



Our Choices Our Voices

A report prepared by the Lowitja Institute for the Close the Gap Steering Committee | March 2019

CLOSE THE GAP

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Cover Photo: Smoking Ceremony, Welcoming Waminda Goodjaga's on Yuin Country. L–R; Gemmah Floyd, Elizabeth Luland, Patricia De Vries and their babies. Photo by Jerusha Sutton Photography; courtesy Waminda South Coast Women's Health and Welfare Aboriginal Corporation.

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Foreword

It is of great concern to us, the Close the Gap Campaign—as indeed it should be to the Australian nation—that the target to close the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous people by 2031 is, in 2019, widening rather than closing.¹ In his Closing the Gap Report 2019 to Parliament, the Prime Minister acknowledged that this target is not on track.²

In the past, we have provided a ‘Shadow Report’ including a ten-year review published in 2018. The review assessed the most significant national effort to date to improve Aboriginal and Torres Strait Islander health—the 2008 Council of Australian Governments’ (COAG) Closing the Gap Strategy—with its target to achieve life expectancy equality by 2030.³

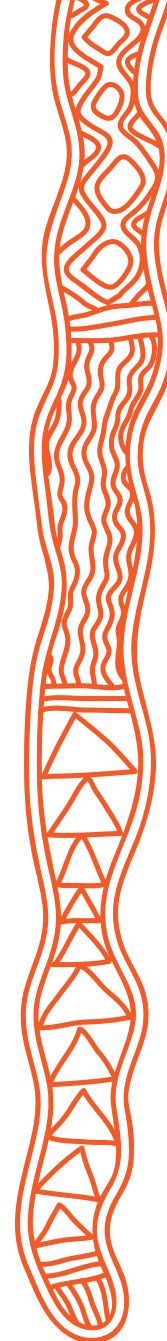
In 2019, the Campaign is taking a different approach to its report. After identifying what we believe are urgent priority themes for addressing the health gap, this year we are highlighting stories that illustrate success from Aboriginal and Torres Strait Islander perspectives. The report addresses the following three priority themes:

- Targeted, needs-based primary health care
- Responsive health care system
- Good housing for good health.

The stories profiled in this report demonstrate that when Aboriginal and Torres Strait Islander people are involved in the design of the services they need, we are far more likely to achieve success. These stories illustrate that ‘our choice and our voice’ are vital if we are to make gains and start to close the gap.

The Campaign welcomes the announcement in December 2018⁴ that governments will work in true partnership with Aboriginal and Torres Strait Islander peoples, and their appropriate organisations and representatives. This is a critical time for the government to work hand-in-hand with us on solutions, to ensure we turn this gap around and do not allow it to widen any further.

Finally, as Co-Chairs, we sincerely thank the almost fifty Close the Gap Campaign members for their contribution to this work. We could not do what we do without the enduring support and commitment to better health outcomes from our membership.



Ms June Oscar AO
Aboriginal and
Torres Strait Islander
Social Justice Commissioner

Mr Rod Little
Co-Chair
National Congress of
Australia’s First Peoples

**Co-chairs - Close the Gap
Campaign**

Introduction

To address the widening life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, we have identified three priority areas that must be addressed. We have illustrated what success looks like in these areas, from varying Aboriginal and Torres Strait Islander perspectives, via stories that highlight Aboriginal and Torres Strait Islander voices and leadership.

The three areas of focus for this year's report are:

- **Targeted, needs-based primary health care**
- **Responsive health care system**
- **Good housing for good health.**

The overriding principle throughout the stories is that the success of these initiatives is based on community governance and leadership, which is imperative to the success and longevity of the programs. The stories also highlight the importance of cultural

FIGURE 1:
Gap between Indigenous and non-Indigenous life expectancy⁵



determinants of health such as strength, resilience, identity and importantly—self-determination.

Aboriginal Community Controlled Organisations (ACCOs) are an essential success component of the provision of holistic, affordable and appropriate primary health care for Aboriginal and Torres Strait Islander people. ACCOs have a proven track record in delivering effective and cost-efficient primary health care. We, the Campaign, continue to urge investment in targeted, needs-based comprehensive primary health care. This is essential in addressing the unacceptable health disparities between Aboriginal and Torres Strait Islander and non-Indigenous Australians. We strongly support increased investment in ACCOs to increase the quality and accessibility of culturally sensitive and appropriate health care where it is needed most.

We call for governments to commit to an Australian health care system that is responsive to the needs of Aboriginal and Torres Strait Islander peoples. This means building a robust, equitable and transparent health care system where institutional racism is acknowledged and addressed; where cultural safety training is recognised and valued as an important step in closing the gap; and where Aboriginal and Torres Strait Islander people are integrated in to health professions across workforce.

Health and housing are inextricably linked. It has long been understood that housing is a significant determinant of Aboriginal and Torres Strait Islander peoples'

health and wellbeing. Overcrowded and unhealthy housing is a major factor in the spread of diseases and a strong contributing factor to poor health, especially in young children. Again, as recommended in our ten-year review, the Campaign sees it as vitally important to have a national, overarching health infrastructure and housing plan to address this need.

The Campaign welcomed the 2018 Council of Australian Governments (COAG) decision to establish formal partnership arrangements between COAG and Aboriginal and Torres Strait Islander peoples through their peak bodies on Closing the Gap.⁶ We support the work of the Aboriginal and Torres Strait Islander peak bodies in their negotiations with governments on the details of the partnership. This will be an historic agreement and, if we get it right, Aboriginal and Torres Strait Islander people will have shared decision-making in the design, implementation, monitoring and review of Closing the Gap policies and programs for the first time.

The establishment of a Joint COAG and Aboriginal Torres Strait Islander Council on Closing the Gap⁷ has the potential to be a significant milestone in the relationship between governments and Aboriginal and Torres Strait Islander peoples and is a much-needed step to make the necessary gains to close the gap.

There are many Aboriginal and Torres Strait Islander individuals and organisations whose everyday work is improving health outcomes.





We urge governments to take advantage of this important source of leadership, expertise, guidance and networks, and to recognise how these valuable qualities contribute towards the success of programs included in this report and beyond.

This report draws on Aboriginal and Torres Strait Islander-designed and led initiatives. The stories demonstrate enormous diversity in the way Aboriginal and Torres Strait Islander peoples are making things work in our communities, tailored for local aspirations and goals. It is important to note that what works well in one community may not replicate in other communities. However, the principle of self-determination must apply, and acknowledge that Aboriginal and Torres Strait Islander peoples know what works for our own lives, families and communities. Success in this context means that Aboriginal and Torres Strait Islander peoples have created, designed and implemented our own solutions, in our voice and choices.

The stories featured in this report were obtained through a referral and a highly engaged interview process; they highlight programs at various stages of implementation.

Throughout the interviews, we heard repeatedly that insecure and insufficient funding is a significant limitation to longer-term success. This confirms what the Campaign has always identified: that funding limitations, especially where funds are not directed to services delivered and designed by Aboriginal and Torres Strait Islander people, compromise the health, wellbeing, and the lives of our

peoples and communities, including our young people.

Importantly, the stories also reflect the principles of the United Nations Declaration on the Rights of Indigenous Peoples. They affirm the unique contribution that Aboriginal and Torres Strait Islander peoples make to the diversity and richness of civilisations and cultures and promote cultural diversity and understanding.

