



MIWATJ HEALTH ABORIGINAL CORPORATION

SOCIAL DETERMINANTS OF HEALTH SUMMIT

THE WAY FORWARD | MAY 2018

**“TO CHANGE THE BEHAVIOUR OF A PERSON
YOU HAVE TO CHANGE THEIR ENVIRONMENT”.**

MARMOT, THE HEALTH GAP 2017



TABLE OF CONTENTS

Executive summary	3
1 Introduction	5
2 What needs to change	6
3 Where to start – Get the policy right	8
4 What does a culturally respectful organisation look like - Miwatj as a case study	9
5 Strategy for change	10
5.1 Transition to the “Yolgnu Way” policy and planning paradigm	11
5.2 Children and physical activity programs	13
5.3 Early Childhood Development and Transition to School	14
5.4 Housing and community infrastructure	15
5.4 Employment	17
5.4.1 Aboriginal Health Worker Training	19
5.4.2 Apprenticeships for school leavers	20
5.5 Responding to systems failure – Building a renal workforce for assisted dialysis	21



EXECUTIVE SUMMARY

Miwatj Health is leading change to address the social determinants of health in East Arnhem. The aim of the Social Determinants summit was to establish a new paradigm for planning, service delivery, evaluation and research for east Arnhem communities that embeds Indigenous empowerment and individual development as the core tenant of interventions to improve social determinants and respond their consequences in East Arnhem land. This will be referred to as the “Yolgnu Way” in this document.

Examples of programs that address the social determinants of health along the life course continuum that have achieved success by incorporating cultural respect principles defined in the Cultural Respect Framework 2016 – 2026 for Aboriginal and Torres Strait Islander Health into the planning, management and delivery of services were shared. Each presentation discussed the action taken to recognise and incorporate cultural values, strengths and strategies into governance, management and delivery of services. The purpose of sharing these examples was to shift thinking from the mainstream approach to the Yolgnu Way and identify action required to achieve the change.

Key issues impacting on the social determinants of health in remote communities were identified, and action required to improve the infrastructure and services to reach the same standards as mainstream communities discussed. A summary of the issues identified and actions required to guide future development to address specific social determinants in East Arnhem was captured and is presented in Section 5.

A series of recommendations were generated from the Summit to create the policy and planning context to establish the “Yolgnu Way” and enable the implementation of actions proposed to address the social determinants of health. The Yolgnu Way provides the culturally appropriate framework through which the actions to address the social determinants of health should be managed to establish working

partnerships with communities. The recommendations have been organised using the domain and focus headings from the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health. Recommendations generated from the summit to establish the Yolgnu Way were:

Whole of organisation approach and commitments:

1. Employ Aboriginal staff at all levels of the organisation to create a culturally safe environment for Yolgnu staff and community members
2. Develop and implement policies that support cultural safety in all aspect of policy development, service planning, program implementation and service evaluation.
3. Invest in Indigenous leadership development at all levels of the organisation.

Communication

1. Conduct meetings using bilingual translators to ensure that community participants can engage in discussion and decision making.
2. Develop information about policy and planning in language to communicate concepts to community.

Workforce development and training

1. Prioritise Aboriginal Health Practitioner training as a community employment strategy.
2. Support Aboriginal leadership and control at all levels of government service and program delivery i.e. Community, Territory, Federal
3. Identify a Registered Training Organisation to provide a regional approach to training and development of a regional workforce plan
4. Increase partnerships across ACCHOs then partnerships across all agencies in the region
5. Cultural inductions developed by Yolgnu elders with accredited training



Consumer participation and engagement

We value reciprocity and flexibility in models as long as the goal is well being of the patient/community

Set up bilateral networks to consult about new policies and discuss issues of concern.

1. Use recognised community and cultural leadership structures to establish partnerships to undertake policy development and planning activities.
2. Challenge the standard government approach to problem solving and engage with community driven changes.

Stakeholder partnerships and collaboration

Genuine partnerships – the future does not exist without this Collaborating and knowing about organisations out there who work with in different areas – this will prevent silos from occurring. Policy already made when consultation occurs Lack of transparency – what the key influencers are on investment in community

1. Implement a policy of mandatory cultural inductions for all health ministers and public servants
2. Partner the Minister for Indigenous affairs with key Indigenous Yolgnu community person(s) to work with on community initiatives to ensure balance in advice provided for decision making.
3. Establish face to face communications involving federal and territory health staff with communities to facilitate transparent funding allocation discussions, decision-making processes and accountability for outcomes.
4. Develop a shared agenda to enable government and community to work together in a systematic way.
5. Establish Joint planning forums for housing and education using same model as health and resource IHANT so they are able to participate in decision making
6. Establish a childhood health forum
7. Use the cultural respect framework as the benchmark to assess policy and planning processes.

Data planning research and evaluation

Assist to improve information literacy - that allows policy relevant questions to be answered more quickly and cost effectively

1. Establish data sharing frameworks, joint data governance structures and data repository to transfer data into community hands
2. Ensure the social determinants and culture respect are incorporated into program planning for all interventions being considered
3. Use data to inform evidence-based practice to address social determinants of health
4. Prioritise kidney health services and research including prevention, health promotion and minimal harm interventions
5. Establish transparency in data about housing
6. Build organisational capacity in community organisations to understand data and reports provided

A coordinated approach to the implementation and accountability for these recommendations will need to be established to drive this change. Miwatj Health will be seeking commitment from Territory and Commonwealth government agencies and to work in partnership with them to implement these recommendations and make a change in communities to enable Yolgnu people to benefit from the Western world.



1. INTRODUCTION

A core function of Miwatj Health is advocacy in support of the right of Aboriginal people to control their own health services and for such health services to receive resources and funding adequate to address the health problems of the region is.

