaches across all care settings will require workforce training and transformation. This must include:

- partnerships between Aboriginal Community Controlled Health Services (ACCHS) and mainstream services to develop and implement culturally safe and responsive training
- expanding the capacity and reach of the ACCHS social and emotional wellbeing workforce.

Trauma-aware, healing-informed and culturally safe supports must also extend to the workers themselves. This is vital to avoid triggering or worsening trauma experienced by Aboriginal and Torres Strait Islander health professionals who work with Aboriginal and Torres Strait Islander people with complex issues.

A focus on young people

Social and emotional wellbeing approaches must focus on a strong start to life. This is because when trauma occurs early in life it has a substantial impact on brain development, including behaviours, understanding, attachment and relationship development.⁵⁷

Strong, safe and resilient families are key to a solid foundation for social and emotional wellbeing throughout the life course. This includes embedding the cultural significance of kinship, family and community to build strong relationships. Culturally safe and responsive parenting and family supports must also recognise and address any stigma associated with seeking services.

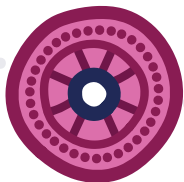
Service providers, workforce, schools and parental education and support programs must coordinate to embed Aboriginal and Torres Strait Islander knowledge and holistic wraparound service models. This includes across mental health, child protection, education and juvenile justice, and models based on the experiences and challenges children and young people face. These services must take a strengths-based approach that focuses on social and emotional wellbeing promotion as a mechanism to prevent risk factors before they develop.

Approaches that target young people and early years must focus on key developmental phases that impact resilience, relationships, behaviour, skill development and sense of self. Support must exist to safely transition from childhood through to adolescence and adulthood, which are key stages for cultural rites and for the developing of gender and sexual identity.

Organisations leading the way

Aboriginal and Torres Strait Islander-led organisations have set the benchmark for social and emotional wellbeing action. For example, at the national level The Healing Foundation partners with communities to:

- provide policy advice
- generate research
- build leadership capacity
- strengthen the healing workforce to address ongoing trauma, including trauma resulting from the forced removal of children from their families.



SNAICC – National Voice for Our Children works closely with government to ensure national child-safe policies embed Aboriginal and Torres Strait Islander children's needs. Gayaa Dhuwi (Proud Spirit) Australia is also leading the way in social and emotional wellbeing, mental health and suicide prevention. It is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies to promote collective excellence in mental health care.

The Gayaa Dhuwi (Proud Spirit) Declaration

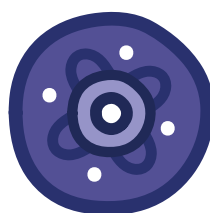
1. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system and, in some circumstances, support specialised areas of practice.
2. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander people.
3. Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander people.
4. Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander people for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.
5. Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

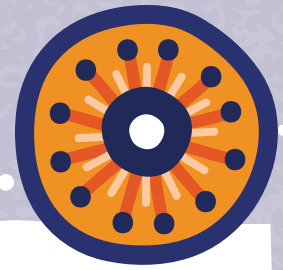
'The CSEWB program assists participants and communities to build resilience, belonging, and strengthening cultural identity by identify factors that impact negatively on CSEWB, and strengthening protective factors of CSEWB while recognising the importance of history and culture.'

» See Case study 6 – Langford Aboriginal Association: Cultural, Social, and Emotional Wellbeing (CSEWB) Program.

Facts and figures

- Members of the Stolen Generations and their families are particularly impacted by trauma,⁵⁸ and are therefore more likely to need access to health and housing services compared to other Australians the same age.⁵⁹
- Aboriginal and Torres Strait Islander people in the later stages of life are more likely to need community and residential aged care support compared to non-Indigenous Australians.⁶⁰
- Young Aboriginal and Torres Strait Islander people's social and emotional wellbeing would be positively impacted if they are strong in cultural identity, have access to culturally safe and responsive services, their families are strong, and education systems teach the true history of Australia.⁶¹
- In 2018–19, 67% of Aboriginal and Torres Strait Islander people aged 18 and over had low/moderate levels of psychological distress, while 31% had high/very high levels. This was up 4 percentage points since 2004–05 (27%).⁶²
- In 2018–19, 66% of Aboriginal and Torres Strait Islander people aged 15 and over identified with a tribal/language group or clan, and 74% recognised an area as homelands/traditional Country.⁶³





OBJECTIVE 6.1

Update and implement a strategic approach for social and emotional wellbeing

A strategic approach for social and emotional wellbeing must continue to be updated and implemented. This includes refreshing and implementing the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* to align with the National Agreement and other policy reforms, and expanding timeframes to 2021–31. This work must consider the complex interactions of broader social determinant influences across the life course, including housing security, education and employment, interactions with the justice system, and the protective factors of connection to Country and culture.

Approaches must emphasise the holistic and whole-of-life definition of social and emotional wellbeing held by Aboriginal and Torres Strait Islander people. This includes wraparound support and timely access to services, such as healing centres, where possible. Consideration also should be given to the diverse needs of different age cohorts, the ageing population, people with disability and people who belong to the LGBTQI+SB community.

OBJECTIVE 6.2

Support ACCHS to deliver social and emotional wellbeing services

ACCHS must be prioritised and resourced to deliver social and emotional wellbeing supports and services to Aboriginal and Torres Strait Islander people. This includes resourcing to establish and/or further develop multifaceted social and emotional wellbeing teams in order to deliver innovative, strengths-based, holistic and flexible services. Prioritising service delivery through ACCHS will ensure that services are as close to home as possible, and provide an entry point into a range of locally-identified social and emotional wellbeing activities that are inclusive of recovery and healing, health promotion, prevention and early intervention.

OBJECTIVE 6.3

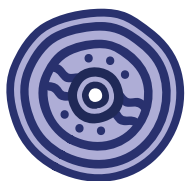
Support Aboriginal and Torres Strait Islander organisations to provide leadership on healing and social and emotional wellbeing

Support must continue for Aboriginal and Torres Strait Islander organisations to lead work on healing and social and emotional wellbeing. This includes Gayaa Dhuwi (Proud Spirit) Australia and the Healing Foundation. Gayaa Dhuwi (Proud Spirit) Australia is leading the renewal of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, the refresh and implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, and advising governments and PHNs on the implementation of the 5th National Mental Health and Suicide Prevention Plan, including the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration.

OBJECTIVE 6.4

Implement training and other support across the whole health system to better understand and respond to social and emotional wellbeing in all aspects of life

The whole health system must be better equipped to provide trauma-aware and healing-informed approaches. To enable this, training and other support must be more readily available for non-Indigenous and mainstream health care professionals to identify, understand and respond to Aboriginal and Torres Strait Islander social and emotional wellbeing. Mainstream health services and organisations delivering social and emotional wellbeing supports must forge partnerships with community-level organisations, including ACCHS, to drive locally-relevant approaches and solutions.



Priority 7:

Healthy environments, sustainability and preparedness

Desired outcome

Capacity building and development is undertaken to ensure that Aboriginal and Torres Strait Islander people have access to safe and healthy environments with sustainable housing, sanitation, water security, and food security. Communities are prepared and have the necessary infrastructure to respond to natural and other disasters.

Context

Environmental health refers to the ways that the physical, chemical and biological environments that we live in can affect our health and wellbeing. Healthy environments are particularly vital to Aboriginal and Torres Strait Islander people due to their deep cultural connections to Country and all lands, seas and waters. Certain factors contribute to good environmental health, such as:

- food security
- access to and availability of clean water and sanitation
- health hygiene and healthy living infrastructure
- effective pest and disease control
- safe and nutritious food
- safe, secure and culturally responsive housing.

Geographical location, population growth, overcrowding and extreme weather events can impact environmental health. This means that communities must be sustainable and prepared to respond in times of crisis, including being able to create health-supportive environments that prevent or reduce risk factors for disease.

Environmental health and health risks

When environmental health conditions are not taken into consideration, they can undermine the success of other public health initiatives. For example, good health cannot be achieved where air quality, drinking water quality, food safety, chemical use, and soil and groundwater contamination all contribute to adverse health outcomes.⁶⁴ Environmental health must therefore be considered as part of a holistic approach to health and wellbeing. This means solutions to reduce environmental health risks must stem from across sectors and services.⁶⁵

Different levels of government manage different environmental health factors. This means that to ensure a cohesive, culturally safe and responsive approach, all levels of government must work with local communities and their organisations (including ACCHS) to identify community needs and solutions. This is particularly important for remote communities where supplying and maintaining water, waste management, sewerage and electricity services can be more challenging.

Housing

Before colonisation, Aboriginal and Torres Strait Islander people designed housing to respond to the cultures and locations of communities. It was about more than physical shelter—it also catered to families' health, economic and social needs, and served as a central point for community life.⁶⁶ To ensure the health and wellbeing of Aboriginal and Torres Strait Islander people, contemporary housing must embed culturally-responsive design. This includes consideration of kinship, family and community living arrangements to avoid creating or compounding risk factors for ill health.

Homes that do not incorporate space for extended family and kinship ties can become overcrowded, which in turn can impact the functioning of health hardware. Overcrowding and non-functional facilities can lead to a number of physical health issues, including:

- skin infections
- acute rheumatic fever and rheumatic heart disease
- trachoma
- otitis media
- post-streptococcal glomerulonephritis – linked to chronic kidney disease and caused by strains of group A streptococcus (which also causes acute rheumatic fever).

Recognising the strong link between healthy and responsive housing and positive physical, mental, and social and emotional wellbeing outcomes is vital. Community-driven solutions provide the best opportunity for culturally responsive and place-based housing. These solutions also provide long-term sustainable benefits at the local level, such as:

- opportunities to stimulate local economies through meaningful and sustainable employment within community
- new education and training pathways for students across a range of vocations.



Food security

Food security is a fundamental human right. It is a critical part of health equity that impacts mortality rates, birth weight, and diet-related chronic disease.⁶⁷ Food security has different implications for people across urban, regional, rural and remote locations. However, it can be particularly challenging for Aboriginal and Torres Strait Islander people in remote areas. For example, the *2020 House of Representatives Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities* identified a number of issues and systemic barriers to nutritious food intake. Such barriers are often related to fresh food, and include cost, demand, supply and access.

Embedding cultural knowledge and practice can help address food insecurity and related health challenges for Aboriginal and Torres Strait Islander people. For example, collecting and consuming traditional bush foods is linked to improved diet, exercise and physical, spiritual, social and emotional wellbeing.⁶⁸ The annual accessibility and availability of traditional foods enhances this.⁶⁹

Impacts of natural disasters

Natural disasters and a changing climate threaten Aboriginal and Torres Strait Islander people's physical and cultural wellbeing. Changes in water and food quality and access, air pollution, and extreme climate events can all impact physical health. Environmental changes to land, rivers and seas can also have a devastating cultural impact on Aboriginal and Torres Strait Islander people's connection to Country, including through disrupting relationships with plants, animals and spiritual ancestors.⁷⁰

Aboriginal and Torres Strait Islander cultural knowledge and understanding of natural environments are key to preparing for and avoiding disasters. This has been emphasised in the findings of the Royal Commission into National Natural Disaster Arrangements, which states that all governments should explore further opportunities to leverage Aboriginal and Torres Strait Islander land and fire management insights when developing, planning and executing public land management across Australia.⁷¹

Indigenous land and sea management, also referred to as 'caring for Country', includes a wide range of environmental, natural resource and cultural heritage management activities undertaken by Aboriginal and Torres Strait Islander individuals, families, groups and organisations across Australia. Indigenous land management has holistic benefits across health, economic, and environmental, cultural and social wellbeing.

Preparedness and planning

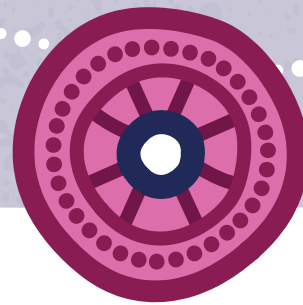
Aboriginal and Torres Strait Islander people's perspectives, ways of living and culture must be at the centre of actions for healthy environments, sustainability and preparedness. This means that all development, design and implementation must happen in partnership, with shared decision making, led by Aboriginal and Torres Strait Islander people.

Public emergency planning and responses must also account for the health and wellbeing needs of Aboriginal and Torres Strait Islander people with disability. This has been highlighted as a key issue through experiences with bushfires and the COVID-19 pandemic. At the local level, Aboriginal and Torres Strait Islander people with disability must be engaged in the very early stages of any response, throughout disaster risk management discussions and in related policy development.

Facts and figures

- In 2018–19, nearly 1 in 5 (18% or 145,300) Aboriginal and Torres Strait Islander people were living in overcrowded housing (i.e. housing that needed one or more additional bedrooms to adequately house household members). This was a lower proportion than in 2004–05 (27%).⁷²
- In 2018–19, 1 in 3 (33%) Aboriginal and Torres Strait Islander households were living in housing with one or more major structural problems, such as major cracks in walls or floors, sinking or moving foundations, or major electrical or plumbing problems. This was a similar proportion to 2012–13.⁷³
- In 2012–13, more than 1 in 5 (22%) Aboriginal and Torres Strait Islander people were living in a household that, in the previous 12 months, had run out of food and had not been able to afford to buy more. This was significantly higher than in the non-Indigenous population (3.7%).⁷⁴
- The cost of groceries in remote regions of Australia can be, on average, 60% higher than in metropolitan areas.⁷⁵





OBJECTIVE 7.1

Support and grow the Aboriginal and Torres Strait Islander environmental health workforce

Effort must continue across all jurisdictions and across urban, regional, rural and remote locations to support and grow the Aboriginal and Torres Strait Islander environmental health workforce. This includes ensuring workforce linkages across health, housing, land councils, ACCHS, local governments, peak industry bodies, universities and training organisations. This will support resourcing and facilitating the development of locally-responsive solutions to fix core structural and/or environmental issues that have harmful impacts on health. These workforce linkages are necessary to address the complexity and scope of the environmental health workforce, which includes education pathways, community controlled maintenance and repair teams, regular infrastructure checks, clean water supply, environmental health literacy, and innovative environmental health responses.

OBJECTIVE 7.2

Support community driven housing and infrastructure solutions

Efforts to improve housing require culturally safe, multi-sectoral and community-driven approaches that generate solutions based on actual need. Housing solutions and design must be responsive to unique kinship and social housing aspects, and implemented in partnership with Aboriginal and Torres Strait Islander communities. Housing delivery must also include appropriate health hardware, recognise the need to address overcrowding as an immediate priority, and include planning for anticipated extreme weather conditions that occur as a result of a changing climate.

Aboriginal and Torres Strait Islander housing providers must also be supported and resourced to implement cyclical housing repair and maintenance programs to ensure housing meets a minimum standard to protect the safety of residents and support healthy living practices. These approaches must be supplemented by clear and proactive governance and accountability requirements. They should also consider targeted primordial intervention for housing-related medical conditions that are common to Aboriginal and Torres Strait Islander households, such as acute rheumatic fever and rheumatic heart disease, trachoma, otitis media.

OBJECTIVE 7.3

Take action to improve food security


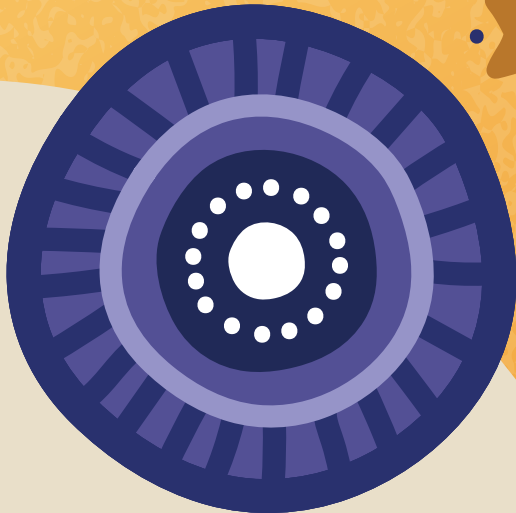
Solutions to food security (including through traditional food sources) must both enable self determination in diet and nutrition-related decision making, and address the factors that contribute to low intake of nutritious foods. This includes consideration of issues related to supply, access, affordability, demand and barriers to consumption. Action must support stores to act as an important community service that is pivotal to community members' health and wellbeing.

OBJECTIVE 7.4

Support disaster and pandemic planning, preparedness and recovery at the national and community level

Disaster and pandemic planning, preparedness and recovery must embed mechanisms for the leadership of Aboriginal and Torres Strait Islander communities, including advice and guidance on culturally-specific responses and communication strategies. This requires strong partnerships between all levels of government led by community organisations (such as ACCHS) to embed community planning, preparedness and recovery processes and principles at the local level, and to enable these organisations to deliver inclusive and culturally safe responses to support and protect communities. This includes surge capacity support for ACCHS during disasters or crises. National planning must also consider the increasing adverse health effects of a changing climate on Aboriginal and Torres Strait Islander people.





Improving the health system

To close the gap in health inequity, the health system must be more responsive to the needs of Aboriginal and Torres Strait Islander people. It must consider the contexts of family, culture and community. An effective and responsive health system for Aboriginal and Torres Strait Islander people means access to health care that is holistic, integrated, person and family centred, regardless of location.

The Health Plan includes a long-term vision to eliminate racism, with immediate action to address racism across the health system. This approach embeds the experiences of discrimination and inequity that Aboriginal and Torres Strait Islander people face across service settings, including the intersectional experiences of diverse populations. An improved health system that is culturally safe and responsive will also contribute to progress against the National Agreement's Priority Reform Three. Priority Reform Three aims to transform government organisations to work better for Aboriginal and Torres Strait Islander people, including by identifying and eliminating racism.

