



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

**Gayaa Dhuwi (Proud Spirit)
Declaration
Implementation Plan
2022-2032**

Submission to Gayaa Dhuwi (Proud Spirit) Australia

August 2022

About NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations. The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Any enquiries about this submission should be directed to:

NACCHO
Level 5, 2 Constitution Avenue
Canberra City ACT 2601
Telephone: 02 6246 9300
Email: policy@naccho.org.au
Website: naccho.org.au

Recommendations

NACCHO recommends:

1. Stronger recognition of, and alignment with, the National Agreement on Closing the Gap.
2. The four Priority Reforms of the National Agreement underpin all aspects of the Implementation Plan.
3. Restructuring the Implementation Plan for better readability and utility.
4. Inclusion of a vision statement.
5. The 'Introduction' and the five pillars of the Declaration are clarified to better define their purpose in the context of mental health and suicide prevention service reform.
6. The 'Background' is strengthened to better set the scene for the Implementation Plan, including a clearly established scope of influence.
7. A second consultation process to seek feedback on undeveloped sections, including 'Foreword', 'Executive Summary', and 'Definitions', as well as reinterrogate revised content.
8. Strengths-based language be incorporated throughout the Implementation Plan.
9. KPIs and associated outcomes be strengthened to better define the vision of the Declaration.
10. Redevelopment of the actions, taking into consideration feasibility, prioritisation, and identification of existing and new activities.
11. All actions have timeframes assigned.
12. Responsibility ownership for key actions is streamlined to clarify ownership.
13. Redevelopment of the monitoring and evaluation approach, taking into account existing expertise and frameworks.

Introduction

NACCHO welcomes the Implementation of the Gayaa Dhuwi (Proud Spirit) Declaration and the opportunity to provide feedback on the consultation draft. Whilst it is reassuring to see progress towards implementing the Gayaa Dhuwi Declaration, there are significant improvements to be made to how the Implementation Plan is set out to best achieve the Declaration's intended outcomes.

In addition to the submission, NACCHO would value the opportunity to discuss our feedback with Gayaa Dhuwi in more detail.

NACCHO would like to acknowledge the valuable input received from our Affiliates, the Aboriginal Health and Medical Research Council (AH&MRC) and the Aboriginal Medical Services Alliance Northern Territory (AMSANT). NACCHO supports the submission made to this consultation by AMSANT.

Feedback on the Declaration Implementation Plan

A need to better align with the National Agreement on Closing the Gap

The National Agreement on Closing the Gap¹ (National Agreement) is a commitment from Australian governments to four Priority Reforms² which will fundamentally change the way governments work with Aboriginal and Torres Strait Islander people and communities. The National Agreement serves to *“enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians”*. These sentiments serve only to strengthen the Gayaa Dhuwi Declaration and its implementation. It is remiss that the current draft fails to identify, or leverage, this landmark agreement as a leading driver in the Implementation Plan.

The influence of the National Agreement continues to be reinforced by further commitments by all Governments, including the recent National Mental Health and Suicide Prevention Agreement 2022 (National MH Agreement). The draft Implementation Plan has identified this agreement, however, fails to acknowledge its commitment to ensuring broad alignment with the National Agreement on Closing the Gap³.

NACCHO believes that to implement the Gayaa Dhuwi (Proud Spirit) Declaration appropriately and adequately, it must better align with the National Agreement. Through the National Agreement, Government has committed to better understanding and embracing Aboriginal and Torres Strait Islander ways of knowing, being and doing, and shared decision making with Aboriginal and Torres Strait Islander people. The significance of the concept of social and emotional wellbeing, and its relationship to suicide prevention, is recognised in the National Agreement as a priority target⁴, further substantiating the need to align.

NACCHO recommends stronger recognition of, and alignment with, the National Agreement on Closing the Gap. This alignment would fundamentally strengthen the foundation for the Implementation Plan's key actions.

¹ National Agreement on Closing the Gap: <https://www.closingthegap.gov.au/national-agreement>

² Priority Reforms: <https://www.closingthegap.gov.au/national-agreement/priority-reforms>

³ National Mental Health and Suicide Prevention Agreement (May 2022), 110 (a) & (b): https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-05/nmh_suicide_prevention_agreement.pdf, page 25.

⁴ Target 14, National Agreement on Closing the Gap: <https://www.closingthegap.gov.au/national-agreement/targets>

The four Priority Reforms of the National Agreement embody the intent of the Gayaa Dhuwi (Proud Spirit) Declaration and provide an opportunity to redefine many elements of the Implementation Plan.

1. **Formal Partnerships and Shared Decision Making.** Priority Reform 1 seeks to ensure genuine partnership and equal decision-making authority between Government and Aboriginal Torres Strait Islander people.
2. **Building the Community-Controlled Sector.** Priority Reform 2 seeks to commit Governments to build the community-controlled sector and organisations, by increasing the proportion of services delivered by them.
3. **Transforming Government Organisations.** Priority Reform 3 seeks to improve mainstream institutions. Governments, their organisations, and their institutions are accountable for Closing the Gap and providing culturally safe and responsive services to meet the needs of Aboriginal and Torres Strait Islander people, including through the services they fund.
4. **Shared Access to Data and Information.** Priority Reform 4 seeks to create equal access to, and capability to use, locally relevant data and information.