The Miwatj Board of Directors recognise that in order to reduce the burden of disease, improve life expectation and other social issues such as poverty, domestic violence, rates of imprisonment etc they need to take the lead to push for the implementation of well-known solutions. These solutions are routinely and systematically available to the mainstream Australian population, but not Aboriginal people in remote communities. They need to be to effectively address the social determinants of health and close the health gap between Aboriginal and non-Indigenous Territorians.

The Miwatj Board took the lead to convene the Social Determinants Summit to get commitment from government and funding agencies to implement a new paradigm to planning, service delivery, evaluation and research in Aboriginal communities. This is necessary to address the systems failures contributing to the health gap and high level of chronic disease. The paradigm embeds Indigenous empowerment and individual development as the core tenant of interventions to improve social determinants and respond their consequences. Culturally appropriate governance and service delivery approaches are the enablers for empowerment and freedom in decision making to address the social determinant.

The key to improving the social determinants of health in Aboriginal people is to change the environment to enable behaviour change by individuals and the community to take advantage of the opportunities available to improve health and social outcomes. Information was presented to the Summit by Eddie Mulholland and Vanessa Lee to help participants understand the impact of government policies and usual planning approaches from an Aboriginal

perspective. A summary of the key messages from these presentations is outlined in section 2 and 3.

Culture is part of life and life is culture. Governance structures, services and interventions that do not incorporate cultural values do not make sense to Yolgnu people making it difficult for the community to embrace opportunities being presented. Section 4 provides a summary of the way Miwatj Health has established an effective culturally appropriate governance structure to manage the business of primary health care. This has established culturally safe places in East Arnhem to enable Yolgnu to access the service and take advantage of the opportunities for health improvement.

A paradigm shift is required in the way government and non-government organisations engage with Aboriginal communities to develop more effective policy and plans aimed at Aboriginal people. The Cultural Respect Framework 2016 – 2026 for Aboriginal and Torres Strait islander Health identified six domains and focus areas where action is required to achieve culturally respectful organisations. The recommendations generated from the Social Determinant Summit to facilitate a paradigm shift to the Yolgnu Way are presented in Section 4. The domains and focus areas from the Cultural Respect framework have been used to organise and present the recommendations.

A range of programs and interventions from East Arnhem and Central Australia were presented at the Social Determinants Summit to demonstrate to government representatives the outcomes achieved when organisations implement culturally appropriate governance structures to manage service planning and implementation. The discussions that followed each presentation identified issues to be addressed and action required to generate more positive social and health outcomes. This work will be used to direct the pilot project to upgrade the infrastructure and service standards in Galiwinku to the same level as mainstream towns with similar populations. This will be a test to see if improved health and social outcomes occur when Yolgnu have the same freedom and opportunities as the mainstream populations.



2. WHAT NEEDS TO CHANGE

“to change the behaviour of a person you have to change their environment”. (Marmot, The Health Gap 2017)

Eddies Mulholland, CEO Miwatj Health opened summit discussions by talking about the environment in Aboriginal communities and the change required for Individual behaviour to change and social determinants of health to be addressed. He argued that if Aboriginal communities had the same community infrastructure, services, sporting facilities and legislative compliance monitoring as “mainstream” towns then the social and health outcomes would most likely be very different. These views are based on published evidence by Marmot¹ and others who have studied the outcomes from social deprivation and systematic inequalities. He argued that the key barriers to change in East Arnhem is oppression of Yolgnu people and apartheid. He shared his view of the impact of current policy and approaches through an Aboriginal lens and provided a number of examples to demonstrate the lack of freedom in decision making and the impact of this oppression. the different standards or “apartheid” that are in place between Aboriginal communities and “normal towns” was highlighted. He advocated that the mindset and actions of government and stakeholders needs to change to stop moving problems to Darwin to get care, which he saw as unsustainable because it does not address the underlying issues such as poverty, freedom in decision making and control over ones lives, to stop the problem arising in the first place.

The proposal to transition Galiwinku into a small town with all the infrastructure and services is expected to systematically improve the environment in communities to address the social determinant of health. For example, the presence of sporting facilities and programs such as the NTAFL, which mainstream towns take for granted, provide opportunities for children and parents to get physically activity and learn the life skills that come with team work and being an athlete or official involved in a sporting club. In turn the skills learnt from participating in these activities

assist to engage with education and employment thus systematically addressing social determinants of health and changing the environment in which people are living. The intention is to not only normalise East Arnhem communities over time but to get rid of the double standards and move towards equal standards in the Northern Territory.

In closing Eddie emphasised that freedom is the answer to better health and other positive outcomes, and there is no freedom when you are living in a state of oppression or/and apartheid. To obtain freedom we must first abolish “apartheid” and bring Yolgnu benefits to embrace the western world to reduce oppression. The pleas to government and other stakeholders present was to learn from the presentations given as they discuss key issues from an Aboriginal perspective and demonstrate how to successfully address different social determinants of health in partnership with Aboriginal communities, families and individuals. He asked bureaucrats to change their mindset and usual government approach and to identify the contribution they can make to strategy development using a more culturally appropriate framework. He believes this will create the environment to motivate Yolgnu people to master and accept the western world model and its benefits to reduce oppression.

¹ Michael Marmot, The Health Gap : The Challenge Of The Unequal World (2015)



“If we want to break away from the colonial past and begin anew, then we have to walk together - hand in hand and side by side - as a truly reconciled nation”.

Gatjil Djerrkura OAM, 2004



3. WHERE TO START

- GET THE POLICY RIGHT

Dr Vanessa Lee applied the lens of political determinants of health or the impact of government policies on health outcomes of Indigenous women to demonstrate the need to get the policy right to address the social determinants of health. Many of the political determinants affecting Aboriginal families and their health are manifestations of colonialization and the impact of paternalistic policies implemented by missionaries and government legislations, historical acts and policies.