The Health Plan embeds a focus on improving quality of services and levels of access. This includes increased integration of healthcare systems and pathways across primary, secondary, tertiary, specialist and allied health care. It capitalises on innovative technology to respond to emerging challenges across an increasingly complex health system. This includes seizing opportunities around the rapid expansion of telehealth consultations and the widespread adoption of digital equipment and technologies.





Priority 8:

Identify and eliminate racism

Desired outcome

Individual and institutional racism across health, disability and aged care systems is identified, measured and addressed under a human rights-based approach.

Context

Racism is more than just words, beliefs and actions. It includes all the barriers that prevent people from enjoying dignity and equality because of their race.⁷⁶ It can intersect strongly with other discrimination faced by diverse population groups, such as people with disability and LGBTQIA+SB people.

Racism takes many forms and can happen in any place. It includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin. Freedom from racism is a fundamental human right, enshrined in the United Nations Declaration of Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Whether intentional or unintentional, all forms of racism are illegal in Australia under the *Racial Discrimination Act 1975*.

Aboriginal and Torres Strait Islander people's experiences of racism have a direct impact on their health and wellbeing outcomes. At a societal level, racism can debilitate confidence and self-worth. This in turn impacts health and wellbeing outcomes and prevents Aboriginal and Torres Strait Islander people from reaching their full potential.⁷⁷

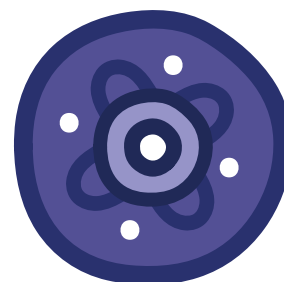
At a service level, racism can make Aboriginal and Torres Strait Islander people feel uncomfortable accessing health services and less likely to seek care.⁷⁸ It can also mean a person may be treated differently or discriminated against when accessing care. They may get sub-optimal treatment, be misdiagnosed, have symptoms dismissed or not get the care they need. Racism also contributes to a higher rate of Aboriginal and Torres Strait Islander people discharging from services early.⁷⁹

Types of Racism

Interpersonal racism refers to the 'interactions between people that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups'.⁸⁰

Institutional racism is 'structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator'.⁸¹ In the Australian health system it 'manifests in the exclusion of Aboriginal and Torres Strait Islander people from the governance, control and accountability of health care organisations'.⁸²

Unconscious bias describes the underlying attitudes and stereotypes that unintentionally influence how Aboriginal and Torres Strait Islander people are understood and engaged with.⁸³ This can occur at both interpersonal and institutional levels.



Cultural safety and racism in health care

Cultural safety is about **how** care is provided, rather than **what** care is provided. It requires practitioners to deliver safe, accessible and responsive health care that is free of racism by:

- recognising and responding to the power imbalance between practitioner and patient
- reflecting on their knowledge, skills, attitudes, practising behaviours, and conscious and unconscious biases.

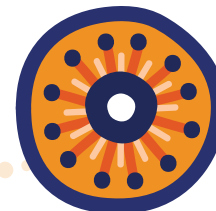
Embedding cultural safety means Aboriginal and Torres Strait Islander people are more likely to access health services, and experience better outcomes when they do.⁸⁴ Given Aboriginal and Torres Strait Islander cultures are diverse, what cultural safety means may differ depending on location and community. This means cultural safety needs to be self-determined at the local level by Aboriginal and Torres Strait Islander individuals, families and communities.

Existing efforts are in place to improve cultural safety across the health system. This includes policies, guidelines and training requirements at the national, state and local levels, and national reporting of available data on cultural safety.

Policies and guidelines for cultural safety

- **Cultural Respect Framework 2016–26** – commits all governments to a national approach to build a culturally respectful health system.
- **Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework** – measures for culturally respectful healthcare services, patient experience of health care and access to services, noting more work is needed to increase reporting on whole-of-health system services.⁸⁵
- **National Health Reform Agreement – Addendum 2020–25** – commits all governments to co-developing and co-delivering culturally safe and secure health services.
- **Code of Conduct for Nurses and Code of Conduct for Midwives** – legal requirements, professional behaviour and conduct expectations for nurses and midwives in all practice settings.
- **National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025** – sets a clear direction and course of action for the Australian Health Practitioner Regulation Authority, National Boards and Accreditation Authorities (who together regulate Australia’s 740,000 registered health practitioners) to make cultural safety the norm.
- **National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health** – information for health service organisations to improve their quality of care and health outcomes for Aboriginal and Torres Strait Islander people based on the National Safety and Quality Health Service Standards.





Institutional racism

Institutional racism is one of the main drivers of poorer health outcomes for Aboriginal and Torres Strait Islander people.⁸⁶ However it is less well known or understood when compared to interpersonal racism. This is because it goes beyond health staff attitudes or behaviours to include:

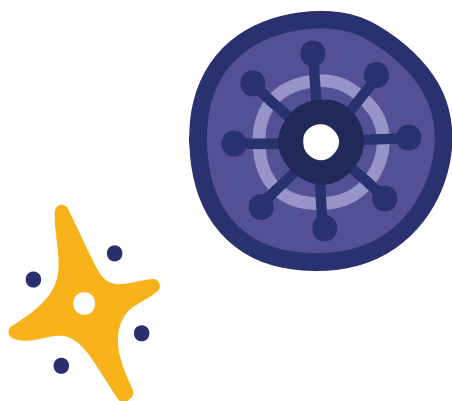
- how organisations and systems are structured, including how they are governed, staffed, resourced, operated and held accountable
- how Aboriginal and Torres Strait Islander people are excluded from, and impacted by, such processes.

The complex and systemic nature of institutional racism means it can be difficult to see who it privileges and who is impacted by it. It also means training and development are not enough to eliminate it.⁸⁷ To address institutional racism, health services must have mechanisms in place that recognise and respond to the systemic barriers Aboriginal and Torres Strait Islander people face. This must include a zero-tolerance policy for racism, with metrics and processes to measure health service accountability. Key to this is recording, evaluating and responding to patient experiences. This requires accessible, culturally safe and responsive complaints mechanisms, including flexibility to adapt reporting functions to suit diverse populations, such as through the use of interpreter services.

Patient information drives health care safety, quality and accountability. It is a way for services to fully understand how well they are responding to patients' needs. Key to this is patient identification, which involves sensitively, correctly, and regularly asking all patients whether they identify as Aboriginal and/or Torres Strait Islander, and recording responses accurately.⁸⁸ Recording patient identification on all health care forms and data systems is aligned with national best practice guidelines.⁸⁹

Facts and figures:

- In 2012–13, 7% of Aboriginal and Torres Strait Islander adults reported avoiding seeking health care because doctors, nurses or other staff at hospitals or doctor surgeries had treated them unfairly.⁹⁰
- More than 60% of Aboriginal and Torres Strait Islander medical students, doctors and specialists experienced racism and/or bullying every day, or at least once a week.⁹¹
- Aboriginal and Torres Strait Islander doctors reported racism as a major source of stress, at nearly 10 times the rates of non-Indigenous counterparts.⁹²
- Nationally, 19,900 Aboriginal and Torres Strait Islander hospital patients took their own leave from hospital between July 2015 and June 2017.⁹³
- In 2017–18, most Aboriginal and Torres Strait Islander specific primary health care providers (95%) had a formal commitment to providing culturally safe health care.⁹⁴
- 50% of Aboriginal and Torres Strait Islander people reported experiences of racial prejudice over 6 months in 2020, compared to 1 in 5 non-Indigenous Australians.⁹⁵
- 60% of Aboriginal and Torres Strait Islander people (compared to 43% of the broader community) agree Australia remains a racist country.⁹⁶
- Direct and indirect racial discrimination in providing health services are both unlawful under Commonwealth, state and territory discrimination law.⁹⁷
- In 2014–15, 80% of Aboriginal and Torres Strait Islander people who consulted a doctor/specialist in the last 12 months said their doctor always/often listened carefully, and 85% said their doctor always/often showed respect for what was said.⁹⁸





OBJECTIVE 8.1

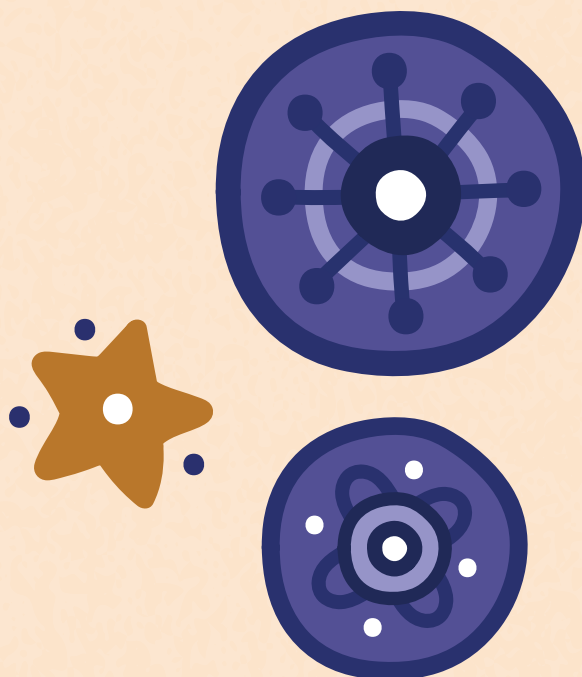
Institutional racism across the health, disability and aged care systems is acknowledged, addressed, measured, and reported

Governments and health bodies across the health, disability and aged care systems, including PHNs and LHNs, must implement mechanisms to address individual and institutional racism in service delivery, and demonstrate their commitment and accountability through reporting. Policies and processes must also be developed in a way that ensures Aboriginal and Torres Strait Islander people are not discriminated against intentionally or unintentionally, with services publicly accountable for their actions through ongoing monitoring. ACCHS and other local Aboriginal and Torres Strait Islander organisations are best placed to guide the development and implementation of strategies to eliminate racism.

OBJECTIVE 8.2

Improve cultural safety training across mainstream health services and settings

Governments and health bodies across the health system, including PHNs and LHNs, must improve cultural safety training to address experiences of racism. Training and educational bodies must support this through consistent approaches to ongoing cultural safety training, including in the development, interpretation and assessment of guidelines and processes for meeting accreditation standards and reporting. Training must also take into consideration the different needs of Aboriginal and Torres Strait Islander people, including geographical differences, gender, age and culture.





OBJECTIVE 8.3

Ensure racism complaints procedures are available and accessible

Aboriginal and Torres Strait Islander people's experiences of racism and discrimination must be fed back into system improvement processes to ensure whole-of-health system accountability and change. This includes building in protocols for cultural safety, respect and confidentiality. Complaints driven processes require monitoring and reporting mechanisms that demonstrate their effectiveness for Aboriginal and Torres Strait Islander people and compliance with racial discrimination law.

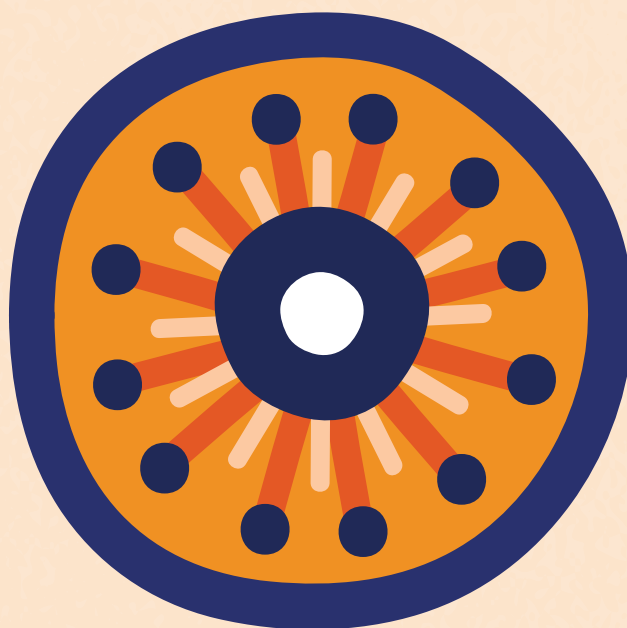
OBJECTIVE 8.4

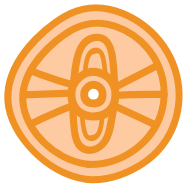
Enhance data collection to improve measurement of racism and cultural safety across the health system

To enable consistent public reporting, data mechanisms to collect and report on racism and cultural safety must be developed and enhanced across the health system. This must include expanding current reporting and further developing the existing mechanisms (including national agreements) that enable consistent reporting on:

- patient experiences
- waiting times
- discharging from healthcare against medical advice.

The collection of Aboriginal and/or Torres Strait Islander status information must also be embedded in data and information collection across all health settings as a key element in providing culturally safe health care. This must be implemented in alignment with culturally safe, best practice guidelines.





Priority 9:

Access to person-centred and family-centred care

Desired outcome

Aboriginal and Torres Strait Islander people have access to health care that is responsive to local contexts and different population groups.

Context

Accessible care for Aboriginal and Torres Strait Islander people is about responding to diverse experiences and backgrounds. It is about responding to all aspects of a person's life with a strengths-based approach, including experiences of trauma. This requires integrated, multidisciplinary care across all settings and sectors.

For the whole health system to be accessible, services must recognise that all Aboriginal and Torres Strait Islander people have:

- a right to health equity and social and emotional wellbeing
- unique and valuable knowledge, priorities, skills and experiences that can contribute to their own health and wellbeing, and to the health and wellbeing of their families and communities
- inherent strengths across all diverse groups that are resilient and thriving, despite the challenges they may face.

Person-centred and family-centred care

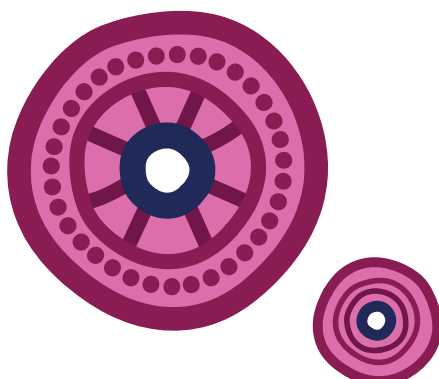
Aboriginal and Torres Strait Islander people's health care must be person-centred, which means that care is tailored to the person according to their own preferences and priorities. Embedded in this is the right to self-determined care, and for Aboriginal and Torres Strait Islander people, this also means the ability to choose a family-centred model of care. Family-centred care recognises the key role family plays in health. It embeds kinship connections, including supports for family and extended networks.

Both person-centred and family-centred care:

- address geographical and physical access needs
- account for differing health literacy, language, living/lived experience, cultural background, sexual and gender identification, age, and ability.

This approach is also responsive to the impacts and challenges of broader social determinants on health and wellbeing. This includes providing wraparound services and supports across mental health, family safety, justice, housing, and use of alcohol, tobacco and other drugs.

Person-centred and family-centred care requires an integrated health system that people can seamlessly navigate regardless of their health care needs. A key part of this is ensuring access to follow-up care across primary, secondary, tertiary, specialist and allied health services, particularly in the context of health assessments. The development of trust, relationships, and clear and responsive communication is also vital for determining person-centred and family-centred care pathways.



Access across the whole health system

The health system must be equipped to provide flexible, culturally safe and place-based care across the whole life course. This includes through preconception, pregnancy, maternal health, youth and adolescence, into adulthood, aged care, palliative care, death and dying.

Both the public and the private health system are accountable for ensuring that all Aboriginal and Torres Strait Islander people have access to services, where and when they are needed. This accountability must be demonstrated, measured and evaluated through robust continuous quality improvement frameworks.

Primary health, allied health and community health

Care across primary health, allied health and community health must adopt place-based service delivery, including through telehealth and point-of-care testing. They must also ensure access to and quality use of medicines. As demonstrated through responses to the COVID-19 pandemic, such approaches are particularly vital in health emergencies. Early access to responsive primary care is also key to addressing the higher hospitalisation rates of Aboriginal and Torres Strait Islander people, where presentation often occurs at a later stage of disease and can lead to higher rates of mortality.

Follow-up care

Increasing access to follow-up care is essential to ensure better outcomes for disease management across the life course. This is because effective follow-up care can prevent conditions from progressing to more chronic stages, which also require more intensive levels of care. Increases in health assessments, such as 715 health checks, provide an opportunity to ensure that increased episodes of care also translate into greater experiences of follow-up care. However improvements in follow-up care will require solutions that address barriers to care, such as cost, transport, communication pathways, service infrastructure and information capability.

Pharmacy care

Ensuring Aboriginal and Torres Strait Islander people have access to appropriate and affordable prescription medicines, when and where they need them, remains a key priority. Through the Seventh Community Pharmacy Agreement, changes are being implemented to the Community Pharmacy Programs to support Closing the Gap initiatives, including:

- ensuring culturally safe and responsive pharmacy services
- increasing access to affordable PBS medicines and dose administration aids.

These efforts must continue to address barriers to accessing prescription medicines, and to encourage uptake to address the under-use of prescription medicines.

Acute care

Acute care settings must be accessible, culturally safe and responsive to address the gaps between Aboriginal and Torres Strait Islander and non-Indigenous experiences in hospitals. These include:

- the gap in surgery procedures and wait times
- the rates of early discharge or discharge against medical advice.

Addressing these gaps will require hospitals to implement strategies to better deliver holistic, culturally safe and responsive models of care. Strategies could include:

- employing traditional health workers to provide complementary care
- having care coordination pathways with Aboriginal Community Controlled Health Services (ACCHS) to deliver care on Country.

