



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

National Consumer Engagement Strategy for Health and Wellbeing

Department of Health and
Aged Care

September 2023

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 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.

Enquiries about this submission should be directed to:

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Acknowledgements

NACCHO welcomes the opportunity to provide a submission to Draft National Consumer Engagement Strategy for Health and Wellbeing.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Draft National Consumer Engagement Strategy for Health and Wellbeing

Overview

A NATIONAL CONSUMER ENGAGEMENT STRATEGY FOR HEALTH AND WELLBEING: This Strategy is designed to strengthen partnerships between health policy makers and the community, as set out in one of the immediate priorities for action under the *National Preventive Health Strategy 2021-2030*. The purpose of this Strategy is to mobilise a person-centred prevention system by involving communities and consumers in preventive health policy design and implementation in order to enable and support a more engaged population and improved health outcomes for all Australians.

STRATEGY GOALS: This Strategy will equip policy-makers (those involved in informing, designing and developing policy) and program developers with knowledge, frameworks and skills to engage effectively and purposefully with consumers and communities in the design and development of preventive health policies and programs. This Strategy will also support the engagement of consumers, community groups and consumer and community organisations with policy-makers.

STRATEGY DEVELOPMENT: This Strategy is informed by evidence of effective consumer engagement approaches and methods, by expert advisers in relevant disciplines such as social marketing, primary care and community engagement, and by a national program of consultations with consumers including through community conversation groups, with policy-makers and with consumer and community organisations.

Why your views matter

This is a draft of the National Consumer Engagement Strategy for Health and Wellbeing. It has been developed based on extensive consultations at various stages of its development. Guided by the fundamentals and good practice guidelines detailed in the National Consumer Engagement Strategy for Health and Wellbeing, the purpose of this consultation is to seek stakeholder and community feedback at another crucial developmental stage in this Strategy's development - at its draft stage. The diverse perspectives, experiences and knowledge of all stakeholders, consumers, and community organisations are valued and respected and will contribute to the final strategy.

IMPORTANT: Please read this Strategy in full before completing this survey and providing feedback. It can be found at the bottom of the page under the 'Related' heading.

Please note that the HELPToolkit is designed as a stand-alone brief representation of the Strategy. In practice, the toolkit would be a website with icons and brief descriptions linking to resources that provide more detail.

Introduction

1 What is your name?

Rachel Mawut

2 What is your email address?

policy@naccho.org.au

3 Are you responding on behalf of an organisation, or as a consumer/individual?

(Required)

Please select only one item

- On behalf of an organisation
- On behalf of a section/team within an organisation
- A consumer or individual
- Unsure

4 Are you a policy-maker?

In the context of this Strategy, policy-makers are recognised as those involved in informing, designing and developing policy – both individuals and organisations across government and non-government settings.

(Required)

Please select only one item

- Yes
- No
- Unsure

5 What is your organisation and/or field of expertise?

(Required)

National Aboriginal Community Controlled Health Organisation (NACCHO)

6 If representing an organisation, which sector does your organisation belong to?

Please select only one item

- State or Territory Government Department/Agency
- Commonwealth Government Department/Agency
- Local Council
- Primary Health Network
- Local Health District
- First Nations/Aboriginal and Torres Strait Islander Org
- Professional body/Peak organisation
- University/Education/Research Institution
- Health service delivery organisation
- Not-for-profit/Community organisation
- Industry/Business
- I am a consumer/individual
- Other: Please specify

Consultation Questions

These questions relate to the draft National Consumer Engagement Strategy for Health and Wellbeing that can be found at the bottom of the homepage of this consultation, under the 'Related' heading. The questions are related to engaging consumers to be involved in policy-making

7 Purpose

(Required)

Not at all clear

Not clear

Unsure

Clear

Very clear

The purpose of the strategy and/or the target audience is clear?

Please select only one item



NACCHO notes that the Purpose needs to be framed less around consumer participation and more about how government should work with consumers to enable more meaningful engagement.