The Campaign's work is grounded in a human rights approach to health. We are committed to harmonious relations—based on partnership, engagement and cooperation—between states and Indigenous peoples, as well as mechanisms to support this at national and international levels.

Working in genuine partnership means that governments and agencies must understand that Aboriginal and Torres Strait Islander peoples have a deep and long-standing appreciation of the issues and the solutions related to our health and wellbeing. Governments have been attempting to resolve these issues, broadly, for decades, and more specifically through the 2008 Closing the Gap targets. Aboriginal and Torres Strait Islander people witness the constant turnover in governments and agency arrangements, and the consequent changes in policy and program approaches – not always for the better. Funding cuts and freezes have a debilitating effect on effective delivery of programs and services.

It is critically important that governments commit to this matter beyond rhetoric. This can be

achieved through closer alignment between words and actions. Aboriginal and Torres Strait Islander people can lead this process, with genuine support from governments.

The Campaign remains committed to addressing health outcomes for Aboriginal and Torres Strait Islander people. We are optimistic that, by

supporting Aboriginal and Torres Strait Islander led initiatives and a commitment to working in genuine partnership, governments can address this critical health policy challenge for a population of 3 per cent of Australia's citizens. We believe it is a matter of significant urgency for the Australian nation.

CLOSETHEGAP

The position and the work of the Close the Gap Campaign is underpinned by the following principles:

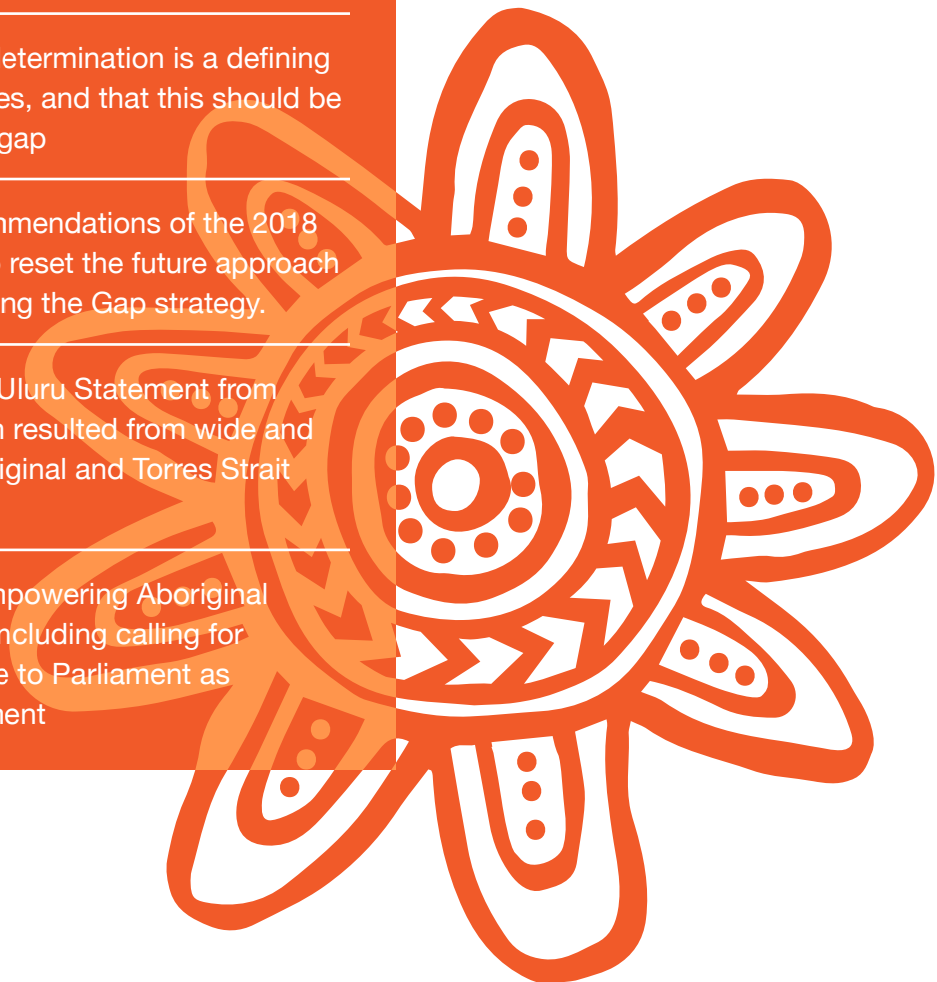
The Campaign is underpinned by a human rights approach

The Campaign believes that self-determination is a defining factor in improving health outcomes, and that this should be reflected in all efforts to close the gap

The Campaign reaffirms the recommendations of the 2018 Close the Gap Ten-Year Review to reset the future approach to the Federal Government's Closing the Gap strategy.

The Campaign fully supports The Uluru Statement from the Heart (Uluru Statement), which resulted from wide and meaningful dialogues across Aboriginal and Torres Strait Islander communities in Australia

The Campaign is committed to empowering Aboriginal and Torres Strait Islander voices, including calling for an Indigenous representative voice to Parliament as recommended in the Uluru Statement



Targeted, Needs-based Primary Health Care

Aboriginal and Torres Strait Islander people have a right to access the health care we need, in the location we choose.

Yet, the life expectancy gap is widening, not closing⁸ and health and wellbeing statistics are alarming. For example, the data pointing to suicide rates,⁹ a burden of disease at 2.3 times that of the non-Indigenous population,¹⁰ and chronic disease such as diabetes,¹¹ continue to be of serious concern to the Campaign.

We stand by the recommendations made in the ten-year review and we remain committed to working with all governments to achieve health equity for Aboriginal and Torres Strait Islander peoples.

Aboriginal community controlled organisations are an essential component of the provision of holistic, affordable and appropriate primary health care to Aboriginal and Torres Strait Islander peoples.

ACCOs provide holistic and comprehensive services, both designed and led — by the community — for the community. Services and programs include treatment and management, prevention and health promotion, as well as addressing the social and cultural determinants of health.

The stories that follow are representative of and designed for local need. They are not always transferrable between communities; however, some elements could be applied across the country, and internationally. For example, the Institute for Urban Indigenous Health (IUIH) Inner City Referral Service could be seen as a potential model for cities and towns, adapted as needed for individual settings.

Throughout this report, each story shares a common strength in leadership, initiation and design by Aboriginal and Torres Strait Islander peoples and incorporate our voices and choices. The programs reflect the diversity of ACCOs measures of success and echo the need for community control, with each story highlighting how these measures have influenced the success of their respective programs.

Birthing on Country Project

The Birthing on Country Project provides Aboriginal and Torres Strait Islander women access to culturally and clinically safe, inclusive care that incorporates cultural birthing traditions within mainstream maternity services.¹³

It was established by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Australian College for Midwives (ACM), and members of the University of Sydney and University of Queensland.

While there is a long history of Aboriginal and Torres Strait Islander led birthing programs, the Birthing on Country Project is currently piloting two programs in Australia:

- South East Queensland in collaboration with Indigenous Urban Health Institute and Aboriginal and Torres Strait Islander Community Health Services Brisbane, and
- Nowra, New South Wales, alongside Waminda South Coast Women's Health and Welfare Aboriginal Corporation.

The Birthing on Country Project develops the Aboriginal and Torres Strait Islander workforce by



A metaphor for the best start in life.