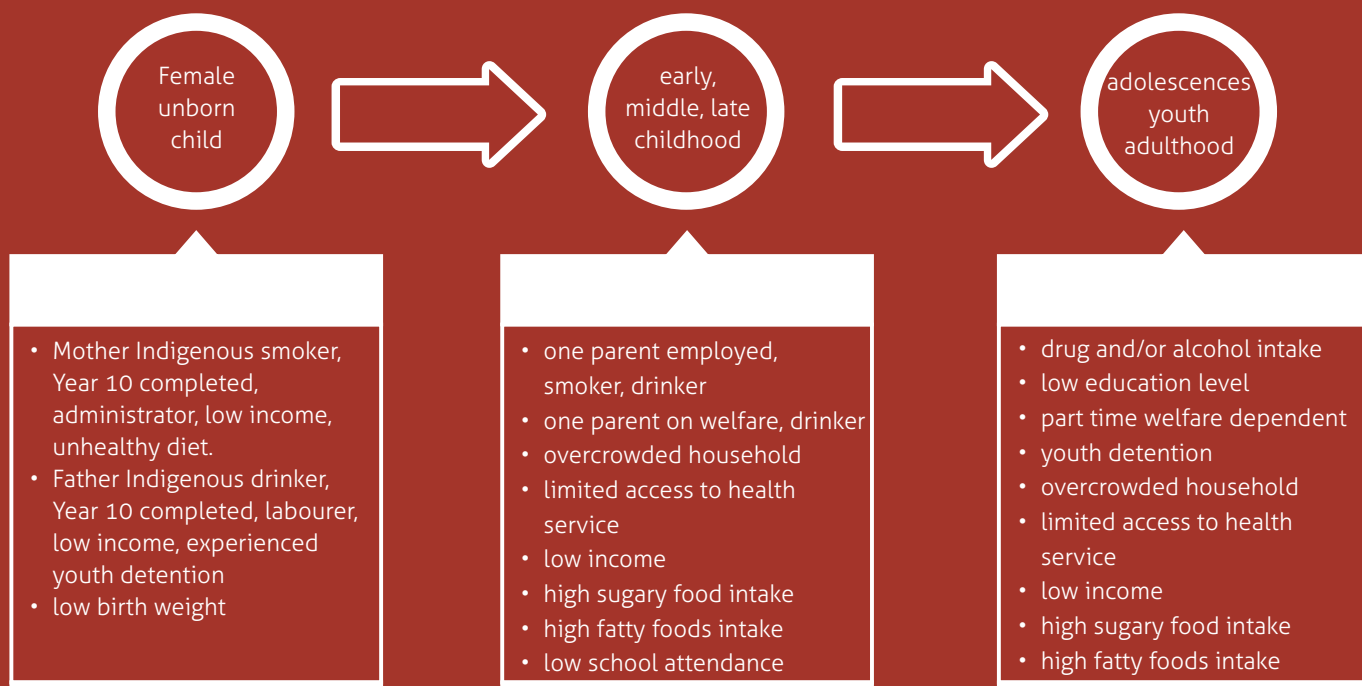
She started by reminding the audience that Indigenous wellness is a whole and healthy person expressed through a balance of spirit, emotion, mind and body. The Indigenous worldview is rooted in family, culture and connection to land, people and creation – these are the foundation of belonging. This is a holistic world view that intrinsically connects family and culture with everything else that they connect. This means that Indigenous people have a cultural and family relationship with their social and economic world. Policy needs to align with this to be effective, but the

breakdown in life circumstances suggests that policy has failed Indigenous people.

Social determinants of health are about “the cause of the cause.” The social determinants of health require looking at the relationship between cause, social factors and health outcomes. Social factors include housing, education, access to healthcare and family support. Whether or not your social determinants of health are met is determined by the conditions where you are born, grow, live, work and age, inequity, power, money and resources. Policy failure has led to the oppression we see in community and apartheid arrangements resulting in inequality. Inequalities are circumstances that are judged to be avoidable by reasonable means and are not avoided. The overriding purpose of political determinants i.e. policy, is social justice to set right the inequities in health.

To illustrate this point Dr Lee talked about the political determinants on women. The diagram below illustrates the circular relationship between the causes, social factors and life stages of political determinants.

Diagram 1: Relationship between the causes, social factors and life stages



In summary the impact of the political determinants of health need to be addressed to remove the institutional oppression. The solution is to implement the policy approach advocated by Aboriginal leaders and articulated in the Australian Government Cultural Respect Framework 2016 -2026 for Aboriginal and Torres Strait Islander Health to build a culturally respectful health system.

4. WHAT DOES A CULTURALLY RESPECTFUL ORGANISATION LOOK LIKE

MIWATJ AS A CASE STUDY

Cultural respect is the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.

The core tenant of the paradigm shift required to achieve cultural respect is empowerment of Aboriginal people in East Arnhem. Mel Herdman, Tackling Smoking Coordinator, discussed how Miwatj Health embeds cultural respect into governance and service operations to address health. She started her presentation by speaking in Yolngu Matha with the occasional English word. This was a powerful demonstration of the impact of not understanding language, assumptions made when there is limited understanding of the words and how disempowering it is to not understand what is being discussed.

Miwatj Health was born out of need for self-determination. It is a rights-based approach to health. Miwatj Health see how structural inequities impact negatively on people's health and believe this must change for people's health to change. To close the health gap the different agencies in community need to come together to help each other. This includes health, education, justice and employment agencies, but they all need to have the same goal of self-determination at the heart of strategies being developed.

The Miwatj Health vision is "Building the capabilities of Miwatj Mala so they can take control of their lives and direct their own futures". Miwatj Health does this by not only delivering health services (the what) but by focussing on the "why" they exist. The "why" is social transformation and self-determination of Yolgnu people.