8 Objectives

(Required)

Not at all clear

Not clear

Unsure

Clear

Very clear

Are the objectives for the Strategy clear and appropriate ?

Please select only one item



If not, what is missing?

“Build capability and capacity for policy-makers to achieve trusted engagement with consumers and community organisations to better inform policy-making and service design”

The intent of the objective above is not clear - whose capability is being built? Suggest changing to *build capability and capacity OF policy-makers...*

NACCHO notes to establish two-way learning that draws on reciprocity and respect, trust must be established. This is why policy makers must be better equipped to build trust within community. For many Aboriginal and Torres Strait Islander people, there is deep mistrust of government, therefore the objectives must have a strong emphasis on learning how to build trust with organisations and communities. Policy-makers should approach this work as a way of understanding each community or population group, rather than a way to elicit information. A philosophy of ‘no survey without service’ would also help.

The Strategy view on co-design seems incomplete. Policy makers must have a sound understanding of co-design. Re-defining the way policy makers build relationships with Aboriginal and Torres Strait Islander communities, organisations, and partners to truly accommodate shared decision-making and co-design of strategic policy is not just good practice; it is essential. ‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution.’ (Productivity Commission 2023, Review of the National Agreement on Closing the Gap, Draft Report, Canberra, July).

9 Fundamentals

(Required)

Not at all clear

Not clear

Unsure

Clear

Very clear

Do the Fundamentals capture what you see as essential for consumer engagement?

Please select only one item



If not, what is missing?

NACCHO notes that The Fundamentals address the right things, however, there needs to be specific strategies to understand the importance and meaning of providing culturally safe engagement for Aboriginal and Torres Strait Islander people. Cultural safety needs to be clearly embedded across the Strategy by having conscious respect, understanding and sensitivity for Aboriginal and Torres Strait Islander communities and remaining aware of differences in values and needs.

Cultural safety is defined by Aboriginal and Torres Strait Islander people and must lead the discussion on what activities will ensure all Aboriginal and Torres Strait Islander people feel safe in their interactions.

10 Good Practice Guidelines

(Required)

Not at all

Very little

Unsure

Well

Very Well

Do you think the Guidelines describe what is needed to help policy-makers work effectively with consumers?

Please select only one item



(Required)

Not at all useful

Useful

Unsure

Clear

Very clearly explained

Are the Guidelines explained in a way that makes them useful?

Please select only one item



Do you have anything to add about the Guidelines?

To add to the ideas already discussed regarding making local community-controlled organisations and trusted intermediaries central – NACCHO believes this is essential. A history of dispossession, marginalisation, racism and the impact of Government policies since colonisation has resulted in a reluctance by many Aboriginal and Torres Strait Islander people to engage with government. Therefore, trusted peak representative body bodies and ACCHOs are important to consult before directly engaging with community. ACCHOs are rooted in Aboriginal and Torres Strait Islander peoples' right to self-determination and are highly visible in Aboriginal and Torres Strait Islander communities.

Additionally, policy-makers seeking to engage directly with Aboriginal and Torres Strait Islander must maintain an awareness of the inherent power imbalance in these interactions. Power imbalance is briefly mentioned in the Strategy stating, "Remain responsive to potential power imbalances that may exist between lived experience expertise and other forms of expertise", however NACCHO notes that there should be a stronger emphasis on this. The Strategy needs to consider imbalance of information and understanding of government priorities.

NACCHO also notes the issue of over-consulting communities. Government must maintain an awareness of other engagement that has happened and be methodical in their engagements.

NACCHO also cautions against the old model of agencies visiting or directly approaching communities that they themselves select, without including important representative voices such as peak bodies. This is consultation, not partnership as required under the National Agreement and will not result in effective policy-making.

11 If you have been involved in policy-making before as a consumer, what made your engagement in that process

A positive and welcome experience

A positive and welcome experience felt like a reciprocal engagement between equals where everyone's voice is heard and valued. This allows participants to voice their opinions freely and ensure their perspective is understood.