Birthing on Country Workshop Report 2012¹²

PHOTO: Smoking Ceremony; Welcoming Waminda Goodjaga's on Yuin Country Mum and Bub; Elizabeth Luland & Nat McLeod; photo by Jerusha Sutton Photography; courtesy Waminda South Coast Women's Health and Welfare Aboriginal Corporation



offering a culturally safe workplace with opportunities for growth.¹⁴ Aboriginal and Torres Strait Islander Health Workers in support roles have options to upskill at the first Aboriginal and Torres Strait Islander Birthing Centre in Nowra — set to commence construction in 2020.

‘I’m aware of Aboriginal and Torres Strait Islander health workers who have enrolled in a Bachelor of Midwifery since there is a guarantee that identified roles for Aboriginal and Torres Strait Islander people will be available with the new Birthing Centre opening in Nowra’ said Cherisse Buzzacott, an Aboriginal midwife working with the ACM. Cherisse also commented that working for communities that are driven and passionate fires her up. *‘It has been fulfilling to see how the program has progressed in the past 12 months, with the community in Nowra independently coming up with ideas to ensure the program launches successfully.’*

Karina Hogan, who participated in the Birthing in Our Community Program in Queensland, said that the program made her feel prepared about what to expect for her first

pregnancy. She also said that having her second child using the program was much easier, feeling confident knowing she had full support from the Aboriginal and Torres Strait Islander midwives and health workers: *‘The Birthing Program is built on a background of understanding – the Aboriginal and Torres Strait Islander midwives and health workers understood my family background and became my friends during the process.’*

Accessible birthing programs increases the likelihood of Aboriginal and Torres Strait Islander women who were once cautious, didn’t feel comfortable, or refused to present at mainstream services, to now access complete care and feel culturally safe knowing that this program nurtures individual needs from the beginning of pregnancy to the end.

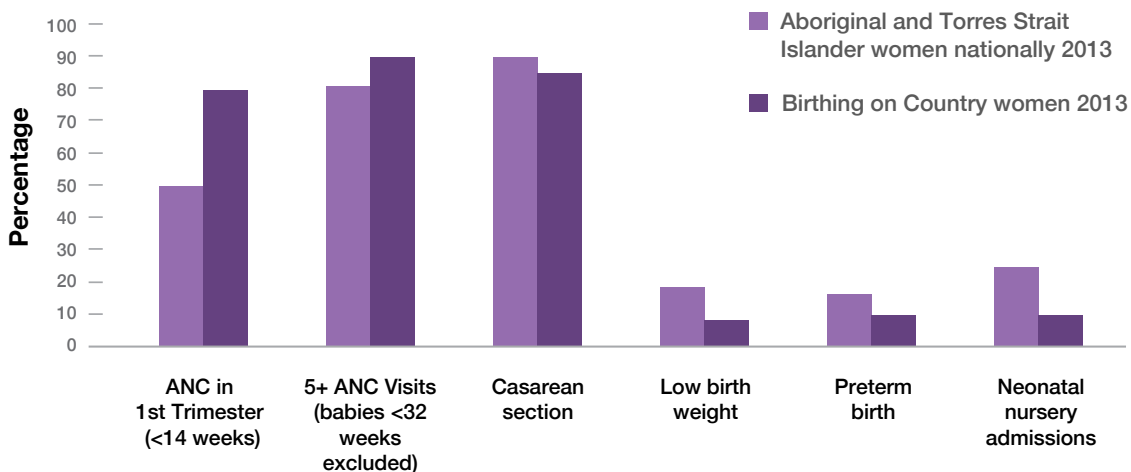
Hayley Longbottom used the Mums and Bubs Birthing Program run by Waminda and told us how *‘knowing that when I was to become a mum again, my experiences from my previous children was going to be different. I was comfortable, I was*

treated like a woman expecting a baby, and not a person with an illness’.

A common thread shared by participants was that the success of the birthing programs was due to the leadership and ongoing development by Aboriginal and Torres Strait Islander people. Program stakeholders felt that one of the main barriers of non-Indigenous led birthing programs was that they operate out of a mainstream hospital or health service, making the process less culturally safe.

The opening of the Nowra Aboriginal Birthing Centre is set to be ground-breaking. It will create opportunities for Aboriginal and Torres Strait Islander mothers to experience holistic care outside mainstream services; it will expand the Aboriginal and Torres Strait Islander workforce; and will utilise the skills and leadership found in Aboriginal community controlled health services. The experience and hopes of participants and workers, voiced by Karina, is that the Birthing on Country project *‘is the bridge to giving babies the best start in life’.*

FIGURE 2: Maternal and infant health outcomes of women in a Birthing on Country Program compared to Aboriginal and Torres Strait Islander women nationally, ANC = antenatal care, graph taken from Birthing on Country case study.¹⁵



Institute for Urban Indigenous Health – Inner City Referral Service

The Institute for Urban Indigenous Health’s (IUIH) Inner City Referral Service (ICRS) is an outreach service that supports Aboriginal and Torres Strait Islander people who have alcohol, tobacco and other drug and/or mental health and/or chronic health issues, living within a five-kilometre radius of the Brisbane GPO.

The program utilises a number of approaches – intensive case management, assertive outreach and strengths-based, community and family focused practice. Randall Frazer, a Bidjara man, Team Leader with the ICRS, said that *‘we have a network of twenty Aboriginal community-controlled clinics and other services that we can link mob into through our system of care which opens the door to medical, allied health, dental and other health services. We can also link our mob to broader social services supports, including housing’*.

Resilience and dedication to working with Aboriginal and Torres Strait Islander communities are strong themes of the ICRS. Randall believes that the program works because of the respect, compassion and

empathy. He said he ‘loves being able to work with mob who may require extra support initially but who grow to be able to advocate for themselves and seek appropriate supports and services as need arises. Seeing someone who has never had a place of their own obtain and maintain their own housing and linking someone who hasn’t received any support for their health issues with the appropriate continuing care is very rewarding’.

As with many Aboriginal and Torres Strait Islander services, lack of secure funding is a barrier to sustainable service delivery. With extra funds and certainty of funding, ICRS could more effectively meet community needs. Other barriers to greater success include the inability to provide brokerage and co-ordination with other agencies and services, and a coherent strategy of service provision across all levels. These would assist to address the needs of the community more consistently.

Randall noted that ICRS is often the only service to break through to people who do not or cannot access other services. ICRS have successfully housed Elders back on their own country at times of terminal illness, supported young women to access domestic violence services and obtain their own housing in a safe environment, and linked people experiencing severe mental illness to appropriate specialised care.

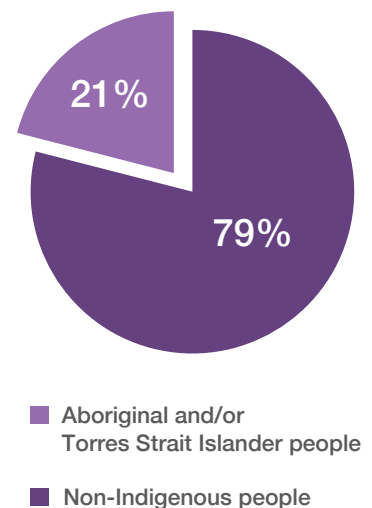


It works because its run for Mob by Mob.