Aged care

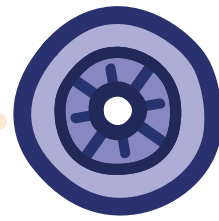
Older Aboriginal and Torres Strait Islander people and communities are less likely to access aged care services than all other non-Indigenous demographics.⁹⁹ This is despite older Aboriginal and Torres Strait Islander people having the highest co-morbidities and rates of early onset dementia across all older demographics in Australia.¹⁰⁰

To improve access for Aboriginal and Torres Strait Islander people, the aged care system must better embed holistic, community-centred, trauma-aware and healing-informed models of care. This includes ensuring on site access to wraparound services and supports,¹⁰¹ which requires:

- aged care services working in partnership with ACCHS for better accessibility to services
- expanding the reach of ACCHS to deliver more services in communities.

Palliative care

For Aboriginal and Torres Strait Islander people, the end-of-life stage incorporates a holistic understanding of health and wellbeing where life and death are cyclical. This means that end-of-life activities – such as palliative care, mortuaries and retaining genetic material – must embed kinship, culture and community. They must recognise that the place of dying is culturally and spiritually significant for many Aboriginal and Torres Strait Islander people, who may wish to ‘return to Country’ at the end of life.¹⁰² To be responsive to these cultural aspects of death and dying, ‘advanced care yarning’ practices should be adopted to involve patients, family and kinship networks in decision-making for culturally safe and appropriate care.¹⁰³



Addressing barriers to access

A number of physical, systemic, cultural and social factors impact on Aboriginal and Torres Strait Islander people's ability to access care. For example, the Royal Commission into Aged Care Quality and Safety, and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, heard that Aboriginal and Torres Strait Islander people:

- preferred services delivered by Aboriginal and Torres Strait Islander providers
- found mainstream services to be geographically and culturally inaccessible and hard to navigate
- often received health care at a later stage and potentially in acute hospital settings when the issues became more critical.

Services that do not have appropriate equipment, training, facilities and personnel can also impact access to care. For example, people with disability may experience diagnostic overshadowing. This is when a health professional ascribes the symptoms of a patient's illness to their disability, rather than to a secondary, undiagnosed illness. Beyond the services themselves, transport can be another barrier to accessing care. This can be a particular challenge for both older people and people with disability, who may rely on transport to access services and care.

Responsive, quality, accessibility and health care must be delivered in line with community needs and priorities, including across broader sectors and services. This includes recognising the key role of representative bodies who partner with and advise governments on responsive policies and programs to ensure better access to services, such as:

- the First Peoples Disability Network (FPDN)
- the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC).

Harnessing new and emerging technologies

Existing and emerging technologies provide a unique opportunity to improve access to care for Aboriginal and Torres Strait Islander people and communities. For example, digital health can enable greater access to health services and care pathways, which creates a more connected system and better patient experiences. To capitalise on these opportunities, new and emerging technologies must be harnessed, with communities driving implementation to respond to community members' needs.

The adoption of telehealth services has provided significant benefits in reducing the barriers to accessing care. The flexibility of these services can reduce travel time and cost, while also providing access to specialist care that may not otherwise be available. Telehealth services also support the delivery of care on Country. They allow access for those who would rather attend an ACCHS but are unable to because of distance, or during pandemics and other disasters.

Telehealth and other emerging technologies must be culturally safe and responsive. This means they must consider the importance of establishing relationships with Aboriginal and Torres Strait Islander people as key to enabling effective health service delivery. This must also include implementing localised responses that support strong relationships between provider and patient.

'Underpinning the success of all Aboriginal Community Care South Australia's services is their respect for Aboriginal and Torres Strait Islander cultures ... all service delivery is founded on a 'wellness approach', connecting community and Country to support social, emotional and cultural wellbeing.'

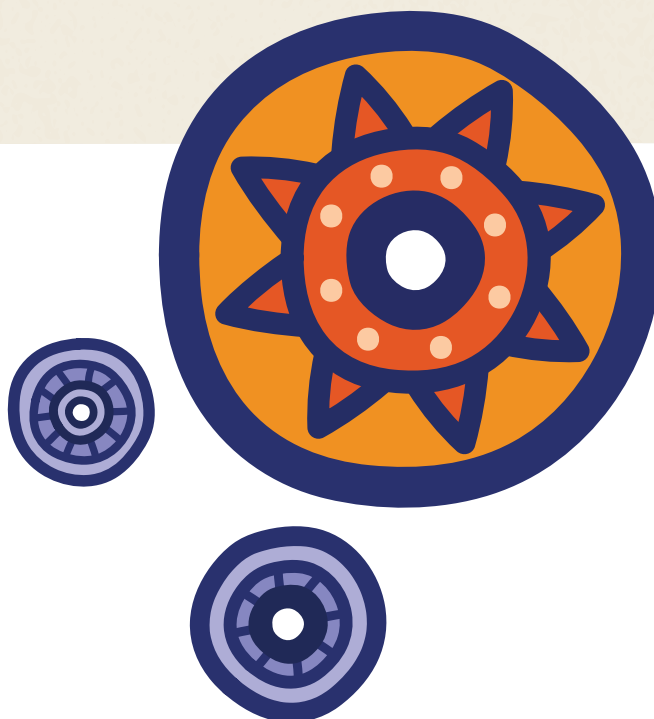
» See Case Study 7 – Culturally safe, community based aged care.





Facts and figures

- Almost 7 in 10 (68%) Aboriginal and Torres Strait Islander people living in remote areas usually see a GP who is part of an Aboriginal Medical Service or community clinic, compared with almost 3 in 10 (29%) in non-remote areas.¹⁰⁴
- 30% of Aboriginal and Torres Strait Islander people reported they needed to, but did not, see a healthcare provider in the 12 months prior to the 2018–19 Aboriginal and Torres Strait Islander Health Survey (Health Survey), with reasons including:
 - being too busy (33%)
 - decided not to seek care (28%)
 - waiting time too long/service not available at the time required (16%)
 - transport/distance (14%)
 - disliked service/professional or were embarrassed/afraid (11%)
 - felt service would be inadequate (10%)
 - cost of service (7%)
 - did not trust service provider (4%)
 - service not available in area (2%)
 - discrimination/not culturally appropriate/language problem (1%).¹⁰⁵
- The main service gaps reported by Aboriginal and Torres Strait Islander primary health care organisations include mental health/social and emotional wellbeing (68%), youth services (54%), and alcohol, tobacco and other drug services (45%).¹⁰⁶
- There was an overall increase in the number of Commonwealth-funded Aboriginal and Torres Strait Islander primary health care organisations, from 108 in 1999–2000 to 210 in 2018–19.¹⁰⁷
- Based on age-standardised rates, Aboriginal and Torres Strait Islander people reported a disability or restrictive long-term health condition in 2018–19 at 1.5 times the rate of non-Indigenous Australians.¹⁰⁸
- In 2014–15, 66% of Stolen Generations survivors were aged 50 years and over, and by 2023 all of this cohort will be eligible for aged care.¹⁰⁹
- About two-thirds of Stolen Generations survivors were living with disability or a restrictive long-term health condition.¹¹⁰
- One in five Aboriginal and Torres Strait Islander children live with disability (22%) – most common are sensory disability (nearly 12%), cognitive disability (9%), physical disability (5%), psychosocial disability (4%).¹¹¹
- Almost half of all Aboriginal and Torres Strait Islander adults live with disability (48%) – including physical disability (31%), sensory disability (20%), psychosocial disability (11%).¹¹²
- While there is often a focus on remote settings, the majority of Aboriginal and Torres Strait Islander people (78%) live in urban and regional areas of Australia.



OBJECTIVE 9.1

Deliver flexible, culturally safe, place-based and person-centred health care across allied health, community health and primary care settings

Governments and healthcare services must work with communities, including through ACCHS, to better understand how the design and delivery of services can best meet needs across urban, regional, rural and remote locations. This will help build cultural safety and better enable the health system to identify priorities, understand local cultural contexts and language requirements, and involve Aboriginal and Torres Strait Islander people in determining their own health priorities and care pathways. Efforts should be reviewed through a continuous quality improvement framework.

OBJECTIVE 9.2

Ensure access to person-centred, culturally safe and responsive acute care

Aboriginal and Torres Strait Islander patients and their families must have access to flexible, culturally safe and responsive care across acute care settings. This means working with communities to understand their needs and addressing the systemic factors that result in patients taking own leave or discharging against medical advice.

The experiences of Aboriginal and Torres Strait Islander patients must be at the centre of determining responsive care, including embedding trauma-aware and healing-informed approaches, and responding to the diverse needs of populations, including the ageing population, children and young people, speakers of Aboriginal and Torres Strait Islander languages, people with disability and people who belong to the LGBTQI+SB community.

OBJECTIVE 9.3

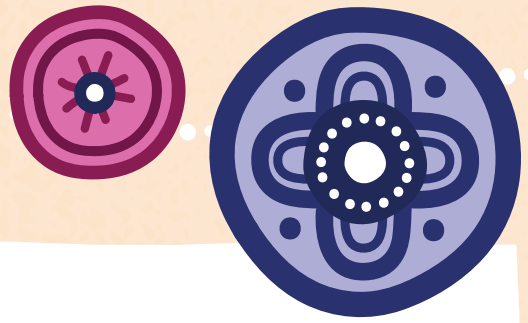
Ensure access to telehealth, digital health and other technologies to enable better health care access and connection to services

Ongoing efforts to improve access to telehealth, digital health and other emerging technologies must continue across general practice, allied health and specialist care, including for diagnostic and screening procedures. This must also include ongoing systems and infrastructure supports to enable the use of telehealth and clinical information systems in ACCHS, as well as supports to ensure best practice in the adoption and ongoing use of new technology. This must also take into account the unique needs of Aboriginal and Torres Strait Islander communities to ensure the best level of access.

OBJECTIVE 9.4

Enhance service linkages and integration for continuity and coordination of holistic care, including follow-up care and support services

The continuity and coordination of care across the health system must be enhanced across all jurisdictions and locations to support interactions and follow-up care across multiple providers. This includes the primary care sector (including through general practice, PHNs and ACCHS), tertiary care (including through hospitals and LHNs), specialist services, allied health, multidisciplinary teams, aged care, disability and mental health services, community pharmacies, and other support and community groups.



OBJECTIVE 9.5

Continue to support improved access to subsidised medicines and the quality use of medicines

Barriers to accessing evidence-based medicines, and the services related to the quality use of medicines, must be considered and addressed. These barriers include financial (despite safety net schemes), appropriateness, availability and location of services (including primary health care, specialists, non-dispensing pharmacists and pharmacies), language barriers and the cultural safety of services. ACCHS must be prioritised as best placed to support the quality use of medicines across the community, including through health literacy.

OBJECTIVE 9.6

Enhance access to aged care services that integrate place-based, culturally safe and trauma-aware and healing-informed care

Innovative, culturally safe aged care service models must be supported at the local level to increase access to aged care services, including for people with dementia. This requires mainstream accountability for providing targeted, coordinated, person and family-centred care. Mainstream aged care service must also support the growth of the Aboriginal and Torres Strait Islander aged care workforce and forge genuine local partnerships with ACCHS to drive service responsiveness.

OBJECTIVE 9.7

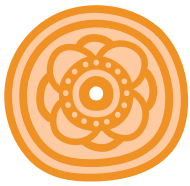
Improve access to responsive health care for people with disability

Innovative, culturally safe disability service models must be supported at the local level to increase access to disability services. All health services, including ACCHS, must be equipped to provide appropriate care for people with disability. This includes ensuring appropriate physical access, equipment, facilities and staff training. There must also be a rights-based and strengths-based approach to respond to the unique and intersectional experiences of Aboriginal and Torres Strait Islander people with a disability. Partnerships between health, aged care and disability services at the local level will support better integration of care pathways and a holistic approach to care and wellbeing.

OBJECTIVE 9.8

Enhance access to place-based, culturally safe and responsive palliative care services

Strategies and programs must be implemented to ensure access to culturally safe and culturally specific end-of-life care. This includes support for dying on Country across urban, regional, rural and remote locations, activities to enhance the capacity of ACCHS to deliver palliative care services, and ensuring a culturally safe end-of-life workforce. Cultural values must also be embedded in national palliative care education and training for healthcare workers and professionals.



Priority 10:

Mental health and suicide prevention

Desired outcome

Mental health is addressed in a sustained and holistic way that is trauma-aware and healing-informed, recognising the impacts of the social determinants of health and embracing the strength that Aboriginal and Torres Strait Islander people have from culture and language.

Context

Good mental health and social and emotional wellbeing are both vital for Aboriginal and Torres Strait Islander people to reach their full potential and enjoy long and healthy lives. However, while mental health and social and emotional wellbeing are interlinked, they are not the same. Strong social and emotional wellbeing is a protective factor that reduces the risks associated with mental health conditions.¹¹³ This means social and emotional wellbeing provides a foundation for good mental health, but does not guarantee it.

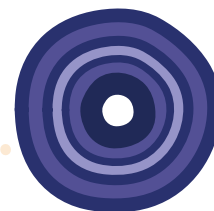
Access to culturally safe and responsive mental health and suicide prevention services means ensuring care uses trauma-aware and healing-informed approaches. This is necessary to create settings free from judgement, where people feel physically and emotionally safe enough to share their stories and experiences. Where possible, this should include facilitating access to traditional healers who provide holistic and complementary care that prioritises healing.

While many Aboriginal and Torres Strait Islander people seek mental health care from an Aboriginal Community Controlled Health Service (ACCHS), not everyone has access to such services. This means that mainstream mental health and suicide prevention services, including those funded and delivered across governments, must also have the capability and expertise to deliver trauma-aware and healing-informed approaches. Such approaches will improve outcomes by reducing the barriers that keep Aboriginal and Torres Strait Islander people from engaging with and following treatment.

The **Fifth National Mental Health and Suicide Prevention Plan** commits all governments to improving Aboriginal and Torres Strait Islander mental health and suicide prevention. It acknowledges the ongoing impact of racism and ACCHS' role in delivering culturally safe and responsive mental health care.

A refreshed **National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Implementation Plan** has been developed by an Aboriginal and Torres Strait Islander expert committee overseen by Gayaa Dhuwi (Proud Spirit) Australia. The strategy will guide a national recalibration of suicide prevention activity to focus on the empowerment of people and communities.





Suicide prevention

The effect of suicide on Aboriginal and Torres Strait Islander people, families and communities is devastating. While the suicide rate is double that of the non-Indigenous population,¹¹⁴ the true impact is incalculable. This is especially because the youth suicide rate has been growing in recent years. Young Aboriginal and Torres Strait Islander people under 25 represent about 25% of suicide deaths within their age category.¹¹⁵

Aboriginal and Torres Strait Islander communities are resilient. Despite this, the long history of colonisation and the resulting intergenerational trauma has left marks on both individual and collective mental health experiences. This means that mental health and suicide prevention approaches must be trauma-aware and healing-informed, and developed to recognise social and political legacies.

Poor mental health is only one of a number of risk factors for suicide. Suicide prevention approaches must take a holistic view of mental health, in line with Aboriginal and Torres Strait Islander conceptions of wellbeing. This means harnessing the protective aspects of culture, such as relationships with family, kin and community. It also means taking a social determinants approach to mitigate the effects of social, economic, and environmental stresses.¹¹⁶ This includes wraparound support across family and community wellbeing, youth and early childhood, employment, housing, justice and tobacco, alcohol and other drug use.



Coordination and integrated models of care

A holistic approach to Aboriginal and Torres Strait Islander mental health requires coordinated action across jurisdictions, sectors and services, including:

- whole-of-government – across portfolios, at all levels, and all relevant schemes, such as the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)
- mainstream health and mental health programs and services – including general practice, allied health, community health, child and adolescent services, forensic mental health services, Primary Health Networks (PHNs), and Local Health Networks (LHNs) – including acute mental health services, outpatient services and hospital emergency departments
- private and non-profit sectors – including psychology, psychiatry and child and adolescent mental health services, such as Headspace
- Aboriginal and Torres Strait Islander health and mental health services and supports – including peak organisations, ACCHS and other community-based organisations.

Integrated suicide prevention (ISP) (also referred to as a systems or integrated approach to suicide prevention) is underlined as best practice in the 5th National Mental Health and Suicide Prevention Plan. The ISP program logic asserts that undertaking multiple prevention activities and elements at the same time is more effective than siloed action in specific areas. This includes:

- mental health and wellbeing promotion to prevent mental health conditions before they occur
- early intervention to diagnose and manage mental health conditions and prevent suicide
- ensuring continuity of care pathways through aftercare/postvention services
- extending supports to people and caregivers bereaved by suicide, who are at increased risk of suicide or self-harm.¹¹⁷

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project outlines examples of success factors in community-led integrated suicide prevention programs,¹¹⁸ and includes actions for at-risk groups.



'Wathaurong provides access to a range of culturally appropriate health, housing, education, employment, justice, aged and disability, family, antenatal and pregnancy and community services. They contribute to improvements in community wellbeing and build the capacity of communities to control their own affairs and achieve self-determination.'

» See Case study 8 – Wathaurong Aboriginal Co-operative.