A dissatisfying experience

Included an engagement process where information was not conveyed back to community, information about the process or where things are at. Another example is being talked at, not listened to.

12 HELP Toolkit

<i>(Required)</i>	Not at all	Very little	Unsure	Easy	Very easy
Do you think the Toolkit will be easy to use? <i>Please select only one item</i>	<input type="radio"/>				
<i>(Required)</i>	Not at all	Very little	Unsure	Helpful	Very helpful
Do you think the Toolkit will help policy-makers better engage consumers in policy-making? <i>Please select only one item</i>	<input type="radio"/>				

Do you have anything else to ad

While helpful, elements of the TOOLKIT will require targeted training in facilitation skills. Effective facilitation is needed for effective engagement, and must be actively learned, not passively through a TOOLKIT. Therefore policy-makers must be encouraged to undertake targeted training in engagement and facilitation rather than relying solely on this document.

13 Are you supportive of the overall purpose, vision and aim of the Strategy?

(Required)
Please select only one item

Yes

Yes, with proposed changes

No, with proposed changes

Although NACCHO is broadly supportive of the overall purpose, vision and aim of the Strategy, we note that a whole of population engagement strategy is not adequate to support effective engagement with Aboriginal and Torres Strait Islander people, communities and organisations. The Strategy acknowledges that there are a range of groups that have specific characteristics, circumstances and/or needs which includes Aboriginal and Torres Strait Islander people and culturally and linguistically diverse (CALD) communities and individuals. However, referring to these groups collectively as 'priority population groups' suggests that a 'one size fits all' approach will work for them. This is not the case. Engagement with Aboriginal and Torres Strait Islander people can be far more complex than the Strategy suggests. Aboriginal and Torres Strait Islander people have diverse cultures, family structures, and languages. Each community requires a different approach and understanding. The need to follow engagement protocols in urban areas, discrete communities, homelands and other larger Aboriginal communities must be noted in the Strategy.

NACCHO recommends a separate strategy for engaging with Aboriginal and Torres Strait Islander communities.

14 If you are a consumer and haven't been involved in policy making, would you like to be? Why/Why not?

Please select only one item

- Yes
- No
- Unsure

If you have wanted to be involved, what has stopped you from doing so?

15 Are there any other engagement approaches that you have found helpful and effective?

Do you have any other comments or suggestion

“Aboriginal and Torres Strait Islander people experience significantly worse health and life expectancy outcomes than others in the population due to the colonial legacy, intergenerational trauma and complex social determinants of health. **At least one third of chronic disease could be prevented by reducing risk factors such as physical inactivity, overweight and obesity, smoking and alcohol use”.**

This statement must be amended. It suggests that behavioural factors are simply within the control of the individual to change. However, a person’s ability to successfully undertake risk modifying behaviours are influenced by myriad factors outside the control of the individual, including food security, housing, income, education, racism and other social determinants. The deep history of trauma and dispossession that Aboriginal and Torres Strait Islander communities continue to experience, and the subsequent impact on mental health and social and emotional wellbeing cannot be discounted as significant contributors to poor health and social outcomes.

For decades, government policy seeking to improve health and socio-economic outcomes for Aboriginal and Torres Strait Islander people have not had the desired impact. Responses have been largely programmatic - focussing on individual behavioural change rather than the kind of structural transformation that might better engender more meaningful outcomes.

Engagement with Aboriginal and Torres Strait Islander people should respond to and be implemented in accord with the National Agreement on Closing the Gap (National Agreement). An engagement Strategy should be designed in partnership with Aboriginal and Torres Strait Islander people, support the Aboriginal and Torres Strait Islander community-controlled sector, address racism, support culturally-safe service provision and improve data availability to Aboriginal and Torres Strait Islander people and organisations. Moreover, there needs to be specific guide to working with Aboriginal and Torres Strait Islander community. We are aware that this work has already commenced in the First Nations Health Division.