Randall Frazer, Team Leader

FIGURE 3: Homelessness, Queensland, 2016 Census¹⁶

Homelessness Queensland



“Tony” (not his real name) is a 33-year-old Aboriginal man who was removed from his single mother’s care and had suffered physical and emotional abuse at the hands of carers. As a teenager he was sent to an institution where he was sexually and physically abused. He spent his entire adult life either in prison or homeless in the inner-city area. He didn’t have the necessary skills or ability to self-regulate his emotions and was at risk of being excluded from the support agency that referred him to ICRS at the start of the year.

With the support of the ICRS, “Tony” achieved his first tenancy. He now attends weekly sessions at his local Aboriginal Health Service to manage with physical conditions and past traumas. ICRS also referred him to outpatient counselling for his substance use issues at a major hospital, and to positive social inclusion activities such as a Men’s Group that have resulted in a significant reduction in alcohol

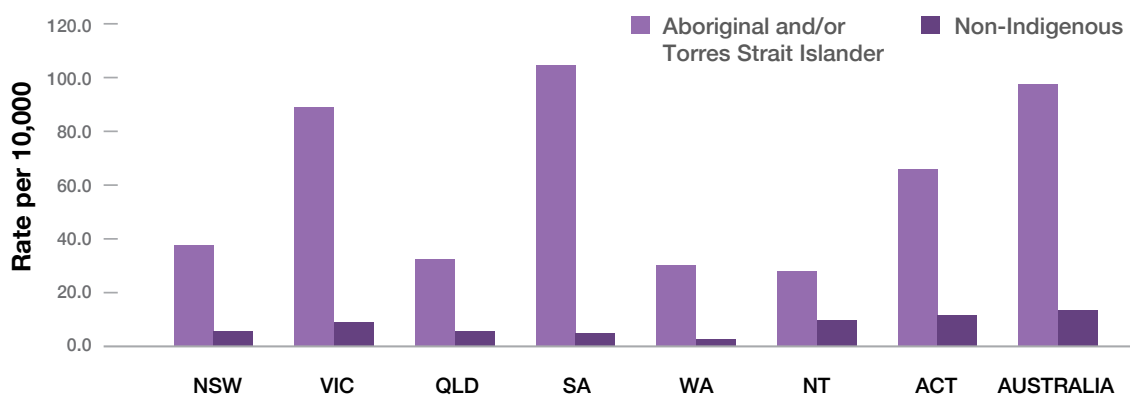
consumption. ICRS also provides guidance with paying rent and bills, and with the support of ICRS, he has not returned to prison. He successfully maintains a tenancy, he regularly accesses physical and mental health services and is connected back into the Brisbane Aboriginal community.

Randall said that

*‘we respect the human rights and the self-determination of our Mob and value their autonomy to make their own decisions and live the lives they want to live. **We intentionally challenge structures, systems and organisations by encouraging compassion, empathy and respect for our Mob and the ways they should be supported by these structures, systems and organisations;** and by supporting our Mob on their pathways to transforming their lives – whether that be from the street or park to places where they feel strong, safe and empowered to live their lives.’*

Aboriginal and Torres Strait Islander people in Queensland comprise 4.9 per cent of population, and 21 per cent of the total homeless population in Queensland.¹⁷ Nationally, Aboriginal and Torres Strait Islander people made up 20 per cent of the total national population experiencing homelessness.¹⁸

FIGURE 4: Aboriginal and Torres Strait Islander homelessness, National¹⁹



Family Wellbeing Empowerment Program for Young Aboriginal Men

Central Coast Primary Care in New South Wales has been facilitating a Family Wellbeing Program (FWB) as an Aboriginal and Youth Social and Emotional Wellbeing project since 2012.²⁰

The FWB program was originally developed in 1993 by the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment. Over the last 21 years, the FWB program has continued and spread with little formal support and is now nationally active across most states and territories, along with some international uptake.²¹

Aboriginal Family Wellbeing Coordinator Nigel Millgate has been running the program since its inception. He has seen more than 200 Aboriginal young men aged between 13 and 18 participate across eighteen programs. *'I love this project, I've watered it and nurtured it from the beginning'* Nigel remarked as he explained the empowerment, teachings and development that weave through the program, and how these learnings support young men who have often experienced *'a lack of positive male role models in their lives'*.

Funded by the Primary Health Network (PHN), the FWB program is an avenue of support for young men in the area who may not have expressed their vulnerability to a doctor, an Aboriginal Medical Service, or a counsellor. It is beneficial that the people running the program understand the different situations young men present, and the vulnerable and occasionally reluctant nature in which some young men may attend the program.

Nigel expressed how he genuinely relates to the young men – he shares his personal experiences with them and says, *'I'm vulnerable, and the same as they are, I share my full story from the highs to the lows – they don't teach that in schools'*.

Some of the topics discussed in the program are around trauma-informed practice and psychological tools, and aside from the experience Nigel brings to the program, there are Elders and community members to call for support, offering knowledge and guidance for the young men.

One of the program's first participants, Anthony Freeman, shared his story about the impact the program has had on his life. Anthony said he was *'sceptical about the program initially, that going somewhere to talk about feelings wasn't really for him.'* After only a short time under the mentorship of Nigel and others, Anthony was



Without the program, male youth on the Central Coast would fall apart.

Anthony Freeman – Program Participant

so deeply engaged in the program that he didn't want to leave, and he hasn't. Seven years later, Anthony remains a mentor for the program.

'As a 25-year-old man talking to a 14-year-old knowing he'll understand the emotional power and understand that different ages don't matter, this will always be the first and last step – it's our foundation' said Anthony.

'It is fundamental that the program is community driven and supported' said Nigel. He believes community engagement with the program is imperative to the program's success, though expresses deep concern around the way in which uncertain government funding affects the program's long and short-term security. Highly skilled staff members have ceased working for the program due to insecure funding.

Another challenge for the program initially was transport, though the FWB program has since coordinated buses to relieve pressure from

parents and kids who might not have the capacity or means to get to the program any other way. This has helped with participation and retention.

It is evident that people working and participating in the program are passionate about nurturing young men in the community by providing ongoing support and encouraging them to become emotionally intelligent and proud young men. As one of the first participants, Anthony advocates for the program wholeheartedly saying — *'this is where I learned how to express my emotions, now let's show the boys what we can do'*.

Responsive Health Care System

Australia has a fundamental responsibility to its First Peoples to structure and resource its health care system to be culturally safe, well-trained and responsive to the needs of Aboriginal and Torres Strait Islander peoples. As a wealthy nation,²² Australia has no defence for not delivering on this fundamental right.

To deliver, Australia needs to grow the Aboriginal and Torres Strait Islander health workforce, equip the broader health workforce with the right training to deliver culturally safe health care, and invest in the greater development of ACCOs satellite and outreach services.

Institutional racism in hospitals and health services continues to be a crucial barrier to effective health service provision. Comprehensive health workforce development and training strategies such as cultural safety training are essential as is the growth of an Aboriginal and Torres Strait Islander health care workforce.²³

The Campaign welcomes Australia's Health Ministers' 2018 commitment to the development of an Aboriginal and Torres Strait Islander-led, National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.²⁴

The National Aboriginal and Torres Strait Islander Health Plan (2013–2023)²⁵ and its Implementation Plan²⁶ were developed to improve the Australian health care system through meaningful engagement with Aboriginal and Torres Strait Islander people and organisations. However, the Campaign reiterates Recommendation 5 of our ten-year review – that the Government renew its commitment to both Plans and undertake a comprehensive costing of the Implementation Plan to ensure it is properly resourced.