People with lived experience at the heart of care

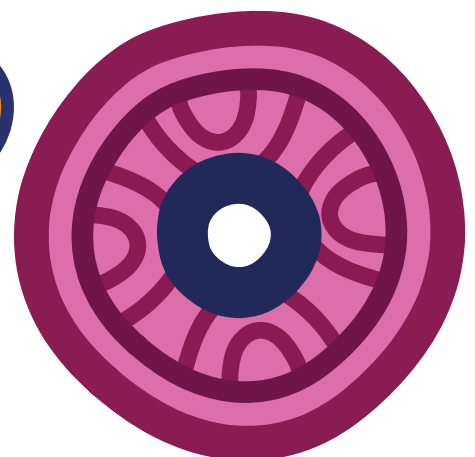
For mental health and suicide prevention approaches to be effective, people with lived experience must be empowered to self-determine and lead the design and implementation of care. This includes:

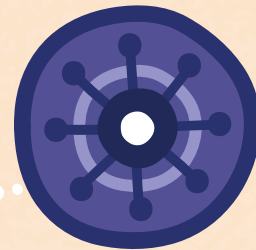
- communities and ACCHS, who are best placed to identify and respond to local risks and challenges that impact broader social and emotional wellbeing
- people with lived experience of suicide/mental health challenges, such as those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, or have had a loved one die by suicide
- priority groups who may have intersectional experiences, and who experience a disproportionate burden of mental health conditions, including youth, LGBTQIA+SB, members of the Stolen Generations and their descendants, and people with a lived experience of child sexual abuse.

The Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention developed the **Australian Indigenous Suicide Prevention Policy Concordance**. It is a resource for Aboriginal and Torres Strait Islander communities, mental health and health services, PHNs, policy makers, researchers and advocates. It helps them navigate the large number of Aboriginal and Torres Strait Islander-specific and mainstream policy documents related to suicide prevention, mental health and social and emotional wellbeing.

Facts and figures

- Almost 1 in 3 Aboriginal and Torres Strait Islander adults (31% or 149,400) had high to very high levels of psychological distress in 2018–19 (age-standardised), a similar proportion to 2014–15, compared to 13% of non-Indigenous adults.¹¹⁹
- In 2018–19, an estimated 24% (187,500) of Aboriginal and Torres Strait Islander people reported a mental health or behavioural condition, with a higher rate among females than males (25% compared with 23%). Anxiety was the most commonly reported mental health condition (17%) followed by depression.¹²⁰
- When comparing intentional self-harm deaths between the Aboriginal and Torres Strait Islander and non-Indigenous populations, suicide accounted for a greater proportion of all Aboriginal and Torres Strait Islander deaths (5.5%) compared with deaths of non-Indigenous Australians (2%).¹²¹
- Suicide was the fifth leading cause of death for Aboriginal and Torres Strait Islander people in 2019.¹²²
- Aboriginal and Torres Strait Islander people use mental health services at higher rates than other Australians.¹²³





OBJECTIVE 10.1

Implement key reforms to Aboriginal and Torres Strait Islander mental health and suicide prevention policy

Aboriginal and Torres Strait Islander mental health and suicide prevention policies must be implemented across all jurisdictions, in line with each jurisdictions' unique priorities. This includes the refreshed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy that has been developed under the leadership of Gayaa Dhuwi (Proud Spirit) Australia to ensure that Aboriginal and Torres Strait Islander voices are placed at the centre of mental health and suicide prevention policy development. This also includes implementing agreed national reforms on mental health and suicide prevention.

OBJECTIVE 10.2

Strengthen the role of ACCHS to deliver and coordinate culturally safe and responsive mental health and suicide prevention services

ACCHS must be prioritised as best placed to deliver culturally safe, community-focused mental health and suicide prevention services to their communities, within a social and emotional wellbeing framework. Partnerships at the local level must be embedded to ensure that services targeted at the population level are culturally safe, inclusive and equipped to deliver responses specific to the needs of communities. Where ACCHS are unavailable to provide mental health and suicide prevention services, other Aboriginal and Torres Strait Islander organisations should be prioritised.

OBJECTIVE 10.3

Embed integrated models of suicide prevention and mental health for continuity of care


Integrated, cross-sectoral care must be embedded to ensure that Aboriginal and Torres Strait Islander people have greater access to culturally safe and inclusive care pathways through early intervention, aftercare and postvention services, no matter where they live. This means there must be a focus on care that embeds place- and community-based wellness promotion to prevent risk factors across the broader determinants of mental health. Services must also have the capability to deliver approaches tailored to recognise the impact of colonisation and intergenerational trauma, and facilitate wraparound supports. ACCHS must be recognised as best-placed to tailor local solutions and prioritised as the preferred providers of these services.

OBJECTIVE 10.4

Ensure Aboriginal and Torres Strait Islander people with lived experience are at the centre of the development and delivery of mental health and suicide prevention services

The people that are best placed to determine mental health needs and priorities must be at the heart of policy, program and service design, implementation and evaluation. This includes, but is not limited to:

- children and young people
- communities, who understand local contexts
- people with lived mental health and/or suicide experiences
- the LGBTQI+SB community.



Culturally informed evidence base

Policymakers rely on a solid evidence base of data and research to drive the development, implementation and evaluation of policies and programs. When data and research practices are culturally informed, they are conducted ethically and put Aboriginal and Torres Strait Islander people's experience at the heart of policy, program and service accountability.

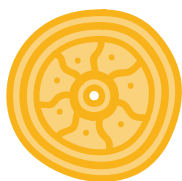
A culturally informed evidence base embeds Aboriginal and Torres Strait Islander leadership and decision-making in all parts of development, monitoring and evaluation. This is to ensure that the priorities and needs of Aboriginal communities are reflected, that the strengths of culture are embedded, and that there is a clear line of accountability to Aboriginal and Torres Strait Islander people and communities.

The Health Plan asserts that a culturally informed evidence base requires Aboriginal and Torres Strait Islander access to, and control over, Aboriginal and Torres Strait Islander data. This includes ensuring that the community is able to benefit from research and data by building local capacity to generate, store and share locally-relevant data. This approach embeds Indigenous data sovereignty principles and aligns with Priority Reform Four of the National Agreement on shared access to data and information at a regional level.

What is Indigenous Data Sovereignty?

The Maïam Nayri Wingara Aboriginal and Torres Strait Islander Data Sovereignty Collective developed this set of **Australian Indigenous data governance protocols and principles** at the inaugural Indigenous Data Sovereignty Summit in 2018. These include the rights of Aboriginal and Torres Strait Islander people to:

1. exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure
2. data that is contextual and disaggregated
3. data that is relevant and empowers sustainable self-determination and effective self-governance
4. data structures that are accountable to Aboriginal and Torres Strait Islander people and Nations
5. data that is protective and respects individual and collective interests.



Priority 11:

Culturally informed and evidence-based evaluation, research and practice

Desired outcome

Implementation is future-focused, and research and evaluation is Aboriginal and Torres Strait Islander led. The experiences, knowledge and expertise of Aboriginal and Torres Strait Islander people is embedded across policy and program development.

Context

Issues of health equity for Aboriginal and Torres Strait Islander people extend into research and academia. Historically, non-Indigenous people have set the agendas for research and evaluation. As a result, there have been many instances where research and evaluation has not been conducted in a culturally safe way or to the benefit of Aboriginal and Torres Strait Islander people. Indeed, some research and evaluation has been considered harmful, as it has both validated and perpetuated systemic and interpersonal racism.

Why are research and evaluation important to health?

Research and evaluation are critical elements in developing an evidence base to drive health and wellbeing outcomes. They are key to:

- understanding and tracking population health and wellbeing trends
- finding new ways to prevent and treat disease
- monitoring and evaluating the progress of policies, programs and services
- demonstrating how culture affects health and wellbeing outcomes for Aboriginal and Torres Strait Islander people and communities.


Understanding the history of research and evaluation has led a shift towards greater focus on culturally safe, informed and beneficial research and evaluation practice. For example, cultural safety is being embedded in the development of new guidelines for practice, such as the National Genomic Guidelines. There is also clear recognition that an increase in Aboriginal and Torres Strait Islander-led research and evaluation is needed to ensure ethical research and evaluation practices embed the dignity, rights and welfare of people and communities.

Aboriginal and Torres Strait Islander led research and evaluation

Research and evaluation about Aboriginal and Torres Strait Islander health must be driven by priorities set by Aboriginal and Torres Strait Islander people. This means that research organisations must support Aboriginal and Torres Strait Islander researchers to participate in the research workforce.

The National Health and Medical Research Council (NHMRC) National Network for Aboriginal and Torres Strait Islander Health Researchers (National Network) aims to strengthen the Aboriginal and Torres Strait Islander researcher workforce. It engages with Aboriginal and Torres Strait Islander communities and supports research in high priority areas. The National Network will provide a voice for Aboriginal and Torres Strait Islander health researchers, empower communities and nurture national and international collaborations to improve Aboriginal and Torres Strait Islander health. NHMRC has committed \$10 million over 5 years to support the National Network.

Progress is being made towards research and evaluation being led by Aboriginal and Torres Strait Islander people. The Lowitja Institute – an Aboriginal and Torres Strait Islander community controlled research organisation – is leading the way. Lowitja supports the health and wellbeing of Aboriginal and Torres Strait Islander people through quality, high impact research, and by prioritising Aboriginal and Torres Strait Islander leadership. A unique feature of Lowitja Institute's process is to fund knowledge translation as part of all commissioned research projects. All of Lowitja Institute's work is based on an Aboriginal and Torres Strait Islander designed research agenda.



Five key principles underpin Lowitja Institute's approach to research:

1. **Beneficence** – to act for the benefit of Aboriginal and Torres Strait Islander people
2. **Leadership** by Aboriginal and Torres Strait Islander people
3. **Engagement of research end users** (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
4. **Development of the Aboriginal and Torres Strait Islander research workforce**
5. **Measurement of impact** in improving Aboriginal and Torres Strait Islander people's health.¹²⁴

Of the 41 projects supported by Lowitja Institute over the 2014-2019 period, 68% were led by Aboriginal and Torres Strait Islander researchers. A further 25% of project investigators received grants from NHMRC and ARC, which demonstrates the importance of research that reflects the priorities of Aboriginal and Torres Strait Islander people and creating a pathway into other research funding options.

In 2019, Lowitja instituted a unique research commissioning process that privileges Aboriginal and Torres Strait Islander people. Under this process, 100% of all funded Lowitja Institute research projects are Aboriginal and Torres Strait Islander led, and all projects are awarded to Aboriginal and Torres Strait Islander organisations. Lowitja Institute has a strong and enduring commitment to strengthening the capability of the Aboriginal and Torres Strait Islander health research workforce. Over 2010 to 2019, 28 scholarships for Master and Doctoral degrees were funded, with a further 11 scholarships co-funded with partners.

The Medical Research Future Fund's (MRFF) Indigenous Health Research Fund (IHRF) is also working to improve health outcomes. It funds Aboriginal and Torres Strait Islander-led research practice, governance, knowledge translation, and evidence-based structural change in Aboriginal and Torres Strait Islander health practice.

The IHRF has 4 draft priority areas for investment:

- ensure a healthy start to life
- ensure lifelong health
- implementation science – deliver what works
- address the root causes of inequity.

More work is needed to build on these successes, and to strengthen and grow the Aboriginal and Torres Strait Islander health research workforce. This will be captured under the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (Workforce Plan). This plan aims to accelerate the growth of the Aboriginal and Torres Strait Islander health workforce across all health roles, including health research.

Guidelines for ethical research

Ethical guidelines require researchers to involve Aboriginal and Torres Strait Islander people in research that impacts their lives. The involvement must stretch across all stages and at all levels, including research proposals, conducting research, data governance and sovereignty, analysis, interpretation, write up, knowledge translation and exchange.

Guidelines are not always limited to human research. For example, the AIATSIS Code of Ethics applies to all Aboriginal and Torres Strait Islander research, whether or not the research intends to directly involve human participants. It extends to using collections such as archives, datasets, and the collection of information or biospecimens that may not otherwise be categorised as human research.¹²⁵

These key guidelines outline how research should be conducted with Aboriginal and Torres Strait Islander people:

- Ethical conduct in research with Aboriginal and Torres Strait Islander People and communities: Guidelines for researchers and stakeholders 2018 – National Health and Medical Research Council (NHMRC)
- Code of Ethics for Aboriginal and Torres Strait Islander Research – Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

There must be a strong focus on implementing the existing guidance for ethical research. In line with the AIATSIS Code of Ethics, this includes, 'all research that impacts or is of particular significance to Aboriginal and Torres Strait Islander people, including planning, collection, analysis and dissemination of information or knowledge, in any format or medium, which is about and may affect Aboriginal and Torres Strait Islander people both collectively and individually.'

There must also be a focus on ensuring research and evaluation practice involving Aboriginal and Torres Strait Islander people is accessible and beneficial to people and communities. This is closely aligned with National Agreement Priority Reform Four – Shared Access to Data and Information at a Regional Level, which calls for Aboriginal and Torres Strait Islander partnership and shared decision making in research. Ensuring ethical, accessible and beneficial research will require:

- seeking human research ethics approvals from Aboriginal Human Research Ethics Committees or subcommittees
- adhering to Indigenous data sovereignty principles.

Genomics research

Advances in genomics research have the potential to reduce health disparities and improve health outcomes. This includes through predicting disease risk, finding novel diagnostics and improving treatment pathways.

In the past, genomic material for clinical applications or research has been collected without consideration of Aboriginal and Torres Strait Islander people's concerns. Redress for this requires greater leadership from Aboriginal and Torres Strait Islander people, communities and representative bodies on issues relating to genomics.

Genomics for person-centred care

Genomics has the power to change lives. It can help people suffering from rare conditions and prevent conditions from occurring in the first place. Clinical and research uses for genomics are evolving, and as with any new field, there are emerging concerns and issues relating to specific groups of people in Australia. This includes for Aboriginal and Torres Strait Islander people. For genomics to be responsive for Aboriginal and Torres Strait Islander people, it must be person-centred. This means understanding and respecting the specific factors that relate to history, culture, equality and benefit in the context of Aboriginal and Torres Strait Islander people.

Specific considerations must be given to Aboriginal and Torres Strait Islander genomic data governance. This includes consideration of CARE principles, which relate to collective benefit, authority to control, responsibility and ethics.¹²⁶ Research must also reflect the diversity of Aboriginal and Torres Strait Islander people and cultures. It must represent them in governance structures across all diverse groups that the research impacts.



Artificial intelligence

Artificial intelligence (AI) is a promising way to advance solutions to complex health issues affecting Aboriginal and Torres Strait Islander people. It has the ability to improve how we prevent, diagnose and treat a wide range of health conditions. Aboriginal and Torres Strait Islander people must be included in developing these and other new technologies to realise benefits and to recognise any risks.

AI is dependent on big data. Ever-increasing data sources can support preventive health and health care, including:

- electronic health records
- personal digital devices
- pervasive sensor technologies
- access to social network data.

Care must be taken to consider and address ethical challenges of using AI. For example, the use of AI must not exacerbate existing biases and inequities.

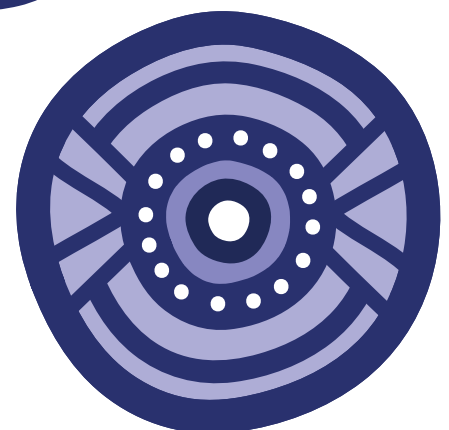
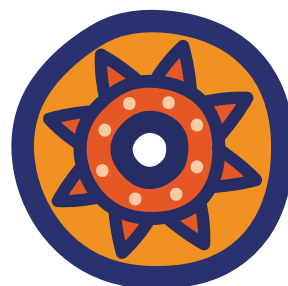
Evaluation

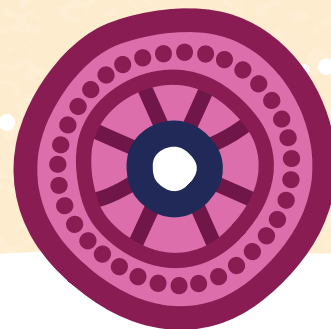
To achieve better outcomes, the evaluation of programs and policies must reflect Aboriginal and Torres Strait Islander people's values, expertise and lived experiences. If policy outcomes do not reflect these factors, their potential to improve Aboriginal and Torres Strait Islander people's lives is reduced.

Released by the Productivity Commission on 30 October 2020, The Indigenous Evaluation Strategy is a principles-based framework for government agencies. It is useful when selecting, planning, conducting and using evaluations of policies and programs that affect Aboriginal and Torres Strait Islander people. The overarching principle of the Strategy is to put Aboriginal and Torres Strait Islander people, perspectives, priorities and knowledge at the centre of all evaluation. The strategy also recognises that evaluation should be credible, useful, ethical and transparent. To ensure that all evaluation is culturally safe and responsive, the processes outlined in the Strategy should be built into program and policy design.

Facts and figures

- In 2020, 6% of the Medical Research Endowment Account (MREA) funding was for Aboriginal and Torres Strait Islander research.¹²⁷
- In 2020, \$57.1 million was spent on 241 active research grants on Aboriginal and Torres Strait Islander health.
- 59 NHMRC active grants were led by Aboriginal and Torres Strait Islander researchers and NHMRC funded 150 Aboriginal and Torres Strait Islander researchers on active grants.
- 9 MRFF initiatives, including the IHRF, have provided over \$86.6 million for 31 Aboriginal and Torres Strait Islander health-related research projects (at 31 May 2021).
- Over 2010-2019, the research commissioning funding available to Lowitja Institute represented 0.1% of the total Australian expenditure on health research.¹²⁸





OBJECTIVE 11.1

Ensure research and evaluation is based on priorities identified by, and led by, Aboriginal and Torres Strait Islander researchers

Aboriginal and Torres Strait Islander researchers must be prioritised to lead research and evaluation that focuses on Aboriginal and Torres Strait Islander populations. This includes leadership and representation in broader research and evaluation where Aboriginal and Torres Strait Islander people will be overrepresented or are likely to present differently from the broader Australian population. This underpins the ethical approach required to ensure that research and evaluation is conducted in a culturally safe and informed manner, that it is designed to be of benefit to Aboriginal and Torres Strait Islander people and communities, and that it adopts a strengths-based approach.