Miwatj Health uses a whole of organisation approach and commitment to effective governance and leadership by having clear policies and accountabilities for compliance with organisational policies. Many of these policies are designed to tackle structural racism and discrimination. The organisation is proactive about improving health literacy by conducting board and community meetings in language so individuals can be active participants in discussions and decision

making. Education programs are also delivered in language using culturally accepted communication protocols to enable change to be implemented.

Workforce development and training is integrated in many different ways. They include prioritising Yolgnu employment, supporting Yolgnu staff to access training programs, providing on the job support, developing career pathways, active succession planning and providing opportunities for Yolgnu staff to act in senior roles. This investment has produced Yolgnu leaders and a culturally responsive workforce.

Consumer participation and engagement is the foundation for service planning and evaluation at Miwatj Health. Being community controlled a core principle is consumer centred care and consumer designed care. Performance is assessed not only on the measurement and evaluation of health outcomes, but consumer assessment of satisfaction with how services are delivered. Community is very quick to let the service know if they are not happy when there is a channel that enables communication.

Stakeholder partnerships and collaboration are essential to effective service planning and delivery. Miwatj Health has built trust with communities by being transparent and sharing information to work together to develop plans and advocate for solutions relevant to their community. Data is used for planning, research and evaluation to ensure evidence-based planning in each community. Efforts have also been made to maintain data sovereignty to ensure that data is used for the benefit of communities.

Collectively this systematic approach to creating a culturally respectful organisation workplace has enabled Yolgnu people in each Arnhem to engage with Miwatj Health business and change their health story.

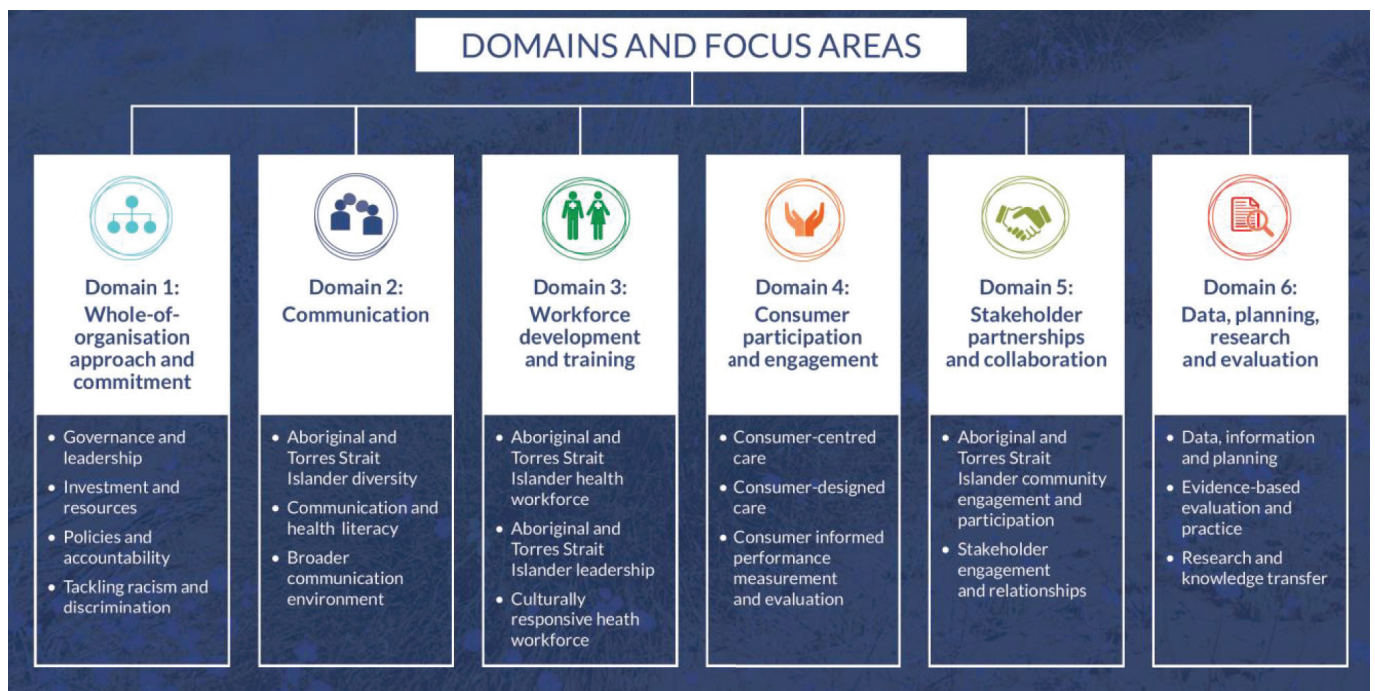
5. STRATEGY FOR CHANGE

The National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 – 2026 provides a useful framework to guide the development of strategies to embed culturally safe and responsive practices into the design, delivery and evaluation of health services. The principles on which the cultural respect framework is built and which are clearly present in the Miwatj case study and each of the presentations delivered at the Summit are:

- ✓ Leadership and responsibility
- ✓ Health equality and a human rights approach
- ✓ Aboriginal and Torres Strait Islander community and consumer engagement
- ✓ Partnerships
- ✓ Monitoring and accountability

The key domains and focus areas where change is required to shift the planning paradigm to one that is culturally respectful and enables Aboriginal people to engage in health business is shown in Figure 2.

Figure 2: Cultural Respect Framework Domains and Focus Areas²



The Cultural Respect Framework provides a useful roadmap of action required to establish a policy and planning paradigm that empowers Indigenous people to have freedom in decision making and improves accountability to prevent inequity or different standards for Aboriginal communities.