The Health Care and Social Assistance sector — covering areas such as health services, aged and child care — was the largest employing industry of Aboriginal and Torres Strait Islander peoples in the 2006, 2011 and 2016 censuses.²⁷ This sector is also projected to remain the area of greatest employment growth for the next five years, with the Government estimating over 250,000 additional jobs.²⁸ This offers an important opportunity to support the Aboriginal and Torres Strait Islander workforce across a range of sectors to help close the gap in health outcomes.

Northern Territory Aboriginal Health Academy Project

It offers more than the standard pathway into allied health.

Rikki Fisher, IAHA Director and Academy mentor

Indigenous Allied Health Australia (IAHA), working in partnership with Aboriginal Medical Services Alliance Northern Territory (AMSANT), has developed an innovative project to increase the number of young Aboriginal and Torres Strait Islander people completing Year 12 and entering the health workforce.

The Northern Territory Aboriginal Health Academy project (the Academy) was designed over four years with Northern Territory (NT) students, families, community and key stakeholders.

The Academy is taking a new approach to education and training. This is a community-led learning model focused on re-shaping and re-designing the way training is delivered to Aboriginal and Torres Strait Islander high school students. The Academy model centres on ensuring that training and education is delivered in a way that embeds culture, while having a holistic approach to health with Aboriginal and Torres Strait Islander health and wellbeing at its centre. It works collaboratively across health disciplines and organisational structures such as health, education, training and employment to improve

and increase high school retention to Year 12.

Rikki Fisher has been involved with the Academy since its commencement and thinks that it has been successful *'due to the people involved, the support the program has been getting from families and the community and people seeing the value and believing in what the program is about'*.

'I think it's been a really well-designed process, with commitment from families and communities.' Rikki said, *'but it also needs funding commitment that aligns with the values and integrity of the program. We wouldn't want it to be vulnerable to a lack of support or governments funding cycles.'*

Students are supported to achieve a Certificate II in Health Support Services and a Certificate III in Allied Health Assistant qualifications while working in a School Based Traineeship or a VET in schools' pathway with a local employer. They attend one day a week for theory and one day with their employer on placement. Employers are encouraged to participate from diverse organisations including the public, NGO and community-controlled sectors in primary healthcare, rehabilitation and therapy, disability, aged care, wellbeing services and oral health. Providing a broader experience for students, across sectors is important to ensure that future workforce needs are met, particularly where specific needs are identified, such as disability services.



FIGURE 5: Students in the Academy designed their own logo, representing their different cultures and identities as well as the collective group.

Twenty-five Aboriginal students from five Darwin high schools enrolled in the first intake, with the first cohort due to complete their Certificate III in Allied Health Assistance in December 2019.

IAHA and AMSANT are driving the project with IAHA and other partner organisation and their members actively participating as role models, guest speakers and mentors. These Aboriginal and/or Torres Strait Islander members are health professionals and support workers who volunteer their time to share their experiences, skills and knowledge with students through practical and interactive activities that promote the diverse opportunities within the health workforce. Cultural mentors are actively engaged with the students, attending and hosting classes, functions and presentations on building cultural capabilities.

IAHA and AMSANT support the Academy through leading, facilitating, coordinating and collaborating with students and stakeholders; developing new ways of delivering mainstream courses to our young people, focused on their aspirations, goals and needs, as well as employment opportunities in their region.

The model assists in assessing and demonstrating the success of education and training outcomes where social, cultural and environmental determinants are addressed with wraparound supports. Also, by embedding culturally safe and responsive practices brought together and led by local students, families, community and partner organisations. The Academy promotes educational achievement and leadership with students actively setting the direction for their

learning, the way in which they learn, and the environment in which they feel both safe and included. The Academy is located on the Charles Darwin University campus where students engage in a tertiary setting, gaining confidence and feeling comfortable in attaining further educational goals.

The Northern Territory Aboriginal Health Academy model could potentially transfer to other communities where the community, families and young people identify that it would meet their needs. This model provides opportunities for Aboriginal and Torres Strait Islander high school students to consider, explore and pursue a career in health. The delivery and coordination of the Academy model can be contextualised to communities' aspirations through working in partnership with key Aboriginal and Torres Strait Islander stakeholders.

0.4% 

0.4 per cent of the allied health professionals registered under the National Registration and Accreditation Scheme (NRAS) in 2017 identified as Aboriginal and Torres Strait Islander.

Data limitations mean it is not currently possible to obtain a precise count of the total allied health workforce in Australia, or a profile of the Aboriginal and Torres Strait Islander allied health workforce – registered and self-regulated – in Australia, or a profile of the Aboriginal and Torres Strait Islander allied health workforce. Nonetheless, **it is clear from available data that allied health continues to have among the lowest representation of Indigenous professionals.** Allied health professionals are also among the least well distributed health professions, meaning people health professions with the largest gap between Indigenous and non-Indigenous professionals.²⁹



Progress is on track to halve the gap in Year 12 attainment by 2020.

While this is only a target to halve the gap, it is progress nonetheless, which present potential to attract students into the Aboriginal and Torres Strait Islander health and medical workforce. There is a significant take up of a health degree by Aboriginal and Torres Strait Islander people studying at university.³⁰

Health System Reform – Winnunga Prison Health Service

Institutional racism can be an everyday issue for many Aboriginal and Torres Strait Islander people.

Julie Tongs,
CEO, Winnunga Nimmitjiah Aboriginal Health and Community Services

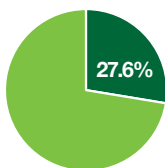
Winnunga Nimmitjiah Aboriginal Health and Community Services (Winnunga) provides a range of medical and social health services in the Canberra region and has provided outreach corrections health services to surrounding districts in Goulburn and Cooma for many years.

When the Alexander Maconochie Centre (AMC) prison and remand centre was established in Canberra ACT in 2008, it was a natural transition for Winnunga to provide services to Aboriginal and Torres Strait Islander detainees, though services were never enough to meet needs. As of June 2017, the incarceration rate for Aboriginal and Torres Strait Islander people accounted for 27.6 per cent of the total prison population.³¹

Ms Julie Tongs has been the CEO at Winnunga for the past 21 years. She said that ‘while Canberra is considered to be a wealthy city, behind the affluence there are people who struggle with poverty; who don’t have stable housing, perhaps don’t even have mobile phones, and can find themselves in a destructive cycle.’

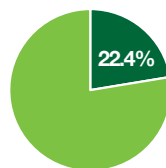
Winnunga provides Aboriginal and Torres Strait Islander support staff, as well as support around child protection issues. Winnunga staff provide court attendance support for detainees, via a hotline from AMC to Winnunga. This means that detainees can have a free phone call to access staff at Winnunga and feel safer and better supported to have access to families (who often are also clients of Winnunga).