These Priority Reforms demonstrate the mechanisms by which structural and systemic change can be achieved. Further, the Priority Reforms encompass and synthesise the currently structured guiding principles on page 20 of the Implementation Plan. NACCHO understands how important the development of these guiding principles was in 1989 and their adaptation over time, however, we see another opportunity for evolution. The existing principles can be strengthened by leveraging the Priority Reforms of the National Agreement.

NACCHO recommends the four Priority Reforms of the National Agreement underpin all aspects of the Implementation Plan.

Lack of clear structure and content

The overall structure and content could be improved. The Implementation Plan feels somewhat disjointed, lacks a logical flow of information and omits the context needed to adequately substantiate the key actions. Further, there are significant components that NACCHO would expect to see included in an Implementation Plan that are absent, such as a clear vision statement to which the actions would align.

NACCHO recommends restructuring the Implementation Plan for better readability and utility.

NACCHO recommends the inclusion of a vision statement.

The 'Introduction' poorly sets the scene for the Implementation Plan and inadequately summarises the Declaration, and its component pillars. It is unclear in this section why the Implementation Plan is needed and how it will be able to achieve the mental health system reform required. The use of case studies is supported in principle; however, their current use feels out of place and unrelated to the surrounding text. The concept of the 'best of both worlds' is unclear. It is mentioned only in the introduction and nowhere else throughout the Implementation Plan.

The 'Introduction' must be comprehensive enough to be understood in isolation and adequately summarise the importance of the Declaration and its pillars. Whilst NACCHO acknowledges that 'the Declaration remains fixed in time until its outcomes are achieved,' the Declaration cannot ignore more recent achievements that impact on its relevance (such as the National Agreement and the National MH Agreement). Much great work has been done since the development of the Declaration in 2015, and the current draft is silent in acknowledging this. It is important that the Introduction

and summary of the Declaration reflect the new intersections and strong alignment with the National Agreement. The 'Introduction' would also be a more appropriate section to outline the role of Gayaa Dhuwi, rather than where it is currently placed on page 19.

NACCHO recommends the 'Introduction,' and the five pillars of the Declaration are clarified to better define their purpose in the context of mental health and suicide prevention service reform.

The 'Background' lacks logical flow of information and raises concepts that are not explored deeply enough to give true meaning or understanding. For example, the reference to COVID-19 and climate change are noteworthy, but the impact on implementing the Declaration is not an isolated reality. Many strategies, policies and plans have had to navigate the same major societal challenges, and the strength of other such documents is in how they seek to define the path through these circumstances. Regardless of these and other unforeseen circumstances, mental health service reform is essential to deliver improved support and outcomes for Aboriginal and Torres Strait Islander people. We know that Aboriginal and Torres Strait Islander people are disproportionately and negatively affected by societal challenges (like COVID-19) – and this fact only serves to justify the need for more immediate action. By stating that the Plan will likely need to be revisited only gives responsible entities an opportunity to excuse inaction. The 'Background' has missed the opportunity to critically analyse existing evidence and contextualise to strengthen the Implementation Plan.

The 'Partnering on the Implementation Plan' section could perhaps be reconfigured to define the scope of the document. The National Agreement on Closing the Gap clearly states the need for genuine partnership and co-design to effect real change, and the Implementation Plan can leverage this understanding. It then presents an opportunity to reshape the 'Background' to set the scene for the Implementation Plan, with a clearly established scope of influence.

NACCHO recommends the 'Background' is strengthened to better set the scene for the Implementation Plan, including a clearly established scope of influence.

NACCHO acknowledges that many components of the draft are yet to be completed, however, it is critical that these elements be consulted on before being finalised. For example, without a robust definition of SEWB and the mental health system, it is difficult to conceptualise the impact that the Implementation Plan seeks to achieve.

NACCHO recommends a second consultation process to seek feedback on undeveloped sections, including 'Foreword', 'Executive Summary', and 'Definitions', as well as reinterrogate revised content.

[Incorporate strengths-based language](#)

Aboriginal and Torres Strait Islander people and communities are only too aware of the appalling statistics that surround their health and wellbeing, especially compared to non-Indigenous Australians. Throughout the draft Implementation Plan, there lacks a strengths-based approach to telling the 'other side' of the often and unmistakably sombre narrative.

For example, the 'Background' currently speaks to the dire mental health statistics for Aboriginal and Torres Strait Islander people but could be strengthened by reflecting on the outstanding work of leaders in this space – Professor Pat Dudgeon, Professor Helen Milroy, Dr Graham Gee to name a few. This context could frame how Gayaa Dhuwi can best implement the Declaration. It may be the intent to capture this context in the currently absent 'Executive Summary', which NACCHO would support.

Strengths-based language would also better support the ambitious aims of the Implementation Plan. The current tone of the document is uninspiring and will be difficult to leverage in order to drive the reform that is needed.