² Cultural Respect Framework 2016 – 2026 for Aboriginal and Torres Strait Islander Health, 2016



5.1 TRANSITION TO THE “YOLGNU WAY” POLICY AND PLANNING PARADIGM

After reflecting on each presentation and discussing the barriers to empowerment, collaboration with the community and accountability, Summit participants considered what action is required to shift the policy and planning paradigm to a culturally respectful paradigm that empowers Yolgnu to engage with government and non-government systems. The recommended actions here forth collectively known as the Yolgnu Way are shown in Figure 3 under the domains and focus areas headings from the cultural respect framework.

The implementation of these strategic level recommendations to create the Yolgnu Way paradigm will create the partnerships and context necessary to address the priority issues impacting on the social determinants discussed at the Summit, put into practice the actions proposed to address the causes of ill health and ultimately change health outcomes.

Figure 3: Actions required to establish the Yolgnu Way for policy and planning in East Arnhem

Whole of organisational approach & Commitment

1. Employ aboriginal staff at all levels of the organisation to create a culturally safe environment for Yolgnu staff and community members
2. Develop and implement policies that support cultural safety in all aspect of policy development, service planning, program implementation and service evaluation.
3. Invest in Indigenous leadership development at all levels of the organisation.

Data, planning, research and evaluation

1. Establish data sharing frameworks, joint data governance structures and data repository for social and health to transfer control over data into community hands.
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3. Use data to inform evidence-based practice to address social determinants of health
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6. Build organisational capacity in community organisations to understand data and reports provided

Communication

1. Conduct meetings using bilingual translators to ensure that community participants can engage in discussion and decision making.
2. Develop information about policy and planning in language to communicate concepts to community.

Workforce Development & Training

1. Prioritise Aboriginal Health Practitioner training as a community employment strategy
2. Support Aboriginal leadership and control at all levels of government service and program delivery i.e Community, Territory, Federal.
3. Identify a Registered Training Organisation to provide a regional approach to training and development of a regional workforce plan
4. Increase partnerships across ACCHOs then partnerships across all agencies in the region
5. Cultural inductions developed by Yolgnu elders with accredited training

Consumer engagement

1. Set up bilateral networks to consult about new policies and discuss issues of concern.
2. Use recognised community and cultural leadership structures to establish partnerships to undertake policy development and planning activities.
3. Challenge the standard government approach to problem solving and engage with community driven changes.

Partnership & Collaboration

1. Implement a policy of mandatory cultural inductions for all health ministers and public servants.
2. Partner the Minister for Indigenous affairs with key Indigenous Yolgnu community person(s) to work with on community initiatives to ensure balance in advice provided for decision making.
3. Establish face to face communications involving federal and territory health staff with communities to facilitate transparent funding allocation discussions, decision-making processes and accountability for outcomes.
4. Develop a shared agenda to enable government and community to work together in a systematic way.
5. Establish Joint planning forums for housing and education using same model as health and resource IHANT so they are able to participate in decision making.
6. Establish a childhood health forum.

AIM
Culturally safe policy
and planning framework
for East Arnhem

5.2 CHILDREN AND PHYSICAL ACTIVITY PROGRAMS

The AFLNT Remote Programs shared what they are doing in remote communities to promote and engage children in physical activity. AFLNT aim is to inspire communities to engage in education through the power of football. They work closely with partner organisations to ensure all programs deliver location specific and targeted messaging for:

- Positive lifestyle choices
- School attendance
- Nutrition
- Anti-violence
- Alcohol and substance abuse
- Safe vehicle use
- Social impact
- Talent opportunities

The key philosophy underpinning the program is individual empowerment through the vehicle of sport. Sport can help change the life trajectory for young people by providing opportunities for regular physical activity, positive social interaction, and health and wellbeing education.

The strengths identified in the AFLNT program are that it is a community led approach with a local governance structure that recognises existing structures. Football is a starting point to open the door to discuss other issues. AFL enables active participation by the community while promoting strong leadership and consistency in values and actions. It is a great example of Partnerships on community terms.

Key problems/issues

The key problems or issues identified were:

- A variety of sporting programs is needed as one sport will not meet all needs.
- Elite sports approach is too narrow, physical activity programs need to include dance or parkrun type of activities to be more inclusive.

- There is not sufficient funding for number of kids to engage with sport.
- There is limited capacity building of local people to operate sporting clubs to make them sustainable.
- Need a formal program and funding framework for physical activity programs as sporting programs are funded with ad hoc grants.

Paradigm shift required

The key to sustainable physical activity programs in the community is building the infrastructure in the community to enable children and families to participate in sports and physical activity programs, and community capacity to manage these resources so community benefit can be realised.

Proposed actions - Physical activity programs for children

- Invest in capacity building of community members to support community leadership for sporting programs and sustainable sporting clubs.
- Develop a range of physical activity programs that address all demographics in community
- Seek alignment between Commonwealth and NT to secure funding for community-based sporting programs.
- Advocate for peak sporting organisations to have a regional/community focus for their junior programs.
- Links physical activities to health literacy activities and health checks.
- Implement no school no play policies to encourage and reward school attendance.
- Incentivise sport participation as disincentive to family violence behaviours.



5.3 EARLY CHILDHOOD DEVELOPMENT AND TRANSITION TO SCHOOL

Two presentations were given that highlighted the importance of early childhood development on the social determinants of health and the importance of intervening early with effective early childhood programs to build resilience in children and families. Central Australian Aboriginal Congress shared how they use a life course approach to providing comprehensive primary health care and services, recognizing the multitude of complexities introduced throughout a lifetime that contribute to a client's overall well-being. They explained how programs are integrated to ensure the best model of care is provided to optimise health and wellbeing outcomes. Congress has invested strongly in the early years programs as they believe it is the key to preventing trauma and harm caused by adverse social determinants. They showed the evidence to demonstrate health and social benefits from investments in the Nurse Family Partnership (NFP) program and their preschool readiness program in Central Australia.