In order to achieve this, the Aboriginal and Torres Strait Islander research and evaluation workforce must be grown and supported. This includes building the capacity of ACCHS to lead locally-relevant research that is determined by the priorities of their communities, and that addresses the needs of communities into the future. Research must recognise that communities have sovereignty over their unique data, and provide full recognition of their cultural and linguistic history.

OBJECTIVE 11.2

Research and evaluation are conducted ethically in partnership with, and for the benefit of, Aboriginal and Torres Strait Islander people, organisations, communities and Nations

Non-Indigenous people engaging in research and evaluation with Aboriginal and Torres Strait Islander people must ensure they are working in a culturally safe way, including by identifying and following community-specific cultural, research and evaluation protocols.

Research and evaluation must prioritise the needs of the communities involved, and incorporate knowledge translation that benefits impacted communities, ACCHS and Nations. This means ensuring that the experiences of Aboriginal and Torres Strait Islander communities are translated into policy and program delivery, including through the use of qualitative research methods. Aboriginal and Torres Strait Islander communities and organisations must be supported to build their capacity and expertise in collecting, using and interpreting data in a meaningful way.

OBJECTIVE 11.3

Harness emerging medical technology innovations, including genomics

To ensure that emerging medical knowledge and technology is used to the benefit of Aboriginal and Torres Strait Islander people, opportunities for health innovation must adhere to standards and guidelines that are developed and implemented in partnership with Aboriginal and Torres Strait Islander people. This includes informing the application of precision medicines, such as genomics, as well as artificial intelligence, medical technologies, big data and data sharing platforms. Ethical considerations must include a focus on the culturally safe and secure collection, storage and sharing of data.



Priority 12:

Shared access to data and information at a regional level

Desired outcome

Partnerships are established between Aboriginal and Torres Strait Islander people and government agencies to improve collection, access, management and use of data, including identifying improvements to existing data collection and management. Communities have ownership and control over their data.

Context

Aboriginal and Torres Strait Islander communities are proactively determining the pathways for their own health and wellbeing. This is because Aboriginal and Torres Strait Islander people know what is best for their communities. Local and disaggregated data helps communities make informed decisions on programs and policies that best meet local priorities and needs.

Aboriginal and Torres Strait Islander organisations and communities need access to, and ownership of, the data that involves and impacts them. This is consistent with nation-building principles, and the recognition that meaningful change is not possible without the leadership of Aboriginal and Torres Strait Islander people.

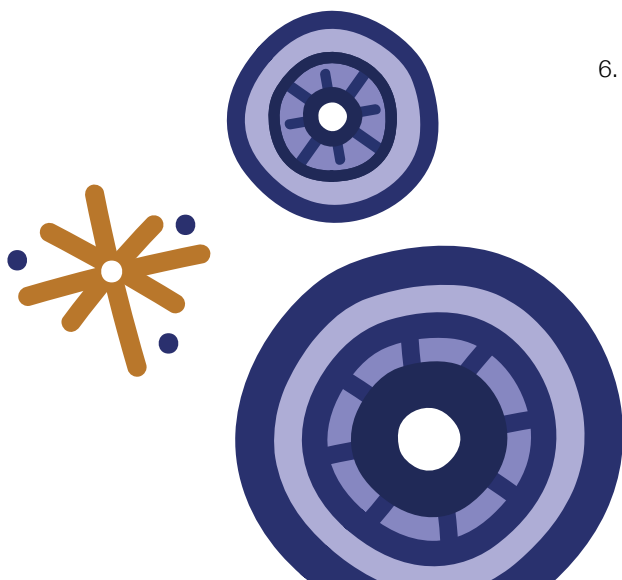
To understand differences in health outcomes, culturally relevant data metrics must be embedded in measures of Aboriginal and Torres Strait Islander health and wellbeing. Western and biomedical models of health tracking may be insufficient or inappropriate for Aboriginal and Torres Strait Islander cultural contexts.


Culture and wellbeing data

Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing is making strides towards culturally responsive data mechanisms. It commenced in 2018, and was created by, and for, Aboriginal and Torres Strait Islander people.

The study aims to understand the links between Aboriginal and Torres Strait Islander cultures and health and wellbeing. It outlines 6 cultural domains that are anchored in Aboriginal and Torres Strait Islander culture and identity, and that have been passed down through complex kinship systems, law, lore, ceremony and song:

1. Connection to Country – spiritual connection, health and traditional foods, living on Country, land rights and autonomy, caring for Country.
2. Family, kinship and community.
3. Indigenous beliefs and knowledge – spiritual and religious beliefs, traditional knowledge, traditional healing, knowledge transmission and continuity.
4. Cultural expression and continuity – identity, cultural practices, art and music.
5. Indigenous language – impacts of language on health, language revitalisation, Aboriginal and Torres Strait islander language education.
6. Self-determination and leadership – cultural safety, self-determination and wellbeing, leadership.





The Mayi Kuwayu study represents a significant development in how Aboriginal and Torres Strait Islander data is collected, measured and used. Harnessing this work would better measure Aboriginal and Torres Strait Islander health in terms of holistic conceptions of health and wellbeing, including through data that examines the link between culture and health. It would better inform how cultural determinant approaches can be embedded in policies and programs into the future. This will be instrumental to measure the Health Plan's progress and accountability in a culturally safe and responsive way.

» See Case Study 9 – Mayi Kuwayu Study.

Data sovereignty and governance

Aboriginal and Torres Strait Islander data sovereignty refers to the right to determine the means of data collection, access, analysis, interpretation, management, dissemination and reuse of data pertaining to the people from whom the data has been derived, or from who it relates to.¹²⁹ Data sovereignty and governance are key mechanisms for communities to access data.

The 2018 National Indigenous Data Sovereignty Summit asserted that, in Australia, Aboriginal and Torres Strait Islander people have the right to:

- exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure
- data that is contextual and disaggregated (available and accessible at individual, community and Nation levels)
- data that is relevant and empowers sustainable self-determination and effective self-governance
- data structures that are accountable to Aboriginal and Torres Strait Islander peoples and Nations
- data that is protective and respects individual and collective interests.

Greater Aboriginal and Torres Strait Islander leadership and self-determination is consistent with data sovereignty principles. This ensures Aboriginal and Torres Strait Islander people are benefiting from, and making decisions about, data that involves and impacts them. Effective data governance structures underpin this, including ensuring communities and Aboriginal and Torres Strait Islander leaders have the resources to engage in decision making processes.

Indigenous Data Network

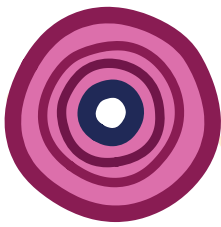
The Indigenous Data Network, based at the University of Melbourne, was established to address the varying data expertise across Aboriginal and Torres Strait Islander communities and Nations. The Indigenous Data Network assists communities to strengthen their data agency and make informed decisions about their own development. They work with Aboriginal and Torres Strait Islander communities to develop technical capability and resources to manage their data for community advancement.

Data and information sharing

Currently, a significant amount of data is collected across organisations and governments to track the health of Aboriginal and Torres Strait Islander people. Combined, these datasets create a significant pool of information about Aboriginal and Torres Strait Islander health. However, this data is often aggregated at the jurisdictional level and presented through a deficit lens. This means that a regional focus that is driven by community priorities is often missing.

Current data collection includes:

- data collected through regional health bodies, such as Primary Health Networks (PHNs)
- Medicare data, through which Aboriginal and/or Torres Strait Islander identification can be registered when enrolling for coverage
- hospital-level data, which can include Aboriginal and Torres Strait Islander identifiers
- population data through surveys, such as the National Aboriginal and Torres Strait Islander Health Survey, the National Aboriginal and Torres Strait Islander Social Survey, and the Census.



An exception to this is Aboriginal Community Controlled Health Services (ACCHS) data collected through the OSR and nKPI datasets, which is collected and used at a service level to inform program and service delivery. The nKPI dataset is used widely as a continuous quality improvement measure, and participating health services can nominate to share their data with the National Aboriginal Community Controlled Health Organisation (NACCHO), and its state and territory affiliates. This allows for a much greater level of data availability at service and community level. The recently rolled out QLIK Sense Dashboard also allows all health services to have timely access to their own data.

The National Agreement outlines the following as key features of data and information sharing:

- Partnerships are in place between Aboriginal and Torres Strait Islander representatives and government organisations to guide the improved collection, access, management and use of data to inform shared decision making for the benefit of Aboriginal and Torres Strait Islander people.
- Governments agree to provide Aboriginal and Torres Strait Islander communities and organisations with access to the same data and information on which any decisions are made, subject to meeting privacy requirements, and ensuring data security and integrity.
- Governments collect, handle and report data at sufficient levels of disaggregation, and in an accessible and timely way, to empower local Aboriginal and Torres Strait Islander communities to access, use and interpret data for local decision-making.
- Aboriginal and Torres Strait Islander communities and organisations are supported by governments to build capability and expertise in collecting, using and interpreting data in a meaningful way.

Next steps will require governments to work with Aboriginal and Torres Strait Islander communities on how to best collect, share and use health data, particularly at the regional level. This includes:

- building community capacity to collect, use and store data
- ensuring communities have tools to use the data to best determine, develop and deliver health solutions based on community need.

Consistent with the Priority Reform Four of the National Agreement, data should be made available at the local and regional level and disaggregated, where possible, to inform shared decision making.





OBJECTIVE 12.1

Establish governance structures and partnerships to guide how Aboriginal and Torres Strait Islander health data is collected, shared and used, including at the regional level

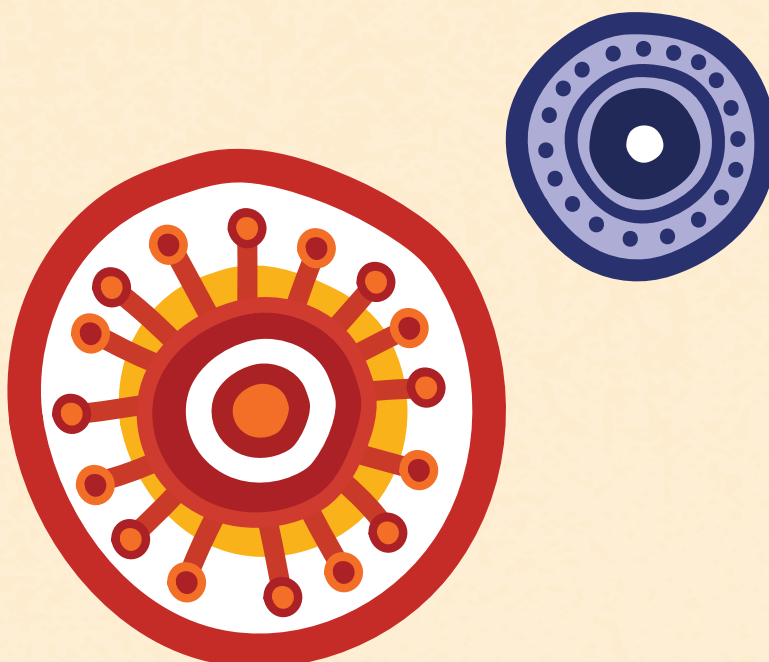
Non-Indigenous institutions collecting Aboriginal and Torres Strait Islander health data must work with Aboriginal and Torres Strait Islander communities and Nations to determine what data will be collected and how it will be used. This includes ensuring community access to regional-level data, and building the capacity of ACCHS to collect and use data.

The principles of data sovereignty should be upheld, and data collected should be culturally relevant and appropriate for local and regional communities. This must also avoid creating additional reporting burden for communities and ACCHS.

OBJECTIVE 12.2

Develop culturally relevant metrics to track health and wellbeing

More data that is appropriate and responsive to Aboriginal and Torres Strait Islander holistic conceptions of health and wellbeing must be developed and harnessed. This includes locally-relevant cultural determinant measures, as outlined and chosen by Aboriginal and Torres Strait Islander people and communities. This data must also uphold the principles of data sovereignty and include metrics to track progress.



Partnership for Development of the Health Plan

The Health Plan would not have been possible without the leadership of Aboriginal and Torres Strait Islander experts or the invaluable contributions of stakeholders across government, health sectors and the community. This partnership approach has been vital for ensuring that the Health Plan is relevant, strategic, purposeful and inclusive.

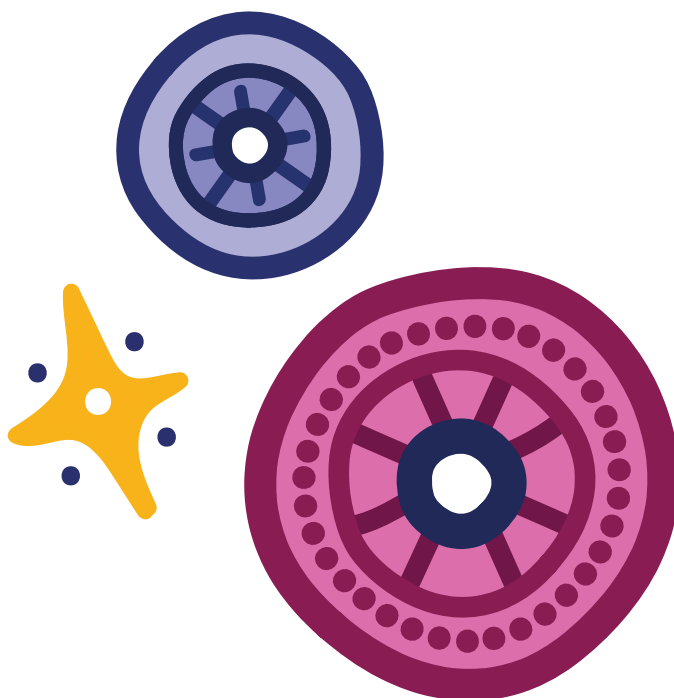
The leadership role of Aboriginal and Torres Strait Islander people has ensured the Health Plan is holistic, strengths-based and accountable to Aboriginal and Torres Strait Islander people. This includes leadership by the members of the Health Plan Working Group and the Implementation Plan Advisory Group, who have driven the Health Plan's development. It has also included significant contributions from NACCHO and its affiliates, the National (Indigenous) Health Leadership Forum and their members, and other Aboriginal and Torres Strait Islander peak bodies and organisations.

The significant goodwill and engagement from all stakeholders means this Health Plan retains the vital elements of the existing Health Plan, while learning important lessons from the implementation of past policies. This includes a co-design process that has transformed the dialogue around centring Aboriginal and Torres Strait Islander people's priorities. This has been particularly crucial for delivering on the commitment to embed the cultural determinants and social determinants of health, as well as reducing the reporting burden on the ACCHS sector, and increasing the accountability of governments and the mainstream health system.

The strong engagement across jurisdictions means the Health Plan is nationally cohesive and unified. This has been vital for the Health Plan to be a truly national document, with a multisector reach across the social determinants of health, in alignment with the National Agreement. This will ensure actions to implement the Health Plan are flexible, place-based and non-duplicative.

A special thanks goes out to all people and communities across Australia who shared their stories and experiences during the extensive My Life My Lead consultations. The key themes of the consultations were foundational for the Health Plan, including connection to Culture and family, action across the social determinants, place-based approaches, the impacts of intergenerational trauma and racism, and the need for cultural safety across the whole health system.

Through the consultation process, mainstream health organisations and services have demonstrated their strong support for increased accountability to Aboriginal and Torres Strait Islander people and communities. When put into action, this wraparound approach will help drive better access for Aboriginal and Torres Strait Islander people through a more culturally safe and responsive health system.





Appendices



Appendix 1 – IPAG and HPWG Members

The Health Plan Working Group (HPWG) has developed the Health Plan under the auspices of the Implementation Plan Advisory Group.

IPAG Membership

Ms Donna Murray (Co-Chair)	Chief Executive Officer, Indigenous Allied Health Australia
Mr Gavin Matthews (Co-Chair)	First Assistant Secretary, Indigenous Health Division, Department of Health
Ms Pat Turner	Chief Executive Officer, National Aboriginal Community Controlled Health Organisation
Dr Dawn Casey	Deputy Chief Executive Officer, National Aboriginal Community Controlled Organisation
Dr Janine Mohamed	Chief Executive Officer, Lowitja Institute
Dr Fadwa Al-Yaman	Head of Indigenous and Children's Group, Australian Institute of Health and Welfare
Ms Andrea Kelly	Acting Group Manager, Social Policy and Programs, National Indigenous Australians Agency
Ms Yvonne Uren	Acting Branch Manager, Health and Wellbeing, National Indigenous Australians Agency
Ms Julie Tongs OAM	Chief Executive Officer, Winnunga Nimmityjah Aboriginal Health Service
Ms Karyn Sam	Chair, Torres Strait Regional Authority
Dr Mark Wenitong	Senior Medical Officer, Apunipima Cape York Health Council

HPWG Membership

Ms Donna Murray (Co-Chair)	Chief Executive Officer, Indigenous Allied Health Australia
Mr Gavin Matthews (Co-Chair)	First Assistant Secretary, Indigenous Health Division, Department of Health
Prof Tom Calma AO (Deputy Chair)	National Coordinator, Tackling Indigenous Smoking, Department of Health
Ms Dania Ahwang	Chief Executive Officer, Wuchopperen Health Service
Ms Donna Ah Chee	Chief Executive Officer, Central Australian Aboriginal Congress
Dr Chris Bourke	Strategic Programs Director, Australian Healthcare and Hospitals Association
Ms Tania Brown	Acting Chief Executive Officer, Aboriginal Health and Medical Research Council
Ms Andrea Kelly	Acting Group Manager, Social Policy and Programs, National Indigenous Australians Agency
Ms Anna-Louise Kimpton	Director of Policy, National Aboriginal Community Controlled Health Organisation
Dr Sean Taylor	Executive Director, Aboriginal Health, Top End Health Service

Appendix 2 – Life course

Healthy babies and children (Age range: 0 to 12)

Parents and carers of Aboriginal and Torres Strait Islander children can ensure that their children are provided with the foundations they need to thrive.