After the death of an Aboriginal man in custody in 2015, a formal inquiry found that the broader treatment of the detainee was deficient, marred by a series of failings involving corrections, police, and health authorities. Winnunga has



NATIONALLY

As of June 2017, nationally, Aboriginal and Torres Strait Islander people accounted for 27.6 per cent of the total prison population.³⁴



ACT

In June 2017, in the ACT, Aboriginal and Torres Strait Islander people accounted for 22.4 per cent of the total prisoner population.³⁵

The proportion of Aboriginal and Torres Strait Islander prisoners in the ACT, over the ten-year period 2008-2018, has more than doubled 10.1 per cent to 22.4 per cent as of June 2017.³⁶

been advocating for better prison health services for a very long time, particularly following the death of this man. That inquiry found there was a need to reform the relationship between justice and health teams operating at the jail and introduce the Winnunga Prison Health Service.³²

In 2018, the ACT Government announced a 24/7 holistic model of care would be led by Winnunga for all detainees in AMC.³³

Julie explained: *'this model will mean that Winnunga will have an ongoing presence at the AMC. Aboriginal and Torres Strait Islander staff will be there as support staff. There will be a psychologist to provide one-on-one*

counselling; there will continue to be Aboriginal support staff in there, and they will know when people are going to court and be in court with them... Doctors are now available as needed, and the program will be supported by four nurses including mental health, who can commence their day at 6.30am, to be available for detainees going to court.'

A flexible arrangement has been made with a local pharmacy which can deliver to the AMC. As the Winnunga model rolls out detainees will also have access to a dentist, audiologist and optometrist. **This social health, wrap-around service approach means not only that detainees have better access to**

health services, including mental health and drug and alcohol services, but that detainees have access to a multi-disciplinary social health team.

Winnunga is hopeful that this service will support the AMC to be a human rights compliant detention centre. That compliance will go some way to helping detainees overcome a cycle of illness and hence be rehabilitated rather than come out of prison worse than when they entered.

PHOTO: Mural outside Winnunga Nimmityjah Aboriginal Health and Community Services, Canberra. Reproduced with permission from Winnunga.



Anaemia Prevention Program, Katherine East, Northern Territory

Kids are much more active and show interest in learning and doing work.

Katrina Mitchell,
Aboriginal Health
Practitioner

Anaemia is a critical public health issue in Australia for Aboriginal and Torres Strait Islander people. It is a complex, multifaceted condition and one of the most serious global public health problems.³⁷

Worldwide, pregnant women and children have the highest anaemia rates and are the major groups targeted for screening and intervention programs.

An Anaemia Prevention Program has been running in three communities serviced by Sunrise Health in East Katherine region in the Northern Territory (NT). An evaluation of this program was conducted by the Menzies School of Health Research in 2016, supported by the Lowitja Institute.³⁸

Research for this program found that there were marked differences in the delivery of health services between Community A (~350 people), B (~1000 people) and C (~300 people). Community B and C did not have a dedicated person responsible for anaemia and thus opportunistically screen and treat children attending the primary health care service in accordance with the CARPA manual.³⁹ Anaemia rates in Community B and C were

significant significantly higher than in Community A.

The Anaemia Prevention Program implemented in Community A is the only anaemia prevention program in the NT. **While it did not prevent anaemia in all participant children (as there are other causes of anaemia, such as infection), anaemia was less prevalent and started later in children on the prevention program, than those who were not.**

Research has found that a prevention program needs to be started early in life, before the age of three months, with education and an iron dose that is provided consistently by a dedicated Aboriginal Health Practitioner with intimate knowledge of the community and the local social determinant issues that hinder parents and primary health care services from providing the care required to prevent an anaemic episode.

An integral component of the success of the Prevention Program has been the engagement of an Aboriginal Health Practitioner, Ms Katrina Mitchell, practicing at Sunrise Health Service. Katrina is a local young mother and has close connections with other mothers within the community She knows what's happening with families in the community, and as a local can

explain the program, and encourage mothers to attend the clinic.

Katrina says: ‘As an Aboriginal health practitioner my first job was monitoring for the yearly full child health check, immunisation and the anaemia iron program for the under 5 kids. I get lots of good positive feedback from the child health coordinator, teachers and mum’s, aunts and other extended family members.’

‘Because of the program, the coordinator and teachers notice a big difference in the kids who had low haemoglobin counts. All the kids are much more active and show interest in learning and doing work. As a young Aboriginal person working and delivering the Anaemia Program, sometimes it’s difficult and frustrating but also its good being patient and supportive. I am committed to achieving a positive

outcome in the health service and the whole wellbeing for all the kids in the community.’

Ms Raelene Brunette, an Aboriginal researcher working on the evaluation said: ‘One of the key findings in the program being successful was due to the commitment from the Community Health Centre local staff whom held strong connections within the community and who were well respected by their people. Health and education go hand-in-hand, you cannot have one without the other in order to create change. This is very much so with Aboriginal Health Practitioners who have a challenging and rewarding job at the frontline of primary health care.

We cannot achieve success in improving good health outcomes for our people without Aboriginal Health practitioner’s involvement”.



PHOTO: Ms Katrina Mitchell, Aboriginal Health Practitioner, Sunrise Health, Anaemia Prevention Program

IndigiLez Leadership and Support Group

As Indigenous lesbians we are a minority within a minority, we're black, we're women and we identify as lesbian or being same sex attracted women.

Rebecca Johnson,
Co-Founder of IndigiLez

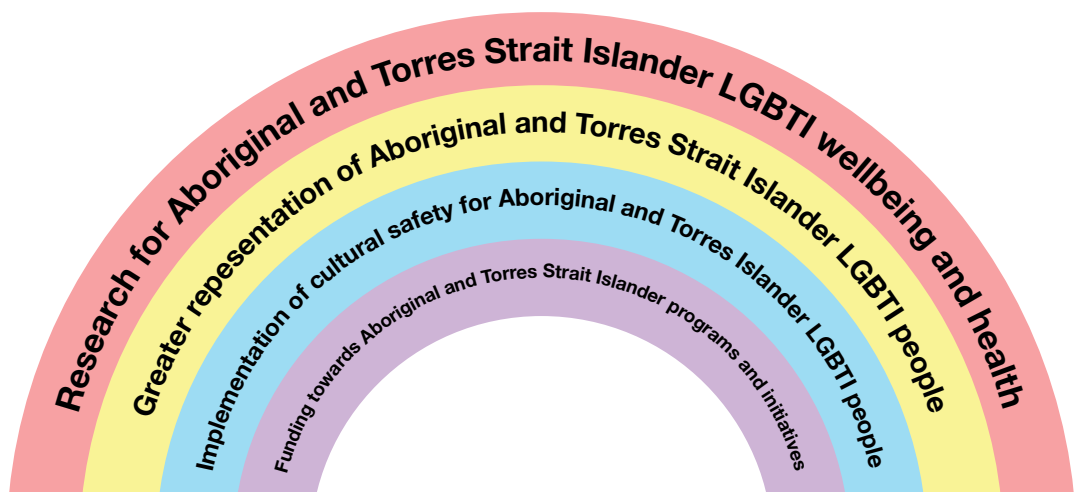
IndigiLez Leadership and Support Group was founded in 2008 by Rebecca Johnson and Tanya Quakawoot. Both founders volunteer their time and funds to offer support for Aboriginal and Torres Strait Islander lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) women where possible.