The Maternal Early Childhood Sustained Home Visiting Program (MECSH) is a nurse home visiting program being implemented by the NT Government that start in the antenatal period similar to the NFP program. MECSH can be adapted to suit needs of regional and remote, while maintaining fidelity of the model. On-site face-to-face discussion has been occurring between ACCHS, DOH and program author and trainer, Professor Lynn Kemp to plan service implementation. Action is currently underway to adapt the program for implementation in the NT. The strengths of the MECSH is a whole of community involvement in the planning and that the community can decide what you want in the program to suit community.

Key problems/issues

The key problems or issues identified included:

- Poor connection and integration between services. There are multiple programs that do similar things which need to be linked together. E.g. the Strong Women, Strong Babies, Strong Culture program and MECSH

- Need additional incentives to encourage school attendance instead of waiting for royalty monies.
- Concern that home visiting might take away accountability of parents to go to the clinic for health care.
- Home visits may be an imposition for some people.
- The cost of service delivery is high in remote communities so budget allocations need to reflect these additional costs for programs to be effective.
- The implementation of the MECSH program will require a new relationship with community.
- Need evaluation to assess the effectiveness of the program in the remote setting
- Knowledge of kinship system is essential to be effective in early childhood program.
- Concern around the capacity to provide access to support services to the family and extended family of high needs clients.

Paradigm shift required

The strong message that emerged from discussions on this topic is that the new program MECSH needs to link with existing programs that interface with the community like the Strong Women's program and PHC teams. Investments will need to be made to build the relationships and trust with community and to cover the cost of program delivery for early childhood interventions to be successful.

Proposed actions – Early childhood programs

- Develop a service integration plan as part of the planning for the implementation of the MECSH program to ensure there is a common philosophy and goals across programs the new and existing program, and to coordinate all community-based programs and services.
- Formalise the referrals pathways and relationships between the services
- Locate nurse home visitors in the remote communities they will service

5.4 HOUSING AND COMMUNITY INFRASTRUCTURE

Housing is a basic human right and there is a clear relationship between housing and health. A core function of Central Australian Aboriginal Congress is to promote an economic paradigm consistent with Public Health. They presented findings from a discussion paper on housing and health that contributes to the evidence base about the link between housing and the social determinant of health. They recommended a range of actions to improve the quality and responsiveness of housing programs in the Northern Territory. Improved housing would address a number of health and social problems including early childhood development, mental health and social and emotional wellbeing, promote physical health and reduce exposure to tobacco smoke, smoke from campfires and dust. They advocated the reestablishment of community-controlled housing organisations with community involvement in planning and design of houses and training to involve community in construction and maintenance housing. Access to transparent and accurate data on housing stocks and overcrowding is essential to monitor implementation and drive strategic investment. They also advocated that Australia could afford to make the investment in housing required if there was a change in economic policy.

Housing is an issue of interest to many Aboriginal organisations in the Northern Territory. The Alliance of Peak Aboriginal Organisation in the Northern Territory (APONT) was established to facilitate effective Aboriginal involvement, control and evidence to plan in partnership with government. Principles were developed by APONT to guide a partnership-centred approach for mainstream NGOs towards strengthening and rebuilding an Aboriginal controlled development and service sector. APONT hosted the Aboriginal Remote Housing Forum in 2015. Evidence presented at that time found 85% of Aboriginal people in the Northern Territory live in severely overcrowded dwellings and the NT has the nation's highest rate of homelessness at 15 times the national average. Actions being taken by APONT to advocate for improved housing and better planning systems were presented.

Key problems/issues

The key problems or issues identified included:

- Housing is basic human right underpinning life. Housing is not built to the same standard in remote communities.
- Data about housing is not transparent or readily available to the community to enable informed policy and planning discussions about housing with the community.
- It is not clear who is accountable for housing reform and how new structures support a consistent reform approach across the NT
- There needs to be a change in mindset by government in regards to housing maintenance. Instead of blaming community, they need to ensure construction standards are met, involve community in the design phase and to solve maintenance problems.
- There are many competing services which don't communicate.
- Houses need to be designed on case by case basis to allow for disability access with full engagement with families and the community from the beginning
- The procurement process need to accommodate local proposals that incorporate employment and training programs as part of the construction and maintenance services.
- Hostels in Darwin accommodating dialysis and other clients referred for health care need to have appropriate dietician involvement to ensure appropriate food delivered
- Housing policy and priorities change with changes in government
- There is a poor understanding of social value of housing by government to enable momentum to be maintained
- Housing management requires stronger regional management

5.4 HOUSING AND COMMUNITY INFRASTRUCTURE CONT.

Paradigm shift required

The clear theme coming from the discussion about housing is the need to have transparent data to provide an evidence base for decision making about Aboriginal housing and to strengthen the coordination of services to address the current fragmentation of housing management. When implementing solutions to housing issues there are many opportunities for individual and community empowerment through joint decision making, training and employment. This will contribute to improved health to participate in sporting and community activities.

Proposed actions – Housing

- Establish a governance structure over housing that strengthens community data sovereignty and improves the quality of policy, planning and accountability for housing investment.
- Establish regional housing forums to enable a bipartisan approach to housing policy and planning
- Position community coordinators with regional housing forums to improve coordination of housing services and information about progress against strategies with peak bodies.
- Create a central data repository for housing data that can respond to questions from community e.g. maintenance waiting time.
- Establish local apprenticeships to train Yolngu workforce to build houses and create the community capacity to repair and maintain housing.
- Construct visitor accommodation and transition accommodation in communities to enable safe respite visits for renal patients (and their carers) and other clients with complex care needs.