Children are precious to Aboriginal and Torres Strait Islander people. They are the future leaders of families, communities and society more broadly. Children need the foundations that will set them up to lead and grow, so that they can be healthy and active members of the community. Cultural knowledge and teaching enables children and their families to draw pride and strength from their culture.

A child's experiences in utero, birth, infancy and childhood can profoundly impact their health throughout life. These are crucial times to set children up to thrive. Positive, accessible, and culturally safe reproductive, antenatal and infant health services are critical to support improvements in birth outcomes, mortality and reduce preventable illness.

A child's needs change as they grow older. Connections to their families, communities and culture is critical to their self-identity, health and wellbeing. They must grow up safe in their families and communities, develop and maintain their personal and cultural identity, and have the opportunity to learn, develop their skills and maximise their capability to thrive. Their families and communities must have access to healthy and sustainable environments, including food and water security to ensure good nutrition intake. They must also have access to high quality primary and preventive health care, including through accessible, culturally safe and responsive health checks and immunisations.

Good health for babies and children requires an integrated approach across the cultural determinants and social determinants of health. ACCHS, for example, have led the way in providing a holistic model of early years care and support, with a wraparound approach to enhance positive and healthy childhood development. This extends to areas of health promotion, such as breastfeeding, healthy eating, sleeping, hygiene and physical activity.

"The PRP was designed to tackle the barriers to pre-school attendance that impact on Aboriginal and Torres Strait Islander children ... The primary aim of the program is to establish new ways of connecting with Aboriginal and Torres Strait Islander families in Alice Springs to increase their children's life chances and to facilitate a positive start to their schooling."

» See Case Study 10 – Pre-School Readiness Program (PRP).

Healthy youth and adolescents (Age range: 12 to 24)

Aboriginal and Torres Strait Islander young people grow into healthy young adults.

Aboriginal and Torres Strait Islander young people are the future of communities and cultures. Good health and wellbeing during youth and adolescence means the leaders of tomorrow are empowered to navigate challenges and realise their future aspirations.

Young Aboriginal and Torres Strait Islander people face a number of health and wellbeing issues and challenges, such as:

- emotional and mental health
- experiences with suicide and suicidal ideation
- relationships with family and friends
- sexuality, including sexual health, sexual orientation, safety and consent
- risk taking and experimentation
- experiences with alcohol and other drugs
- undiagnosed disability or developmental delay
- intergenerational trauma
- systemic racism
- violence
- developing identity, values, self-esteem and confidence.

Aboriginal and Torres Strait Islander young people often navigate these challenges while learning what it means to walk in two worlds. Preserving and sharing culture gives young people a sense of belonging and strengthens their identity and resilience. This means that culture can be a protective factor through a time of great personal change, including physical development and establishing a sense of identity, self-esteem, confidence and values.

Policies, services and programs that target young people must be culturally safe and focus on key enablers for health and wellbeing at this stage in life. This includes embedding:

- connection to culture
- positive role models and leadership through family, community and Elders
- access to services and support for health and social and emotional wellbeing.



Healthy adults (Age range: 25 to 49)

Aboriginal and Torres Strait Islander adults can manage their health and have long productive lives.

As leaders and decision makers, Aboriginal and Torres Strait Islander adults play a key role in shaping family and community health and wellbeing. They act as mentors, role models, and teachers to build the strength, resilience and leadership of younger generations. This includes teaching the importance of kinship and community, and covers responsibilities to extended families, community life, local initiatives and political issues.¹³⁰ It also includes the passing on of cultures, customs and cultural practices.

Good health and wellbeing mean adults can perform these roles, including through engagement with economic, cultural and social activities. Barriers to good health and wellbeing for Aboriginal and Torres Strait Islander adults include:

- inadequate access to services
- trauma and racism
- other social determinants of health, such as housing
- lack of opportunities for economic participation
- food security.

To ensure the health of Aboriginal and Torres Strait Islander adults, policy approaches must foster an environment where adults feel empowered to determine their own health priorities. Programs and services at the community level must be comprehensive and take a holistic approach. They must harness the protective factors of culture to support and encourage:

- healthy lifestyle behaviours
- chronic disease prevention and management
- social and emotional wellbeing.

Preventive health approaches must be tailored to Aboriginal and Torres Strait Islander adult's specific needs to ensure a healthy transition into ageing. This includes through health checks, screenings and follow up care.

Healthy ageing (Age range: 50+)

Older Aboriginal and Torres Strait Islander people remain active, healthy, independent and comfortable for as long as possible.

Older Aboriginal and Torres Strait Islander people are knowledge holders, caregivers, Elders, leaders and teachers. They are central members of families and communities.

While there is still a gap in life expectancy, Aboriginal and Torres Strait Islander people are living longer. Like all ageing populations, Aboriginal and Torres Strait Islander people want to age well.¹³¹ Healthcare policies and programs must therefore ensure older people can continue to participate in family, community and cultural life for as long as possible.

Between 1910 and the 1970s, many Aboriginal and Torres Strait Islander children were forcibly removed from their families as a result of various government policies. The impact of this has been ongoing and intergenerational, and continues to affect the health and wellbeing of Aboriginal and Torres Strait Islander people today. Of the generations of children removed under these policies, there are an estimated 17,150 Stolen Generations survivors across Australia,¹³² all of whom are now over the age of 50 and eligible for aged care. Health services for survivors must be trauma-aware and healing-informed to be delivered in a culturally safe and responsive way, including aged care and disability services. Individual needs must be assessed with an understanding of the historical and social circumstances that may have impacted them.¹³³ This includes recognition of the ongoing effects of past policies of removal from family and culture.¹³⁴

Culturally safe and responsive Aboriginal and Torres Strait Islander health and community services must also support healthy ageing and social participation. This includes through access to an integrated and culturally safe aged care system. Partnerships between mainstream services, ACCHS and other community-led organisations are key to ensuring Aboriginal and Torres Strait Islander people get culturally safe and responsive end-of-life care, including the option to remain with family on Country. Wherever possible ACCHS and other community controlled organisations should be encouraged and supported to expand into the delivery of aged care services.



Appendix 3 – Policy alignment

In alignment with policies developed and implemented in each state and territory, the Commonwealth leads a range of mainstream and Aboriginal and Torres Strait Islander-specific policies that aim to improve Aboriginal and Torres Strait Islander people's health outcomes.

Key policies for prevention, promotion and primary care

- Australia's Long Term National Health Plan
- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) - Management Plan for Aboriginal and Torres Strait Islander Populations
- Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infection Strategy 2018–2022
- Healthy, Safe and Thriving National Strategic Framework for Child and Youth Health 2015–2025
- National Aboriginal Community Controlled Health Organisation Core Services and Outcomes Framework
- National Action Plan for the Health of Children and Young People: 2020–2030
- National Digital Health Strategy 2018–2022
- National Drug Strategy 2017–2026
- National Fetal Alcohol Spectrum Disorders (FASD) Strategic Action Plan 2021–2028
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029
- National Health Genomics Policy Framework and Implementation Plan 2018–2021
- National Men's Health Strategy 2020–2030
- National Obesity Strategy 2020–2030
- National Preventive Health Strategy 2021–2030
- National Strategic Framework for Chronic Conditions
- National Tobacco Strategy 2020–2030
- National Women's Health Strategy 2020–2030
- National Youth Policy Framework
- NHMRC Roadmap 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research
- Primary Health Care 10-Year Plan
- Renal Health Roadmap: Planning for the future – Addressing Aboriginal and Torres Strait Islander dialysis and transplant issues 2019–2025
- Rheumatic Heart Disease Roadmap 2019–2031
- Roadmap for Hearing Health
- Stronger eyes, strong communities: five year plan for Aboriginal and Torres Strait Islander eye health and vision, 2019–2024

Key policies for mental health, trauma, healing, and social and emotional wellbeing

- Gayaa Dhuwi (Proud Spirit) Declaration
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Implementation Plan
- National Children's Mental Health and Wellbeing Strategy
- National Mental Health and Suicide Prevention Agreement
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030
- The Fifth National Mental Health and Suicide Prevention Plan
- Vision 2030 Blueprint and Roadmap for Mental Health and Suicide Prevention

Key policies for health care access, service standards and cultural safety

- 2020–25 National Health Reform Agreement
- Aboriginal and Torres Strait Islander Health Curriculum Framework
- Aboriginal and Torres Strait Islander Health Performance Framework
- Action Plans to support older Aboriginal and Torres Strait Islander people for the Commonwealth's Aged Care Diversity Framework
- AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research
- Australian Charter of Healthcare Rights
- Australian Health Performance Framework
- Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health
- National Safety and Quality Health Services Standards User Guide for Aboriginal and Torres Strait Islander Health
- National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025
- Standards for General Practices, 5th Edition



Key policies for workforce capability and capacity

- National Aboriginal and Torres Strait Islander Aged Care Workforce Strategy
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031
- National Disability Insurance Scheme National Workforce Plan 2021–2025
- National Medical Workforce Strategy: 2021–2031
- National Mental Health Workforce Strategy
- National Nursing Strategy
- Nursing 2030 Vision
- Stronger Rural Health Strategy

Key policies for broader determinants and service access

- Aged Care Diversity Framework
- Expert Reference Panel Aboriginal and Torres Strait Islander Environmental Health Action Plan 2019–2023
- Indigenous Business Sector Strategy 2018–2028
- National Aboriginal and Torres Strait Islander Early Childhood Strategy
- National Aboriginal and Torres Strait Islander Education Strategy 2015–2025
- National Disability Insurance Scheme Quality and Safeguards
- National Disability Strategy 2021–2031
- National Housing and Homelessness Agreement 2018–2023
- National Plan to Reduce Violence against Women and their Children 2010–2022
- National Quality Framework for Drug and Alcohol Treatment Services
- Royal Commission into Aged Care Quality and Safety
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- Universities Australia Indigenous Strategy 2021–2024

Broader cross-jurisdictional and cross-portfolio policies

The Health Plan aligns with key existing policies, and those under development, across child and family support, education, employment, housing, community safety, and natural and cultural resource management. This includes policies targeted at Aboriginal and Torres Strait Islander people and broader policies that are directed at the entire Australian population.



Appendix 4 – State and Territory intersecting strategies

ACT

- ACT Aboriginal and Torres Strait Islander Agreement 2019–2028
- Australian Capital Territory Mental Health and Suicide Prevention Plan 2019–2024
- ACT Drug Strategy Action Plan 2018–20219
- Healthy Canberra: ACT Preventive Health Plan 2020–2025

NSW

- Aboriginal Cultural Activities Policy 2019
- NSW Aboriginal Health Partnership Agreement 2015–2025
- NSW Aboriginal Health Plan 2013–2023
- NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025
- NSW Diabetes Prevention Framework 2016
- NSW Health Genomics Strategy 2017
- NSW Health Statement of Commitment
- NSW State Health Plan: Towards 2021
- NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022
- NSW Youth Health Framework 2017–2024
- Strategic Framework for Suicide Prevention in NSW 2018–2023

NT

- Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018–2024
- NT Health Inclusion Strategy: Plans of action 2019–2022
- NT Health Workforce Strategy 2019–2022
- NT Mental Health Strategic Plan 2019–2025
- NT Sexually Transmissible Infections and Blood Born Virus Strategic and Operational Plan 2019–2023
- NT Tobacco Action Plan 2019–2023
- The Best Opportunities in Life - NT Child and Adolescent health and Wellbeing Strategic Plan 2018–2028

QLD

- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026
- Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033
- Prevention Strategic Framework 2017 to 2026
- QLD Sexual Health Strategy 2016–2021
- Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018–2021
- Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022

SA

- Aboriginal Health Care Framework 2019–2024
- SA Aboriginal Cancer Control Plan 2016–2021
- SA Health Aboriginal Workforce Framework 2017–2022
- SA Suicide Prevention Plan 2017–2021
- State Public Health Plan 2019–2024

TAS

- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026
- Disability Action Plan 2018–2021
- Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020–2026

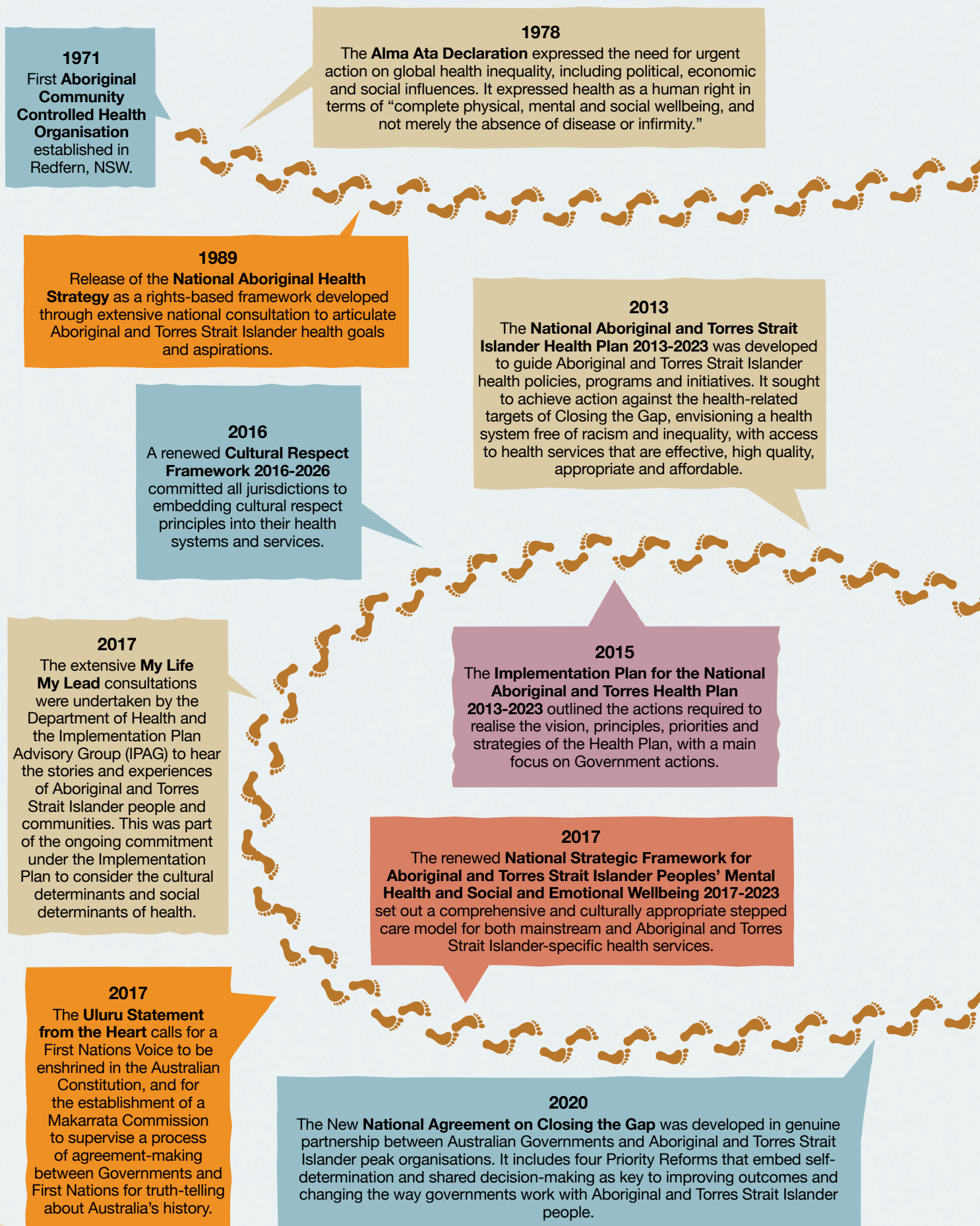
VIC

- Dhelek Dja: Safe our Way - Strong Culture, Strong Peoples, Strong Families
- Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027
- Nargneit Birrang - Aboriginal Holistic Healing Framework for Family Violence
- National Suicide Prevention Implementation Strategy 2020–2025
- Victorian public health and wellbeing plan 2019–2023

WA

- WA Aboriginal Health & Wellbeing Framework 2015–2030
- WA Health Clinical Services Framework 2014–2024

Appendix 5 – The Aboriginal and Torres Strait Islander health policy journey



1996

Between 1996 and 1999, the **Aboriginal and Torres Strait Health Framework Agreements** were signed between all Commonwealth, state and territory jurisdictions (including the Torres Strait), the community controlled health sector and the Aboriginal and Torres Strait Islander Commission. The Agreements oversaw joint planning, access to health and health related services, responsive resource allocation, and improved data collection and evaluation.

2004

The **Cultural Respect Framework 2004-2009** was developed as guide document for policy construction and service delivery, with a particular focus on strengthening the relationship between the health care system and Aboriginal and Torres Strait Islander people.