As part of the work with IndigiLez, the group has held a series of Rainbow Dreaming Retreats at Nungeena Aboriginal Women's Corporation in Queensland, each

aiming to create a culturally safe, healing space for Aboriginal and Torres Strait Islander women to discuss identity, gender and sexuality, safely among peers.⁴⁰

Rebecca has worked at local, state and national levels to advocate for Aboriginal and Torres Strait Islander LGBTIQ women, including through Tekwabi Giz — a national collaboration of Aboriginal and Torres Strait Islander representatives from across each state and territory around Australia.⁴¹

'It's important to provide a space for women to develop pride as Aboriginal and Torres Strait Islander women as well as a deadly and proud LGBTIQ+ women', Rebecca explained. She feels this is fundamental because *'building self-esteem provides opportunities for women to feel empowered and*



NOTE: The rainbow represents what is needed: there are minimal to no facts about Aboriginal and Torres Strait Islander LGBTIQ people.

FIGURE 6:
Recommendations to enhance the health and wellbeing of Aboriginal and Torres Strait Islander LGBTIQ people

educated in areas of sexual health, general health, and social and emotional wellbeing which may otherwise not be addressed if the space is unsafe.

High on the list of priorities for IndigiLez is to find resources to fund research that investigates holistic concepts of social and emotional wellbeing (SEWB) and cultural safety for Aboriginal and Torres Strait Islander LGBTIQ women. Rebecca and the team want to know what the most appropriate and effective ways are, to create a safe care pathway for Aboriginal and Torres Strait Islander LGBTIQ mob. These questions inform a larger discussion around co design of frameworks and strategies for Aboriginal and Torres Strait Islander LGBTIQ people being seen by mainstream health services, Aboriginal Medical Services (AMSs), and Primary Health Networks (PHNs).

'Would a mainstream health service or AMS understand the use of a binder by a person who is transitioning?' Rebecca asks, among a range of other questions and concerns about understanding the particular health and SEWB needs, and visibility of Aboriginal and Torres Strait Islander LGBTIQ people. IndigiLez would like to see questions like this reflected in reports that directly impact the community. Simply including Aboriginal and Torres Strait Islander LGBTIQ people in health strategies is *'not good enough'* said Rebecca, who wants to see Aboriginal and Torres Strait Islander LGBTIQ women included in governmental targets and not seen as a sub-category in the overall strategies.

Ultimately, IndigiLez will continue to focus on strategies that aim to optimise the health and wellbeing



PHOTO: L-R: Belinda Ott, Taz Clay & Chantel Keegan

of Aboriginal and Torres Strait Islander LGBTIQ women and communities. Success so far has been demonstrated by witnessing women expressing pride in their sexuality, gender, cultural identity and overall sense of feeling valued. IndigiLez co-designs programs with Aboriginal and Torres Strait Islander LGBTIQ women, which means that *'mob saw themselves in the programs, recognising that when we work together that it increases social inclusion and service access,'* Rebecca said. According to her, mobilising all that IndigiLez aims to achieve is about recognising the importance of ongoing funding in this space, investing in research and listening to what the LGBTIQ+ community needs are, by acknowledging that *'being part of the conversation is the prevention'*.

Good Housing for Good Health

As a campaign, we have long recognised housing as a determinant of health,⁴² and we call on all governments to invest in housing to ensure that Aboriginal and Torres Strait Islander people have the best chance of healthy and safe lives.

The linkage between affordable and appropriate housing and health outcomes must be recognised in the Closing the Gap Refresh strategy. It is clear that we will never achieve good health outcomes while people live in poor quality, overcrowded housing which can have profoundly adverse impacts on Aboriginal and Torres Strait Islander health outcomes.⁴³

We note COAG's commitment in December 2018 to secure appropriate, affordable housing as a pathway to better lives, and the housing draft target under the Government Refresh process. While this is a commendable goal, the Campaign reiterates Recommendation 6 of our ten-year review⁴⁴ for an overarching health infrastructure and housing plan be developed, costed and implemented as a matter of urgency.

The approach could be in the form of a 'good housing for good health' strategy to improve home health and safety for Aboriginal and Torres Strait Islander people, including the 'Housing for Health' program⁴⁵ to eliminate third world diseases.

Again, we welcome COAG's commitment to work in true partnership with Aboriginal and Torres Strait Islander peoples.

We are committed to working with Commonwealth and state and territory governments to ensure that remote, regional and urban housing supply is responsive towards improving the health of Aboriginal and Torres Strait Islander peoples.

The housing stories reflect the strength in community led and community-controlled programs, and while there is nuance in how this is presented, each program is equally committed towards Aboriginal and Torres Strait Islander people driving the process forward, using our own voice and choices. Living on

Country was seen to be an important aspect for people we spoke to about housing, while for some people, being close to family was the most important even if that meant living off Country. Most importantly, all Australians should have the protections that good housing offers for good health.

20%



In the 2016 Census, 20 per cent of the homelessness population in Australia were Aboriginal and Torres Strait Islander people.⁴⁶



Across all States and Territories, Aboriginal and Torres Strait Islander households were between 1.7 and 2.4 times more likely than other households to live in rented dwellings.⁴⁷



In the 2016 Census, almost one fifth of persons living in Aboriginal and Torres Strait Islander households (18 per cent) lived in dwellings that required one or more additional bedrooms. Overcrowding was worse in non-urban areas (28 per cent) than in urban areas with (16 per cent).⁴⁸

Yawuru Home Ownership Program



*Home
is home.*

Naomi Appleby,
home owner

There is a large disparity in home ownership between Aboriginal and Torres Strait Islander people and the non-Indigenous population.⁴⁹ The Yawuru Home Ownership Program was established in 2015 to address this issue for Yawuru people in Broome.

Nyamba Buru Yawuru Ltd (NBY) is a not for profit company owned by the Yawuru Native Title Owners in the Broome region. NBY partnered with the Kimberley Development Commission and State Government mortgage lender Keystart to develop the Yawuru Home Ownership Project (YHOP). YHOP made eight new homes available to local Yawuru families through a shared-equity purchase arrangement.

Following the recognition of Yawuru Native Title and the establishment of the Yawuru Native Title Holders Aboriginal Corporation (PBC) in 2008, the Yawuru community highlighted housing as a key priority. To deliver on this area of concern, NBY has a number of programs to assist Yawuru people to improve their quality of life through improved housing conditions. The YHOP

program is consistent with this objective and supports Yawuru individuals to be empowered home owners.

The YHOP program is a first for Australia. It allows Yawuru first home owners to enter the housing market, in a partnership with NBY, by purchasing housing and land packages in a Yawuru-developed housing area. In order to meet Keystart's minimum standard criteria, NBY can retain up to 50 per cent equity in the house and land package.

Naomi Appleby is a home owner under the YHOP program. Yawuru made 50 per cent of the funds available, and Naomi repays the shared mortgage with Yawuru. Now three years into the arrangement, she plans to, eventually, own her home outright. **Naomi believes the program provides a very affordable option for home ownership and excellent options for anyone seeking a home – single parents, young families, and older people.**

For some people, YHOP has meant achieving accessible housing finance, when previous attempts have failed. The program offers financial counselling for the home owners so they can become good money managers and learn about

future planning and managing a long-term investment.

Naomi said: *'Having an affordable and feasible housing program provides security for families and reduces reliance on the rental market. It also helps to break down the cycle of social issues and helps to prevent overcrowding.'*

Achieving home ownership has provided Naomi with security and

provides a foundation for a secure future: *'Home ownership has a flow on effect because it provides a healthy start for kids. Aboriginal people can face many other issues, so to build a good foundation and plan for the future with that security is really positive. It has a real effect people's lives'.*

'It has helped me to mature', said Naomi.