5.4 EMPLOYMENT

When we do change to people, they experience it as violence, but when people do change for themselves, they experience it as liberation. - Rosabeth Moss Kanter

ALPA identifies employment, training and career pathways as the foundation for creating successful and responsible businesses in communities. They recognise that employment is the pathway to improve health and equality, but to be sustainable it must align with cultural norms and bring dignity to people participating in employment. The range of businesses, programs and services operated by ALPA have been developed over time in alignment with the broader strategic goals of the ALPA Board of Directors. The Board has developed a strategic plan with three goals:

- To improve Yolgnu quality of life
- To operate successful sustainable and responsible businesses
- To enhance remote economic development by:

A number of examples of Aboriginal enterprises were shared to demonstrate how strategies within the plan are being applied to realise successful Aboriginal enterprises. ALPA believe the key to their success is that they own their strategy and everything they do aligns with it. Having a plan enables long term planning around workforce development and the allocation of resources. They have a strong Yolngu and balanda governance systems in place which ensures cultural security in the workplace. Their service delivery models are developed using human centred design and constantly refined based on community feedback. They have an integrated service delivery framework with other enterprises to value add to initiatives.

Key problems/issues

- Low literacy levels in the community is a barrier to training. Need to use English as second language training strategies i.e. contextualised problem-based learning strategies.
- FIFO model used in remote communities are costly, not sustainable and not leading to outcomes expected.
- Decisions about employment and training programs are often already made before they come to the community to consult.
- Community capacity is low due poor education and health issues meaning people do not reach their potential
- Need for increase in Aboriginal organisations in service delivery/enterprises
- Government procurement policy and preferred providers approach do not sit with Aboriginal enterprise approach which is not based on a competitive model, rather a relationship and cultural model.
- Growth areas for employment in communities are NDIS and Aged care, but not local training programs.
- AHP training programs are not producing enough health professionals to meet needs and there is a lack of training providers or long-term training plan in the NT



5.4 EMPLOYMENT CONT.

Paradigm shift required

Creating employment in communities relies on partnerships being established between community and government to promote Yolgnu employment and entrepreneurs inside and external to the community to create innovative opportunities that value add to existing community resource. Local or regionally based training organisations are needed to build the workforce capacity to produce goods and services. A strengths-based approach is the best approach as they will establish culturally secure workplaces.

Proposed actions – Employment generally

- Develop a regional economic development plan that build on the strengths within community and cultural secure workplaces.
- Develop a regional workforce plan supported by the establishment of a regional RTO to deliver culturally appropriate and contextualised training to realise the workforce plan.
- Arrange for shared training blocks to create peer networks and a shared regional workforce that maintains cultural integrity.
- Support and assist Aboriginal workers with community/cultural leadership to create structure to support employment enterprises.
- Strengthen partnerships across ACCHOs to meet training needs for health aged care and disability training and expand the resource to all agencies in the region.
- Establish bilateral forums for discussing training and employment to provide transparency in decision making and funding between the Commonwealth and NT.
- Implement a policy of preferred provider arrangements for Aboriginal enterprises in remote communities.

Two areas of employment were discussed in more detail because of the significant role they play in addressing health issues and changing one's life opportunities. They were Aboriginal Health Worker training and apprenticeships for school leavers.

5.4.1 ABORIGINAL HEALTH WORKER TRAINING

Health worker training was identified as a high priority issue in East Arnhem. Increasing the number of trained Aboriginal Health Workers in community is a key solution to addressing the social determinants of health. The issues identified with the current approach to Aboriginal Health Worker training are:

- Batchelor Institute was established for Aboriginal training provider, but is not providing the service regionally and all training is now delivered off country.
- Poor governance structures in the past have led to current structure and approach.
- Funding model is problematic as students must pay which is a barrier to access.

Paradigm shift required

To shift to the Yolgnu paradigm, Aboriginal Health Worker training needs to be delivered on country in community by people with adult education and English as a second language expertise. To prepare students to move into these roles local schools need to teach the high school curriculum so students don't have to leave the community for education. Problem based learning is required that responds to training needs in community, not funding guidelines that do not fit the context. Arrangements need to be established to remove the financial barriers to accessing training. Establish a "Social Bond" system to commit the trained health worker to service to the community in exchange for the training being provided at no cost to the student.

Proposed actions

- Establish a consortium to deliver Aboriginal Health Worker training in community that is driven by the principles of:
 - Engagement by community
 - Decision making by community
 - Core business i.e. community-based education of Aboriginal people.
- Establish a community governance structure to direct Aboriginal Health Worker training
- Employ educators and trainers to live on country
- Develop a student "social bond" system to pay students while in training and for the training, and in exchange the student must work for a period of time for the community once qualified.
- Monitor and evaluate the outcomes from providing training on country.

5.4.2 APPRENTICESHIPS FOR SCHOOL LEAVERS

There are very few opportunities for school leavers to develop a trade or be mentored into other skilled positions in community. Employment into skilled position is the way for people to move up the social gradient through education, better pay and career pathways. The issues which are barriers to apprenticeships in community are:

- Limited number of apprenticeships
- Short term projects which do not go for long enough to complete an apprenticeship in community
- Lack of accommodation to keep non-Indigenous qualified trades people in community to train Yolgnu
- Apprenticeship programs don't connect with opportunities arising from the environment or spiritual connection to the land.
- Limited tools in the community to train people to grow their own business.

Paradigm shift required

The community context and environment need to be seen as full of opportunities for apprenticeships. The apprenticeship approach is consistent with Yolgnu custom of teaching and learning between generations. Using local resources and social capital new businesses can develop e.g. bush products or boutique tourism opportunities, as well as training people in traditional apprenticeship areas to provide the workforce for service industries in the community which currently rely on external providers to deliver services. Tradesman need to work with elders to provide on the job training in culturally appropriate way and to ensure culturally safe workplaces.

Proposed actions

- Provide VET sector training on country one day per week as part of employment
- Create accredited registered training for elders to be involved in VET sector training and apprenticeships.
- Develop apprenticeships that suit what the local needs for skills development.
- For every one non-Indigenous tradesperson in community employ 2 Yolgnu apprentices.
- Develop a succession plan for skilled positions in communities.