2003

The **National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 (NSFATSIH)** undertook a whole-of-government approach so that Aboriginal and Torres Strait Islander people could “enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice”.

2005

The **Social Justice Report** considered progress in Aboriginal and Torres Strait Islander health outcomes and championed achieving health equality within a generation through a human rights approach.

2006

The first **Aboriginal and Torres Strait Islander Health Performance Framework Report** was developed under the Australian Health Ministers' Advisory Council to measure the impact of the NSFATSIH and to inform policy analysis, planning and implementation. The Report is a continuous monitoring tool released every 2-3 years to track health status and outcomes, determinants of health and health system performance.

2008

Former Prime Minister Kevin Rudd made a formal **National Apology** to Aboriginal and Torres Strait Islander Australians for the profound grief, suffering and loss inflicted by successive governmental laws and policies - particularly to the Stolen Generations.

2008

The Council of Australian Governments agreed to the **National Indigenous Reform Agreement** which set six targets to drive progress on Closing the Gap across health, education and employment outcomes.

2008

The **Closing the Gap Statement of Intent** was forged between the Government of Australia and Aboriginal and Torres Strait Islander people and organisations - supported by non-Indigenous organisations - to work together to achieve equality in health status and life expectancy by 2030.

2021

Development of the **Indigenous Voice** to enable Aboriginal and Torres Strait Islander Australians to have a greater say in the policy and programs that impact them.

2020

The **Aboriginal and Torres Strait Islander Advisory Group on COVID-19** was established between governments, Aboriginal and Torres Strait Islander health leaders and services to ensure a culturally safe and responsive partnership approach to COVID-19.

2021

The release of the refreshed **National Aboriginal and Torres Strait Islander Health Plan 2021-2031** as a result of a long journey in Aboriginal and Torres Strait Islander advocacy in health policy.

Appendix 6 – Case studies

CASE STUDY 1

Strong community-led responses to COVID-19

COVID-19 has highlighted the unique capacity of ACCHS to respond rapidly and effectively in a national health crisis.

Fears of the catastrophic effect of the virus in Aboriginal and Torres Strait Islander communities led to a response that has since been recognised internationally.

Well before the pandemic was declared by the World Health Organisation (WHO), the sector had mobilised. It commenced planning locally and advocated nationally for border and community closures, access to testing, personal protection equipment, contact tracing capacity and lockdown measures.

The partnership between the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Commonwealth Department of Health was critical in supporting Aboriginal communities across Australia to develop local plans. It built on a pre-existing relationship that had effectively responded to syphilis outbreaks.

A National Aboriginal and Torres Strait Islander COVID-19 Advisory Group was established in March 2020. The group included NACCHO and its members and affiliates, lead experts and the Australian Government. Its role was to provide advice on Aboriginal and Torres Strait Islander health aspects related to COVID-19 based on the principles of shared decision making and co-design. The Advisory Group quickly developed the Emergency Response Management Plan that addressed mobility issues, high visitation rates, and the need for responses that addressed continuity of care, housing conditions, literacy and other social determinants.

The sector worked through their local communities to develop and implement local plans. Government agencies supported comprehensive biosecurity measures and the establishment of over 140 GP Respiratory Clinics (21 operated by ACCHS) to undertake testing and local preparedness to prevent and respond to COVID-19.

NACCHO worked with the Government to develop a funding model to support the sector. To date, more than \$29 million has been committed, \$15.8m of which has already been distributed to ACCHS. Affiliates coordinated regular updates on clinical care requirements and resources to member services about safe COVID-19 practices.

By November 2020, fewer than 150 Aboriginal and Torres Strait Islander people had been infected with COVID-19 and there had been no deaths. The rate of infection was six-times lower than other Australians. A truly world-leading result.

In early 2021, over 100 ACCHS signed up to be part of the Commonwealth Vaccination Program of which Aboriginal and Torres Strait Islander people were identified as a priority population. However, with changing advice surrounding the use of the AstraZeneca vaccine came a rise in vaccine hesitancy. Yet again, ACCHS rallied and we saw the power of locally developed communication campaigns.

Unfortunately, in mid-2021, an outbreak in western New South Wales demonstrated the real risks associated with high levels of co-morbidities in the Aboriginal and Torres Strait Islander population, poverty and overcrowded housing conditions. Case numbers escalated and by late September COVID-19 had taken the lives of seven Aboriginal and Torres Strait Islander people. The Advisory Group and ACCHS redoubled their efforts, accelerating the roll-out of vaccines across communities, addressing misinformation and vaccine hesitancy, and aiming to have all eligible Aboriginal and Torres Strait Islander people fully vaccinated by the end of November 2021.

The response to the COVID-19 pandemic by ACCHS demonstrates the strength of the community controlled primary health care model.

CASE STUDY 2

Aboriginal and Torres Strait Islander Health Worker Led Model of Care


Health care can be ineffective or counterproductive if it is not culturally safe. Racism and the lack of cultural safety remain barriers to accessing care.

Within Australia's health system Aboriginal and Torres Strait Islander health workers and practitioners are often the only culturally safe and responsive sources of care for Aboriginal and Torres Strait Islander people. Together these professions play a valuable role: to connect Aboriginal and Torres Strait Islander people to health care and fill a critical gap in Australia's health system.

With a combination of clinical, cultural, and community development skills, they act as cultural brokers and health system navigators. Their comprehensive primary health care skills, holistic understanding of health and their understanding and valuing of cultures helps them support community members to understand and navigate the cultural difference inherent with the health care system.

Aboriginal and Torres Strait Islander health workers and practitioners are trained through the vocational education and training system.* Importantly, this is designed to provide vital entrance level pathways for careers in the health sector and access to culturally safe and responsive care.

* It is important to note that whilst Allied Health Assistants are also VET trained, their courses are focused on specific disciplines of practice.



Integrating Aboriginal and Torres Strait Islander health workers and health practitioners into health care teams leads to best practice models of care, including:

- improved access and take up of services
- more effective diagnosis and treatment
- early intervention and prevention.

Evidence connects this workforce's cultural care to improved health outcomes across the life course and demonstrates that culture is important when shaping and providing services to Aboriginal and Torres Strait Islander people.

CASE STUDY 3

Kimberley Aboriginal Medical Service: health promotion initiatives

The Kimberley Aboriginal Medical Service (KAMS) is well known for their highly successful health promotion initiatives and information resources. The resources produced include videos, brochures, informational posters and an array of patient education tools which are also shared on their website.

Faced with a range of disparate resources - some of which duplicated existing resources, or had not been tested with Community - KAMS developed a 10 step process for the development of health resources. The process - which includes guidelines on how to develop resources, test them with Community and evaluate their effectiveness - ensures resources effectively translate clinical messages with cultural awareness, care and consistency across the organisation.

The health promotion initiatives cover a broad range of issues, including COVID-19 (Cover your Cough and Sneeze), Kidney Disease (Kidney Check), Melioidosis Prevention and Awareness (Melioidosis), Flu season, and GAS Infection, Acute Rheumatic Fever and Rheumatic Heart Disease (ARF, RHD and Strep).

Resources for Kidney Health checks were developed using this 10 step process and were workshoped and tested with Community on clinical outreach visits. An illustration of a river becoming dry was developed to help patients understand and visualise what happens to their bodies with kidney failure, and how lifestyle changes can help them maintain their kidney function.

The tool also helps patients better understand the timing and sequencing of different interventions, such as dialysis or transplant, as well as the goals of each intervention. "We found through our clinical outreach that use of the 'Kidney Check' resource helped patients to understand the severity of their kidney disease, and that after using the resource patients could show us what stage their kidney disease was at. When we evaluated the tool patients found it eye-opening, and it motivated them to make healthy changes."

CASE STUDY 4

Ear Health Coordination Program (EHCP)

Contributors: NACCHO, AH&MRC, NSW Rural Doctors Network

The co-designed program will leverage off the unique strengths of each organisation and over the lifetime of the project aims to increase state and jurisdictional coordination of services that support and respond to the ear health needs of Aboriginal and Torres Strait Islander children across NSW and the ACT.

In 2011, the rate of burden from hearing loss in Aboriginal and Torres Strait Islander children aged 0–14 was 12 times that of non-Indigenous children. Hearing loss in childhood can impair the development of verbal and written communication skills which can have a life-long detrimental impact on social skills, learning, cognitive and behavioural development. Aboriginal Community Controlled Health Services (ACCHS) reported gaps in the provision of ear health services and barriers to accessing these for Aboriginal and Torres Strait Islander communities in NSW and the ACT. They reported a lack of communication and coordination between services, competitive grants processes reducing capacity to provide services, unclear referral pathways to specialist services, and long waiting lists, particularly in remote areas.

The primary objective of the Ear Health Coordination Program (EHCP) is to enhance the monitoring and treatment of ear and hearing health in primary care. A particular focus is to support access to quality, culturally safe ear and hearing health services for Aboriginal and Torres Strait Islander children and youth before they commence primary school. The program also aims to integrate a continuous quality improvement approach in all activities, improve data collection on ear disease, and online training resources.

The Aboriginal Health and Medical Research Council (AH&MRC) and NSW Rural Doctors Network (RDN) have partnered to deliver this program with AH&MRC acting as the lead agency. The co-designed program is leveraging the unique strengths of each organisation which, over the lifetime of the project, will increase state and jurisdictional coordination of services that support and respond to the ear health needs of Aboriginal and Torres Strait Islander children across NSW and the ACT. AH&MRC and RDN established joint project management tools and resources to enable increased collaboration.

Key activities delivered to date include the mapping of current Commonwealth-funded ear and hearing health services that target Aboriginal and Torres Strait Islander children in NSW and the ACT, including audiology, ENT clinics and surgery and speech therapy. This supports ACCHS in identifying and accessing appropriate hearing health supports for their clients.

A state and territory-wide Advisory Group on Aboriginal Hearing Health has been established to increase the working relationship between local and state level stakeholders to ensure there are accessible pathways to hearing health services for Aboriginal patients. The group also provides a mechanism to raise local issues on a state level. The group met twice in 2020 and the members were well engaged. Many of the group members have also established informal sub-groups who meet separately between meetings.

A Hearing Health discussion group has been established on RDN's Rural Health Pro platform, creating a space for those working in hearing health to connect with colleagues, share resources, upcoming training or upskilling opportunities, or any other discussions relevant to Aboriginal hearing health. The group has since become the third largest group on the Rural Health Pro platform. AH&MRC and RDN also facilitate monthly hearing health webinars on Rural Health Pro. Attendance at these events has been strong and continues to grow, and feedback received by attendees typically points to the value that these opportunities provide in growing awareness of available services and best practice models of care, and for increasing collaboration across the hearing health space.

As the program continues to be implemented, it is anticipated that there will be an increase in children and youth accessing services and reporting a more positive experience.

CASE STUDY 5

Effectiveness of the Community Controlled Health Service Model: Enhanced Syphilis Response

Since January 2011 there has been a sustained increase of infectious syphilis affecting Aboriginal and Torres Strait Islander people, predominantly aged between 15 and 34 years, in northern, central, western and southern Australia. Congenital syphilis cases associated with increasing infectious syphilis were particularly concerning given the devastating impact on the infants, their families and communities.

Frustrated by the lack of action and leadership, NACCHO began working with ACCHS and state and territory affiliates to raise awareness of the issue among Commonwealth, state and territory governments in 2017. NACCHO's leadership resulted in the Australian Government funding the \$21.2 million Enhanced Syphilis Response (ESR) Program (201–18 to 2020–21) to support ACCHS provide locally appropriate and culturally safe services in outbreak regions.

Under this program NACCHO was tasked with coordinating the roll-out of the response in partnership with its member ACCHS in declared outbreak regions. ESR funding has been used to employ additional staff; provide staff with training to undertake syphilis point of care testing; support

the development and delivery of culturally safe community education, engagement and health promotion resources; and for the purchase of testing equipment and supplies.

Additionally, the creation of a community of practice (ESR Network) has provided access to a cohort of committed and highly experienced Aboriginal Health champions to support staff at new participating ACCHS to establish their own syphilis programs. They share their experiences and lessons learned, clinical protocols and health promotion strategies. They also provide new staff with the confidence to address the stigma commonly associated with syphilis.

"I had the opportunity to go over to WA and SA and be part of training, talking to other front-line workers. I had a yarn about what I do in my clinics to help clients and hopefully gave people the confidence to figure out what might work for them. It was good to go to different cultural areas and respect the process of people doing things their own way. Sharing knowledge and resources made me feel like I was part of a national team." (TAIHS Aboriginal Health Practitioner)

An independent evaluation of NACCHO's role concluded the ESR is a blueprint for how the Government can achieve broader positive health outcomes. It found the approach to co-design, collaboration and partnership, and the inclusive, flexible and responsive project management style were integral to stabilising infectious syphilis in outbreak areas. The resulting trust and relationship between ESR stakeholders also contributed to the seamless transition into managing the impact of the COVID-19 pandemic on Aboriginal and Torres Strait Islander communities.

"We were never going to achieve anything unless we had the community controlled sector as our key partner in designing and delivering the Enhanced Syphilis Response. While the response has been broader than the community controlled sector, that is where we had our early wins. NACCHO's leadership has been great." (Professor Brendan Murphy, Secretary, Australian Government Department of Health)

Modelling conducted by The Kirby Institute demonstrated that under the ESR testing rates for 15 to 24 year-olds increased from 31 per cent at the time of the initial outbreak in 2011, to 56 per cent in 2018-2019 – a 1.8 times relative increase in annual testing coverage.

The evaluation of NACCHO's role under the ESR can be found at <https://www.equityeconomics.com.au/evaluationofnacchosroleundertheenhancedsyphilisresponse>.

CASE STUDY 6

Langford Aboriginal Association: Cultural, Social, and Emotional Wellbeing (CSEWB) Program

Background

In 2012, the National Empowerment Project (NEP) set out to consult with 457 people in 11 communities across Australia to understand the challenges that are causing psychological distress and high rates of suicide in Aboriginal and Torres Strait Islander communities. The NEP is guided by six principles which also guided the consultations:

1. social justice and human rights
2. community ownership
3. resilience and strengths focus
4. respect for local knowledge
5. build empowerment and partnerships
6. community capacity building.

During the NEP consultations, the community reported clear protective and risk factors and the importance of local Aboriginal governance. Community participants recommended that a program be developed that was community-owned, strengths-based, able to be worked into existing community resources and programs, and culturally responsive.

The NEP recommendations and the SEWB model - developed by Aboriginal and Torres Strait Islander psychologists and validated by the community based on the NSMHSEWB Framework - formed the foundation of the CSEWB program. During the NEP consultations, community also stated that culture is a significant factor in SEWB. This led to the adoption of the term Cultural, Social, and Emotional Wellbeing (CSEWB).

Program Aims and Purpose

The CSEWB program aims to strengthen the social, emotional and cultural wellbeing of individuals, families, and communities. By empowering communities to exert greater control over their CSEWB, the program takes a strengths-based, community development, and cultural approach to suicide prevention. The CSEWB program assists participants and communities to build resilience, belonging, and to strengthen cultural identity by identifying factors that impact negatively on CSEWB, and strengthening protective factors of CSEWB, while recognising the importance of history and culture. A decolonising approach is used to expand understandings of mental health and promote a narrative of strength and resistance. Central to this approach is a relational view of self and an understanding of culture as central to healing.

Program Delivery

The program is delivered to up to 20 individual participants in an intensive 12 day program. The CSEWB program is adaptable and acknowledges the diversity of Aboriginal and Torres Islander people and community needs. The first step in implementing the CSEWB program is community consultation. A community reference group is established to advise how existing local services can be utilised within the program and how to best address community needs. Community engagement and endorsement are maintained at all stages of the program. Connections to culture, Country and spirituality are also embedded throughout the program.

Evaluation & Outcomes


The program was initially delivered in two Queensland communities: Kuranda and Cherbourg. The 2017 evaluation report identified that the CSEWB program contributed to healing among families, strengthening role models for future generations, and reaffirming cultural identity in the participants and their communities. The program was also delivered in Western Australia by Langford Aboriginal Association in three communities: Langford, Kwinana and Girrawheen (Perth metropolitan regions). The 2020 evaluation report reaffirmed the importance of culturally safe programs that acknowledge historical and social determinants of health at both local and national levels. The program evaluation provided strong evidence for the importance of relational and holistic models of health for healing and empowerment with Aboriginal and Torres Strait Islander people.

To find out more about the program or how to implement it in your community go to www.nationalempowermentproject.org.au.

CASE STUDY 7

Culturally safe, community based aged care

Aboriginal Community Care SA (ACCSA) is a not-for-profit organisation established on 28 July 1995. ACCSA promotes independence through the provision of community, advocacy and residential care services to older Aboriginal people living in metropolitan Adelaide. Community services offered include domestic assistance, home maintenance, social support, centre-based day care and transport. Residential services include personal care, nursing, physiotherapy, podiatry, pet therapy, emotional and social wellbeing, palliative care, respite care and, traditional medicine.



The organisation is well regarded by the Aboriginal communities it serves, the aged care sector and its external partners. It is accredited by the Aged Care Quality Agency, and is a provider of choice for Aboriginal people. Importantly, underpinning the success of all ACCSA's services is their respect for Aboriginal cultures, and this permeates all levels and types of care. The entire organisation is built around the principle of caring, not just for the client, but also for Aboriginal communities. All service delivery is founded on a 'wellness approach', connecting community and Country to support social, emotional and cultural wellbeing. This strong focus on cultural identity directly contributes to improvements in clients' physical health.