PHOTO: Naomi Appleby, Yawuru Housing

Torres Strait Island Regional Council



*Tenants
are proud.*

Marie-Claire Cull,
Acting Housing Manager

The Torres Strait Island Regional Council recently saw the successful transfer in home ownership of five rental properties to families in the Poruma area that had expressed interest in becoming private homeowners.⁵⁰

Poruma is one of 38 inhabited islands of the Torres Strait and, while this story highlights success in one area, the Torres Strait Islands are diverse. This program highlights what success might look like with adequate allocated funding for areas in the Torres Strait.

The process of home ownership had been a goal for the Council in Poruma, who had been advocating for this outcome for a long time.

The success of these transfers looks positive for other people around the Torres Strait Islands who may not have considered home ownership to be a viable option. In a recent media release from the Council, Mayor Fred Gela said, *'I'm ecstatic and proud of this achievement and will support many more home ownership outcomes to come'*.⁵¹

Acting Housing Manager, Marie-Claire Cull has *'noticed that people are happy and have a strong sense of ownership'* since becoming homeowners.

The process of home ownership can be quite lengthy as houses that are under an existing lease undergo a complete upgrade as part of the handover, which includes any modifications required to support an elderly person or a person with a disability.

Some people choose not to embark on the journey to home ownership as the responsibility would be *'completely theirs, as the government no longer take care of the house once the transfer is complete'* said Marie-Claire.

Some leases have been granted to people who are not traditional land owners in the area. This requires some negotiating but has proven not to cause any major setbacks to the process. Overall, Marie-Claire concluded, *'the process has shown promising results with people feeling a sense of pride in home ownership that was once not considered a possibility.'*

Mununjali Housing and Development Company Ltd

Mununjali Housing and Development Company Ltd is a community owned and operated organisation built over the past 43 years to improve the standard of living for Aboriginal and Torres Strait Islander people.

Mununjali Housing became a company in 1994, after starting as Beaudesert Aborigines and Islander Cooperative Society in 1974. This society still exists as an entity, solely run by Mununjali under a Memorandum of Understanding.

Mununjali Housing employs 72 employees, and many Indigenous, and non-Indigenous, community members donate time and enthusiasm to the various activities and programs operating under the Mununjali Housing umbrella. It is known as Mununjali Jymbi – the Mununjali family.

Mununjali works across a range of projects including provision of long-term housing in the Beaudesert and Logan City areas, as well as Youth Support programs, aged care, and wellbeing and early intervention programs. The aim of the services provided at Mununjali Housing are to enable people to remain in their own homes as long as possible by providing support to clients and their carers; and giving carers the opportunity to have a much-needed

break from their role. The provision of these types of services also prevents premature or inappropriate admission into permanent care.

Brad Currie, General Manager of Mununjali Housing, said that its success is **'because it is community controlled and operates on traditional land'**.

It is underpinned with stable governance and service delivery and demonstrates transparency and maintains its integrity'. Brad noted that barriers to further success include regular changes in government funding streams, the closure of the Aboriginal and Torres Strait Island Commission (ATSIC), and



Mununjali provides holistic support.

Brad Currie, General Manager of Mununjali Housing Development Company

an increasing compliance burden, which impacts on service delivery.

With many lessons learned through this initiative, Brad commented that *'it's important to be acceptable to change and think outside the box and be very flexible'*.

FIGURE 7:
Australian Bureau of Statistics 2016 Census of Population and Housing⁵²



10.3% of Aboriginal and Torres Strait Islander households owned their own homes outright compared to other households **29.3%** of which were owned outright

23.6% of Aboriginal and Torres Strait Islander households owned their homes through a mortgage compared to other household **34%** of which owned their homes through a mortgage

33.9% of Aboriginal and Torres Strait Islander households owned their own homes compared to other households of which **63.5%** of which owned their own homes

3.1% of dwelling in the Torres Strait Islands were owned outright while **91.7%** of dwellings were rented. For comparison in Australia **31%** of dwellings in Australia were owned outright, while **30.9%** were rented

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Acronyms and Abbreviations

ACCCHS	Aboriginal Community Controlled Health Services
ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
ACM	Australian College of Midwives
ACT	Australian Capital Territory
AMC	Alexander Maconochie Centre
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSICHS	Aboriginal and Torres Strait Islander Community Health Service
CARPA	Central Australian Rural Practitioners Association
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
COAG	Council of Australian Governments
FWB	Family Wellbeing Program
GPO	

IAHA	Indigenous Allied Health Services
ICRS	Inner City Referral Service
IUIH	Institute for Urban Indigenous Health
LGBTIQ	Lesbian, Gay, Bisexual, Trans, Intersex, Queer
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex, Queer and plus
NBY	Nyamba Buru Yawuru
NGO	Non-Governmental Organisation
NRAS	National Registration and Accreditation Scheme
NT	Northern Territory
PBC	Yawuru Native Title Holders Aboriginal Corporation
PHN	Primary Health Network
QLD	Queensland
SEWB	Social and Emotional Wellbeing
The Academy	the Northern Territory Aboriginal Health Academy
The Campaign	the Close the Gap Campaign
VET	Vocational Education and Training
Winnunga	Winnunga Nimmityjah Aboriginal Health and Community Services
YHOP	Yawuru Home Ownership Project

CLOSE THE GAP

Close the Gap Campaign Steering Committee Members

1. Aboriginal Health and Medical Research Council of New South Wales
2. Australian Healthcare and Hospitals Association
3. Aboriginal Health Council of South Australia (AHCSA)
4. ANTaR
5. Australian College of Midwives
6. Australian College of Nursing
7. Australian College of Rural and Remote Medicine
8. Australian Human Rights Commission
9. Australian Indigenous Doctors' Association
10. Australian Indigenous Psychologists' Association
11. Australian Medical Association
12. Australian Physiotherapy Association
13. Australian Student and Novice Nurse Association
14. beyondblue
15. Community Mental Health Australia
16. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
17. CRANApplus
18. Expert Adviser – Alcohol and Other Drugs, Professor Pat Dudgeon
19. Expert Adviser – Epidemiology and Public Health, Professor Ian Ring
20. First Peoples Disability Network
21. Heart Foundation Australia
22. Indigenous Allied Health Australia
23. Indigenous Dentists' Association of Australia
24. Indigenous Eye Health Unit, University of Melbourne
25. Kidney Health Australia
26. Menzies School of Health Research
27. National Aboriginal and Torres Strait Islander Health Workers' Association
28. National Aboriginal Community Controlled Health Organisation (NACHO)
29. National Association of Aboriginal and Torres Strait Islander Physiotherapists
30. National Congress of Australia's First Peoples
31. National Coordinator: Tackling Indigenous Smoking - Dr Tom Calma AO, Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner
32. National Rural Health Alliance
33. NSW Aboriginal Land Council
34. Oxfam Australia
35. Palliative Care Australia
36. PHILE Network
37. Public Health Association of Australia
38. Reconciliation Australia
39. Royal Australasian College of Physicians
40. Royal Australian College of General Practitioners
41. SBS, the home of National Indigenous Television (NITV)
42. The Fred Hollows Foundation
43. The Healing Foundation
44. The Lowitja Institute
45. The Pharmacy Guild of Australia
46. Torres Strait Regional Authority
47. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
48. Winnunga Nimmityjah Aboriginal Health Service



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