5.5 RESPONDING TO SYSTEMS FAILURE - BUILDING A RENAL WORKFORCE FOR ASSISTED DIALYSIS

All of the topics discussed to this point address issues along the life continuum where intervention will address the social determinants of health. The epidemic of chronic kidney disease in Aboriginal communities is clear evidence of systems failure of the social determinants of health. Innovative solutions are needed to manage the consequences of long term oppression and the lack of adequate services to address health and social issues. Doing more of the same will not respond effectively to the increasing numbers of people requiring renal dialysis.

Providing dialysis in remote communities is identified as a high priority need by communities. People living with end stage kidney disease want to live on country where they are connected to family and are part of the community. Living on country with family strengthens individual support, improves social and emotional wellbeing, helps to maintain social capital in community and reduces social problems such as housing and homelessness associated with relocation of individuals and their families to urban centres for long term treatment. The Northern Territory Government supports patients who are able to maintain self-care dialysis to return to community to maintain their care. The key barrier to returning to community for people who rely on dialysis care is achieving the level of competence and confidence in self-management expected for the renal service to sign the person off as a self-care client and accommodation in community.

A new Medicare item will be introduced in November 2018 for renal dialysis. This provides a solution to enable people who need support with dialysis to return home because it provides revenue stream for primary health care service to employ carers to provide assisted dialysis in communities. To realise this opportunity a renal workforce needs to be developed and clinical governance systems established to support carers providing dialysis support. The development of this new service provides an opportunity to plan, implement and evaluate an assisted renal dialysis program in partnership with the community using the Yolgnu Way.

Key issues

The key issues that will need to be addressed to enable dialysis to be delivered in community include:

- Identification of the model for assisted dialysis in each community
- Development of a renal workforce in community
- Training for health workers generally and in renal specifically
- Developing a remuneration rate for dialysis assistants.
- Improving health literacy about renal disease in the community
- Providing adequate and safe accommodation for respite visits and permanent relocation back to community.
- Links with secondary specialist services
- Need good service integration
- Defining the key performance indicators for the model of care that includes social measures of wellbeing as well as clinical measures.
- Collecting data to know who to target and to effectively evaluate service provision

Paradigm shift required

Aboriginal people are expert at living with kidney disease and kidney treatment. They need to be recognised as instructors, guides and mentors involved at every stage of the planning, program establishment and evaluation of the service, and not just as passive recipients of the service. Starting from this point with service users as partners will support the development of a culturally safe and sustainable assisted dialysis industry in remote communities.

Recommended action

The domains and focus areas outlined in the cultural respect framework has been used to organise the recommended actions.

Domain/ Focus area	Action required	Outcome expected
Consumer participation and engagement	<ul style="list-style-type: none"> Establish a community reference group in each community to determine the model for assisted renal dialysis for each community. Identification of individuals suitable to train to provide support within clan groups and families. 	<ul style="list-style-type: none"> A model of assisted dialysis that can be sustained in each community
Whole of organisation approach and commitments	<ul style="list-style-type: none"> Develop a clinical governance framework for the service with a rapid response referral and consultation pathway to the renal unit. Develop an MOU that describes the accountability for each of the service providers involved in assisted dialysis (e.g. Primary community leadership, primary health care service providers, the renal service (Govt or NGO), public health action clinical group, care navigator, local government and local social service providers) for clinical care, travel support (PATS). Development of care protocols for renal patients and scope of practice for Aboriginal Health Practitioners/Workers providing assisted dialysis 	<ul style="list-style-type: none"> An integrated service delivery system that builds the capacity of individuals and remote communities to manage assisted dialysis, minimise risks arising from assisted dialysis in communities and respond rapidly to any problems that arise. An effective clinical governance system for renal patients.
Communication	<ul style="list-style-type: none"> Develop training material about assisted dialysis in Yolngu Matha Utilise videoconference and telephone facilities to conduct real time clinical supervision and data sharing to monitor dialysis care. 	<ul style="list-style-type: none"> Community understand the issues involved and can participate in problem solving to establish a sustainable service delivery model.
Workforce development and training	<ul style="list-style-type: none"> Establish a Northern Territory renal services mentor for 12 months within the TEHS to work with each community to establish the community preferred model in each site and train the local workforce to manage assisted dialysis. Nominate an on call buddy/ support worker for Aboriginal Health Workers located within the primary health care service in the community. Build the capacity of Aboriginal Health Workers to manage care coordination and to link clients to other social support agencies to facilitate empowerment of patients and families. 	<ul style="list-style-type: none"> Local operational planning and training support. Supported learning environment Strong empowered individuals and families

Domain/ Focus area	Action required	Outcome expected
Stakeholder partnerships and collaboration	<ul style="list-style-type: none"> • Advocate at an all of government level for additional funding to support Aboriginal Health Worker training as they will be the backbone for this new industry and are best place to address the health gap due to their unique position in community and clinical skill set when trained. • In collaboration with the community and housing organisations, identify safe and culturally appropriate short-term accommodation to enable respite visits by dialysis patients and their carers. • In collaboration with the community and housing organisations design purpose-built accommodation for dialysis patients that allows cultural activities to be practices in the location because culture is life. • Identify a suitable location to place the renal dialysis service 	<ul style="list-style-type: none"> • Accommodation for dialysis patients is fit for purpose.
Data planning research and evaluation	<ul style="list-style-type: none"> • Establish an end stage renal register for each community listing clients who are in the community and in Darwin to monitor demand for service and care needs • Share data about the risk factors for CKD, number of people with CKD and the number of dialysis patients to inform future planning. • Document the process for engaging with community about renal services. 	<ul style="list-style-type: none"> • Capacity to plan and evaluate the services effectively • Shared authorship in reporting data and knowledge.