Leadership is central to the ACCSA model. The appointment of an experienced, visionary CEO led to increased accountability, transparency and efficiency that ensures ACCSA operates more effectively within a challenging aged care sector, and is positioned to respond to new opportunities.

The work of the CEO is supported by a stable, committed and trained Board comprised predominantly of Aboriginal people. The Board is a strong conduit between ACCSA and the Aboriginal Communities that it serves, and this connection is integral to strategic planning, needs assessment and priority setting. The Board guides the strong organisational culture of ACCSA and oversees the consistent delivery of culturally appropriate and flexible care, whether delivered by Aboriginal or non-indigenous staff.

The provision of responsive, flexible services that respect each client's Aboriginal identity and cultural connections is supported by a strong focus on staff recruitment across all levels - from health care, administration and laundry staff to volunteers. This emphasis is reflected in staff induction, and is matched by numerous internal training programs, such as training on cultural awareness and evidence-based guidelines. This continues to strengthen the ability of staff to deliver high-level service and genuine, quality care.

Another major contributor to ACCSA's achievements is the strong internal communication and relationship building across the organisation, and with external partners, which further contributes to staff stability. Challenges include a shortage of staff, particularly Aboriginal staff, and the ability to back-fill the staff shortage. Existing staff are faced with challenges in building genuine relationships with ACCSA clients who are from diverse Aboriginal cultures.

Caring for older Aboriginal people in this organisation involves much more than simply delivering services. Aboriginal Community Care SA staff demonstrate both a fundamental compassion for their clients, and a willingness to ensure their clients are cared for appropriately and in accordance with the ACCSA vision.

CASE STUDY 8

Wathaurong Aboriginal Co-operative

Wathaurong Aboriginal Co-Operative Limited (Wathaurong) has celebrated its success as an Aboriginal community controlled organisation over the last 40 years. Wathaurong is recognised as the regional lead agency, and a preferred and culturally safe service provider for Aboriginal communities in the Greater Barwon region of Victoria. Wathaurong continues to grow and meet the holistic health and wellbeing needs of their communities across the life cycle, from first breath to the Dreaming, covering health, wellbeing, family and community services.

Wathaurong provides access to a range of culturally appropriate health, housing, education, employment, justice, aged and disability, family, antenatal and pregnancy and community services. They contribute to improvements in community wellbeing and build the capacity of communities to control their own affairs and achieve self-determination. Wathaurong respects their clients and communities' self-determination, and does whatever is necessary to address the social determinants of health. Wathaurong is led by an all-Aboriginal Executive team, with staff who deliver complex holistic health and wellbeing services to meet their communities' diverse health and wellbeing needs. Wathaurong has been a 'one-stop-shop' for Aboriginal and Torres Strait Islander people who need health and wellbeing services since 2008.

Wathaurong's Model for Cultural and Clinical Excellence

"The concept of Aboriginal health and wellbeing is different to the universal concept as it is regarded and recognised as a more holistic and whole of life view. It encompasses the social, emotional and cultural wellbeing of not only the individual, but the wider community thereby bringing about the total wellbeing of community".¹³⁵

Through the multiple services available as a 'one-stop-shop', Wathaurong caters for the multifaceted clinical and cultural needs of Aboriginal people living in their communities. Their well-qualified and highly skilled multidisciplinary teams, often connected through family and communities across the region, are responsive and reliable, and collaborate and coordinate to ensure the wellbeing needs of their community members are met. Wathaurong have an organisational motto, "We go above and beyond for our community members."

Wathaurong Way of Working: Our Cultural and Clinical Practice

Wathaurong provides culturally appropriate services that are tailored to be responsive and meet the needs of Aboriginal communities across the region.

Wathaurong's practice is:

- centred on culture
- trauma-aware, healing-informed and strength based
- connected to community, and actively engaged with culture, country, and spirituality
- focused on avoidable hospitalisation through wraparound prevention/early intervention supports and strategies
- focused on community members' needs, rather than just focusing on the illness.

Wathaurong's Way of Working Processes: Social Emotional Wellbeing Team Case Study

Wathaurong's Social Emotional Wellbeing (SEWB) Team play a critical role in providing their community members with high quality cultural and clinical support. Their SEWB staff are the bridge between community members and health and family services. They focus on tackling issues sooner rather than later, to take the pressure off their communities and families that care for their kin.

Wathaurong's SEWB team have set up key processes to ensure that wraparound prevention/early intervention supports and strategies are activated when a client enters their service system. Wathaurong's SEWB staff:

- Conduct an **initial assessment** and refer the community member to the relevant health services.
- **Activate their in-house multidisciplinary team** including Mental Health, SEWB, AOD, Health Service, GP's, Nursing Staff, Aboriginal Health Practitioners, Pharmacist, NDIS, Families Services, and Family Violence Service to ensure avoidable hospitalisation.
- **Work alongside the clinical team** in delivering services or conducting outreach.
- **Refer externally and collaborate with external providers** in specialised areas outside of Wathaurong's service scope, including Detox Centres, AOD treatment, and Tertiary Medical Services.
- **Conduct regular in-home welfare checks** to ensure a continuum of care from Wathaurong.
- Participate in **weekly mental health team meetings** and analyse cases through a collective multidisciplinary lens.
- Participate in **weekly 'high risk case' meetings** to ensure priority support is allocated to the most vulnerable community members and families.

CASE STUDY 9

Mayi Kuwayu Study

Mayi Kuwayu: The national Study of Aboriginal and Torres Strait Islander Wellbeing commenced in 2018 and was created by and for Aboriginal and Torres Strait Islander people. The study aims to understand the links between Aboriginal and Torres Strait Islander cultures and health and wellbeing. The Mayi Kuwayu team worked with many Aboriginal and Torres Strait Islander communities and individuals across Australia to develop a survey about culture and wellbeing concepts. The research project's key aspects are that it:

- is Indigenous-led – through the investigator team and through the governance processes the Study adheres to
- takes a strength-based approach – looking at what improves outcomes
- embeds Indigenous Data Sovereignty principles – through the management, access and use of the Study data

Indigenous-led

The Mayi Kuwayu Study is designed, controlled, and led by Aboriginal and Torres Strait Islander people through Aboriginal researchers at the Australian National University. This leadership is essential to valuing and maintaining community trust and engagement with the study, expertise, and knowledge through ways of being, knowing and doing that incorporate Aboriginal and Torres Strait Islander worldviews. Partnerships with Aboriginal and Torres Strait Islander organisations are essential to ensure the study engages on their terms and in their cultural contexts.

"It's giving us a voice to discuss what issues are important to us and what things we want to be included in future policy". Mayi Kuwayu Study Ambassador

Strengths-based approach

There are three ways strength-based approaches are utilised in Mayi Kuwayu. First, Aboriginal and Torres Strait Islander data development occurred to identify good health and wellbeing. There is a need to define and understand factors of central importance, such as identity and culture, to Aboriginal and Torres Strait Islander health and wellbeing. This approach allows for a greater understanding of what improves Aboriginal and Torres Strait Islander people's lives. Second, they look at positive health behaviours and the factors that influence those behaviours. Usual data practice identifies factors associated with, or that cause, illness and disease. These same methods can be used to identify factors that contribute to the absence of illness and disease. Third, they maintain a focus for reporting on Aboriginal and Torres Strait Islander people and limit their reference to the non-Indigenous population. Trends over time for the population of interest provide reliable information on whether things are improving or not, and centres the voice and aspirations of Aboriginal and Torres Strait Islander people.

Indigenous Data Sovereignty

Access to any of the study data must first be approved by the Mayi Kuwayu Study Data Governance Committee. The Committee is made up of Aboriginal and Torres Strait Islander people from around Australia with expertise in ethics, research, community advocacy, policy and governance. The Data Governance Committee seeks to ensure that whoever accesses the data accurately reflect Aboriginal and Torres Strait Islander stories. The access process applies to the research team and external researchers. The assessment process is based on the five Maïam nayri Wingara Indigenous Data Sovereignty Collective data principles:

- Aboriginal and Torres Strait Islander control of the data ecosystem.
- Data is contextual and disaggregated.
- Data is relevant and empowers sustainable self-determination and effective self-governance.
- Data structures that are accountable to Indigenous peoples.
- Data that is protective and respects Indigenous individuals and collective interests.

If the Committee approves access, data from the Mayi Kuwayu Study is not supplied directly to the applicant for analysis. The Mayi Kuwayu Study Team compile the analysis and provide the results. This process is in place to ensure that the data is safe, confidential and accessible.

The research teams' approach, which is considered best practice for Aboriginal and Torres Strait Islander research, demonstrates the value and strengths of Indigenous-led research and how Indigenous Data Sovereignty can be put into practice.

CASE STUDY 10

Pre-School Readiness Program

Contributors: Central Australian Aboriginal Congress and the National Aboriginal Community Controlled Health Organisation

The Pre-School Readiness Program (PRP) is an evidence-based, culturally appropriate early childhood development program which improves the health and developmental trajectory for Aboriginal and Torres Strait Islander children.

Quality early childhood development programs are a key, cost-effective intervention to address and offset the effects of adverse early childhood development. The Central Australian Aboriginal Congress (Congress) Preschool Readiness Program (PRP) is a multidisciplinary program to improve health and developmental outcomes of developmentally vulnerable children and improve educational attainment in a culturally appropriate manner.

The PRP was designed to tackle the barriers to pre-school attendance that impact on Aboriginal and Torres Strait Islander children, and has been operating in Alice Springs since 2009. The primary aim of the program is to establish new ways of connecting with Aboriginal and Torres Strait Islander families in Alice Springs to increase their children's life chances, and to facilitate a positive start to their schooling. The program provides intensive attention to 3.5 to 5-year-old children who have been identified as having a vulnerability. A vulnerability can be anything from requiring toilet training, to the need for behaviour modification which may prevent sustainability for the child in the pre-school setting. The program also includes ear and other health checks to ensure children are ready to attend and fully engage with pre-school.

The program utilises local preschools rather than establishing additional services. The program is run by a qualified pre-school teacher, and includes two Aboriginal Educators and two Aboriginal family support workers. The program includes home visits to talk to families about schooling options, to offer transitional support and to connect families with the local school communities and other Congress Health Services.

The PRP has been shown to have numerous positive results. It has been found to increase the number of Aboriginal and Torres Strait Islander children in Alice Springs who attend pre-school, with pre-school enrolments increasing. Additionally, developmental gains in expressive language and social skills have been identified. Pre-school educators reported that it was not challenging to incorporate the additional children into their own programs and benefited from the additional collaboration, knowledge, and attitudes. Studies have also shown that children have increased confidence and school readiness.

Appendix 7 – Glossary


The following terms and definitions are utilised throughout this Health Plan. They are well established and accepted principles that underpin a number of longstanding national and state Aboriginal and Torres Strait Islander planning and policy documents.

Term	Description
Aboriginal and Torres Strait Islander people	Aboriginal and Torres Strait Islander people refers to a collective of individual people from different Aboriginal and Torres Strait Islander Nations across Australia.
Aboriginal Community Controlled Health Services	<p>Aboriginal Community Controlled Health Services (ACCHS) are non-government, not-for-profit primary health care services initiated and operated by the local Aboriginal community to delivery holistic, comprehensive and culturally responsive health care. ACCHS are incorporated, based in an Aboriginal community, and governed by a majority Aboriginal board which the local community elects.</p> <p>The terms Aboriginal Community Health Organisation (ACCHO), and Aboriginal Medical Services (AMS) are often used interchangeably with ACCHS. In some regions, such as in Victoria, these services are also known more broadly as Aboriginal Community Controlled Organisations (ACCO). While this Health Plan refers to ACCHS, this is intended to be inclusive of services across the community controlled health sector.</p>
Antenatal care	Includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral (if necessary).
Close the Gap	<p>Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, non-government organisations and human rights organisations are working together to achieve equality in health and life expectancy for Aboriginal and Torres Strait Islander people.</p> <p>The Close the Gap Campaign aims to close the health and life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians within a generation. The campaign is built on evidence that shows significant improvements in the health status of Aboriginal and Torres Strait Islander people can be achieved by 2030.</p>
Cross-sectoral	Cross-sector collaboration describes the process where various community organisations and/or government departments come together to collectively focus their expertise and resources on a complex issue of importance to a community they serve. E.g. improving the health of your community requires that the public health department, health care institutions, and other community stakeholders providing health and health-related services work collaboratively.
Cultural determinants of health	The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship and community; Indigenous beliefs and knowledge; cultural expression and continuity; Indigenous language; self-determination and leadership.

Term

Description

Cultural safety	<p>Principles:</p> <p>The following principles inform the definition of cultural safety:</p> <ul style="list-style-type: none"> • Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 • Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health • Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples • Ongoing commitment to learning, education and training <p>Definition:</p> <p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>How to:</p> <p>To ensure culturally safe and respectful practice, health practitioners must:</p> <ol style="list-style-type: none"> a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health. b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism. c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community. d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.¹³⁶
Evidence-based practice	Evidence-based practice entails finding, appraising and using the most current and valid research findings and data as the basis for decisions.
Formal partnerships	Agreed arrangements (policy and place-based) between governments and Aboriginal and Torres Strait Islander people that set out who makes decisions, how decisions are made, and what decisions are about.
Future focus	A future focus in health care is about understanding and anticipating the ongoing shifts and emerging trends across populations, environments, health conditions and technology, and designing and delivering responsive policies and services.
Governments	All Australian Governments, consisting of Commonwealth, states and territories, and local governments.
Health literacy	The ability, or level of ability, to read and understand healthcare information, and to translate this information into practice.
Health system	Refers to the complex mix of service providers and other health professionals that make up a whole system. This includes a range of organisations—from Australian and state and territory governments, to the non-government sector and the private sector. Collectively this system works to meet the physical and mental health care needs of Australians.



Term	Description
Intergenerational trauma	Exposure of an earlier generation to a traumatic event that continues to affect subsequent generations.
Local Health Networks (LHNs)	Local Health Networks manage the delivery of public hospital services and other community based services as determined by the state government. They have a geographical or functional connection and comprise a range of public hospital and health care sites and services.
Life course	The period from birth through to death.
Life expectancy	The average number of years of life remaining to a person at a particular age. Life expectancy at birth is an estimate of the average length of time (in years) a person can expect to live, assuming that the currently prevailing rates of death for each age group will remain the same for the lifetime of that person.
Low birth weight	Infants born weighing less than 2500 grams.
Nation building	Aboriginal and Torres Strait Islander Nation (re)building is the process of strengthening collective identity and capacity for effective Aboriginal and Torres Strait Islander governance, and sustained self-determination for community and economic development.
National Agreement on Closing the Gap	The National Agreement on Closing the Gap (the National Agreement) is an overarching national policy. Its aim is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequity experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.
Palliative care	Palliative care is provided to people of all ages who are going through the end stages of life.
Perinatal	Perinatal is the period of time from pregnancy up to a year after giving birth.
Person-centred care	Person-centred care is care tailored to the specific circumstances of a person, in the context of their family, community and life experiences. It is about treating people receiving healthcare with dignity and respect, and involving them in all decisions about their health.
Place-based approaches	Refers to policy, program and service approaches that recognise and respond to the characteristics of the community in which they operate. For place-based approaches to be successful, the community and its needs must be at the centre of development. This includes planning, selecting, designing and governing physical and social infrastructure, as well as for the facilities and services themselves.

Term

Description

Primary health care	<p>The World Health Organization 1978 Alma-Ata Declaration defines primary health care as essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination.</p> <p>It forms an integral part of both a country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is often the first level of contact for individuals, families and communities with the national health system, and therefore constitutes the first element of a continuing health care process.</p>
Primary Health Networks (PHNs)	<p>Primary Health Networks (PHNs), established in 2015, are not-for-profit independent organisations funded by the Australian Government through the Primary Health Networks Program. They have two key objectives: to improve the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve the coordination of care to ensure patients receive the right care, in the right place at the right time. PHNs work to reorient and reform the primary health care system by taking a patient-centred approach to medical services in their regions. The Primary Health Networks and Aboriginal Community Controlled Health Organisations Guiding Principles (Guiding Principles) recognise the commitment of PHNs and ACCHS to work together to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander people and provide guidance to be taken by PHNs and ACHs against six key domains: Closing the Gap; cultural competency; commissioning; engagement and representation; accountability, data and reporting; service delivery; and research.</p>
Risk factors	<p>The factors that are associated with ill health, disability, disease or death. They may be behavioural, biomedical, environmental, genetic, or demographic. Risk factors often coexist and interact with one another.</p>
Self-determination	<p>Self-determination is the right of all people to 'freely determine their political status and freely pursue their economic, social and cultural development'.¹³⁷</p>
Social and emotional wellbeing (SEWB)	<p>A term used to describe the social, emotional, spiritual, and cultural wellbeing of a person. In an Aboriginal and Torres Strait Islander context, it recognises the significance of connection to land, culture, spirituality, family, and community to health and wellbeing. It also recognises the influences of policies and past events.</p>
Social determinants of health	<p>The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.</p>
Strengths-based approach	<p>A strengths-based approach focuses on the unique strengths, capabilities and resources of people, places and communities, and looks for opportunities to capitalise on, complement and support existing strengths. Strengths-based approaches work in opposition to deficit-based discourse and approaches, which focus on areas of problem or concern, and can perpetuate negative stereotyping.</p>
Systemic racism	<p>In the context of health care, systemic racism is the failure of the health system to provide appropriate, professional, safe and responsive services to people because of their cultural or racial background. This is often a result of broader historical and ongoing race-based policies, discrimination and social exclusion.</p>

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