The use of case studies should showcase examples of best practice and strengths-based solutions from the Sector and would also work towards strengthening the Implementation Plan. This, along with the inclusion of a vision statement, would elevate the tone substantially.

NACCHO recommends more strengths-based language be incorporated throughout the Implementation Plan.

Strengthen KPIs, outcomes and actions

At present, the KPIs are poorly structured and lack alignment to the National Agreement, the pillars of the Declaration, related actions or outcomes identified. Should the previous recommendations be addressed, the KPIs, outcomes and actions will be significantly strengthened. To realise the significance of the Declaration, the KPIs within the Implementation Plan need to be better integrated, more specific, measurable, and less passive.

At present, the KPIs are structured around the five pillars of the Declaration. This approach siloes what could otherwise be cumulative impact in achieving outcomes. For example, it would be inappropriate to address shared governance mechanisms (Pillar 2) separate from policy development and program design (Pillar 1). These are not discrete actions that can be achieved in isolation. It would be better to consider a more integrated and robust KPI, such as the *development of appropriate framework that outlines the standards for the commissioning and governance of services, to guide all Australian Governments*. We must have a mechanism to define the standards that all Australian Governments should meet, and the strengthening of the KPIs could do this.

The language of the KPIs and associated outcomes lacks specificity and fails to articulate the vision. For example, to *“require services to demonstrate co-design and culturally safe services”* (Pillar 1 KPI) does not commit government to genuine co-design, delivery of culturally safe practice and continued inclusion of Aboriginal and Torres Strait Islander leadership. This KPI does not outline the standard of cultural safety that services should adhere to, and a commitment to deliver this. Further to this, the language of the outcomes is extremely passive – *“recognise”, “guide”, “should be guided”*. These are not outcomes that inspire change, or even require change, in line with the ambition of the Declaration. This KPI in particular should be implicitly aligned with Priority Reform 3 of the National Agreement, and be explicit in the obligations of government organisations and government-funded service providers under this priority reform. These actions should also better incorporate the funded role of Gayaa Dhuwi in guiding culturally safe practice in mental health and suicide prevention.

NACCHO recommends the KPIs, and associated outcomes be strengthened to better define the vision of the Declaration.

The actions within the KPIs lack timeframe for delivery, and regardless, some of the actions appear to be categorically unachievable. To *“require Aboriginal and Torres Strait Islander lived experience expertise within all organisations”* is impossible and sets responsibility owners up to fail. The Implementation Plan could instead suggest innovative ways for mainstream organisations to access this expertise without overloading Aboriginal and Torres Strait Islander people with lived experience who are willing to work in this space. The outcomes and associated actions need to be solutions focused by acknowledging and addressing underlying barriers that may be in place. Other actions

listed require funding as part of the action – this is somewhat outside the scope and control of the Implementation Plan.

All of the actions lack any indicative timeframe for delivery. It is hard to hold Governments to account if there is no clarity on when activities are expected to be achieved. The current list of actions fails to recognise already existing activity, and in its current state is overwhelming to consider. There are five pillars, 17 outcome areas and 53 individual actions. Without contextualisation, it is reasonable for Governments to assume that all the actions are new and require initiation. Actions should also be flexible to enable identification of an existing body, such as Gayaa Dhuwi, to undertake new functions within its scope of influence. To ensure change and action, it would be helpful to prioritise actions against timeframes and feasibility.

NACCHO recommends redevelopment of the actions, taking into consideration feasibility, prioritisation, and identification of existing and new activities.

NACCHO recommends all actions have timeframes assigned.

At present, there appears to be too many responsibility owners assigned to each action, and Gayaa Dhuwi is seldom listed amongst them. Responsibility should be assigned to the specific entity who is responsible for conducting or overseeing the action. If responsibility remains unnecessarily overcommitted to too many entities, it confuses ownership and subsequently impacts action. Clarity on who is responsible needs to be provided to ensure actions are delivered. Clarity could be achieved through listing responsible leads, partners, and supporters.

NACCHO recommends the responsibility for ownership of key actions is streamlined to clarify ownership.

Improved approach to monitoring and evaluation

In considering the 'Monitoring and Accountability' approach for the Implementation Plan, it again would be appropriate to leverage existing frameworks. Alignment with the National Agreement is necessary, and there are many other documents that could offer guidance, including the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan. There is strength in reminding Governments of their existing and agreed obligations and reinforcing their need to deliver.

The suggested inclusion of another set of key performance indicators as part of the accountability framework appears unnecessary. The Implementation Plan and associated KPIs should be sufficiently detailed to inform evaluation and monitoring of implementation.

A robust evaluation framework should be informed by targeted consultation with key stakeholders. Again, there are many leaders that have developed and delivered evaluations that could be leveraged to substantially improve the approach proposed by Gayaa Dhuwi.

The current section on 'Monitoring and Accountability' is silent on the use of appropriate data, necessary reporting mechanisms, and a clear idea of what success looks like. Addressing all of these aspects would go a long way to substantially improving the monitoring of the Implementation Plan.

NACCHO recommends the redevelopment of the monitoring and evaluation approach, taking into account existing expertise and frameworks.